



ELEVENTH WORLD CONFEDERATION OF COGNITIVE AND BEHAVIOURAL THERAPIES CONGRESS

MARRIOTT MARQUIS SAN FRANCISCO | 25TH - 28TH JUNE 2026



WORLD CONFEDERATION
OF COGNITIVE AND BEHAVIOURAL THERAPIES



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Jill Ehrenreich-May, Ph.D.

Co-Conveners, WCCBT 2026
(and Past Presidents of ABCT)

Local Arrangements headed by Omar G. Gudiño, PhD, ABPP

WCCBT 2026 hosted by
Association for Behavioral and Cognitive Therapies

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WELCOME from the Scientific Program Chairs



Amelia M. Stanton, Ph.D.
Scientific Chair,
WCCBT 2026



Jasper S. Lee, Ph.D.
Associate Scientific Chair,
WCCBT 2026



Alyssa M. Farley, Ph.D.
Associate Scientific Chair,
WCCBT 2026

To Our Global Community of Friends and Peers,

We warmly welcome you to the **2026 Congress of the World Confederation of Cognitive and Behavioural Therapies (WCCBT)** to be held in **San Francisco, California, from June 25-28, 2026**.

This Congress provides a rare and important opportunity for the global CBT community to come together, share knowledge, foster collaboration, and explore the future of our field. In a time of significant and far-reaching challenges, we are dedicated to advancing **Health for All: Affirming, Equitable, and Sustainable CBT** and examining how our work can address the complex realities of today's world with scientific rigor, cultural humility, and social responsibility.

San Francisco offers an ideal setting for this Congress. As a city long associated with innovation, inclusion, and progressive movements in health and social change — including foundational contributions to the development of CBT — it provides a rich cultural and historical context for us to gather during this pivotal time. With its iconic landmarks, vibrant neighborhoods, and beautiful surroundings, San Francisco is also a wonderful place to explore and enjoy while attending the Congress.

Our goal is to curate a scientific program that reflects the diversity, creativity, and commitment of the CBT community worldwide. We encourage submissions from individuals across all regions, professional backgrounds, and career stages. Whether you are advancing basic

science, testing innovative interventions, working within communities, or shaping systems and policy, your contributions are essential to our shared mission to further CBT's role in promoting Health for All.

We are also proud to present an exceptional lineup of Invited Addresses and Post-Congress Workshops. Our distinguished speakers — representing six continents — include both internationally recognized leaders and emerging voices whose innovative work is shaping the future of CBT. Together, they will offer global perspectives on urgent themes including equity and access, culturally responsive care, scalable interventions, prevention science, and the integration of mental and physical health. Post-Congress Workshops will provide opportunities for in-depth, hands-on learning across a range of cutting-edge clinical and research topics.

We hope that WCCBT 2026 will not only deepen our knowledge but also inspire new pathways for impact — improving care, promoting equity, and strengthening the sustainability of our work and workforce.

We are thrilled to host you in San Francisco for an exciting, forward-looking Congress.

Warm Regards,

Amelia M. Stanton, Ph.D.
Scientific Chair, WCCBT 2026

Jasper S. Lee, Ph.D. & Alyssa M. Farley, Ph.D.
Associate Scientific Chairs, WCCBT 2026



▶ Scientific Advisory Committee

Luis Oswaldo Perez-Flores, *WCCBT Board*

Kee-Hong Choi, *Korea University*

Peter Phiri, *University of Ruhuna, Nnamdi Azikiwe University*

Simon Blackwell, *University of Göttingen*

▶ Scientific Review Committee

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Jamilah Hanum Abdul Khaiyom, *International Islamic University Malaysia*

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Devisi Ashar,* *Boston University*

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Toni-Rose Asuncion, *Concordia University*

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Amanda Baker,* *Massachusetts General Hospital / Harvard Medical School*

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Lilla Brody, *University of Nevada, Las Vegas*

Prisla Calvetti, *Facultad de Ciencias de la Salud Moinhos de Vento*

Buse Cam,* *Kings College London*

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Chelsea Cawood, *University of Michigan*

Trudie Chalder, *Kings College London*

Eunice Chen, *Temple University*

Li Yin Cheok, *St. John's University*

Younghee Choi,* *Metta Institute of Integrated CBT*

Christina Psaros Christina Psaros, *Massachusetts General Hospital / Harvard Medical School*

Kyong-Mee Chung,* *Yonsei Univ. Seoul, Korea*

David Clark, *University of Oxford, UK*

Jakob Clason van de Leur, *Uppsala University*

Sarah Cleary, *University of Colorado School of Medicine / Children's Hospital Colorado*

Alexander Crenshaw, *Kennesaw State University*

Michael Crowe, *VA Boston Healthcare System*

Justin Dainer-Best, *Bard College*

Margaret Davis,* *Yale University*

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Madison Fertig, *Boston University*

Monica Foster, *Mayo Clinic*

Robert Friedberg,* *Independent Training Consultant in CBT*

Richard Gallagher,* *NYU Langone Health / NYU School of Medicine*

Frank Gardner,* *Touro College*

Adria Gerber,* *Stony Brook University*

Howard Gershenfeld,* *retired faculty, UTSW*

Shweta Ghosh, *UCSF Benioff Children's Hospital Oakland*

Elizabeth Goetter, *La Salle University*

Savannah Goshgarian-Miller,* *The Baker Center for Children and Families*

Shannon Grogans, *University of Maryland, College Park*

James Hambrick, *Northwell Health Zucker Hillside Hospital*

Natalie Hellman, *University of South Carolina*

Hugo Hesser, *Örebro University, Sweden*

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Rod Holland,* *WCCBT*

Phoebe Holz, *Mass General Hospital / Harvard Medical School*

Yangxi Huang, *Hong Kong University*

Katie James,* *University of Louisville*

Srinidhi Jayakumar, *University of Southern California*

Devi Jayan, *University of Chicago*

Carly Johnco, *Macquarie University*

Madelyn Johnson, *University at Albany*

Deborah Jones, *University of North Carolina at Chapel Hill*

Dorian Kern, *Karolinska Institutet*

Atulya Kharbanda,* *University of Wisconsin - Milwaukee*

Alexandra King, *CBT California*

Laura Knouse, *University of Richmond*

Rachel Kramer, *University of California, San Francisco*

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Thomas Tandrup Lamm, *Aarhus University Hospital, Denmark*

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Mark Lazarus,* *Long Island University*

Jia Lin, *Teachers College, Columbia University*

Dongdong Liu, *Rutgers University*

Devon LoParo,* *Emory University School of Medicine*

Xinyao Ma,* *University at Buffalo, State University of New York*

Megan Mackay, *Private Practice*

Christopher Martell,* *University of Massachusetts Amherst*

Rachel Mathews, *Cincinnati Children's Hospital Medical Center*

Carmen McLean,* *National Center For PTSD*

Rachel Merson, *Boston University*

Alexandria Miller,* *Boston University School of Medicine*

Michael Moore,* *Adelphi University*

Zaver Moore, *Walter Reed National Military Medical Center*

Danielle Morabito,* *University of Nevada, Las Vegas*

Julian Moreno,* *Boston University*

Samantha Moshier, *Emmanuel College, Boston*

Firdaus Mukhtar,* *Universiti Putra Malaysia*

Grace Murray, *Boston University*

Sindhu Nair, *University Putra Malaysia*

Morgan Nance,* *University of Colorado School of Medicine / Children's Hospital Colorado*

Marie Nebel-Schwalm, *Illinois Wesleyan University*

Anne Nedelka,* *Florida State University*

Yuri-Grace Ohashi, *Harvard University*

Siti Aminah Omar,* *Universiti Teknologi MARA*

Donna Otis,* *Boston University*

Annell Ovalles,* *Boston University*

Taylor Penwell, *University of Montana*

Jacqueline Persons,* *Oakland Cognitive Behavior Therapy Center*

Jennifer Petell,* *Private hospital*

Nancy Piotrowski, *Board of Scientific Affairs, American Psychological Association*

Catherine Rast, *University of Wisconsin - Milwaukee*

Hannah Reese,* *Bowdoin College*

Mark Reinecke,* *Northwestern University Feinberg School of Medicine*

Linda Rinehart, *University of Minnesota Medical School*

Diane Rosenbaum, *Penn State University*

Lauren Rutter, *Indiana University Bloomington*

Frank Ryan, *Imperial College London*

Reza Sahlan,* *University at Buffalo, State University of New York*

Sujata Satapathy,* *All India Institute of Medical Sciences, New Delhi, India.*

Miranda Schaffer, *Eastern Michigan University*

Sandra Schlegl, *LMU Munich*

Nicole Schultz, *University of California, Davis*

Allison Schwartz,* *Emory University*

Jasmin Searcy-Pate,* *University of Illinois at Chicago*

Hyo Jin Shin, *Boston University*

Kentaro Shirtosuki,* *Musashuno University*

Anna Silver, *Boston University*

Chloe Sobolewski,* *Virginia Commonwealth University*

Jessica Stubbing, *Cambridge Health Alliance / Harvard Medical School*

Wanying Sui,* *University of Wisconsin*

Jenna Sung, *Boston University*

Jennifer Sy,* *OCDI Texas*

Erica Szkody,* *Northwestern University*

Giao Tran, *University of Cincinnati*

Valerie Turner, *Grand Canyon University*

Katherine van Stolk-Cooke, *State University of New York College at Geneseo*

Andrew Voluse, *University of Mississippi Medical Center*

Abby Wang,* *Duke University*

Siyuan Wang,* *Duke University*

Stephanie Waslin, *Boston University*

Elliott Weinstein, *Massachusetts General Hospital*

Maya Wong, *San Francisco VA / University of California San Francisco*

Hao Xu, *The University of Alabama*

Wing Lam Yip, *University of Oxford*

Matthew Young, *University of South Florida*

Michelle Young, *Private Practice*

Meng Yu, *Southern Medical University*

Paloma Zabala,* *American University*

Ana Zdravkovic,* *Kaiser Permanente Mental Health Training Program*

Kayla Zebrowski, *Washington University in St. Louis*

Zixuan Zhao,* *La Sierra University*

*Denotes Super Reviewers

▶ Track Chairs

Obsessive-Compulsive and Related Disorders

Amitai Abramovitch, *University of Texas*

Training, Supervision, and Credentialing

Ercan Altinoz, *Eskisehir Osmangazi University*; Helen MacDonald, *University of Sheffield UK*; Andreas Veith, *Center for Psychotherapy Dortmund*

Artificial Intelligence and Technology-Based Interventions

Eduardo Bunge, *Palo Alto University*

Child and Adolescent Mental Health

Anke de Haan, *Ruhr University Bochum*

Psychedelic-Assisted Interventions

Clementine Edwards, *Kings College London*

Substance Use

Noah Emery, *Colorado State University*

Promoting Diversity, Equity, Inclusion and Reducing Stigma

Alicia Fenley, *Boston University*

Dissemination and Implementation Science

Audrey Harkness, *University of Miami*

Personality Disorders

Christopher Hughes, *Brown University/Butler Hospital*

Family- and Caregiver-Based Interventions

Jamie Jacobs, *Massachusetts General Hospital / Harvard Medical School*

Anxiety Disorders

Jolene Jacquart, *University of Texas at Austin*; Brandon Weiss, *NYU Langone Health/NYU School of Medicine*

Sports and Performance-Related Interventions

Jonathan Jenkins, *Massachusetts General Hospital / Harvard Medical School*

Feeding and Eating Disorders

Cheri Levinson, *University of Louisville*

Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Brjánn Ljótsson, *Karolinska Institutet*

Basic Processes and Experimental Psychopathology

Laura Long, *Boston University*

Mood Disorders and Suicidality

Alicia Meuret, *Southern Methodist University*

Neurodevelopmental and Autism Spectrum Disorders

Meg Parlade, *University of Miami*

LGBTQIA+

Nicholas Perry, *University of Denver*

Interventions and Care Delivery Models in the Context of Resource Limitations

Kristen Regenauer, *Massachusetts General Hospital / Harvard Medical School*

Conflict, Disasters, and Trauma- and Stressor-Related Disorders

Marit Sijbrandij, *Vrije Universiteit Amsterdam*

Aging and Lifespan Psychology

Ann Steffen, *University of Missouri-St. Louis*

Sexual Wellbeing and/or Partnership Concerns

Julia Velten, *Witten Herdecke University, Germany*

Positive Psychology and Resilience

Henrik Walter, *Charite Universitaetsmedizin Berlin*

Transdiagnostic and Therapeutic Processes

Christian Webb, *Harvard Medical School / McLean Hospital*

School-Based Interventions

Aliza Werner-Seidler, *Black Dog Institute*

Schizophrenia Spectrum and Other Psychotic Disorders

Clementine Edwards, *Kings College London*



▶ Continuing Education

AT THE 11TH WORLD CONGRESS, there are ticketed events (meaning you usually have to buy a ticket for one of these beyond the general registration fee) and general sessions (meaning you can usually get in by paying the general registration fee), the vast majority of which qualify for CE credit. Below is a list of organizations that have approved ABCT as a CE sponsor. Note that we do not currently offer CMEs. **Attendance at each continuing education session in its entirety is required to receive CE credit.** No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit. For those who have met all requirements according to the organizations that have approved ABCT as a CE sponsor, certificates will be available for download on the congress website / itinerary planner. Sign in using your registration email and registration confirmation number.

Which Organizations Have Approved ABCT as a CE Sponsor?



Psychology

THIS PROGRAM IS CO-SPONSORED WITH THE ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES
ABCT is approved by the American Psychological Association to sponsor continuing education for psychologists. ABCT maintains responsibility for this program and its content.



Counseling

THIS PROGRAM IS CO-SPONSORED WITH THE ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES
ABCT has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5797. Programs that do not qualify for NBCC credit are clearly identified. The Association for Behavioral and Cognitive Therapies is solely responsible for all aspects of the programs.



Marriage and Family Therapy

THIS PROGRAM IS CO-SPONSORED WITH THE ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES
ABCT is recognized by the California Board of Behavioral Sciences for Marriage and Family Therapist (MFT) to offer continuing education as Provider #4600.

New York State Psychologists

THIS PROGRAM IS CO-SPONSORED WITH THE ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES
ABCT is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0124.

New York State Social Workers

THIS PROGRAM IS CO-SPONSORED WITH THE ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES
ABCT is recognized by the New York State Education Department's State Board for Social Workers as an approved provider of continuing education for licensed social workers #SW-0657.

► Registration

UPON ARRIVAL AT THE MARRIOTT MARQUIS SAN FRANCISCO, you can pick up the physical program-at-a-glance, additional convention information, and ribbons at the Advance Registration Desk.

Advance Registration AND Registration Pickup will be open:

Thursday, June 25: 7:00 a.m. - 6:00 p.m.

Friday, June 26: 7:30 a.m. - 6:30 p.m.

Saturday, June 27: 7:30 a.m. - 6:00 p.m.

Sunday, June 28: 7:30 a.m. - 3:00 p.m.

The general registration fee entitles the registrant to attend all events on June 25–28, except for ticketed workshops. Your canceled check is your receipt. Email confirmation notices will be generated automatically for on-line registrations and will be sent via email the same day you register. Email confirmations will be sent within 1 week for faxed and mailed registrations. If you do not receive an email confirmation in the time specified, please call the ABCT central office, (212) 647-1890, or email Tonya Childers at tchilders@abct.org.

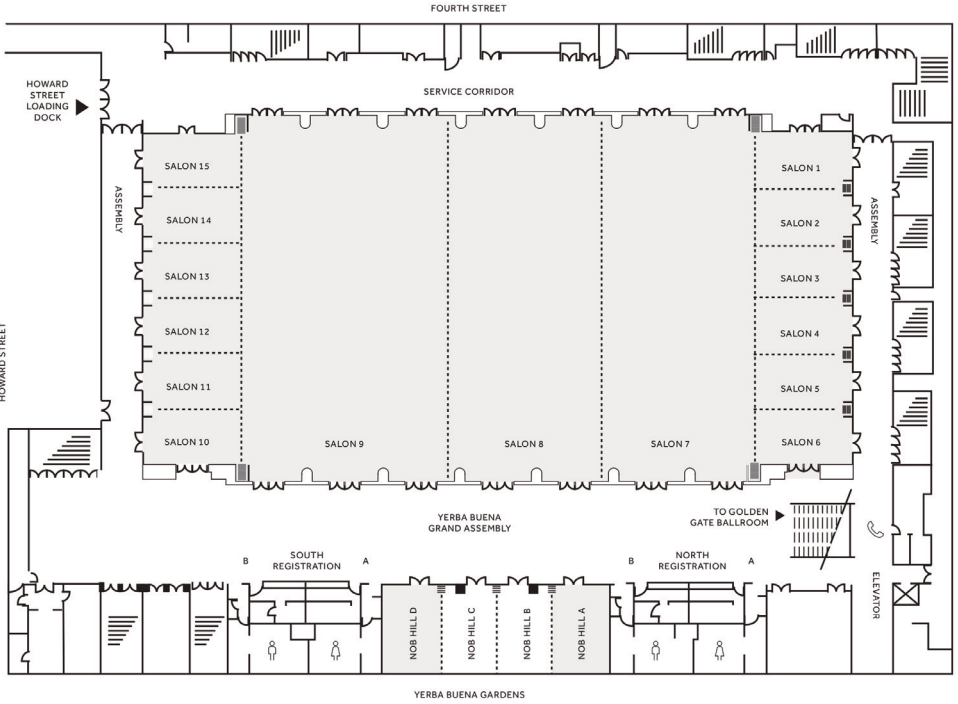
You must wear your badge at all times to be admitted to all official WCCBT sessions, events, and the exhibits. If you lose your badge there will be a \$15 charge for the replacement.

All presenters must pay the general registration fee. Leaders of ticketed workshops will receive information regarding their registration procedure from the ABCT Central Office. Admission to all ticketed workshops is by ticket only. Advance registration is strongly advised as ticketed sessions are sold on a first-come, first-served basis.

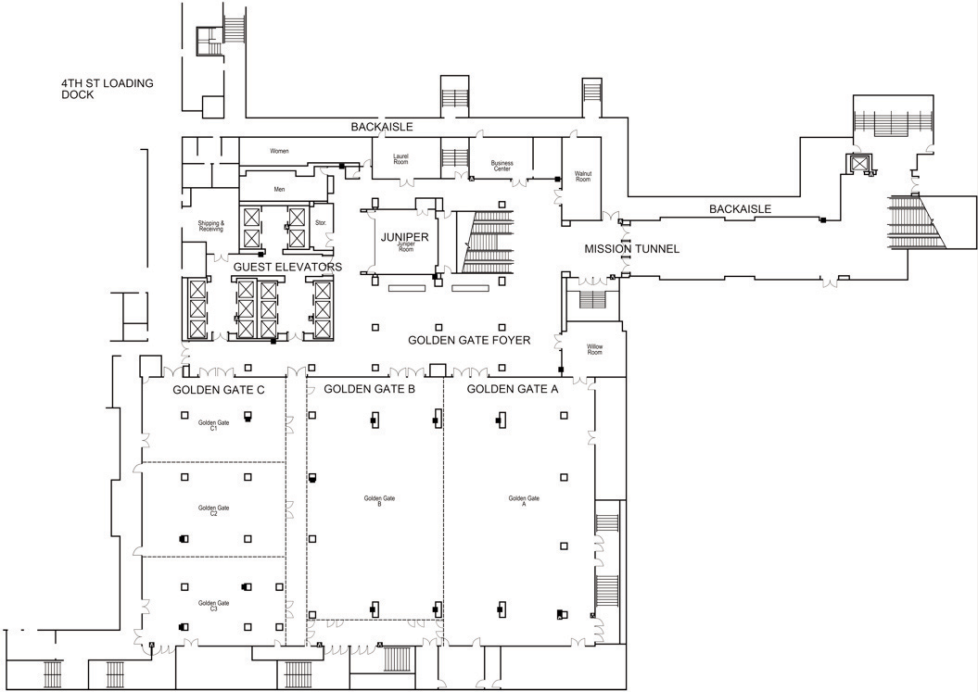


► Floor Plans

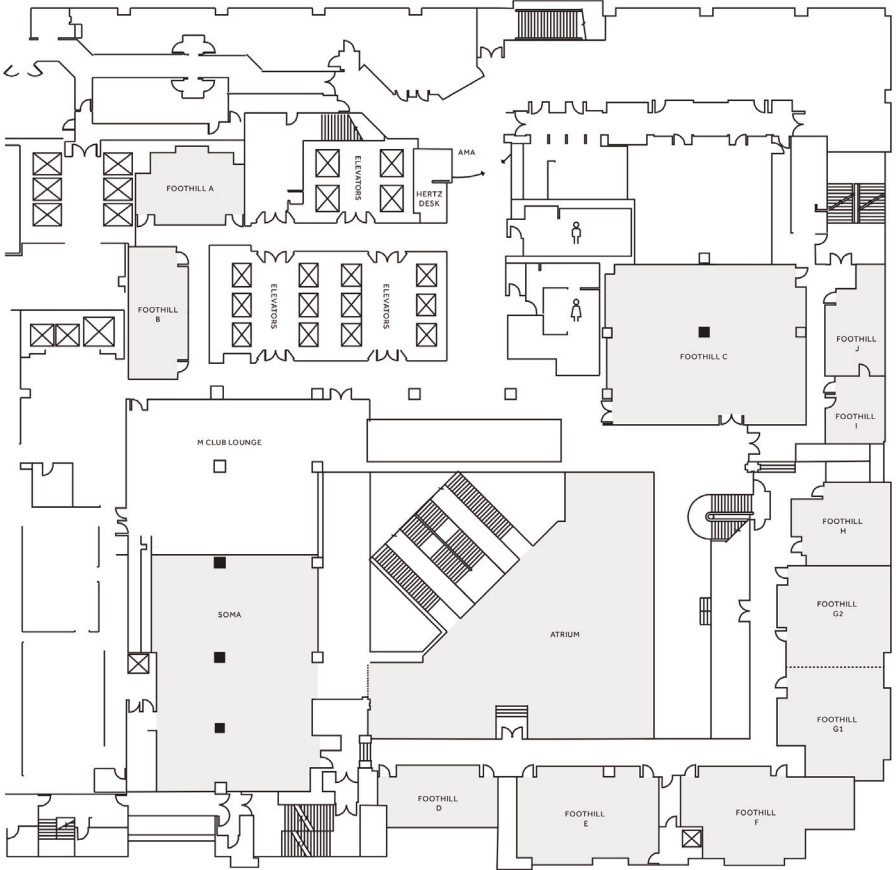
Yerba Buena Ballroom



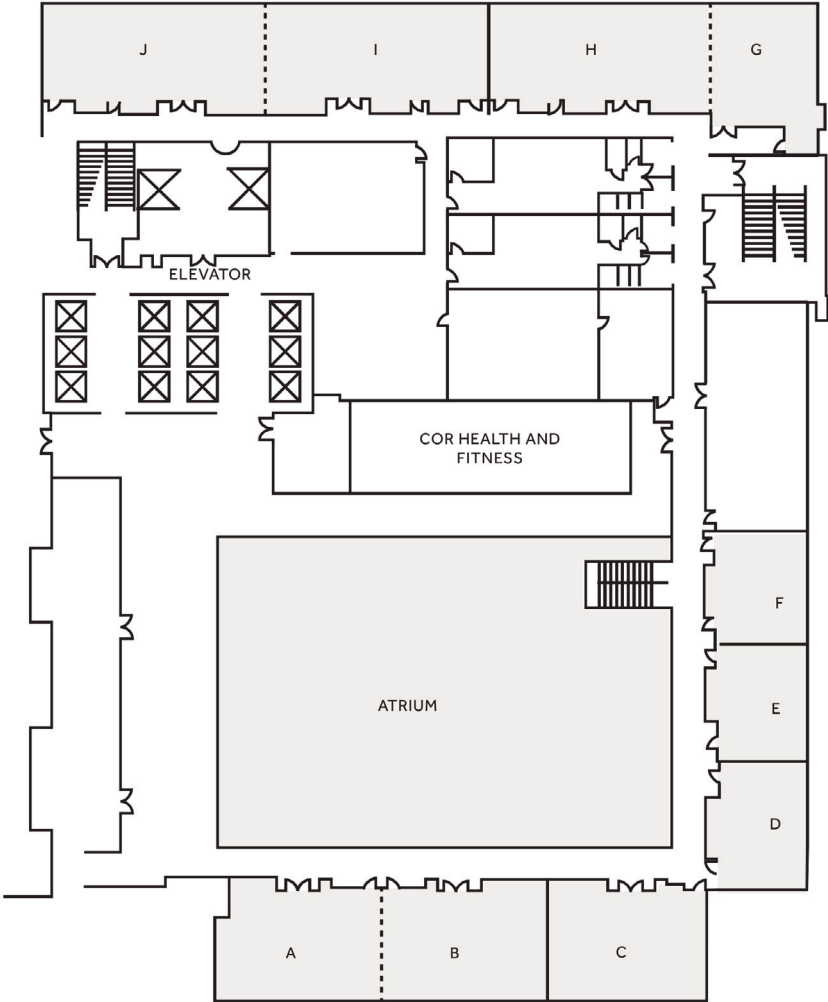
Golden Gate Ballroom



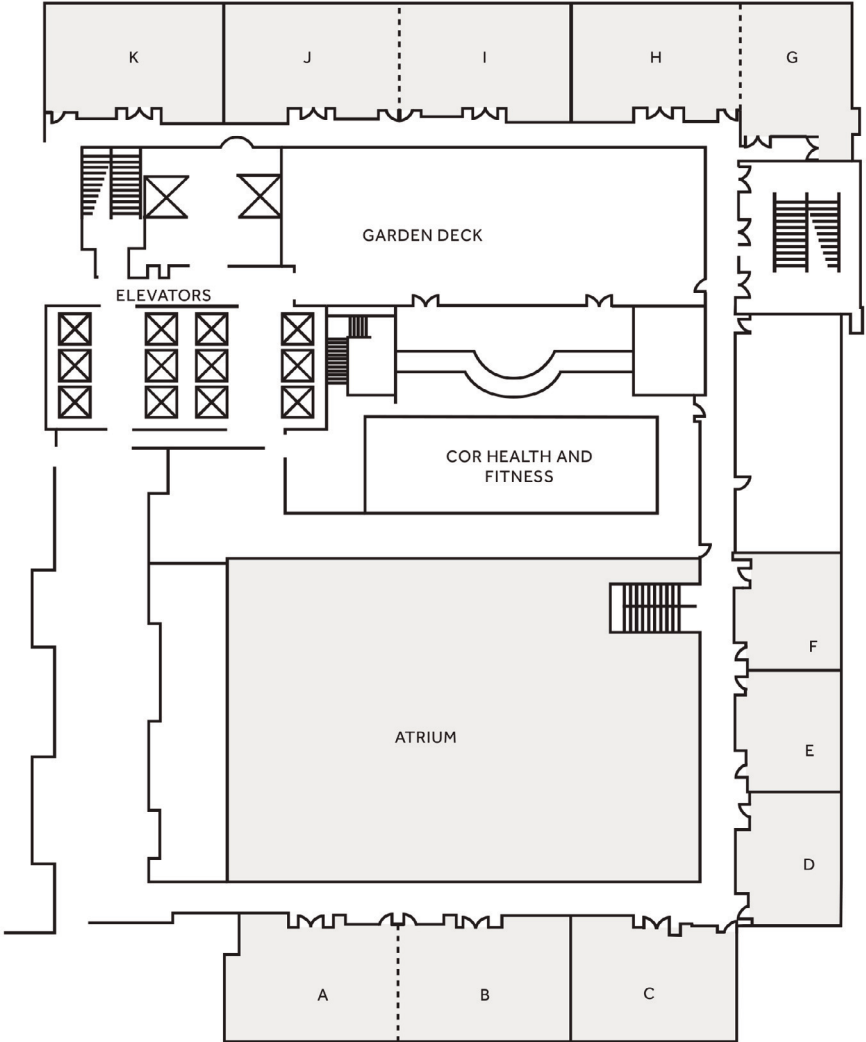
Foothill Meeting Rooms



Pacific Conference Suites



Sierra Conference Suites



► Resources

Nursing Mothers Room

Laurel, B2 Level

The WCCBT offers a nursing room during the congress.

Gender-Neutral Restrooms

Gender-neutral restrooms are located on the B2, B3, 2nd, 3rd & 4th levels.

Speaker Ready Room

Walnut, B2 Level

Presenters must upload their slides here before heading to the meeting room for their session.

Wednesday, June 24 | 1 p.m. – 6 p.m.

Thursday, June 25 | 7 a.m. – 6 p.m.

Friday, June 26 | 7 a.m. – 6 p.m.

Saturday, June 27 | 7 a.m. – 6 p.m.

Sunday, June 28 | 7 a.m. – 3 p.m.

WCCBT Wellness Room

Pacific D, 4th Floor

The wellness room is a peaceful, neutral space. It serves as a designated space for prayer, meditation or study for any attendee or guest. While using this space, it is important to show the utmost respect for others' backgrounds and experiences. This is an inclusive space.

► Understanding the WCCBT Congress

Descriptions follow of a few hundred events to be presented June 25–28, 2026. There are sessions on a large array of topic areas and all familiarity levels.

Session Types

General Sessions:

Keynotes

Speakers well-established in their field, or who hold positions of particular importance, share their unique insights and knowledge on a broad topic of interest.

Individual Open Paper

Individuals are encouraged to submit abstracts to present oral paper presentations that highlight their best work aligned with promoting rigorous cognitive behavioral research and practice. Individual paper presentations should be approximately 10 minutes each. Individual paper abstracts should be no more than 2800 characters. Presentations will be grouped together (5 abstracts) for sessions lasting 90 minutes. One of the presenters being designated as the “chair” to help facilitate.

Individual Three Minute Open Paper

An Individual Three Minute Open Paper is a brief version of the ‘Open Paper’ format as described above. All Three Minute Open Papers will be placed together into open paper slots, and each speaker will have 3 minutes to present their research, service development, or clinical practice topic, leading to particularly stimulating sessions.

Keynotes

Speakers who are well-established in their field, or who hold positions of particular importance, share their unique insights and knowledge on a broad topic of interest.

In-Congress Workshops

These are half-day (3-hour) sessions focused on both skills and theory, scheduled throughout the World Congress scientific program.

Panel Discussions

Discussions (or debates) by a range of informed individuals (e.g., researchers, clinicians, community stakeholders, consumers) on a current important topic that is conceptual in nature, rather than pertaining directly to clinical care. Examples of topics for panel discussions include (but are not limited to): supervision/training issues, ethical considerations in treatment or training, the use of technology in treatment, cultural considerations in the application of CBTs, among others. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgement in making this decision. These are organized by a moderator and include between three and five panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Clinical Round Tables

Discussions (or debates) by a range of informed individuals (e.g., researchers, clinicians, community stakeholders, consumers, persons with lived experience of mental illness) on an important topic directly related to patient care, treatment, and/or the application/implementation of a treatment. Examples of topics for Clinical Round Tables include (but are not limited to): challenges/suggestions for treating a certain disorder or group of patients, application of a treatment protocol or type of treatment to a novel population, considerations in applying CBTs to marginalized communities and/or minority groups, discussions about the implementation/application of research findings into clinical/community settings. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgement in making this decision. Clinical Round Tables are organized by a moderator and include between three and six panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Symposia

Symposia consist of a group of empirical research presentations on etiology, mechanisms of change, prevention, treatment efficacy, treatment effectiveness, dissemination and implementation, among other topics. Symposia are either 60 or 90 minutes in length. They have one or two chairs, one discussant, and between three and five talks. Some papers can be very data-focused, centered on new studies and trials and their outcomes. Others are more applied, looking at service of skills-related subjects. Speakers may range from presenters at an early stage in their careers presenting their own work, to leaders in the world of CBT.

Symposia are strongly encouraged to include a full range of career levels and expertise. This policy is not intended to discourage junior researchers / faculty and graduate students to present, but rather to encourage the presence of senior researchers/faculty first-author presentations in conjunction with junior researchers / faculty and graduate student presentations.

Skills Classes

Opportunities to learn a particular applied skill. These classes focus on a specific clinical or research skill or therapeutic approach. A well-known clinician typically leads them and depending upon the topic involved these may be more or less didactic or interactive, but there will be time for delegates to ask questions and interact with the presenter.

Technical Demonstrations

Short demonstrations that last up to one hour and present specific technology or equipment and its application to CBT. Technical demonstrations can include the presentation of both hardware and software, as well as research and clinical data, in a flexible yet focused manner.

Master Clinician Seminar

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

Poster Sessions

One-on-one discussions between presenters, who display graphic representations of the results of their studies and interested attendees. Because of the variety of interests and research areas of the Congress attendees, hundreds of posters are presented.

Ticketed Sessions:

These listings—located throughout the program book—include a level of experience to guide attendees and offer CE credit.

Workshops

Covering concerns of the practitioner/educator/researcher, Workshops are an anchor of the Convention. These sessions are 3 hours long and are generally limited to 60 attendees.

Itinerary Planner

After reviewing the 2026 Program, we hope you will turn to the online Itinerary Planner and begin to build your ultimate WCCBT Congress experience!

- ▶ **SEARCH** by topic, presenter, session, type, day/time
- ▶ **BROWSE** by day and view the entire program in time/day order
- ▶ **DEVELOP** your personal WCCBT Congress schedule

wccbt2026.eventscribe.net/index.asp

Thursday, June 25, 2026

THURSDAY

World Congress Opening Ceremony

8:15 AM – 8:45 AM

Golden Gate A, B2 Level

Please attend this opening ceremony, where ABCT Officials and WCCBT Organizers will provide you with an introduction to the San Francisco area and an overview of the 2026 WCCBT Program. Following the opening, Dr. Lata McGinn will present a Keynote Address.

The Future of Global CBT: Reflections, Achievements, and the Road Ahead

Lata K. McGinn, Ph.D., Professor of Psychology; Co-Founder; President,
Yeshiva University; Cognitive & Behavioral Consultants; World
Confederation of CBT

8:45 AM – 9:25 AM

Golden Gate A, B2 Level

Earn 1 continuing education credits

All levels of familiarity with the material

Category: Care Delivery Models

Key Words: *Early Intervention, Public Health*

The global mental health crisis continues to disproportionately affect young people, with rising rates of anxiety, depression, and suicide worldwide. The treatment gap remains particularly wide, highlighting the urgent need for innovative, evidence-based solutions that are both scalable and culturally responsive. This keynote reflects on the extraordinary progress made in advancing evidence-based practice worldwide while charting a vision for the future of Cognitive and Behavioural Therapies (CBT). Together, we have strengthened global collaborations, expanded access through partnerships with the WHO, regional stakeholders, and governments, and fostered growth across six continents, including building towards a CBT Association of Africa. At the same time, the global burden of mental health remains high, particularly among youth, underscoring the urgency of scaling effective, equitable, and culturally adaptable interventions. This keynote will share lessons from task shifting initiatives across the globe as models of scalable prevention and early intervention. Looking ahead, the keynote will share priorities for the next decade—accessibility, pluralism, digital innovation, and youth mental health—as we collectively work to ensure that CBT is accessible to all communities worldwide.

At the end of this session, the learner will be able to:

- Summarize key global achievements in the dissemination of Cognitive and Behavioural Therapies (CBT) through WCCBT initiatives and partnerships.
- Examine ongoing challenges in global mental health, particularly inequities in

access and the growing youth mental health crisis.

- Apply lessons from scalable, evidence-based interventions to inform strategies for expanding CBT within their own contexts.

Recommended Readings: Gerardi, N., & McGinn, L.K. (2023). Cognitive Behavioral Therapies in the United States. In: Terjesen, M.D., Doyle, K.A. (Eds). Cognitive Behavioral Therapy in a Global Context (pp.519-539). Switzerland, Springer International Publishing. World Confederation of Cognitive and Behavioural Therapies (WCCBT). (2024). Global training and dissemination initiatives in cognitive and behavioural therapies. World Confederation of Cognitive and Behavioural Therapies. <https://www.wcibt.org> World Health Organization. (2011). Psychological first aid: Guide for field workers. World Health Organization. <https://www.who.int/publications/i/item/9789241548205> World Health Organization. (2021). Guidelines on mental health promotion and prevention strategies for adolescents. World Health Organization. <https://www.who.int/publications/i/item/9789240025554>

Keynote 3

Targeting Threat and Reward Processes for the Treatment of Depression and Anxiety: from the Laboratory to Community-based Application

Michelle G. Craske, Ph.D., Distinguished Professor, University of California,
Los Angeles

1:00 PM – 2:00 PM

Golden Gate A, B2 Level

Earn 1 continuing education credit

Moderate level of familiarity with the material

Category: Adult - Anxiety

Key Words: *Anxiety, Depression*

Threat and reward reactivity are fundamental processes that become dysregulated in the context of vulnerability to, or expression of, anxiety and depression. I will present our latest findings regarding neural, behavioral and subjective features of threat and reward reactivity that correlate with and predict fears, anxiety, depression and anhedonia. I will then present our latest evidence for optimizing exposure therapy using an inhibitory retrieval model, its effectiveness relative to an habituation model, and mechanistic and moderator data. Next, I will present our series of investigations of Positive Affect Treatment that specifically targets reward mechanisms, its effectiveness as well as mechanistic data. I will conclude with discussion of community-based applications of these interventions through our STAND (Screening, Tracking and Treating Anxiety and Depression) model of care in college student samples.

At the end of this session, the learner will be able to:

- Explain the role of reward and threat reactivity in anxiety, depression and anhedonia.
- Describe the evidence for the efficacy of Inhibitory Retrieval Model of Exposure

Therapy and Positive Affect Treatment.

- Gain familiarity with community-based application of these interventions through STAND model of care.

Recommended Readings: Craske MG, Treanor M, Zbozinek TD, & Vervliet B. Optimizing exposure therapy with an inhibitory retrieval approach and the OptEx Nexus. (2022) *Behaviour Research and Therapy*. 2022 May;152:104069. doi: 10.1016/j.brat.2022.104069. Epub 2022 Mar 15. PMID: 35325683. Craske, M. G., Dunn, B. D., Meuret, A. E., Rizvi, S. J., & Taylor, C. T. (2024). Positive affect and reward processing in the treatment of depression, anxiety and trauma. *Nature Reviews Psychology*, 3(10), 665-685. <https://doi.org/10.1038/s44159-024-00355-4> Wen, A., Wolitzky-Taylor, K., Gibbons, R.D., & Craske, M.G. (2023). A randomized controlled trial on using predictive algorithms to adapt level of psychological care for community college students: STAND triaging and adapting to level of care study protocol. *Trials*, 24(1), 1-19. <https://doi.org/10.1186/s13063-023-07441-7>

How Can We Integrate Cognitive Behavioral Therapy, Schema Therapy, and Mindfulness Psychotherapy to Train Our Clients as Self-healers?

Younghee Choi, M.D., Ph.D., Metta Institute of Integrated CBT

3:00 PM – 4:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

Category: Transdiagnostic and therapeutic processes

As a Fellow of the ABCT (Academy of Cognitive Behavior Therapy) and ISST (International Society of Schema Therapy)-certified Schema therapist, and a Vipassana Meditator, the presenter aimed to develop Transdiagnostic Integrated CBT, the presenter started from the cognitive model based on Aaron Beck's cognitive theory and tried assimilating different theories and techniques among the existing evidence-based psychotherapies. With traditional CBT, several thousand of my patients learned how to solve their own problems as the self-therapist, but still, many patients do not respond well to Traditional CBT, and we call them treatment-resistant cases, which usually have co-morbid problems, primarily personality disorders. Studies about personality disorders showed that unique schemas were developed from childhood experiences and emotional temperaments. The contents of these schemas (core beliefs) produce automatic thoughts in specific situations, and these automatic thoughts did not respond well to traditional CBT. That was why schema-focused therapy was developed, mainly by Jeffrey Young. With Schema Therapy, the presenter could help more patients with Personality Disorders who did not respond well to traditional CBT. Even with the powerful effectiveness of schema therapy, the presenter still needed something more to help patients suffering from unchangeable problems. Naturally, the presenter found a "third wave" of CBT, including ACT (Acceptance and Commitment Therapy) and MBCT (Mindfulness-Based Cognitive Therapy), which expanded the concepts to other disorders and/or added novel components and mindfulness

exercises. The presenter owed a great deal to Jon Kabat-Zinn for learning mindfulness meditation. Through this lecture, the presenter will introduce the CASH (Change and Acceptance Self-Healing) program, which integrates CBT, schema therapy, and mindfulness approaches, and demonstrates that it not only improves various mental symptoms but also brings about changes in thinking and beliefs. At the heart of the entire group format, therapy at Metta Institute includes 9 weeks of the CASH program. After patients complete group CBT, they are re-evaluated, and much-improved patients who have acquired various therapeutic skills would stop therapy. Patients who require additional treatment would participate in individual sessions of Integrated CBT, which would last one to three years. For the past 30 years, I have worked with my patients, students, colleagues, and supervisors. When I encountered obstacles, those were challenging problems that I needed to find solutions. The core philosophy of the CASH program is to strive to change what we can, accept what we cannot change, and focus on living well, regardless of our efforts.

At the end of this session, the learner will be able to:

- Describe how the CASH program, which integrates schema therapy -an evolution of traditional CBT -and so-called third-wave psychotherapies, educates and trains patients to become self-healers, and explore its therapeutic effectiveness.

Treating Anxiety in the Context of Physical Illness: The Importance of Safety Behaviours and Fears of Disease Progression

Louise Sharpe, Ph.D., Professor, University of Sydney

4:30 PM – 5:30 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

Basic to Moderate level of familiarity with the material

Category: Adult - Anxiety

Key Words: *Anxiety, Behavioral Medicine, Physical Health*

Cognitive-behavioural treatments (CBT) for anxiety disorders are amongst the most successful applications of CBT, with a vast literature confirming efficacy with large effect sizes. However, when anxiety is treated in the context of a chronic physical illness, meta-analyses confirm that treatments are far less effective, typically with small effect sizes. This keynote will explore two potential mechanisms that are important in working with people with chronic physical illness and comorbid anxiety. First, the presentation of safety behaviours in people with chronic physical health problems will be explored. Clinicians must determine the difference between safety behaviours that exacerbate anxiety and safety precautions which keep patients safe from the impacts of their illness. A decision-making framework will be presented to differentiate safety behaviours and safety precautions. Second, the content of worries differs for people with anxiety in the context of chronic physical conditions. Specifically, an extremely common worry across populations of people with different chronic illnesses is the fear of their disease progressing. Our research shows that fears of progression are common amongst common chronic physical illnesses, including cancer, cardiovascular disease, rheumatological conditions, respiratory conditions and diabetes. This keynote will review evidence of the importance of fears of progression in anxious symptoms, theories of fear of progression and review the relevant treatment outcome literature.

At the end of this session, the learner will be able to:

- Explain the differences between safety behaviours and safety precautions in treatment of anxiety amongst those with chronic illness.
- List the unique worries and concerns associated with living with chronic physical illness.
- Explain the adaptations of anxiety models to people with fears of disease progression and how these guide intervention.

Recommended Readings: Sharpe, L., Todd, J. Scott, A., Gatzounis, I., Menzies, R., Muelders, A. (2022). Safety behaviours or safety precautions? The role of subtle avoidance in anxiety disorders in the context of chronic physical illness. *Clinical Psychology Review*, 92, 102126. Sharpe, L., Michalowski, M., Richmond, B., Menzies, R., Shaw, J. (2023). Fear of progression in chronic illnesses other than cancer: A systematic review and meta-analysis of a transdiagnostic construct. *Health Psychology Review*, 17, 301-320. Sharpe, L., Menzies, R., Richmond, B., Todd, J., MacCann, C., Shaw, J. (2024). The development and validation of the Worries about Recurrence and Progression Scale (WARPS). *British Journal of Health Psychology*, 29, 454-467.

ACT Skills for Perfectionism: A Process-based, Compassionate, and Flexible Approach for High-achieving, Perfectionistic, and Striving Behaviors

Patricia E. Zurita Ona, Psy.D., East Bay Behavior Therapy Center

2:00 PM – 4:00 PM

Yerba Buena Salon 14, B3 Level

Earn 2 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Positive psychology and resilience

Key Words: *Fear, ACT (Acceptance & Commitment Therapy)*

Clients are told often that their perfectionistic, high-achieving and striving behaviors need to change because they are harmful to their relationships, health, and overall well-being. But, people persist with this behavioral pattern despite long-term negative consequences (Curran, T, and A.P. Hill (2019); Ruggeri, A. (February, 21, 2018) Many clinicians are too familiar with scenarios like this: A client sets high standards for themselves; spend too much time trying to get things exactly right; constantly think about how to be better, struggle when dropping the ball, are petrified at the idea of making mistakes, and judge others by the same stringent standards to which they hold themselves. Think of the basketball player who throws the ball hundreds of times hoping for the perfect shot; your neighbor who goes on a date and rehearses the steps to create a good impression; or the digital marketer that spends hours in front of the screen searching for the right algorithm in google; all of these people are “perfectionists” on some level. These clients meet their standards for a while until they eventually feel that no matter how hard they work, it’s never enough. This is a pattern of socially and self-reinforced behaviors (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Mackinnon & Sherry, 2012; Rice, Ashby, & Slaney, 1998); and it could be present in every aspect of a person’s life (Cohen, 2019), leading to decision-paralysis, procrastination, self-criticism, rumination, depression, and others.

(Smith, M. M., D. H. Saklofske, G. Yan, and S. B. Sherry. 2017) Instead of asking clients to let go of perfectionistic behaviors, clinicians can target the key psychological processes behind high-achieving actions while teaching clients skills to harness the power of perfectionistic actions without losing themselves. (Ong, C., Lee, E., Krafft, J., Terry, C., Barrett, T., Levin, M., Twohig, M. (2019). Participants will learn specific ACT skills to work with these clients including assessment of core processes that drive perfectionistic behaviors; mapping of rigid thoughts; self-compassion when facing tough choices; acceptance of the fear of failure; flexible versus rigid responding, and other skills to move from rigid striving toward values-guided living (Zurita Ona, 2022)

At the end of this session, the learner will be able to:

- Assess perfectionistic behaviors from a contextual and functional perspective.
- Deliver acceptance-based interventions to manage psychological processes driving striving behaviors.
- Implement four ACT skills to help clients build psychological flexibility.

Recommended Readings: Zurita Ona, P. (2021). Acceptance and commitment skills for perfectionism and high-achieving behaviors: do things your way, be yourself, and live a purposeful life. Routledge. Ong, C., Lee, E., Krafft, J., Terry, C., Barrett, T., Levin, M., & Twohig, M. (2019). A randomized controlled trial of acceptance and commitment therapy for clinical perfectionism. *Journal of Obsessive-Compulsive and Related Disorders*, 22, 100444. <https://doi.org/10.1016/j.jocrd.2019.100444> Stoddard, J. A. (2023). Imposter no more: Overcome self-doubt and imposterism to cultivate a successful career. Balance.

Culturally Adapting CBT for Asian Heritage Populations: An Evidence-based Approach

Wei-Chin Hwang, Ph.D., Professor of Psychological Science, Claremont
McKenna College

9:30 AM – 12:30 PM

Yerba Buena Salon 3, B3 Level

Earn 3 continuing education credits

Category: Promoting diversity, equity, inclusion and reducing stigma

Key Words: *Culture, Multicultural Psychology, Asian Americans*

What are cultural adaptations? How do we culturally adapt psychotherapy in a clinically sound and evidence-based manner for those from diverse backgrounds? This workshop discusses how culture influences mental health processes and identify areas for cultural adaptation. Top-down and bottom-up frameworks to culturally adapt therapy will be introduced. Concrete examples from a culturally adapted treatment manual that I developed for use with Chinese Americans and tested on in a randomized controlled trial will be presented. The goal of this workshop is to gain both breadth and depth of understanding, as well develop practical clinical tools to use with diverse populations. Culturally adapting therapy is important because research demonstrates that ethnic minorities and non-White populations are less likely to receive quality health services and evidence worse treatment outcomes when compared with White populations. Although considerable progress has been made in establishing and defining efficacious and possibly efficacious treatments for the general population, relatively little is known about the efficacy of evidence-based psychological practices (EBPPs) for people from diverse backgrounds. Addressing this issue is critically important because non-White populations evidence barriers in access, delay and utilize mental health treatments at lower rates, and evidence worse outcomes. The information that will be presented in this CE workshop will be based off of a U.S. National Institutes of Mental Health (NIMH) funded clinical trial focused on creating a culturally adapted intervention for Chinese Americans and testing its effectiveness against non-adapted CBT. This study was the first NIMH funded outcome study on an Asian American group. Moreover, it is the first study that tests adapted versus unadapted psychotherapy.

At the end of this session, the learner will be able to:

- Explain the rationale and need for culturally adapting psychotherapy.
- Differentiate between cultural and individually tailoring
- Utilize theoretical and community participatory frameworks for developing evidence-based psychotherapy
- Utilize conceptual frameworks to develop culturally adapted evidenced-based clinical interventions.
- Enhance one's ability to culturally adapt psychotherapy and improve clinical effectiveness when working with specific ethnocultural groups.

Recommended Readings: Hwang, W. (2016). Culturally adapting psychotherapy for Asian heritage populations: An evidence-based approach. San Diego, CA: Academic Press (an imprint of Elsevier press). Hwang, W., Myers, H. F., Chiu, E., Mak, E., Butner, J., Fujimoto, K. A., Wood, J. J., & Miranda, J. (2015). Culturally adapted Cognitive-Behavioral Therapy for Chinese Americans with depression: A randomized controlled trial. *Psychiatric Services*, 66(10), 1035-1042. Hwang, W. (2009). The Formative Method for Adapting Psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice*, 40(4), 369-377. Hwang, W. (2006). The Psychotherapy Adaptation and Modification Framework (PAMF): Application to Asian Americans. *American Psychologist*, 61(7), 702-715.

CBT for Patients with Chronic Gastrointestinal Disorders: You Have Them in Your Practice!

Melissa G. Hunt, Ph.D., Associate Director of Clinical Training, University of Pennsylvania

9:30 AM – 12:30 PM

Pacific I, 4th Floor

Earn 3 continuing education credits

Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Key Words: *Behavioral Medicine, Health Psychology, Cognitive Therapy*

Gastrointestinal disorders of all kinds are exacerbated by stress and are also stressful. Irritable Bowel Syndrome (IBS) is a highly prevalent (~10% of the general population but up to 30% of psychiatric patients) disorder of gut-brain interaction that is highly co-morbid with anxiety disorders and depression and shares conceptual overlap with panic disorder, agoraphobia, social anxiety and ARFID. It also leads to considerable disability and distress. Managing these patients effectively requires good conceptual understanding of the biopsychosocial and cognitive underpinnings of IBS as well as the avoidance behaviors that maintain and exacerbate both symptoms and disability. General CBT skills are essential but incorporating GI specific phenomena (like bowel control anxiety and fear of food) are also important. There is significant empirical evidence supporting the use of CBT in treating IBS, including multiple RCTs. Inflammatory bowel diseases (IBD), (Crohn's Disease and ulcerative colitis), has clear biological pathophysiology, but shares some of the same symptoms and can lead to heightened risk for secondary IBS in a subset of patients. In addition, many IBD patients experience shame, avoidance and social anxiety about their condition. This workshop will cover what is known about the etiology and symptoms of IBS, how IBS patients present in clinical practice; IBS in the context of co-morbid panic and agoraphobia, social anxiety disorder, ARFID and depression; formulating appropriate treatment goals and basic cognitive and behavioral strategies for treating IBS, including IBS that is comorbid or secondary to a more serious IBD. Case material reflecting patients along a spectrum of severity will provide for lively discussion and acquisition of new skills and techniques. Audience participation, clinical questions and role-playing will be welcomed, leading to interactive, experiential, in-depth training. We desperately need more skilled clinicians to treat this large and underserved population. WCCBT members bring solid CBT skills and need only acquire an understanding of GI specifics.

At the end of this session, the learner will be able to:

- Explain the etiology, prevalence and symptoms of irritable bowel syndrome (IBS)
- Develop a case conceptualization that integrates comorbid GI disorders with existing depressive, anxiety, OC and trauma disorders.
- Modify the standard CBT approach to anxiety disorders to treat GI patients effectively, including effective use of deep diaphragmatic breathing.
- Describe the symptoms, medical complications and standard medical approaches to inflammatory bowel disease.
- Appreciate how many patients have chronic GI issues that underlie or exacerbate common psychiatric problems.

Recommended Readings: Feingold, J., Murray, H. B., & Keefer, L. (2019). Recent advances in cognitive behavioral therapy for digestive disorders and the role of applied positive psychology across the spectrum of GI care. *Journal of clinical gastroenterology*, 53(7), 477-485. Gholamrezaei, A., Van Diest, I., Aziz, Q., Pauwels, A., Tack, J., Vlaeyen, J. W., & Van Oudenhove, L. (2022). Effect of slow, deep breathing on visceral pain perception and its underlying psychophysiological mechanisms. *Neurogastroenterology & Motility*, 34(4), e14242. Hunt, M., Tse, C. S., Suh, L., Yang, E., Bui, C., Davis, A., ... & Tian, V. (2025). Psychotherapy process variables in implementation of CBT for inflammatory bowel disease: Therapist competence, fidelity, and patient themes. *Behaviour Research and Therapy*, 186, 104702.

Task-sharing Lay Health Worker Training and Supervision of Cognitive and Behavioural Therapies in Africa. Lessons from Zimbabwe

Concilia Tarisai T. Bere, M.S., Clinical Psychologist, University of Zimbabwe

Amelia M. Stanton, Ph.D., Assistant Professor, Boston University

Co-Authors: *Melanie A. Abas, M.D., Ph.D., Professor of Global Mental Health and Director of Global Health, King's College London*

Jane T. Fusire, IV, Social Worker, University of Zimbabwe

Sheila Marezva, Ph.D., Counsellor, University of Zimbabwe

Oline Chivere, B.S., Counsellor, University of Zimbabwe

Elizabeth Ann Powers, B.S., B.A., Clinical Research Coordinator, Massachusetts General Hospital

Conall M. O'Cleirigh, Ph.D., Director, BMED, Harvard University and Massachusetts General Hospital

9:30 AM – 12:30 PM

Pacific J, 4th Floor

Earn 3 continuing education credits

Category: Training, supervision, and credentialing

Key Words: CBT, Community-Based, Culturally Responsible Programming

Sub-Saharan Africa faces significant gaps in mental health treatment access, mainly due to a shortage of healthcare workers and inadequate infrastructure (WHO, 2024). To bridge this gap, task-sharing models involving treatment providers who are trained community members, such as grandmothers, peers, and primary counsellors, have become essential, culturally sensitive methods to enhance access to and acceptance of mental health services (WHO, 2022). Research from Zimbabwe and other African countries demonstrates that, with appropriate training and supervision, these community members turned lay counsellors can effectively provide structured, evidence-based psychological in-

terventions, including cognitive behavioural therapy (CBT), resulting in high acceptance and positive clinical outcomes among patients (Bere et al., 2016; Chibanda et al., 2016; Abas et al., 2023). The effectiveness and long-term sustainability of these models rely on well-structured, continuous training and supervision systems that are participatory, tailored to the local context, and attentive to the unique roles and experiences of various cadres. However, many clinical settings and programs lack specific, practical guidance on designing and implementing these task-sharing training and supervision models to preserve intervention fidelity, promote well-being among diverse community members, and uphold ethical standards for intervention delivery. We propose to hold a master clinician seminar to share experiential methods for training and supervising different cadres of community mental health workers in CBT-based interventions. I am well prepared to lead this master class, with 10 years of experience training and supervising lay counsellors in Zimbabwe, Malawi, and Ghana. Drawing lessons learned from collaborations among Harvard University, Boston University, and the University of Zimbabwe's Tendai4Prep study, in which lay counsellors are trained to deliver a CBT-based intervention to support pre-exposure prophylaxis use during pregnancy and postpartum, this seminar closely aligns with WCCBT's commitment to promoting accessible, high-quality, and culturally responsive cognitive behavioural therapies worldwide.

At the end of this session, the learner will be able to:

- Demonstrate culturally responsive principles to train and supervise lay counsellors at different levels in CBT delivery.
- Demonstrate how to apply practical strategies for ethical supervision, fidelity monitoring, and lay counsellor well-being.
- Demonstrate how to adapt and implement cross-site knowledge-sharing strategies to strengthen training and supervision across diverse settings

Recommended Readings: Bere T, Nyamayaro P, Magidson JF, Chibanda D, Chingono A, Munjoma R, et al. Cultural adaptation of a cognitive-behavioural intervention to improve adherence to antiretroviral therapy among people living with HIV/AIDS in Zimbabwe: Nzira Itsva. *J Health Psychol.* 2016;22(10):1265-1276. doi:10.1177/1359105315626783. Chibanda D, Weiss HA, Verhey R, Simms V, Munjoma R, Rusakaniko S, Chingono A, Munetsi E, Bere T, Manda E, Abas M, Araya R. Effect of a primary care-based psychological intervention on symptoms of common mental disorders in Zimbabwe: a randomized clinical trial. *JAMA.* 2016;316(24):2618-2626. doi:10.1001/jama.2016.19102. PMID: 28027368. Abas M, Bowers T, Manda E, Cooper S, Machando D, Verhey R, Lamech N, Araya R, Chibanda D. 'Opening up the mind': problem-solving therapy delivered by female lay health workers to improve access to evidence-based care for depression and other common mental disorders through the Friendship Bench Project in Zimbabwe. *Int J Ment Health Syst.* 2016;10:39. doi:10.1186/s13033-016-0071-9

In-Congress Workshop 4

Personalising CBT Interventions Using Modular Approaches

Sophie Bennett, Ph.D., Reader in Clinical Psychology, King's College London
Institute of Psychiatry, Psychology & Neuroscience
Roz Shafran, Ph.D., Emeritus Professor of Translational Psychology, UCL
Great Ormond Street Institute of Child Health

2:00 PM – 5:00 PM

Pacific I, 4th Floor

Earn 3 continuing education credits

Primary Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Key Words: *Evidence-Based Practice, Comorbidity, Children*

There are increasing calls for mental health treatments to be adapted for different groups to maximize their acceptability and benefit to patients. However, new adapted treatments may reduce service capacity at a time when there is unprecedented unmet need. An alternative method is personalization on an individual level. Modular treatments, in which therapists and/or clients can select the elements of protocols most suited to their presentation and needs, allow protocolised, standard interventions to be delivered flexibly, allowing for patient variation. They may support increased access to evidence-based therapy as therapists can develop, add and train in modules to address the needs of specific populations or presentations rather than training in entirely new interventions. Decisions regarding which modules or elements are used may be based on clinical judgement, patient choice, data from outcome measurement or a combination. A modular approach has been used successfully to treat mental health conditions (anxiety, depression and behavioural difficulties) within the context of physical healthcare service and specifically children and young people with epilepsy. The intervention was successful across the age range (3-18 years old), for children and youth with intellectual disabilities and for autistic children and youth. This workshop is aimed at those familiar with delivering evidence-based CBT protocols and who want to learn how to personalise these through using modular approaches, for example for working with particular client groups, such as those with chronic physical illness, or those presenting with more than one mental health difficulty. The workshop will provide examples from those with chronic illness, but the principles are broadly applicable to a range of client groups across the age range. There is some evidence that such personalisation may enhance adherence and engagement in therapy. By the end of the class participants will be able to apply what they have learnt

in the workshop to their everyday practice when working with clients who present with more than one mental health difficulty, with a particular focus on working on those with chronic physical illnesses.

At the end of this session, the learner will be able to:

- Identify the ways in which CBT may be personalised to address the specific needs of clients.
- List the principles behind modular interventions.
- Describe when to consider using a modular approach and the advantages and disadvantages of this.
- Describe how to use a modular intervention.
- Use measurement and clinical judgement to inform decisions about 'switching' between modules.

Recommended Readings: Bennett, S. D., Cross, J. H., Chowdhury, K., Ford, T., Heyman, I., Coughtrey, A. E., ... & Shafran, R. (2024). Clinical effectiveness of the psychological therapy Mental Health Intervention for Children with Epilepsy in addition to usual care compared with assessment-enhanced usual care alone: a multicentre, randomised controlled clinical trial in the UK. *The Lancet*, 403(10433), 1254-1266. Chorpita, B. F., Daleiden, E. L., Park, A. L., Ward, A. M., Levy, M. C., Cromley, T., ... & Krull, J. L. (2017). Child STEPs in California: A cluster randomized effectiveness trial comparing modular treatment with community implemented treatment for youth with anxiety, depression, conduct problems, or traumatic stress. *Journal of consulting and clinical psychology*, 85(1), 13. Käll, A., Shafran, R., Lindegaard, T., Bennett, S., Cooper, Z., Coughtrey, A., & Andersson, G. (2020). A common elements approach to the development of a modular cognitive behavioral theory for chronic loneliness. *Journal of Consulting and Clinical Psychology*, 88(3), 269.

Respond with CARE™ (Child-Adult Relationship Enhancement) After Disasters: The Agents of Change in Reducing Risk and Promoting Resilience in Youth

Jami M. Furr, Ph.D., Clinical Associate Professor, Florida International
University

Robin H. Gurwitsch, Ph.D., Psychologist, Professor Emerita, RHG
International Training and Consulting, PLLC

2:00 PM – 5:00 PM

Yerba Buena Salon 6, B3 Level

Earn 3 continuing education credits

Category: Conflict, Disasters, and Trauma- and stressor-related disorders

Key Words: *Disaster Response, Children, Trauma*

As has been clear with the recent weather-related disasters and mass violence events, all types of disasters are on the rise and causing increased financial, physical health, and mental health burden for so many. The field of trauma and our understanding of factors impacting recovery and resilience continue to grow and develop. One factor that remains a constant in supporting healing and resilience is the presence of strong positive relationships, especially for children, teens, and young adults. The most effective evidence-based programs to support youth after trauma highlight the importance of relationships, but they require intensive training and treatment. Unfortunately, as recent disasters have emphasized, the need for mental health services after trauma and disasters far outstrips the capacity to provide such services. As a result, access to universal programs designed to improve relationships to help in the healing process is lacking; Child-Adult Relationship Enhancement (CARE) helps address this need. CARE is a trauma-informed set of skills created to enhance relationships and reduce mild to moderate child behavior challenges that often present after trauma. CARE is for use by any adult interacting with a child or

adolescent and can be used alone or to complement other intervention services. Thus far, CARE has been disseminated widely across the US and internationally. Adaptations have been made for the use of CARE in childcare and school settings, in primary and integrated care settings, with foster parents, and after disasters /mass casualty events, and others. Medical, mental health, allied health professionals, and crisis counselors have received CARE training to complement their services, especially for children experiencing trauma. This workshop will focus on how CARE can be implemented within the context of disasters to foster secure and positive relationships and promote children's resilience after trauma. The workshop will include didactic information, videos, activities, and live practice with feedback for the greatest learning potential. Implementation, dissemination efforts, and research will be discussed, helping participants determine how to generalize the use of CARE in their specific settings.

At the end of this session, the learner will be able to:

- Discuss how trauma impacts child development, behaviors, and relationships, particularly the impact on marginalized communities
- Identify at least 2 reasons why use of CARE skills with children and teens may benefit those with a trauma history
- List 3 ways to improve relationships with children and teens in the school setting, including how to improve behaviors in youth after disasters.
- Provide 2 strategies on how to help adults provide instructions that are more likely to improve compliance
- Discuss how CARE skills can be easily implemented into any setting or interaction with youth, including schools, homes, and foster care settings.

Recommended Readings: Gurwitsch, R.H., Messer, E., Masse, J., Olafson, E., Boat, B.W., & Putnam, F.W. (2016). Child-Adult Relationship Enhancement (CARE): An evidence-informed program for children with a history of trauma and other behavioral challenges. *Child Abuse & Neglect*, 53, 138-145. Messer, E.P., Greiner, M., Beal, S., Cassidy, A., Eismann, E., Gurwitsch, R.H., Boat, B., Bensman, H., Bemerer, J., Greenwell, S., Eiler-Sims, P. (2018). Child Adult Relationship Enhancement (CARE): A brief, skills-building training for foster caregivers to increase positive parenting practices. *Children and Youth Services Review*, 90, 74-82. Murphy, K.G., Warner-Metzger, C.M., & Moreland, A.D. (April 2019). Child-Adult Relationship Enhancement (CARE): Expanding evidence-based child behavior management skills to an academic medical center. *Behavior Therapist*, 42 (4), 118-121.

Upskilling CBT Skills to Work with Older Adults: Key Differences from Standard Practice

Viviana Wuthrich, Ph.D., Professor, Macquarie University

2:00 PM – 5:00 PM

Pacific J, 4th Floor

Earn 3 continuing education credits

Category: Aging and Lifespan Psychology

Key Words: Aging, CBT

Anxiety and mood disorders are common in older adults, yet are often dismissed as being a normal part of ageing. Given developmental changes that occur in later life, mood and anxiety disorders can be missed in later life and regularly co-occur with cognitive and health challenges that can make differential diagnosis difficult. Further when anxiety and mood disorders are identified, they are often not treated using evidence-based approaches. Systematic reviews and meta-analyses indicate that anxiety and mood disorders can be treated in later life with cognitive behavioural therapy (CBT) with large effect size benefits. Given the normal developmental changes that occur in later life, CBT practitioners can feel unsure about how to deliver CBT effectively to older populations. Evidence suggests that some modifications to standard CBT skill delivery can be beneficial in improving treatment outcomes in older adults. This workshop will review the current literature on evidence-based practice for the assessment and treatment of older adults with anxiety and depression. This workshop will teach participants how to identify symptoms of anxiety and depression in older adults and how these differ from younger populations. In addition, participants will be taught how to deliver the key components of CBT to older adults using age-appropriate methods. This includes learning about the modifications and enhancements that can be made to standard CBT required to maximise treatment effectiveness in the elderly. The workshop assumes prior knowledge of CBT and will include didactic instruction, skill development and practice including role-plays to develop confidence and mastery of CBT skill delivery in older adult samples.

At the end of this session, the learner will be able to:

- Describe the nature and presentation of anxiety and mood disorders in older adults.
- Confidently and competently assess anxiety and depression in older adults.
- Confidently and competently apply CBT skills to treat anxiety and depression in older adults.

Recommended Readings: Chen, J.T.H., Belcher, J., Zagic, D., Wuthrich, V.M., (2022). Anxiety Disorders in Later Life. In: Asmundson, G.J.G. (Ed.), *Comprehensive Clinical Psychology*, 2nd edition, vol. 7. Elsevier, pp. 144-160. <https://dx.doi.org/10.1016/B978-0-12-818697-8.00020-0>. Wuthrich, V., Chen J. T.H., & Matovic, D. (2022). Advances in treatment for older adult mental health, *Advances in Psychiatry and Behavioral Health*, Vol 2 (1), 193-210. <https://doi.org/10.1016/j.ypsc.2022.05.008> Wuthrich, V.M., & Johnco, C. (in press, accepted 26th November, 2024). Cognitive behavioural therapy, In Thomas, A., Stewart, R., Taylor, J.P., & Dening, T (Eds), *Oxford Textbook of Old Age Psychiatry*, 4th Edition.

Representation in CBT: A Framework for Clinical and Systemic Practice

Faithful Oduote, B.S., CBT Therapist, NHS and Private Practice

2:00 PM – 5:00 PM

Yerba Buena Salon 3, B3 Level

Earn 3 continuing education credits

Category: Promoting diversity, equity, inclusion and reducing stigma

Key Words: *Multicultural Psychology, Training / Training Directors, Culturally Responsible Programming*

Representation within CBT is often reduced to a statistical exercise, focused on numerical diversity within teams or services. While commonly measured in this way, such approaches fail to capture how representation is experienced, enacted, and sustained within clinical and organisational systems. In contexts where formal diversity or inclusion initiatives may be limited or contested, the Representation Model offers a framework for understanding how structural dynamics—such as leadership pathways, supervision practices, recruitment processes, and allocation of clinical labour—continue to shape engagement, psychological safety, and outcomes within CBT systems. This workshop introduces the Representation Model and demonstrates its application across CBT practice, education, supervision, recruitment, and leadership. The model maps common failure points in representation, including absence, tokenism, and performative inclusion, and examines their impact on trust, engagement, power, and safety. Participants will explore how representation may stagnate at entry levels (“sticky floors”), remain absent from senior leadership (“glass ceilings”), or become symbolic rather than structural. The workshop will also address how misapplied notions of representation can result in the unequal distribution of clinical and emotional labour, such as routing clients from particular identity groups to a single clinician without adequate consideration of client choice, therapist consent, or professional impact. Drawing on clinical, organisational, and educational examples, the workshop will examine how limited or performative representation contributes to disengagement, burnout, and experiences of marginalisation, including racial trauma. An intersectional lens will demonstrate how the model can be applied across protected characteristics without reducing representation to identity matching. Through applied mapping and structured reflection, participants will examine representation within their own contexts and identify what authentic representation looks like in day-to-day CBT practice,

including recruitment decisions, leadership pathways, supervision cultures, curriculum design, and policy implementation.

At the end of this session, the learner will be able to:

- Identify how representation operates beyond numbers, including its impact on psychological safety within CBT systems.
- Use the Representation Model to map where representation breaks down within services, training, supervision, and leadership structures.
- Apply the Representation Model to inform ethical recruitment, supervision, education, and leadership decisions in CBT contexts.

Recommended Readings: British Association for Behavioural and Cognitive Psychotherapies (BABCP). BAME Positive Practice Guide (PPG): Representation, Workforce Experience, and Service Delivery. BABCP, UK. Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International journal for equity in health*, 18(1), 174. Lawton, L., McRae, M., & Gordon, L. (2021). Frontline yet at the back of the queue – improving access and adaptations to CBT for Black African and Caribbean communities. *The Cognitive Behaviour Therapist*, 14, e30.

Guides to Advanced Treatment of ADHD in Children and Adolescents: Empirically Supported Treatments in a Youth Lifespan Treatment Approach

MODERATORS:

Richard Gallagher, Ph.D., NYU Langone Health/NYU
School of Medicine
Eliana Rosenthal, Ph.D., NYU Grossman School of
Medicine

PANELISTS:

Richard Gallagher, Ph.D., NYU Langone Health/NYU
School of Medicine
Jenelle D. Nissley-Tsiopinis, Ph.D., Perelman School of
Medicine at the University of Pennsylvania & Children's
Hospital of Philadelphia
Rosanna Breaux, Ph.D., Virginia Tech
Amori Y. Mikami, Ph.D., University of British Columbia
Linda J. Pfiffner, Ph.D., University of California San
Francisco

11:30 AM - 1:00 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Child and adolescent mental health

Key Words: *ADHD, Treatment, School/School-Based Interventions*

Functional impairments in attention-deficit/hyperactivity disorder (ADHD) occur

when core symptoms of inattention and hyperactivity/impulsivity hinder family, school, social, and emotional functioning. Treatments with proven or promising efficacy have positively altered the course of ADHD through skills building methods and learning principles. Well-tested and newly emerging treatments for reducing the impact of ADHD on the home, school, social, and emotional lives will be reviewed in a clinical round table. The leaders of teams that have developed and tested interventions will present the foundations of their treatments. Dr. Nissley-Tsiopinis will present on GetReady a group intervention for caregivers of newly diagnosed children, engaging them as care partners to enhance empowerment and intent to initiate evidence-based treatments. Parental Friendship Coaching, by Dr. Mikami, guides parents to coach elementary school children's social behaviors during planned playdates. Dr. Pfiffner's Child Life and Attention Skills and Collaborative Life Skills programs improve ADHD symptoms and family, social, and organizational skills of elementary-school children across ADHD presentations. Organizational Skills Training, created by Dr. Gallagher and colleagues, contributes to significant improvements in organization, time management, and planning which in turn advance school performance and reduce family conflict in elementary school children. For adolescents, RELAX, by Dr. Breaux works with families to enhance emotion regulation and reduce interpersonal conflict through psychoeducation, constructive parent-child discussion, and guidance on managing actions during emotional arousal. Each panel member will provide the purpose of the treatment program, briefly describe the results of controlled studies, and present an example of one treatment session in detail. The panel will propose and discuss the potential for creating an individualized sequence of treatments for this chronic condition. As a result, while engaging in long-term treatment and follow-up, a clinician can implement a course of treatment that covers a large portion of the child's life to address behavioral, family, social, school, and emotional functioning.

Navigating Identity: Integrating Tailored DBT and Evidence-based Group Therapy for Gender Expansive Individuals

MODERATOR:

Connor Adams, Psy.D., Stanford University

PANELISTS:

Anaid Atasuntseva, Ph.D., Stanford University

Itzel Anaya, Ph.D., Kaiser Permanente, Oakland

11:30 AM – 1:00 PM

Golden Gate C1, B2 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: LGBTQIA+

Key Words: LGBTQ+, Group Therapy

This clinical roundtable will examine adaptations to evidence-based group therapies (EBGTs) across three diverse treatment settings serving gender-expansive youth and adults. Gender-expansive individuals experience disproportionately high levels of invalidation, marginalization, and discrimination related to their gender identity. A growing body of research demonstrates elevated rates of emotion dysregulation, mood and anxiety disorders, suicidal behavior, and non-suicidal self-injury (NSSI) in gender-diverse populations, with rates of NSSI nearly twice those observed in cisgender peers. These disparities underscore the critical need for tailored, affirming, and effective evidence-based interventions. While existing EBGTs offer robust frameworks for addressing emotion dysregulation and associated psychopathology, meaningful adaptation is often necessary to address the lived experiences of gender-expansive group members and to optimize engagement, retention, and clinical outcomes. Adaptations discussed will include the use of gender-relevant examples in skill teaching; expanded attention to invalidating environments; integration of discussions of gender-affirming care, activities, and resources; development of advocacy skills; and intentional cultivation of supportive, affirming group communities. This roundtable

brings together clinicians implementing adapted versions of Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Cognitive Behavioral Therapy (CBT) group interventions across diverse clinical contexts. Panelists will discuss practical considerations related to setting, diagnosis, developmental stage, and caregiver involvement, drawing on both the clinical literature and lived experience in group design and facilitation. The session will highlight key advantages, challenges, and ethical considerations in adapting EBGs for gender-expansive individuals, and will offer attendees concrete guidance for inclusive and effective group-based care.

CBT as Activism: Drawing from Anti-oppressive Practice (AOP) to Support Clinicians in Using Affirming and Inclusive Treatment Approaches with LGBTQIA+ Individuals

MODERATOR:

Mudita A. Bahadur, Ph.D., Private Practice

PANELISTS:

Carmella R. Tress, Psy.D., Central Texas Veterans Affairs Healthcare System

Hollie Fay. Granato, ABPP, Ph.D., University of Texas at Austin

2:00 PM – 3:30 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: LGBTQIA+

Key Words: LGBTQ+, Trans/Gender Diversity Issues

The overarching goal of this panel will be to explore best practices in the research for CBT clinicians who are both members of the LGBTQIA+ community and allies, towards enhancing clinical work to better serve LGBTQIA+ individuals. A recent Gallup (2024) poll indicates 9.2% of the current adult population in the US identifies as LGBTQIA+, with rates as high as 23% for the Gen Z cohort (ages 18-27). Yet, only 28% of clinics in the U.S. offer LGBTQIA+ specific services (Choi et al., 2023). This context amplifies the importance for clinicians to provide CBT in an affirming and inclusive approach with this marginalized population, especially during this time when the LGBTQIA+ community is

experiencing targeted discrimination and stress. This Clinical Round Table will explore using Anti-Oppressive Practice (Aqil et al., 2021) principles as a framework for recommendations of affirming and inclusive treatment approaches. The anti-oppressive framework tackles the reality that oppression exists in all aspects of our society, and self-reflection is critical for clinicians to be able to shift power dynamics within institutions and ourselves (Aqil et al., 2021). Some recommendations that will be reviewed in this talk include building community, improving allyship with our fellow clinicians and supporting trainees, as well as improving clinicians' own LGBTQIA+ affirming care through activism. Unique to this presentation is that it will offer first hand account perspectives from clinicians with lived experiences, as well as clinicians who are current allies. The primary goals for attendees will be to leave with tools to 1) enhance their clinical work with members of the LGBTQIA+ community, 2) Understand how to build community and reduce burnout for themselves as well as marginalized colleagues, and 3) Apply the anti-oppressive framework principles to teaching, training, and supervision. All panelists of this Clinical Round Table are members of the A-CBT Diversity Action Committee and are widely experienced in clinical and theoretical literature regarding minority stress theory and research on adopting an anti-oppressive frame to clinical work.

CBT with Pediatric Patients: Notions and Potions

MODERATOR:

Robert D. Friedberg, ABPP, Ph.D., Independent Training Consultant in CBT

PANELISTS:

Robert D. Friedberg, ABPP, Ph.D., Independent Training Consultant in CBT

Jessica M. McClure, Psy.D., Cincinnati Children's Hospital Medical Center

Meghan Marsac, Ph.D., University of Kentucky School of Medicine

Siriat Ularntinon, Queen Sirikit National Institute of Child Health, Bangkok, Thailand

Ciera Korte, Ph.D., Oregon Health and Science University
Ray W. Christner, ABPP, Psy.D., Dr. Ray W. Christner, LLC

Corinne Catarozoli, Ph.D., Weill Cornell Medicine

2:00 PM – 3:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Key Words: CBT, Children, Behavioral Medicine

Access to care is a significant barrier to early identification and treatment of pediatric behavioral health concerns. Integrating physical and behavioral health screening, prevention, and treatment services using a whole-child approach to pediatric health can decrease obstacles to care. This presentation brings together a diverse array of experienced clinician-scholars to share their innovative work caring for pediatric patients within healthcare settings. The first presentation describes how expanding pediatric integrated care through community partnerships and training increases access and improves outcomes. Exposure

to medical events, care, and conditions are common potentially traumatic events igniting significant medical traumatic stress symptoms. The second presentation discusses how to tailor CBT strategies for these traumatized youth, their families, and medical teams. The third presentation addresses pediatric sleep problems and their impact on young patients and their families. It shows how integrating CBT into pediatric sleep centers and medical settings improves timely access to care and allows families to receive effective behavioral health treatment combined with medical interventions. Disorders of gut-brain interaction are a leading reason for pediatric gastroenterology referrals and accordingly, the fourth presentation provides clinicians with evidence-based gut-directed CBT strategies to customize treatment, engage families, and foster collaborative empiricism. The final presentation details the application and adaptation of CBT within Thailand's pediatric Consultation-Liaison (CL) service. TF-CBT for at-risk parents in the PICU setting and integrating cognitive-behavioral techniques in the management of Functional Neurological Disorder (FND) are explained. The discussant's comments highlight the innovative work presented by the panelists on applying CBT across diverse pediatric medical settings and emphasize key themes as well as the challenges and opportunities associated with integrated CBT-based pediatric behavioral health services.

Reconceptualizing Depression as an Evolved Adaptation

MODERATOR:

Steven D. Hollon, Ph.D., Vanderbilt University

PANELISTS:

Paul W. Andrews, Ph.D., McMaster University

Lynn M. McFarr, Ph.D., CBT California

Lorenzo Lorenzo-Luaces, Ph.D., Indiana University

Daisy R. Singla, PhD, C. Psych, Centre for Addiction and Mental Health; University of Toronto

4:00 PM – 5:30 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Mood disorders and suicidality

Key Words: *Depression, Rumination, Treatment*

Much of what the field believes about depression in humans (and learned helplessness in animals) likely is wrong. Our clinical round table addresses each of the following: 1) unipolar depression is neither a disease nor a disorder but an evolved adaptation that is so prevalent as to be “species typical”; 2) depression evolved to facilitate thinking analytically in the service of solving complex problems (the analytical rumination hypothesis), with serotonin transmission actually elevated (not deficient) during depression in a fashion that allocates energy toward cognition; 3) animals exposed to inescapable stressors do not learn “helplessness”; rather, those exposed to escapable stressors learn a generalized expectation of control (resilience), mediated by cortical inhibition of serotonergic brainstem responses, that immunizes them against the effects of future stress; 4) antidepressant medications do not correct a deficit in neurotransmitter in the synapse but instead drive already-elevated serotonin so high that underlying homeostatic mechanisms push back—suppressing symptoms at the expense of keeping patients in episode and at elevated risk of relapse upon discontinuation; and 5) cognitive behavior therapy works by teaching patients to ruminate more efficiently, facilitating the problem-solving function that depression evolved to serve, and has an enduring effect (much like the immunizing effect of

learned resilience in rodents) with evidence suggesting it produces enduring “top-down” cortical changes that are distinct from medications’ “bottom-up” suppression of serotonergic-driven symptoms. From an evolutionary perspective, depression is not the problem, it is the beginning of a search for a solution to whatever problem(s) triggered the distress, and serotonin is the mechanistic “through-line” that connects the disparate aspects of its reconceptualization. It is a basic principle of evolutionary medicine that any intervention that facilitates the function that an adaptation evolved to serve (as cognitive behavior therapy appears to do) is to be preferred over the one (like the antidepressant medication) that merely anesthetizes the distress.

Panel Discussion 6

Enhancing Psychiatry Trainees Psychotherapy Education Using a Developmental Education Model with Psychologist Educators

MODERATOR:

Nicole Schultz, Ph.D., University of California, Davis
School of Medicine

PANELISTS:

Nicole Schultz, Ph.D., University of California, Davis
School of Medicine
Gloria Petruzzelli, Psy.D., School of Medicine, University
of California, Davis
Karina Muro, Ph.D., UC Davis Health
Lindsey B. Overstreet, Psy.D., UC Davis Health

2:00 PM – 3:30 PM

Yerba Buena Salon 5, B3 Level

Earn 1.5 continuing education credits

Category: Training, supervision, and credentialing

Key Words: *Training / Training Directors, Education and Training, Supervision*

Psychiatrists are required to have expertise across a variety of medical and psychological domains, including the intersection of medication management and psychotherapy. While psychiatrists view psychotherapy training as integral to their development, research shows dissatisfaction with the quality of training they receive. Given their expertise in theory and application of psychotherapy, clinical psychologists have the capability to address these limitations with deliberate, coordinated, and developmental curricula. Their expertise enhances the goal of training strong future psychiatrists while meeting the training requirements set forth by the Accreditation Council of Graduate Medical Education (ACGME), which stipulates competency in cognitive-behavioral therapy. The current session will feature a developmental education model emphasizing the integration of evidence-based treatments such as CBT, DBT, and CBT for psychosis in didactic curricula, clinical application, and supervision across training years in our psychiatry residency and

fellowship training programs. Our team of psychologist educators will focus on practical strategies to build opportunities to enhance learning and engagement across each year of residency training. After reviewing general education models for PGY1-PGY4, we will discuss two unique opportunities to enhance specialized psychotherapy education, including in the 1) Healing and Optimizing Psychotic Experiences clinic and the 2) child psychiatry fellowship program, which includes the opportunity to participate in an adolescent intensive outpatient program. For each training opportunity, we will highlight barriers and provide strategies to increase contact with theoretical models of psychotherapy and how to practically apply skills in residents' current rotations. The session will demonstrate the importance of interdisciplinary, coordinated educational efforts that are responsive to learners needs, and will highlight direct feedback received from residents on efforts to enhance psychotherapy training. Further, we will include strategies to objectively measure psychotherapy competencies to align with ACGME requirements.

Panel Discussion 1

Developing Disability Cultural Competence in CBT Clinicians: Rationale, Teaching Strategies, and Implications for Resilience

MODERATOR:

Maren Westphal, Ph.D., Pace University

PANELISTS:

Maren Westphal, Ph.D., Pace University

Pamela A. Hays, Ph.D., Independent

Rhoda Olkin, Ph.D., California School of Professional Psychology at Alliant University, San Francisco

Jed McGiffin, Ph.D., University of Washington School of Medicine, Department of Rehabilitation Medicine

H'Sien Hayward, Ph.D., H. Hayward, PhD Psychology Inc.

4:00 PM – 5:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Key Words: *Behavioral Medicine, CBT, Underserved Populations*

Individuals with disabilities constitute the largest minority group in the United States. According to the CDC, 1 in 4 adults in the United States reported having a disability in 2022. Out of these, around 43 % reported a mobility impairment (CDC's main category of physical disability). Moreover, many currently non-disabled individuals will experience changes in mobility, vision, hearing, and cognition as they age and/or become caregivers for disabled older adults. Disability is therefore not a niche concern but a near-universal part of the human life course. Yet clinical and counseling psychology programs provide minimal training on disability, disability culture, and culturally responsive cognitive behavior therapy (CBT) for disabled clients. The goal of this panel is to advance disability cultural competence in CBT practitioners by debating topics such as: What are best practices for training clinicians in culturally responsive assessment and treatment

of disabled individuals? How can CBT strategies be used to reduce internalized ableism, enhance social connections, support health-promoting routines, and foster self-advocacy in health care and community contexts? What is disability affirmative therapy (DAT), and how can it inform CBT case formulation? Are research findings on resilience in disabled individuals and DAT relevant for addressing fear of aging and mortality in both disabled and non-disabled individuals?

Enhancing Access to and Outcomes from CBT for Anxious Children

CHAIR:

Allison Waters, Ph.D., Griffith University

DISCUSSANT:

Ronald Rapee, Ph.D., Macquarie University

9:30 AM – 10:30 AM

Golden Gate C1, B2 Level

Earn 1 continuing education credit

Basic level of familiarity with the material

Category: Anxiety disorders

Key Words: *Anxiety, Children*

Tackling Youth Mental Health: An Integrated Model of Mental Health Care Within a Youth Sports Development Program

Allison Waters, Ph.D., Griffith University

Rachel Sluis, Ph.D., Griffith University

Wayne Usher, Ph.D., Griffith University

Lara Farrell, Ph.D., Griffith University

Caroline Donovan, Ph.D., Griffith University

Kathryn Modecki, Ph.D., University of Western Australia

Melanie Zimmer-Gembeck, Ph.D., Griffith University

**Enhancing Outcomes from CBT for Anxious Children: Conducting Exposure
Therapy Within the Memory Consolidation Window**

Carly Johnco, Ph.D., Macquarie University

Ella Oar, BPsych(Hons), DPsych(Clin), Macquarie University

Viviana Wuthrich, Ph.D., Macquarie University

Eric Storch, Ph.D., Baylor College of Medicine

Allison Waters, Ph.D., Griffith University

Ronald Rapee, Ph.D., Macquarie University

**Icbt in Schools: A Pilot Study Investigating the Feasibility and Acceptability of an
Online School-based Treatment Program for Childhood Anxiety**

Sophie J. Dickson, Macquarie University

Lauren F. McLellan, D. Phil., Macquarie University

Heidi Lyneham, Ph.D., Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Moving Toward Equitable Implementation of Behavioral Interventions for LGBTQ Populations

CHAIR:

Michael E. Newcomb, Ph.D., Northwestern University
Feinberg School of Medicine

DISCUSSANT:

Steven A. Safren, ABPP, Ph.D., University of Miami

9:30 AM – 11:00 AM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: LGBTQIA+

Key Words: LGBTQ+, Health Psychology, Implementation

**A Community-engaged Pilot Implementation Trial of a Behavior Activation/exposure
Group Therapy Intervention to Address Syndemic Mental Health and HIV Risk
Among Transgender Women**

Danielle S. Berke, Ph.D., Hunter College

FOCUS on Us: Using LGBTQ Community Feedback to Adapt a Cancer Caregiving

Intervention

Charles Stewart Kamen, M.P.H., Ph.D., University of Rochester

Nora Akcasu, MPH, Wayne State University

Francisco Cartujano Barrera, M.D., University of Rochester

Valerie Chiodo, BSN, RN, University of Rochester

Linda Donahue, LCSW, University of Rochester

Brian Holloway, B.A., University of Rochester

Milena Insalaco, B.A., University of Rochester

Heidi Miller, MPH, University of Rochester

Lelaina Nagle, B.A., University of Rochester

Matt Poquadeck, M.S., University of Rochester

Hayley Thompson, Ph.D., Wayne State University

Karen Young, B.A., University of Rochester

Theresa Hastert, Ph.D., Wayne State University

Implementing a Couple-based HIV Prevention Program for LGBTQ Youth in a

Psychotherapy Private Practice Setting

Michael E. Newcomb, Ph.D., Northwestern University Feinberg School of Medicine

Emils Sietins, M.A., Northwestern University Feinberg School of Medicine

Dennis Li, Ph.D., Northwestern University

Kathryn Macapagal, M.Ed., Ph.D., Northwestern University Feinberg School of Medicine

Brian Mustanski, Ph.D., Northwestern University

Weaving Behavioral HIV Prevention Strategies into the Fabric of Youth's Lives

Kathryn Macapagal, M.Ed., Ph.D., Northwestern University Feinberg School of Medicine

Comparing Effectiveness Engagement Strategies, and Treatment Fidelity for Two Culturally Informed, Asynchronous Messaging- based Therapies for Posttraumatic Stress Disorder

CHAIR:

Shannon L. Wiltsey Stirman, Ph.D., National Center for
PTSD and Stanford University

DISCUSSANT:

Debra Kaysen, ABPP, Ph.D., Stanford University

9:30 AM – 11:00 AM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Interventions and Care Delivery Models in the Context of Resource
Limitations

Key Words: *Technology / Mobile Health, PTSD (Posttraumatic-Stress-Disorder),
Psychotherapy Outcome*

A Hybrid Randomized Comparison of Asynchronous Messaging-based , Culturally Informed Cognitive Processing Therapy and Treatment as Usual for PTSD

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University
Amber Calloway, Ph.D., University of Pennsylvania
Sohayla Elhusseini, B.A., University of Kentucky
Booil Jo, Ph.D., Stanford University
Aarthi Padmanabhan, Ph.D., Talkspace
Stefanie LoSavio, ABPP, Ph.D., The University of Texas Health Science Center at San Antonio
Brittany Hall Clark, PhD, University of Texas Health Sciences Center for San Antonio
Derrick Hull, Ph.D., Slingshot AI
Emily Peake, M.A., Talkspace
Szu-Chi Huang, Ph.D., Stanford Graduate School of Business
Elizabeth Stade, Ph.D., Stanford University
Bailee Schuhmann, Ph.D., University of Texas Health Sciences Center for San Antonio
Katy Dondanville, PsyD, ABPP, The University of Texas Health Science Center at San Antonio

Evaluating a “pay-it-forward” Incentive Model to Enhance Engagement and Clinical Outcomes in PTSD Treatment

Aarthi Padmanabhan, Ph.D., Talkspace
Booil Jo, PhD, Stanford University
Sohayla Elhusseini, B.A., University of Kentucky
Emily Peake, M.A., Talkspace
Szu-Chi Huang, PhD, Stanford Graduate School of Business
Katy Dondanville, PsyD, ABPP, The University of Texas Health Science Center at San Antonio
Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

Therapy by Text: Training, Fidelity, and What’s Actually Being Delivered

Katy Dondanville, PsyD, ABPP, The University of Texas Health Science Center at San Antonio
Amber Calloway, Ph.D., University of Pennsylvania
Stefanie LoSavio, ABPP, Ph.D., The University of Texas Health Science Center at San Antonio
Bailee Schuhmann, Ph.D., University of Texas Health Sciences Center for San Antonio
Brittany Hall Clark, Ph.D., University of Texas Health Sciences Center for San Antonio
Christine Bird, Ph.D., Stanford University
Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

Development of an Automated, Scalable Method for Assessing Fidelity to Cognitive

Processing Therapy

Elizabeth Stade, Ph.D., Stanford University

Samuel Campione, M.A., Stanford University

Sohayla Elhusseini, B.A., University of Kentucky

Katy Dondanville, PsyD, ABPP, The University of Texas Health Science Center at San Antonio

Stefanie LoSavio, ABPP, Ph.D., The University of Texas Health Science Center at San Antonio

H. Andrew Schwartz, Ph.D., Vanderbilt University

Johannes Eichstaedt, Ph.D., Stanford University

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

International Issues on Training in CBT

CHAIR:

Keith S. Dobson, Ph.D., University of Calgary

DISCUSSANT:

Keith S. Dobson, Ph.D., University of Calgary

9:30 AM – 11:00 AM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Training, Supervision, and Credentialing

Key Words: *Education and Training, Dissemination, Supervision*

The Importance of Training Guidelines in Diverse Regions of the World

Firdaus Mukhtar, Ph.D., Universiti Putra Malaysia

The Development and Promotion of Training Guidelines in the United Kingdom and Europe

Helen F. Macdonald, M.S., British Association for Behavioural and Cognitive Psychotherapies and University of Sheffield UK

Developing Training Guidelines for Low Intensity CBT Interventions

Roz Shafran, Ph.D., UCL Great Ormond Street Institute of Child Health

Past-present and Future Challenges during Dissemination of the Good Practice of CBT and the Importance of a Global Training Standards of CBT

Mehmet Zihni Sungur, M.D., WCCBT Executive Board Member, Uskudar University

Keith S. Dobson, Ph.D., University of Calgary

Mehmet Zihni Sungur, M.D., WCCBT Executive Board Member, Uskudar University

Roz Shafran, Ph.D., UCL Great Ormond Street Institute of Child Health

Advances in Psychotherapeutic Approaches for Emotional Distress: Applications and Efficacy of Transdiagnostic and Mindfulness-based Interventions

CHAIR:

Xinghua Liu, Ph.D., Peking University

DISCUSSANT:

Xinghua Liu, Ph.D., Peking University

9:30 AM – 11:00 AM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Moderate to Advanced level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Mindfulness/Meditation, Randomized Controlled Trial, Transdiagnostic*

Adapting the Mindfulness Intervention for Emotional Distress (MIED) Program for Bereavement Care

Yanjuan Li, Ph.D., the University of Hong Kong

Concurrent Adolescent and Parent Group Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in China: Evidence from Feasibility and Efficacy Studies

Meirong Pan, M.D., Peking University Sixth Hospital

Xue Gao, M.D., Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing, China

Xueying Liu, M.D., Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing, China

Zhongfang Fu, Ph.D., Peking University

Lu Liu, Ph. D., Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing, China

Haimei Li, Ph. D., Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing, China

Yufeng Wang, Ph. D., Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing, China

Qiujin Qian, M.D., Peking university

The Efficacy and Mechanisms of Dialectical Behavior Therapy for Suicidal Ideation, Depression, and Anxiety in Female Offenders: A Randomized Controlled Trial

Jiali Yang, Ph.D., School of Psychological and Cognitive Sciences, Peking University, Beijing, China

Lan Wang, Ph.D. Candidate, School of Criminal Justice, China University of Political Science and Law, Beijing, China

Bo Yang, Ph.D., China School of Sociology, China University of Political Science and Law, Beijing, China

Xinghua Liu, Ph.D., Peking University

Perceived Stress as a Mediator of a Mindfulness-based Intervention for Emotional Distress: Two Randomized Controlled Trials

Jialu Jin, Peking university

Dongyang Chen, PhD Candidate, Peking University School of Psychological and Cognitive Sciences

Mengyao He, PhD, Peking University School of Psychological and Cognitive Sciences

Amy Hu, Master, Peking University School of Psychological and Cognitive Sciences

Stefan G. Hofmann, PhD, Philipps-Universität Marburg

Xinghua Liu, Ph.D., Peking University

UP Intervention from the Perspective of the MIED Psychopathology Diamond Model: A Case Study of Depression

Yinan Zhang, M.D., Peking University

Digital Phenotypes of Psychological Disorders

CHAIR:

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

DISCUSSANT:

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

11:30 AM – 1:00 PM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material
 Category: Artificial Intelligence and Technology-based interventions
 Key Words: *Assessment, Trauma, Emotion*

Digital Measurement of Positive Affect in Prolonged Grief Disorder

Suzanna Azevedo, PsyM, UNSW

Tomas Meaney, B.S., M.S., Ph.D., University of New South Wales

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

Expressive Flexibility in Posttraumatic Stress Disorder

Jasmine Choi-Christou, University of New South Wales

Classification of PTSD in Veterans Using Digital Phenotypes Processed by Large Language Models

Tomas Meaney, B.S., M.S., Ph.D., University of New South Wales

Isaac Galatzer-Levy, PhD, MSC, B.A., New York University

Vijay Yadav, PhD, MSC, B.A., New York University

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

Identifying Suicide Risk with Digital Biomarkers of Emotional States

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

Psychology in a Changing Climate: Preparing Clinical Practice for Emerging Mental Health Needs

CHAIR:

Jack B. Boyse, B.A., The University of Sydney

DISCUSSANT:

Jack B. Boyse, B.A., The University of Sydney

11:30 AM – 1:00 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Conflict, Disasters and Trauma- and Stressor-related Disorders

Key Words: *Climate Change, Service Delivery, Vulnerable Populations*

Anxious for Change: Meta-analysis of Climate Emotion and Pro-environmental Action Associations

Jack B. Boyse, B.A., The University of Sydney

Louise Sharpe, Ph.D., University of Sydney

Eliza-Rose Gordon, B.A., The University of Sydney

Rachel Menzies, M.C.P, PhD., The University of Sydney

Neurobiological Pathways Linking Climate Change and Mental Health

Robin Cooper

Harnessing Technology to Address the Mental Health Impacts of Climate Change and Disasters at Scale

Adrienne Heinz, Ph.D., VA National Center for PTSD and Stanford University

Sarah Senti, Ph.D., VA National Center for PTSD and Stanford University

Jason Owen, Ph.D., MPH, VA National Center for PTSD and Stanford University

Margaret Mackintosh, Ph.D., VA National Center for PTSD

Cody Boland, Ph.D., VA

Tanisha Thelemaque, Ph.D., VA National Center for PTSD and Stanford University

Kelly Ramsey, BA, National Center for PTSD - Dissemination and Training Division, VA Palo Alto Health Care System

Katie Taylor, Psy.D., MPH, VA National Center for PTSD and Stanford University

Colleen Becket-Davenport, Ph.D., VA National Center for PTSD and Stanford University

Climate Therapy Interventions and Intervention Research

Jeremy Bekker, Ph.D., Portland Psychotherapy

Thomas Doherty, Psy.D, Self Sustain

Resilience in Context: Interpersonal and Collective Mechanisms of Social Support for Traumatic Stress

CHAIR:

Katherine van Stolk-Cooke, Ph.D., SUNY College at Geneseo

DISCUSSANT:

Debra Kaysen, ABPP, Ph.D., Stanford University

11:30 AM – 12:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1 continuing education credit

Moderate to Advanced level of familiarity with the material

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

Key Words: *Social Relationships, Trauma, Resilience*

**Profiles of Informal Support Providers Posttrauma: Identifying Strained Supporters
& Predictors of Profile Membership**

Katherine van Stolk-Cooke, Ph.D., SUNY College at Geneseo

**Intended vs. Enacted Support: The Role of Advice in Trauma Recovery from the
Support Provider Perspective**

Natalie Thurston, B.A., Wayne State University

**“What Keeps Me Going?”: Social Support and Collective Resilience Amid Chronic
Traumatic Stress in Myanmar**

Phyu Pannu Khin, Ph.D., Massachusetts General Hospital/Harvard medical School

Optimizing the Scope and Reach of Disaster Mental Health Supports for Youth: Findings from the Network for Enhancing Wellness in Disaster-affected Youth (NEW DAY)

CHAIR:

Jonathan S. Comer, Ph.D., Florida International University

DISCUSSANT:

Daniel Dodgen, Ph.D., American Psychological Association

9:30 AM – 11:00 AM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

Key Words: *Disaster Response, Children, Dissemination*

All Hands on Deck: Expanding the Workforce to Include Non-mental Health Professionals to Support Post-disaster Youth Mental Health

Clara Godoy-Henderson, M.S., Boston University

Jonathan S. Comer, Ph.D., Florida International University

Jennifer Cortina, MHSI, Florida International University

Jennifer Greif Green, Ph.D., Boston University Wheelock College of Education & Human Development

Respond with CARE (Child-Adult Relationship Enhancement): Trauma-informed Relationship Skills for Reducing Youth Distress in the Aftermath of Disaster

Robin H. Gurwitch, Ph.D., RHG International Training and Consulting, PLLC
Jami M. Furr, Ph.D., Florida International University

Piloting a Decision-making Tool to Assess Post-disaster Readiness to Respond Among Youth-serving Professionals

Jennifer Greif Green, Ph.D., Boston University Wheelock College of Education & Human Development

Emily Barnes, B.A., Boston University

Jonathan S. Comer, Ph.D., Florida International University

Expanding Access to CBT in Diverse Asian Contexts: Bridging Barriers

CHAIR:

Firdaus Mukhtar, Ph.D., Universiti Putra Malaysia

DISCUSSANT:

Susmita Halder, Ph.D., St. Xavier's University Kolkata

11:30 AM – 12:30 PM

Yerba Buena Salon 1, B3 Level

Moderate level of familiarity with the material

Primary Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *Cognitive Therapy, Culture, Acceptance*

The Seoul Metropolitan Psychological Support Center: Two Years of Programs and Key Outcomes

Kyong-Mee Chung, Ph.D., Yonsei University

Contextual Considerations for Scaling CBT in South Korea

Kee-Hong Choi, Ph.D., Korea University

Shaping the Future of Cognitive Behavioral Therapy in Japan: Progress, Challenges, and Opportunities

Shin-ichi Ishikawa, Ph.D., Doshisha University

Health for All: Adapting DBT Skills for Intellectual Disability, Autism, BPD Families, and Self-help

CHAIR:

Thanh-Lan Ngo, M.D., Université de Montréal

DISCUSSANT:

Jean-François Morin, M.S., Université de Montréal

2:00 PM – 3:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *DBT (Dialectical Behavior Therapy), Autism Spectrum Disorders, Group Therapy*

Adapting Dialectical Behavior Therapy (DBT) Skills Groups for Adults with Intellectual Disability, Autism, and Challenging Behaviors

Jillian L. Mills, M.S., CIUSSS de l'Est-de-l'Île-de-Montréal

Lyne Taillefer, Ph.D., CIUSSS de l'Est-de-l'Île-de-Montréal

Chloée Paquette Houde, M.D., M.Sc., Université de Montréal, CIUSSS de l'Est-de-l'Île-de-Montréal

Family Connections: A Program for Relatives of Persons with Borderline Personality Disorder

Lynn Courey, B.A., The Sashbear Foundation

Unguided or Minimally Guided DBT: A Scoping Review

Amina Chekkal, M.D., Université de Montréal

Unguided or Minimally Guided DBT: A Scoping Review

Thanh-Lan Ngo, M.D., Université de Montréal

Amina Chekkal, M.D., Université de Montréal

Emotion Regulation: Bridging Empirical Evidence and Clinical Innovations in Diverse Contexts

CHAIR:

Danielle C. Mathersul, Ph.D., Murdoch University

DISCUSSANT:

Kate Petrova, B.A., M.A., Stanford University

2:00 PM – 3:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Emotion Regulation, Adults, Change Process / Mechanisms*

Do Emotion Regulation Processes Vary by Gender or Culture?

Natalia Van Doren, Ph.D., UCSF

Nur Hani Zainal, M.S., Ph.D., National University of Singapore

Michelle G. Newman, B.S., M.A., Ph.D., The Pennsylvania State University

Does Emotion Regulation Variability Promote Wellbeing in Clinical Populations?

Kristin Gainey, Ph.D., PsyM, University of Western Australia

Jocelyn Y. M. Kwan, B.S., University of Western Australia

Kenneth G. DeMarree, Ph.D., University at Buffalo

Michael Kyron, Ph.D., University of Western Australia

Does Emotion Regulation Improve Following Either CBT or Yoga for Transdiagnostic Emotional Disorders?

Danielle C. Mathersul, Ph.D., Murdoch University

Expanding Access to Cognitive Behavioral Therapy for Adults with ADHD Through Scalable Digital Approaches

CHAIRS:

Hironori Kuga, M.P.H., M.D., Ph.D., National Center of Neurology and Psychiatry, National Center for Cognitive Behavior Therapy and Research,
Junichiro Kanazawa, Ph.D., Health Sciences University of Hokkaido

DISCUSSANT:

Steven A. Safren, ABPP, Ph.D., University of Miami

2:00 PM – 3:30 PM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Artificial Intelligence and Technology-based interventions

Key Words: *ADHD, Adults, Technology / Mobile Health*

Predicting ADHD Symptom Change Using Wearable-derived Activity and Sleep

Features: A Secondary Analysis of Randomized Trial Data

Aiko Eto, Ph.D., Chiba University

Eiji Shimizu, M.D., Ph.D., Department of Cognitive Behavioral Physiology, Graduate School of Medicine, Chiba University

Toshiya Nakaguchi, Ph.D., Chiba University

Tokuhiro Eto, Ph.D., Claude Bernard University of Lyon 1

Yoshiyuki Hirano, Ph.D., Chiba University

Overcoming Treatment Barriers for Adult ADHD in Japan: Usability of a Newly Developed CBT Smartphone Application

Ikue Umemoto, M.A., National Center of Neurology and Psychiatry in Japan

Miho Takada, M.A., National Center of Neurology and Psychiatry in Japan

Miyuki Makino, M.A., National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Kazufumi Yoshida, MD, DrPH, National Center of Neurology and Psychiatry in Japan

Daiki Takegawa, Emol inc.

Saori Chikami, B.A., Emol inc,

Hironori Kuga, M.P.H., M.D., Ph.D., National Center of Neurology and Psychiatry, National Center for Cognitive Behavior Therapy and Research,

Randomized Controlled Trial of a Cbt-based App for Adults with Adhd-related Challenges

Laura Knouse, Ph.D., University of Richmond

Kevin Antshel, ABPP, Ph.D., Syracuse University

Haley McBride, M.A., Syracuse University

From Lived Experience to Global Psychoeducation: ICT Strategies for Reaching, Supporting, and Empowering Adults with ADHD Through Digital Media

Jessica McCabe, How to ADHD

Web-based CBT Training to Increase Access to Evidence-based Care for Insomnia, Nightmares, Suicide Risk, and PTSD

CHAIRS:

Kristi E. Pruiksma, Ph.D., University of Texas at San Antonio

Daniel J. Taylor, Ph.D., University of Arizona

DISCUSSANT:

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

4:00 PM – 5:30 PM

Yerba Buena Salon 5, B3 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Training, Supervision, and Credentialing

Key Words: *Suicide, Trauma, Sleep*

What Happens When the Horse Makes It to Water: Exploring Training Activities Among tfcbtweb2.0 Learners

Daniel W. Smith, Ph.D., Medical University of South Carolina

Austen McGuire, Ph.D., University of Kansas Medical Center

Jerry Glover, B.S., Medical University of South Carolina

Maddi Gervasio-Pontarelli, Ph.D., Brown University

Web-based Provider Trainings for Cognitive Behavioral Therapy for Insomnia and for Nightmares

Kristi E. Pruiksma, Ph.D., University of Texas at San Antonio

Bcbtweb and Crpweb

Rosie Bauder, M.P.H., Ph.D., LPC, The Ohio State University

James S. McGraw, Ph.D., The Ohio State University Wexner Medical Center

Emma Unruh-Dawes, M.S., The Ohio State University

Megan Martin, B.S., M.S., The Ohio State University

Noah Treangen, B.S., The Ohio State University

Justin Baker, PhD, ABPP, The Ohio State University

Initial Development and Testing of Copeweb

Brooklynn Bailey, Ph.D., Medical University of South Carolina

Allison Wilkerson, PhD, Medical University of South Carolina

Tanya C. Saraiya, Ph.D., Medical University of South Carolina

Amber Jarnecke, Ph.D., Medical University of South Carolina

Delisa Brown, Ph.D., Medical University of South Carolina

Therese Killeen, Ph.D., Medical University of South Carolina

Sudie Back, Ph.D., Medical University of South Carolina/Ralph H. Johnson VA Medical Center

Web-based and Ai-supported Provider Trainings for Written Exposure Therapy

Elizabeth Stade, PhD, Stanford University

Samuel Campione, M.A., Stanford University

Johannes Eichstaedt, Ph.D., Stanford University

H. Andrew Schwartz, Ph.D., Vanderbilt University

Debra Kaysen, ABPP, Ph.D., Stanford University

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

Stefanie LoSavio, ABPP, Ph.D., The University of Texas Health Science Center at San Antonio

Increasing Access to Evidence-based Psychological Therapies Across the World: Shared Learning and Complimentary Initiatives

CHAIR:

David M. Clark, Ph.D., University of Oxford

DISCUSSANT:

Rob Saunders, Ph.D., University College London

4:00 PM – 5:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *Evidence-Based Practices, Underserved Populations, Treatment / Program Design*

The Use of Routine Outcome Data to Inform Developments in England's NHS Talking Therapies for Anxiety and Depression

Joshua E J Buckman, Ph.D., University College London

Rob Saunders, Ph.D., University College London

David M. Clark, Ph.D., University of Oxford

Celine El Baou, MSc, University College London

Amber John, Ph.D., University of Liverpool

Joshua Stott, Ph.D.; D.Clin.Psy, University College London

Clinical and Economic Outcomes of Prompt Mental Health Care (IAPT Norway):

Results from a Randomized Controlled Trial

Robert Smith, Ph.D., Norwegian Institute of Public Health

Marit Knapstad, Ph.D., Norwegian Institute of Public Health

Improving Access to Transdiagnostic Group Cognitive Behavioural Therapy for Emotional Disorders in Spanish Primary Care. the Psicap Randomized Controlled Trial

Roger Muñoz Munoz Navarro, Ph.D., University of Valencia

Gabriel Esteller-Collado, Dr., University of Valencia

Maidier Prieto-Vila, Dr., University of Valencia

César González-Blanch, Dr., Marqués de Valdecilla University Hospital

Juan Antonio Moriana, Dr., University of Córdoba

Paloma Rodríguez-Ruiz, Dr., Health Service of Madrid

Antonio Cano-Vindel, Dr., Complutense University of Madrid

Effectiveness and Key Issues of Seoul's Citywide Psychological Services Program

Kyong-Mee Chung, Ph.D., Yonsei University

Jeanyung Chey, Ph.D., Seoul National University

Large-scale Psychotherapy Initiatives in Canada and Australia

Martin M. Antony, ABPP, Ph.D., Toronto Metropolitan University

Krista Vanderheide, B.A., Mental Health and Suicide Prevention Division of the Australian Government

Randi McCabe, Ph.D., Psychiatry & Behavioural Neurosciences, McMaster University

Karen Rowa, Ph.D., St. Joseph's Healthcare Hamilton

Transdiagnostic Interventions for Young People: Current Evidence Base and Critical Next Steps

CHAIR:

Brian C. Chu, Ph.D., Rutgers University

DISCUSSANT:

Jill Ehrenreich-May, Ph.D., University of Miami

4:00 PM – 5:30 PM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Transdiagnostic and Therapeutic Processes

Key Words: *Transdiagnostic, Children, Adherence*

Advancing Equitable and Sustainable CBT for Children: Effectiveness, Follow-up, and Optimization of the Transdiagnostic EMOTION Program

Kristin Kicki Martinsen, Ph.D., University of Oslo

Philip C. Kendall, Ph.D., Department of Psychology, Temple University, Philadelphia, PA, USA

Jo Magne Ingul, Ph.D., Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU), Department of Mental Health, Faculty of Medicine and Health Sciences, NTNU - Norwegian University of Science and Technology, Trondheim, Norway

Frode Adolfsen, Ph.D., Faculty of Health Sciences, Regional Centre for Child and Youth Mental Health and Child Welfare North, UiT, The Arctic University of Norway, Tromsø, Norway

Carina Lisø, Ph.D., Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway

Simon-Peter Neumer, Ph.D., Regional Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway

Valued Action: Addressing the Mental Health of Young People Through Behavioral Activation

Brian C. Chu, Ph.D., Rutgers University
Andrea Temkin-Yu, Psy.D., Weill Cornell Medicine
Laura Skriner, Ph.D., The Center for Stress, Anxiety, and Mood, LLC
Lauren Hoffman, Psy.D., Lauren J. Hoffman Psychology, PLLC
Elaina Zendegui, Psy.D., Helm Behavioral Wellness
Genta Kukaj, Psy.M., Rutgers University - GSAPP
Vanessa Bal, PhD, Rutgers University

MATCH, FIRST, and the Search for Clinician Decision Guidance

John R. Weisz, ABPP, Ph.D., Harvard University
Katherine Venturo-Conerly, M.A., Harvard Medical School
Sarah Kate Bearman, Ph.D., University of Oregon, The Ballmer Institute for Children's Behavioral Health

“It’s Not Fun, but It Works”: Lessons Learned from Adapting and Evaluating Transdiagnostic CBT for Intensive Treatment Settings

Sarah M. Kennedy, Ph.D., University of Colorado Anschutz Medical Campus
Jessica Hawks, Ph.D., University of Colorado Anschutz Medical Campus
Katherine Benjamin, Ph.D., University of Washington
Lauren Henry, Ph.D., Children’s Hospital Colorado
Sarah Taylor-Cavelier, Ph.D., Children’s Hospital Colorado
Laura G. Anthony, PhD, Children’s Hospital of Colorado

Treatment of ICD-11 Complex Posttraumatic Stress Disorder

CHAIRS:

Marylene Cloitre, Ph.D., New York University Silver School Of Social Work

Anke Ehlers, Ph.D., University of Oxford

DISCUSSANT:

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

4:00 PM – 5:30 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

Key Words: *PTSD (Posttraumatic-Stress-Disorder), Diagnosis, Treatment*

ICD-11 Complex PTSD: Evidence and Clinical Utility

Marylene Cloitre, Ph.D., New York University Silver School of Social Work

Enhanced Skills Training in Affective and Interpersonal Regulation (ESTAIR): A New Treatment for ICD-11 Complex Post Traumatic Stress Disorder

Thanos Karatzias, Ph.D., Edinburgh Napier University

Mark Shevlin, Ph.D., University of Ulster

Marylene Cloitre, Ph.D., New York University Silver School Of Social Work

Does a Phased Approach Enhance Outcomes for Trauma-focused Cognitive Therapy for ICD-11 Complex Posttraumatic Stress Disorder?

Anke Ehlers, Ph.D., University of Oxford

Michael Duffy, Ph.D., Queens University Belfast

Deborah Lee, Ph.D., Berkshire Healthcare NHS Foundation Trust

Nick Grey, DCLinPsy, Sussex Partnership NHS Foundation Trust

Ly-Mee Yu, Ph.D., University of Oxford

**Characterising the Relationship and Treatment Needs of CPTSD and BPD:
Implications for Cognitive Behavioural Treatment Approaches of Those Who
Meet Both Diagnoses**

Deborah J. Morris, Psy.D., Centre for Developmental and Complex Trauma, UK

**Technical Demonstration 4: Practical AI for Providers: Adding Large Language
Models to the CBT Toolkit**

Hannah Brody, Psy.D., Postdoctoral Fellow, Hassenfeld Children's Hospital at NYU
Langone Medical Center

Co-Author: *Sandra S. Pimentel, Ph.D.*, Chief, Child & Adolescent Psychology,
Montefiore Medical Center

Practical AI for Providers: Adding Large Language Models to the CBT Toolkit

11:30 AM – 1:00 PM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Artificial Intelligence and technology-based interventions

Key Words: *Technology / Mobile Health, Education and Training*

The release of ChatGPT in November 2022 highlighted the far-reaching potential of artificial intelligence (AI) and large language models (LLMs) across industries. In the years since, use of AI among psychologists is on the rise, with reportedly 71% of psychologists exploring the technology at least once in their practice (American Psychological Association, 2025). Yet, as AI utilization increases, so do concerns; leading fears include data breaches and security, unanticipated social harms, and biased outputs (APA, 2025). The purpose of this training is to increase familiarity with concrete clinical use-cases for LLMs within cognitive behavioral therapy (CBT), address concerns in the AI age, and provide guidance regarding risks associated with AI use by providers and patients alike. This technical demonstration emphasizes hands-on, practice-oriented applications, with a particular focus on child and family mental health providers. Content will address what is known about rising adolescent use of generative AI (Madden et al., 2024), how clinicians can provide developmentally appropriate guidance to families, and ways AI tools can be thoughtfully and intentionally incorporated into treatment. This demonstration will model live, structured examples of how AI can be integrated into CBT processes, including building fear-hierarchies (Bernstein et al., 2025), supporting problem-solving, enhancing psychoeducation, and strengthening rapport and engagement through clinician prompting and implementation guidance. The demonstration will have four core components: 1) a brief, accessible overview of LLMs and response generation; 2) live demonstrations of practical CBT-relevant use cases; 3) guidance on youth AI use, including emerging concerns related to chatbot companions; and 4) discussion of risk mitigation strategies for ethical and responsible integration of AI into clinical practice. Content will synthesize current APA ethical guidance, emerging empirical literature, and clinical examples. This training was evaluated as part of a pilot study of acceptability and utility at Montefiore Medical Center and was associated with improvements in provider-reported comfort and confidence regarding AI use and integration into clinical care.

At the end of this session, the learner will be able to:

- Identify appropriate clinical CBT use-cases for LLMs and describe how AI-generated responses are produced.
- Use AI to generate CBT tools (e.g., fear hierarchies, psychoeducation) while maintaining clinical judgment and ethical standards.
- Recognize the role and importance of discussing AI use with youth and families, including key risks and concerns (e.g., chatbots, isolation).
- Implement basic risk-mitigation steps for ethical AI use in clinical practice.

Recommended Readings: American Psychological Association. (2025). Ethical Guidance for AI in the Professional Practice of Health Service Psychology. <https://www.apa.org/topics/artificial-intelligence-machine-learning/ethical-guidance-professional-practice.pdf>.
Bernstein, E. E., Jaroszewski, A. C., Jacoby, R. J., Bailen, N. H., Ragan, J., Usmani, A., & Wilhelm, S. (2025). Feasibility of using ChatGPT to generate exposure hierarchies for treating obsessive-compulsive disorder. *Behavior Therapy*, 56(4), 680–688. <https://doi.org/10.1016/j.beth.2025.02.005>
Calvin, A., Lenhart, A., Hasse, A., Mann, S., and Robb, M.B. (2025). *Teens, trust, and technology in the age of AI: Navigating trust in online content*. San Francisco: CA: Common Sense Media.

Beyond the Therapy Hour: Building Affirming, Equitable, and Sustainable CBT Through Between-session Behavioral Support

Anthony Como, CEO, KuduCare, University of Pittsburgh

2:00 PM – 3:30 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Artificial Intelligence and Technology-based interventions

Key Words: *Behavioral Activation, Generalized Anxiety Disorder, Technology / Mobile Health*

Beyond the Therapy Hour: Building Affirming, Equitable, and Sustainable CBT Through Between-Session Behavioral Support Cognitive and behavioural therapies are among the most effective evidence-based interventions in mental health, yet their real-world impact is increasingly constrained by access barriers, workforce burnout, and care models that concentrate intervention within time-limited clinical encounters. For many populations—older adults, individuals with chronic medical conditions, and family caregivers—meaningful behaviour change depends less on what occurs during sessions and more on what is supported between them. This session examines emerging care models that extend CBT-consistent principles beyond the therapy hour through structured, clinician-directed between-session support. Drawing on implementation experience across large, diverse patient populations, the presentation explores how behavioural activation, skills reinforcement, and caregiver-mediated support can be operationalized in ways that affirm patient agency, reduce disparities in access, and remain sustainable within existing care systems. Rather than positioning technology as a replacement for therapy, this work reframes it as behavioural infrastructure—supporting adherence, engagement, and continuity while preserving clinical intent. Particular attention is given to equity-relevant

populations, including individuals managing co-occurring mental and physical health conditions and those relying on informal caregivers, who are often excluded from traditional CBT delivery models. The session also addresses sustainability at the workforce level, demonstrating how team-based approaches and structured delegation can reduce clinician burden while expanding reach. Attendees will leave with a practical framework for integrating between-session behavioural support into CBT-aligned practice models that improve outcomes, strengthen system partnerships, and support the long-term viability of evidence-based care.

At the end of this session, the learner will be able to:

- Identify 3 CBT-consistent interventions that can be delivered and tracked between therapy sessions.
- Map one current CBT workflow to a structured between-session support model.
- Determine which patient profiles benefit most from between-session CBT support.
- Distinguish clinician-led vs team-supported tasks without compromising CBT integrity.
- Apply one strategy to reduce clinician workload while maintaining therapeutic continuity.

Recommended Readings: CBT Effectiveness Depends on Between-Session Engagement Kazantzis, N., Whittington, C., & Dattilio, F. (2010). Meta-analysis of homework effects in cognitive and behavioral therapy. *Journal of Consulting and Clinical Psychology*. Between-Session Engagement in Medical / Sleep Contexts Aloia, M. S., Stitt, C. J., Jasko, J., & Como, A. Poster presentation: Between-session engagement as a determinant of CBT-based sleep intervention effectiveness. *Access & Sustainability Are Structural Problems* Kazdin, A. E. (2017). Addressing the treatment gap: A key challenge for extending evidence-based psychosocial interventions. *Behaviour Research and Therapy*.

Transforming CBT Supervision: Real-time Feedback and Deliberate Practice Using the CTRS-R

Scott M. Charlton, M.S., MFT, Clinical Supervisor, Kaiser Permanente
Co-Author: Amy M. Bingamon, Student, Kaiser Permanente Counseling
Center

9:30 AM – 11:00 AM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Training, supervision, and credentialing

Key Words: *Supervision, CBT, Service Delivery*

Cognitive Behavioral Therapy (CBT) supervision often relies on reviewing clinical cases after the fact, which can restrict opportunities for direct skill development (Gonzalez, Brockman, & Hill, 2016). This workshop presents a supervision approach that utilizes Miller's (2022) Cognitive Therapy Rating Scale-Revised (CTRS-R), shifting its role from a simple evaluative tool to a collaborative learning resource. Instead of acting as a "report card," the CTRS-R functions as a "GPS" that supports competency growth in a safe, structured environment. Inspired by Kaiser Permanente's Mental Health Training Program, this model combines observation, structured feedback, and deliberate practice. In a pilot project, trainees consistently achieved satisfactory CBT competency, defined as a CTRS-R score of 22 or above. Participants called the model an "invaluable roadmap," emphasizing its clarity and structure throughout the learning process. The interactive workshop consists of three main sections: a didactic overview that explains a shift from evaluation to collaborative guidance, including a review of the CTRS-R 11-item framework and feedback principles to encourage psychological safety while maintaining standards; a supervision demonstration focusing on item-level feedback, with strategies for identifying specific trainee behaviors, providing actionable guidance, and collaborative planning for skill enhancement; and practical exercises where attendees design questions to foster

self-discovery and metacognitive skills. Participants will leave with practical tools, a Socratic question bank specific to supervision, and a customizable plan for implementation in their own settings. The workshop highlights behavioral specificity, a collaborative process, and deliberate practice as essential for competency development in CBT. By reframing supervision as a skill-building process rather than a subjective evaluation, this method offers effective CBT training for supervisors and practitioners seeking evidence-based ways to improve training outcomes.

At the end of this session, the learner will be able to:

- Apply the CTRS-R framework as a collaborative learning tool rather than an evaluative measure
- Deliver item-level feedback that promotes trainee metacognitive awareness
- Structure supervision sessions using deliberate practice methodology
- Develop effective questions that facilitate guided discovery in supervision
- Better understand the perspective of the trainee in supervision when using feedback

Recommended Readings: Gonsalvez, C. J., Brockman, R., & Hill, H. R. (2016). Video feedback in CBT supervision: Review and illustration of two specific techniques. *The Cognitive Behaviour Therapist*, 9, e24. Miller, A. (2022). Cognitive Therapy Rating Scale - Revised (CTRS-R) - Beck Institute. <https://beckinstitute.org/cbt-resources/resources-for-professionals-and-students/cognitive-therapy-rating-scale-revised-ctrs-r/> Alfnsson, S., Lundgren, T. & Andersson, G. (2020). Clinical supervision in cognitive behavior therapy improves therapists' competence: a single case experimental pilot study. *Cognitive Behaviour Therapy*, 49 (5), 425-228.

Building Motivation: Using Positive Reframing to Reduce Resistance in CBT

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM Therapy
Training

Yehuda Bar Shalom, Ph.D., MSW, Chair of Ethics Committee, Ramat Gan
Academic College

Donna Fish, M.S., LCSW, Private Practice, Columbia University School of
Social Work

11:30 AM – 1:00 PM

Yerba Buena Salon 5, B3 Level

Earn 1.5 continuing education credits

Moderate to Advanced level of familiarity with the material

Category: Mood Disorders and Suicidality

Key Words: *Motivation, Evidence-Based Practice, CBT*

Agenda setting is a foundational clinical skill in TEAM-CBT, yet many clinicians struggle to move sessions forward when clients feel stuck, overwhelmed, ambivalent, or strongly attached to their distress. Premature problem-solving can intensify resistance, while bypassing emotion can weaken alliance and stall progress. This workshop presents agenda setting as a precision clinical process rather than a procedural step. Participants learn how positive reframing functions as a motivational and empathic intervention that reduces resistance and increases readiness for change. Reframing is taught not as reassurance or “positive thinking,” but as a structured method for identifying the protective function of symptoms and the values embedded in painful emotions, prior to negotiating an agenda. Through live demonstrations, guided practice, and clinical case examples, participants learn to clarify client goals for the session, recognize when resistance reflects unmet emotional needs, and use positive reframing to align with the client’s emotional logic. The workshop emphasizes therapist stance, timing, and common errors that undermine agenda setting, including subtle therapist-driven agendas and premature intervention. Cultural and contextual considerations are integrated throughout, including how misaligned agenda setting can be misinterpreted as client “lack of motivation.” Participants practice

specific language for validating emotions while maintaining therapeutic direction. By the end of the workshop, clinicians will be able to use agenda setting and positive reframing as integrated clinical skills that strengthen alliance, reduce resistance, and create momentum for effective CBT interventions.

At the end of this session, the learner will be able to:

- Identify at least three reasons clients resist change during agenda setting.
- Describe how positive reframing reduces emotional resistance in CBT sessions.
- Distinguish positive reframing from reassurance or cognitive disputation.
- Analyze therapist-driven agendas that increase resistance and stall progress.
- Apply agenda-setting strategies aligned with client values and readiness.

Recommended Readings: Feeling Great – Burns, D. D. Motivational Interviewing in the Treatment of Psychological Problems – Arkowitz, H., Miller, W. R., & Rollnick, S. Learning Cognitive-Behavior Therapy – Wright, J. H., Basco, M. R., & Thase, M. E.

Our Four Options: Managing Mindsets in the Daily Situations We Encounter

Kevin P. Stevens, Ph.D., Psychologist, Brentwood UFSD

11:30 AM – 1:00 PM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Positive psychology and resilience

Key Words: *Mindfulness/Meditation, Change Process / Mechanisms, Wellbeing*

Our Four Options is a personal mindset management tool that can be used universally in adult populations to improve rational-emotive and psycho-spiritual functioning. Our Four Options is a self-monitoring, introspective exercise that affirms personal agency, respects individual identity, and promotes psychological resilience. It can be used by professionals and lay persons alike, thus potentially contributing to a reduction in health disparity and a general increase in positivity and spirituality. Our Four Options is based on Leon James' Threefold-Self Model, which states that the mind has three distinct and vertically arranged levels of conscious experiencing, which operate to produce behavioral outcomes which contain within them the prior causal affections and mediating cognitions. Grounded in dualism, this model posits affective primacy as the origin of behavior and behavioral change. Affective primacy is a major tenet of Swedenborgian or rational psychology, which predates modern psychology by more than a century. In this self-change exercise, subjects are provided with a systematic and objective way of perceiving and monitoring negative and positive mental states that are experienced in response to individual daily situations and interpersonal encounters. Following an observation and assessment period, bridging techniques are then employed to influence recurring negative mental states and to prime alternate, positive mental states in their stead. Meaningful implications concerning affective primacy, vertical levels, dualism, and the value of introspective exercises are discussed.

At the end of this session, the learner will be able to:

- Classify a particular mindset as belonging to one of the four options.
- Use the bridging techniques to facilitate mindset change.

- Gain familiarity with concepts such as distinct vertical levels, affective primacy, and dualism.

Recommended Readings: James, L. (2014). The Threefold-Self and the Four Options: Self-Monitoring One's Daily Emotional Spin Cycle. *Journal of Psychology and Clinical Psychiatry* 1 (1), pp 13-24. Swedenborg, E. (2001). *Rational psychology* (N. H. Rogers & A. Acton, Trans. & Eds.). Bryn Athyn, PA: Swedenborg Scientific Association. Swedenborg, E. (2003). *Divine Love and Wisdom*. Translated by George F. Dole. West Chester, Pa.: Swedenborg Foundation.

Leading a Modern Family: Evidence-based Tools for Navigating Parenting Challenges

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM Therapy
Training

Mariusz Wirga, MD, M.D., Medical Director, Psychosocial Oncology; Chair
of Department of Psychiatry, MemorialCare

2:00 PM – 3:30 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Child and adolescent mental health

Key Words: *Parenting, Social Skills Training, Social Relationships*

CBT is one of the most effective and widely taught approaches for helping children and adolescents—but many parents struggle to use CBT-informed strategies without becoming overly directive, corrective, or emotionally mis-attuned. When CBT skills are applied rigidly or prematurely, children may experience increased resistance, shame, or disengagement, undermining both effectiveness and the parent-child relationship. This workshop reframes CBT-informed parenting as a relational process rather than a set of techniques to “fix” a child’s thoughts or behaviors. Participants learn how to apply cognitive and behavioral principles in ways that preserve autonomy, emotional safety, and connection—especially in moments of distress, defiance, or avoidance. The workshop focuses on timing, tone, and sequencing: when to empathize, when to reflect emotions, when to collaborate on cognitive shifts, and when to step back entirely. Participants will learn how agenda setting, validation, and motivational framing can transform everyday parenting interactions into opportunities for skill-building without escalating power struggles. Clinical examples illustrate how CBT can support emotional regulation, problem-solving, and resilience while honoring developmental needs and family values. Emphasis is placed on helping parents become coaches rather than enforcers, and collaborators rather than debaters.

At the end of this session, the learner will be able to:

- Identify common ways CBT strategies inadvertently increase resistance in parenting contexts.
- Apply CBT principles in developmentally attuned and relationship-preserving ways.
- Use empathy and agenda setting to improve collaboration with children and adolescents.
- Help parents balance emotional validation with skill development and clear behavioral limits.
- Positively reframe challenges parents face to reduce shame, strengthen confidence, and help children feel supported and appropriately guided.

Recommended Readings: Kendall, P. C., & Hedtke, K. A. (2006). *Cognitive-Behavioral Therapy for Anxious Children: Therapist Manual*. Seligman, M. E. P., Reivich, K., Jaycox, L., & Gillham, J. (2007). *The Optimistic Child: A Proven Program to Safeguard Children Against Depression and Build Lifelong Resilience*. Greene, R. W. (2016). *Raising Human Beings: Creating a Collaborative Partnership with Your Child*.

May the Force Be with You!: Key Supervisory Principles and Practices for Launching Trainees' Better Practice

Robert D. Friedberg, ABPP, Ph.D., Independent Training Consultant in CBT,
Independent Training Consultant in CBT

Co-Author: Jessica M. McClure, Psy.D., Associate Chief Population Health
Officer, Cincinnati Children's Hospital Medical Center

4:00 PM – 5:30 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Child and adolescent mental health

Key Words: *Children, Supervision, CBT*

When discussing training surgeons, Dr. Sanjay Gupta wrote that no one emerges from the womb a polished surgeon. Similarly, there is no gene responsible for becoming a skilled practitioner in CBT with youth. Competence is multidetermined by the intersection of personal characteristics, critical reasoning, acquisition of foundational theoretical and empirical knowledge, development of procedural/technical proficiency through experiential learning opportunities, nurturing proper attitudes, and cultivating clinical wisdom. Each of these factors require watchful eyes of judicious supervisors. Indeed, supervision accounts for considerable variance in treatment outcome and ignites adoption of evidence-based practices. However, delivering effective clinical supervision is often challenging. Accordingly, this skills-based presentation offers supervisors several practical guidelines and recommendations to build and/or refresh their training portfolios. The workshop begins with a brief overview of supervision basics targeting didactic, procedural, and self-reflective learning. Conventional ways to train supervisees in case conceptualization, collaborative empiricism, guided discovery, technical proficiency, and measurement-based care with youth are delineated. Additionally, two new scales for rating competence and adherence when delivering CBT to pediatric patients are explained and

demonstrated. Common dilemmas and challenges associated with training staff in CBT with youth are presented and recommendations for resolving these challenges are offered. Finally, innovative supervision methods such as virtual reality, improvisational theater exercises and the use of fictional characters are demonstrated.

At the end of this session, the learner will be able to:

- Identify 3 key principles and practices for providing supervisees delivering CBT to youth
- Name 2 rating scales for evaluating competence in CBT with youth
- Describe 3 training dilemmas and apply strategies to resolve these challenges
- Recommend 3 innovative supervisory methods to catalyze supervisees' competence in CBT with youth

Recommended Readings: Johnson, L.J., Phythian, K., Wong, B., McGill, C., Hinds, A. Choate, E., Zelcer, H., Mendez, E., Movahedi, Y., & Friedberg, R.D. (2023). Training clinical staff in genuine CBT: One large agency's story. *International Journal of Cognitive Therapy*, 16, 479-496. McClure, J.M., Young, M.A., Eberle, S., Austin, J.E., Junger, K., Reisman, T., Steller, J., Seger, B., & Unaka, N. (2025). Transformative pediatric mental and behavioral healthcare through a regional learning network: a guide for leveraging implementation sciences. *Evidence-Based Practice in Child and Adolescent Mental Health*, 10, 595-608. Paunov, T., Weck, F., & Kühne, F. (2025). "Now we can think about it together"-A thematic analysis of what characterizes (in) effective supervision sessions for novice CBT supervisees. *Psychotherapy Research*, 1-13.

Optimizing CBT-I in Medically Complex Patients: Considerations (and Reassuring Successes) for Stimulus Control and Sleep Restriction

Kelsey Sewell, Ph.D., Associate Professor, University of Kansas Medical Center
Co-Author: *Kadie Harry, Ph.D.*, Licensed Psychologist, St. Luke's Health System

4:00 PM – 5:30 PM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

Moderate to Advanced level of familiarity with the material
Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Key Words: *Treatment, Sleep, Health Psychology*

Cognitive behavioral therapy for insomnia (CBT-I) is currently considered the gold standard treatment for those with chronic insomnia, with recommendations superseding pharmacotherapy. Research strongly supports this protocol in improving sleep quality, reducing sleep disruption, and consolidating sleep structure. Yet, there are large gaps in treatment availability, related to insufficient training opportunities, limited provider availability in many geographical regions, and discomfort with using the protocol in special populations, such as those with medical complexity. CBT-I protocols require thoughtful adaption to address medical comorbidities, symptom burden, and treatment constraints. This skills-based class will provide clinicians with practical strategies for implementing stimulus control and sleep restriction in medically complex populations while maintaining safety, flexibility, and treatment efficacy. Presenters will draw on extensive experience of adapting this protocol for various settings, medical conditions, and barriers. In addition to discussing theoretically-driven modifications, presenters will review real CBT-I sleep

data of patients in highly specialized populations, such as an older adult with Parkinson's disease and a cancer patient in active treatment, to illustrate successful sleep consolidation. This session is designed for clinicians with foundational knowledge of the core tenets of CBT-I, including psychoeducation, monitoring sleep data, stimulus control, and sleep restriction. Participants will leave with concrete tools they can immediately apply among complex medical patients across multiple treatment settings.

At the end of this session, the learner will be able to:

- Review literature on implementation of CBT-I in medical populations.
- Identify theory-driven modifications to stimulus control and sleep restriction that increase accessibility for medically complex patients
- Apply theoretical discussion of modified clinical interventions to real world case examples and sleep data

Recommended Readings: Scott AJ, Correa AB, Bisby MA, et al. Cognitive Behavioral Therapy for Insomnia in People With Chronic Disease: A Systematic Review and Meta-Analysis. *JAMA Intern Med.* 2025;185(11):1350-1361. Edinger JD, Arnedt JT, Bertisch SM, et al. Behavioral and psychological treatments for chronic insomnia disorder in adults: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med.* 2021;17(2):255-262. Krista M Greeley, Joshua Rash, Joshua Tulk, Josée Savard, Melanie Seal, Robin Urquhart, John Thoms, Kara Laing, Emily Fawcett, Sheila N Garland, Impact and mechanisms of cognitive behavioral therapy for insomnia on fatigue among cancer survivors: a secondary analysis of a randomized controlled trial, *Sleep*, Volume 48, Issue 6, June 2025, zsaf014, <https://doi.org/10.1093/sleep/zsaf014>

Depression, Grief, and Loneliness: Cognitive-Behavioral Interventions and Clinical Insights

9:30 AM - 11:00 AM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Category: Mood Disorders and Suicidality

How Japanese Men Experience Rumination-focused Cognitive-behavioral Therapy: A Qualitative Study

Mayumi Nitta, Ph.D., RN, National College of Nursing, Japan

Tomomi Nemoto, Ph.D., RN, International University of Health and Welfare

Koichi Okamoto, M.D., Feel Fine Clinic

Tomozo Yahagi, MSW, Feel Fine Clinic

Yoshie Okada, Ph.D., RN, International University of Health and Welfare

Co-creating CBT Interventions for Vulnerable Groups: Establishing the MENTBEST Co-creators Network and Qualitative Insights from the COMBINA Intervention

Arlinda Cerga Pashoja, Ph.D., St Mary's University, Twickenham, UK

Gentiana Qirjako, Ph.D., University of Medicine, Tirana, Albania

Keti Bakiu, M.S., Community Centre for Health and Wellbeing in Albania

Grief Rumination and Loneliness Following Bereavement: Evidence from Cross-sectional Survey and Ecological Momentary Assessment

Suqin Tang, Ph.D., Shenzhen University

Cognitive Behavioral Therapy for Loneliness and Social Isolation: A Three-arm Randomized Trial

Juhee Choi, Korea University

Ye-Seul Kim, B.A., School of Psychology, Korea University

Jaehye Jung, Korea University

Kee-Hong Choi, Ph.D., Korea University

Outcomes of a Formulation-driven, Integrative Cognitive-behavioral Therapy Model for Depression in Routine Clinical Practice

Sikandar Ortega, PsyD, Centro de Psicoterapia Cognitiva

Behavioral, Digital, and Neurobiological Approaches to Treating Substance Use

9:30 AM – 11:00 AM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

Category: Artificial Intelligence and Technology-based interventions

Effectiveness of Digital Delivery Channels for Cbt-based Smoking Cessation

Interventions: A Pooled Analysis of Three Randomized Clinical Trials

Yanhui Liao, M.D., Ph.D., Department of Psychiatry, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine

Xiaocong Liu, Ph.D., Zhejiang University

Active Ingredients of Psychological Interventions for Substance Use Disorders: A

Trans-theoretical Taxonomy

Ioana A. Cristea, Ph.D., Department of General Psychology, University of Padova

Chrysanthi Blithikioti, Ph.D., University of Padova

Camilla Cadorin, Ph.D., University of Padova

Neuroimaging Study of Cbt-based Smoking Cessation

Yanhui Liao, M.D., Ph.D., Department of Psychiatry, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine

Yi Liu, M.D., Zhejiang Universityzhej

Behavioral Medicine: Integrated Primary Care, Cardiovascular Health, and Perinatal Depression

9:30 AM – 11:00 AM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Developing and Implementing Group Therapy Services in Primary Care Integrated Behavioral Health

Jennifer Bailey, ABPP, Ph.D., Mayo Clinic Health System

Anne I. Roche, ABPP, Ph.D., Mayo Clinic

Kyle Schofield, Ph.D., Mayo Clinic

Johanna Ramirez, Ph.D., Mayo Clinic

Charlayne A. Scarlett, M.P.H., Ph.D., Mayo Clinic

Lorelei Rowe, Ph.D., Mayo Clinic

Megan Cassidy, ABPP, Ph.D., Mayo Clinic

Kristin S. Vickers, ABPP, Ph.D., Mayo Clinic

Craig N. Sawchuk, ABPP, Ph.D., Mayo Clinic

Efficacy of a Cbt-based Wechat Mini-program Smoking Cessation Intervention ('Quit for Heart') Tailored for CVD Patients in China: A Randomised Controlled Pilot Study

Yanhui Liao, M.D., Ph.D., Department of Psychiatry, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine

Rongrong Chen, M.D., Zhejiang University

Neighborhood Disadvantage and Stress in Black Americans: A Multilevel Analysis of Objective and Perceived Neighborhood Factors

Lisa Y. Hu, M.S., University of Miami

Norik Kirakosian, M.S., University of Miami

Marc Puccinelli, ABPP, Ph.D., University of Miami

**Scaling up Psychotherapies for Perinatal Depression Through Task-sharing and
Telemedicine: Findings from a Pragmatic, Multi-site Noninferiority Trial**

Daisy R. Singla, PhD, C. Psych, Centre for Addiction and Mental Health; University
of Toronto

Richard Silver, MD, Endeavor Health & University of Chicago

Sean M. Murphy, PhD, Weill Cornell Medicine

Samantha Meltzer-Brody, MD, MPH, UNC School of Medicine

Claire de Oliveira, PhD, Centre for Addiction and Mental Health

Vikram Patel, MBBS, PhD, Harvard Medical School

Help-Seeking, Barriers to Care, and Targeted Interventions in LGBTQIA+ Mental Health

11:30 AM – 1:00 PM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

Category: LGBTQIA+

“It’s the One Thing That I Have Just for Me to Keep Going.”: Gender Minority Stress, Mental Health, and Smoking Cessation Among Transgender and Gender Expansive Adults

Hyo Jin (Jenny) Shin, M.P.H., M.A., Boston University

Elizabeth Loynd, B.A., The Fenway Institute

Devisi A. Ashar, B.A., Boston University

Seheni Kariyawasan, B.A., Boston University

Abby Smiley, B.A., Boston University

Elliott R. Weinstein, M.P.H., Ph.D., Massachusetts General Hospital

Abigail W. W. Batchelder, M.P.H., Ph.D., Boston Medical Center

Conall M. O’Cleirigh, Ph.D., Harvard University and Massachusetts General Hospital

Amelia M. Stanton, Ph.D., Boston University

Web-based Screening and Brief Intervention Tool for Alcohol Use Following Sexual Assault: Adaptation for Sexual Minority Women and Gender Diverse Adults

Selime Salim, Ph.D., Stanford University

Emily L. Tilstra-Ferrell, Ph.D., Medical University of South Carolina

Alexandra Brockdorf, Ph.D., University of Memphis

Debra Kaysen, ABPP, Ph.D., Stanford University

Christine K. Hahn, Ph.D., Medical University of South Carolina

What Remains Unsaid: Outness and Help-seeking Among LGBTQ+ Veterans at Risk of Suicide

Lysette DeSilva, B.S., VA San Diego Healthcare System

Crystal Hernandez, VA San Diego Healthcare System

Amy Hoang, B.A., VA San Diego Healthcare System

Ashley M. Griffith, Ph.D., Rocky Mountain MIRECC, Rocky Mountain Regional VA Medical System

Colin A. Depp, Ph.D., VA San Diego Healthcare System

Cindy Chang, Psy.D., VA San Diego Healthcare System

Depression: Cognitive, Motivational, and Emotional Mechanisms

11:30 AM – 1:00 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Category: Mood Disorders and Suicidality

Cognitive Bias Modification Utilised to Rectify Errors for Depression (CURED): A Double-blind, Parallel-group Feasibility Randomised Controlled Trial in Adults with Depression

Kaan Alp Karamanli, M.S., Kings College London

Jenny Yiend, Ph.D., Kings College London

Salma AlJaboby, M.S., Kings College London

Iulia Ceachir, M.S., Kings College London

Zeqi Jia, M.S., Kings College London

Sarah Markham, Ph.D., Kings College London

Hannah Moloney, M.S., Kings College London

Emre Unal, M.D., Kings College London

Sze Yin Wong, M.S., Kings College London

Sukhi Shergill, M.D., Ph.D., Kings College London

Jonas Everaert, Ph.D., Tilburg University

How Heterogeneous Depression Symptoms Relate to Biased and Inflexible Updating of Ambiguous Information: A Machine Learning Study

Kaan Alp Karamanli, M.S., Kings College London

Michael V. Bronstein, Ph.D., University of Minnesota

Reuma Gadassi-Polack, Ph.D., Bar-Ilan University

Wisteria Deng, Ph.D., Yale University

Jenny Yiend, Ph.D., Kings College London

Jutta Joermann, Ph.D., Yale University

Jonas Everaert, Ph.D., Tilburg University

Fear of Depression Recurrence and Its Impacts on Daily Mood, Depressive Symptoms, Social Functioning, and Health Behaviors Among Remitted Depressed Individuals

Ariel Boyle, M.A., Concordia University
Stephanie Gumuchian, Ph.D., Concordia University
Olivia Quintus-Bosz, B.A., Concordia University
Mark Ellenbogen, Ph.D., Concordia University

Is Targeting Rumination the Pathway to CBT Success? An Examination of Data from the Skill Enhanced CBT Trial

Brooklynn Bailey, Ph.D., Medical University of South Carolina
Daniel R. Strunk, Ph.D., The Ohio State University

Enjoyment-motivation Coupling in Depression: A Dynamic Structural Equation Modeling Approach

Kaylee E. Null, M.A., University of California, Los Angeles
Aleeza West, B.A., University of California, Los Angeles
Zachary Cohen, Ph.D., University of Arizona
Tomislav Zbozinek, Ph.D., University of California, Los Angeles
Amelia Welborn, M.A., University of California, Los Angeles
Samir Akre, Ph.D., University of California, Los Angeles
Nate Choukas, B.S., University of Arizona
Alex Bui, Ph.D., University of California, Los Angeles
Robert Welsh, Ph.D., University of California, Los Angeles
Michelle G. Craske, Ph.D., University of California, Los Angeles

Chronic Illness, HIV, Chronic Pain, and Fear of Disease Progression: Intervention Development and Testing

11:30 AM - 1:00 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Category: Behavioral Medicine, Chronic Illness, and Integrated Primary Care

Not Having Enough Food? That Makes My Heart Very Painful: Qualitative

Exploration of the Role of Food Insecurity on Medication Adherence and Mental Health Among People with HIV in South Africa

Jasper S. Lee, Ph.D., Massachusetts General Hospital

Christina Psaros, Ph.D., Massachusetts General Hospital; Harvard Medical School

Mfanelo Ncukana, B.A., University of Cape Town

Stephan Rabie, Ph.D., University of Cape Town

Elizabeth Ann Powers, B.S., B.A., Massachusetts General Hospital

Griffin Willner, B.A., Massachusetts General Hospital

Julian May, Ph.D., University of the Western Cape

Ashraf Kagee, Ph.D., Stellenbosch University

Jessica Magidson, Ph.D., University of Maryland- College Park

Daniel Feaster, Ph.D., University of Miami

Lenny Naidoo, M.D., City of Cape Town

Steven A. Safren, ABPP, Ph.D., University of Miami

John A. Joska, M.D., Ph.D., University of Cape Town

Conall M. O'Cleirigh, Ph.D., Harvard University and Massachusetts General Hospital

Bridging Gaps in Care: Exploring Patient and Provider Perspectives on Retention in the Cervical Cancer Prevention and Treatment Cascade Among Women with HIV in Durban, South Africa

Madison R. Fertig, M.A., Boston University

Nzwakie N. Mosery, B.A., University of Witwatersrand

Bongeka Qiya, B.A., University of Witwatersrand

Lungelo Ndlovu, B.A., University of Witwatersrand

Devisi A. Ashar, B.A., Boston University

Arijana Lukosevicius, Boston University

Jenni A. Smit, M.S., Ph.D., University of Witwatersrand

Christina Psaros, Ph.D., Massachusetts General Hospital; Harvard Medical School

Amelia M. Stanton, Ph.D., Boston University

Mapping CBT for Chronic Pain: An Iterative Component and Technique Taxonomy Based on Randomized Controlled Trials

Raluca D. Georgescu, Ph.D., Washington University

Mark Jensen, Ph.D., Washington University

Ioana Cristea, Ph.D., University of Washington, Seattle

Psychological Predictors of Fear of Disease Progression Across Rheumatic Disease, Cancer and Type 1 Diabetes

Bethany Richmond, The University of Sydney

Louise Sharpe, Ph.D., University of Sydney

Jemma Todd, Ph.D., University of Sydney

CBT Training and Supervision: Methods, Models, and Cultural Contexts

2:00 PM – 3:30 PM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

Category: Training, supervision, and credentialing

A Discussion of Common Myths About CBT in Graduate Clinical Psychology

Training: Consideration of Adult Learning Principles

Brad MacNeil, Ph.D., Midwestern University

The Effect of Behavioral Rehearsal in the Training of Psychology Students in Cognitive Therapy for Social Anxiety Disorder: Results from a Randomized Controlled Trial

Jon F. Bjaastad, Psy.D., Stavanger University Hospital, Norway

Kjersti Lillevoll, Ph.D., UiT

Asle Hoffart, Psy.D., University of Oslo / Modum Bad Psychiatric Center

Toril Sørheim Nilsen, Ph.D., UiT

Jane Kjøteroe, Psy.D., UiT

Peter Prescott, Psy.D., Private Practice

Jan Ivar Røssberg, Ph.D., University of Oslo (UiO)

Kitty Dahl, Ph.D., Private practice

David M. Clark, Ph.D., University of Oxford

Catharina Wang, Ph.D., UiT

Veronica Lorentzen, Ph.D., UiT

Bridging the Gap in CBT Supervision: Integrating Facilitative Interpersonal Skills (FIS) via Bennett-Levy's Reflective Model

Leon Li-Hsiang Yang, M.A., National Taiwan Normal University

Anxiety Disorders: Digital Delivery, Virtual Reality, and Novel Interventions

2:00 PM – 3:30 PM

Golden Gate C1, B2 Level

Earn 1.5 continuing education credits

Category: Anxiety disorders

A Feasibility Study of a Self-guided Mobile App-based Cognitive Behavioral Therapy Intervention for Panic Disorder

Lan Zhang, M.D., Ph.D., National Center for Mental Disorders, Mental Health Center, West China Hospital, Sichuan University

Xiajin Ren, M.D., Ph.D., Mental Health Center, West China Hospital of Sichuan University, Chengdu, Sichuan, China

Jing Ma, M.S., Mental Health Center, West China Hospital of Sichuan University, Chengdu, Sichuan, China

Yang Liu, M.D., Mental Health Center, West China Hospital of Sichuan University, Chengdu, Sichuan, China

Jiafeng Li, M.S., Mental Health Center, West China Hospital of Sichuan University, Chengdu, Sichuan, China

Chunfeng Liu, Ph.D., Shanghai Thoven Intelligent Technology Co., Ltd., Shanghai, China

Functional Segregation Within Visual Network in Acrophobia Using Virtual Reality Exposure Therapy and Imaginal Exposure Therapy: A Randomized Controlled Trial

Yongjun Chen, M.S., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Sichu Wu, Ph.D., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Zixin Chen, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Zehui zhang, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Ziyue Xu, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Jifan Wang, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Meilin Guo, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Shujun Hou, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Xuan Huang, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Ning Zhang, M.D., Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Chun Wang, Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Impact of Mindfulness-based Psychosomatic Health Course on Pregnant Women with Fear of Childbirth: A Multi-center Randomized Controlled Trial

Ruimin Zheng, M.D., National Center for Women and Children's Health

Meng Gao, M.P.H., National Center for Women and Children's Health

Jia Wang, B.S., Shandong Provincial Hospital

Ying Luo, M.D., Shandong Provincial Maternal and Child Health Hospital

Daming Zhang, M.D., Shanxi Women and Children Hospital

Ziyi Chang, M.P.H., National Center for Women and Children's Health

Using Retrieval-induced Forgetting to Augment Exposure for Anxiety Disorders

Olivia M. Losiewicz, M.A., University of California Los Angeles

Brett Davis, M.A., University of California Los Angeles

Michelle G. Craske, Ph.D., University of California, Los Angeles

Suicidality and Self-Harm: Prevention, Interventions, and Patient Perspectives

2:00 PM – 3:30 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Category: Mood Disorders and Suicidality

**What Do People Experiencing Suicidality Want from Their Treatment? A US
National Survey of Treatment Preferences**

Katherine Anne Comtois, Ph.D., University of Washington, Seattle

**Quality Improvement in Partnership: Results from a System-wide Rollout of
Counseling on Access to Lethal Means (CALM) Training**

*Jillian E. Austin, Ph.D., University of Cincinnati College of Medicine; Cincinnati
Children's Hospital Medical Center*

*Melissa E. Young, Psy.D., University of Cincinnati College of Medicine, Cincinnati
Children's Hospital Medical Center*

*Allison Blackburn, Ph.D., University of Cincinnati College of Medicine, Cincinnati
Children's Hospital Medical Center*

Diane King, M.S., NewPath Child and Family Solutions

Jessica M. McClure, Psy.D., Cincinnati Children's Hospital Medical Center

**Adapting Brief Cognitive Behavioral Therapy for Adolescent Suicide Prevention in
Community Hospitals: Practical Lessons for Translating Evidence into Care**

Jess Stubbing, Cambridge Health Alliance/Harvard Medical School

The Role of Perceived Pain Intensity in Affect Regulation in Non-suicidal Self-injury

Doga Cetinkaya, B.S., Southern Methodist University

Alicia E. Meuret, Ph.D., Southern Methodist University

Development and Application of Enhanced Brief Cognitive-behavioral Therapy
(E-BCBT) for Suicidal Inpatients: Preliminary Results from a Pilot Randomized
Controlled Trial

Eunbyeol Lee, Ph.D., Asan Medical Center

Yunkyung Lee, M.A., Asan Medical Center

Ji Seon You, M.A., Asan Medical Center

Myeongkeun Cho, M.A., Asan Medical Center

Yun A Nam, M.A., Asan Medical Center

Yujin Choi, M.A., Asan Medical Center

Kyeong A. Kang, M.D., Asan Medical Center

Hyuntae Kim, M.D., Asan Medical Center

C Hyung Keun Park, M.D., Ph.D., Asan Medical Center

Culturally Responsive and Tailored CBT for Diverse and Underserved Populations

2:00 PM – 3:30 PM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

Category: Positive psychology and resilience

Development and Pilot Trial of a Self-guided Dyadic Positive Psychology Intervention:

Reimagining Us in the Context of Bariatric Surgery (ReConnect)

Larissa A. McGarrity, Ph.D., University of Utah School of Medicine

Anna R. Ibele, M.D., University of Utah School of Medicine

Lisa G. Aspinwall, Ph.D., Department of Psychology, University of Utah

Rob Lubeznik-Warner, Ph.D., University of Utah

Alexandra L. Terrill, Ph.D., University of Utah

Integrating Spirituality into Mental Health Interventions for Culturally Diverse Populations: Implications for Practice

Matthew Lim, Ph.D., Psy.D., National University of Singapore

Mental Health -related Work Disability Before, During and After a Short-term Psychological Intervention in a General Working Population: A Register-based Longitudinal Study

Ari Väänänen, Ph.D., Finnish Institute of Occupational Health

Tailoring Therapy for Autistic Clients: The ASCENT Model

Amara Brook, Ph.D., University of Nevada, Reno and Flow Psychological Services

Rachel Leah Kraus, Kraus Psychotherapy, LLC

CBT Workforce Development and Implementation of Training Systems

4:00 PM – 5:30 PM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

Category: Training, supervision, and credentialing

Dimensions of Therapist Beliefs About Exposure: Psychometric Validation of a Dutch Adaptation of the Therapist Beliefs About Exposure Scale (TBES)

Arnold A.P. van Emmerik, Ph.D., University of Amsterdam

Vanessa Lulo, M.A., University of Amsterdam

Anja Greeven, Ph.D., PsyQ

Sara Scheveneels, Ph.D., KU Leuven

Establishing Licensed Psychology Assistants to Improve Access to Cbt-informed Care: Workforce Innovation from Aotearoa New Zealand

Carolin Ritter, M.S., University of Canterbury

Liesje Donkin, Ph.D., Auckland University of Technology

Eileen Britt, Ph.D., University of Canterbury

Evaluation of a Two-phase National Standardized Smoking Cessation Training

Program for Health Care Service Providers in China: A Pretest-posttest Study

Yanhui Liao, M.D., Ph.D., Department of Psychiatry, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine

Qinghao Zhang, B.A., Zhejiang University

Training Therapists in CBT for Irritable Bowel Syndrome: What Makes Training Stick?

Melissa G. Hunt, Ph.D., University of Pennsylvania

Megha Neelapu, B.A., University of Chicago

Transforming Pediatric Mental and Behavioral Healthcare Through a Regional Learning Network: A Guide for Leveraging Implementation Science

Jillian E. Austin, Ph.D., University of Cincinnati College of Medicine, Cincinnati Children's Hospital Medical Center

Jessica M. McClure, Psy.D., Cincinnati Children's Hospital Medical Center

Melissa E. Young, Psy.D., University of Cincinnati College of Medicine, Cincinnati Children's Hospital Medical Center

Stephanie Eberle, M.A., Cincinnati Children's Hospital Medical Center

Katherine E. Junger, Ph.D., Cincinnati Children's Hospital Medical Center

Toria Reisman, M.P.H., Cincinnati Children's Hospital Medical Center

Jeffrey Steller, M.S., Cincinnati Children's Hospital Medical Center

Brandy Seger, M.S., Cincinnati Children's Hospital Medical Center

Ndidi Unaka, M.D., Stanford Children's Health

Personality, Behavioral Dysregulation, and Targeted Interventions Across Addictive and High-Risk Behaviors

9:30 AM - 11:00 AM

Yerba Buena Salon 5, B3 Level

Earn 1.5 continuing education credits

Category: Personality Disorders

“I Mean, It Kind of Saved My Life, to Be Honest”: A Qualitative Study of Participants’ Views of a Dialectical Behaviour Therapy for Multidiagnostic Eating Disorders Programme

Liesje Donkin, Ph.D., Auckland University of Technology

Carrie McColl, Auckland University of Technology

Shelly Hindle, Auckland District Health Board

Brief Dialectical Behaviour Therapy for Individuals with Borderline Personality Disorder

Diksha Dugar, National Institute of Mental Health and Neurosciences

Munivenkatappa I. Manjula, National Institute of Mental Health and Neurosciences

Jaisoorya T. S., National Institute of Mental Health and Neurosciences

Mariamamma Philip, National Institute of Mental Health and Neurosciences

Contribution of Athletic Experience and Personality in Disordered Eating and Exercise Addiction Among Former Student-athletes

Juliette Maurin, M.A., Université de Sherbrooke

Véronique Boudreault, Ph.D., Psy.D., Université de Sherbrooke

Controlled Clinical Trial on the Effectiveness of the ADISEX Cognitive-behavioral Program for the Treatment of Cybersex Addiction

Jacqueline Feldman, University Jaume I (Spain)

Verónica Estruch-García, University of Valencia

Olga Fernández-García, University of Valencia

Cristina Giménez-García, University Jaume I (Spain)

María Dolores Gil-Llario, University of Valencia

Rafael Ballester-Arnal, University Jaume I (Spain)

Drinking and Affective Outcomes of a Small Randomized Clinical Trial for Hazardous Drinkers with Negative Affect: A Comparison of Three Treatment Conditions
Giao Q. Tran, Ph.D., University of Cincinnati

Personality Traits and Producer Behavior: The Influence of Individual Differences in Human Social Foraging
Laurent Avila Chauwet, Ph.D., Sonora Institute of Tecnology
Diana Mejia Cruz, Ph.D., Sonora Institute of Technology
Ivan Uribe, B.S., Sonora Institute of Technology

Psychological Treatments for out of Control Sexual Behavior: A Systematic Review
Jacqueline Feldman, University Jaume I (Spain)
Verónica Cervigón-Camascó, University Jaume I (Spain)
María Dolores Gil-Llario, University of Valencia
Rafael Ballester-Arnal, University Jaume I (Spain)

Innovations in CBT: Expanding Impact Through Mechanisms, Equity, and Training

2:00 PM – 3:30 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

Beyond Symptom Reduction: A Meaning-centered CBT Group for Loneliness After Trauma

Phyu Pannu Khin, Ph.D., Massachusetts General Hospital/Harvard medical School

Nicole J. Leblanc, Ph.D., Massachusetts General Hospital

Danielle Moskow Diamond, Ph.D., Montefiore Medical Center/Albert Einstein College of Medicine

Amanda W. Baker, Ph.D., Massachusetts General Hospital/Harvard Medical School

Differential Associations Between Sleep Domains and response to Prolonged Exposure Therapy

David L. Yap, Ph.D., New York State Psychiatric Institute/Columbia University Medical Center

Brooklyn Bailey, Ph.D., Medical University of South Carolina

Hannah Weldon, Psy.D., University of California, San Diego

Daniel F. Gros, Ph.D., Medical University of South Carolina

Wendy Muzzy, M.S., Medical University of South Carolina

Ron E. Acierno, Ph.D., University of Texas Health Science Center at Houston

Melba A. Hernandez-Tejada, Ph.D., The University of Texas Health Science Center at Houston

Teaching Patients to Respond Differently to Tinnitus: Mindfulness, Habituation, and Behavioral CBT Skills in Embedded Care

Phyu Pannu Khin, Ph.D., Massachusetts General Hospital/Harvard medical School

Ethan Gabriel Lester, Ph.D., Massachusetts General Hospital

Gradually Lessening the Severity of Feared Outcomes in Exposure Therapy Might Benefit Individuals with Anxiety and Fear: A Preregistered Test and Exploratory Analysis

Yuhan T. Cheng, M.A., University of California Los Angeles

Ivy Xiao, University of California Los Angeles

Michael Fanselow, Ph.D., University of California Los Angeles

Ottmar Lipp, Ph.D., Queensland University of Technology

Michelle G. Craske, Ph.D., University of California, Los Angeles

Psychosocial Factors Predicting Academic Performance of University Students with Disabilities in a Codel Institution in SOUTH AFRICA

Khonzanani Mbatha, Ph.D., University of South Africa

Ramokone rd Kunutu, B.A., University of South Africa

Revisiting the Critical Appraisal of ACT

Josef Mattes, M.S., Ph.D., Self-employed

Training Future Psychologists on Evidence-based Treatments to Support Equitable Health for All

Sarah E. Cleary, Ph.D., Denver Health Medical Center / University of Colorado School of Medicine

Friday, June 26, 2026

FRIDAY

Keynote 6

Ecological Engagement: A Methodological Approach to Work with At-risk Populations

Silvia Helena Koller, Ph.D., Universidade Federal do Rio Grande

8:30 AM – 9:30 AM

Foothill C, 2nd Floor

Earn 1 continuing education credits

Basic level of familiarity with the material

Category: Assessment

Key Words: *Global Mental Health, Methods, Risk / Vulnerability Factors*

Ecological Engagement: A Methodological Approach to Work with At-Risk Populations presents an integrative framework for studying and supporting individuals and communities exposed to adversity. Grounded in ecological systems theory and enriched by Global South perspectives, the presentation highlights methodological strategies that move beyond individual-level explanations to capture the multilayered interactions between personal, familial, community, and societal factors. Special attention is given to participatory and context-sensitive approaches that respect cultural diversity and address structural inequalities. Drawing on case studies from the Global South, the paper illustrates how ecological engagement can enhance both research validity and the practical impact of interventions. By advancing methodological innovation and ethical reflexivity, this contribution seeks to strengthen cross-cultural dialogue and promote resilience and social justice among at-risk populations worldwide.

At the end of this session, the learner will be able to:

- Explain the ecological framework from a Global South perspective - Participants will explore how ecological theory can be applied to at-risk populations while considering contextual realities of the Global South, including poverty, inequality, and cultural diversity.
- Develop methodological skills for inclusive engagement - Participants will learn methodological strategies that emphasize culturally sensitive, participatory, and community-driven approaches, ensuring that research and practice reflect the lived experiences of at-risk populations in Global South contexts.
- Apply ecological engagement to promote social justice and resilience - design and critically evaluate interventions or projects that integrate ecological principles with Global South perspectives, fostering resilience, empowerment, and equity in vulnerable communities.

Recommended Readings: Koller, S. H. (Ed.). (2019). *Psychology in Brazil: Scientists making a difference*. Springer. <https://doi.org/10.1007/978-3-030-11336-0>Dell’Aglío, D. D., & Koller, S. H. (Eds.). (2017). *Vulnerable children and youth in Brazil: Innovative approaches from the psychology of social development*. Springer. <https://doi.org/10.1007/978-3-319-65033-3>Koller, S. H., Paludo, S. d. S., & de Moraes, N. A. (Eds.). (2019). *Ecological engagement: Urie Bronfenbrenner’s method to study human development*. Springer. <https://doi.org/10.1007/978-3-030-27905-9>

Helping Clients to Live Well Through Evidence-based Strategies

Christopher Martell, Ph.D., Senior Lecturer, University of Massachusetts, Amherst

Laura Knouse, Ph.D., Professor of Psychology, University of Richmond

David Miklowitz, Ph.D., Professor, UCLA Semel Institute

Steven D. Hollon, Ph.D., Professor of Psychology, Vanderbilt University

9:00 AM – 10:30 AM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

Category: Bipolar disorders

Key Words: *Coping, Prevention, CBT*

This panel of three authors of Guilford's "Living Well Series" of trade books "Living well..." "with Adult ADHD" Laura Knouse, "with bipolar disorder" David Miklowitz, and "with depression" Christopher Martell will discuss managing specific psychiatric disorders on a daily basis. Authors were instructed to write as they would simply talk to clients. The panel will discuss the process of writing about applying evidence-based strategies to typical daily challenges tackled by our clients. The objective of the panel is to discuss the application of strategies to address specific client problems, translating principles into actionable steps for readers. For example, in family-focused therapy, how does a clinician coach the bipolar patient and family to manage the prodromal symptoms of mania, and how that differs from managing the disorder when the individual is euthymic? How does one address problems that family members may not be aware of, such as problems getting along with people at work or trying to explaining one's bipolar disorder to potential romantic partners? For adults with ADHD, how does an author suggest the best-fitting skills for specific self-regulation problems when there is no opportunity to conduct a functional assessment? In the case of depression, how does activation help a client who cannot even get out of bed? While empirically-supported treatments have essential features that must be considered for therapists to conduct a treatment faithfully, there are times when specific client problems or stuck points require flexibility in treatment to best fit particular client needs. In writing the series authors needed to provide a variety of ideas for "typical" readers and this process may provide helpful guidance for clinicians working flexibly with

clients or encourage others to create accessible resources grounded in evidence-based practice to expand the impact of this work around the world.

FRIDAY

CBT with Jewish Youth: Meeting the Moment and Beyond

9:00 AM – 10:30 AM

Yerba Buena Salon 15, B3 Level

Earn 1.5 continuing education credits

MODERATOR:

Robert D. Friedberg, ABPP, Ph.D., Independent Training Consultant in CBT

PANELISTS:

Robert D. Friedberg, ABPP, Ph.D., Independent Training Consultant in CBT

Rebecca B. Skolnick, Ph.D., MindWell NYC

Miri Bar-Halpern, Psy.D., Lecturer in Psychology, Harvard Medical School

Caroline C. Kaufman, Ph.D., McLean Hospital

Nicolas Socolovsky, M.A., CCAR

Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT

Basic to Moderate level of familiarity with the material

Primary Category: Promoting diversity, equity, inclusion and reducing stigma

Key Words: *Culturally Responsible Programming, Ethnicity, Children*

Jews are a small proportion of the U.S. population. However, they are disproportionately victims of hate crime, accounting for 68% of religious-bias crimes. Currently, antisemitic incidents aimed at Jewish children and adolescents are rising exponentially with one study citing a 135% increase. Nearly three-quarters of Jewish parents reported their child was the target of antisemitic bullying. Unsurprisingly, Jewish youth are at-risk for various psychological disorders. Yet, until recently, little clinical attention has been directed toward these vulnerable families. The roundtable begins with a description of how antisemitism manifests across clinical and educational contexts as well as antisemitism's potential negative mental health sequelae among Jewish youth and adults. Avenues of intervention to mitigate the effects of antisemitism and increase resilience among Jewish youth and

adults are suggested. Traumatic invalidation (TI) in the Jewish community is the focus of the second presentation. TI refers to the denial, dismissal, or minimization of emotional pain compounding antisemitism's harm. Further, the combination of antisemitism and its invalidation contribute to trauma symptoms, erosion of identity, and long-term risks to mental health and well-being. The second presentation demonstrates how naming and addressing these invisible wounds builds trauma-informed pathways that foster resilience and healing. The third presentation discusses how cultural influences in Judaism impact clinical presentations and treatment considerations for Jewish youth with eating disorders. The role of Shabbat and food-centered holidays, fast days, Jewish dietary laws, body image, modesty expectations, the rabbi, and potential stigma in the treatment of adolescent eating disorders are explicitly addressed. Ways to incorporate these considerations into CBT for Jewish adolescents with eating disorders are delineated. The fourth presentation proposes clinical interventions based on Judaic metaphors that are suitable for Jewish youth who are experiencing numerous emotional/behavioral difficulties. The discussion offers synthesizing remarks and recommendations for future clinical/ research directions.

Realising the Mass Public Benefit of Evidence-based Psychological Therapies: Politics, Measurement-based Care, and Economics

David M. Clark, Ph.D., Professor Emeritus of Experimental Psychology,
University of Oxford

9:15 AM – 10:30 AM

Golden Gate A, B2 Level

Earn 1 continuing education credit

All levels of familiarity with the material

Category: Adult - Anxiety

Key Words: CBT, Dissemination, Evidence-Based Practice

Effective psychological therapies have been developed for most mental health problems. The public prefers psychotherapy to medication. However, most people cannot access effective psychological therapy. This talk outlines the history and development of the English NHS Talking Therapies for Anxiety and Depression (formerly known as “IAPT”) program, as well as its international derivatives. The program has made cognitive-behaviour therapies and other psychological treatments for anxiety disorders and depression much more widely available. The talk covers the clinical model, the therapist training, the crucial role of measurement-based care, digital innovation, and the combined economic & clinical arguments that have been used to secure increased funding. Currently, over 670,000 people receive a course of treatment each year. Outcome data is available for 98% of treated patients. Approximately half fully recover and around 7 in every 10 show significant improvement. Benefits of therapy are widespread. As well as improving patient’s mental health, Talking Therapies reduce other physical healthcare costs & adverse events, as well as helping grow national economies in the countries where it has been implemented.

At the end of this session, the learner will be able to:

- Illuminate the value of measurement-based care.
- Illuminate the combined economic and clinical arguments for psychological therapies.
- Illuminate digital approaches to mental health.

Recommended Readings: Clark, D.M. (2018). Realizing the Mass Public Benefit of Evidence-Based Psychological Therapies: The IAPT Program. *Annual Review of Clinical Psychology*, 14, 159-183. <https://doi.org/10.1146%2Fannurev-clinpsy-050817-084833> Clark, D.M., Wild, J., Warnock-Parkes, E, Stott, R, Grey, N., Thew, G, and Ehlers, A. (2023). More than doubling the clinical benefit of each hour of therapist time: a randomized controlled trial of internet cognitive therapy for social anxiety disorder. *Psychological Medicine*, 53, 5022-5032. <https://doi.org/10.1017/S0033291722002008> Smith, O.R.F, Clark, D.M., Hensing, G., Layard, R. & Knapstad, M. (2025). Cost-benefit of IAPT Norway and effects on work-related outcomes and health care utilisation: results from a randomised controlled trial using registry data. *Psychological Medicine*, 55, e86,1-12. <https://doi.org/10.1017/S003329172500025X>

All Together Now: Integrating Mental and Physical Health in Young People

Roz Shafran, Ph.D., Emeritus Professor of Translational Psychology, UCL
Great Ormond Street Institute of Child Health

11:00 AM – 12:00 PM

Golden Gate A, B2 Level

Earn 1 continuing education credit

Basic to moderate level of familiarity with the material

Category: Child / Adolescent - Health Psychology / Behavioral Medicine

Key Words: *Behavioral Medicine, CBT, Health Psychology*

Many patients who seek treatment for mental health difficulties also live with long-term physical health conditions. Yet mental and physical health care are still often delivered in silos, leading to fragmented support, poorer outcomes, and higher healthcare costs. This presentation will draw on research evidence from a large multi-centre randomised controlled trial of modular CBT for young people with epilepsy. Findings from this trial highlight how tailored psychological interventions can be delivered effectively alongside medical care to improve outcomes. It will also describe award-winning service innovations, including the development of ‘drop-in’ psychological services in paediatric hospitals providing ‘low intensity’ CBT delivered by paraprofessionals. These models demonstrate how embedding CBT within routine physical healthcare can provide affordable, timely, flexible support to children and families, reduce barriers to access, and increase access for those in need. In addition, the presentation will discuss national initiatives that are advancing integrated care. These programmes illustrate how closer collaboration between mental and physical health services can enhance recovery, reduce unnecessary healthcare utilisation, and expand access to evidence-based therapy at scale. Together, these examples will show the promise of integrated CBT approaches in transforming the way we deliver care for young people with physical health conditions and enabling the provision of health for all through affirming, equitable and sustainable CBT. The presentation will conclude by considering the practical challenges of implementation - including workforce training, role

protection, and digital delivery - alongside creative possibilities for advancing the integration of mental and physical healthcare in the future.

At the end of the session, the learner will be able to:

- Describe the benefits of integrating CBT with medical care for different client groups.
- Critically appraise innovative service delivery models and evaluate their potential applicability in their own practice settings.
- Consider key opportunities and challenges for implementing integrated CBT approaches in their own services.

Recommended Readings: Bennett, S. D., Cross, J. H., Chowdhury, K., Ford, T., Heyman, I., Coughtrey, A. E., ... & Shafran, R. (2024). Clinical effectiveness of the psychological therapy Mental Health Intervention for Children with Epilepsy in addition to usual care compared with assessment-enhanced usual care alone: a multicentre, randomised controlled clinical trial in the UK. *The Lancet*, 403(10433), 1254-1266. Roach, A., Bennett, S., Heyman, I., Coughtrey, A., Batura, N., Gonzalez, L., ... & Shafran, R. (2025). Clinical effectiveness of drop-in mental health services in paediatric healthcare settings: a non-randomised multi-site study for children, young people and their families. *BMC Health Services Research*, 25(1), 546. Smith, J. A., Nizza, I. E., Bennett, S. D., Cross, J. H., Heyman, I., Coughtrey, A. E., MICE Study Group & Shafran, R. (2025). Examining parental participation in a successful psychological intervention for young people with epilepsy and mental health difficulties: Results from a longitudinal qualitative study within a randomised controlled trial. *Epilepsy & Behavior*, 163, 110169.

Personalized & Optimized Therapies (POTs) Using the Resilience Training App for Subthreshold Depression in the Community: The Resilient Trial (n=5361)

Toshi A. Furukawa, M.D., Ph.D., Kyoto University

12:00 PM – 1:00 PM

Foothill C, 2nd Floor

Earn 1 continuing education credit

Basic level of familiarity with the material

Category: Artificial Intelligence

Key Words: *Depression, Prevention, Technology/Mobile Health*

In 1984, a report by the US National Institute of Mental Health concluded that preventing depression was impossible. However, research over the past 30 years has shown that depression prevention is, in fact, achievable. Despite this progress, health losses due to common mental disorders have continued to rise, and depression remains the leading cause of disability related to mental health worldwide. Simply put, we have failed in our professional mission to provide people with the mental health support they deserve. A shift in this trajectory now seems finally within reach, driven by the widespread adoption of internet technologies and rapid advancements in artificial intelligence (AI). Over the past decade, we have been developing a smartphone CBT (cognitive behavioral therapy) app called the Resilience Training App ®. We recently completed the largest individually randomized trial to date, aimed at treating subthreshold depression and promoting mental well-being in the general population (total n=5361). The app delivers five CBT-based skills: behavioral activation, cognitive restructuring, problem-solving, assertiveness training, and behavior therapy for insomnia. These skills, both individually and in combina-

tion, demonstrated varying levels of efficacy in reducing depression symptoms, with effect sizes ranging from -0.67 (95% CI: -0.81 to -0.53) to -0.16 (95% CI: -0.30 to -0.02). The interventions also showed differential effects on anxiety, insomnia, and mental well-being. These benefits were sustained for at least 50 weeks. Building on these findings, we developed the AI-based Personalized & Optimized Therapy (POT) algorithm to match interventions with individuals' characteristics. When individuals received their POT, the overall effect size for the population increased by 35% compared to the conventional approach of providing everyone with the group average best intervention. Scaling up the implementation of this app and its POT algorithm is both timely and crucial in the global fight against depression.

At the end of this session, the learner will be able to:

- Describe the results from the largest individually randomized trial of smartphone CBT among people with no to subthreshold depressive symptoms.
- Explain how AI can enhance the effects of the intervention through the Personalized & Optimized Therapy (POT) algorithm.

Recommended Readings: Furukawa TA, Tajika A, Toyomoto R, Sakata M, Luo Y, Horikoshi M, Akechi T, Kawakami N, Nakayama T, Kondo N, Fukuma S, Kessler RC, Christensen H, Whitton A, Nahum-Shani I, Lutz W, Cuijpers P, Wason JMS & Noma H (2025) Cognitive behavioral therapy skills via a smartphone app for subthreshold depression among adults in the community: the RESiLIENT randomized controlled trial. *Nature Medicine*, 31, 1830-1839. [10.1038/s41591-025-03639-1](https://doi.org/10.1038/s41591-025-03639-1)

Psychological Interventions for Global Use: Experience-based Reflections, Key Lessons and Future Directions

Ken Carswell, Mental Health Specialist, World Health Organization

11:00 AM – 12:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

All levels of familiarity with the material

Category: Global Mental Health

Key Words: *Global Mental Health, Technology / Mobile Health, Treatment/ Program Design*

Globally, more than a billion people live with a mental health condition, with the majority unable to access evidence-based care. Psychological interventions, including digitally delivered interventions, supported by trained and supervised non-specialists, are recommended by The World Health Organization (WHO) for a number of mental health conditions and have the potential to help reduce the substantial treatment gap. Over the past decade, WHO has contributed to this field through the development and testing of a number of open-access, evidence-based psychological interventions, which have now been implemented and scaled in countries. Drawing on this body of work and country examples, this talk will reflect on key challenges, successes and lessons arising from the experience of developing and scaling psychological interventions. It will consider critical features of intervention design and development, as well as factors that may be important for successful implementation. The talk aims to offer practical and actionable considerations for clinicians, implementers and researchers involved in the development, adaptation or delivery of mental health interventions, particularly in low-resource and conflict-affected settings, and to highlight potential future directions for research and development.

At the end of this session, the learner will be able to:

- Identify design features of psychological interventions that can help support effectiveness and implementation across diverse global settings.

- Identify common implementation challenges and enabling factors related to scaling psychological interventions delivered by non-specialists.
- Identify key research questions or areas for further development in the area of non-psychological interventions designed for global use.
- Apply learnings from the talk to the development of psychological and mental health interventions, to help make interventions more scalable.
- Apply learnings from the talk to future research projects, to help address critical gaps in the field.

Recommended Readings: World Health Organization. (2024). Psychological interventions implementation manual: integrating evidence-based psychological interventions into existing services. World Health Organization Kohrt, B. A., Pedersen, G. A., Schafer, A., Carswell, K., Rupp, F., Jordans, M. J., ... & Yurtaev, A. (2025). Competency-based training and supervision: development of the WHO-UNICEF Ensuring Quality in Psychosocial and Mental Health Care (EQUIP) initiative. *The Lancet Psychiatry*, 12(1), 67-80. Keyan, D., Hall, J., Jordan, S., Watts, S., Au, T., Dawson, K. S., ... & Carswell, K. (2025). The development of a World Health Organization transdiagnostic chatbot intervention for distressed adolescents and young adults. *Frontiers in Digital Health*, 7, 1528580.

Equitable Implementation of a Behavioral Parent Training Intervention in Community-based Pediatrics

Justin Smith, Ph.D., Associate Professor, Northwestern University Feinberg
School of Medicine

2:00 PM – 3:00 PM

Golden Gate A, B2 Level

Earn 1 continuing education credit

Basic to moderate level of familiarity with the material

Category: Disparities

Key Words: *Community-Based, Evidence-Based Practice, Families*

A primary goal of implementation science (IS) is to promote access to evidence-based treatments; however, without careful attention to equity, IS may inadvertently reify inequities for the most vulnerable. This keynote will discuss methods and a case example for addressing and evaluating equitable implementation in the context of a program of research on the Family Check-Up® 4 Health (FCU4Health) behavioral parenting program. FCU4Health is an individually tailored preventive intervention for delivery in integrated and coordinated primary care settings. Data will be presented from a Type 2 effectiveness-implementation hybrid studies conducted with multiple primary care evaluated using the RE-AIM framework's extension for health equity. Quantitative details about adoption and maintenance are supplemented with descriptions of implementation determinants, provided by partners at each site. The results provide an exemplar of how the RE-AIM equity extension can be applied to assess the ability of EBTs to promote equitable implementation in routine care settings.

At the end of this session, the learner will be able to:

- List the indicators of equitable implementation.
- Describe the RE-AIM extension for health equity.
- See the application of a health equity research paradigm in action.

Recommended Readings: Wakschlag LS, Davis MM, & Smith JD (2024). A vision for implementing equitable early mental health and resilience support in pediatric primary care: A transdiagnostic, developmental approach. *Fam Sys Hlth*, 42(1), 6-17. doi: 10.1037/fsh0000884 Berkel C, Samaddar K, McWilliams K, Soiseth G, Molina J, Hernandez V, Rodriquez LA, Rudo-Stern J, Mauricio AM, Williams E, Thomas N, & Smith JD (2025). RE-AIMing for Health Equity: Using RE-AIM to Evaluate Equitable Implementation of the Family Check-Up 4 Health. *Psychol Serv*. doi: 10.1037/ser0000974”

Advancing Global Mental Health for All

Richard Bryant, B.A., Ph.D., PsyM, Scientia Professor, Head of Traumatic
Stress Clinic, University of New South Wales

2:00 PM – 3:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

All levels of familiarity with the material

Category: Global Mental Health

Key Words: *Global Mental Health, Transdiagnostic, Underserved Populations*

Most people in the world with a mental disorder do not receive treatment. Although this occurs frequently in high-income countries, it is even more prevalent in the Global South. This is attributable to a lack of mental health resources in many disadvantaged settings. This has led to the emergency of task-shifting approaches in which trained lay providers deliver evidence-based interventions based on cognitive behavioral principles. This review will outline recent trends implemented to fill the global treatment gap by using primarily transdiagnostic approaches. A series of interventions have been developed and evaluated by the World Health Organization for both adults and adolescents. The review will also outline how this field has developed from efficacy trials to implementation in real-world settings. Despite the gains made in global mental health in the past decade, there are also significant challenges. This review will highlight key limitations of current interventions, including a paucity of knowledge of the change mechanisms underpinning the programs, limitations in research designs, lack of cost-effectiveness evidence, and the issue of addressing the many people with persistent and complex disorders resulting from humanitarian crises, war, and persecution. The effort to advance global mental health research and also implement its findings will also be discussed in the context of shifts in geopolitical support for such programs, and the challenge for mental health researchers and policy makers to function in changing political climates.

At the end of this session, the learner will be able to:

- Explain the factors causing the treatment gap for mental health across the world.
- Identify the major task-shifting interventions currently used in the Global South.

- Delineate key limitations in current knowledge about current scalable interventions.

Recommended Readings: Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., . . . Unutzer, J. (2018). The Lancet Commission on global mental health and sustainable development. *Lancet*, 392(10157), 1553-1598. Singla, D. R., Kohrt, B., Murray, L.K., Anand, A., Chorpita, B.F., & Patel, V. (2017). Psychological treatments for the world: Lessons from low- and middle-income countries. *Annual Review of Clinical Psychology*, 13(1), 149-181. Bryant, R.A. (2023). Scalable interventions for refugees. *Global Mental Health*, 10, e8"

How Far Have We Really Come in the Treatment of Pediatric Anxiety: An Overview of Successes and Failures

Ronald Rapee, Ph.D., Distinguished Professor, Macquarie University

3:00 PM – 4:00 PM

Foothill C, 2nd Floor

Earn 1 continuing education credit

Basic to Moderate level of familiarity with the material

Category: Child / Adolescent - Anxiety

Key Words: *Adolescents, Anxiety, Children*

Anxiety disorders affect 10-15% of children and adolescents and there are some indications that prevalence may be increasing across generations. These disorders are important for two primary reasons: first, they are associated with significant life impairment across family, relationships, and achievements; and second, most lifetime anxiety disorders have their origins during the child or adolescent developmental periods. Therefore, successful intervention during these stages can reduce serious developmental impairment and can potentially prevent a lifetime of cascading impacts. Across the past 50+ years, research into the management of paediatric anxiety disorders and the development of new treatments have exploded, from a small handful of studies in the 1970's and 1980's to many 10's of studies every year currently. But has this explosion of research really led us to be able to fully help the anxious young person? In this address I will start with a short walk down memory lane about the evolution of evidence into the management of paediatric anxiety, culminating in a summary of our current success. I will then explore a series of "big buts" - a wide range of limitations to our current evidence base that might make us pause in our self-congratulations. Of course it's always nice to finish a talk on a positive note - we'll have to see whether I can manage that.

At the end of this session, the learner will be able to:

- Describe the current state of evidence about the management of anxiety disorders in children and adolescents.

- Recognise some of the primary limitations to this evidence.
- Appreciate some of the main gaps that future research will need to plug.

Recommended Readings: Rapee, R. M., Creswell, C., Kendall, P. C., Pine, D. S., & Waters, A. M. (2023). Anxiety disorders in children and adolescents: A summary and overview of the literature. *Behaviour Research and Therapy*, 168, 104376. <https://doi.org/10.1016/j.brat.2023.104376> James, A. C., Reardon, T., Soler, A., James, G., & Creswell, C. (2020). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews*, 11, 1465-1858. <https://doi.org/10.1002/14651858.CD013162.pub2> Dickson, S. J., Kuhnert, R.-L., Lavell, C. H., & Rapee, R. M. (2022). Impact of psychotherapy for children and adolescents with anxiety disorders on global and domain-specific functioning: A systematic review and meta-analysis. *Clinical Child and Family Psychology Review*, 25(4), 720-736. <https://doi.org/10.1007/s10567-022-00402-7>

Beyond Diagnosis: Clinical Insights from Symptom Networks

Anita Jansen, Ph.D., Professor of Experimental Clinical Psychology,
Maastricht University

4:00 PM – 5:00 PM

Golden Gate A, B2 Level

Earn 1 continuing education credit

Basic level of familiarity with the material

Category: Behavior Analysis

Key Words: *Behavior Analysis, Change Process/Mechanisms, Comorbidity*

Imagine being able to deliver a truly personalized treatment, in which you intervene directly and precisely in the processes that maintain your patient's problems. With such a well-targeted intervention, the patient recovers rapidly. Notably, no DSM diagnosis was required in advance. Naturally, you conducted a thorough intake, and the patient engaged in ecological momentary assessments (EMAs) throughout the day, capturing fluctuations in behavior, cognitions, and emotions. Drawing on the EMA data and network analyses, you constructed an individualized network of behaviors, feelings, thoughts, symptoms, and contextual factors. This data-driven temporal network revealed, with striking clarity, the causal interconnections among different elements of the system. Only then did treatment begin—because you knew precisely where to intervene. Perhaps this scenario sounds a bit idealized. Treatment without a DSM diagnosis? Collecting and analyzing large volumes of empirical data before the first session? Quick, decisive, and effective interventions? In reality, most patients are neither simple nor easy to treat; their problems are complex, and comorbidity is often the rule rather than the exception. Yet it is precisely for these complex cases that network interventions hold the greatest promise. Over a decade ago, a group of psychologists in Amsterdam introduced the network approach to mental disorders. This perspective offers a fundamentally new way of understanding psychopathology—what many experts have described as a genuine paradigm shift. In brief, the network approach posits that a mental disorder is not the underlying cause of symptoms, but rather the emergent result of symptoms interacting and reinforcing one another. Developments in this field

are progressing at remarkable speed. What do we currently know about personalized symptom networks? And to what extent is it feasible-and meaningful-to implement network-informed interventions in mental health care? In this keynote, I will review recent advances and consider the (many) challenges that lie ahead.

At the end of this session, the learner will be able to:

- Describe the key principles of the network approach to psychopathology and how it differs from traditional diagnostic models such as the DSM.
- Explain how ecological momentary assessment (EMA) and network analysis can be used to construct individualized, data-driven symptom networks.
- Evaluate the potential benefits and limitations of network-informed interventions, particularly for patients with complex and comorbid conditions.
- Identify current developments in personalized network modeling and discuss their implications for clinical practice in mental health care.
- Anticipate future challenges in implementing network-informed treatments within routine clinical settings.

Recommended Readings: Cramer, A. O. J., Waldorp, L. J., Maas, H. L. J. van der, & Borsboom, D. (2010). Comorbidity: A network perspective. *Behavioral and Brain Sciences*, 33(2-3), 137-150. <https://doi.org/10.1017/s0140525x09991567> Borsboom, D., & Cramer, A. O. J. (2013). Network Analysis: An Integrative Approach to the Structure of Psychopathology. *Annual Review of Clinical Psychology*, 9(1), 91-121. <https://doi.org/10.1146/annurev-clinpsy-050212-185608> McNally, R. J. (2016). Can network analysis transform psychopathology? *Behaviour Research and Therapy*, 86, 95-104. <https://doi.org/10.1016/j.brat.2016.06.006> Roefs, A., Fried, E. I., Kindt, M., Martijn, C., Elzinga, B., Evers, A. W. M., Wiers, R. W., Borsboom, D., & Jansen, A. (2022). A new science of mental disorders: Using personalised, transdiagnostic, dynamical systems to understand, model, diagnose and treat psychopathology. *Behaviour Research and Therapy*, 153, 104096. <https://doi.org/10.1016/j.brat.2022.104096>

Impact of Intimate Partner Violence and Sexual Violence Against Women in the Perinatal Period

Marta Rondon, M.D., Universidad San Martin de Porres and Instituto Nacional Materno Perinatal

4:00 PM – 5:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

Basic level of familiarity with the material

Category: Womens Health

Key Words: *Trauma, Violence/Sexual Assault, Womens Health*

Globally around 28% of women suffer from intimate partner violence (IPV). The rate of IPV during the perinatal period varies between 1.2 and 27.6%. The consequences are very serious, including the risk of death due to pre eclampsia or hemorrhage. The fetal outcomes include intrauterine growth restriction, preterm birth and being small for gestational age. For the woman, IPVp results in depression, anxiety and post-traumatic stress disorder when it involves sexual violence or death threats. The consequences of violence experienced during childhood or adolescence on perinatal mental health need to be considered: there is evidence from several studies (including the PROMIS cohort in Lima) that it increases the likelihood of depression, anxiety, suicidal ideation and post-traumatic disorders during pregnancy. Hair cortisol concentration studies show that stress in the pregnant woman is linked with preterm labor and our follow up of the children of mothers that have a history of trauma or IPVp display externalizing and internalizing behaviors.

At the end of this session, the learner will be able to:

- Discuss the magnitude and risk factors for violence in the perinatal period.
- Recognize the mental health consequences of IPVp.

Recommended Readings: Han A, Stewart DE. Maternal and fetal outcomes of intimate partner violence associated with pregnancy in the Latin American and Caribbean region.

Int J Gynaecol Obstet. 2014 Jan;124(1):6-11. doi: 10.1016/j.ijgo.2013.06.037. Epub 2013 Oct 5. PMID: 24182684 Barrios YV, Gelaye B, Zhong QY, et al. Association of childhood physical and sexual abuse with intimate partner violence, poor general health and depressive symptoms among pregnant women. PLoS ONE. 2015;10:e0116609. doi: 10.1371/journal.pone.0116609 Chen Y, Künzel RG, Sanchez SE, Rondon MB, Pinto NI, Sanchez E, Kirschbaum C, Valeri L, Koenen KC, Gelaye B. The association between pre-pregnancy and first-trimester hair cortisol and preterm birth: a causal inference model. Eur J Epidemiol. 2024 Dec;39(12):1391-1400. doi: 10.1007/s10654-024-01174-w. Epub 2024 Dec 11. PMID: 39661097; PMCID: PMC11680651.

One Size Fits None: Why an Idionomic Revolution Is Necessary for Our Field

Steven C. Hayes, Ph.D., Foundation Professor of Psychology Emeritus,
University of Nevada, Reno

5:00 PM – 6:00 PM

Foothill C, Second Floor

Earn 1 continuing education credit

All levels of familiarity with the material

Category: Assessment

Key Words: *Therapy Process, Treatment Development, Unified Treatment*

Intervention science and practice faces a progressivity crisis: stagnant effect sizes, failed syndromal strategies, and a disconnect between science and practice. Despite decades of RCTs and proliferating protocols, personalization remains elusive, with practitioners lacking guidance for tailoring interventions to particular people. This talk shows that such stagnation stems from violations of ergodic assumptions in normative statistics. It is rooted in the dark history of biostatistics which falsely assumed for racist and antisemitic reasons that ensemble statistics are applicable to particular people (or couples or families or organizations). Almost always they are not. This plenary proposes idionomics: a dynamic, particularized science leveraging longitudinal data, AI, and evolutionary principles to model intraindividual processes first, then seeking nomothetic generalizations that enhance idiographic understanding. Empirical examples will illustrate how idionomics uncovers functional subgroups masked by aggregates, enabling a science of personalization. Idionomics revives functional analysis, aligns with precision medicine, empowers global practitioners beyond WEIRD biases and shifts attention from traditional evidence-based practice to practice-based evidence. If we are to create a more progressive science the future of our discipline demands a shift from ergodic illusions to a personalized and precision-based intervention science based on idionomic analysis.

At the end of this session, the learner will be able to:

- Discuss the ergodic illusion in normative statistics and its historical roots in the original purposes of biostatistics.

- Describe the principles of idionomics, including how to model idiographic processes using longitudinal data and AI, and apply them to uncover functional subgroups in therapy.
- Discuss the implications of idionomics for clinical practice and equitable, personalized care.

Recommended Readings: Li, W., Gleeson, J., Fraser, M. I., Ciarrochi, J., Hofmann, S. G., Hayes, S. C., & Sahdra, B. K. (2024). The efficacy of personalized psychological interventions in adolescents: A scoping review and meta-analysis. *Frontiers in Psychology*, 15, 1470817. DOI: 10.3389/fpsyg.2024.1470817 Hayes, S. C. & King, G. (2024). Acceptance and Commitment Therapy: What the history of ACT and the first 1,000 randomized controlled trials reveal. *Journal of Contextual Behavioral Science*, 33, 100809. DOI: 10.1016/j.jcbs.2024.100809 Ong, C. W., Ciarrochi, J., Hofmann, S. G., Karekla, M., & Hayes, S. C. (2024). Through the extended evolutionary meta-model, and what ACT found there: ACT as a process-based therapy. *Journal of Contextual Behavioral Science*, 32, 100734. DOI: 10.1016/j.jcbs.2024.100734

The Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents: Clinical Lessons from Global Successes in Modification and Implementation

Jill Ehrenreich-May, Ph.D., University of Miami

9:00 AM – 12:00 PM

Pacific J, 4th Floor

Earn 3 continuing education credits

Basic to moderate level of familiarity with the material

Category: Child / Adolescent – Anxiety

Key Words: CBT, Children, Transdiagnostic

The Unified Protocols for Transdiagnostic Treatment of Emotional Disorders for Children and Adolescents (UP-C/UP-A) present the compelling idea that there may be a more efficient method of presenting evidence-based psychotherapy strategies, such as those commonly included in CBT and other behavior therapies, to address an array of emotional disorder concerns. The Unified Protocols frame treatment strategies in terms of strong or intense emotions and promote change through a common lens that can be flexibly adapted across youth emotional disorders, including anxiety, depression, obsessive

compulsive disorders and other problem areas. Specifically, the UP-C/A promote well-being by allowing youth and caregivers to focus on a straightforward goal across emotional concerns: managing intense emotion states more flexibly and adaptively through emotion-focused education, awareness techniques, cognitive strategies, problem-solving and a full-range of exposure and activation techniques. These protocols have been used in efficacy, effectiveness, and implementation projects, as well as via telehealth, and the UP-C/A are generally recognized as evidence-based psychotherapies through this research. Increasingly, the UP-C and UP-A are used globally, and large-scale prevention and effectiveness studies have demonstrated the clear benefits of these global adaptations. The protocols exist in over 10 languages, and independent research teams have adapted and modified the UP-C and UP-A in specific ways to increase both their cultural and pragmatic relevance on an international scale. This presentation will first feature a brief review of the rationale for the UP-C and UP-A, global research on the UP-C and UP-A, and the clinical content of these protocols. More in depth review of the individual UP-C and UP-A modules will feature specific examples of global adaptations and modifications to various UP-C and UP-A materials. Implementation of these strategies will be supported via video, didactic, and interactive practice strategies, with an emphasis on how this content may be utilized to support emotional well-being in youth and families.

Outline:

- I. Introduction to the Unified Protocols for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C and UP-A)
 - A. Brief rationale for UP-C and UP-A
 - B. Treatment structure and typical implementation of UP-C and UP-A
- II. Overview of UP-C and UP-A treatment modules
 - A. Brief review of content from UP-A modules 1-8 and UP-C group sessions 1-15
- III. Examples of culturally-responsive and context-specific adaptations of UP-C and UP-A
 - A. School-based adaptations
 - B. Technology-aided modifications
 - C. Briefer versions
 - D. When and how to adapt for varying cultures and identities
 - i. Culturally-responsive adaptation of the UP-C in Japan
 - ii. Transdiagnostic LGBTQ affirmative CBT - adaptation of the UP-A

At the end of this session, the learner will be able to:

- Explain rationale for taking a transdiagnostic approach to cognitive behavior therapy using the Unified Protocols for the Transdiagnostic Treatment of Emotional Disorders for Children (UP-C) and Adolescents (UP-A).
- Describe global research demonstrating the efficacy and effectiveness, as well as key cultural adaptations, of the UP-C and UP-A.
- Identify examples of UP-C and UP-A techniques that may be flexibly applied across emotion-focused examples for fear, anxiety, anger, and sadness.

Recommended Readings: Brígida Caiado, Raquel Guiomar, Bárbara Gomes-Pereira, Ana Carolina Góis, Bruno de Sousa, Maria Cristina Canavarro, Jill Ehrenreich-May, Helena Moreira, Is the Unified Protocol for Children Effective for the Transdiagnostic Treatment of Children's Emotional Disorders? A Randomized Controlled Trial, *Behavior Therapy*, Volume 56, Issue 4, 2025, Pages 689-707, ISSN 0005-7894, <https://doi.org/10.1016/j.beth.2024.09.002>. Vivas-Fernandez, M., Garcia-Lopez, L.J., Piqueras, J.A. et al. A 12-Month Follow-Up of PROCARE+, a Transdiagnostic, Selective, Preventive Intervention for Adolescents At-Risk for Emotional Disorders. *Child Psychiatry Hum Dev* (2023). <https://doi.org/10.1007/s10578-023-01638-2>. Mei-Rong Pan, Xue-Ying Liu, Xue Gao, Zhong-Fang Fu, Lu Liu, Hai-Mei Li, Yu-Feng Wang, Qiu-Jin Qian, Feasibility, Acceptability, and Prelimi-

nary Efficacy of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents in China: A Pilot Study, Behavior Therapy, Volume 56, Issue 1, 2025, Pages 145-161, ISSN 0005-7894, <https://doi.org/10.1016/j.beth.2024.05.003>.

Workshop 3

Existential Concerns and Cognitive-behavioural Procedures: Managing Death, Isolation, Identity, Freedom and the Search for Meaning

Ross G. Menzies, Ph.D., University of Technology Sydney (UTS)

9:00 AM - 12:00 PM

Sierra A, 5th Floor

Earn 3 continuing education credits

Basic level of familiarity with the material

Category: Transdiagnostic

Key Words: *Assessment, Case Conceptualization / Formulation, Common Factors*

Clients enter therapy with a range of problems of living. They don't speak in diagnostic terms, but instead focus on the everyday difficulties that confront them. These difficulties may include isolation, loneliness, anxiety and sadness, guilt and regret, and problems making decisions (i.e. indecisiveness) in a world that offers seemingly endless choice. In contrast, the cognitive-behaviour therapist is trained in the language of conditioning and extinction, avoidance and safety behaviours, behavioural activation and attentional biases. This workshop explores the ideas of the existentialist philosophers as a bridge between the suffering client and technically trained clinician. The workshop seeks to place CBT in the broader context of the most popular philosophic tradition of the 19th and 20th centuries. The existentialists argued that each of us must confront the 'Big 5' issues of death, isolation, identity, freedom and meaning and find solutions to these problems. The workshop explores these themes and their relevance to a range of conditions including (but not lim-

ited to) OCD, panic disorder, illness anxiety disorder, phobic disorders, major depression and substance use problems. The workshop highlights the limitations of some current CBT interventions in failing to address underlying existential concerns.

Outline:

- I. Introduction to existential issues in mental health
- II. Death awareness and it's role in mental health
 - A. Assessment
 - B. Treatment
- III. Existential isolation (EI)
 - A. Differentiating EI from loneliness
 - B. Assessment
 - C. Treatment
- IV. Identity
 - A. Assessment
 - B. Treatment
- V. Freedom
 - A. Assessing for maximising and indecisiveness
 - B. The management of guilt and regret
 - C. Treatment
- VI. Meaning
 - A. Search for meaning vs found meaning
 - B. Treatment

At the end of this session, the learner will be able to:

- Describe the five core existential concerns as conceptualized by existential philosophers.
- Assess for the presence of these existential concerns using reliable, contemporary scales.
- Adapt CBT interventions for disorders such as OCD, panic disorder, illness anxiety, and depression to incorporate existential dimensions of suffering.

Recommended Readings: Menzies, R. G., Menzies, R. E., & Dingle, G. (Eds.) (2022). Existential concerns and cognitive-behavioral procedures: An integrative approach to mental health. Switzerland: Springer Nature. Menzies, R. G., & Menzies, R. E. (2024). Existential therapies and the extended evolutionary meta-model: Turning existential philosophy into process-based therapy. *Journal of Contextual Behavioral Science*. Advance online publication 14 September <https://www.sciencedirect.com/science/article/pii/S2212144724001200> Menzies, R. E., & Menzies, R. G. (2023). Death anxiety and mental health: Requiem for a dreamer. *Journal of Behavior Therapy and Experimental Psychiatry*, 78, Article 101807. <https://doi.org/10.1016/j.jbtep.2022.101807>

Workshop 4

CBT for ADHD in Adults - Basics and Beyond

Steven A. Safren, ABPP, Ph.D., University of Miami

9:00 AM - 12:00 PM

Pacific I, 4th Floor

Earn 3 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Adult - ADHD

Key Words: *ADHD*

Adult ADHD is one of the most common and impairing psychiatric conditions. While medications help reduce symptoms, typically the condition persists despite pharmacotherapy, and compensatory skills training can optimize symptom reduction and functioning. Cognitive Behavioral Therapy (CBT) has emerged as an empirically supported intervention, via multiple randomized controlled trials. One of the specific treatment protocols was developed by the workshop leader, Steven Safren and colleagues, with one efficacy study published in *JAMA*. Treatment manuals are available in multiple languages across the globe. This 3-hour workshop will provide participants with training in delivering CBT for adult ADHD based on the protocol developed and tested by Dr. Steven Safren and colleagues. The session will begin with an overview of the cognitive behavioral framework, and briefly discuss the research evidence supporting CBT for adult ADHD, highlighting key findings from clinical trials. Participants will then learn the structure and components of the treatment protocol, including strategies for organization and planning, time management, problem-solving, coping with distractibility, and adaptive thinking. While some of these skills are typical CBT strategies, the nuances for working specifically with adult ADHD will be emphasized. To maximize skill acquisition, the workshop will incorporate video demonstrations of mock therapy sessions and structured role-play exercises, allowing attendees experience core techniques in a supportive environment. Attendees will leave with actionable tools and resources to implement with their clients.

At the end of this session, the learner will be able to:

- Describe the theoretical framework and research evidence supporting CBT for adult ADHD.
- Identify the core components of the CBT protocol, including organizational and time-management strategies.
- Apply practical strategies for implementing the protocol in clinical settings and integrating it with medication management.

Recommended Readings: Safren SA, Sprich S, Mimiaga MJ, Surman C, Knouse L, Groves M, Otto MW. Cognitive behavioral therapy versus relaxation with educational support for medication-treated adults with ADHD and persistent symptoms: A randomized controlled trial. *Journal of the American Medical Association*. 2010; 304(8): 875-880. Safren SA, Sprich S, Perlman CA, Otto MW. *Mastery of your adult ADHD, Client Workbook, 2nd Edition. AND therapist guide, 2nd edition*. Oxford University Press, 2017. Sprich SE, Knouse LE, Cooper-Vince C, Burbridge J, Safren SA. Description and demonstration of CBT for ADHD in adults. *Cognitive and Behavioral Practice*. 2010; 17(1): 9-15. PMID: PMC3874265.

Workshop 5

Cognitive-behavioural Approaches for People with Complex Presentations of Psychosis

Gillian Haddock, University of Manchester

1:00 PM – 4:00 PM

Pacific 1, 4th Floor

Earn 3 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Schizophrenia spectrum and other psychotic disorders

Key Words: *Psychosis / Psychotic Disorders, Substance Abuse, Suicide*

Although cognitive behaviour therapy has been widely evaluated in people with psychosis, there is much less evidence about its effectiveness when delivered for people experiencing additional complexities, such as suicidal ideas, problems of substance misuse and problems with anger and aggression. These complexities are common, can be severe in psychosis and lead to significantly poor outcomes and huge impacts and costs for the individual, services and society. This workshop will provide a detailed overview of CBT psychosis approaches and discuss, and demonstrate, how they been adapted to work with people experiencing such complex problems. The workshop will present some of the evidence and describe the interventions which have been developed, researched and implemented. The workshop will include workshop leader presentation, with recordings and case examples.

Outline:

- I. Overview of the background and research evidence in relation to treatment of psychosis and the influence of complexities such as substance use and suicidality

- II. Engaging and motivating the client to identify key goals in therapy – using motivational strategies
- III. Exploring reasons for substance use and interactions with psychosis
- IV. Identifying key idiosyncratic suicidal architecture (cognitions, emotions, schema etc) underpinning suicide behaviour
- V. Formulation of how psychosis, suicidality, substance use and interpersonal environment interact in preventing engagement and progress towards key goals
- VI. Preparatory work to facilitate CBT intervention strategies
- VII. Interventions to increase coping, reduce risk and integrate into interpersonal environment to ensure the benefits generalise
- VIII. Case material to illustrate key points

At the end of this session, the learner will be able to:

- Gain an research evidence surrounding psychosis, its underpinning mechanisms and the evidence with regard to cognitive-behavioural interventions.
- Explain the key therapeutic approaches needed for working with people with psychosis and how this can be adapted to work with complexities such as suicidality and other clinical issues.
- Gain skills in assessment and formulation of psychosis and its complexities.

Recommended Readings: Haddock, G., Eisner, E., Davies, G., Coupe, N., & Barrowclough, C. (2013). Psychotic Symptoms, self-harm and violence with schizophrenia and substance misuse problems, *Schizophrenia Research* 151(1-3), 215-20. Haddock, G., Pratt, D., Gooding, P.A., Peter, S., Emsley, R., Evans, E., Kelly, J., Huggett, C., Murno, A., Harris, K., Davies., L. and Awenat, Y. (2019) Randomised controlled trial of feasibility and acceptability of suicide prevention therapy in acute psychiatric wards. *BJPsychOpen* 16;18(1):334 doi.10.1186/s12888-018-1921-6. Gooding, P., Pratt, D., Edwards, D., Awenat, Y., Drake, R.J., Emsley, R., Jones, S., Kapur, N., Lobban, F., Peters, S., Boardman, B., Harris, K., Huggett, C. & Haddock, G. (2025) Underlying mechanisms and efficacy of a suicide-focused psychological intervention for psychosis: The Cognitive Approaches to combatting Suicidality (CARMS), multicentre, single-masked, randomised controlled trial conducted in the UK. *Lancet Psychiatry*.

Workshop 6

OCD Unlocked: Evidence-based CBT Strategies for Immediate Impact

Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT

1:00 PM – 4:00 PM

Sierra A, 5th Floor

Earn 3 continuing education credits

All levels of familiarity with the material

Category: Obsessive Compulsive and Related Disorders

Key Words: *Behavior Experiments, ERP (Exposure and Response Prevention), OCD (Obsessive-Compulsive-Disorder)*

Based on multiple randomized trials, CBT for OCD, with exposure and response prevention (ERP) as the key ingredient, is a first-line treatment for OCD with a very strong evidence base in the treatment of children, adolescents, and adults. This workshop will offer clinicians with the knowledge and skills to effectively treat obsessive-compulsive disorder across the lifespan using a comprehensive approach to enhance gains. The workshop will cover how to functionally assess symptoms to set goals and use and refine different strategies, including psychoeducation, cognitive restructuring, cognitive defusion, exposure, and response prevention. Emphasis will be placed on (1) cognitive and meta-cognitive strategies to maximize gains, reduce suffering, and increase client willingness to engage in ERP; (2) creation of overall and operational exposure hierarchies; (3) selection of type of exposure based on symptom presentation (4) design, implementation, and motivation and commitment for response prevention to block rituals (5) Use of different treatment formats to enhance and maintain gains (6) Incorporation of families to reduce accommo-

dition and enhance gains. A case vignette will be used to illustrate techniques. Clinicians are encouraged to ask questions and bring in treatment cases to ensure maximal learning.

Outline:

- I. Overview of OCD and evidence-based CBT treatment
 - A. Learning objectives and comprehensive CBT treatment components
 - B. Diagnosis, differential diagnosis, comorbidity, and OCD variants
- II. Assessment and case conceptualization
 - A. Structured assessments and pretreatment information gathering
 - B. Functional analysis, beliefs, meta-beliefs, and maintenance factors
- III. Psychoeducation and treatment socialization
 - A. Normalizing obsessions and reducing stigma
 - B. Explaining CBT treatment goals and rationale
- IV. Cognitive and metacognitive strategies for OCD
 - A. Identifying and modifying dysfunctional appraisals
 - B. Addressing inflated responsibility, thought-action fusion, and control of thoughts
 - C. Using cognitive restructuring and behavioral experiments
- V. Exposure and Response Prevention
 - A. Presenting the rationale for ERP
 - B. Building imaginal and in vivo exposure hierarchies
 - C. Conducting exposure and implementing response prevention
- VI. Enhancing ERP outcomes and maintaining gains
 - A. Maximizing inhibitory learning and disconfirmation of feared predictions
 - B. Addressing treatment complications and safety behaviors
 - C. Maintaining gains and preventing relapse

At the end of this session, the learner will be able to:

- Use cognitive and meta-cognitive strategies specific to OCD and learn to conduct effective behavioral experiments.
- Effectively incorporate cognitive and meta-cognitive strategies to help reduce obsessional anxiety, decrease rituals, reduce suffering and increase willingness for EXRP.
- Use different types of exposure and effectively implement exposure and response prevention.
- Maximize gains in exposure and response prevention by incorporating principles of inhibitory learning.

Recommended Readings: Abramowitz, J. S., & Arch, J. J. (2013). Strategies for improving long-term outcomes in cognitive behavioral therapy for obsessive-compulsive disorder: Insights from learning theory. *Cognitive and Behavioral Practice*. Craske, M. G., et al. (2022). Optimizing exposure therapy from an inhibitory retrieval approach: clinical guidance and updates (OptEx Nexus). *Behaviour Research and Therapy*. Foa, E. B. (2010). Cognitive behavioral therapy of obsessive-compulsive disorder. (In *Anxiety and related disorders: theory, research and clinical perspectives*)

Cognitive Behavioral Therapy for Nightmares

Kristi E. Pruiksma, Ph.D., Associate Professor, University of Texas at
San Antonio

Co-Author: Kelsi Gerwell, Ph.D., Assistant Professor, UT Health
San Antonio

9:00 AM – 12:00 PM

Golden Gate C3, B2 Level

Earn 3 continuing education credits

Primary Category: Mood disorders and suicidality

Key Words: *Sleep, Trauma*

Nightmares are reported by approximately 30% of psychiatric populations and 65% of those with posttraumatic stress disorder. The American Academy of Sleep Medicine position paper for the treatment of nightmare disorder in adults recommends cognitive behavioral therapy for nightmares (CBT-N), yet there is a critical shortage of trained providers and relatively low provider awareness of the efficacy behavioral medicine interventions. Furthermore, there are several treatment manuals available with unclear overlap and discrepancies and no consensus approach for treating nightmares. Recently, nightmares experts convened to develop a consensus approach. The goal of this workshop is to train providers in CBT-N in the context of trauma-related nightmares and nightmares that present with other psychological health conditions. CBT-N involves strategies to address insomnia, relaxation training, identifying and writing a target nightmare, writing a different storyline for the nightmare, and repeatedly imagining the new dream before sleep. Using demonstration videos and interactive breakout sessions, this workshop will provide foundational understanding of normal sleep, assessment of sleep disorders, and facilitate step-by-step guidance on how to implement CBT-N in clinical practice.

At the end of this session, the learner will be able to:

- Summarize the 2 basic factors that regulate sleep.
- Assess for and diagnose nightmare disorder.
- Describe cognitive behavioral therapy for nightmares (CBT-N) and have access to treatment materials.
- Educational Goal 1: Gain clinical skills for incorporating behavioral sleep medicine strategies in their clinical work.
- Educational Goal 2: Describe the general research base for CBT for nightmares.

Recommended Readings: Pruiksma, K. E., Miller, K. E., Davis, J. L., Gehrman, P., Harb, G., Ross, R. J., Balliett, N. E., Taylor, D. J., Nadorff, M. R., Brim, W., Dietch, J. R., Tyler, H., Wardle-Pinkston, S., Campbell, R. L., Friedlander, J., & Peterson, A. L. (2025). An expert consensus statement for implementing cognitive behavioral therapy for nightmares in adults. *Behavioral Sleep Medicine*, 1-19. <https://doi.org/10.1080/15402002.2024.2437634>Morgenthaler, T. I., Auerbach, S., Casey, K. R., Kristo, D., Maganti, R., Ramar, K., Zak, R., & Kartje, R. (2018). Position paper for the treatment of nightmare disorder in adults: an American Academy of Sleep Medicine position paper. *Journal of Clinical Sleep Medicine*, 14(6), 1041-1055. <https://doi.org/10.5664/jcsm.7178>Casement, M. D., & Swanson, L. M. (2012). A meta-analysis of imagery rehearsal for post-trauma nightmares: effects on nightmare frequency, sleep quality, and posttraumatic stress. *Clinical psychology review*, 32(6), 566-574. <https://doi.org/10.1016/j.cpr.2012.06.002>

Cognitive-behavior Therapy for Adult ADHD: An Implementation-focused Approach

FRIDAY

Russell Ramsay, Ph.D., Psychologist, Independent Practice

9:00 AM – 12:00 PM

Yerba Buena Salon 5, B3 Level

Earn 3 continuing education credits

Category: Neurodevelopmental and autism spectrum disorders

Key Words: *ADHD, Adults, CBT*

Who the workshop is aimed at: Experience in the psychosocial treatment/CBT for adult ADHD is helpful, but CBT therapists unfamiliar with ADHD will benefit. Background: Adult ADHD diagnoses significantly increased over the pandemic years. It's one of the more common and impairing syndromes encountered in clinical practices. The worldwide prevalence of adult ADHD is estimated at nearly 7%. CBT for adult ADHD is an evidence-based psychosocial treatment, but its clinical implementation is made difficult because clients with adult ADHD struggle with follow-through on their intentions and goals despite knowing what to do – that is, ADHD is a performance problem, not a knowledge problem. The current session offers an implementation-focused approach to delivering CBT for adults with ADHD. The framework for the CBT approach for adult ADHD outlined in the workshop consists of its four facets adapted to adults with ADHD (as well as the importance of the therapeutic alliance): (i) Cognitive modification (ii) Emotion regulation strategies (iii) Behavioral-implementation strategies (iv) Relationship-interpersonal coping strategies (“social capital”) The workshop will start with a brief description of the contemporary understand of ADHD as a developmental syndrome of self-dysregulation/executive dysfunction and the common impairments. The CBT approach for adult ADHD outlined and illustrated with a focus on addressing procrastination. Coping strategies for time management and managing social and interpersonal roles will also be illustrated. Methods: In this workshop, the teaching method includes instruction, modelling with clinical examples, including “what to say” suggestions, and a focus on implementation strategies to increase the likelihood clients will use the skills in their daily lives more often.

At the end of this session, the learner will be able to:

- Summarize the contemporary understanding of the nature of ADHD that provides the targets and outcome goals in CBT for adults with ADHD.
- Cite the proposed chief treatment targets within each intervention domain within the CBT for adult ADHD approach outlined in this session.
- Identify at least one coping strategy from each of the component parts of this CBT approach for adult ADHD to use in their clinical practice.
- Identify at least one coping strategy for use in clinical practice for each procrastination, time management, and social role fulfillment.
- Summarize the relevance of cognitive interventions in CBT for adult ADHD, although thoughts don't cause ADHD.

Recommended Readings: Ramsay, J. R. (2024). *The adult ADHD and anxiety workbook: Cognitive behavioral therapy skills to manage stress, find focus & reclaim your life*. New Harbinger. Knouse, L. E., & Barkley, R. A. (2025). *Living well with adult ADHD: Practical strategies for improving your daily life*. Guilford Press. Solanto, M. V. (2011). *Cognitive-behavioral therapy for adult ADHD: Targeting executive dysfunction*. Guilford Press.

Dialectical Behavior Therapy (DBT)-Informed Treatment for Psychosis

FRIDAY

Maggie Mullen, LCSW, Consultant, Author, Trainer

9:00 AM – 12:00 PM

Pacific B, 4th Floor

Earn 3 continuing education credits

Category: Schizophrenia spectrum and other psychotic disorders

Key Words: *DBT (Dialectical Behavior Therapy), Psychosis / Psychotic Disorders, Vulnerable Populations*

Dialectical Behavioral Therapy (DBT) is an evidence-based treatment utilized to help those that struggle with intense experiences of emotion dysregulation. However, when one thinks of psychosis, an experience that can greatly disrupt one's ability to engage in emotion regulation, DBT is not commonly thought of as a therapeutic intervention. Psychosis often includes intense emotional responses to stress, a slow return to baseline emotional levels (Vaessen et al., 2019), and increased subjective emotional intensity (Kimhy et al., 2014)—experiences central to the DBT biosocial model. Additionally, individuals who experience psychotic experiences also report high levels of suicidal thoughts and behaviors, with a recent meta-analysis suggesting a lifetime prevalence of suicidal ideation at 34.5% of individuals with schizophrenia worldwide (Bai et al., 2021). Research consistently identifies DBT as an effective treatment for suicidal behavior (Decou et al., 2019), thus making it a potentially important intervention to target the high rates of suicidal behavior for individuals experiencing psychosis. By examining the four modules of DBT (distress tolerance, emotional regulation, mindfulness, and interpersonal effectiveness), we will discuss how to apply DBT-informed concepts and principles to benefit clients with Psychotic Spectrum Disorders utilizing a culturally responsive, disability justice framework. There will be an emphasis on skill-building interventions derived from DBT, rather than a strict adherence to DBT treatment protocol that is customary for DBT programs.

At the end of this session, the learner will be able to:

- Describe the prevalence of emotion dysregulation, suicide, self-injury, and trauma among people with Psychotic Spectrum Disorders.
- State four overarching principles of how to effectively offer DBT to people with Psychotic Spectrum Disorders

- Offer three DBT skills to people with Psychotic Spectrum Disorders

Recommended Readings: Mullen, M. (2021). *The Dialectical Behavior Therapy Skills Workbook for Psychosis*. New Harbinger Press. Phalen, P., Lucksted, A., Fox, K., Yusuf, A., Hochheiser, J., Jones, N., Fetisova, A., Hackman, A., & Bennett, M. (2025). Pilot of Dialectical Behavior Therapy (DBT) skills training for people with psychosis spectrum conditions and high risk of suicide. *Psychosis*, 1-17. Lawlor, C., Vitoratou, S., Duffy, J., Cooper, B., De Souza, T., Le Boutillier, C., Carter, B., Hepworth, C., & Jolley, S. (2022). Managing emotions in psychosis: Evaluation of a brief DBT-informed skills group for individuals with psychosis in routine community services. *The British journal of clinical psychology*, 61(3), 735-756.

Mapping Change: A Workshop on Precision Therapy Through Transtheoretical Case Conceptualization and Treatment Planning

Connor Adams, *Psy.D.*, Clinical Associate Professor, Stanford University

Co-Authors: *Natasha S. Hansen, Ph.D.*, Clinical Assistant Professor,
Associate Director of Clinical Training, Indiana University
Bloomington

Rachel Weiler, Psy.D., Clinical Psychologist, VA Pacific Islands Healthcare
System

9:00 AM – 12:00 PM

Pacific C, 4th Floor

Earn 3 continuing education credits

Category: Transdiagnostic and therapeutic processes

Key Words: *Transdiagnostic, Case Conceptualization / Formulation, Treatment Development*

This workshop will start with the presentation of a novel transtheoretical, process-based case formulation framework. This framework provides audience members with a practical and efficient clinical tool focused on identifying the processes precipitating and maintaining mental health difficulties in order to support a personalized intervention plan. The framework is also structured to be highly flexible to respond to individual patients' diverse intersectional identities and lived experiences. The presenters will engage the audience in a discussion of what considerations for case formulation they have found crucial in their experience, and audience members will practice applying the new transtheoretical framework to a clinical case. Next, this session will present a framework for a transtheoretical treatment plan. This plan provides audience members with a second clinical tool: an intuitive framework for translating the case formulation into personalized treatment goals and selecting specific clinical interventions most likely to support the client in overcoming barriers to achieving these goals. The discussion will focus on

how this framework unites different evidence-based psychotherapy approaches, allowing for flexible, individualized treatment. The presenters will again engage the audience in a discussion of what considerations for treatment planning they have found critical, and audience members will practice applying the framework to designing a treatment plan for the clinical case. The session will utilize a highly interactive learning approach, including slides, audience discussion, and practical application of the two tools introduced, with ample time for questions.

At the end of this session, the learner will be able to:

- Identify at least four key processes precipitating and maintaining mental health difficulties.
- Utilize an efficient process-based, transtheoretical case formulation strategy to organize clinical information.
- Translate this case formulation into a transtheoretical treatment plan to guide intentional clinical intervention.
- Attendees will practice the two clinical tools presented to build confidence in applying them in future clinical work to guide treatment.

Recommended Readings: Antichi, L. and Giannini, M. (2023). An introduction to change in psychotherapy: Moderators, course of change, and change mechanisms. *Journal of Contemporary Psychotherapy*, 53, 315-323. <https://doi.org/10.1007/s10879-023-09590-x>Lutz et al. (2024). From theory to practice: A transtheoretical treatment and training model (4TM). *Clinical Psychology in Europe*, 6, 2-12. <https://doi.org/10.32872/cpe.12421>Cuijpers, P., Reijnders, M., & Huibers, M.J.H. (2019). The role of common factors in psychotherapy outcomes. *Annual Review of Clinical Psychology*, 15, 207-231.

Stepping up Our Game: Improving Use of Exposure Therapy for Eating Disorders

FRIDAY

Carolyn B. Becker, Ph.D., Professor, Trinity University
Co-Author: Glenn C. Waller, D. Phil., Professor, The University of Sheffield

1:00 PM – 4:00 PM

Sierra B, 5th Floor

Earn 3 continuing education credits

Category: Feeding and eating disorders

Key Words: *Eating, Exposure, Anxiety*

Although exposure therapy is widely recognized as one of the most effective strategies for reducing pathological anxiety in both eating and anxiety-based disorders, remarkably few eating disorder clinicians utilize this technique and even fewer optimize it. Exposure can be delivered in everyday practice; yet it often is delivered in ways that omit key elements, with a resulting loss of effectiveness. One reason commonly identified for this omission is the clinician's fear of distressing the patient. Another key reason is a lack of acknowledgment in many evidence-based eating disorder treatment manuals that core components of eating disorder treatment involve exposure. This lack of explicit acknowledgment leads to lack of clarity about when the therapist should be using an exposure paradigm and when treatment is aimed at another goal. It also often results in clinicians' failure to utilize best practices regularly employed by anxiety therapists. This workshop will detail the rationale for using exposure for eating disorders, how it works, and why it depends on both the patient and the therapist tolerating their own anxiety and overcoming their joint safety behaviors. This workshop also will discuss a) common elements of eating disorders treatment, b) how to use lessons learned from treatments for anxiety-based disorders to step up our game to maximize the efficacy of exposure and be more deliberate in its use, and c) newer more innovative uses of exposure (e.g., imaginal and interoceptive) to improve outcomes. Case examples will be used to illustrate how to introduce, deliver, and build on exposure in real-life settings, so that we can maximize the efficacy of eating disorders treatment with existing strategies.

At the end of this session, the learner will be able to:

- Describe key steps in implementing exposure for eating disorders
- Describe common pitfalls in exposure therapy for eating disorders

- Describe at least two new ways to use exposure therapy for eating disorders not spelled out in CBT Enhanced for eating disorders

Recommended Readings: Levinson, C. A., Christian, C., Ram, S. S., Vanzhula, I., Brosf, L. C., Michelson, L. P., & Williams, B. M. (2020). Eating disorder symptoms and core eating disorder fears decrease during online imaginal exposure therapy for eating disorders. *Journal of Affective Disorders*, 276, 585-591. Boswell, J. F., Anderson, L. M., & Anderson, D. A. (2015). Integration of interoceptive exposure in eating disorder treatment. *Clinical Psychology: Science and Practice*, 22(2), 194. Reilly, E. E., Anderson, L. M., Gorrell, S., Schaumberg, K., & Anderson, D. A. (2017). Expanding exposure-based interventions for eating disorders. *International Journal of Eating Disorders*, 50(10), 1137-1141.

Supervision Essentials for Cognitive-behavioral Therapy: Training Clinicians to Excel in CBT Conceptualization, Interventions, and Therapeutic Relationship Skills

Cory F. Newman, ABPP, Ph.D., Director, Center for Cognitive Therapy,
University of Pennsylvania School of Medicine

1:00 PM – 4:00 PM

Pacific J, 4th Floor

Earn 3 continuing education credits

Category: Training, supervision, and credentialing

Key Words: *Competence, Education and Training, Supervision*

Drawing on findings from evidence-based programs of CBT supervision, this presentation will highlight the essential contents and processes of CBT supervision. The following major areas of interest will be described: (1) The supervisory relationship, (2) The chief responsibilities and teaching methods of a CBT supervisor, (3) Promoting ethical behavior and professionalism in supervisees, (4) Facilitating supervisee competency in case conceptualization, cross-cultural humility and competency, interventions, and the therapeutic relationship (including repairing alliance ruptures), (5) Managing important administrative tasks, and (6) Providing feedback and formal evaluations in a timely, constructive manner. Multi-modal aspects of the methods of supervision will be highlighted, including the use of didactic instruction and readings, audio-visual recordings, role-modeling, and role-playing. Vignettes of challenging supervision scenarios will be presented. A special section will spotlight cross-cultural issues in supervision, toward multiple goals regarding beneficence, justice, inclusion, and access to care. This workshop is designed for early career professionals who anticipate or have recently commenced providing CBT supervision to trainees, as well as more experienced CBT supervisors looking for a refresher course.

At the end of this session, the learner will be able to:

- Oversee and ensure the well-being of the clients their trainees are treating.
- Establish and maintain a collaborative, constructive supervisory relationship.
- Model professionalism, ethical behavior, and cultural humility to trainees.
- Teach trainees to conceptualize cases and use the techniques of CBT competently.
- Evaluate and give feedback to trainees.

Recommended Readings: Milne, D. L., Sheikh, A. I., Pattison, S., & Wilkinson, A. (2011). Evidence-based training for clinical supervisors: A systematic review of 11 controlled studies. *The Clinical Supervisor*, 30, 53-71. Reiser, R. P. and Milne, D. (2012). Supervising cognitive-behavioral psychotherapy: Pressing needs, impressing possibilities. *Journal of Contemporary Psychotherapy*, 42, 161-71. Yang, F. H., Dobson, K., Li, X. M., Hennebury, A., Gao, Y., et al. (2018). Cross-cultural supervision in cognitive-behavioral therapy: A case study. *Cognitive and Behavioral Practice*, 25, 351-360.

How to Think Like Socrates: From Socratic Questioning to Stoicism to Modern CBT

FRIDAY

Scott H. Waltman, ABPP, Psychologist, CBT Collective

1:00 PM – 4:00 PM

Yerba Buena Salon 15, B3 Level

Earn 3 continuing education credits

Category: Training, supervision, and credentialing

Key Words: *Cognitive Restructuring, Cognitive Schemas / Beliefs, Cognitive Therapy*

Socrates was pronounced by the ancient Oracle as the wisest of his time. His philosophy was all about overcoming our ignorance and living a good life. From his teachings, many lines of philosophy were born. Ancient Stoicism was born out of Socratic wisdom. In the last decade there has been an explosion of interest in Stoicism worldwide. While ‘lowercase s’ stoicism conveys the idea of being unemotional or emotionally suppressed, ‘capital S’ Stoicism is a philosophy and ancient wisdom that dates back over 2000 years. Albert Ellis famously quoted the Roman philosopher Epictetus who said, “Men are not disturbed by things, but by their view of things.” Hundreds of years prior to Epictetus, Chrysippus wrote the first CBT book called *On Emotions* which detailed how our emotional reactions were influenced by our interpretations of situations (thoughts). There is a wealth of Stoic wisdom that CBT has yet to capitalize on. Notably, the goal of Stoicism is to tolerate discomfort and focus on living a good life that is in line with your values. In this way, Stoicism is actually more compatible with mindfulness- and acceptance-based approaches like modern Acceptance and Commitment Therapy. This workshop will focus on the methods of Socrates (Socratic Questioning) and the lived philosophy that was born from his work (Stoicism).

At the end of this session, the learner will be able to:

- Describe a framework for Socratic Questioning
- Troubleshoot common challenges to Socratic Questioning
- Describe the connection between Socrates, ancient Stoicism, and Modern CBT
- Use a least two Stoicism strategies in current practice

Recommended Readings: Robertson, D. (2018). *The philosophy of cognitive-behavioural therapy (CBT): Stoic philosophy as rational and cognitive psychotherapy*. Routledge.

rio, L. N., Murphy, S. T., Braun, J. D., & Strunk, D. R. (2022). Using Socratic questioning to promote cognitive change and achieve depressive symptom reduction: evidence of cognitive change as a mediator. *Behaviour research and therapy*, 150, 104035. Waltman, S. H., Codd, R. T., McFarr, L. M. & Moore. B. A. (2020). *Socratic Questioning for Therapists and Counselors: Learn How to Think and Intervene like a Cognitive Behavior Therapist*. New York: Routledge

Adapting and Expanding Your CBT Skills for Working with Misophonia

FRIDAY

Jane Gregory, Psy.D, Clinical Psychologist, University of Oxford
Co-authors: *M. Zachary Rosenthal, Ph.D.*, Director, Duke University Center
for Misophonia and Emotion Regulation
Marta Siepsiak, Ph.D., Assistant Professor, Faculty of Psychology, University
SWPS Warsaw
Grace A. Heppes, B.S., Outreach and Education Coordinator, Duke
University

2:00 PM – 5:00 PM

Yerba Buena Salon 5, B3 Level

Earn 3 continuing education credits

Category: Neurodevelopmental and Autism Spectrum Disorders

Key Words: *Exposure, Anger / Irritability, Case Conceptualization / Formulation*

Misophonia is a newly identified phenomenon of auditory over-responsivity, where sounds like chewing, coughing and typing evoke reactions of anger, panic and helplessness. Treatment-seeking individuals report significant distress and impairment in their daily lives, often with co-occurring depression and anxiety symptoms. There is evidence that CBT approaches can reduce distress and improve functioning and mental health outcomes for individuals with misophonia. Given the relative infancy of misophonia treatment literature, interventions must be highly individualised and collaborative. Therapist and client develop shared theories about maintaining factors and target those mechanisms using established CBT strategies, continually revising theories to incorporate new information. This workshop introduces two frameworks for formulating misophonia, one targeting misophonia-specific maintenance factors and the other targeting transdiagnostic processes impacting misophonia and other mental health outcomes. Based on feedback from experts by experience, neither framework endorses habituation-based exposure, instead applying inhibitory learning principles to support clients to create novel and safe experiences of engaging with sounds to develop new associations. The “Three Cycles of Misophonia” approach targets the individual’s specific maintenance factors with behavioural experiments and practical strategies. It maps out three interrelated cycles: sensory processing and attention; escalation in response to triggers; problem maintenance

between triggers. Process-based therapy for Misophonia involves collaboratively identifying and prioritising transdiagnostic processes driving impaired functioning in misophonia, and targeting these using well-established, transdiagnostic interventions. The workshop includes a live Q&A with someone with lived experience, highlighting the importance of awareness and compassion. Attendees will construct a formulation, adapt their existing skills to work with this underserved client group, use self-practice to try specific techniques for helping clients engage with sounds in new ways, and discuss applications of these strategies to children and families.

At the end of this session, the learner will be able to:

- Construct an individualised formulation of misophonia identifying maintenance processes
- Distinguish inhibitory learning approaches from traditional exposure
- Design sounds-based experiments using a client-centred framework
- Adapt existing skills to novel presentations and refine formulations as new information emerges
- Use self-practice/self-reflection tools to prepare for working with client groups that are frequently misunderstood

Recommended Readings: Rosenthal, M. Z., Shan, Y., & Trumbull, J. (2023). Treatment of misophonia. *Advances in Psychiatry and Behavioral Health*, 3(1)Gregory J, Graham T, and Hayes B (2023). Targeting beliefs and behaviours in misophonia: A consecutive case series from a UK specialist psychology service, *Behavioural and Cognitive Psychotherapy*, 52(1)Siepsiak, M., Turek, A., Michałowska, M., Gambin, M., & Dragan, W. Ł. (2025). Misophonia in children and adolescents: age differences, risk factors, psychiatric and psychological correlates. A pilot study with mothers' involvement. *Child Psychiatry & Human Development*, 56(3), 758-771.

CBT Adaptations for Affirming Care for Transgender and Gender Diverse Clients

Debra A. Hope, Ph.D., Aaron Douglas Professor, University of
Nebraska-Lincoln
Co-Author: Nathan Woodruff, Chair, Trans Collaborations
Community Board

2:00 PM – 5:00 PM

Pacific A, 4th Floor

Earn 3 continuing education credits

Category: LGBTQIA+

Key Words: *Unified Treatment, Gender Minority Mental Health, Resilience*

The recent increase in empirical research on the transgender and gender diverse (TGD) people's mental health concerns and affirmative mental health services offer CBT therapists an opportunity to serve these clients with an evidence-based approach for the first time. This workshop is based on the work our community-based participatory research (CBPR) collaborative that centers the voices and lived experience of transgender and gender diverse adults, especially in underserved areas. After a brief introduction to terminology and TGD communities' lived experience, this workshop will emphasize practical applications that clinicians can use immediately to transform their practice and clinical work to be affirming for TGD adults. Presenters will describe the community-based, empirically-derived Trans Collaborations Adaptations for Psychological Services as applied to case-formulation driven CBT for adults. Topics will include incorporating TGD intersectional identities into case formulations, adaptations for common CBT interventions, affirming use of cognitive restructuring around experiences of marginalization, therapists' implicit assumptions about gender, and progress monitoring tools. The emphasis will be on CBT for common outpatient mental health concerns, but we will briefly discuss the CBT therapist's potential contribution to social, legal, and medical gender affirmation according to the international standards of care. Consistent with the CBPR approach, presenters represent both the academy and community and will engage with the participants about their local climate for TGD clients. Teaching methods will include didactics, inventory of participants' current practice settings, roleplays, video demonstrations, and Q&A.

At the end of this session, the learner will be able to:

- Implement affirming cognitive restructuring with transgender or gender diverse adults seeking treatment for common outpatient concerns.
- Adapt at least two common CBT interventions (e.g., exposure) to be affirming of the lived experience of transgender and gender diverse adults.
- Incorporate gender and other identities within an intersectional framework into case formulation for all clients.
- Implement affirming progress monitoring tools.

Recommended Readings: Hope, D.A., Holt, N. R., Woodruff, N., Mocarski, R., Meyer, H. Puckett, J. A., Eyer, J., Craig, S., Feldman, J., Irwin, J., Pachankis, J., Rawson, K.J., Sevelius, J., Butler, S. (2022). Bridging the gap between practice guidelines and the therapy room: Community-derived adaptations for psychological services with transgender and gender diverse adults in the Central United States. *Professional Psychology: Research and Practice* 53, 351-361. doi: 10.1037/pro0000448Holt, N. R., Huit, T. Z., Shulman, G. P., Meza, J. L., Smyth, J. D., Woodruff, N., Mocarski, R., Puckett, J. A., & Hope, D. A. (2019). Trans Collaborations Clinical Check-in (TC 3): Initial Validation of a Clinical Measure for Transgender and Gender Diverse Adults Receiving Psychological Services. *Behavior Therapy*, 50(6), 1136-1149. doi: 10.1016/j.beth.2019.04.001dickey, l. m. & Puckett, J. A. (2022). *Affirmative Counseling for Transgender and Gender Diverse Clients*. Hogrefe Publishing.

Cognitive Behavioral Therapy of Repetitive Negative Thinking

FRIDAY

Kadir Ozdel, M.D., Faculty member, University of Health Sciences
Co-Authors: *Mehmet Hakan Turkcapar, M.D., Ph.D.*, President, Turkish Association for Cognitive and Behavioural Psychotherapies (ACBP)
Ercan Altinoz, M.D., Faculty member, Eskisehir Osmangazi University, Medical Faculty

2:00 PM – 5:00 PM

Pacific B, 4th Floor

Earn 3 continuing education credits

Category: School-based interventions

Key Words: *Cognitive Processes, Rumination, Worry*

Background Repetitive Negative Thinking (RNT) represents a transdiagnostic process central to mood and anxiety disorders. First section explores the fundamental nature of RNT and its distinction from adaptive reflection. We examine how reflective thinking—a uniquely human capacity—becomes maladaptive when it transforms into perseverative, uncontrollable patterns. The workshop distinguishes between rumination (past-focused, characterized by “why” questions), worry (future-focused, characterized by “what if” scenarios), and self-criticism (flaw-focused). Participants will learn to identify key phenomenological features including temporal focus, emotional correlates, and functional characteristics. We present validated assessment tools as well. We review foundational theoretical framework (E.g., Response Styles Theory, Metacognitive Model) The workshop introduces the Tridimensional CBT Model as an integrative framework that synthesizes these approaches within cognitive, emotional, and behavioral dimensions. This model demonstrates how environmental triggers activate threat monitoring, generating negative thoughts that fuel RNT cycles and maintain dysfunctional behaviors. We explore maintenance mechanisms including intolerance of uncertainty, thought-action fusion, perfectionism, and metacognitive processes, providing a comprehensive formulation approach. Techniques Evidence-based interventions target multiple levels of the RNT cycle. Core strategies include: establishing shared perception through psychoeducation, challenging the functionality of RNT versus productive reflection, empowering problem-solving skills, and addressing metacognitive beliefs. We demonstrate cognitive distancing techniques, defusion strategies, and detached mindfulness approaches. Practical methods include using metaphors (choking thought chain, VAR system, skid) to help clients recognize and interrupt RNT

patterns. The workshop emphasizes distinguishing concrete problem-solving from abstract rumination, promoting acceptance of uncertainty, and shifting from emotion-focused to problem-solving orientations.

At the end of this session, the learner will be able to:

- Enhance clinicians' ability to conceptualize repetitive negative thinking as a transdiagnostic process across mood and anxiety disorders,
- Advance therapeutic competence in delivering targeted interventions for RNT by expanding clinicians' repertoire of evidence-based techniques
- Integrate cognitive-behavioral frameworks to develop more comprehensive and individualized treatment formulations.
- Advance cognitive distancing, metacognitive restructuring, and problem-solving enhancement

Recommended Readings: Özdel, K., & Turkcapar, M. H. (2025). Tridimensional model of CBT: a transdiagnostic and transtheoretical pragmatic model. *Frontiers in Psychology*, 16, 1555047. Şener, G., & Altan-Atalay, A. (2025). Tolerance of Uncontrollability and Psychopathology: The Role of Maladaptive Emotion Regulation. *Cognitive Therapy and Research*, 49(2), 239-248. Stenzel, K. L., Keller, J., Kirchner, L., Rief, W., & Berg, M. (2025). Efficacy of cognitive behavioral therapy in treating repetitive negative thinking, rumination, and worry—a transdiagnostic meta-analysis. *Psychological Medicine*, 55, e31.

Integrating Mindfulness with Clinical Precision: Strategic Practice Selection in CBT

FRIDAY

Noga Zerubavel, Ph.D., Medical Assistant Professor (Duke), also private practice, Duke University Medical Center
Co-Author: Terri L. Messman, Ph.D., Distinguished Scholar & Professor of Psychology, Miami University

2:00 PM – 5:00 PM

Pacific C, 4th Floor

Earn 3 continuing education credits

Category: Transdiagnostic and therapeutic processes

Key Words: *Mindfulness/Meditation, Psychotherapy Process, Emotion Regulation*

Therapists are increasingly integrating mindfulness into CBT, drawing on a strong evidence base. When choosing mindfulness practices, clinicians often default to selecting based on familiarity, habit, or preference, rather than intentional alignment with treatment goals. Process-based CBTs grant the therapist great flexibility regarding to practice selection (in contrast to protocols) that is best leveraged therapeutically when the clinician is using strategic selection of mindfulness practices. Strategic practice selection is an opportunity for clinical decision-making, strengthening the clinical precision of mindfulness as a therapeutic intervention. In this workshop, Drs. Zerubavel and Messman provide a systematic, transdiagnostic approach in which the clinician draws on case conceptualization to strategically select a mechanism of mindfulness, leading to a menu of relevant practices options. This approach is based on Hölzel and colleagues' (2011) framework, which integrated conceptual and neural perspectives to distinguish four interconnected mechanisms of mindfulness: 1) attentional focus, 2) body awareness, 3) emotion regulation, and 4) changes in perspective. Drs. Zerubavel and Messman will provide recommendations for a variety of mindfulness practices that facilitate cultivation of the relevant processes. The workshop includes experiential mindfulness practices; however, it primarily emphasizes didactics as the focal goal is clinical decision-making in mindfulness integration. Participants will learn to use strategic mindfulness practice selection as an implementation choice point, creating an opportunity for enhanced tailoring and more precise targeting.

At the end of this session, the learner will be able to:

- Describe how strategic mindfulness practice selection strengthens clinical precision, in contrast to habit- or preference-based selection.
- List three of the four mechanisms of mindfulness based on Hölzel et al.'s (2011) model.
- Link identified therapeutic targets to practices based on mechanism of change, increasing clinical precision in process-based CBT.

Recommended Readings: Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on psychological science*, 6(6), 537-559. Zerubavel, N. & Messman, T. L. (2025). Integrating mindfulness into psychotherapy for trauma: A clinician's guide to using mindfulness processes to facilitate healing and reduce suffering. New Harbinger. Britton, W. B. (2019). Can mindfulness be too much of a good thing? The value of a middle way. *Current Opinion in Psychology*, 28, 159-165. <http://doi.org/10.1016/j.copsyc.2018.12.011>

Extending Access to Care for Youth with Selective Mutism: Helping All Children Find Their Voice

Jami M. Furr, Ph.D., Clinical Associate Professor, Florida International University

Aileen Herrera, M.S., Clinical Director, Florida International University

2:00 PM – 5:00 PM

Yerba Buena Salon 4, B3 Level

Earn 3 continuing education credits

Category: Child and adolescent mental health

Key Words: *Children, Anxiety, PCIT (Parent Child Interaction Therapy)*

Selective mutism (SM) is an anxiety disorder in which an individual is unable to speak in certain social situations, such as at school or out in the community, and yet can speak fluently and comfortably in at least one other setting (e.g., at home; APA, 2022). SM, affecting mostly children, is one of the less common anxiety disorders, with estimates suggesting it only affects approximately 1% of the population (Bergman et al., 2002). That said, the COVID-19 pandemic led to decreased social interactions typically held during key developmental periods that are still coming to light in limited social skills (Breux et al., 2023) and increased rates of anxiety disorders in youth (Racine et al., 2021). Thus, the need for professionals to be proficient in how to address these limited social skills and increased anxiety is paramount. On a positive note, there has been a significant expansion in the treatment of SM in the past 15 years. Research has shown that behavioral and cognitive-behavioral methods are effective for reducing anxiety symptoms and increasing verbalization and comfort across different places, activities, and with other people (e.g., individual, intensive group, remote, in schools; Catchpole et al., 2019; Cornacchio et al., 2019; Haggerty et al., 2022; Hong et al., 2022). Parent-Child Interaction Therapy for SM (PCIT-SM; Carpenter et al., 2014; Furr et al., 2020) is a behavioral program that supports caregivers in learning how to enhance their relationship with their child through positive attention and reinforcement, in addition to learning how to be more effective at prompting for and directing child speech. This workshop will include didactics focused on psychoeducation about selective mutism and the basic skills involved in PCIT-SM. Further,

this workshop will offer interactive opportunities for attendees with video clips, modeling, and break-out groups with role plays to practice specific strategies needed to make this intervention fun, engaging, and motivating for youth (Busman, 2023). We will highlight the application of content to various PCIT-SM treatment formats (e.g., individual, group, remote, intensive) to promote the generalization of PCIT-SM skills across different settings (i.e., school, community), cultures, and backgrounds.

At the end of this session, the learner will be able to:

- Identify 3 behavioral strategies (e.g., stimulus fading, shaping, positive reinforcement, parent coaching) used in treating selective mutism
- Define the Child Directed Interaction (CDI) skills necessary in PCIT-SM
- Identify the 2 types of questions to use in Verbal Directed Interaction (VDI) with youth with selective mutism
- Use the PCIT-SM methods in their clinical practice with youth with selective mutism for greater overall care
- List 3 variations of PCIT-SM that can be provided to youth with selective mutism and their families.

Recommended Readings: Hipolito, G., Pagnamenta, E., Stacey, H., Wright, E., Joffe, V., Murayama, K., & Creswell, C. (2023). A systematic review and meta-analysis of nonpharmacological interventions for children and adolescents with selective mutism. *JCPP Advances*, 3(3), e12166. <https://doi.org/10.1002/jcv2.12166>Catchpole, R., Young, A., Baer, S., & Salih, T. (2019). Examining a novel, parent child interaction therapyinformed, behavioral treatment of selective mutism. *Journal of anxiety disorders*, 66, 102112. <https://doi.org/10.1016/j.janxdis.2019.102112>Hong, N., Herrera, A., Furr, J.M., Georgiadis, C., Cristello, J., Heymann, P., Dale, C., Heflin, B., Silva, K., Conroy K., Cornacchio, D., & Comer, J.S. (2022). Remote Intensive Group Behavioral Treatment for Families of Children with Selective Mutism. *Evidence-based Practice in Child and Adolescent Mental Health*. DOI: 10.1080/23794925.2022.2062688

Brave Beginnings: Parent Child Interaction Therapy (PCIT) Innovations for Childhood Anxiety

MODERATORS:

Jami M. Furr, Ph.D., Florida International University

Adelia Kamenetskiy, B.S., Florida International University

PANELISTS:

Aileen Herrera, M.S., Florida International University

Jonathan S. Comer, Ph.D., Florida International University

Donna B. Pincus, Ph.D., Boston University

Robin H. Gurwitsch, Ph.D., RHG International Training and Consulting, PLLC

11:00 AM – 12:30 PM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Child and adolescent mental health

Key Words: *Anxiety, PCIT (Parent Child Interaction Therapy), Children*

Anxiety disorders are among the most common and impairing mental health problems affecting young children today (Comer et al., 2019). Such early-onset (i.e., those presenting younger than 8 years of age) anxiety disorders and traumatic stress disorders, are associated with considerable functional impairment, and problems with emotion regulation, family functioning, sleep hygiene, and social development (e.g., Chou, DeSerisy, Garcia, Freeman, & Comer, 2017). Earlier onset of anxiety and related problems is associated with more intractable symptom trajectories and worse outcomes across time (Carpenter, Puliafico, Kurtz, Pincus, & Comer, 2014), highlighting their serious public health concern. Accordingly, effective treatment for early-onset anxiety and related problems is critical. Supported treatments for children over the age of seven are well-established and

are cognitive-behavioral in nature, followed by graded exposure tasks in which children confront feared situations and objects using their newly acquired coping repertoire. Recent advances in treatments for younger children with anxiety have adapted the model of Parent-Child Interaction Therapy (PCIT; Eyberg, Boggs, & Algina, 1995; McNeil & Hembree-Kigin, 2010), originally developed to treat disruptive and non-compliant behavior in young children. PCIT focuses on teaching parents behavioral skills and coaching them during live in-session interactions with their children. This clinical round table will focus on several of these adaptations for addressing separation anxiety, social anxiety, selective mutism (SM), and trauma in early childhood, including PCIT-CALM (Coaching Approach behavior and Leading by Modeling) Program, PCIT-SM, PCIT for Trauma, and PCIT for Separation Anxiety. Discussion will identify several common features of these exposure-based treatments, while also highlighting the unique contribution each of these programs makes in addressing specific challenges of the anxiety disorder it targets. Presenters will review how the PCIT model of intervention for very young children best suits the developmental compatibility by focusing on parent-child interactions. Future directions for the treatment of early anxiety will be discussed.

Parenting in the Age of AI: Rethinking How We Feel, Think, and Develop

MODERATOR:

Angela Donato Oliva, Ph.D., State University of Rio de Janeiro (UERJ)

PANELISTS:

Luisa Braga Pereira, Ph.D., State University of Rio de Janeiro (UERJ)

Jennifer Pires, M.A., State University of Rio de Janeiro (UERJ)

Mario G. Filho, Msc, University of São Paulo (FFCLRP-USP), Ribeirão Preto, SP, Brazil.

Marcelo Peluso, Ph.D. candidate, State University of Rio de Janeiro (UERJ)

11:00 AM – 12:30 PM

Yerba Buena Salon 4, B3 Level

Moderate level of familiarity with the material

Category: Artificial Intelligence

Key Words: *Technology / Mobile Health, Parenting, Children*

Parenting and child development are unfolding within a cultural moment of social acceleration, rapid AI diffusion, and rising mental health burden. This panel brings together five contributions that examine how artificial intelligence and the experience of accelerated time are reshaping how children and adolescents feel, think, and develop, and how clinicians are trained to work with them. The opening contribution offers a theoretical review of AI use among children up to 13 in socioeconomically disadvantaged urban Brazilian contexts, asking under what ethical, familial, and developmental conditions AI may support cognition without weakening the link between effort, responsibility, and achievement. It sets the conceptual ground for the discussions that follow. The second contribution situates AI within Hartmut Rosa's theory of social acceleration and a scoping review on acceleration, burnout, and mental health, proposing temporal experience as

a transdiagnostic clinical variable. The third contribution discusses parental self-efficacy in mediating offspring's digital technology use, addressing generational gaps and the design of psychoeducational interventions for caregivers. The fourth contribution analyzes parental technofence and AI-mediated childhood as a transactional process affecting parental availability, co-regulation, and the developmental impact of conversational AI and AI-enabled toys. The fifth contribution turns to clinical training, examining contributions, limitations, and ethical challenges of AI in CBT therapist development, with attention to clinical competence, supervision, and professional responsibility. Across these perspectives, the panel argues that AI in childhood and parenting cannot be understood apart from the accelerated cultural moment that produces demand for it. The discussion offers an integrated view linking case formulation, parental mediation, and the training of the next generation of CBT clinicians.

Outline:

- I. Theoretical review: AI use in childhood within socioeconomically disadvantaged contexts; family mediation, cognitive vulnerability, and the development of responsibility.
- II. Cultural-clinical ground: social acceleration, mental health burden, and the temporal context of AI integration in CBT.
- III. Parental self-efficacy in mediating offspring's digital technology use, with implications for psychoeducation and caregiver support.
- IV. Parental technofence and AI-mediated childhood: co-regulation, conversational AI, AI-enabled toys, and CBT-informed case formulation.
- V. AI in CBT therapist training: clinical competencies, supervision, ethical challenges, and the limits of automation in relational learning.
- VI. Integrated discussion: how the accelerated cultural moment shapes both clinical phenomena and the training of the next generation of CBT clinicians.

Affirming, Equitable and Sustainable Applications of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders

FRIDAY

MODERATORS:

Rachel Ammirati, ABPP, Ph.D., Emory University School of Medicine

Jacqueline Rose Bullis, Ph.D., McLean Hospital/Harvard Medical School

PANELISTS:

Kevin O. Narine, Psy.D., Mclean Hospital/Harvard Medical School

Rebecca Berman, LCSW, Anxiety Institute

TJ Sullivan, Ph.D., Yale School of Public Health

Susan Longley, Ph.D., SLL Psychology Group Professional Limited Liability Company

Anllely Rodriguez-Rivera, M.A., Texas A&M University Corpus Christi

2:00 PM – 3:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Unified Treatment, Emotion, Transdiagnostic*

The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) is a flexible, evidence-based, cognitive-behavioral treatment program that targets shared

mechanisms underlying common emotional disorders and related concerns. Although the UP's transdiagnostic, principle-driven nature makes it broadly applicable, there remains a critical need to examine and discuss how it can be implemented in ways that are affirming, equitable, and sustainable for underserved and historically marginalized groups. Therefore, this clinical roundtable will bring together clinicians and researchers with expertise in adapting and using the UP with diverse groups, including (1) racial and ethnic minority individuals, (2) individuals who identify as lesbian, gay, bisexual, transgender, queer, or any other non-heterosexual sexual orientation or non-cisgender gender identity (LGBTQ), (3) neurodivergent individuals, and (4) perinatal populations. Our overarching goal for this clinical roundtable is to facilitate dialogue related to how the UP can be used to promote emotional well-being for diverse groups and treatment settings. Panelists will discuss clinical adaptations that enhance cultural responsiveness and accessibility, affirm identity, and address structural and contextual stressors and barriers (e.g., minority stress, discrimination, systemic barriers to care) while maintaining fidelity to the UP. Examples of specific topics include (a) responding to race-based stress and trauma with validating and respectful approaches, (b) demonstrating how minority stress theory can be used to affirm and understand common experiences of members of the LGBTQ community, (c) outlining neuro-affirming, flexible approaches that account for sensory processing differences, communication and learning styles, emotional awareness, and cognitive rigidity, and (d) emphasizing the importance of treating perinatal emotional disorders efficiently within medical settings. Presenters also will discuss challenges they have faced, such as working within settings with limited resources, having limited time with clients, and other issues that commonly arise in real-world settings.

Expanding Access to High-quality CBT: Preserving Mechanisms of Change Across Care Settings— Lessons from TEAM-CBT

MODERATORS:

Heather Clague, M.D., Alameda Health System
Donna Fish, M.S., LCSW, Columbia University School of Social Work

PANELISTS:

Brandon Vance, M.D., Feeling Great Therapy Center
Rhonda Barovsky, LCSW, PsyD, Psy.D., LCSW, Feeling Great Therapy Center
Sunny Choi, LCSW, Better Mood Therapy
Yehuda Bar Shalom, Ph.D., MSW, Ramat Gan Academic College
Mariusz Wirga, MD, M.D., MemorialCare

4:00 PM – 5:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *Underserved Populations, Change Process / Mechanisms, Education and Training*

Expanding access to cognitive behavioral therapy (CBT) while preserving clinical effectiveness remains a central challenge for mental health systems worldwide. Stepped-care, group, digital, and community-based models increase reach, yet concerns persist that CBT impact may weaken if core change processes are not preserved as intensity and resources decrease. This clinical roundtable examines TEAM-CBT as a model for addressing this

tension. TEAM-CBT is a fractal clinical framework in which the same core change processes—Testing, Empathy, Analysis of Resistance, and Methods—are preserved across levels of care, delivery formats, and training contexts. This structural fidelity to mechanisms of change supports effective, accessible CBT delivery across diverse settings and resource levels. Panelists will present real-world applications of TEAM-CBT across multiple care settings, illustrating how the same change processes are maintained as scale and intensity vary. Examples include low-intensity CBT (LICBT) initiatives; a grassroots book-club model that extends CBT skills beyond traditional clinical settings; delivery of TEAM-CBT in a safety-net clinic; and a training-group model that builds workforce capacity while reinforcing outcome-focused clinical practice. Presenters will highlight clinical outcomes including symptom improvement, engagement, and retention, with particular attention given to how routine outcome monitoring and explicit work with resistance support sustained participant involvement in settings where resources are limited. The roundtable will explore how preserving mechanisms of change—rather than rigid protocols—sustains clinically meaningful impact across contexts. Discussion will focus on identifying which elements of CBT must remain invariant to preserve effectiveness, and which can flex to meet local resource constraints. This session offers clinicians, supervisors, and system leaders practical, transferable lessons for expanding access to high-quality CBT without sacrificing therapeutic impact.

Validation Across CBT, DBT, ACT, CBASP, and CPT

MODERATOR:

Lynn M. McFarr, Ph.D., CBT California

PANELISTS:

Robyn D. Walser, Ph.D., University of California, Berkeley
Janice Kuo, Ph.D., PAU-Stanford PsyD Consortium, Palo Alto University

Cory F. Newman, ABPP, Ph.D., University of Pennsylvania School of Medicine

Candice Monson, Ph.D., Toronto Metropolitan University

4:00 PM – 5:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Moderate to Advanced level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Validation, Therapy Process, Treatment*

Validation has historically been most overtly associated with Dialectical Behavior Therapy (DBT), yet the construct is foundational—explicitly or implicitly—across multiple evidence-based psychotherapies. This panel brings together experts in each modality to examine how validation functions within Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Analysis System of Psychotherapy (CBASP), and Cognitive Processing Therapy (CPT). Although these models differ in theoretical underpinnings and mechanisms of change, each incorporates strategies that recognize and legitimize clients' internal experiences while guiding movement toward behavioral and cognitive flexibility. Panelists will highlight points of convergence and divergence in how validation is conceptualized: from DBT's systematic levels of validation, to ACT's stance of acceptance and defusion, to CBT's collaborative empiricism, to CBASP's "felt sense of safety" and disciplined personal involvement, to CPT's use of Socratic dialogue to honor clients' emotional realities while restructuring trauma-related beliefs. Discussion will explore how validation supports therapeutic alliance, reduces shame, enhances emotional regulation, and increases openness

to cognitive and behavioral change across modalities. By discussing validation practices across these treatment models, this panel aims to clarify common therapeutic processes, dispel misconceptions that validation is modality-specific, and offer practical guidance for providing validation within diverse clinical frameworks. Attendees will gain an understanding of validation as both a therapeutic stance and an intervention, and how leveraging it effectively can enhance outcomes across a wide range of client presentations.

CBT Implementation in Action: Training for Fidelity and Flexibility in Large Health Systems

FRIDAY

MODERATORS:

Ana Zdravkovic, Ph.D., Kaiser Permanente Northern
California Mental Health Training Program

Mark Pommer, M.A., Ed.S., University of California at
Berkeley

PANELISTS:

Ana Zdravkovic, Ph.D., Kaiser Permanente Northern
California Mental Health Training Program

Joanne Lam, Psy.D., Kaiser Permanente

Grayson J. Lewis, Psy.D., Wheaton College

Scott M. Charlton, M.S., MFT, Kaiser Permanente

Ren Hong, Ph.D., Kaiser Permanente

9:00 AM – 10:30 AM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

Category: Training, supervision, and credentialing

Key Words: *Supervision, Implementation, CBT*

Teaching evidence-based practices within a large Health Maintenance Organization (HMO) requires structured implementation strategies that strengthen workforce capacity while balancing fidelity and adaptability in complex care environments. Although Cognitive Behavioral Therapy (CBT) and its related approaches are widely recognized as the gold standard in mental health systems, implementing these interventions presents persistent challenges, including limited clinician time, low engagement, and inconsistent training quality. This panel will feature experienced clinical supervisors who will share practical insights and innovative methods for training psychology students and clinicians in CBT, Dialectical Behavior Therapy (DBT), and MATCH/MAP protocols. The discussion will begin by examining the unique implementation barriers faced within large HMOs, par-

ticularly for supervisors and trainees navigating high-volume care settings. Panelists will then describe enhancements to training, implementation, and fidelity monitoring. These include the use of the Cognitive Therapy Rating Scale-Revised in individual supervision to improve foundational skills and gather supervisee feedback, as well as strategies for integrating adherence measures into charting workflows and leveraging electronic health records to track intervention components, improve treatment planning, and increase clinician efficiency. The panel will also explore how an AI sandbox was deployed to supplement training, provide repetition, and deliver immediate feedback for trainees and supervisors, while addressing current limitations and ethical considerations of AI in clinical education. Attendees will gain actionable strategies for overcoming systemic challenges, improving training quality, and integrating technology to support evidence-based care in large-scale mental health systems.

Community-centered Approaches to Implementing Evidence-based Interventions in Youth Mental Health

FRIDAY

MODERATOR:

Janus Wong, B.A., University of Southern California

PANELISTS:

Adam Brown, Ph.D., New School for Social Research

Tina Xu, M.A., New School for Social Research

Karina Gonzalez Perez, B.A., New School for Social Research

Carlos Alvarez, M.A., Los Angeles Institute for Restorative Practices

11:00 AM – 12:30 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

Category: Child and adolescent mental health

Key Words: *Community-Based, Mental Health Disparities, School/School-Based Interventions*

Mental health disparities among ethnically marginalized youth in the United States remain a significant public health concern, shaped by systemic inequities that limit access to care. This panel examines how evidence-based interventions grounded in cognitive-behavioral principles, trauma-informed practices, and culturally-responsive frameworks can promote youth mental health by engaging young people, educators, and community members. Drawing from research and applied work in school and community settings, the panel will highlight how these approaches apply cognitive-behavioral principles (e.g., interconnection of thoughts, feelings, and behaviors, behavioral activation, and problem-solving) to strengthen youths' emotional regulation, cognitive flexibility, and interpersonal skills: Adam Brown, Tina Xu, and Karina Gonzalez Perez (The New School) will present on the adaptation and ongoing pilot implementation of the World Health Organization's and UNICEF's Early Adolescent Skills for Emotions, a cognitive-behavioral-therapy-based

intervention, in New York City to increase the accessibility of youth mental health services through engaging community members in intervention delivery; Janus Wong (University of Southern California) will present on the development and implementation (ongoing randomized controlled trial) of Peer Coach Training, a strengths-based intervention engaging discipline-referred middle school students as peer change agents in Los Angeles; Carlos Alvarez (Los Angeles Institute for Restorative Practices) will present on Right Brain Restorative Practices training for school staff emphasizing co-regulation, relational safety, and behavior as communication. The discussion concludes by examining facilitators and barriers to implementation, including non-specialist training and supervision, ethical considerations, community engagement, and sustainability. Collectively, the panel reframes cognitive-behavioral interventions as scalable, community-centered approaches grounded in human connection, cultural humility, and skill development to build capacity and address gaps in youth mental health services.

Resilience Under Pressure: Adapting Trauma-informed Care for LGBTQ+ Patients Across the Lifespan Amidst Shifting Psychosocial Landscapes

MODERATOR:

Krista Tabuenca, Ph.D., UCLA David Geffen School of Medicine

PANELISTS:

Jenny Shen, Ph.D., University of California Los Angeles

Andrea Tabuenca, Ph.D., University of California Los Angeles

Jessica M. Bernacki, Ph.D., University of California Los Angeles

Cindy Chang, Psy.D., VA San Diego Healthcare System

Nicole D. Cardona, Ph.D., NYC H+H/Metropolitan Hospital

Chris Brady, Ph.D., Stanford University

11:00 AM – 12:30 PM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

Category: LGBTQIA+

Key Words: LGBTQ+, Mental Health Disparities, Resilience

The current sociopolitical climate, characterized by shifting regulatory environments and legislative restrictions on care for LGBTQ+ (lesbian, gay, bisexual, transgender, queer+) communities, presents complex challenges for mental health providers. Despite a recent decade of positive changes in social attitudes toward LGBTQ+ individuals (Fish & Russell, 2022), many LGBTQ+ patients across the lifespan face changing policies that limit access to supportive care and increase mental health disparities (Hope & Puckett, 2024;

Quasebarth et al., 2024). LGBTQ+ patients across the lifespan are in increasing need for support from mental health providers, with a rising utilization of suicide crisis lines among LGBTQ+ youth (Nath et al., 2024), as well as increasing stigma and barriers to care for LGBTQ+ veterans and families of LGBTQ+ youth. Cognitive Behavioral Therapy (CBT) has been used in evidence-based practice to create significant strides in supporting LGBTQ+ patients; however, up-to-date perspectives on implementing CBT are needed to navigate ongoing changes and restrictions in care options. This panel convenes clinicians and researchers from diverse, multidisciplinary practice settings, including academic medicine, safety net hospitals, behavioral health, and the Department of Veterans Affairs. Panelists will present on clinical examples and research expertise to discuss how to provide affirming, equitable, and sustainable CBT for LGBTQ+ people in the current landscape by: (a) improving comprehensive screenings for LGBTQ+ youth, families, adults, and veterans; (b) adapting trauma-informed, evidence-based CBT across distinct healthcare settings; (c) monitoring increasing risk factors and implementing safety-planning that bolsters resilience against minority stressors; and (d) navigating impacts of current guidance on healthcare provision and care models. This panel will contribute to the 2026 WCCBT Congress theme of “Health for All: Affirming, Equitable, and Sustainable CBT” by facilitating discussion among expert psychologists to provide key insights on delivering CBT to LGBTQ+ patients across the lifespan.

Bottom-up Informational Mechanisms in Exposure-based Interventions: The Role of Interoception and Expectancy Violation

MODERATOR:

Juan C. Restrepo, Ph.D., Universidad de La Sabana

PANELISTS:

Juan C. Restrepo, Ph.D., Universidad de La Sabana
Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT
Alicia E. Meuret, Ph.D., SMU
Nora M. Barnes-Horowitz, Ph.D., University of Colorado Boulder

11:30 AM – 12:30 PM

Golden Gate C1, B2 Level

Earn 1 continuing education credits

Category: Anxiety disorders

Key Words: *Anxiety, Translational Research, Treatment*

Most exposure-based interventions have traditionally focused on exposure to external stimuli, under the assumption that fear reduction primarily depends on repeated contact with aversive exteroceptive events. However, this emphasis overlooks the fact that, for a subgroup of individuals, interoceptive processes play a predominant role in the maintenance of fear responses (Paulus et al., 2019). In such cases, the critical process sustaining fear is not external but internal and predictive, suggesting that interoception should constitute a primary target of intervention. From this perspective, the central question for experimental and clinical work is not whether individuals should approach an aversive event, but what type of information is made available to facilitate extinction learning. Interoception-based interventions such as interoceptive awareness, mindfulness and interoceptive exposure can be understood as procedures that alter how bodily signals are in-

terpreted and used to generate predictions. Importantly, their shared mechanism is likely the updating of Pavlovian contingencies (Rescorla & Wagner, 1972) in which interoceptive cues function as predictors of threat. This formulation implies that the informational process, rather than the act of exposure itself, should be the focus of intervention. The emphasis of exposure should therefore not be on the mere presence of aversive stimulation, but on violations of interoceptive expectations that allow new learning to occur. Evidence indicates that fear reduction can occur even when instrumental behaviors do not modify the aversive outcome but instead provide information that adjusts predictability (Restrepo-Castro et al., 2023). Within this framework, the panel will discuss how interoception operates through informational processes during exposure-based treatments, bridging basic learning theory and clinical practice. This perspective provides a common conceptual ground for applied programs that integrate interoceptive processes, such as the Mind-Action-Mood Programme, and for contemporary theoretical formulations of exposure, including the Inhibitory Learning Approach (Craske et al., 2014) and the reward process view of extinction (Rosenberg et al., 2024).

Building Capacity Through Community-based Care: adapting and Implementing Problem Management Plus (PM+) for Diverse US Contexts

MODERATOR:

Ken Carswell, World Health Organization

PANELISTS:

Adam Brown, Ph.D., New School for Social Research

Janus Wong, B.A., University of Southern California

Alesha Cid-Vega, M.A., University of Miami

Traci Marciniak, Arcamind Institute

4:00 PM – 5:30 PM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

Category: Interventions and Care Delivery Models in the Context of Resource
Limitations

Key Words: *Global Mental Health, Implementation, CBT*

This panel addresses the urgent need for low-intensity, scalable mental health interventions delivered by non-mental health specialists to reduce persistent gaps in access to care in the US. Despite high prevalence rates of common mental health problems, many communities, especially those who have been historically marginalized, face structural, cultural, and workforce barriers that limit access to services. Problem Management Plus (PM+), a brief, transdiagnostic intervention developed by the World Health Organization, offers a promising strategy to address these gaps through task-sharing and flexible delivery models. Panelists will first present findings from a diverse set of studies examining the adaptation and implementation of PM+ across U.S. contexts. Janus Wong, (University of Southern California) will describe culturally and linguistically tailored adaptations of PM+ for Chinese-speaking communities in the U.S. and research approaches working with marginalized communities from RECOUP-NY, a randomized controlled trial examining

PM+ in under-resourced settings in NYC. Adam Brown (The New School) will discuss results from RECOUP-NY and BRIDGE-NYC, in which the efficacy of PM+ delivered by non-mental health specialists in a wide range of community-based organizations is being evaluated. Alesha Cid-Vega (University of Miami) will present innovative work integrating PM+ strategies into mass media, including the development of a telenovela video series embedding PM+ skills for Spanish-speaking immigrant communities. Traci Marciniak (Arcamind Institute and the Miller Dwan Foundation) will focus on real-world implementation of PM+ in Midwestern communities, highlighting partnerships and sustainability strategies. Finally, Ken Carswell (World Health Organization) will serve as panel moderator, synthesizing lessons learned and situating these findings within the broader global mental health and task-sharing evidence-base context. Overall, the panel will highlight how PM+ can be flexibly adapted, implemented, and scaled across diverse U.S. settings, offering practical insights for researchers, practitioners, and policymakers seeking to expand access to mental health care through task-sharing delivery models.

Innovating CBT in China: Toward More Equitable Access and Sustainable Implementation

CHAIRS:

Ning Zhang, M.D., Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Qing Fan, M.D., Ph.D., Shanghai Mental Health Center

DISCUSSANT:

Ning Zhang, M.D., Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

9:00 AM – 10:30 AM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Moderate to Advanced level of familiarity with the material

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *CBT, Treatment Development, Implementation*

Effect of a Stepped-care Internet-based Cognitive Behavioral Therapy for Obsessive-compulsive Disorder in China: A Noninferiority Clinical Trial

Qing Fan, M.D., Ph.D., Shanghai Mental Health Center

Yiwen Wu, M.A., Shanghai Mental Health Center

Yuhan Yang, B.S., Shanghai Mental Health Center

A Preliminary Randomized Clinical Trial of Short-term Mindfulness-based Training for Depressive Inpatients in China

Haolun Li, M.D., Ph.D., Nanjing Medical University affiliated Nanjing Brain Hospital

Localization and Development of a Family-based Self-help Cognitive Behavioral Therapy Manual for Adolescents with Obsessive-compulsive Disorder in China

Yiwen Wu, M.A., Shanghai Mental Health Center

Xingyu Liu, B.S., Shanghai Mental Health Center

Qing Fan, M.D., Ph.D., Shanghai Mental Health Center

Functional Segregation Within Visual Network in Acrophobia Using Virtual Reality Exposure Therapy and Imaginal Exposure Therapy: A Randomized Controlled Trial

Yongjun Chen, M.S., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Sichu Wu, Ph.D., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Zixin Chen, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Zehui Zhang, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Ziyue Xu, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Jifan Wang, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Meilin Guo, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Shujun Hou, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Xuan Huang, M.A., Nanjing Brain Hospital Affiliated to Nanjing Medical University

Ning Zhang, M.D., Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Chun Wang, Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Dropout Rate and Related Factors in Group Psychotherapy: A Retrospective Study

Yumin Zhang, M.S., The Affiliated Brain Hospital of Nanjing Medical University

Mengdi Song, M.S., The Affiliated Brain Hospital of Nanjing Medical University

Ning Zhang, M.D., Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Chun Wang, Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Assessment and Treatment of Anhedonia in Depression, Schizophrenia, Bipolar Disorder, and Anorexia Nervosa

CHAIR:

Jacqueline B. Persons, Ph.D., Oakland Cognitive Behavior
Therapy Center

DISCUSSANT:

Michelle G. Craske, Ph.D., University of California, Los
Angeles

9:00 AM – 10:30 AM

Yerba Buena Salon 6, B3 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Basic processes and experimental psychopathology

Key Words: *Anorexia, CBT, Assessment*

**Examining Anhedonia in the Daily Lives of Those with Depression, Bipolar Disorder
and Schizophrenia**

Erin Moran, Ph.D., Washington University in St. Louis

Adam Culbreth, Ph.D., University of Maryland School of Medicine

Deanna Barch, Ph.D., Washington University in St. Louis

Anhedonia, Depression, and Functions of Restrictive Eating in Anorexia Nervosa

Sarah Dolan, M.A., University of California San Francisco

Kira Venables, B.A., Virginia Commonwealth University

Lisa M. Anderson, Ph.D., University of Minnesota Medical School

Scott Crow, M.D., University Minnesota Medical School

Ann F. Haynos, Ph.D., Virginia Commonwealth University

CBT for Depression Reduces Symptoms of Anhedonia but Does Not Increase Positive Affect

Jacqueline B. Persons, Ph.D., Oakland Cognitive Behavior Therapy Center

Ann Kring, Ph.D., University of California, Berkeley

Garret G. Zieve, Ph.D., Oakland Cognitive Behavior Therapy Center

Mateo Lopez, B. A., Oakland Cognitive Behavior Therapy Center

Translating Mechanisms and Transdiagnostic Interventions into New Treatments for Misophonia

FRIDAY

CHAIRS:

M. Zachary Rosenthal, Ph.D., Duke University Center for
Misophonia and Emotion Regulation
Jane Gregory, Psy.D., University of Oxford

DISCUSSANT:

M. Zachary Rosenthal, Ph.D., Duke University Center for
Misophonia and Emotion Regulation

9:00 AM – 10:30 AM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Lived Experience, Treatment, Implementation*

**Adapting Established Interventions for Treatment of Misophonia: A Case Study
Using the Medical Research Council's Framework for Developing and Evaluating
Complex Interventions**

Jane Gregory, Psy.D., University of Oxford

Paul Salkovskis, Professor, University of Oxford

Victoria Bream, DClinPsy, Oxford Health NHS Foundation Trust

Affective Responses to Semantic Sound Suppression in Adults with Misophonia

Emily C. Gates, B.A., Duke University

Kolin Lewis, B.A., Duke University

Malek Itani, b.e., University of Washington

shyam Gollakota, Ph.D., University of Washington

M. Zachary Rosenthal, Ph.D., Duke University Center for Misophonia and Emotion Regulation

Disseminating Misophonia Research to Promote Evidence-based Care

Grace A. Heppes, B.S., Duke University

M. Zachary Rosenthal, Ph.D., Duke University Center for Misophonia and Emotion Regulation

Structure and Preliminary Efficacy of an 11-session Online Group Psychotherapy for Individuals with Misophonia

Marta Siepsiak, Ph.D., Faculty of Psychology, University SWPS Warsaw

Adapting and Implementing Evidence-based Psychological Treatments in Real-world Care: Lessons Across Disorders, Settings, and Populations

CHAIR:

*Allison G. Harvey, Ph.D., University of California,
Berkeley*

DISCUSSANT:

J.D. Smith, Ph.D., University of Utah School of Medicine

9:00 AM – 10:30 AM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Dissemination and Implementation Science

Key Words: *Implementation, Dissemination, Community-based*

An RCT of Adapted versus Standard Versions of the Transdiagnostic Intervention for Sleep and Circadian Dysfunction (TSC) Implemented via Facilitation and Delivered by Community Mental Health Providers

Allison G. Harvey, Ph.D., University of California, Berkeley

Laurel D. Sarfan, Ph.D., University of California, Berkeley

Anne E. Milner, Ph.D., University of California, Berkeley

Marlen Diaz, B.A., University of California, Berkeley

Lulu Dong, Ph.D., Stony Brook University

Emma R. Agnew, LCSW, University of California at Berkeley

Rafael Esteve Hache, B.A., Stony Brook University

Amy Kilbourne, Ph.D., Office of Research and Development

Eric Stice, Ph.D., Stanford University
Julia M. Spencer, B.S., University of California Berkeley
Daniel Buysse, M.D., University of Pittsburgh
Catherine Callaway, M.A., University of California, Berkeley
Estephania Ovalle Patino, B.A., UC Berkeley & University of California Los Angeles

Patterns of CBT Strategy Use and Treatment Adaptation After Training and Implementation in Routine Care Treatment Settings

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University
Amber Calloway, Ph.D., University of Pennsylvania
Nicole B. Gumpert, Ph.D., Stanford University
Jiyoun Song, M.A., University of California, Berkeley
Torrey Creed, Ph.D., University of Pennsylvania

The Journey of Adaptation and Implementation of Cognitive-behavioral Conjoint Therapy for PTSD

Candice Monson, Ph.D., Toronto Metropolitan University
Alexander O. Crenshaw, Ph.D., Kennesaw State University
Skye Fitzpatrick, Ph.D., York University
Shirley Glynn, Ph.D., VA/University of California Los Angeles
Brandi Luedtke, PhD, Phoenix Veterans' Administration Health Care System
Leslie Morland, Psy.D., National Center for PTSD
Nicole Pukay-Martin, PhD, Durham VA Health Care System
Jeremiah Schumm, PhD, Wright State University
Lauren Sippel, Ph.D., VA Northeast Program Evaluation Center
Anne C. Wagner, Ph.D., Remedy / Toronto Metropolitan University Department of Psychology
Steffany J. Fredman, Ph.D., The Pennsylvania State University

Reducing HIV Risk Among Rural Native Americans: A Parallel Effectiveness Study of PTSD and Substance Use Treatments

Debra Kaysen, ABPP, Ph.D., Stanford University
Selime Salim, Ph.D., Stanford University
David Huh, Ph.D., University of Washington
Michele Bedard-Gilligan, Ph.D., University of Washington
Denise Walker, Ph.D., Arizona State University
Rebeca Marin, Ph.D., University of Washington
Katherine Saluskin, MSW, Yakama Behavioral Health
Cynthia Pearson, Ph.D., University of Washington

Expanding the Scope of Cognitive Behavioral Therapy in Latin America: Empirical Advances in Trauma, Digital Interventions, and Psychological Processes

CHAIR:

Karen P. Del Rio Szupszynski, Ph.D., Membro da Diretoria da Federação Latinoamericana de Psicoterapias Cognitivas e Comportamentais (ALAPCCO)

DISCUSSANT:

Carmem BEATRIZ. Neufeld, Msc, Ph.D., University of São Paulo

9:00 AM – 10:30 AM

Yerba Buena Salon 2, B3 Level

Primary Category: Violence / Aggression

Key Words: *Evidence-Based Practice, Culture, Treatment*

Cognitive Behavioral Therapy (CBT) Intervention for Psychosocial Trauma Associated with Violence: The Legitimation of Violence in Children in Colombia

Fredy Romero

Online Group Cognitive-Behavioral Therapy: Outcomes of a Low-Intensity Program in a Training Clinic

Carmem B. Neufeld, Ph.D., University Of São Paulo

Individual Online Psychological Intervention: Longitudinal Effects on Mental Health, Well-Being, and Technology Acceptance

Karen P. Del Rio Szupszynski, Ph.D., Membro da Diretoria da Federação Latinoamericana de Psicoterapias Cognitivas e Comportamentais (ALAPCCO)

Camila Sartori, Ph.D., Pontifical Catholic University of Rio Grande do Sul - Brazil

Adaptation of the General Self-efficacy Scale to Uruguayan University Students

Vicente Chirullo, UDELAR, SUAMOC, Montevideo, Uruguay

Hugo Selma Sanchez, UDELAR, Montevideo, Uruguay

Case Study: Cognitive Behavioral Therapy (CBT) in a Patient with Type B Personality Traits and Emerging Anxiety and Depressive Symptoms.

Unveiling the Mechanisms of Internalizing Disorders: From Daily Affective Dynamics to Multidecade Trajectories and Scalable Interventions

CHAIR:

Nur Hani Zainal, M.S., Ph.D., National University of Singapore

DISCUSSANT:

Sherry A. Beaudreau, ABPP, Ph.D., VA Palo Alto Health Care System/Stanford

11:00 AM – 12:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Substance Abuse, PTSD (Posttraumatic-Stress-Disorder), Translational Research*

Testing How Digital Cognitive Behavioral Therapy Works for Anxiety and Depressive Symptoms: Meta-analytic Structural Equation Modeling of 549 Randomized Trials

Nur Hani Zainal, M.S., Ph.D., National University of Singapore

Sarah Josephine Rajendra, B.S., Arizona State University (ASU)

Jordan Wen Juin Chng, B.S., National University of Singapore (NUS)

Justina Sue Ching Tan, B.S., National University of Singapore (NUS)

Anna Petersen, B.S. Candidate, Brigham Young University (BYU)

Natalia Van Doren, Ph.D., UCSF

Stress Reactivity and Risk Appraisal Mediate the Association Between Major Depressive Disorder and Generalized Anxiety Disorder Symptoms over 18 Years

Tian Liang, National University of Singapore

Nur Hani Zainal, M.S., Ph.D., National University of Singapore

Improvements in Self-compassion Are Associated with Reductions in Posttraumatic Stress During a Partial Hospitalization Program for Trauma-related and Dissociative Disorders

Annie-Lori Joseph Denk, Ph.D., Massachusetts General Hospital/Harvard Medical School

Matthew Jeram, Ph.D., Suffolk University

Amanda W. Baker, Ph.D., Massachusetts General Hospital/Harvard Medical School

Matthew Robinson, Ph.D., McLean Hospital/Harvard Medical School

Not All Bad Days Lead to Use: Depression and Anxiety Symptoms Predict Daily Affect Profiles Among Young Adults Who Use Alcohol and Cannabis

Natalia Van Doren, Ph.D., UCSF

Dusti Jones, Ph.D., University of Utah

Bethany Bray, Ph.D., The University of Illinois at Chicago

Ashley Linden-Carmichael, Ph.D., University of Oregon

Responsible Innovation: Using AI Resources to Advance Therapist Training and Parenting Interventions

CHAIR:

Eduardo Bunge, Dr., Ph.D., Palo Alto University

DISCUSSANT:

Robert D. Friedberg, ABPP, Ph.D., Independent Training Consultant in CBT

11:00 AM – 12:30 PM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

Advanced level of familiarity with the material

Category: Artificial Intelligence and technology-based interventions

Key Words: *Technology / Mobile Health, Parent Training, Evidence-Based Practice*

Advancing Training in CBT: Ai-supported Learning in Clinical Practicum

Ana Zdravkovic, Ph.D., Kaiser Permanente Northern California Mental Health Training Program

Ren Hong, Ph.D., Kaiser Permanente

Comparing Treatment Fidelity and Common Therapeutic Factors in Human- vs. Ai-delivered Parent Management Training

Christina Desage, M.S., Palo Alto University

Tyrique Patterson, B.A., Palo Alto University

YingHua Wu, M.S., Palo Alto University

Alexis Bechtel, M.S., Palo Alto University

Arjun Bharat, B.S., Palo Alto

Daniella Vaclavik, M.A., M.S., Ph.D., Florida International University

Eduardo Bunge, Dr., Ph.D., Palo Alto University

Feasibility of an AI Platform to Enhance Parent Management Training: A Case Series

Daniella Vaclavik, M.A., M.S., Ph.D., Florida International University

Christina Desage, M.S., Palo Alto University

Eduardo Bunge, Dr., Ph.D., Palo Alto University

Innovating in Behavioral Parent Training: Combining Human Therapists and AI

Eduardo Bunge, Dr., Ph.D., Palo Alto University

Felipe Rivera Cepeda, Mgr, Universidad de Santo Tomas

Blanca Pineda, EdD, Palo Alto University

Karin Mostovoy, MS, Palo Alto University

Advances in Cognitive Behavioural Therapy in Japan: Cultural Adaptation Within a Social Context

CHAIR:

Takayuki Harada, Ph.D., University of Tsukuba

DISCUSSANT:

Takayuki Harada, Ph.D., University of Tsukuba

11:00 AM – 12:30 PM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

Moderate to Advanced level of familiarity with the material

Category: Dissemination and implementation science

Key Words: *Culture, CBT, Change Process / Mechanisms*

**Effects of a Brief Motivational Interviewing Training Across Professional Domains: A
Randomized Controlled Trial**

Takayuki Harada, Ph.D., University of Tsukuba

Yudai Arino, Ph.D., Tokyo Detention Center

Takaaki Watanabe, Ph.D., University of Tokyo Health Sciences

**Fear Assessment and Maintenance: Validation of the Japanese SMSP-A and
Longitudinal Predictors of Insect Fear**

Minoru Takahashi, M.Ed., Mejiro University

**Effects of Cognitive Behavioral Group Therapy for Kleptomania in Japan: Focusing
on Craving and Outcome Expectancy**

Yuka Asami, Ph.D., Mejiro university

Hironori Shimada, Ph.D., Waseda University

Positive Psychological Elements in Cognitive Behavioral Therapy in Japan: Focus on Strengths-based CBT

Asami Komazawa, Ph.D., Mejiro University

Development of a Family-based Preventive Program for Children's Problematic Internet Use: The Role of Parental Control and Family Relationships

Saya Moriyama, M.A., University of Tsukuba

Takayuki Harada, Ph.D., University of Tsukuba

Global Innovations in Cognitive Behavioral Therapy for Social Anxiety Disorder: Efficiency, Cultural Adaptation, and Immersive Delivery

CHAIR:

Naoki Yoshinaga, Ph.D., University of Miyazaki

DISCUSSANT:

David M. Clark, Ph.D., University of Oxford

2:00 PM – 3:30 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Anxiety disorders

Key Words: *Social Anxiety, CBT, Dissemination*

Improving Efficiency, Access and Ease of Implementation for Evidence-based Treatments: Findings from Internet-based Cognitive Therapy for Social Anxiety Disorder in Hong Kong

Graham R. Thew, D. Phil., University of Oxford, UK

Patrick Leung, Ph.D., Chinese University of Hong Kong

Adapting Internet-delivered Cognitive Therapy for Social Anxiety Disorder (iCT-SAD) for Japan: From Translation to Clinical Evaluation

Naoki Yoshinaga, Ph.D., University of Miyazaki

A Randomised Wait List Controlled Trial Exploring the Efficacy of an Intensive 7-day Online CBT Program for Social Anxiety Disorder

Jill M. Newby, Ph.D., UNSW Sydney at the Black Dog Institute

Kayla Steele, Ph.D., UNSW and Black Dog Institute

Emily L. Upton, PsyM, UNSW Sydney, The Black Dog Institute

Monique Holden, Black Dog Institute

Amy Regan, M.Psych(Clinical), Black Dog Institute

Matthew Coleshill, Ph.D., Black Dog Institute

Sophie Li, Ph.D., Black Dog Institute, UNSW Sydney

Amy Joubert, Ph.D., Clinical Research Unit for Anxiety and Depression (CRUfAD), St. Vincent's Hospital

Alison Mahoney, Ph.D., Clinical Research Unit for Anxiety and Depression, St Vincents Hospital

Michael Millard, MBBS, Clinical Research Unit for Anxiety and Depression

The Efficacy of Blended Therapy Utilizing Internet- and Mobile-based Interventions for Social Anxiety Disorder

Anne S. Hildebrand, M.Sc., University Medical Center OWL, University of Bielefeld

Jari Planert, M.Sc., University of Siegen

Kati Roesmann, Prof. Dr., University of Osnabrück

Alla Machulska, Dr., University of Siegen

Marie Neubert, Dr., University of Siegen

Tim Klucken, Prof. Dr., University of Siegen

Culture Beliefs and Dynamic Cognitions in CBT in China: From Cultural Meaning-making to Family Related Belief Informed Intervention

CHAIR:

Zhongfang Fu, Ph.D., Peking University

DISCUSSANT:

Meirong Pan, M.D., Peking University Sixth Hospital

2:00 PM – 3:30 PM

Yerba Buena Salon 6, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Basic processes and experimental psychopathology

Key Words: *Culture, Cognitive Biases / Distortions, Change Processes / Mechanisms*

Dynamic Interplay Between Depression and Negative Automatic Thoughts During Digital CBT: A Cross-lagged Network Analysis

Jinxing Liu, M.S., Department of Psychology, Peking University

Cognitive Skills as Mechanisms of Symptom Improvement in Psychological Interventions: A Systematic Review and Meta-analysis

Xueqian Wei, B.S., Peking University

Cultural Beliefs and Psychological Distress in China: A Qualitative Study Informing Culturally Adapted Cognitive Behavioral Therapy

Linmin Duan, Peking University

**A Multicenter Randomized Family Group Trial of a Growth Mindset Intervention
for Adolescents with Emotional Disorders in Ethnic Minority Regions: A
Multimodal and Mechanism-focused Investigation**
Zuozhi Fang, Ph.D., Peking University

Mapping the Cognitive Bias Landscape of Emotional Disorders
Elizabeth Zhu, Peking University
XiJin Zhu, Peking University

Playing with 'Scale': Novel Methods to Scale Interventions, Improve Access, and Build Clinical Capacity to Meet Global Treatment Shortages

CHAIR:

Anushka Patel, Ph.D., Harvard Medical School

DISCUSSANT:

Ken Carswell, World Health Organization

2:00 PM – 3:30 PM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Dissemination and Implementation Science

Key Words: *Technology / Mobile Health, Dissemination, Public Health*

So Many Treatments, so Little Access: The Unique Opportunity of Single-session Interventions to Meet Vast Global Mental Health Needs

Anushka Patel, Ph.D., Harvard Medical School

The Lone Star Depression Challenge: Scaling Digital Training and Task Sharing to Strengthen the Community Mental Health Workforce in Texas

John Nashund, Ph.D., Harvard Medical School

Lessons from Implementing EMPOWER Youth: A Digital Training Program for Diverse Frontline Providers to Support Adolescents with Internalizing Mental Health Challenges

Emma Hill, B.A., Harvard Medical School

Development of Recovery-phase Appropriate Single-session Interventions for Trauma-exposed Populations
Katy O'Neill, M.P.H., Harvard Medical School

From Innovation to Implementation: Uses of Artificial Intelligence to Support Training and Skill in CBT

4:00 PM – 5:00 PM

Yerba Buena Salon 13, B3 Level

CHAIR:

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

DISCUSSANT:

Roz Shafran, Ph.D., UCL Great Ormond Street Institute of Child Health

Moderate level of familiarity with the material

Category: Artificial Intelligence and technology-based interventions

Key Words: *Implementation, Training / Training Directors, Technology / Mobile Health*

An Ai-driven Virtual Patient Platform for Training CBT Practitioners Against

Competencies: Pilot Study of CBT Trainer

Tianyu Zhang, M.S., University College London

Rob Saunders, Ph.D., University College London

Steve Pilling, Prof., University College London

Ciarán O'Driscoll, Dr., University College London

Practicing Evidence-based Techniques Without Fear of Judgment: Clinician

Perspectives on Ai-powered Socrates Coach

Daniel Szoke, Ph.D., Rush University Medical Center

Ilana Hutzler, B.A., Rush University Medical Center

Sarah Pridgen, M.A., Rush University Medical Center

Katy Dondanville, PsyD, ABPP, The University of Texas Health Science Center at San Antonio

David C. Rozek, ABPP, Ph.D., University of Central Florida

Philip Held, Ph.D., Rush University

Supporting Evidence-based Therapy Skills and Implementation with Llm-based Simulation and Consultation

Shannon L. Wiltsey Stirman, Ph.D., National Center for PTSD and Stanford University

Elizabeth Stadel, Ph.D., Stanford University

Andy Schwartz, Ph.D., Vanderbilt University

Philip Held, Ph.D., Rush University

Stefanie LoSavio, ABPP, Ph.D., The University of Texas Health Science Center at San Antonio

Debra Kaysen, ABPP, Ph.D., Stanford University

Craig S. Rosen, Ph.D., U.S. Department of Veterans Affairs

Torrey Creed, Ph.D., University of Pennsylvania

Katy Dondanville, PsyD, ABPP, The University of Texas Health Science Center at San Antonio

Johannes Eichsteadt, Ph.D., Stanford University

Leveraging Insights from Cognitive Psychology to Inform CBT Interventions

CHAIRS:

Anne E. Milner, Ph.D., University of California, Berkeley
Allison G. Harvey, Ph.D., University of California,
Berkeley

DISCUSSANT:

Allison G. Harvey, Ph.D., University of California,
Berkeley

4:00 PM – 5:30 PM

Yerba Buena Salon 6, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material
Category: Basic processes and experimental psychopathology
Key Words: *Cognitive Processes*

**Enhancing Recall of Treatment Contents: Impact of Memory Support Strategies
Among Individuals with and Without Mild Cognitive Impairment**

Anne E. Milner, Ph.D., University of California, Berkeley

Crystal Woo, B.S., University of Washington

Sophia M. Oliver, B.A., University of California, Berkeley

Allison G. Harvey, Ph.D., University of California, Berkeley

**Looking on the Bright Side: A Key Role for Interpretations in the Maintenance and
Treatment of Emotional Problems**

Colette R. Hirsch, B.S., Ph.D., Psy.D., King's College London

**What Are We Targeting in Psychotherapy? Emotional Memory as a Clinical
Assumption**

Merel Kindt, D. Phil., University of Amsterdam

What Happens in Between CBT Sessions? Examining Between-session Cognitive Processes and Their Links to Clinical Outcomes
Graham R. Thew, D. Phil., University of Oxford, UK

Is Digital CBT a Realistic Option to Make Evidence-based Intervention More Accessible and Equitable?

CHAIR:

Anna Van Meter, Ph.D., New York University Grossman School of Medicine

DISCUSSANT:

Stephen Schueller, Ph.D., University of California, Irvine

4:00 PM – 5:00 PM

Yerba Buena Salon 10, B3 Level

Earn 1 continuing education credit

Basic to Moderate level of familiarity with the material

Category: Artificial Intelligence and technology-based interventions

Key Words: *Technology / Mobile Health, CBT*

Is Digital CBT an Affirming and Beneficial Treatment Option for Diverse Adolescents?

Erum Nadeem, Ph.D., Rutgers University, The State University of New Jersey

Anna Van Meter, Ph.D., New York University Grossman School of Medicine

Rena Ferrara, B.S., Hassenfeld Children's Hospital at New York University Langone Medical Center

Archisha Murthy, M.A., Rutgers University, The State University of New Jersey

Mahek Patel, M.A., Rutgers University, The State University of New Jersey

Pooja Patel, M.A., Rutgers University, The State University of New Jersey

**Helping Black Youth and Young Adults Cope with Racism-related Stress Using Ai/
mhealth**

Henry Artez Willis, Ph.D., University of Maryland- College Park

Bunmi Odubayo, B.A., University of Maryland- College Park

Colin Roberts, B.S., University of Maryland, College Park

Timothy Simmons, B.A., University of Maryland- College Park

**When Does Digital Cognitive-behavioral Therapy (d-GCBT) Pay Off? A 2-year Cost-
effectiveness Analysis of Coach-supported D-gcgt in a Large Randomized Trial**

Nur Hani Zainal, M.S., Ph.D., National University of Singapore

Daniel Eisenberg, Ph.D., University of California Los Angeles

Ellen E. Fitzsimmons-Craft, Ph.D., Washington University in St. Louis

Elsa Rojas-Ashe, Ph.D., Stanford University

Craig Barr Taylor, M.D., Stanford University

Denise E. Wilfley, Ph.D., Washington University School of Medicine

Michelle G. Newman, B.S., M.A., Ph.D., The Pennsylvania State University

From Trying to Conceive to Postpartum: Evidence-based Approaches to Peripartum Mental Health

FRIDAY

CHAIR:

Neda Kharrazi, Psy.D., Stanford University School of Medicine, Dept. of Psychiatry & Behavioral Sciences

DISCUSSANT:

Maureen Satyshur, Ph.D., Stanford University

4:00 PM – 5:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Behavioral medicine, chronic illness, and integrated primary care

Key Words: *Perinatal, Underserved Populations, Women's Health*

From Prevalence to Placement: Epidemiology, Risk, and Level-of-care Decisions in Peripartum Mental Health

Neda Kharrazi, Psy.D., Stanford University School of Medicine, Dept. of Psychiatry & Behavioral Sciences

Adapting Dialectical and Behavior Therapy Skills for Pregnancy and Postpartum

Elsa Rojas-Ashe, Ph.D., Stanford University

From Prevalence to Placement: Epidemiology, Risk, and Level-of-care Decisions in Peripartum Mental Health

Connor Adams, Psy.D., Stanford University

Pharmacologic Considerations in the Peripartum Period

Christina T. Khan, M.D., Ph.D., Stanford University School of Medicine

Anatomy of a Rupture & the Practice of Repair: using CBT to Interrupt the Blame, Shame, and Anger Cycle in Personal Relationships

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM Therapy Training

11:00 AM – 12:30 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

Key Words: *Social Relationships, Families, Anxiety*

Ruptures in personal relationships are inevitable and often occur in subtle, everyday moments—missed bids for connection, misunderstandings, defensiveness, withdrawal, or emotional escalation. When left unaddressed, these ruptures commonly activate predictable cycles of blame, shame, and anger that erode trust, reinforce avoidance, and lead to disconnection across romantic, family, parenting, and work relationships. Research shows that relationship quality affects not only emotional well-being but also physical health across the lifespan. Strong social connections are associated with lower risk of cardiovascular disease, stroke, and premature death, with some studies suggesting reductions in overall mortality risk of up to 50%, comparable to or greater than traditional risk factors such as smoking and obesity. In contrast, chronic relational stress, loneliness, and unresolved conflict are linked to increased risk for heart disease, metabolic disorders, cognitive decline, and all-cause mortality, in part through sustained activation of stress physiology, inflammation, and immune dysregulation. This workshop presents a CBT-consistent, skills-based framework for understanding and repairing ruptures as they arise in real-world relationships. Participants will learn to recognize the cognitive, emotional, and behavioral signals that indicate a rupture is forming, understand how blame–shame–anger cycles are

maintained, and apply specific, teachable CBT strategies to interrupt these patterns and restore connection. This workshop translates core CBT skills—including empathy, agenda setting, cognitive reframing, and behavioral rehearsal—into practical tools for everyday interactions. Emphasis is placed on operationalizing repair as a learnable, repeatable skill rather than an intuitive or personality-based ability. Through live demonstrations, structured role-plays, and guided practice, participants will build confidence in responding effectively to relational breakdowns and facilitating repair across diverse contexts and cultures.

At the end of this session, the learner will be able to:

- Identify common rupture moments in personal relationships.
- Recognize blame, shame, and anger cycles that maintain relational disconnection.
- Apply CBT strategies to interrupt escalation and restore connection.
- Demonstrate specific language and skills that facilitates effective relational repair.
- Practice repair skills using structured role-play and feedback

Recommended Readings: Hofmann, S. G., Asmundson, G. J. G., & Beck, A. T. (2013). *The science of cognitive behavioral therapy*. Dattilio, F. M. (2010). *Cognitive-behavioral therapy with couples and families: A comprehensive guide for clinicians*. Burns, D. D. (2023). *Feeling great together: How to communicate, solve problems, and resolve conflicts in any relationship*

Evidence-based Skills to Support Peripartum Individuals

Neda Kharrazi, Psy.D., Clinical Assistant Professor; Psychologist, Stanford University School of Medicine, Dept. of Psychiatry & Behavioral Sciences
Elsa Rojas-Ashe, Ph.D., Clinical Associate Professor, Stanford University

11:00 AM – 12:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material
Category: Behavioral medicine, chronic illness, and integrated primary care

Key Words: *Perinatal*

According to the CDC approximately 3.5 million people get pregnant in the United States per year. It is estimated that 1 in 5 pregnant individuals face depression, anxiety, or another mood disorder (AAMC, 2026' APA, 2023). Despite the high prevalence, pregnant people are often termed “therapeutic Orphans” (Winsor et al., 2020) because so many of these individuals do not receive the needed mental health care. This is likely due to many factors including, including a lack of training in applying/adapting therapeutic interventions for peripartum patients. This lack of inadequate care is unfortunate due to the available evidence which suggest that untreated depression and anxiety symptoms can negatively impact fertility (Liao et al, 2024), pregnancy outcomes (Heun-Johnson, et al, 2019), and the wellbeing of the pregnant person and child postpartum (Nath et al., 2019, Hoffman et al., 2017). Notably, several evidence-based therapies have been associated with helping peripartum individual with stress reduction, improvement of mood, and management of anxiety symptoms in the peripartum period. This skills class will introduce participants to (1) the state of mental health of peripartum individuals, (2) common evidence-based skills that can be useful when working with peripartum individuals, and (3) skills for supporting interdisciplinary support. Examples of therapeutic skills that are commonly helpful for this population will be presented, including Cognitive Behavior Therapy, Dialectical Behavior Therapy, basic trauma-informed care, and mindfulness approaches. Both individual and group therapy approaches will be discussed. We will also discuss the importance of cultural humility and awareness when working with this population.

At the end of this session, the learner will be able to:

- Present an overview of the state of mental health & mental health care for peripartum individuals.
- Describe principles of therapeutic change in utilizing CBT, DBT, and mindfulness for peripartum individuals.
- Discuss specific skills that may be especially helpful in supporting patients in the peripartum stage.
- Discuss cultural considerations that apply to this population, as well as common assumptions made about this population to be aware of.

Recommended Readings: American Psychiatric Association, & Centers for Disease Control and Prevention Foundation. (2023). Perinatal mental and substance use disorders: White paper. American Psychiatric Association. <https://www.psychiatry.org/getmedia/344c26e2-cdf5-47df-a5d7-a2d444fc1923/APA-CDC-Perinatal-Mental-and-Substance-Use-Disorders-Whitepaper.pdf>Hellberg, S. N., Bruening, A. B., Thompson, K. A., & Hopkins, T. A. (2023). Applications of dialectical behavioural therapy in the perinatal period: A scoping review. *Clinical psychology & psychotherapy*, 10.1002/cpp.2937. Advance online publication. <https://doi.org/10.1002/cpp.2937>Infertility prevalence estimates, 1990–2021. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.

Improving Outcomes for Treatment-resistant Chronic Depression with Cognitive Behavioral Analysis System of Psychotherapy

Alexandra M. King, Ph.D., Director of Research, CBT California
Lynn M. McFarr, Ph.D., Founder/Exec Director, CBT California

2:00 PM – 3:30 PM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Mood disorders and suicidality

Key Words: *Dysthymia, Behavior Analysis, Therapeutic Relationship*

The goals of this skills class are to describe the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) approach for persistent depression, introduce how it is implemented, and demonstrate the application of CBASP with a clinical role play. While there is much evidence showing that standard Cognitive Behavioral Therapy (CBT) for depression is effective for many individuals with Major Depressive Disorder (e.g., Cuijpers et al., 2016), outcomes have not been as strong for individual Persistent Depressive Disorder (PDD; Spijker et al., 2013). CBASP was the first treatment specifically designed for chronic depression (McCullough, Schramm, & Penberthy, 2015), and studies have demonstrated it can effectively treat these clients (e.g., Wiersma et al., 2014). Despite effective treatments such as CBASP existing, many PDD clients struggle for years before they find CBASP, if they ever find it at all. This skills class aims to increase the reach of CBASP to clients who need it most, by introducing it to CBT providers. Presenters are two experts in CBASP who were trained directly by the treatment developer Dr. James McCullough. They will provide an overview of the treatment, how it works, and how it differs from the traditional CBT approach. Presenters will then introduce the basic treatment interventions and demonstrate the application of the interventions in a clinical role play.

At the end of this session, the learner will be able to:

- Describe the CBASP approach, how it differs from CBT, and why it is needed for persistent depression.
- Explain the core processes of CBASP.
- Identify 3 central strategies implemented in CBASP.

Recommended Readings: McCullough Jr, J. P., Schramm, E., & Penberthy, J. K. (2014). CBASP as a distinctive treatment for persistent depressive disorder: Distinctive features. *Routledge*. Spijker, J., van Straten, A., Bockting, C. L., Meeuwissen, J. A., & van Balkom, A. J. (2013). Psychotherapy, antidepressants, and their combination for chronic major depressive disorder: a systematic review. *The Canadian Journal of Psychiatry*, 58(7), 386-392. Wiersma, J. E., Van Schaik, D. J., Hoogendorn, A. W., Dekker, J. J., Van, H. L., Schoevers, R. A., ... & Van Oppen, P. (2014). The effectiveness of the cognitive behavioral analysis system of psychotherapy for chronic depression: a randomized controlled trial. *Psychotherapy and psychosomatics*, 83(5), 263-269.

Measurement as a Clinical Skill in Cognitive Behavioral Therapy

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM Therapy
Training

Donna Fish, M.S., LCSW, Private Practice, Columbia University School of
Social Work

Yehuda Bar Shalom, Ph.D., MSW, Chair of Ethics Committee, Ramat Gan
Academic College

2:00 PM – 3:30 PM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Therapeutic Relationship, Therapeutic Alliance, Evidence-Based Practice*

Outcome measurement is increasingly recognized as a standard of care in Cognitive Behavioral Therapy (CBT), yet many clinicians continue to rely primarily on clinical judgment to assess progress, alliance, and risk. Research consistently demonstrates that therapist perception alone is a poor predictor of outcomes, particularly for symptom worsening, alliance ruptures, and treatment dropout. When used skillfully, routine testing transforms therapy from intuition-driven practice into feedback-informed care. This workshop trains clinicians to use measurement as an active clinical skill rather than a passive assessment or documentation requirement. Participants will learn how systematic pre- and post-session measurement can guide session focus, strengthen the therapeutic alliance, reduce dropout, and detect deterioration early. Emphasis is placed on using measurement to inform real-time clinical decision-making rather than retrospective evaluation. Through demonstrations, guided practice, and clinical case examples, participants will learn how to integrate brief measures into everyday clinical workflows without disrupting rapport or session flow. The workshop addresses how to introduce testing collaboratively, review scores in session, and respond effectively when scores worsen or reveal unspoken dissatisfaction with the therapy or therapist. Common clinician challenges are explored, including discomfort with negative feedback, defensive responses, over-reliance on numerical scores, and cultural hesitations around rating therapists. Participants will practice specific

language for discussing scores in a nonjudgmental, relationship-enhancing manner and learn how to use patient feedback to address resistance, repair alliance ruptures, and recalibrate treatment. By the end of the workshop, clinicians will be able to use routine measurement as a precision tool that enhances accountability, emotional attunement, and clinical effectiveness across sessions and over time.

At the end of this session, the learner will be able to:

- Use pre- and post-session testing to guide session focus and clinical decision-making.
- Identify alliance ruptures using routine outcome and feedback measures.
- Respond effectively to symptom worsening revealed through ongoing measurement.
- Integrate routine testing into therapy without disrupting rapport or session flow.
- Apply patient feedback to reduce dropout and address resistance in treatment.

Recommended Readings: Feedback-Informed Treatment – Miller, S. D., Duncan, B. L., & Hubble, M. A. Better Results – Lambert, M. J. Learning Cognitive-Behavior Therapy – Wright, J. H., Basco, M. R., & Thase, M. E.

Chain Analysis in Practice: Understanding and Reordering the Dominos

William Buerger, Psy.D., Clinical Director, DBT-A Program, Montefiore
Medical Center

FRIDAY

4:00 PM – 5:30 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Mood disorders and suicidality

Key Words: *Behavior Analysis, Change Process / Mechanisms, DBT (Dialectical Behavior Therapy)*

Dialectical Behavior Therapy (DBT) is a multifaceted treatment originally designed for a specific clinical population. Efforts to extend DBT beyond this population have largely emphasized its widely disseminated skills and acronyms. However, DBT's core unit of assessment, intervention, and change—behavioral chain analysis—has received far less attention. Chain analysis provides a structured method for examining the sequence of events that lead to problematic behaviors and is used in nearly every DBT session. Central to this approach is an emphasis on mindfulness, involving the careful identification of discrete thoughts, emotions, urges, and behaviors, as well as a functional understanding of behaviors as attempts to solve problems. Beyond guiding individual session structure and interventions, chain analysis serves as the foundation for case conceptualization and shapes the overall treatment plan. Although central to DBT, chain analysis is not unique to it. The systematic examination of relationships among thoughts, emotions, and behaviors has its roots in broader cognitive and behavioral traditions, and behavior analysis predates DBT as a formal intervention. This shared lineage provides a common language through which DBT's approach to chain analysis can meaningfully inform other cognitive-behavioral models. This presentation will review DBT's rationale and method for conducting chain analysis, with particular emphasis on transdiagnostic applications and integration across cognitive and behavioral practices. It will begin with an overview of DBT's functional conceptualization of behavior, followed by a demonstration of how chain analysis

is conducted within DBT. The presentation will also demonstrate how chain analysis can enhance case conceptualization and inform interventions in other cognitive-behavioral approaches, while highlighting common pitfalls, implementation challenges, and clinical considerations.

At the end of this session, the learner will be able to:

- Describe the rationale for chain analysis and explain it clearly to a client in session.
- Conduct a behavior chain analysis by identifying thoughts, emotions, urges, and behaviors in a client case.
- Recognize common pitfalls and errors when performing a chain analysis in session and correct them in practice.
- Improve understanding of DBT's functional conceptualization of behavior and its relevance to diverse clinical populations.
- Integrate chain analysis into CBT practice to improve case conceptualization and guide intervention planning.

Recommended Readings: Rizvi, S. L., & Ritschel, L. A. (2014). Mastering the art of chain analysis in Dialectical Behavior Therapy. *Cognitive and Behavioral Practice*, 21(3), 335-349. Rizvi, S. L. (2019). *Chain Analysis in Dialectical Behavior Therapy*. Guilford Press. Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Press.

Getting out of the Office: Making Interpersonal Exposure Work in the Real World

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM Therapy Training
Jill Levitt, Ph.D., Director of Training, Feeling Good Institute

4:15 PM – 5:45 PM

Yerba Buena Salon 15, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Anxiety disorders

Key Words: *Anxiety, Exposure, Social Relationships*

Exposure is widely regarded as a central mechanism of change in Cognitive Behavioral Therapy (CBT). Yet many clinicians report that interpersonal exposure—particularly exposures involving assertiveness, conflict, emotional vulnerability, or relational risk—often stalls, backfires, or produces only short-lived gains. These challenges are especially pronounced when exposure must occur outside the therapy office. Failures are rarely due to lack of technique, but rather to mis-timed interventions, unresolved resistance, poorly defined targets, inadvertent reinforcement of safety behaviors, or insufficient emotional learning. This skills class focuses on why interpersonal exposure does not work—and how to design it so that it does. Participants will learn to identify common failure points, including premature exposure before motivational alignment, therapist-driven agendas that increase resistance, and exposure tasks that activate distress without updating feared predictions or self-beliefs. Emphasis is placed on the role of emotional meaning and memory in exposure outcomes, highlighting that durable change depends on how feared expectations are activated, experienced, and revised in vivo. Clinicians will be trained in a structured framework for designing interpersonal exposure, including clarifying exposure targets, articulating feared outcomes, identifying relational safety strategies, preparing clients for emotional activation, and planning for multiple possible outcomes. Special attention is given to the therapist's role when exposure occurs outside the session, including how to prepare clients in advance, how to debrief exposures effectively, and how to respond

when exposures fail to produce corrective learning. Participants will also learn how to distinguish productive emotional activation from overwhelm, recognize when exposure has not generated learning, and modify, pause, or redesign interventions without reinforcing avoidance. Cultural, ethical, and contextual considerations will be integrated throughout. By the end of the session, clinicians will be able to design and troubleshoot interpersonal exposure interventions that reliably support durable change in real-world settings.

At the end of this session, the learner will be able to:

- Identify three reasons interpersonal exposure fails or backfires in clinical practice.
- Assess client motivation and resistance to determine readiness for interpersonal exposure.
- Design an in vivo interpersonal exposure that targets feared meanings and predictions.
- Identify two safety behaviors that undermine learning during interpersonal exposure.
- Modify or redesign exposure tasks when interpersonal exposures fail.

Recommended Readings: Exposure Therapy for Anxiety – Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. When Panic Attacks – Burns, D. D. Cognitive Behavioral Therapy for Anxiety Disorders – David A. Clark & Aaron T. Beck

Seeing Clearly Under Emotional Stress: A Cbt-informed Skills Class for Preemptive Relationship Resilience and Suicide Prevention

Stephanie Okolo, Ph.D., MFT, Fort Bliss Family Life Chaplain, US Army

4:00 PM – 5:30 PM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material
Category: Mood disorders and suicidality

Key Words: *Suicide, Emotion, Prevention*

Relationship disruption is one of the most common immediate precipitants of emotional crises and suicide risk among young adults, including high-stress populations such as military personnel. Cognitive Behavioral Therapy emphasizes that emotional distress is often maintained not by events alone, but by rapid, unexamined interpretations that narrow perception and intensify impulsive behavior. This skills class introduces a practical, CBT-informed framework for training perceptual accuracy, emotional regulation, and meaning-checking before relational stress escalates into crisis. Participants will learn an applied, experiential method that uses perceptual ambiguity exercises to demonstrate how cognitive narrowing occurs under emotional load and how automatic interpretations can feel subjectively “true” while remaining incomplete. The class will teach facilitators how to translate this insight into concrete CBT skills, including perception pausing, cognitive decentering, alternative interpretation generation, and relational meaning clarification. The approach is designed for preventive use in skills-based groups, psychoeducational settings, and early-intervention contexts rather than clinical treatment alone. The session will be interactive and skills-focused, combining brief didactic instruction with experiential exercises, structured reflection, and guided discussion. Attendees will leave with a replicable training tool, facilitation scripts, and guidance on ethical boundaries when applying perceptual exercises in suicide-prevention, relationship-resilience, and stress-management programs. This class is particularly relevant for clinicians, military, trainers, and research-

ers interested in preventive CBT applications, relational resilience, and population-level suicide risk reduction.

At the end of this session, the learner will be able to:

- Identify signs of perceptual narrowing and emotional overload in relationship-stress scenarios.
- Apply a CBT skill to identify and reframe perceptual narrowing in a case scenario.
- Demonstrate a brief CBT-based technique to slow automatic interpretations under stress.
- Distinguish automatic thoughts from emotions in a relationship-stress example.
- Generate at least two alternative interpretations of an ambiguous stress scenario.

Recommended Readings: Kahneman, D. (2011). *Thinking, Fast and Slow*. Farrar, Straus and Giroux. Beck, J. S. (2011). *Cognitive Behavior Therapy: Basics and Beyond* (2nd ed.). Guilford Press. NA

Targeting Rumination as a Transdiagnostic Mental Habit: Practical Cognitive-behavioral Strategies Across Disorders

Jean-Philippe Gagné, Ph.D., Assistant Professor, Université du Québec à Montréal

4:00 PM – 5:30 PM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Rumination, Transdiagnostic, Habit Reversal*

Rumination refers to a repetitive mental process in which individuals analyze concerns without moving toward clarity, resolution, or helpful action. It is one of the most commonly overlooked processes that interferes with cognitive-behavioral therapy (CBT), often appearing as thoughtful reflection while quietly increasing negative affect, doubt, uncertainty, and behavioral paralysis. Understanding rumination as a transdiagnostic mental habit clarifies why it persists across mood, anxiety, obsessive-compulsive, posttraumatic, psychotic, substance use, sleep, and eating disorders, even when insight is strong. Contemporary process-based models highlight interactions among habit learning, reduced executive control under distress, abstract and analytical thinking modes, goal discrepancies, and negative biases. Together, these mechanisms explain how rumination becomes context-cued, negatively reinforced, and resistant to change, particularly when individuals pursue certainty or emotional relief that analysis cannot provide. This skills class will provide a transdiagnostic framework for detecting, conceptualizing, and interrupting rumination in real time, and for helping patients shift from circular analysis to experiential engagement in daily life. Attendees will learn to collaboratively frame rumination as a mental behavior through psychoeducation, map its triggers and functions using monitoring tools, and assess its severity and trajectory across CBT using validated questionnaires. Building on behavioral principles, the session will translate theory into practical CBT tools,

incorporating awareness training, habit reversal, stimulus control, behavioral activation, mindfulness, response prevention, and behavioral experiments targeting unhelpful beliefs about rumination. Through demonstrations, guided practice, and a transdiagnostic case vignette, attendees will develop clinical language, experiential exercises, and stance skills that support rumination reduction, increased tolerance of uncertainty and emotion, and values-aligned action. Attendees will leave with an integrated roadmap for incorporating empirically supported, rumination-focused CBT strategies across presentations.

At the end of this session, the learner will be able to:

- Identify rumination in real time and distinguish it from adaptive reflection in session.
- Explain rumination as a mental behavior and deliver clear, collaborative psychoeducation.
- Conduct a brief functional analysis to map rumination triggers, cues, and consequences.
- Use self-monitoring tools and validated questionnaires to assess rumination severity and change.
- Apply habit-focused CBT interventions (e.g., awareness training, habit reversal) to interrupt rumination and build alternative responses.

Recommended Readings: Watkins, E. R., & Roberts, H. (2020). Reflecting on rumination: Consequences, causes, mechanisms and treatment of rumination. *Behaviour Research and Therapy*, 127, 103573. <https://doi.org/10.1016/j.brat.2020.103573> Gagné, J. P., & Wong, S. F. (2025). Rumination in response to repugnant obsessions: Catching the sneakiest of compulsions. *Psychotherapy*, 62, 518-528. <https://doi.org/10.1037/pst-0000585> Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science*, 3, 400-424. <https://doi.org/10.1111/j.1745-6924.2008.00088.x>

Anxiety, Depression, and Burnout: Metacognition, Stress Processes, and Health Anxiety

9:00 AM – 10:30 AM

Golden Gate C1, B2 Level

Earn 1.5 continuing education credits

FRIDAY

Primary Category: Anxiety Disorders

Trajectories of Health Anxiety: A Longitudinal Comparison of Illness Anxiety

Disorder and Somatic Symptom Disorder

Jill M. Newby, Ph.D., UNSW Sydney at the Black Dog Institute

Katarina Kikas, Ph.D., Macquarie University

Emily L. Upton, PsyM, UNSW Sydney, The Black Dog Institute

Monique Holden, Black Dog Institute

Aliza Werner-Seidler, Ph.D., Black Dog Institute

Relevance of Attentional Biases to Real-world Behaviours and Experiences in Social Anxiety Disorder

Kean J. HSU, Ph.D., National University of Singapore

Binghui Li, M.S., National University of Singapore

Aglaia Chee, National University of Singapore

Stress Reactivity and Risk Appraisal Mediate the Association Between Major Depressive Disorder and Generalized Anxiety Disorder Symptoms over 18 Years

Tian Liang, National University of Singapore

Amanda W. Baker, Ph.D., Massachusetts General Hospital/Harvard Medical School

Nur Hani Zainal, M.S., Ph.D., National University of Singapore

Burnout Syndrome from the Perspective of Cognitive-behavioral Therapy

Priscilla Freund, M.S., Private Practice – São Paulo, Brazil

Metacognitive Therapy with Work-focus for Patients on Sick Leave with Depression and Anxiety: A Randomised Controlled Trial

Ragne G. H. Gjengedal, Ph.D., Diakonhjemmet Hospital

Hilde Lending, B.A., NTNU

Marit Hannisdal, B.A., Diakonhjemmet Hospital

Minority Stress, Stigma, and Intersecting Vulnerabilities Among LGBTQIA+ Individuals

9:00 AM – 10:30 AM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

Category: LGBTQIA+

Experiences of Vicarious Minority Stress by Transgender and Gender Expansive Youth in the United States: Developmental, Contextual, and Sociopolitical Considerations

Erin T. Pereida, Ph.D., Children's Hospital Los Angeles

Jae A. Puckett, Ph.D., Michigan State University

Evan Auguste, Ph.D., John Jay College of Criminal Justice, City University of New York

David Pantalone, Ph.D., Lehman College, City University of New York

Heterogeneous Stress Crossover in Sexual and Gender Minority Families

Kiyan Irani, M.A., Boston University

Qimin Liu, Ph.D., Boston University

Violeta Rodriguez, Ph.D., University of Illinois, Urbana Champaign

How Heterosexist Stigma Gets Under the Skin: Quantifying the Effects of Stigma on Sexual Minority Mental Health Disparities in a Longitudinal Multilevel Socioecological Model

Norik Kirakosian, M.S., University of Miami

Trey Santorine, University of Miami

Amelia M. Stanton, Ph.D., Boston University

Steven A. Safren, ABPP, Ph.D., University of Miami

Maria M. Llabre, Ph.D., University of Miami

Suicidal Ideation and Suicide Attempt Among Transgender Women in a Minority Stress and HIV Endemic Setting

Norik Kirakosian, M.S., University of Miami

Tiffany R. Glynn, Ph.D., Brigham and Women's Hospital/ Massachusetts General Hospital/ Harvard Medical School

Steven A. Safren, ABPP, Ph.D., University of Miami

Artificial Intelligence and Technology-Based Interventions for Mental Health

9:00 AM – 10:30 AM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

FRIDAY

Category: Artificial Intelligence and Technology-based interventions

An Autobiographical Approach with AI for Interpreting Personal Narratives: Using Synthetic Personas to Test the Timing of Cognitive Distortion Feedback
Bingxu Han, M.A., Stanford University

Early Response and Activity Engagement in Digital Behavioral Activation with B-ACT
Boyoung Kang, B.S., Korea University
Kee-Hong Choi, Ph.D., Korea University

Effectiveness of a CBT-based Mobile Intervention in a Developing Country: A Randomized Controlled Trial from Türkiye
Sumeyye E. Koten Guclu, Ibn Haldun University
Burcu Uysal, Ph.D., Ibn Haldun University

Flexible Minds Against Extremism: A Process-based Chatbot for Public Mental Health Intervention
Han W. Jung, M.S., Yonsei University College of Medicine
Jin Young Park, M.D., Ph.D., Yonsei University College of Medicine
Jaesub Park, M.D., Ph.D., Yonsei University College of Medicine

sel4@ll Program: A Pilot Study of a School-based Serious Game for Social and Emotional Learning and Well-being
Konstanze Schoeps, Ph.D., University of Valencia
Selene Valero Moreno, Ph.D., University of Valencia
Alessia Signorelli, Ph.D., University of Perugia
Annalisa Morganti, Ph.D., University of Perugia
José Antonio Lozano Quilis, Ph.D., Politecnical University of Valencia
Frances Hoferichter, Ph.D., University of Greifswald

Trauma and PTSD Interventions Across Clinical and Humanitarian Contexts

FRIDAY

9:00 AM – 10:30 AM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

**Minors with a History of Suicidal Behavior and Traumatic Events: Current
Psychiatric Symptoms and Treatment History**

Danelys Narvaez, B.A., University of Puerto Rico, Río Piedras Campus

Alejandro Villegas, B.A., University of Puerto Rico, Río Piedras Campus

Kritzia Adorno, M.A., University of Puerto Rico, Río Piedras Campus

Eduardo Cumba-Avilés, Ph.D., University of Puerto Rico, Río Piedras Campus

Emily Sáez-Santiago, Ph.D., University of Puerto Rico, Río Piedras Campus

**A Cbt-based Brief Intensive Group Emotion Schema Therapy Intervention for PTSD
in Older Female North Korean Defectors**

Surin Cho, M.A., Korea University

Minjung Kang, M.A., Korea University

Euntaek Hong, M.A., Korea University

Hyunjin Kim, M.A., Korea University

Hee Eun Rim, B.A., Korea University

Subin Park, B.A., Korea University

Kee-Hong Choi, Ph.D., Korea University

**Keeping Calm in the Storm: A Cross-sectional Investigation of Emotion Regulation in
African Australian Youth from Refugee and Asylum-seeker Backgrounds**

Madeline A. Forrester, Monash University

**Accessing Evidence-based Care: Barriers to Mental Health Treatment Among
LGBTQ+ Veterans at Risk for Suicide**

Cindy Chang, Psy.D., VA San Diego Healthcare System

Lysette DeSilva, B.S., VA San Diego Healthcare System

Crystal Hernandez, VA San Diego Healthcare System

Amy Hoang, B.A., VA San Diego Healthcare System

*Ashley M. Griffith, Ph.D., Rocky Mountain MIRECC, Rocky Mountain Regional VA
Medical System*

Alan Teo, M.D., M.S., VA Portland Healthcare System

Colin A. Depp, Ph.D., VA San Diego Healthcare System

**Disseminating Cognitive Behavioral Therapies in Humanitarian Contexts: Training
Clinicians and Community Health Workers in Myanmar Amid Political Violence
and Earthquake Recovery**

Phyu Pannu Khin, Ph.D., Massachusetts General Hospital/Harvard medical School

Low-Intensity and Self-Help Interventions in Global Settings

11:00 AM – 12:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Fully Self-help Cognitive Behavioral Therapy for Gaze Anxiety Among University

Students

Kazuki Matsumoto, Ph.D., Kagoshima University
Sayo Hamatani, Ph.D., University of Fukui
Yoshihiko Kunisato, Psy.D., Sensyu University
Katsunori Watanabe, Psy.D., Jinai University
Yasuhiro Kimura, PsyM, Fukushima College
Shinobu Nagata, Ph.D., Syujitsu University
Akiko Maeno, PsyM, Shigakukan University
Mizue Yokoo, Ph.D., Tokyo Rissho Junior College
Naomi Sunami, Psy.D., Teikyo University
Masatoshi Ikeda, M.D., Ph.D., Teikyo University
Makiko Kasai, Psy.D., Naruto University of Education
Rio Kamashita, Ph.D., Hiroshima Cosmopolitan University
Yoshifumi Mizuno, M.D., Ph.D., University of Fukui
Masayuki Nakamura, M.D., Ph.D., Kagoshima University

Guided Internet-based Treatment for Anxiety and Depression in Norwegian Primary Care: A Randomized Non-inferiority Effectiveness Trial

Marit Knapstad, Ph.D., Norwegian Institute of Public Health
Robert Smith, Ph.D., Norwegian Institute of Public Health

Identifying the Determinants of Uptake of Low-intensity Psychological Interventions in Jordan

Dharani Keyan, PhD, University of New South Wales, Australia
Rand Habashneh, Institute for Family Health
Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

Overcoming Emetophobia with a Journey Through Bia: Examining the Effectiveness and Uptake of an Online Self-guided, Evidence-based Treatment Program

Nancy Lagunas, M.S., San Francisco State University

Short-term Psychological Effects of a Mobile-based CBT Intervention Among Hpv-positive Women in Low-resource Settings in China: Preliminary Results from a Randomized Controlled Trial

Yijin Wu, B.A., Chinese Academy of Medical Sciences & Peking Union Medical College

Yitong Zhu, M.P.H., Chinese Academy of Medical Sciences & Peking Union Medical College

Rongjing Sun, Chinese Academy of Medical Sciences & Peking Union Medical College

Yao Yang, Ph.D., Chinese Academy of Medical Sciences & Peking Union Medical College

Youlin Qiao, Ph.D., Chinese Academy of Medical Sciences & Peking Union Medical College

Experimental Neuroscience and Emotional Processes in CBT

11:00 AM – 12:30 PM

Yerba Buena Salon 6, B3 Level

Earn 1.5 continuing education credits

Category: Basic processes and experimental psychopathology

Unveiling the Neural Basis of Cognitive-behavioral Regulation in OCD: A Novel High-ecological Validity Fmri Paradigm

Zhanjiang Li, Ph.D., Beijing Anding Hospital, Capital Medical University
Pengchong Wang, Ph.D., Beijing Anding Hospital, Capital Medical University
Jia Luo, M.D., Beijing Anding Hospital, Capital Medical University
Xiangyun Yang, M.D., Beijing Anding Hospital, Capital Medical University
Fanqiang Meng, Ph.D., Beijing Anding hospital
Si Mi, M.S., Beijing Anding Hospital, Capital Medical University

Adaptive Thalamic Plasticity Induced by Cognitive-behavioral Regulation in OCD: A Multimodal Fmri Investigation

Pengchong Wang, Ph.D., Beijing Anding Hospital, Capital Medical University
Zhanjiang Li, Ph.D., Beijing Anding Hospital, Capital Medical University
Si Mi, M.S., Beijing Anding Hospital, Capital Medical University
Zljun Yan, PsyM, Beijing Anding Hospital, Capital Medical University
Jia Luo, M.D., Beijing Anding Hospital, Capital Medical University
Xu Ma, M.S., Beijing Anding Hospital, Capital Medical University

Validating Virtual Reality Environments for the Study of Emotional Responses to Stressful Events

Andrea R. Ashbaugh, Ph.D., University of Ottawa
Cynthia-Maria Kanaan, B.S., M.A., Ph.D., University of Ottawa
Julia Novielli, B.A., University of Ottawa
Sylvia Pan, Ph.D., Goldsmiths University of London
Birch Michelle, B.A., University of Ottawa

Face It or Fix It? An Investigation of the Effects of Moral Repair and Exposure on Experimentally Induced Moral Pain

Andrea R. Ashbaugh, Ph.D., University of Ottawa
Joseph Inhaber, B.A., University of Ottawa

**Return of Fear in Late-life Anxiety: Age and Anxiety-related Differences in Fear
Extinction and Retention in Younger and Older Adults**

Carly Johnco, Ph.D., Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Matthew Roberts, Ph.D., Macquarie University

Viviana Wuthrich, Ph.D., Macquarie University

Exposure Therapy: Expectancy Violations, Learning Mechanisms, and Outcome Prediction

FRIDAY

2:00 PM – 3:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Category: Anxiety disorders

Cognitive Restructuring Before Exposure Therapy or Behavioral Experiments? How the Timing of Expectancy Violation and Magnitude of Expectancy Change Influence Exposure Therapy Outcomes

Carly Johnco, Ph.D., Macquarie University

Melissa M. Norberg, Ph.D., Macquarie University

Viviana Wuthrich, Ph.D., Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Assessing Expectancy Violations in Exposure and Response Prevention: A Multidimensional Perspective

Benedikt Reuter, Ph.D., MSB Medical School Berlin

Josepha Wassermann, M.S., MSB Medical School Berlin

Björn Elsner, Ph.D., Humboldt-Universität zu Berlin

Daniel Schulze, Ph.D., Charité Universitätsmedizin Berlin

Annemarie Miano, Ph.D., MSB Medical School Berlin

Rosa Grützmann, Ph.D., MSB Medical School Berlin

Michael Kellner, M.D., Technische Universität München

Thomas Hillebrand, Psychotherapy Practice Münster

Julia Klawohn, Ph.D., MSB Medical School Berlin

Associations Among Affective Sentiment, Expectancy Updating, and Overall Outcomes in Exposure Therapy

Nora M. Barnes-Horowitz, Ph.D., University of Colorado Boulder

Olivia M. Losiewicz, M.A., University of California Los Angeles

Christina F. Sandman, Ph.D., University of California Los Angeles

Michael Treanor, Ph.D., University of California, Los Angeles

Michelle G. Craske, Ph.D., University of California, Los Angeles

Gradually Lessening the Severity of Feared Outcomes in Exposure Therapy Might Benefit Individuals with Anxiety and Fear: A Preregistered Test and Exploratory Analysis

Yuhan T. Cheng, M.A., University of California Los Angeles

Ivy Xiao, University of California Los Angeles

Michael Fanselow, Ph.D., University of California Los Angeles

Ottmar Lipp, Ph.D., Queensland University of Technology

Michelle G. Craske, Ph.D., University of California, Los Angeles

Supporting Youth at Risk: CBT, DBT, and Technology-Based Interventions for Mental Health, Sleep, and Problematic Internet Use

2:00 PM – 3:30 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

Category: Child and adolescent mental health

Cognitive Behavioural Intervention for Adolescents on High Risk for Gaming and Social Media Addiction: A School-based Program

Shweta Singh, Ph.D., King Georges Medical University, Lucknow, India

Effects of the Sleep Ninja®, a Digital CBT-I Intervention on Adolescent Insomnia and Depression: Findings from Two Randomised Controlled Trials

Aliza Werner-Seidler, Ph.D., Black Dog Institute

Kate Maston, PsyM, Black Dog Institute, UNSW Sydney

Mirjana Subotic-Kerry, Ph.D., Black Dog Institute, UNSW Sydney

Sophie Li, Ph.D., Black Dog Institute, UNSW Sydney

Bridianne O’Dea, Ph.D., Flinders University

Jill M. Newby, Ph.D., UNSW Sydney at the Black Dog Institute

Philip Batterham, Ph.D., Australian National University

Feasibility and Effectiveness of Group-based IMPROVE Therapy for Problematic Internet Use in University Students: A Single-arm Pilot Study

Yanhui Liao, M.D., Ph.D., Department of Psychiatry, Sir Run Run Shaw Hospital, Zhejiang University School of Medicine

Pu Peng, M.D., Zhejiang University

Sisi Lin, M.D., Zhejiang University

Linguistic Features Predicting Treatment Response to a CBT Smartphone App for Adolescent Depression

Bridianne O'Dea, Ph.D., Flinders University

Taylor Braund, Ph.D., Black Dog Institute

Bethany Yu, Black Dog Institute

Sophie Li, Ph.D., Black Dog Institute, UNSW Sydney

Mirjana Subotic-Kerry, Ph.D., Black Dog Institute, UNSW Sydney

Melinda Achilles, Ph.D., Black Dog Institute

Jill M. Newby, Ph.D., UNSW Sydney at the Black Dog Institute

Helen Christensen, Ph.D., University of New South Wales

Andrew Mackinnon, Ph.D., Black Dog Institute

Aliza Werner-Seidler, Ph.D., Black Dog Institute

Philip Batterham, Ph.D., Australian National University

Past the Detention: Integrating DBT and Social Support in High-risk Urban Environments

Rosetta Cappelluccio, Psy.D., Istituto A.T. Beck (Rome and Caserta, Italy)

Youth Resilience and Adjustment: Trauma, Identity, Stress, and Skills-Based Interventions

FRIDAY

4:00 PM – 5:30 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

Category: Child and adolescent mental health

**Pupil-based Indices of Arousal Flexibility as Markers of Resilience and Prevention
Under Stress**

Birgit Kleim, Ph.D., University of Zurich

**Moderators of Single and Pattern of Dysfunctional Posttraumatic Cognitions in
Children and Adolescents**

Anke de Haan, Ph.D., Ruhr University Bochum, Mental Health Research and Treatment Center (FBZ), Department of Clinical Child and Adolescent Psychology, Bochum, Germany

**Effects of Video-delivered DBT Skills Training on Decision-making in College
Students**

Diana Mejia, Ph.D., Sonora Institute of Technology
Laurent Avila Chauvet, Ph.D., Sonora Institute of Technology

**Trauma-sensitive Support and Training in Inclusive Schools - A Study with Refugee
Students**

Friedrich Linderkamp, Ph.D., University of Wuppertal

**Who am I and Who Will I Become? Examining Self-evaluation and Future Outlook
in Adolescents with Trauma-related Distress**

Emily Hards, Ph.D., University of Bath

Transdiagnostic Processes and Culturally Adapted Interventions in Mood and Anxiety Disorders

11:30 AM – 1:00 PM

Yerba Buena Salon 2, B3 Level

Earn 1.5 continuing education credits

FRIDAY

Category: Mood disorders and suicidality

A Pilot Trial of Brief Tailored Online Treatment for Rumination and Worry in Premenstrual Dysphoric Disorder

Emily L. Upton, PsyM, University of New South Wales, Sydney, The Black Dog Institute

Alison Mahoney, Ph.D., Clinical Research Unit for Anxiety and Depression, St Vincents Hospital

Michelle Moulds, Ph.D., University of New South Wales, Sydney

Aliza Werner-Seidler, Ph.D., Black Dog Institute

Jill M. Newby, Ph.D., University of New South Wales, Sydney at the Black Dog Institute

Culturally Adapted Cognitive Behavioral Therapy for Anxiety and Depression in Indian Populations

Nandni Bharadwaj, M.A., Amity University Noida

Disorder-specific Patterns of Trait Emotional Intelligence in Depression, Anxiety Disorders, and Insomnia

Eva Herzog, Ph.D., Licensed Psychological Psychotherapist, Ludwig-Maximilians-Universität München, Munich, Germany

Sebastian Wolf, Institute for General Practice and Interprofessional Care, University Hospital Tübingen, Tübingen, Germany

Thomas Studnitz, Faculty of Economics and Social Sciences, Institute of Sports Science, Department of Education & Health Research, University of Tübingen, Tübingen, Germany

Anna Katharina Frei, Faculty of Economics and Social Sciences, Institute of Sports Science, Department of Education & Health Research, University of Tübingen, Tübingen, Germany

Gorden Sudeck, Faculty of Economics and Social Sciences, Institute of Sports Science, Department of Education & Health Research, University of Tübingen, Tübingen, Germany

Celina L. Müller, Clinical Psychology and Psychotherapy, Julius-Maximilians-Universität Würzburg, Würzburg, Germany

Mia Maria Günak, Clinical Psychology and Psychological Treatment, Ludwig-Maximilians-Universität München, Munich, Germany

Tristan T. Nakagawa, Clinical Psychology and Psychological Treatment, Ludwig-Maximilians-Universität München, Munich, Germany

Thomas Ehring, Clinical Psychology and Psychological Treatment, Ludwig-Maximilians-Universität München, Munich, Germany

Stefan Peters, Institute of Sport Science, Bundeswehr University Munich, Munich, Germany

Anna Lena Flagmeier, AOK Baden-Württemberg, Stuttgart, Germany

Lena Zwanzleitner, Techniker Krankenkasse, Hamburg, Germany

Ander Ramos-Murguialday, Medical Faculty, Institute of Medical Psychology and Behavioral Neurobiology, University of Tübingen, Tübingen, Germany

Keisuke Takano, Human Informatics and Interaction Research Institute, The National Institute of Advanced Industrial Science and Technology (AIST), Tsukuba, Japan

Barbara Cludius, Clinical Psychology and Psychotherapy of Adulthood, University of Bremen, Bremen, Germany

Investigating the Relationship Between Perseverative Negative Thinking and Disrupted Sleep in the Laboratory And daily Life

Henry Austin, Ph.D., PsyM, Canopy Clinical Psychology & University of Western Australia

Michael Kyron, Ph.D., University of Western Australia

Kristin Gainey, Ph.D., PsyM, University of Western Australia

Nonlinear Escalation of Suicidal Ideation: Testing a Threshold Model of Cognitive-affective Instability

Thomas J. Flangan, M.A., University of Chicago

Henry White, PsyD, University of Chicago

The Helpfulness of Unified Protocol in Treating Depression: The Pilot Study

Kezia Iris Christopher, Nation Institute of Mental Health and Neurosciences (NIMHANS)

Munivenkatappa I. Manjula, National Institute of Mental Health and Neurosciences

Venkata Senthil Kumar I. Reddi, M.D., National Institute of Mental Health and Neurosciences

Binu VS, Ph.D., National Institute of Mental Health and Neurosciences (NIMHANS)

When Meanings Collide at the End of Life: A Process-based Perspective

Baihui Chen, M.A., Beijing Normal University

A Review on Assessment and Treatment for Social Anxiety Disorder in Asia

Firdaus Mukhtar, Ph.D., Universiti Putra Malaysia

Sarah Lynn Aliah Norzaidi, M.S., Universiti Putra Malaysia

Saturday, June 27, 2026

Keynote 17

Single-session Interventions as a Mental Health Moonshot

Jessica L. Schleider, Ph.D., Associate Professor, Department of Medical Social Sciences, Northwestern University

8:30 AM – 9:30 AM

Golden Gate A, B2 Level

Earn 1 continuing education credit

Basic level of familiarity with the material

Category: Dissemination and Implementation Science

Key Words: *Implementation, Public Health, Technology/Mobile Health*

The discrepancy between need and access to mental health support is incontestable. Due to provider shortages, high treatment costs, and myriad structural barriers, up to 80% of youth and 50% of adults with mental health needs go without services each year. Status-quo mental health systems will never meet population-level needs for support, creating a need for a “Mental Health Moonshot” for sustainable, scalable models of support. Single-session interventions (SSIs) are well-positioned to rapidly increase access to evidence-based supports at precise moments of need, both within and beyond formal healthcare systems. SSIs mitigate key treatment access-barriers: many are self-guided (requiring no therapist) or deliverable by non-professionals; web-based (completable from any location); and 5 to 60 minutes in length, eliminating premature treatment dropout. SSIs are also effective. To date, >400 randomized trials have shown their capacity to reduce mental health problems and increase uptake of further treatment, with sustained positive impacts up to nine months later. This presentation will overview recent scientific and clinical advances in developing and evaluating evidence-based SSIs for youth and adults,

SATURDAY

along with our research team's multi-sector efforts to disseminate effective SSIs within and outside of traditional healthcare systems.

At the end of this session, the learner will be able to:

- Describe the concept of 'single-session interventions' (SSIs) for mental health in adolescents and adults.
- Explain state-of-the-art research on how, why, and for whom SSIs can reduce mental health problems.
- Identify tools and create an implementation plan for using evidence-based SSIs in real-world practice.

Recommended Readings: Schleider, J. L., Zapata, J. P., Rapoport, A., Wescott, A., Ghosh, A., Kaveladze, B., Szkody, E., & Ahuvia, I. L. (2025). Single-Session Interventions for Mental Health Problems and Service Engagement: Umbrella Review of Systematic Reviews and Meta-Analyses. *Annual review of clinical psychology*, 21(1), 279-303. <https://doi.org/10.1146/annurev-clinpsy-081423-025033> Kaveladze, B., Ghosh, A., Funkhouser, C. J., Schueller, S. M., & Schleider, J. L. (2025). Longer Single-Session Interventions May Not Be Better: Evidence From Two Randomized Controlled Trials With Online Workers Facing Mental-Health Struggles. *Clinical psychological science : a journal of the Association for Psychological Science*, 10.1177/21677026251358836. Advance online publication. <https://doi.org/10.1177/21677026251358836> Schleider, J.L., Mullarkey, M.C., Fox, K.R. et al. A randomized trial of online single-session interventions for adolescent depression during COVID-19. *Nat Hum Behav* 6, 258-268 (2022). <https://doi.org/10.1038/s41562-021-01235-0> Dobias, M. L., Morris, R. R., & Schleider, J. L. (2022). Single-Session Interventions Embedded Within Tumblr: Acceptability, Feasibility, and Utility Study. *JMIR formative research*, 6(7), e39004. <https://doi.org/10.2196/39004> Sung, J. Y., Sotomayor, I., Szkody, E., & Schleider, J. L. (2025). Provider hesitancy toward single-session interventions for mental health problems: Malleability and implications for adoption in routine care settings. *Clinical Psychology: Science and Practice*. Advance online publication. <https://doi.org/10.1037/cps0000274>

From Theory to Practice: Understanding Grief and Healing in Chinese Bereavement

Jianping Wang, Ph.D., Professor of Psychology and Psychiatry, Vice Chair of
Clinical and Counseling Psychology, Beijing

9:30 AM - 10:30 AM

Golden Gate B, B2 Level

Earn 1 continuing education credit

SATURDAY

Basic to moderate level of familiarity with the material

Category: Mechanisms

Key Words: *Culture, Grief/Bereavement*

Within the Chinese cultural context, bereavement exhibits distinctive emotional, cognitive, behavioral, and social characteristics. For parents who have lost their child, grief not only brings profound pain but also destabilizes self-identity and disrupts life order; similar patterns are also observed among other bereaved groups. The grieving process is typically prolonged and complex, manifesting in cognitive distortions and attentional avoidance. Cultural beliefs—including filial piety, fate, and perceived stigma—further intensify feelings of responsibility and psychological burden, adding layers of complexity to grief. Family and social interactions play a dual role: spousal dynamics can serve as sources of support but also amplify distress, while connections with *tongming ren* (those who share the same loss) often provide genuine understanding and effective support through shared experience. Despite the challenges, some bereaved individuals gradually achieve recovery and even personal growth. Based on theoretical frameworks and empirical research, this presentation will illustrate the diverse trajectories of grief and recovery, explore the roles of cultural beliefs, cognitive processes, and social interactions in shaping bereavement experiences, and highlight the importance of developing culturally rooted interventions and support strategies to meet the needs of different bereaved populations.

At the end of this session, the learner will be able to:

- Explain grief experiences of the bereaved in Chinese cultural contexts.
- Identify the complexity of grief trajectories, multi-level influencing factors, and exploring the psychological mechanisms.
- List culturally sensitive intervention strategies.

Recommended Readings: Shi, G., Wen, J., Xu, X., Zhou, N., Wang, J., Shi, Y., Liu, H., Wang, J*, & Stelzer, E.-M. (2019). Culture-related grief beliefs of Chinese Shidu parents: Development and psychometric properties of a new scale. *European Journal of Psychotraumatology*, 10(1), 1626075. <https://doi.org/10.1080/20008198.2019.1626075> Zhou, N., Wu, R., Xu, X., & Wang, J*. (2023). Peer support experiences among Chinese parents who lost their only child: A qualitative study. *Death Studies*, 47(6), 738-750. <https://doi.org/10.1080/07481187.2022.2117250> Zhou, N., Ren, F., Shi, G., & Wang, J*. (2025). Understanding the Relationship Between Peer Support and Grief/Growth in Chinese Shidu Parents: The Roles of Internalized Stigma and Stigma Resistance. *Omega: Journal of Death and Dying*, 91(3), 1387-1405. <https://doi.org/10.1177/00302228231154844>

Advancing Research on Suicide Risk and Prevention in LGBTQ+ Youth and Young Adults: Challenges and Future Directions

Kirsty A. Clark, Ph.D., Assistant Professor, Vanderbilt University

11:00 AM – 12:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

SATURDAY

Basic to moderate level of familiarity with the material

Category: Disparities

Key Words: *LGBTQ+, Suicide*

LGBTQ+ youth and young adults face substantially higher rates of suicidal thoughts and behaviors as compared to their non-LGBTQ+ peers, yet less is known about why they have heightened risk and what can be done to prevent it. In this keynote, Dr. Kirsty A. Clark will summarize current epidemiological trends in LGBTQ+ youth suicide and present theory-driven research informed by minority stress theory, the interpersonal theory of suicide, narrative possibilities, and social safety frameworks to explain these disparities. Drawing on both qualitative and quantitative evidence from her team's work, she will identify key risk and protective factors for suicide in LGBTQ+ youth and young adults. Dr. Clark will also discuss how these findings can guide the development and adaptation of targeted interventions. Finally, drawing on her experiences working in Tennessee, USA, she will reflect on the ethical, safety, and practical considerations of conducting LGBTQ+ youth suicide research in a politicized era.

At the end of this session, the learner will be able to:

- Summarize current epidemiological trends in suicidal thoughts and behaviors among LGBTQ+ youth and young adults.
- Explain theoretical frameworks that may account for elevated suicide risk among LGBTQ+ youth and young adults.
- Identify key risk and protective factors for suicide in LGBTQ+ youth and young adults based on qualitative and quantitative research.

Recommended Readings: Clark, K. A., Kellerman, J. K., Argiros, A. P., Phillips, K. L., Park, E. C., Cyperski, M., Pachankis, J. E., & Kleiman, E. (2024). Real-time exposure to negative news media and suicidal ideation intensity among LGBTQ+ young adults. *JAMA Pediatrics*, 178(11), 1155-1163. <https://doi.org/10.1001/jamapediatrics.2024.3133>

Clark, K. A., Salway, T., McConocha, E. M., & Pachankis, J. E. (2022). How do sexual and gender minority people acquire the capability for suicide? Voices from survivors of near-fatal suicide attempts. *SSM - Qualitative Research in Health*, 2, 100044. <https://doi.org/10.1016/j.ssmqr.2022.100044>

Pachankis, J. E., & Clark, K. A. (2025). The mental health of sexual minority individuals: Five explanatory theories and their implications for intervention and future research. *Annual Review of Clinical Psychology*, 21, 1-31. <https://doi.org/10.1146/annurev-clinpsy-081423-022014> “

Amplifying and Extending the Framework of Treatment

John F. Kelly, Ph.D., ABPP, Massachusetts General Hospital Harvard Medical School

12:00 PM – 1:00 PM

Golden Gate A, B2 Level

Earn 1 continuing education credit

Moderate level of familiarity with the material

Category: Addictive Behaviors

Key Words: *Addictive Behaviors, Alcohol Use, Therapy Process*

Since the initial declaration of a “war on drugs” 50 years ago, much has been learned regarding the taxonomy, etiology, pharmacology, epidemiology, neurobiology, typology, and phenomenology of addiction that has shifted public policies and public opinion on addiction away from incarceration toward treatment and public health. More recently there has been a further focus on interventions that combine acute care stabilization and short-term intervention toward models of assertive clinical-community linkage and long-term recovery management that promise to enhance rates of stable remission. This talk will review these paradigmatic shifts occurring during the past 50 years with a focus on how the public health and addiction treatment infrastructure is changing to enhance rates of remission as well as accelerate the time to stable remission.

At the end of this session, the learner will be able to:

- Name three major treatment paradigm shifts that have occurred during the past 50 years in addiction care.
- Describe the major mechanisms through which treatment and recovery support services are shown to confer benefits.
- Name two underlying dimensions that affect the degree of stigma and discrimination in addiction.

Recommended Readings: Scott CK, Dennis ML, Foss MA. Utilizing Recovery Management Checkups to shorten the cycle of relapse, treatment reentry, and recovery. *Drug Alcohol Depend.* 2005 Jun 1;78(3):325-38. doi: 10.1016/j.drugalcdep.2004.12.005. Epub 2005 Jan 26. PMID: 15893164; PMCID: PMC5933845. Stringfellow EJ, Lim TY, Hum-

phreys K, et al. Reducing opioid use disorder and overdose deaths in the United States: A dynamic modeling analysis. *Sci Adv.* 2022;8(25):eabm8147. doi:10.1126/sciadv.abm81474
White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of Substance Abuse Treatment*, 33(3), 229-241. doi: 10.1016/j.jsat.2007.04.015 “

How One RCT Sparked a Global CBT Movement

Judith S. Beck, Ph.D., President/Clinical Professor, Beck Institute for
Cognitive Behavior Therapy/University of Pennsylvania

2:00 PM – 3:00 PM

Foothill C, 2nd Floor

Earn 1 continuing education credit

SATURDAY

Moderate level of familiarity with the material

Category: Global Mental Health

Key Words: CBT, Evidence-Based Practice

Aaron Beck and colleagues created a paradigm shift in the field of mental health. This keynote will describe the major factors involved in the paradigm shift and how CBT is positioned within the broader history of clinical science, how it is methodologically in alignment with modern science and institutions, how its research, practice, and training have evolved to the present day, and what the future may look like. I will answer these questions: What was psychotherapy like before CBT and how did Aaron Beck transition away from psychoanalysis to develop Cognitive Therapy? How did clinical science influence Dr. Beck's work and how was the early practice of CBT different from other psychotherapies? What was the significance of the first randomized controlled trial using Cognitive Therapy? What forces have converged to support evidence-based practice? What was the role of research in the development and refinement of CBT? How did training spread worldwide? How has CBT treatment evolved over the years? What is Recovery-Oriented Cognitive Therapy and why is it important? What might the future hold for CBT?

At the end of this session, the learner will be able to:

- Describe the paradigm shift from psychoanalysis to CBT.
- Enumerate the ways that CBT and CBT training have evolved.
- Name several important factors in the paradigm shift from psychoanalysis to CBT.

Recommended Readings: Eysenck, H. J. (1952). The effects of psychotherapy: an evaluation. *Journal of Consulting Psychology*, 16(5), 319-324. <https://doi.org/10.1037/h0063633> Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. Penguin.

Brennan, J. F., & Houde, K. A. (2022). History and systems of psychology. Cambridge University Press.

These Once Innovative Ideas Now Need to Be Radically Applied

Christine A. Padesky, Ph.D., Distinguished Founding Fellow, Academy of
Cognitive & Behavioral Therapies

1:00 PM – 2:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

SATURDAY

All levels of familiarity with the material

Category: Basic Processes

Key Words: CBT, Change Process/Mechanisms, Psychotherapy Process

Many CBT therapists, researchers and instructors today would describe themselves as client-centered, collaborative and strengths-based. Padesky argues that we can elevate our effectiveness by applying these practices radically instead of perfunctorily. For example, when we practice strengths-based CBT more radically it transforms everything: the issues we discuss, the goals we ask our clients to set, and the methods we use to encourage clients to use their strengths for life transformation. Client-centered collaboration, when radically applied, considers with genuine interest: Socratic dialogues that lead to unexpected places, client-generated conceptualizations that contradict accepted paradigms, and novel interventions that resonate with client cultures. Padesky has been modelling radically client-centered, radically collaborative and radically strengths-based CBT for nearly 50 years in her therapy, world-wide teaching, and video clinical demonstrations. Most of her therapy innovations resulted from her application of one or more of these three approaches. Many were considered radical at first. Examples of her innovations include: the 7-Column Thought Record (Padesky, 1983), Assertive Defense of the Self as a treatment for social anxiety (Padesky, 1997), Strengths-Based CBT: A 4-step model to build resilience (Padesky, & Mooney, 2012), collaborative case conceptualization (Padesky, 2020), her 4-Stage model of Socratic Dialogue (Padesky & Kennerley, 2023), Mind Over Mood (Greenberger & Padesky, 1995; 2016) and the 5-Part Model (Padesky & Mooney, 1990) which, when introduced in 1986 was the first CBT model to highlight the role of environment. Padesky illustrates how radically applying client-centered, collaborative, and strengths-based CBT

can improve our effectiveness. Considering these approaches more radically also offers a rich tapestry of topics for untapped areas of research that can create opportunities for generations to come.

At the end of this session, the learner will be able to:

- Name one way in which radically client-centered, collaborative and strengths-based CBT differs from standard CBT practices.
- Analyze the impact of adding environmental context to CBT models.
- Describe two ways to incorporate radically client-centered, collaborative, and strengths-based CBT into your own clinical practice, teaching, or research.

Recommended Readings: Mooney, K.A. & Padesky, C.A. (2000). Applying client creativity to recurrent problems: Constructing possibilities and tolerating doubt. *Journal of Cognitive Psychotherapy: An International Quarterly*, 14 (2), 149-161. <https://doi.org/10.1891/0889-8391.14.2.149> Padesky, C.A. (2020). Collaborative case conceptualization: Client knows best. *Cognitive and Behavioral Practice*, 27(4), 392-404. <https://doi.org/10.1016/j.cbpra.2020.06.003> Padesky, C. A. & Mooney, K.A. (2012). Strengths-based Cognitive-Behavioural Therapy: A four-step model to build resilience. *Clinical Psychology & Psychotherapy*, 19 (4), 283-90. <https://doi.org/10.1002/cpp.1795>. Reprints of these articles can be obtained from: <https://www.padesky.com/clinical-corner/publications>

The Science of Happiness: experimentally Increasing Wellbeing Through Gratitude, Kindness, and Conversation Interventions

Sonja Lyubomirsky, Ph.D., Distinguished Professor, University of California,
Riverside

4:00 PM – 5:00 PM

Foothill C, 2nd Floor

Earn 1 continuing education credit

Basic level of familiarity with the material

Category: Joy and Wellbeing

Key Words: *Compassion, Social Relationships, Wellbeing*

Happiness not only feels good; it IS good. Happy people are relatively more creative, productive, and helpful; have more stable marriages and higher incomes and boast stronger immune systems. Furthermore, it appears that feeling socially connected is the key to happiness. Fortunately, experiments have shown that people can intentionally increase their happiness and connectedness. In this presentation, Sonja Lyubomirsky will describe both classic and brand new research revealing when and why such practices as expressing gratitude, doing acts of kindness, and engaging in more social interactions work “best.” Specifically, she will describe the critical factors that bolster the likelihood of success - for example, how to determine the right “dosage” or “type” of gratitude or kindness and how to find the right fit between the happiness activities and our personality, goals, and culture. Finally, she will propose several ways by which engaging in presumably happiness-increasing activities may backfire.

At the end of this session, the learner will be able to:

- List three intentional activities that have been shown to increase happiness and describe at least one study that supports the efficacy of each of these three activities.
- List three factors that moderate (or impact) the success of activities aimed at increasing happiness.
- Identify one empirical research example of how positive activities improve not only happiness but other areas of life.

Recommended Readings: Lyubomirsky, S., & Reis, H. (2026). How to feel loved: The five mindsets that get you more of what matters most. New York: Harper. howtofeell.com Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being? *Current Directions in Psychological Science*, 22, 57-62. <https://doi.org/10.1177/0963721412469809> Lyubomirsky, S., & Layous, K. (2025). Well-being. In D.T. Gilbert, S. T. Fiske, E. Finkel, & W. B. Mendes (Eds.), *The handbook of social psychology* (6th ed.). Situational Press. <https://doi.org/10.70400/UKJM3949>

Risk Factors That Predict Future Onset of Eating Disorders: Implications for Prevention

Eric Stice, Ph.D., Professor of Psychiatry and Behavioral Sciences, Stanford University

3:00 PM – 4:00 PM

Golden Gate A, B2 Level

Earn 1 continuing education credit

SATURDAY

Basic to moderate level of familiarity with the material

Category: Feeding and eating disorders

Key Words: *Anorexia, Bulimia, Risk/Vulnerability Factors*

An understanding of risk factors that predict future onset of eating disorders is vital for informing the design of optimally effective eating disorder prevention programs. This presentation will review recent findings on risk factors for eating disorders that address four important gaps in our knowledge. First, findings from research focused on identifying risk factors that predict future onset of each type of eating disorder, including anorexia nervosa, bulimia nervosa, binge eating disorder, and purging disorder will be reviewed, which suggest that the risk processes are somewhat distinct for the different eating disorders but has also identified a few transdiagnostic risk factors. Second, findings regarding the typical order of symptom emergence for each eating disorder type and the relation of prodromal symptoms to future onset of eating disorders will be reviewed, which provide evidence that attitudinal prodromal symptoms (e.g., overvaluation of weight/shape) and unhealthy compensatory weight control behaviors typically emerge before binge eating. Third, findings from research focused on identifying interactions between risk factors in the prediction of future onset of each eating disorder will be reviewed, which suggest that there may be qualitatively distinct risk pathways to onset of each eating disorder. Fourth, research on the temporal sequencing of risk factor emergence that provide support for a multivariate mediational model of binge eating/compensatory behavior eating disorders will be reviewed. The implications of these novel findings for how to design more effective eating disorder prevention programs for the various eating disorders will be highlighted and potentially useful directions for future research will be discussed.

At the end of this session, the learner will be able to:

- Summarize risk factors that have been found to predict future onset of the four main types of eating disorders.
- Articulate the typical order of symptom emergence for eating disorders.
- Discuss how risk factors interact with each other in the prediction of future eating disorder onset.
- Describe the risk factors that have been targeted by prevention programs that have been confirmed to reduce future eating disorder onset.

Recommended Readings: Stice, E., Desjardins, C., Rohde, P., & Shaw, H. (2021). Sequencing of symptom emergence in anorexia nervosa, bulimia nervosa, binge eating disorder, and purging disorder and relations of prodromal symptoms to future onset of these disorders. *Journal of Abnormal Psychology*, 130, 377-387. Stice, E., Yokum, S., Gau, J., & Shaw, H. (2025). Neural risk factors that predict future onset of binge eating or compensatory weight control behaviors: A prospective 4-year fMRI study. *Psychological Medicine*, 55, e48.

Cognitive-behavioural Approaches for Working with Complexity in People with Psychosis

Gillian Haddock, Professor of Clinical Psychology, University of Manchester

4:00 PM – 5:00 PM

Golden Gate B, B2 Level

Earn 1 continuing education credit

SATURDAY

Moderate level of familiarity with the material

Category: Alcohol/Substance Use

Key Words: CBT, Psychosis/Psychotic Disorders, Suicide

Cognitive-behavioural approaches for working with complexity in people with psychosis and schizophrenia are huge global issues and present significant challenges for individual, carers and services. Cognitive-behavioural approaches for people with psychosis are well established, with a large evidence base attesting to their effectiveness and guidelines advocating their implementation in services. However, these approaches have not been well evaluated and developed for people with additional complexities such as severe and distressing psychotic symptoms, suicidality, substance use, anger and violence. The impact of these complexities on the individual and their families and friends is immense, and results in substantial and long-lasting distress to many aspects of life. This paper will describe a programme of work which has focused on the development of treatments which directly target those factors which underpin such complexities. The paper will report on several trials evaluating the approaches as applied across a number of settings. Some of the theoretical underpinnings and implications will be discussed and key issues relating to implementation of such approaches with service users and staff will be discussed.

At the end of this session, the learner will be able to:

- Explain an overview the research evidence base for CBT for people with psychosis.
- Discuss the evidence and approaches used with people with complexity in psychosis e.g. severe psychotic symptoms, suicidal thinking, substance misuse, anger and violence.
- Describe treatment models and interventions for complex cases with psychosis.

Recommended Readings: Haddock, G., Eisner, E., Davies, G., Coupe, N., & Barrowclough, C. (2013). Psychotic Symptoms, self-harm and violence with schizophrenia and substance misuse problems, *Schizophrenia Research* 151(1-3), 215-20. Haddock, G., Pratt, D., Gooding, P.A., Peter, S., Emsley, R., Evans, E., Kelly, J., Huggett, C., Munro, A., Harris, K., Davies., L. and Awenat, Y. (2019) Randomised controlled trial of feasibility and acceptability of suicide prevention therapy in acute psychiatric wards. *BJPsychOpen* 16;18(1):334 doi.10.1186/s12888-018-1921-6. Gooding, P., Pratt, D., Edwards, D., Awenat, Y., Drake, R.J., Emsley,R., Jones, S., Kapur, N., Lobban, F., Peters, S., Boardman, B., Harris, K., Huggett, C. & Haddock, G. (2025) Underlying mechanisms and efficacy of a suicide-focused psychological intervention for psychosis: The Cognitive AppRoaches to coMbatting Suicidality (CARMS), multicentre, single-masked, randomised controlled trial conducted in the UK. *Lancet Psychiatry*.”

Traditional Workshop 7

Preventing and Repairing Ruptures in the Therapeutic Relationship for Clients with Personality Disorders

Judith S. Beck, Ph.D., Beck Institute for Cognitive Behavior Therapy/
University of Pennsylvania

9:00 AM – 12:00 PM

Sierra B, 5th Floor

Earn 3 continuing education credits

Moderate level of familiarity with the material

Category: Personality Disorders

Key Words: *Personality Disorders, Therapeutic Relationship*

Do you have clients who get angry at you in session, get upset when you gently interrupt them, lie to you, avoid revealing important aspects of their life or history to you, spend session time entertaining you, act superior to you, try to control the therapy session? This list could go on and on. Some patients (and therapists) bring distorted and/or maladaptive beliefs about themselves, their worlds, and other people to the therapy session. Their formative experiences, and the appraisal of their experiences, often lead them to develop certain “rules for living” and associated behavioral strategies, which may be adaptive in certain situations but are maladaptive in other contexts. Their dysfunctional beliefs may become activated in the context of psychotherapy and the therapeutic relationship, and they may employ certain coping strategies which interfere with treatment. Conceptualizing relevant beliefs and strategies is fundamental to planning culturally relevant interventions, both problem-based and strength-based, that can strengthen the alliance and also be generalized to improve relationships outside of therapy. In addition, conceptualizing and

addressing difficulties in the therapeutic relationship for groups who have experienced racism or discrimination historically and currently, requires an additional conceptual lens and specific additional strategies to prevent and repair ruptures.

Outline:

- I. Research on the Therapeutic Relationship
 - A. Importance of strong alliances early in treatment
 - B. Multicultural considerations
- II. Strategies to Prevent Problems in the Therapeutic Relationship
 - A. Agreement on problem list/goals, treatment plan, and tasks
 - B. Eliciting feedback
- III. Conceptualizing challenges
 - A. Recognizing maladaptive beliefs and coping strategies relevant to the therapeutic relationship for each personality disorder
 - B. Using a cognitive conceptualization diagram to identify a clients' specific maladaptive beliefs and coping strategies
- IV. Resolving ruptures
 - A. Positive reinforcement for negative feedback and apology when therapist has made a mistake c. Eliciting data about the rupture in the form of the cognitive model and evaluating clients' interpretation of event(s) leading to the rupture
- V. Avoiding negative reactions to clients
 - A. Predicting one's own negative reactions
 - B. Identifying and responding to own maladaptive expectations or negative cognitions
 - C. Practicing mindful self-awareness in and between sessions

At the end of this session, the learner will be able to:

- Conceptualize problems in the therapeutic relationship, particularly with clients with personality disorders, according to the cognitive model.
- Use a variety of interventions to prevent and repair ruptures in the therapeutic relationship.
- Conceptualize and vary treatment to build strong therapeutic relationships with clients who have been negatively impacted by racism and discrimination.

Recommended Readings: Beck, J. S. (2011). *Cognitive therapy for challenging problems: What to do when the basics don't work*. Guilford Press. Moorey, S., & Lavender, A. (Eds.). (2018). *The therapeutic relationship in cognitive behavioural therapy*. Sage. Steele, J.M. (2025) *Racism and African American Mental Health: Using Cognitive Behavior Therapy to Empower Healing*. Routledge.

Traditional Workshop 9

Context Matters: Cognitive and Behavioral Intervention with At-risk Populations in the Global South

Silvia Helena Koller, Ph.D., Universidade Federal do Rio Grande

9:00 AM – 12:00 PM

Pacific H, 4th Floor

Earn 3 continuing education credits

Basic to moderate level of familiarity with the material

Category: Child / Adolescent - Trauma / Maltreatment

Key Words: *Community-Identified Problems, Education and Training, Evidence-Based Practice*

Most evidence supporting Cognitive and Behavioral interventions has been generated in Global North contexts, often overlooking the realities of marginalized and at-risk populations in the Global South. These groups—such as street-connected youth, survivors of violence, displaced families, and individuals facing systemic poverty—require interventions that are responsive to cultural values, contextual constraints, and community strengths. This workshop will highlight the importance of contextualized and culturally sensitive adaptations of CBT. Drawing on case studies, empirical evidence, and practical experiences, it will explore how interventions can be tailored to foster resilience, engagement, and sustainability within vulnerable communities.

Outline:

- I. Global Context of CBT
 - A. Expansion of CBT and limitations of WEIRD-based evidence
 - B. Relevance for vulnerable populations in the Global South

- II. Understanding Context and Vulnerability
 - A. Structural inequalities (poverty, violence, displacement)
 - B. Mental health as contextual and relational
- III. Theoretical Framework
 - A. Bioecological model (PPCT)
 - B. Development as dynamic and context-dependent
- IV. Ecological Engagement Approach
 - A. Integration of research, intervention, and community
 - B. Core principles: context, relationships, participation, ethics
- V. Application to At-Risk Populations
 - A. Case examples (e.g., street-connected youth)
 - B. Engagement as a mechanism of change
- VI. Adapting CBT in Context
 - A. Cultural adaptation (surface and deep structure)
 - B. Community-identified problems and participatory approaches
- VII. Innovation and Implementation
 - A. Flexible protocols and task-shifting
 - B. Building sustainable and context-sensitive interventions
- VIII. Implications for Practice and Training
 - A. Contextualized evidence and practice
 - B. Cultural humility and reflexivity
- IX. Conclusions
 - A. Importance of context in intervention effectiveness
 - B. Toward equitable and globally relevant psychological science

At the end of this session, the learner will be able to:

- Explain the unique challenges of applying CBT with at-risk populations in resource-constrained settings.
- Identify culturally responsive strategies for adapting CBT interventions. Explore participatory, community-based approaches that strengthen impact and sustainability.
- Examine ethical and methodological considerations in Global South research and practice.
- Generate collaborative pathways for integrating Global South perspectives into global CBT dialogue.

Recommended Readings: <https://link.springer.com/book/10.1007/978-3-030-11336-0> <https://link.springer.com/book/10.1007/978-3-319-65033-3> <https://link.springer.com/book/10.1007/978-3-030-27905-9>

Exposure Therapy for Eating and Weight Disorders: Evidence, Practice, and Challenges

Anita Jansen, Ph.D., Maastricht University

9:00 AM – 12:00 PM

Sierra A, 5th Floor

Earn 3 continuing education credits

Basic level of familiarity with the material

Category: Feeding and eating disorders

Key Words: *Anorexia, Binge Eating, Body Image*

Exposure Therapy for Eating and Weight Disorders: Evidence, Practice, and Challenges Exposure therapy has a long tradition in the treatment of anxiety disorders, yet its application to eating and weight disorders is still emerging. This workshop will provide an in-depth overview of the empirical evidence supporting exposure-based interventions for concerns such as food avoidance, overeating, binge eating, body concerns, and weight-related fears. Participants will learn how to design and implement various forms of exposure and explore strategies to address common clinical challenges, including avoidance and safety concerns. Emphasis will be placed on translating research into practice and on integrating exposure interventions within established evidence-based treatment frameworks, such as CBTE.

Outline:

- I. Exposure therapy for eating disorders: state of the art
- II. Working mechanisms of exposure
 - A. Habituation
 - B. Inhibitory Learning
- III. Developing and designing exposure interventions

- A. Fears and avoidance
 - B. Loss of control
 - C. Shape and weight concerns
- IV. Challenges and pitfalls

At the end of this session, the learner will be able to:

- Evaluate the empirical evidence supporting exposure interventions in eating and weight disorders.
- Identify core mechanisms of action (e.g., habituation, threat expectancies, inhibitory learning) relevant to exposure-based interventions.
- Design and implement different types of exposure strategies tailored to clinical cases.
- Anticipate common clinical challenges to exposure interventions and discuss strategies to address them.
- Integrate exposure techniques into broader evidence-based treatment frameworks for eating and weight disorders.

Recommended Readings: Becker, C., Farrell, N. R., & Waller, G. (2019). *Exposure Therapy for Eating Disorders*. Oxford University Press. <https://doi.org/10.1093/med-psych/9780190069742.001.0001> Butler, R. M., & Heimberg, R. G. (2020). Exposure therapy for eating disorders: A systematic review. *Clinical Psychology Review*, 78, 101851. <https://doi.org/10.1016/j.cpr.2020.101851> Melles, H., Spix, M., & Jansen, A. (2021). Avoidance in Anorexia Nervosa: Towards a research agenda. *Physiology & Behavior*, 238, 113478. <https://doi.org/10.1016/j.physbeh.2021.113478> Schaumberg, K., Reilly, E. E., Gorrell, S., Levinson, C. A., Farrell, N. R., Brown, T. A., Smith, K. M., Schaefer, L. M., Essayli, J. H., Haynos, A. F., & Anderson, L. M. (2021). Conceptualizing eating disorder psychopathology using an anxiety disorders framework: Evidence and implications for exposure-based clinical research. *Clinical Psychology Review*, 83, 101952. <https://doi.org/10.1016/j.cpr.2020.101952>

Traditional Workshop 11

Evidence Based Management of Intimate Partner Violence Against Women

Marta Rondon, M.D., Universidad San Martin de Porres and Instituto
Nacional Materno Perinatal

9:00 AM – 12:00 PM

Pacific I, 4th Floor

Earn 3 continuing education credits

Basic level of familiarity with the material

Category: Trauma and Stressor Related Disorders

Key Words: *Trauma, Violence / Sexual Assault, Womens Health*

The course will deal with 1. The types of violence against women, a adolescents and children, where intimate partner violence (IPV) is the most common form of gender based violence 2. The epidemiology of IPV 3. The common myths about IPV 4. The essential characteristics of a service where IPV is identified 5. The identification of the girl/adolescent/woman affected by IPV 6. The initial approach: first line intervention or LIVES 7. Evidence based psychotherapeutic interventions 8. Research gaps

At the end of this session, the learner will be able to:

- Identify a woman who is suffering from intimate partner violence.
- Provide first line management (lives).
- Provide psychological interventions as needed to women affected by IPV.

Recommended Readings: García-Moreno C, Hegarty K, d'Oliveira AF, Koziol-McLain J, Colombini M, Feder G. The health-systems response to violence against women. *Lancet*. 2015 Apr 18;385(9977):1567-79. doi: 10.1016/S0140-6736(14)61837-7. Epub 2014 Nov 21. Erratum in: *Lancet*. 2015 Apr 18;385(9977):1510. doi: 10.1016/S0140-6736(15)60754-

1. PMID: 25467583. Onsjö, M., Axberg, U., Hultmann, O., & Strand, J. (2025). A mixed-methods evaluation of long-term outcomes after trauma-focused cognitive behavioural therapy for children subjected to family violence. *Psychotherapy Research*, 1-15. <https://doi.org/10.1080/10503307.2025.2469256> Lakin DP, García-Moreno C, Roesch E. Psychological Interventions for Survivors of Intimate Partner Violence in Humanitarian Settings: An Overview of the Evidence and Implementation Considerations. *Int J Environ Res Public Health*. 2022 Mar 2;19(5):2916. doi: 10.3390/ijerph19052916. PMID: 35270610; PMCID: PMC8910593.

Traditional Workshop 14

Using the Implementation Research Logic Model (IRLM) to Effectively Implement Ebts in Your Organization

Justin Smith, Ph.D., Northwestern University Feinberg School of Medicine

1:00 PM – 4:00 PM

Pacific I, 4th Floor

Earn 3 continuing education credits

Basic level of familiarity with the material

Category: Dissemination and Implementation Science

Key Words: *Health Care System, Implementation, Methods*

Implementing EBTs can be a daunting challenge given the need to consider contextual factors and resource availability. Effective strategies that are well supported logically (and empirically where data is available) are central. This workshop will introduce attendees to the Implementation Research Logic Model (IRLM)—a practical tool for planning and executing implementation and practice change efforts that is generalizable across EBTs and setting types. The presenter, who is the lead developer of the IRLM, will share an updated User Guide and worksheets to aid participants in using this useful tool in their organizations.

At the end of this session, the learner will be able to:

- Explain the core elements and generalizable theory underlying the IRLM.
- Begin to use the IRLM to select strategies and plan for an implementation/change effort.
- Gain familiarity with the IRLM's supporting materials (e.g., User Guide, worksheets, web interface).

Recommended Readings: Smith JD, Li DH, & Rafferty MR (2020). The Implementation Research Logic Model: A method for planning, executing, reporting, and synthesizing implementation projects. *Implement Sci*, 15:84 doi:10.1186/s13012-020-01041-8 Knapp AA, Carroll AJ, Mohanty N, Fu E, Powell BJ, Hamilton A, Burton, ND, Coldren E, Hossain TL, Limaye DP, Mendoza D, Sethi M, Padilla R, Price HE, Villamar JA, Jordan N, Langman CB, & Smith JD (2022). A stakeholder-driven method for selecting implementation strategies: A case example of pediatric hypertension clinical practice guideline implementation. *Implement Sci Commun*, 3:25. doi: 10.1186/s43058-022-00276-4

Traditional Workshop 12

Designing Real-time Research: Practical Approaches to Ecological Momentary Assessment

Kirsty A. Clark, Ph.D., Vanderbilt University

1:00 PM – 4:00 PM

Sierra A, 5th Floor

Earn 3 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Assessment

Key Words: *Measurement, Research Methods, Technology / Mobile Health*

Ecological momentary assessment (EMA) methods offer unparalleled opportunities to capture real-time data on thoughts, emotions, and behaviors as they unfold in participants' everyday lives. Yet, developing an effective EMA protocol requires a careful balance of scientific rigor, participant engagement, ethical safeguards, and practical feasibility. This interactive, half-day workshop is designed for researchers, clinicians, and students interested in integrating EMA into their work, whether in clinical or community settings. Participants will gain a foundational understanding of EMA research, including key considerations in study design, community member involvement, measurement selection, assessment frequency and duration, participant compensation, and retention strategies. We will explore practical topics including sample size and recruitment planning, software selection, research assistant training needs, and approaches to addressing safety and ethical concerns particularly in sensitive research areas. Emerging directions such as ecological momentary interventions (EMIs) and Just-In-Time Adaptive Interventions (JITAI) will be

introduced. The workshop will blend didactic content with applied examples, including a case study of EMA design in suicide risk research with LGBTQ+ youth, and hands-on small-group activities where participants will draft components of their own EMA protocol. By the end, attendees will leave with a toolkit of best practices for turning their research questions into well-designed EMA studies.

Outline:

- I. Introduction to Ecological Momentary Assessment (EMA)
 - A. Overview of EMA methods and key concepts
 - B. Advantages of real-time, real-world data capture
- II. Study Design Considerations
 - A. Study design and duration
 - B. Measurement selection and assessment frequency
 - C. Community member involvement
- III. Practical Implementation
 - A. Sample size and recruitment planning
 - B. Software selection
 - C. Research assistant training
 - D. Participant compensation and retention strategies
- IV. Ethical and Safety Considerations
 - A. Addressing sensitive research areas
 - B. Safeguards for vulnerable populations
 - C. Case study: EMA in suicide risk research with LGBTQ+ youth
- V. Emerging Directions
 - A. Ecological Momentary Interventions (EMIs)
 - B. Just-In-Time Adaptive Interventions (JITAs)
- VI. Hands-On Application
 - A. Small-group protocol drafting activities

At the end of this session, the learner will be able to:

- Identify key design considerations for developing an EMA protocol, including measurement selection, assessment frequency, participant recruitment and retention, and safety and risk management considerations.
- Discuss strategies for involving community members and experts in study design to ensure the EMA protocol is responsive to participant needs.
- Create a preliminary EMA study plan, including practical decisions about software, recruitment, retention, and data collection logistics.

Recommended Readings: Clark, K., Phillips, K., Park, E., Argiros, A., Nikolaidis-Konstas, A., Sexton, J., Cyperski, M., Kleiman, E., & Pachankis, J. (2025). Development, feasibility, and acceptability of a smartphone-based ecological momentary assessment of minority stress and suicidal ideation among sexual and gender minority youth. *PLOS ONE*, 20(8), e0330204. <https://doi.org/10.1371/journal.pone.0330204> Burke, L. E., Shiffman, S., Music, E., Styn, M. A., Kriska, A., Smailagic, A., Siewiorek, D., Ewing, L. J., Chasens, E., French, B., Mancino, J., Mendez, D., Strollo, P., & Rathbun, S. L. (2017). Ecological momentary assessment in behavioral research: Addressing technological and human participant challenges. *Journal of Medical Internet Research*, 19(3), e77. <https://doi.org/10.2196/jmir.7138> Russell, M. A., & Gajos, J. M. (2020). Annual Research Review: Ecological momentary assessment studies in child psychology and psychiatry. *Journal of Child Psychology and Psychiatry*, 61(3), 376-394. <https://doi.org/10.1111/jcpp.13204> Smith, K. E., & Juarascio, A. (2019). From ecological momentary assessment (EMA) to ecological momentary intervention (EMI): past and future directions for ambulatory assessment and interventions in eating disorders. *Current psychiatry reports*, 21(7), 53. <https://doi.org/10.1007/s11920-019-1046-8>

Traditional Workshop 13

An Evidence-based Approach to Treating Fears of Recurrence and Disease Progression in chronic Physical Conditions

Louise Sharpe, Ph.D., University of Sydney

1:00 PM – 4:00 PM

Pacific H, 4th Floor

Earn 3 continuing education credits

Basic level of familiarity with the material

Category: Adult - Anxiety

Key Words: *Anxiety, Health Anxiety, Physical Health*

In our ageing society, the presence of chronic physical conditions is becoming more common and anxiety is a common sequelae of living with chronic disease. However, while cognitive-behavioural treatments for anxiety are associated with large effects, in the context of chronic illness, treatments have been shown to produce small changes or be ineffective. The concerns of those living with chronic illness differ from those of people without chronic illnesses. It has recently been proposed that fear of the illness recurring or progressing is a fundamental fear that underlies anxiety in a range of conditions and is a transdiagnostic construct that impedes quality of life for people with chronic disease. This workshop will describe models of fear of disease recurrence and progression and examine the evidence that fear of progression is a transdiagnostic construct amongst those with chronic physical illness. This workshop will outline ways to help patients to be able to think about their future with uncertainty and live a life that has meaning and value to them, using a program called 'Conquer Fear'. Conquer fear draws from acceptance

commitment therapy, meta-cognitive therapy and behavioural strategies. Conquer Fear was shown in a large randomized controlled trial to be superior to relaxation training in reducing fear of cancer recurrence (FCR). The program includes values clarification and strategies from metacognitive therapy, that examine whether worry is helpful, harmful or controllable specifically in the context of FCR will be explored. Response prevention for checking behaviours and bodily monitoring will be described and demonstrated. Although this program was developed specifically for working with people living with or beyond cancer, the applicability for working with other illnesses in which fear of progression will be addressed.

At the end of this session, the learner will be able to:

- Describe the theories for why some individuals develop clinically significant concerns about their disease recurring and progressing.
- Identify effective treatment components, including values clarification, attention retraining, meta-cognitive therapy and behavioural response prevention and apply them to people with cancer and other chronic diseases.
- Provided with the 'Conquer Fear' treatment manual, an evidence-based intervention targeted to treating fear of cancer recurrence in the context of early stage cancer treated with curative intent.
- Adapt the treatment and its manual to different chronic illnesses.

Recommended Readings: Sharpe, L., Michalowski, M., Richmond, B., Menzies, R., Shaw, J. (2023). Fear of progression in chronic illnesses other than cancer: A systematic review and meta-analysis of a transdiagnostic construct. *Health Psychology Review*, 17, 301-320. 182. Butow, P.N., Turner, J., Gilchrist, J., Sharpe, L., Smith, A.B., Fardell, J.E., Stephanie Tesson, S., O'Connell, R., Girgis, A., Gebiski, V.J., Asher, R., Mihalopoulos, C., Bell, M.L., Grunewald Zola, K., Beith, J., Thewes, B. (2017) Randomized Trial of ConquerFear: A Novel, Theoretically Based Psychosocial Intervention for Fear of Cancer Recurrence. *Journal of Clinical Oncology*, 35, 4066-4077. 112. Tauber, N.M., O'Toole, M.S., Dinkel, A., Galica, J., Humphris, G., Lebel, S., Maheu, C., Ozakinci, G., Prins, J., Sharpe, L., Smith, A.B., Thewes, B., Simard, S. & Zachariae, R. (2020) The Effect of Psychological Intervention on Fear of Cancer Recurrence: A Systematic Review and Meta-Analysis. *Journal of Clinical Oncology*, 37, 2899.

Positive Affect Treatment for Depression and Anxiety

Alicia E. Meuret, Ph.D., Southern Methodist University

9:00 AM – 11:00 AM

Yerba Buena Salon 15, B3 Level

Earn 2 continuing education credits

SATURDAY

Basic to Moderate level of familiarity with the material

Category: Mood disorders and suicidality

Key Words: *Depression, Treatment, Anxiety*

Individuals with emotional disorders such as depression and anxiety frequently experience diminished pleasure, interest, and joy in everyday activities. Low positive affect, a core feature of anhedonia, is associated with poor prognosis and elevated suicide risk. Despite its clinical importance, positive affect and anhedonia are rarely targeted directly in standard psychological or pharmacological treatments, leaving many patients with persistent symptoms. Positive Affect Treatment (PAT) was developed to directly address reward processing deficits that contribute to anhedonia. PAT targets difficulties in anticipating rewards, engaging in motivated behavior, responding to positive outcomes, and learning from rewarding experiences. PAT is a structured 15 session intervention comprising 3 modules that focus on behavior (Actions Toward Feeling Better), cognition (Attending to the Positive), and compassion-based skill building (Building Positivity). Across modules, patients practice skills to increase their capacity to look forward to positive experiences, notice and remain engaged with them, and intentionally savor and learn from moments of pleasure, meaning, or accomplishment. The clinical premise of PAT is that strengthening reward capacity increases the frequency and impact of positive experiences, which in turn reduces the dominance of negative thoughts, emotions, and stressors. Randomized controlled trials (Craske, Meuret, et al., 2019, 2023; Meuret et al., 2026) show that, compared to cognitive behavioral therapy, PAT leads to greater improvements in positive affect, depressive and anxiety symptoms, and suicidality among individuals with moderate to severe depression and anxiety and low positive affect. This workshop will provide clinicians with a practical introduction to PAT by reviewing the clinical rationale and evidence base, demonstrating core modules and techniques, and teaching how to assess reward sensitivity deficits to guide selection and prioritization of PAT strategies in clinical practice.

At the end of this session, the learner will be able to:

- Recognize the symptoms of reward hyposensitivity
- Plan behavioral and cognitive activities with patients to improve low positive affect
- Identify improvements in reward deficit and how to augment benefits further
- Identify what to do when clients struggle to engage in techniques
- Explain guide selection and prioritization of PAT strategies in clinical practice.

Recommended Readings: Meuret, A. E., Dour, H., Loerinc Guinyard, A., & Craske, M. G. (2022). Positive Affect Treatment for depression and anxiety: Workbook. Oxford University Press. Craske, M. G., Meuret, A. E., Echiverri-Cohen, A., Rosenfield, D., & Ritz, T. (2023). Positive Affect Treatment targets reward sensitivity: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*. Meuret, A. E., Rosenfield, D., Wang, E., Houg, C., Ritz, T., & Craske, M.G. (2026). Mechanisms of Positive and Negative Affect Treatment on Reward and Threat Processes in Depression and Anxiety. *JAMA Network Open*

Why Your Patients Really Don't Get Better

Jeffrey Lazarus, M.D., A Medical Corporation

9:00 AM - 11:00 AM

Foothill C, 2nd Floor

Earn 2 continuing education credits

SATURDAY

Basic level of familiarity with the material

Category: Behavioral medicine, chronic illness, and integrated primary care

Key Words: *Therapeutic Alliance, CBT, Motivation*

Learn to apply Dr. David Burns' TEAM-CBT paradoxical techniques to overcome patient resistance and optimize motivation. Through patient video clips, live demonstrations, and case examples of Disorders of Gut-Brain Interaction (formerly known as Functional GI Disorders), headaches, nocturnal enuresis, tics and Tourette syndrome, and other somatic complaints, discover how siding with resistance paradoxically accelerates healing. One live demonstration will allow attendees to learn a quick but powerful tool to control anxiety. The other will allow the learner to be in the role of the patient addressing their resistance.

At the end of this session, the learner will be able to:

- Recognize outcome and process resistance in patients and understand how resistance paradoxically serves protective functions.
- Apply paradoxical agenda-setting techniques including cost-benefit analysis to help patients articulate their own motivations for change.
- Demonstrate advanced empathy skills that create therapeutic rapport and accelerate patient recovery.
- Help patients identify and consciously address their unconscious resistance to change.
- By having seen video examples, the learner will be able to understand and apply new knowledge in virtually every future patient encounter.

Recommended Readings: Burns, DD. (2024) *Feeling Great: The Revolutionary New Treatment for Depression and Anxiety*. Bridge City Books. Winczewski LA, Bowen JD, Collins NL. (2016). *Is Empathic Accuracy Enough to Facilitate Responsive Behavior in*

Dyadic Interaction? Distinguishing Ability from Motivation. *Psychological Science*, 27(3), 394-404. Lazarus JE. (2017). Controlling Your Gut Feelings® (Video)

Less Avoiding, More Doing: An Acceptance and Commitment Therapy Workshop for Chronic “laterers”

Patricia E. Zurita Ona, Psy.D., East Bay Behavior Therapy Center

2:00 PM – 4:00 PM

Yerba Buena Salon 2, B3 Level

Earn 2 continuing education credits

SATURDAY

All levels of familiarity with the material

Category: Positive psychology and resilience

Key Words: ACT (*Acceptance & Commitment Therapy*), *Transdiagnostic*, *Anxiety*

Procrastination is a psychological struggle in therapy, with far-reaching consequences for clients' careers, studies, friendships, and overall well-being (Rozenal & Carlbring, 2014; Glick & Orsillo, 2015). In this workshop, we'll explore a contextual-functional perspective and unpack the psychological process behind procrastination behaviors. We'll go beyond the cliché messages of “just get things done, get better at time management, or use post-its as reminders.” Instead, we'll focus on acceptance and change-based skills - derived from Acceptance and Commitment Therapy (ACT) - to help clients get things done, build new patterns of workable behaviors, and compassionately accept themselves as they are, not as they wish to be (Gilbert, P., & Procter, S. (2006). Specific skills will be presented to guide clients in nourishing compassionate accountability, unhooking from problematic reasons and rules (Scent & Boes, 2014), managing self-criticism, dealing with overwhelming emotions, starting simple and complex tasks, staying focused, and approaching deadlines. Through case vignettes, experiential exercises, and role-plays, participants will learn contextual-functional interventions to tackle all types of procrastinating behaviors.

At the end of this session, the learner will be able to:

- Describe the six psychological drivers of chronic procrastination from a contextualfunctional perspective.
- Guide clients in developing compassionate accountability while still taking responsibility for their public and private behaviors.
- Use a single metaphor in session to help a client differentiate between primary pain and secondary pain related to procrastinating behaviors.
- Implement two compassionfocused strategies to help clients respond more skillfully when approaching task demands.

Recommended Readings: Zurita Ona, P. E. (2021). *The ACT workbook for the anxious procrastinator: How to accept yourself, get things done, and do more of what matters*. Jennifer Kingsley Publisher. Harris, R. (2007). *The Happiness Trap: How to Stop Struggling and Start Living*. Boston, MA: Trumpeter / Shambhala. Stoddard, J. A. (2020). *Imposter No More: Overcome Self-Doubt and Imposterism to Cultivate a Successful Career*. Balance Publications.

Empirically-supported Assessment and Treatment of Functional Impairments in Executive Function and Organizational Skills in ADHD and Related Disorders in Children and Teens

SATURDAY

Richard Gallagher, Ph.D., Associate Professor, NYU Langone Health/NYU
School of Medicine

Co-Author: Jenelle D. Nissley-Tsiopinis, Ph.D., Assistant Professor, Perelman
School of Medicine at the University of Pennsylvania & Children's
Hospital of Philadelphia

9:00 AM – 12:00 PM

Pacific J, 4th Floor

Earn 3 continuing education credits

Category: Child and adolescent mental health

Key Words: ADHD, Evidence-Based Practice, Treatment

Many youth with ADHD and related problems have impairing deficits in executive functioning (EF) and related deficits in organization, time management, and planning (OTMP). OTMP deficits reduce school performance, create homework problems, cause family conflict, hinder emotional adjustment and life success. Parents and teachers see these practical executive function deficits as a critical concern. From 2 decades of development, pilot testing, and randomized controlled trials, Organizational Skills Training (OST) has been found to significantly change the behavioral, academic, family, and emotional lives of children that struggle with deficits in practical executive functions. The method is efficacious with children that meet the diagnostic criteria for ADHD and for children with OTMP skills deficits that do not necessarily have ADHD. OST is a well-established

treatment for children with ADHD (Evans et al., 2018). It has impact in improving OTMP skills which contributes to improved achievement and to reduced homework problems and family conflict (Abikoff et al., 2012). OST has been fully tested for elementary school children in clinical settings and in school settings delivered by school personnel. The main components of the manualized treatment, both what is done in session and how it is done effectively, will be reviewed through lectures, examples, brief videos and short, interactive exercises. The presentation will review the full protocols with emphasis on child, parent, and teacher orientation and skills building in five areas: supportive parent behavior management and teacher involvement, tracking assignments, managing materials, time management, and planning. Extensions to pre-teens and teens will be presented as well. The foundations for both the clinical and school-delivered versions of OST will be presented. The options for delivery of the clinical version for in-person contact and telehealth participation will be discussed. The session will also present the modification for efficacious implementation in small groups by school personnel. The workshop is presented by developers of the protocols who have extensive experience in training therapists and school personnel in providing the program with fidelity.

At the end of this session, the learner will be able to:

- Name skill deficits that over half of children with ADHD demonstrate in organization, time management, and planning.
- Evaluate treatment candidates using rating scales and interviews through lecture and demonstration of methods.
- Describe the treatment targets of tracking assignments, managing materials, time management and planning.
- List methods to build parent behavior management skills, and, for youth, practical EF skills for managing home and school tasks.
- Describe the methods used to fully engage parents and youth in treatment sessions and to collaborate with teachers.

Recommended Readings: Abikoff H, Gallagher R, Wells KC, et al. (2013). Remediating organizational functioning in children with ADHD: Immediate and long-term effects from a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 81, 113-128. doi: 10.1037/a0029648 Jenelle Nissley-Tsiopinis, Thomas J. Power, Phylcia F. Fleming, Katie L. Tremont, Bridget Poznanski, Shannon Ryan, Jaclyn Cacia, Theresa Egan, Cristin Montalbano, Alex Holdaway, Ami Patel, Richard Gallagher, Howard Abikoff, A. Russell Localio, and Jennifer A. Mautone (2024) School-Based Organizational Skills Training for Students in Grades 3-5: A Cluster Randomized Trial. *Journal of Consulting and Clinical Psychology*, 92, 674-691. <https://doi.org/10.1037/ccp0000909> Steven W. Evans, Julie Sarno Owens, Brian T. Wymbs & A. Raisa Ray (2018) Evidence-Based Psychosocial Treatments for Children and Adolescents With Attention Deficit/ Hyperactivity Disorder, *Journal of Clinical Child & Adolescent Psychology*, 47:2, 157-198, DOI: 10.1080/15374416.2017.1390757

Metacognitive Therapy for Health Anxiety

Robin D. Bailey, Ph.D., Assistant Professor, University of Cambridge

9:00 AM – 12:00 PM

Golden Gate C1, B2 Level

Earn 3 continuing education credits

Category: Anxiety disorders

Key Words: *Health Anxiety, Treatment, Cognitive Processes*

Health anxiety is a pervasive condition in which people become preoccupied with the possibility of having or developing a serious illness. Cognitive behavioural therapy remains the most evaluated psychological approach, yet systematic reviews and meta-analyses report mixed outcomes for both symptom reduction and long-term relapse. This has created a need for interventions that more directly target the processes that drive health-anxiety persistence and are feasible to deliver in routine services. The metacognitive model provides that alternative. It frames health anxiety as a disorder maintained by the cognitive-attentional syndrome: worry, checking, internal threat monitoring, and coping behaviours shaped by positive and negative metacognitive beliefs. Research using this model shows that shifting these metacognitions produces substantial and lasting improvement, and that change can occur without discussing the content of illness thoughts. This includes reducing disease conviction, curbing reassurance-seeking, and altering attentional biases without sliding into illness-focused debate – a common drift point in standard CBT. In this workshop, the metacognitive model of health anxiety will be outlined and used to show how case conceptualisation and treatment can be organised around it. The session will focus on core MCT methods that interrupt the cognitive-attentional syndrome: detached mindfulness, health-worry postponement, attentional modification, and strategies for preventing immersion in the content of health-related thoughts. We will also examine the metacognitions repeatedly identified as drivers of persistence and relapse. These include beliefs about biased thinking, beliefs that worry is protective, and the paradoxical way that feeling temporarily better can trigger renewed checking or internal monitoring. Understanding these mechanisms gives clinicians the leverage to intervene at the level that actually maintains health anxiety.

At the end of this session, the learner will be able to:

- Apply metacognitive treatment principles to health-anxiety presentations. 1. Understand the metacognitive model of health anxiety.
- Keep therapy focused on process rather than the content of distress.
- Identify metacognitive beliefs that maintain symptoms and increase relapse risk.

Recommended Readings: Bailey, R., & Wells, A. (2024). Feasibility and preliminary efficacy of metacognitive therapy for health anxiety: A pilot RCT. *Journal of Affective Disorders Reports*, 16, 100751. Ivan, L., Foerster, P., BERPohl, F. M. G., Gerlach, A. L., & Pohl, A. (2025). Do metacognitions contribute to pathological health anxiety? A systematic review and meta-analysis. *Plos one*, 20(7), e0325563. Nordahl, H., Anyan, F., Strand, E. R., Sævik, P., Jacobsson, H., & Wells, A. (2025). Metacognitive beliefs in health anxiety: psychometric evaluation of the MCQ-HA and a test of the metacognitive model applied to health anxiety in a Norwegian sample. *Cognitive Behaviour Therapy*, 1-11.

Mindfulness Intervention for Emotional Distress

Yanjuan Li, Ph.D., Assistant professor, the university of Hong Kong
Co-Author: Xinghua Liu, Ph.D., Professor, Peking University

9:00 AM - 12:00 PM

Pacific C, 4th Floor

Earn 3 continuing education credits

Category: Transdiagnostic and therapeutic processes

Key Words: *Mindfulness/Meditation, Transdiagnostic, Evidence-Based Practice*

Emotional disorders such as anxiety and depression show substantial overlap, reflected in high rates of comorbidity and shared psychological vulnerabilities that give rise to similar patterns of maladaptive emotional responding. To address these common mechanisms, Xinghua Liu developed the Mindfulness Intervention for Emotional Distress (MIED) in 2019. MIED is grounded in a transdiagnostic psychopathological diamond model, which posits four key etiological mechanisms: reduced life engagement, low distress tolerance, excessive emotional behaviors, and cognitive rigidity. Accordingly, the intervention integrates mindfulness practices with cognitive and behavioral strategies to facilitate re-engagement with life, regulate distress tolerance, regulate excessive emotional behaviors, and improve cognitive flexibility. MIED can be delivered in multiple formats, including group-based interventions led by trained facilitators, internet-based self-help programs (iMIED), and individual psychological counseling. Growing empirical evidence supports the effectiveness and scalability of MIED. To date, more than 30,000 individuals have participated in MIED or iMIED. Research conducted by Liu, Li, and colleagues has resulted in over ten peer-reviewed publications. Notably, a recent multicenter randomized controlled trial demonstrated that the self-help version of MIED, delivered with minimal facilitator support, significantly improved symptoms among individuals with emotional disorders, highlighting its potential as a scalable adjunctive treatment. Building on this evidence base, the workshop will introduce the core structure and clinical logic of the MIED protocol, including its transdiagnostic conceptual framework, intervention components, and delivery pathways. Participants will learn to apply the psychopathological diamond model to case conceptualization and intervention planning, and will engage in guided mindfulness practices to directly experience how these practices target key transdiagnostic processes. The workshop will also briefly introduce the MIED teacher training program, which currently includes over 800 trainees, and highlight its role in supporting dissemination and implementation.

At the end of this session, the learner will be able to:

- Enhance attendees' understanding of transdiagnostic mechanisms underlying emotional distress
- Improve attendees' ability to integrate mindfulness-based strategies within evidence-based CBT practice.
- Strengthen skills in applying mechanism-focused case conceptualization to guide intervention selection.

Recommended Readings: Li, Y., Zhang, Y., Wang, C., Luo, J., Yu, Y., Feng, S., Wang, C., Xu, Q., Wang, P., Chen, J., Zhang, N., Yu, Q., Liu, Y., Chen, D., Hofmann, S. G., & Liu, X. (2025). Supported Mindfulness-Based Self-Help Intervention as an Adjunctive Treatment for Rapid Symptom Change in Emotional Disorders: A Practice-Oriented Multicenter Randomized Controlled Trial. *Psychotherapy and Psychosomatics*, 1–11. <https://doi.org/10.1159/000542937> Wang, Z., Chen, M., Hu, A., Feng, S., Hofmann, S. G., & Liu, X. (2025). Effect of cognitive flexibility in mindfulness intervention for emotional distress: Two randomized controlled trials. *Journal of Counseling Psychology*. <https://doi.org/10.1037/cou0000812> Chen, M., Xin, Z., He, M., Wang, Z., Li, Y., Hofmann, S. G., & Liu, X. (2025). Temporal Dynamics in the Early Stages of Mindfulness Intervention for Emotional Distress: A Network Analysis. *Mindfulness*. <https://doi.org/10.1007/s12671-025-02656-y>

Providing Evidence-based Assessment and Treatment of Patients with Severe Obesity Across Settings

Larissa A. McGarity, Ph.D., Associate Professor (Clinical), University of Utah School of Medicine

Hannah Farnsworth, Psy.D., Assistant Professor (Clinical), University of Utah School of Medicine

9:00 AM – 12:00 PM

Pacific A, 4th Floor

Earn 3 continuing education credits

Category: Behavioral medicine, chronic illness, and integrated primary care

Key Words: *Evidence-Based Practice, Obesity, Stigma*

The primary goal of this workshop is to provide the education needed for clinicians to competently assess and treat patients with severe obesity across settings at a time when the landscape of obesity medicine is rapidly shifting. Patients presenting across various behavioral health settings require consideration for the unique experiences and contributing factors that impact physical and mental health. Some of the psychosocial challenges that may present include disordered eating, body image concerns, behavioral changes, depression, management of physical health diagnoses, chronic pain, and impaired sleep, among others. In addition, patients with severe obesity often experience years of negative messages and stigma from broader society, healthcare providers, friends, and family with devastating interacting physical and mental health impacts. Behavioral health providers play an important role in assessment and treatment of severe obesity and comorbid psychosocial considerations, across diverse settings including primary care, bariatric surgery and medical weight management, pain management, private practice, rehabilitation, and sleep disorder clinics. The explosion in excitement about and media attention surrounding the use of anti-obesity medications (i.e., GLP-1s) contributes to the growing need for behavioral health providers to receive specialized training in providing appropriate care, particularly given the negative impacts of weight stigma. This workshop will cover the following elements: 1) Introduction to Biopsychosocial Factors in Severe Obesity across Set-

tings (Etiology, Treatment Approaches, Surgical Procedures), 2) Role of Psychologists in Assessment and Treatment, and 3) Multicultural, Ethical, and Telehealth Considerations.

At the end of this session, the learner will be able to:

- Describe key biopsychosocial factors associated with development and maintenance of severe obesity.
- Define weight stigma and explain its impact on health outcomes and patient care.
- Identify strategies to collaborate on interdisciplinary teams for effective care for patients with severe obesity.
- Describe evidence-based interventions to treat mental health and behavioral health needs of persons with severe obesity.
- Describe psychosocial implications of treatments for severe obesity (e.g., AOMs, bariatric surgery, behavioral).

Recommended Readings: McGarrity LA, Farnsworth HR. Weight Stigma in the Metabolic Bariatric Surgery Context: Current State of the Literature, Conceptual Model, and Looking Forward. *Curr Obes Rep.* 2025 Jul 16;14(1):59. doi: 10.1007/s13679-025-00651-x. PMID: 40668278; PMCID: PMC12377209. Williamson TM, Rash JA, Campbell TS, Mothersill K. (2019). Ethical considerations in assessment and behavioral treatment of obesity: Issues and practice implications for clinical health psychologists. *Professional Psychology: Research and Practice.* 51: 95-105. Sogg S, Lauretti J, & West-Smith L (2016). Recommendations for the presurgical psychological evaluation of bariatric surgery patients. *Surgery for Obesity and Related Diseases.* 12: 731-49.

Resilience for Trauma-informed Professionals: Protecting Clinicians and Researchers from the Effects of Exposure to Secondary Traumatic Stress

Patricia K. Kerig, Ph.D., Professor, University of Utah

9:00 AM – 12:00 PM

Pacific B, 4th Floor

Earn 3 continuing education credits

Category: Conflict, Disasters, and Trauma- and Stressor-related Disorders

Key Words: *Trauma, Resilience, Burnout*

Exposure to secondary traumatic stress (STS) is increasingly recognized as an occupational hazard for those whose work involves exposure to trauma-related information or provision of services to trauma-affected individuals, as frequently occurs amongst professionals who conduct cognitive-behavioral therapies as well as those research the effectiveness of CBTs for clients with trauma exposure. Although recommended strategies for addressing STS typically focus on individual self-care, the evidence base supporting such interventions is weak and inconclusive. Alternatively, promising new evidence-informed approaches focus on fostering the development of professional skills for increasing resilience amongst those exposed to secondary trauma. This presentation will outline the conceptual model underlying one such approach and will introduce participants to key tools for promoting resilience in the aftermath of STS exposures in both clinical and research contexts. Going beyond individual self-care, specific competencies are targeted, including skills to recognize STS reactions, enhance emotion regulation, identify and dispel unhelpful appraisals, and develop a mutually-supportive, STS-aware social ecology in the workplace that promotes resilience and compassion satisfaction amongst both clinical and research staff .

At the end of this session, the learner will be able to:

- Recognize factors that increase risk for secondary traumatic stress (STS) reactions
- Recognize factors that confer resilience in the face of exposure to secondary traumatic stress
- Identify signs of secondary traumatic stress reactions
- Distinguish the organizational factors that are preventative, protective, and responsive to STS
- Identify strategies for increasing staff resilience and compassion satisfaction and protection against “contagion” of STS in the workplace

Recommended Readings: Kerig, P. K. (2019). Enhancing resilience among providers of trauma-informed care: A curriculum for protection against secondary traumatic stress. *Journal of Aggression, Maltreatment and Trauma*, 28(5), 613-630. doi: 10.1080/10926771.2018.1468373 Sprang, G., Ford, J. D., Kerig, P. K., & Bride, B. (2019). Secondary traumatic stress intervention: Lessons learned from experts and evidence-based treatments. *Traumatology*, 25(2), 72-81. <http://dx.doi.org/10.1037/trm0000180> Deblinger, E., Pollio, E., Cooper, B., & Steer, R. A. (2020). Disseminating trauma-focused cognitive behavioral therapy with a systematic self-care approach to addressing secondary traumatic stress: Practice what you preach. *Community Mental Health Journal*, 56(8), 1531-1543. <https://doi.org/10.1007/s10597-020-00602-x>

Quality CBT Without Borders: Implementing WCCBT's Global Training Standards

Andrea R. Ashbaugh, Ph.D., Full Professor, University of Ottawa
Firdaus Mukhtar, Ph.D., Professor, Universiti Putra Malaysia
Mehmet Zihni Sungur, M.D., Prof of Psychiatry, Üsküdar University,
WCCBT Executive Board Member, Uskudar University
Jacquie Cohen, Ph.D., Provincial Lead, Training and Education, Nova
Scotia Health

1:00 PM – 4:00 PM

Sierra B, Fifth Floor

Earn 3 continuing education credits

Category: Training, supervision, and credentialing

Key Words: *Education and Training, Training / Training Directors, Global Mental Health*

Global mental health needs demand expanded access to cognitive and behavioural therapies (CBTs), yet inconsistent training standards contribute to inequities in accessing effective treatment. In keeping with the World Confederation of Cognitive and Behavioural Therapies' (WCCBT) mission to promote well-being through evidence-based cognitive and behavioural approaches, this workshop will outline WCCBT's Training Guidelines and guide participants in translating them into practice. This workshop will speak to the Congress' theme by empowering participants to implement standardized training guidelines while adapting for cultural and contextual diversity. The workshop will explore (a) the rationale for global training standards, emphasizing the relationship between treatment fidelity and clinical effectiveness; (b) the collaborative international development process that shaped the Guidelines; (c) core content domains including CBT knowledge, assessment, intervention competencies, and training/evaluation strategies; (d) principles for adapting for individual and cultural diversity; and (e) practical implementation of the Guidelines across diverse regions and settings—academic, healthcare, and community. Through case-based scenarios and group-based problem-solving, participants will actively apply the Guidelines to real-world training challenges in their contexts. They will identify relevant Guideline components, develop implementation strategies, and design evaluation approaches appropriate for their settings. This collaborative process will generate practical solutions while contributing to a global CBT community committed to ac-

cessible, culturally responsive, high-quality CBT training. Participants will leave equipped with concrete tools to enhance training standards, ultimately advancing mental health equity and sustainable CBT delivery worldwide.

At the end of this session, the learner will be able to:

- Describe the core components of WCCBT's Training Guidelines, including essential knowledge, competencies, and evaluation strategies.
- Articulate the relationship between standardized guidelines, treatment fidelity, and clinical effectiveness in CBTs.
- Adapt WCCBT's Training Guidelines to meet the needs of diverse individuals and cultural contexts while maintaining the core components of CBTs.
- Develop strategies for integrating WCCBT's Training Guidelines into academic, healthcare, or community settings within their own regions
- Design evaluation approaches to assess practitioner competence in accordance with the Guidelines, appropriate for local resources and settings

Recommended Readings: The World Confederation of Cognitive and Behavioural Therapies (WCCBT). Training Guidelines for Cognitive and Behavioural Therapies (CBTs) . May, 2023. <http://wccbt.org/cbt-training-resources/training-guidelines/>Muse, K., & McManus, F. (2013). A systematic review of methods for assessing competence in cognitive-behavioural therapy. *Clinical Psychology Review*, 33(3), 484–499. <https://doi.org/10.1016/j.cpr.2013.01.010>Weck, F., Kaufmann, Y. M., & Höfling, V. (2017). Competence feedback improves CBT competence in trainee therapists: A randomized controlled pilot study. *Psychotherapy Research*, 27(4), 501–509. <https://doi.org/10.1080/10503307.2015.1132857>

Cognitive-behavioral Therapy to Help Suicidal Patients Choose to Live (With an Extra Spotlight on Vulnerable Populations, Including Refugees, Sexual Minorities)

Cory F. Newman, ABPP, Ph.D., Director, Center for Cognitive Therapy,
University of Pennsylvania School of Medicine

2:00 PM - 5:00 PM

Golden Gate C3, B2 Level

Earn 3 continuing education credits

Category: Mood disorders and suicidality

Key Words: *Depression, Suicide, Cognitive Vulnerability*

This presentation focuses on helping therapists utilize best practices in cognitive-behavioral therapy to safely, effectively manage and treat suicidal patients. Emphasis will be given to the careful building of a collaborative therapeutic relationship with suicidal patients, as well as helping practitioners to: (1) identify the maladaptive thinking processes characteristic of suicidal patients, (2) assess the patient's level of risk, (3) conceptualize the suicidal ideation and self-harming behaviors of patients (to understand their function and logic), (4) devise an array of interventions in order to reduce the patients' sense of helplessness and hopelessness, and to increase their self-efficacy, sense of purpose, and capacity for positive feelings, (5) compose safety plans, and meet the standards of care that are necessary to minimize risk, (6) balance ethical principles in making decisions about potential hospitalization of patients, (7) utilize self-help skills to cope with treating suicidal patients, and to maintain optimal perspective-taking and good judgment during times of stress. Special emphasis will be placed on cognitive-behavioral interventions such as problem-solving, increasing attachments to people and activities, modifying "suicidogenic beliefs" and related schemas, practicing self-compassion and self-care, and striving to improve quality of life. These procedures will be linked to research on the cognitive charac-

teristics of suicidal patients, including hopelessness, morbid perfectionism, dichotomous thinking, and poor autobiographical recall. Clinical vignettes and at least one video will be presented to illustrate the above methods. This workshop will touch upon the topic of how therapists emotionally respond in working with high-risk patients, including methods of coping in the aftermath of a patient's completed suicide. The workshop will also spotlight the special problems that vulnerable populations (e.g., refugees; sexual minorities) face, and how clinicians can be extra sensitive and responsive in the care of suicidal patients from these groups.

At the end of this session, the learner will be able to:

- Assess the cognitive vulnerability factors that alert the clinician to the patient's level of risk for suicide.
- Utilize risk management methods that represent the standard of care in the treatment of suicidal patients.
- Apply specific cognitive-behavioral techniques and homework assignments in the treatment of suicidal patients.
- Balance ethical principles in deciding about hospitalization.
- Engage in self-help skills to cope with the stress of treating suicidal patients, including the aftermath of losing a patient to suicide.

Recommended Readings: Wu, H., Lu, L., Qian, Y., Jin, X-H., Yu, H-R., et al., (2022). The significance of cognitive behavioral therapy on suicide: An umbrella review. *Journal of Affective Disorders*, 317, 142-148. Amiri, S. (2022). Prevalence of suicide in immigrants/refugees: A systematic review and meta-analysis. *Archives of Suicide Research*, 26(2), 370-405. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264.

Failing Better. Encouraging Adoption of CBT by Non-psychologist Professionals Through a Competency-focused Approach

James Hambrick, Ph.D., Assistant Professor/Lead Psychologist, Northwell Health Zucker Hillside Hospital

2:00 PM – 5:00 PM

Yerba Buena Salon 4, B3 Level

Earn 3 continuing education credits

Category: Training, supervision, and credentialing

Key Words: *Education and Training, Supervision, Service Delivery*

The escalating global mental health crisis demands innovative solutions beyond traditional training models. With a profound shortage of psychologists, psychologists and other experts in CBT are increasingly tasked with equipping non-specialists—from lay clergy to psychiatrists-in-training—with effective psychological tools. However, the diverse backgrounds, limited time, and varied professional contexts of these trainees often hinder the successful adoption of gold standard full-package CBT protocols (Sudak & Goldberg, 2012; Fefergrad & Mulsant, 2022). This workshop explores what we may gain by shifting training focus from proficiency in an entire CBT protocol to instead identify “cornerstone psychotherapy competencies” (Fefergrad & Mulsant, 2022). These core skills are identified through rigorous analysis of population “need” and practical “applicability” across diverse professional responsibilities, ensuring relevance and maximizing uptake. By highlighting the immediate utility and broad applicability of these cornerstone competencies across various aspects of their work, trainees are empowered to integrate and practice these skills with greater flexibility in a variety of professional contexts, fostering a virtuous cycle of continuous skill acquisition even within resource-constrained environments. Through interactive exercises, attendees will gain hands-on experience conducting “need” and “applicability” analyses for their training environments and develop curricula as well as teaching and supervision strategies to help trainees acquire and implement cornerstone competencies. As a practical exemplar, we will deeply explore guided discovery and Socra-

tic dialogue, demonstrating how we can both teach it, and how we can empower trainees to apply this foundational skill across their professional lives, enhancing engagement and therapeutic outcomes.

At the end of this session, the learner will be able to:

- Identify core cornerstone CBT competencies by examining patient need and skill applicability to meeting those needs.
- Develop curricula for introducing and developing cornerstone competencies, even when resources and motivation are limited
- Implement robust teaching and supervision practices for skill adoption.
- Teach guided discovery to non-psychologist trainees

Recommended Readings: Fefergrad, M., & Mulsant, B. H. (2022). Psychotherapy training in a competency-based medical education psychiatry residency: a proposal for a practical and socially responsible model. *The Canadian Journal of Psychiatry*, 67(6), 423-427.

Kazantzis, N., Beck, J. S., Dattilio, F. M., Dobson, K. S., & Rapee, R. M. (2013). Collaborative empiricism as the central therapeutic relationship element in CBT: An expert panel discussion at the 7th International Congress of Cognitive Psychotherapy. *International journal of cognitive therapy*, 6(4), 386-400.

Padesky, C. A. (1993, September). Socratic questioning: Changing minds or guiding discovery. In A keynote address delivered at the European Congress of Behavioural and Cognitive Therapies, London (Vol. 24, p. 44).

TEAM-CBT for Shame and Anxiety: A Blueprint for Helping Your Patients Heal

Jill Levitt, Ph.D., Director of Training, Feeling Good Institute
Michael Christensen, MACP, RCC-ACS, Feeling Good Institute

2:00 PM – 5:00 PM

Pacific C, 4th Floor

Earn 3 continuing education credits

SATURDAY

Category: Transdiagnostic and therapeutic processes

Key Words: *Cognitive Therapy, Change Process / Mechanisms, Transdiagnostic*

Toxic shame is one of the most powerful and disabling emotional experiences faced by individuals with anxiety, depression, and interpersonal difficulties. It fuels avoidance, perfectionism, self-criticism, social anxiety, therapeutic resistance, and more. Shame often leads to years of stalled progress and social isolation—even among highly motivated and accomplished patients. This In-Congress Workshop presents a compelling and practical demonstration of how TEAM-CBT, a sophisticated process-based therapy can rapidly and compassionately resolve shame and anxiety, even in long-standing cases. Dr. David Burns and Dr. Jill Levitt will guide participants through a complete, single-session treatment of “Melanie,” a prominent and beloved mental health professional who has struggled with intense shame, anxiety and inadequacy for nine long years. Using vivid video clips and didactic teaching, the workshop illustrates how precise assessment, deep empathy, strategic work with resistance, and powerful methods can lead to dramatic and enduring change within two hours. Participants will learn how TEAM CBT skills can bring both outcome and process resistance into conscious awareness, and transform resistance into powerful motivation for change. The workshop emphasizes how to use advanced role-playing techniques to target the distorted thoughts and self-defeating beliefs that keep people stuck. Core TEAM-CBT interventions will be demonstrated and practiced, including Positive Reframing, the Paradoxical Double Standard Technique, Externalization of Voices, and cognitive and behavioral exposure methods specifically designed to reduce shame. Attendees will engage in small breakout groups to practice skills and receive feedback, enhancing clinical confidence and mastery. By the end of the session, participants will have a clear blueprint for helping patients overcome toxic shame rapidly, compassionately, and effectively.

At the end of this session, the learner will be able to:

- Describe why measurement is absolutely essential to effective therapy
- Describe the differences between outcome resistance and process resistance
- Describe how Positive Reframing helps to reduce resistance
- Identify at least two cognitive distortions commonly found in shame-based thinking
- Describe two common self-defeating beliefs that trigger and maintain toxic shame

Recommended Readings: Ciarrochi, J., Fraser, M. I., Gloster, A. T., Hernández, C., Hill, D., Ong, C., Sahdra, B. K., Yap, K., Hofmann, S. G., & Hayes, S. C. (2024). Process-based therapy: A common ground for understanding and utilizing therapeutic practices. *Journal of Psychotherapy Integration*, 34(3), 265-290. Burns, D., Westra, H., Trockel, M., & Fisher, A. (2013). Motivation and changes in depression. *Cognitive Therapy and Research*, 37, 368-379. Moscovitch, D. A., Hofmann, S. G., Suvak, M. K., & In-Albon, T. (2013). Shame and guilt in social anxiety disorder: Effects of cognitive behavior therapy and association with social anxiety and depressive symptoms. *Behaviour Research and Therapy*, 51(2), 86-94.

Enhancing Psychological Care in the Psychiatric Inpatient Setting

MODERATOR:

Connor Adams, Psy.D., Stanford University

PANELISTS:

Connor Adams, Psy.D., Stanford University

Adam M. Kuczynski, Ph.D., University of Washington, Seattle

Oula Khoury, Ph.D., Stanford University

9:00 AM – 10:30 AM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Basic to Moderate level of familiarity with the material

Primary Category: Schizophrenia spectrum and other psychotic disorders

Key Words: *Severe Mental Illness, Integrated Care, Implementation*

Inpatient psychiatric settings pose unique challenges to delivering high-quality psychological care; hospitalizations are brief, teams are interdisciplinary, and patients may face barriers that limit the generalization of treatment gains. Patients present with significant symptoms and deserve high-quality care; however, no standardized psychological care guidelines exist for inpatient settings. First, the session will demystify inpatient psychiatric care, covering key features such as multidisciplinary team dynamics, unit structures, safety measures, and treatment approaches. Second, experts will review the current evidence base relevant to psychological interventions in this setting and discuss obstacles to implementation. Third, the session will address the absence of national standards for inpatient psychiatric care. The roundtable will use an interactive approach to foster discussion. Panelists and attendees will envision the future of inpatient psychological care and brainstorm how existing evidence-based therapies may be adapted for the inpatient setting. Panelists and attendees will also be asked to consider gaps in the literature and other systemic barriers to creating standardized guidelines for psychological care in the inpatient setting and brainstorm future directions. Through facilitated dialogue, panelists and attendees will share insights from their own experiences, promoting peer learning and innovative solutions. The discussion will benefit providers across levels of care. Attendees will be better

equipped to communicate with patients and families about what to expect when receiving inpatient treatment. They can also build a professional network with others committed to improving inpatient psychological care. Overall, this discussion aims to lay the groundwork for adapting evidence-based therapies to the inpatient setting and to set the stage for developing standardized care guidelines.

When Translation Is Not Enough: Diversity-related Communication Barriers and Adaptations in CBT for Culturally Diverse and Neurodivergent Individuals

MODERATORS:

Janie Hong, Ph.D., Stanford University School of Medicine
Lisa Zhang, Ph.D., Stanford University

PANELISTS:

Janie Hong, Ph.D., Stanford University School of Medicine
Talha Alvi, Ph.D., Stanford University
Tianwei Du, Ph.D., Stanford University
Sandra N. Gomez, Ph.D., Stanford University

9:00 AM – 10:30 AM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Promoting Diversity, Equity, Inclusion and Reducing Stigma

Key Words: *Culture, Psychotherapy Process, CBT*

When communication challenges arise in CBT with diverse patients, they are commonly conceptualized as problems of language translation or linguistic complexity, resulting in clinical responses that are typically limited to translation or simplification of therapeutic language. However, clinicians frequently encounter persistent barriers to engagement, learning, and therapeutic change that cannot be explained by language alone. These barriers reflect deeper mismatches between standard CBT models and the cultural and neurodevelopmental contexts in which treatment is delivered. This clinical roundtable brings together clinicians with expertise working with distinct populations: South Asian individuals from Pakistani and Indian backgrounds, including Urdu and Hindi-speak-

ing communities; Mandarin-speaking and Asian American patients; autistic and ADHD identifying individuals; and Latine-identifying individuals . Panelists will draw on clinical experience and the existing research literature to illustrate communication and learning barriers encountered in CBT across these groups, including real-world clinical examples. Emphasis will be placed on how treatment adaptations can be thoughtfully implemented while maintaining fidelity to core CBT principles and evidence-based practice. Through a structured, facilitated discussion, panelists will respond to shared prompts and case-based scenarios, allowing for comparison across groups and identification of both common and group-specific barriers. The discussion will also focus on practical strategies for adapting CBT interventions, including modifications to conceptual frameworks, therapeutic goals, and modes of skill acquisition. Time will be reserved for questions from audience members, allowing attendees to engage with panelists around clinical challenges in their own practice and to consider how diversity-related adaptations can be conceptualized, tested, and refined within routine CBT delivery.

Culturally Enhanced CBT: Current Limitations of the CTRS

MODERATOR:

Mudita A. Bahadur, Ph.D., Private Practice

PANELISTS:

Carmella R. Tress, Psy.D., Central Texas Veterans Affairs Healthcare System

Scott H. Waltman, ABPP, CBT Collective

11:00 AM – 12:30 PM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Moderate level of familiarity with the material

Category: Dissemination and Implementation Science

Key Words: *Education and Training, Culturally Responsible Programming, Psychometrics*

As CBT has been disseminated globally to diverse settings and populations, there have been enrichments and enhancements to the therapeutic modality to be culturally adaptive. The Los Angeles County Department of Mental Health enlisted the services of the Academy of CBT from 2014-2025 to train mental health clinicians to basic competency in CBT in one of the largest and most culturally diverse counties in the United States. Culturally responsive treatment is of keen interest to the clinicians, clients, and other stakeholders. Various culturally informed models and techniques have been developed, but questions remain about how stakeholders can assess the clinical competency and fidelity of CBT interventions when it is adapted to meet the needs of diverse populations. The Cognitive Therapy Rating Scale (CTRS; Young and Beck, 1980) was developed decades ago and has become the gold standard for measuring treatment integrity of CBT; however, it was originally designed without any specific items to assess cultural responsiveness and cultural humility. The training program leadership therefore empowered the Diversity Action Committee of the Academy of CBT to develop and include a test item on Diversity awareness to be added to the CTRS. The item was developed to measure themes related to Cultural Knowledge, Humility, and Attunement. This Diversity test item was added as a 12th item on the CTRS and piloted for about 5 years (from 2019-2024). The results of the preliminary data from this pilot study has over 2200 responses, and demonstrates a statistically significant positive correlation with the overall CTRS score and the

Item 3 Understanding rating. While this preliminary data is promising, there is room for improvement. As this is the cutting edge of competency based assessment for culturally enhanced CBT, the discussion will be opened up to include Roundtable attendees. There will be an egalitarian and solution focused discussion to help shape the next steps in the field of culturally competent clinician training and assessment.

Empowering Adults with Mental Health Disorders Through Personalized Advances in Cognitive-behavioral Therapies

MODERATORS:

Dan Tassone, Ph.D., VA Palo Alto Health Care System
Sherry A. Beaudreau, ABPP, Ph.D., VA Palo Alto Health Care System/Stanford

PANELISTS:

Dan Tassone, Ph.D., VA Palo Alto Health Care System
Sherry A. Beaudreau, ABPP, Ph.D., VA Palo Alto Health Care System/Stanford
Julie Lutz, Ph.D., VA Palo Alto Health Care System
Carter H. Davis, Ph.D., Ray Dolby Brain Health Center/
California Pacific Medical Center
Carly Johnco, Ph.D., Macquarie University

11:00 AM – 12:30 PM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Primary Category: Promoting diversity, equity, inclusion and reducing stigma

Key Words: *Aging, Anxiety, Sexual Functioning / Wellbeing*

The primary goal of this clinical roundtable is to discuss innovative approaches to personalizing and disseminating cognitive-behavioral therapies (CBTs) for middle-aged and older adults who are military Veterans and non-Veteran adults vulnerable to serious mental health issues. Veterans are at greater risk of developing post-traumatic stress disorder (PTSD) and experiencing suicidality than the general population, and many Veterans live in rural areas that can limit access to in-person mental health care. Veterans also encompass a diverse population with a wide range of backgrounds and experiences that

inform their individual pathways to recovery, necessitating tailored and innovative therapeutic approaches. Among community populations, older adults face challenges to accessing empirically supported treatments (EST) for mental health issues, such as anxiety, due to less research on ESTs in older populations. The panelists will discuss their approaches to improving access to CBTs by drawing on their experiences developing programs that increase access to evidence-based care. Panelists will detail how they designed or adapted CBTs for vulnerable subpopulations who may experience unique challenges to addressing their mental health symptoms, including Veterans, older adults, and people with PTSD. In addition to targeting diverse populations, panelists have created interventions that address a wide spectrum of clinical issues, including sexual health concerns, anxiety, and suicidality. The panel will integrate their experience developing interventions with the current research literature on personalizing care for underserved subpopulations, offering guidance for reaching specialized groups and considering future directions for creating individualized CBTs.

Psychopathology in Athletes: Strategies for Prevention, Treatment, and Wellbeing

MODERATOR:

Carolyn B. Becker, Ph.D., Trinity University

PANELISTS:

Sasha Gorrell, Ph.D., University of California San Francisco

Miriam Rowan, Psy.D., Boston Children's Hospital / Harvard Medical School

Kelsey A. Varzeas, Ph.D., Pennington Biomedical Research Center

Tiffany M. Stewart, Ph.D., Pennington Biomedical/ Louisiana State University

Jessica Dale Bartley, Psy.D., United States Olympic & Paralympic Committee (USOPC)

4:00 PM – 5:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Sports and performance-related interventions

Key Words: *Vulnerable Populations, Wellbeing, CBT*

The primary aim of this clinical roundtable is to explicate creative cognitive-behavioral therapy (CBT) strategies that can optimally address the mental health of athletes – broadly defined as individuals who regularly engage in movement. Athletes have extremely varied individual- and system-level experiences. As such, many are at increased risk for psychiatric conditions, most commonly anxiety and related disorders, depression and suicidality, and eating disorders. Growing calls to improve culture and intervention pathways within sport contexts highlight a need to not only assess and treat psychopathology, but also to prevent these negative outcomes and promote athlete wellbeing. Prevention and

treatment of psychiatric challenges in such a diverse population is necessary and yet particularly challenging when delivered generically given that sport contexts are often high-pressure and demanding of time. When considering tailored adaptations to optimize CBT for unique athlete populations, individual traits and cognitive-behavioral processes that may contribute to psychopathology can be leveraged via various CBT techniques to support positive treatment outcomes (e.g., performance-based self-worth may also motivate active treatment engagement). An important consideration to address is that, for many athletes, mental health stigma contributes to reduced treatment seeking, engagement, and retention. The panelists will discuss how CBT interventions can target commonly evidenced symptoms (e.g., rigid thinking) and increase engagement (e.g., challenging beliefs associated with poor mental health vulnerability) in highly diverse athlete populations. Panelists, who are widely experienced in clinical psychology and athletics, will reference current knowledge of CBT interventions for athletes, provide tangible skill-building to apply in clinical practice, and suggest future directions for needed treatment and prevention efforts.

Severe and Complex OCD: Multidisciplinary Approach to Behavioral Treatment

MODERATOR:

David F. Tolin, ABPP, Ph.D., Neurobehavioral Institute

PANELISTS:

Katia Moritz, ABPP, Ph.D., Neurobehavioral Institute

Amitai Abramovitch, Ph.D., Neurobehavioral Institute

Alexis Krigger, M.S., Neurobehavioral Institute

4:00 PM – 5:30 PM

Yerba Buena Salon 5, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Obsessive-compulsive and related disorders

Key Words: *OCD (Obsessive-Compulsive-Disorder), Autism Spectrum Disorders, Behavior Analysis*

Exposure and response prevention (ERP) is the gold standard treatment for obsessive-compulsive disorder (OCD), as evidenced by a wealth of randomized controlled trials. Generalization of these findings to clinical practice has been problematic in some cases, however, as cases seen in practice may be more severe or more diagnostically complex than are those enrolled in clinical trials. Multiple diagnoses can interact to create unique symptom presentations and responses to treatment. As such, little is known about the process and outcomes of behavioral treatment for patients with high levels of OCD severity and multiple co-occurring diagnoses such as autism spectrum disorder, severe personality disorders, and substance use disorders. We suggest that such patients require careful assessment; a more intensive and prolonged ERP, often including a supportive living environment; ERP that is adapted to accommodate comorbid conditions; as well as additional attention to illness aspects such as executive dysfunction, nutritional deficits, and supported employment. In this clinical roundtable, we will hear from experts in a multidisciplinary approach, with expertise in the fields of clinical psychology, neuropsychology, clinical research, and applied behavior analysis. They will describe their approach

to these challenging cases, and how these fields can work together to achieve positive clinical outcomes. Challenges and treatment “failures” will be discussed, along with what clinicians can learn from these experiences.

Panel Discussion 9

Global Collaboration in Action and the Future of CBT Worldwide

MODERATOR:

Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT

PANELISTS:

Carolyn B. Becker, Ph.D., Trinity University

Ron L. Chambers, M.A., Health New Zealand/Waitaha Canterbury

Katy Grazebrook, M.A., European Association of Behavioural and Cognitive Therapies (EABCT)

Ross G. Menzies, Ph.D., University of Technology Sydney (UTS)

Firdaus Mukhtar, Ph.D., Universiti Putra Malaysia

Luis O. Perez Flores, ALAMOC

Jean-Philippe Gagné, Ph.D., Université du Québec à Montréal

Karen P. Del Rio Szupszynski

9:00 AM – 10:30 AM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Category: Dissemination and implementation science

Key Words: CBT, Dissemination, Public Health

As the World Confederation of Cognitive and Behavioural Therapies (WCCBT) concludes its current triennium, this historic forum convenes the presidents of its regional member associations from around the world to share strategic updates, highlight national and regional innovations, and identify collective priorities for the next decade of CBT dissemination and collaboration. Following a brief overview of key initiatives

undertaken by the WCCBT during the past three years—including the expansion of CBT training and workforce development across Africa, the alliance between WCCBT and the World Health Organization, and efforts to integrate CBT into national and regional health systems through government engagement—each president will deliver a concise report on progress, innovations, challenges, and strategies to advance evidence-based CBT within their region. The moderated discussion will focus on shared priorities and synergies, including fostering cross-regional partnerships, aligning with global initiatives to scale culturally attuned CBT training, strengthening advocacy for policy inclusion, and coordinating implementation research across high-, middle-, and low-income settings. Together, panelists will engage the audience in dialogue and conclude by identifying collaborative commitments toward a San Francisco Global Collaboration Statement—a joint roadmap to advance WCCBT’s mission of expanding access to evidence-based CBT for all.

Interdisciplinary Collaboration to Develop a Comprehensive, Evidence-based Psychotherapy Curriculum

MODERATORS:

Lorin M. Scher, B.A., M.D., UC Davis School of Medicine
Belinda Bandstra, M.A., M.D., University of California,
Davis, School of Medicine

PANELISTS:

Nicole Schultz, Ph.D., University of California, Davis
School of Medicine
Gloria Petruzelli, Psy.D., School of Medicine, University
of California, Davis
Rida Fatima, M.D., University of California, Davis,
School of Medicine

11:00 AM – 12:30 PM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

Category: Training, Supervision, and Credentialing

Key Words: CBT, *Training / Training Directors, Education and Training*

Clinical psychologists are important educators in psychiatry residency programs. Their expertise enhances the goal of training strong future psychiatrists while meeting the training requirements set forth by the Accreditation Council of Graduate Medical Education (ACGME). The purpose of this interdisciplinary panel discussion is to demonstrate how psychologists can be integrated in resident outpatient psychotherapy education. Our first panelist will discuss the development and implementation of CBT curriculum that meets ACGME requirements. Our CBT curriculum has four evidence-based components (Sudak et al., 2015): 1) weekly didactics on CBT basics and advanced topics such as specialty treatments; 2) provision of weekly psychotherapy with adult patients; 3) weekly group supervision; 4) completion of CBT assignments. Data on the Cognitive Therapy Rating Scale will be provided to demonstrate CBT competence. Our second panelist will

discuss how psychologists can be integrated into specialty clinic teams to enhance interdisciplinary, patient-centered care through the provision of consultation, case conceptualization, and specialized intervention (Pellegrino et al., 2021). This model enhances clinical decision-making and longitudinal learning, which in turn enhances patient outcomes. Residents deepen their understanding of applied psychological principles and develop key competencies in communication and collaboration by participating in interdisciplinary specialty clinics, important facets of ACGME requirements. Our third panelist will discuss their experiences as a learner engaged in core curriculum as well as participating in a 6-week pilot group therapy training experience. This experience introduces residents to evidence-based group psychotherapies, including ACT and DBT. Using a developmental framework, residents move from observation to co-facilitating over the course of the program. Pre- and post-data on group facilitation skills will be provided. Using a combination of objective and subjective data from educators and learners, this interdisciplinary panel will discuss what we have learned, barriers we have encountered, areas for continued growth, and future ideas to enhance resident education.

Doing More with less: Using Low Intensity, Digital and Task Shifting Approaches to Improve Access to Psychological Therapies Globally

MODERATOR:

Shirley A. Reynolds, Ph.D., University of Reading

PANELISTS:

Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT
Ronald Rapee, Ph.D., Macquarie University
Ken Carswell, World Health Organization

11:00 AM – 12:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Primary Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *Early Intervention, Underserved Populations, Stakeholder Relevant*

Every country faces a major gap between the prevalence and impact of mental health problem and the resources and expertise available to address these. Some initiatives (e.g. The English Talking Therapies IAPT programme) rely on significant public funding to train many additional clinicians with specialist training in evidence based psychological therapies. However, in low- and middle-income countries (LMICs), funding universal public mental health services is not feasible and professionally qualified mental health clinicians are unavailable. Thus, creative solutions must be found. In this panel discussion international experts working in North America, Europe, Africa and Australia and at the WHO will describe innovations in delivering evidence based psychological treatments that are culturally and context specific and can be scaled to meet the needs of underserved communities. Services can be made more accessible if they are provided in community settings, e.g. schools and if they minimise stigma and are culturally sensitive. The WHO's

develop scalable psychological interventions (e.g. PM+ and Step-by-Step) and implementation support in LMICs. In low and middle income countries (LMICs) task shifting approaches are often used to implement assessment and therapy. This involves recruiting and training non-professionals including parents, community health workers and near-peers. Examples of task shifting include the Friendship Bench in Zimbabwe where low intensity problem solving therapy is delivered in community settings by trained lay counselors. Similarly, in South Africa, Nigeria and Kenya, Grassroots Soccer provides MindSkillz training to young people, delivered by near-peers in community sports settings. The approach can be adapted for high income countries, and combined with digital delivery of psychological interventions. Multiple challenges arise in this work. The panel will discuss using co-design and co-production to develop interventions that are culturally acceptable, the ethical and practical difficulties of ensuring that interventions are safe and effective, and the lessons that can be shared by low and middle income countries to help increase access to mental health care and support in high income countries.

Scaling EBPTs: A Transnational Dialogue on Addressing Barriers and Accelerating Reform

MODERATOR:

Allison G. Harvey, Ph.D., University of California, Berkeley

PANELISTS:

Roz Shafraan, Ph.D., UCL Great Ormond Street Institute of Child Health

Martin M. Antony, ABPP, Ph.D., Toronto Metropolitan University

Daisy R. Singla, PhD, C. Psych, Centre for Addiction and Mental Health; University of Toronto

Marit Knapstad, Ph.D., Norwegian Institute of Public Health

Kee-Hong Choi, Ph.D., Korea University

11:30 AM - 1:00 PM

Yerba Buena Salon 15, B3 Level

Earn 1.5 continuing education credits

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *Dissemination, Vulnerable Populations, Underserved Populations*

Evidence-based psychological treatments (EBPTs) are frontline interventions for many mental disorders. The global need for high-quality delivery of EBPTs has never been greater because (1) the prevalence of mental disorders remains high and is continuing to grow and (2) the majority of individuals diagnosed with a mental disorder are unable to access adequate treatment. In keeping with the conference theme—Health for All: Affirming, Equitable, and Sustainable CBT—this panel will explore barriers and approaches to accelerating access to EBPTs in Canada (Dr. Martin M. Antony), Korea (Dr. Kee-Hong Choi), Norway (Dr. Marit Knapstad), UK (Dr. Roz Shafraan), USA (Dr. Allison Harvey), as well as several low income counties (Dr. Daisy Singla). Following implementation science frameworks such as EPIS (Exploration - Preparation - Implementation - Sustainment)

and CFIR (Consolidated Framework for Implementation Research), panelists will focus on the “outer context” for health care delivery. This includes the structural, financial, and workforce-related factors that are shaping the global landscape of EBPT delivery. The presentations will be organized around several key issues including: each country’s primary mental health care system (e.g., publicly funded, insurance-based, mixed); funding mechanisms available that support EBPT delivery; incentives—or disincentives—for delivering EBPTs relative to other forms of care; the training requirements for EBPT providers; the innovations that have proven most effective in expanding access to EBPTs nationwide; nonspecialist, task-shifting, and digital strategies that are being implemented to deliver foundational EBPTs; and the barriers that remain to further scaling and sustaining EBPT availability. As a whole, the panel aims to identify actionable strategies for ensuring that affirming, equitable, and sustainable EBPTs become accessible to all who need them.

Health for All in Africa: From Roundtable to Roadmap for a Trans-african CBT Regional Association

MODERATOR:

Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT

PANELISTS:

Lata K. McGinn, Ph.D., Yeshiva University ; Cognitive & Behavioral Consultants; World Confederation of CBT

Helen F. Macdonald, M.S., British Association for Behavioural and Cognitive Psychotherapies and University of Sheffield UK

Peter Phiri, Ph.D., University of Southampton

Concilia Tarisai T. Bere, M.S., University of Zimbabwe

Ronald Muyomba, Therapy uganda associates ltd

Stephanie Okolo, Ph.D., MFT, US Army

Shane Pienaar-du Bruyn, D.Phil., CBT Association of South Africa

Ken Carswell, World Health Organization

2:00 PM – 3:30 PM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *African Americans / Black Americans, CBT, Global Mental Health*

Access to evidence-based psychological care across many African settings is limited by workforce shortages, weak training and supervision systems, uneven accreditation pathways, and the need for culturally grounded adaptation. WCCBT's mission is to expand access to high-quality CBT through partnerships, and establishing a sustainable regional

CBT association in Africa is a strategic priority. Building on the WCCBT-WHO Africa CBT Development Roundtable, this action-oriented panel translates “Health for All” into a clear roadmap for a Trans-African CBT workforce and regional association. The panel will outline WCCBT’s priorities for dissemination evidence-based mental health and sustainable capacity building in Africa, feasibility findings from the KOLABO project; and WHO work on scalable psychological interventions and implementation, noting both challenges and successes. Leaders from CBT initiatives in Nigeria, South Africa, Uganda, and Zimbabwe will share country snapshots—what’s working, what’s hard, and where partners are needed—highlighting culturally responsive training, local-language resources, community-delivered CBT-informed support, and strategies to strengthen African research. Discussion will be structured around four pillars (service infrastructure; policy alignment; workforce training/supervision; cultural adaptation) and five guiding questions : (1) governance and representation; (2) scaling training and supervision (blended learning, train-the-trainer, task-sharing with supervised non-specialists) with competency standards and feasible, portable accreditation (including WHO/UNICEF EQUIP); (3) stepped-care (stepping up intensity) and digital delivery to extend reach while protecting quality and complementing specialist CBT; (4) addressing barriers such as financing, stigma, and limited outcome monitoring; and (5) partnerships with ministries, universities, NGOs, and communities to embed CBT in primary care and policy. The session concludes with audience Q&A and concrete outputs—actionable commitments and a 12-month collaboration plan.

Safety Behaviors vs Safety Signals in Exposure Therapy: Are Safety Behaviors Always Contraindicated?

MODERATOR:

Juan C. Restrepo, Ph.D., Universidad de La Sabana

PANELISTS:

Juan C. Restrepo, Ph.D., Universidad de La Sabana

Lata K. McGinn, Ph.D., Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT

Alicia E. Meuret, Ph.D., SMU

Michelle G. Newman, B.S., M.A., Ph.D., The Pennsylvania State University

4:00 PM – 5:30 PM

Yerba Buena Salon 15, B3 Level

Earn 1.5 continuing education credits

Primary Category: Anxiety disorders

Key Words: *Translational Research, Treatment*

Safety behaviors (SBs)—actions intended to prevent, escape, or lessen feared outcomes—are commonly targeted for elimination during exposure because they may reduce expectancy violation and promote misattribution (“I was safe because I did X”). Yet empirical findings are mixed. A systematic review recommended identifying and abandoning SBs across anxiety disorders (Helbig Lang & Petermann, 2010), whereas a later meta-analytic review found no consistent evidence that permitting versus prohibiting safety-seeking behaviors reliably alters post-treatment fear (Meulders et al., 2016). Analogue trials in claustrophobic and contamination fears reported substantial improvement with exposure whether or not selected SBs were permitted (Deacon et al., 2010; Rachman et al., 2011; Sy et al., 2011; van den Hout et al., 2011). Parallel basic science work suggests that “safety signals” (SSs)—conditioned inhibitory cues indicating threat omission—may not necessarily interfere with extinction learning, underscoring the need to distinguish SBs from SSs and to clarify mechanisms (Restrepo Castro et al., 2017). The panelists will discuss and debate

whether SBs should be routinely eliminated versus strategically used and then faded to enhance engagement and retention. The panelists will also provide conceptual clarity by differentiating SBs from SSs and reviewing translational implications from fear extinction paradigms. The discussion will culminate in a pragmatic decision framework (function, timing, dose, and client beliefs/attributions) and identify priorities for research and clinician training. Audience takeaways: (1) a shared vocabulary for SBs vs SSs; (2) a balanced evidence synthesis; and (3) practical guidance for when to fade, permit, or prescribe safety related strategies within exposure.

Enhancing Reward Processing to Improve Treatment Outcomes for Anxiety and Depression

CHAIR:

Allison Waters, Ph.D., Griffith University

DISCUSSANT:

Michelle G. Craske, Ph.D., University of California, Los Angeles

9:00 AM – 10:30 AM

Golden Gata C2, B2 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Anxiety disorders

Key Words: *Anxiety, Depression, Treatment*

Examining the Efficacy of Positive Search Training as a Treatment for Childhood

Anxiety Disorders: A Nationwide, Non-inferiority Trial

Allison Waters, Ph.D., Griffith University

Rachel Sluis, PhD, Griffith University

Katherine Ryan, Ph.D., Griffith University

Caroline Donovan, Ph.D., Griffith University

Lara Farrell, Ph.D., Griffith University

Melanie Zimmer-Gembeck, Ph.D., Griffith University

Michelle G. Craske, Ph.D., University of California, Los Angeles

Robert Ware, Ph.D., Griffith University

**Computational Modeling to Connect Decision Making Under Uncertainty with
Reward Processing and Anxiety**

Aleeza West, B.A., University of California, Los Angeles

Brooke Cullen, M.A., University of California, Los Angeles

Michelle G. Craske, Ph.D., University of California, Los Angeles

Tomislav Zbozinek, Ph.D., University of California, Los Angeles

Improving Well-being Through Reward Training: Virtual Reality as an Emerging Tool

Brooke Cullen, M.A., University of California, Los Angeles

Aleeza West, B.A., University of California, Los Angeles

Christina F. Sandman, Ph.D., University of California Los Angeles

Julia Yarrington, M.A., University of California, Los Angeles

Brett Davis, M.A., University of California Los Angeles

Mason Mcclay, Ph.D., University of California, Los Angeles

Courtney Forbes, Ph.D., University of California, Los Angeles

Christina M. Hough, Ph.D., University of California Los Angeles

Michelle G. Craske, Ph.D., University of California, Los Angeles

**Amplifying Positivity to Combat Social Disconnection in Anxiety and Depressive
Disorders: A Cognitive Behavioral Experimental Therapeutics Approach**

Charles T. Taylor, Ph.D., University of California San Diego

Cognitive-behavioral Therapy for Adult ADHD and Related Populations: From Efficacy to Implementation Across Cultures

CHAIR:

Russell Ramsay, Ph.D., independent practice

DISCUSSANT:

Laura Knouse, Ph.D., University of Richmond

9:00 AM – 10:30 AM

Yerba Buena Salon 5, B3 Level

Basic to Moderate level of familiarity with the material

Category: Neurodevelopmental and autism spectrum disorders

Key Words: *ADHD, Adults, CBT*

Cognitive-behavioral Therapy for Adult ADHD: Meta-analysis of the Efficacy on Symptoms, Comorbidity, and Functional Outcomes

Carlos López-Pinar, Ph.D., European University of Valencia

Is There a Cognitive Triad of Cognitive Distortions That Typifies Adult ADHD?

Russell Ramsay, Ph.D., independent practice

Brad Rosenfield, Psy.D., PCOM

Robert DiTomasso, Ph.D., PCOM

Morgan Hagner, Ph.D., PCOM

Craig Strohmeier, Psy.D., Rutgers Robert Wood Johnson Medical School

Russell Ramsay, Ph.D., independent practice

Does CBT for Adult ADHD Remain Effective Long-term? Evidence from an 8-year Follow-up

Misuzu Nakashima, Ph.D., Psy.D., Kyushu University

Carlos López-Pinar, Ph.D., European University of Valencia

Practice-based Outcomes of CBT for Juvenile Sexual Offenders with ADHD in Japan

Tsuyoshi Oguro, M.A., Free Style Psychological Counseling Office

The Association Between Parenting Stress and Problem-solving Skills in Mothers of Children with Neurodevelopmental Disorders in Japan: The Roles of Child Problem Behaviors and Social Support

Junichiro Kanazawa, Ph.D., Health Sciences University of Hokkaido

Innovations in CBT Delivery for Older Adults

CHAIR:

Carly Johnco, Ph.D., Macquarie University

DISCUSSANT:

Louise Sharpe, Ph.D., University of Sydney

9:00 AM – 10:00 AM

Yerba Buena Salon 6, B3 Level

Basic level of familiarity with the material

Category: Aging and Lifespan Psychology

Key Words: Aging, *Randomized Controlled Trial, Treatment*

Suicide Prevention for Older Military Veterans: A Pilot Randomized Controlled Trial of Problem-Solving Therapy for Reducing Suicidal Ideation and Increasing Reasons for Living

Sherry A. Beaudreau, ABPP, Ph.D., VA Palo Alto Health Care System/Stanford

Jennifer Funderburk, Ph.D., Department of Veterans Affairs

Wilfred Pigeon, Ph.D., University of Rochester Medical Center

Julie Lutz, Ph.D., VA Palo Alto Health Care System

Dezarie Moskal, Ph.D., VA Western NY Health Care System

Beatriz Hernandez, M.S., VA Palo Alto Health Care System

Ageing Wisely Online: A Randomised Controlled Trial of Therapist-supported Internet-delivered Cognitive Behavioural Therapy for Older Adults with Anxiety and Depression

Carly Johnco, Ph.D., Macquarie University

Jessamine Chen, Ph.D., Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Michael Jones, Ph.D., Macquarie University

Brian Draper, M.D., Ph.D., University of New South Wales

Henry Brodaty, M.D., Ph.D., University of New South Wales

Jonas Fookan, Ph.D., Macquarie University

Lauren F. McLellan, D. Phil., Macquarie University

Viviana Wuthrich, Ph.D., Macquarie University

Using Stepped Care to Increase Access to CBT for Depression and Anxiety in Older Persons (STOP Trial): An Australian Multi-site Trial

Viviana Wuthrich, Ph.D., Macquarie University

Henry Cutler, Ph.D., Macquarie University

Denise Meuldijk, Ph.D., University of New South Wales

Tina Huang-Smith, Macquarie University

Katrina Swawley, BPsych (Hons), Macquarie University

Lauren F. McLellan, D. Phil., Macquarie University

Pim Cuijpers, Ph.D., Vrije Universiteit Amsterdam

Michael Jones, Ph.D., Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Carly Johnco, Ph.D., Macquarie University

Jessamine Chen, Ph.D., Macquarie University

Henry Brodaty, M.D., Ph.D., University of New South Wales

Brian Draper, M.D., Ph.D., University of New South Wales

Anxiety and Depression Across the Lifespan: From Early Risk to Evidence-based Prevention and Intervention

CHAIRS:

Satoko Sasagawa, Ph.D., Mejiro University
Shin-ichi Ishikawa, Ph.D., Doshisha University

DISCUSSANT:

Jill Ehrenreich-May, Ph.D., University of Miami

9:00 AM – 10:30 AM

Yerba Buena Salon 12, B3 Level

Moderate level of familiarity with the material
Category: Child and adolescent mental health
Key Words: *Children, Anxiety, Prevention*

From Pregnancy to Parenthood: Prenatal Mental Health and Support as Predictors of Postnatal Parenting Competence

Satoko Sasagawa, Ph.D., Mejiro University

Chika Yokoyama, Ph.D., National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Haruna Irino, Ph.D., National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Aiko Okatsu, Ph.D., School of Nursing, Japanese Red Cross Toyota College of Nursing; National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Yasue Mitamura, M.D., National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Chika Kubota, M.D., PhD, Integrated Center for Women's Health, National Center for Child Health and Development

Ayako Kanie, M.D., Ph.D., National Center for Cognitive Behavior Therapy and

Research, National Center of Neurology and Psychiatry; Department of Child Psychiatry, Tokyo University

Sayaka Aoyama, Ph.D., Graduate School of Nursing Science, St. Luke's International University

Aiichiro Nakajima, M.D., Ph.D., Nakama Clinic

Miyuki Makino, M.A., National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Yaeko Kataoka, Ph.D., St. Luke's International University

Masaru Horikoshi, Ph.D., Faculty of Human Sciences, Musashino University

Hironori Kuga, M.P.H., M.D., Ph.D., National Center of Neurology and Psychiatry, National Center for Cognitive Behavior Therapy and Research,

Masaya Ito, Ph.D., National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry

Toward the Next Generation of Universal Prevention in School: Rethinking Cbt-based School Programs for Children's Mental Health

Shin-ichi Ishikawa, Ph.D., Doshisha University

Bridging the Gap: Exploring Mental Literacy Across Generations and Geographies in Sarawak

Chuong Hock Ting, M.D., Universiti Malaysia Sarawak

Cecilia A. Essau, Ph.D., University of Roehampton

Scaling Cognitive-behavioural-based Intervention (Super Skills for Life) in Schools

Cecilia A. Essau, Ph.D., University of Roehampton

Chuong Hock Ting, M.D., Universiti Malaysia Sarawak

Broadening the Reach of CBT for Hoarding and OCD: Engagement, Equity, and Sustainable Care

CHAIR:

Richard Moulding, Ph.D., Cairnmillar Institute

DISCUSSANT:

Guy Doron, Ph.D., Reichman University

11:00 AM – 12:30 PM

Yerba Buena Salon 5, B3 Level

Moderate level of familiarity with the material

Category: Obsessive-compulsive and Related Disorders

Key Words: OCD / *Obsessive Compulsive Disorder, Hoarding, Implementation*

Does Process Imagery Promote Discarding?

Bidhu Ghosh, UNSW

Kirsten Hertog, UNSW

Justin Thomas Tan, UNDE

Jessica Grisham, Ph.D., UNSW Sydney

Audio-guided Imagery Rescripting for OCD

Jessica Grisham, Ph.D., UNSW Sydney

Natalie Winiarski, Student, University of New South Wales

David Cooper, dr, University of New South Wales

Dua Kashany, Student, University of New South Wales

Alison Mahoney, Ph.D., Clinical Research Unit for Anxiety and Depression, St Vincents Hospital

Jenny Le, Dr, Clinical Research Unit for Anxiety and Depression (CRUfAD)

Shyn Phua, UNSW, Student, University of New South Wales

**Acceptability and Effectiveness of a Group-based CBT and Harm-minimisation
Program for Hoarding Disorder**

Richard Moulding, Ph.D., Cairnmillar Institute

Steven Tsolakis, Swinburne University of Technology

Maja Nedeljkovic, Ph.D., Swinburne University of Technology

Jennifer Stargatt, Dr, Swinburne University of Technology

Imogen Rehm, Dr, Victoria university

**Co-designing a Family Accommodation Support Program for Hoarding Disorder:
Development, Acceptability, and Clinical Outcomes**

Maja Nedeljkovic, Ph.D., Swinburne University of Technology

Glenn Little, Psychologist, Healthside Clinical Psychology

Nina Puren, Dr, Bluff road Psychology

Richard Moulding, Ph.D., Cairnmillar Institute

Evaluating the Implementation of Trauma-focused Cognitive Behavioral Therapy (TF-CBT) for Children and Adolescents in Puerto Rico

CHAIR:

Emily Sáez-Santiago, Ph.D., University of Puerto Rico, Rio Piedras Campus

DISCUSSANT:

Yahaira Marquez, Ph.D., Rowan University

11:00 AM - 12:00 PM

Yerba Buena Salon 12, B3 Level

All levels of familiarity with the material

Category: Child and Adolescent Mental Health

Key Words: *Trauma, Treatment, Hispanic American/Latinx*

Impact of Trauma-focused Cognitive Behavioral Therapy on Internalizing, Externalizing, and Posttraumatic Stress Symptoms in Children and Adolescents in Puerto Rico

Emily Sáez-Santiago, Ph.D., University of Puerto Rico, Rio Piedras Campus

Evaluating Trauma-focused Cognitive Behavioral Therapy for Puerto Rican Children with Autism Spectrum Disorder and Trauma: A Pilot Study

Camile Borja, B.S., University of Puerto Rico, Río Piedras Campus

Emily Sáez-Santiago, Ph.D., University of Puerto Rico, Rio Piedras Campus

Eduardo Cumba-Avilés, Ph.D., University of Puerto Rico, Rio Piedras Campus

Sociodemographic and Psychological Factors Related to Non-completion of Trauma-focused Cognitive-behavioral Therapy Among Puerto Rican Children and Adolescents

Eduardo Cumba-Avilés, Ph.D., University of Puerto Rico, Rio Piedras Campus

Emily Sáez-Santiago, Ph.D., University of Puerto Rico, Rio Piedras Campus

The Kids FACE FEARS Pragmatic Randomized Effectiveness Study of Therapist-led vs Guided Online CBT for Pediatric Anxiety: Overview, Main Findings, and Secondary Outcomes

CHAIR:

Alyssa M. Farley, Ph.D., Center for Anxiety and Related Disorders, Boston University

DISCUSSANT:

Anne Marie Albano, ABPP, Ph.D., Columbia University Medical Center

2:00 PM – 3:30 PM

Yerba Buena Salon 12, B3 Level

Basic level of familiarity with the material

Primary Category: Child and adolescent mental health

Key Words: *Anxiety, Children, Technology / Mobile Health*

The Kids FACE FEARS Trial: Overview, Methods, and Sample Demographics

Jonathan S. Comer, Ph.D., Florida International University

Donna B. Pincus, Ph.D., Boston University

CBT Training, Consultation, and Implementation in the Kids FACE FEARS Trial

Donna B. Pincus, Ph.D., Boston University

Jami M. Furr, Ph.D., Florida International University

Alyssa M. Farley, Ph.D., Center for Anxiety and Related Disorders, Boston University

Rachel Merson, PsyD, Boston University

Jonathan S. Comer, Ph.D., Florida International University

Comparing Therapist-led versus Guided Online CBT for Treating Pediatric Anxiety:

Main Outcomes from the KIDS FACE FEARS Trial

Jonathan S. Comer, Ph.D., Florida International University

Donna B. Pincus, Ph.D., Boston University

Molly C. Adrian, Ph.D., University of Washington

Anthony Dick, Ph.D., Florida International University

Lauren F. McLellan, D. Phil., Macquarie University

Dana McMakin, Ph.D., Florida International University, Department of Psychology

Leslie Miller, M.D., Johns Hopkins University School of Medicine

Rheanna Platt, M.P.H., M.D., Johns Hopkins University School of Medicine

*Andrea Spencer, M.D., MPH, Ann & Robert Lurie Children's Hospital of Chicago/
Northwestern University Feinberg School of Medicine*

Ronald Rapee, Ph.D., Macquarie University

Michelle Porche, Ed.D., UC Riverside School of Medicine

Lisa Fortuna, MD, MPH, UC Riverside School of Medicine

Comparing Therapist-led versus Guided Online CBT for Treating Pediatric Anxiety:

Secondary Outcomes from the KIDS FACE FEARS Trial

Jami M. Furr, Ph.D., Florida International University

Donna B. Pincus, Ph.D., Boston University

Molly C. Adrian, Ph.D., University of Washington

Anthony Dick, Ph.D., Florida International University

Lauren F. McLellan, D. Phil., Macquarie University

Dana McMakin, Ph.D., Florida International University, Department of Psychology

Leslie Miller, M.D., Johns Hopkins University School of Medicine

Rheanna Platt, M.P.H., M.D., Johns Hopkins University School of Medicine

*Andrea Spencer, M.D., MPH, Ann & Robert Lurie Children's Hospital of Chicago/
Northwestern University Feinberg School of Medicine*

Ronald Rapee, Ph.D., Macquarie University

Michelle Porche, Ed.D., UC Riverside School of Medicine

Lisa Fortuna, MD, MPH, UC Riverside School of Medicine

Jonathan S. Comer, Ph.D., Florida International University

Treatment Engagement and Its Moderating Effects on Pediatric Anxiety Outcomes in the KIDS FACE FEARS Trial

Adelia Kamenetskiy, B.S., Florida International University

Donna B. Pincus, Ph.D., Boston University

Anthony Dick, Ph.D., Florida International University

Molly C. Adrian, Ph.D., University of Washington

Dana McMakin, Ph.D., Florida International University, Department of Psychology

Leslie Miller, M.D., Johns Hopkins University School of Medicine

Ronald Rapee, Ph.D., Macquarie University

Lauren F. McLellan, D. Phil., Macquarie University

Rheanna Platt, M.P.H., M.D., Johns Hopkins University School of Medicine

*Andrea Spencer, M.D., MPH, Ann & Robert Lurie Children's Hospital of Chicago/
Northwestern University Feinberg School of Medicine*

Michelle Porche, Ed.D., UC Riverside School of Medicine

Lisa Fortuna, MD, MPH, UC Riverside School of Medicine

Jonathan S. Comer, Ph.D., Florida International University

Prevention of Adolescent Depression in Primary Care Settings: Design, Methods, and Preliminary Findings of the Path 2 Purpose (P2P) Study.

2:00 PM – 3:30 PM

Yerba Buena Salon 14, B3 Level

Basic to moderate level of familiarity with the material

Primary Category: Child / Adolescent - Depression

Key Words: *Depression, Adolescents, Prevention*

Prevention of Adolescent Depression in Primary Care Settings: Design and Methods of the Path to Purpose (P2P) Study

Mark A. Reinecke, PhD, ABPP, ACBT

Comparative Effectiveness of Two Evidence-based Depression Prevention Programs With at-risk Youth: Preliminary Outcomes.

Theresa Gladstone, Ph.D., Anxiety Disorders Center, The Institute of Living

Benjamin Van Voorhees, MD, MPH, University of Illinois at Chicago

Mark A. Reinecke, PhD, ABPP, ACBT

Prevention of Adolescent Depression in Primary Care Settings: What Do We Know? What Do We Need?

Benjamin Van Voorhees, MD, MPH, University of Illinois at Chicago

Theresa Gladstone, Ph.D., Anxiety Disorders Center, The Institute of Living

Mark A. Reinecke, PhD, ABPP, ACBT

Creative Approaches to Exposure: Acceptability, Mechanisms, Effectiveness and Patient Experiences

CHAIR:

Jane Gregory, Psy.D., University of Oxford

DISCUSSANT:

Michelle G. Craske, Ph.D., University of California, Los Angeles

4:00 PM – 5:30 PM

Yerba Buena Salon 3, B3 Level

Basic to Moderate level of familiarity with the material
Primary Category: Transdiagnostic and therapeutic processes
Key Words: *Exposure*

Perceived Acceptability of Habituation- and Inhibitory Learning-based Rationales for Exposure Therapy in a Clinical Sample

Jean-Philippe Gagné, Ph.D., Université du Québec à Montréal

Joon Lee, B.A., Concordia University

Jesse Renaud, Ph.D., McGill University

Gail Myhr, M.D., Centre for CBT Research, Training and Intervention, McGill University Health Centre

What Did You Learn? Quantifying Mechanistic Activation in Real-world Exposure

Therapy Sessions for OCD and Anxiety Disorders

Jennie M. Kuckertz, Ph.D., McLean Hospital/Harvard Medical School

Nicholas Kim, B.S., McLean Hospital / Harvard Medical School

Sarah C. Jessup, B.S., Vanderbilt University

Jason W. Krompinger, ABPP, Ph.D., New England Center for OCD and Anxiety

Jacob Nota, Ph.D., McLean Hospital/Harvard Medical School

Nathaniel Van Kirk, Ph.D., OCD Institute, McLean Hospital

Martha J. Falkenstein, Ph.D., McLean Hospital/Harvard Medical School

Effectiveness of Virtual Reality Exposure Therapy for Anxiety Disorders: Findings for a Real-world Clinic

Joon Lee, B.A., Concordia University

Jesse Renaud, Ph.D., McGill University

Gail Myhr, M.D., Centre for CBT Research, Training and Intervention, McGill University Health Centre

Jean-Philippe Gagné, Ph.D., Université du Québec à Montréal

Patient Experiences of Engaging with Sounds Using Inhibitory Learning Principles in CBT for Misophonia

Jane Gregory, Psy.D., University of Oxford

Alice Vaughn, Assistant Psychologist, Oxford Health NHS Foundation Trust

Tom Graham, Counselling Psychologist, Oxford Cognitive Therapy Centre

Innovations and Real-World Applications of CBT and Psychosocial Interventions in Youth Mental Health

9:00 AM – 10:30 AM

Yerba Buena Salon 1, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Convergent Validity of Clinician-observer Reported Treatment Fidelity in Community Youth Mental Health

Lavangi Naithani, M.A., University of Texas at Austin

Amanda Bowling, Ph.D., University of Oregon, The Ballmer Institute for Children's Behavioral Health

Abby Kirshner, Ph.D., University of Oregon, The Ballmer Institute for Children's Behavioral Health

Sarah Kate Bearman, Ph.D., University of Oregon, The Ballmer Institute for Children's Behavioral Health

Does Parent-only Intervention Work? A Real-world Study of the Unified Protocol for Adolescents with Emotional Disorders in China

Xue Gao, M.D., Peking University Sixth Hospital, Peking University Institute of Mental Health, NHC Key Laboratory of Mental Health (Peking University), National Clinical Research Center for Mental Disorders (Peking University Sixth Hospital), Beijing, China

Meirong Pan, M.D., Peking University Sixth Hospital

Qiuqin Qian, M.D., Peking university

Yongbai Zhang, M.D., Peking university

Efficacy of Integrated Yoga Nidra and Cbt-based Intervention as Measured by Autonomic Nervous System Functions in Adolescents with Substance Use Disorder

Andree Andree, M.A., Central Institute of Psychiatry, Ranchi, India

Nishant Goyal, D.P.M, M.D., Department of Psychiatry, Central Institute of Psychiatry, Ranchi, India

Evaluating Change Occurring During Single Session Interventions for Trauma-exposed Youth

Stevie N. Grassetti, Ph.D., West Chester University of Pennsylvania and University of Delaware

Gracen Shepps, B.S., West Chester University

Angela T. Clarke, Ph.D., West Chester University of Pennsylvania

Lauren Brumley, Ph.D., West Chester University of Pennsylvania

Lynne M. Raju, M.S., MFT, West Chester University

Taylor M. Hamill, B.S., M.S., West Chester University

Brandy Delgallego, Olivet Boys and Grils Club

Impact of Psychotherapy for Children and Adolescents with Anxiety Disorders on Day-to-day Functioning: A Meta-analysis

Sophie J. Dickson, Macquarie University

Islamic Mindful Parenting for Muslim Parents of Atypical Children (IMPPAC): A Qualitative Framework for Culturally Responsive Parent Training

Jamilah Hanum Binti Abdul Khaiyom, Ph.D., International Islamic University Malaysia

Siti Inayah Hasim, M.A., International Islamic University Malaysia

Mardiana Mohamad, Ph.D., International Islamic University Malaysia

Zunaidah Mohd Marzuki, Ph.D., International Islamic University Malaysia

Jamiah Manaf, Ph.D., Universiti Kebangsaan Malaysia

Nellie Ismail, Ph.D., Universiti Putra Malaysia

Nor Hayati Kasim, B.A., Lembaga Penduduk dan Pembangunan Keluarga Negara

Testing a Cbt-based Serious Game for Emotional Disorders in Youth: A Randomized Trial

Eliza Atudosie, M.A., Babes-Bolyai University Cluj-Napoca

Oana David, Ph.D., Babes-Bolyai University Cluj-Napoca

Viorel Lupu, Ph.D., Iuliu Halieganu University of Medicine and Pharmacy, Cluj-Napoca

Demonstrating Scalable CBT and Psychological First Aids in Humanitarian Crises: Media-based and Virtual Training Approaches Following Earthquake and Political Violence in Myanmar

SATURDAY

Phyu Pannu Khin, Ph.D., Licensed Clinical Psychologist, Massachusetts General Hospital/Harvard Medical School

11:00 AM – 12:30 PM

Golden Gate C3, B2 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Interventions and Care Delivery Models in the Context of Resource Limitations

Key Words: *Trauma, Disaster Response, Global Mental Health*

In humanitarian settings affected by political violence and natural disasters, access to evidence-based mental health care is often constrained by workforce shortages, displacement, and safety concerns. Recent global mental health research supports scalable, digitally mediated, and task-shared cognitive behavioral therapy (CBT)-informed interventions for addressing trauma-related distress and suicide risk in low-resource and crisis-affected contexts (Singla et al., 2021; Tol et al., 2022; Xue et al., 2024). This technical demonstration presents a structured, replicable approach to delivering CBT-informed psychoeducation, coping skills, and suicide prevention interventions to earthquake survivors and conflict-affected communities in Myanmar. Trainings are delivered via live and recorded Zoom sessions for clinicians and community health workers and broadcast in refugee and

internally displaced person (IDP) camps through shared devices and local facilitators to reach communities without reliable household internet access. Participants will be guided through a multi-modal dissemination approach integrating virtual CBT trainings, short-form psychoeducational content via social media, and population-level mental health messaging delivered through mass media platforms, including BBC Burmese. Through these collaborations, trauma education and CBT-based psychoeducation—covering grounding, cognitive flexibility, behavioral activation, problem-solving, and safety planning—are translated into culturally resonant formats to support communities affected by mass violence and displacement. The demonstration will showcase specific tools, including visual CBT skill modules, structured suicide risk screening and response scripts, and brief intervention frameworks adapted for disaster recovery and chronic political instability. Implementation data, including trainee feedback and audience reach, will illustrate how these approaches support rapid knowledge transfer, stigma reduction, and community-level coping. This demonstration offers a practical model that behavioral health practitioners and organizations can adapt for use in other disaster- and conflict-affected settings.

At the end of this session, the learner will be able to:

- Identify three core CBT skills adapted for trauma and disaster contexts.
- Demonstrate one CBT-based grounding or coping skill suitable for crisis settings.
- Describe how CBT skills can be delivered via Zoom and media platforms in low-resource settings.
- Outline a task-shared CBT training workflow for community health workers.
- Apply one suicide prevention strategy adapted for disaster and mass trauma contexts.

Recommended Readings: Singla, D. R., Kohrt, B. A., Murray, L. K., Anand, A., Chorpita, B. F., & Patel, V. (2021). Psychological treatments for the world: Lessons from low- and middle-income countries. *Annual Review of Clinical Psychology, 17*, 495–523. <https://doi.org/10.1146/annurev-clinpsy-081219-093355>Tol, W. A., Song, S., & Jordans, M. J. D. (2022). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict - A systematic review of findings in the past 25 years. *Journal of Child Psychology and Psychiatry, 63*(1), 5–22. <https://doi.org/10.1111/jcpp.13461>Xue, S., Charlson, F., Lund, C., Prince, M., & Whiteford, H. (2024). Mental health and psychosocial interventions in the context of climate change and disasters: A scoping review. *Cambridge Prisms: Global Mental Health, 11*, e54. <https://doi.org/10.1017/gmh.2024.54>

Behavior Analysis VR Learning Hub

Laurent Avila Chauwet, Ph.D., Assistant Professor, Sonora Institute of
Technology

4:00 PM – 5:30 PM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Basic level of familiarity with the material

Category: Dissemination and Implementation Science

Key Words: *Behavior Analysis, Behavior Experiments, Education and Training*

One of the main challenges faced by educators and students in experimental behavior analysis in Latin America is the limited access to laboratory infrastructure due to the high cost of animal research equipment, such as operant conditioning chambers. In countries like Mexico, only a small number of institutions have fully equipped laboratories for teaching and research in animal behavior, which restricts training opportunities and hands-on experience. This technical demonstration presents the current development and functionalities of the Behavior Analysis VR Learning Hub, a virtual reality-based educational platform designed to support the teaching and learning of experimental protocols, laboratory procedures, and reinforcement schedules commonly used in animal behavior research. The platform allows users to immerse themselves in three-dimensional virtual operant conditioning chambers and interact with different reinforcement schedules from the perspective of the experimental subject. The system can be accessed using virtual reality headsets or through a standard web browser, making it a flexible and accessible tool for institutions with limited resources. This demonstration will showcase the technical architecture of the platform, its interactive components, and its potential applications in academic training. The use of immersive virtual environments is discussed as a cost-effective and scalable alternative for teaching experimental behavior analysis while preserving key procedural and conceptual elements of laboratory-based instruction.

At the end of this session, the learner will be able to:

- Identify basic VR development tools used in educational environments (Unity & Spatial.io).
- Describe key milestones in the evolution of the operant chamber from early mazes to 3D-printed designs.
- Navigate the platform using a web browser or VR headset to explore reinforcement schedules.
- Apply VR-based platforms to teach behavior analysis concepts in low-resource settings.
- Evaluate virtual operant chambers as pedagogical alternatives to physical laboratories.

Recommended Readings: Chauvet, L. A., Cruz, D. M., Ramirez, E. L., & Hernández, S. L. O. (2025). Entorno de Realidad Virtual para la Enseñanza del Análisis Experimental de la Conducta. *Acta Comportamental*, 33(4), 578-599. Skinner, B. F. (1956). A case history in scientific method. *American Psychologist*, 11(5), 221-233. Kuroda, T. (2017). A combination of Raspberry Pi and SoftEther VPN for controlling research devices via the internet. *Journal of the Experimental Analysis of Behavior*, 108(3), 468-484

An Evidence-informed PRACTICE Course for Individual and Organizational Well-being

Elisabeth S. Pollio, Ph.D., Professor, CARES Institute, Rowan-Virtua School of Osteopathic Medicine

9:00 AM - 10:30 AM

Yerba Buena Salon 4, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Basic to Moderate level of familiarity with the material

Category: Training, supervision, and credentialing

Key Words: *Wellbeing, Professional Trauma, Stress*

Burnout and secondary traumatic stress (STS) have well-documented negative impacts on individuals, organizations, and even clients (e.g., Delgado et al., 2018; Wagaman et al., 2015). Mental health professionals in the trauma field may be particularly at risk, as a higher caseload of clients with posttraumatic stress has been associated with greater burnout and STS (e.g., Craig & Sprang, 2010). The PRACTICE Course (Deblinger et al., 2025a) was designed to address well-being among trauma professionals at both the individual and organizational levels. This virtual, multi-session course is structured based on the PRACTICE components of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT; Cohen et al., 2017), the treatment for childhood trauma with the strongest research support (Dorsey et al., 2017). Course participants, child trauma professionals with TF-CBT experience, are encouraged to use the skills they teach their clients in TF-CBT (“PRACTICE what you preach”). Participants attend as organizational teams including clinicians, supervisors, and senior leaders. The course has been applied to participants across the continental United States, Puerto Rico, and Ukraine. A recent wait-list randomized controlled trial found significantly greater improvements in coping skills and burnout, and, for the subset of direct service providers, significantly greater improvements in STS and TF-CBT competency for the immediate condition compared to the waitlist condition (Deblinger et al., 2025b). These are important findings given the impact burnout and STS can have on individuals, organizations, and clients, and that greater perceived TF-CBT competency is associated with better client outcomes (Espeleta et al., 2022), which may, ul-

timately, help ensure clients receive high-quality evidence-based treatment. The proposed skills class would review the impact of burnout and STS and the importance of addressing these issues, as well as highlight strategies leadership can use to support the well-being of their team. In addition, an overview of the PRACTICE course components and the research documenting the course's efficacy would be provided. Further, several examples of PRACTICE skills would be presented through interactive activities.

At the end of this session, the learner will be able to:

- Describe the impact of burnout and secondary traumatic stress.
- Describe the components/skills of the PRACTICE course.
- Describe the research documenting the efficacy of the PRACTICE course.
- Use the skills presented in their personal and professional lives to help enhance their well-being.
- Discuss strategies organizational leaders can implement to support the well-being of their direct service providers.

Recommended Readings: Deblinger, E., Pollio, E., Harrison, J. P., Cooper, B., Martelli, F. L., Schuler, N., & Steer, R. A. (2025). Refining the PRACTICE course for trauma professionals across organizational roles to enhance well-being and TF-CBT competency. *Journal of Child & Adolescent Trauma*. Advanced online publication. <https://doi.org/10.1007/s40653-025-00787-x> Pollio, E., Deblinger, E., Cooper, B., Garbade, M., Harrison, J. P., & Pfeiffer, E. (2025). Engaging Ukrainian TF-CBT therapists in a PRACTICE skills course to support their well-being. *European Journal of Psychotraumatology*, 16(1), Article 2476898. <https://doi.org/10.1080/20008066.2025.2476898> Sprang, G., Lei, F., & Bush, H. (2021). Can organizational efforts lead to less secondary traumatic stress? A longitudinal investigation of change. *American Journal of Orthopsychiatry*, 91(4), 443-453. <https://doi.org/10.1037/ort0000546> Yang, Y., & Hayes, J. A. (2020). Causes and consequences of burnout among mental health professionals: A practice-oriented review of recent empirical literature. *Psychotherapy*, 57(3), 426-436. <https://doi.org/10.1037/pst0000317>

Elephant in the Therapy Room: Conversations About Race, Ethnicity, and Culture in CBT Practice

Faithful Oduote, B.S., CBT Therapist, NHS and Private Practice

11:00 AM – 12:30 PM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Basic to Moderate level of familiarity with the material

Category: Promoting Diversity, Equity, Inclusion and Reducing Stigma

Key Words: *Empathy, Culture, Therapeutic Alliance*

Despite growing recognition that cultural context shapes psychological distress and recovery, many CBT practitioners remain hesitant to engage in conversations about race, ethnicity, and culture within therapy. Avoidance is often driven by therapist discomfort, fear of offending, or uncertainty about how to raise these topics without disrupting the therapeutic process. When left unaddressed, however, such avoidance can limit engagement, weaken formulation, and reduce the effectiveness of CBT for clients from diverse backgrounds. This Skills Class focuses on developing practical, CBT-consistent skills for initiating and holding conversations about race, ethnicity, and culture within routine clinical practice. Participants will examine the clinical rationale for addressing these factors, grounded in core CBT principles including collaborative empiricism, formulation, and behavioural change. The session will emphasise asking culturally informed questions without placing the burden of education on clients, and embedding cultural context directly into CBT formulations rather than treating it as an external or secondary consideration. Using applied examples, participants will explore how behavioural experiments can be used not only with clients, but also by therapists, to address avoidance, test assumptions about raising cultural material, and increase confidence in navigating these conversations. Empathy will be framed as an active clinical skill rather than a passive stance, requiring therapists to explore race and cultural context when clinically relevant. The session will examine how to respond to disclosures of marginalisation or discrimination without mi-

nimising, premature reframing, or retreating into neutrality. The Skills Class will also briefly address rupture and repair, acknowledging that mistakes may occur and that ethical practice includes openness to feedback, reflective supervision, and recognition of limits, including when a therapist may not be the right fit for a client. This session is designed for CBT practitioners seeking practical guidance on how to engage with race, ethnicity, and culture in a way that is affirming, clinically grounded, and sustainable within everyday CBT practice.

At the end of this session, the learner will be able to:

- Initiate conversations about race, ethnicity, and culture in CBT with confidence and clarity.
- Explain why avoiding conversations about race, ethnicity, and culture can limit engagement and undermine CBT outcomes.
- Recognise when ruptures related to race or culture may require repair or an ethical ending to therapy.

Recommended Readings: Williams, M. T. (2021). Being an antiracist clinician. *The Cognitive Behaviour Therapist*, 14, e10. Sue, D. W., Capodilupo, C. M., et al. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4), 271–286. Walker, R. (2024). *No racial elephants in the therapy room: An unapologetic approach to providing culturally affirming mental health care to Black and African American clients*. New Harbinger Publications.

Melting Away Resistance in Treating Eating Disorders

Donna Fish, M.S., LCSW, Private Practice, Columbia University School of Social Work

11:00 AM – 12:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Advanced level of familiarity with the material

Category: Feeding and eating disorders

Key Words: *Anorexia, Feeding Problems, Binge Eating*

CBT is evidence based and has been shown to be an effective treatment for Eating Disorders. That being said, Resistance is extremely powerful and is one of the reasons clinicians find Eating Disorders so difficult any cult to treat. Unlike other addictions, Food cannot be avoided and in fact, strict adherence to Restricting Food ways leads to Binge and Compulsive Eating, only to maintain a cycle of Eating Disorder Behaviors. Patients often begin treatment with a wish to change and a frustration with these behaviors. However, without a careful understanding of their Resistances to change; not as pathology, but rather as vital to their needs and sense of well being, therapy hits a wall, frequently leading to a feeling of 'push/pull, exactly what is experienced internally for the individual. As a clinical and Eating Disorder Teacher and Supervisor, TEAM CBT's focus on clarifying Outcome and Process Resistance with each patient early on in the treatment phase, drastically improved outcomes as obstacles and the resistance to change is identified early on. This skills training will identify typical Outcome and Process Resistance with different Eating Disorders. Methods like paradoxical focus, and Advantages of Symptoms are also identified to amplify Empathy and to increase team building and help our patients push for the change, rather than pushing against the therapists' agenda for change. Safety issues and ways use the Gentle Ultimatum to make sure therapists don't feel pressured by any medical issues will also be touched on in order for the patient to be the one pushing for change while the therapist is not motivated by fear of their patient's safety. We already have many methods in our toolbox with CBT to offer. Knowing how to work with Resistance arms the clinician with tools to set the agenda collaboratively and builds resilience for the challenges that emerge on the road to recovery from an Eating Disorder

At the end of this session, the learner will be able to:

- Identify Outcome Resistance for Anorexia and Binge Eating Disorder
- Identify Process Resistance for said disorders.
- Identify the Advantages and Core Values connected to the symptoms of the disorders.
- Use paradoxical interventions to hold onto the Advantages and identify Disadvantages.
- Explain the Gentle Ultimatum and provide safety for both therapist and patient.

Recommended Readings: “Enhancing motivation for change in treatment-resistant eating disorders” by Kelly Vitousek, *Clinical Psychology Review* Vol. 18, June 1998. The Feeling Good Handbook by David Burns, MD”Binge Eating Disorder: Evidence-based treatments”, C.Peat, K.Brownley, N.Berkman, C.Bulik, *Curr Psychiatry* 1012.

Advanced Clinical Consultation: Ultra-rapid CBT Intervention and Skill Development

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM Therapy
Training

Matthew H. May, M.D., Adjunct Clinical Faculty, Stanford University

2:00 PM – 3:30 PM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

SATURDAY

Moderate level of familiarity with the material

Category: Training, supervision, and credentialing

Key Words: *Supervision, Professional Development, Case Conceptualization / Formulation*

The United States is facing a significant mental health crisis, with costs projected to exceed \$1.3 trillion by 2040 and over half the population currently living in professional shortage areas. In California alone, the need for licensed clinicians is expected to nearly double by 2033. Addressing this gap requires highly efficient systems for training and supervising the next generation of providers. Increasing the number of providers trained in the most effective therapy models, like TEAM-CBT, developed by Dr. David Burns, is a promising approach to reducing the suffering, morbidity, mortality and costs associated with untreated mental illness in California and beyond. This workshop introduces Ultra-Rapid Consultation, a highly efficient format designed to help clinicians quickly improve their skills and identify the precise problems and solutions required to optimize patient outcomes. Participants will learn how to apply the TEAM-CBT consultation model by observing demonstrations and engaging in hands-on practice, including role-play exercises.

At the end of this session, the learner will be able to:

- Identify crucial moments in a therapeutic interaction where intervention is most likely to improve patient outcomes.
- Combine multiple elements of the TEAM model in the context of case consultation, including testing, empathy, agenda setting, and methods.
- Improve training efficiency by reducing extra background information and provides a specific structure that leads to rapid skill acquisition.
- Confidently offer empathy, support, and meaningful feedback to trainees or consultees who need urgent help with a clinical problem.
- Teach consultation skills to future therapists in order to help address the deficit in mental health providers

Recommended Readings: Burns, D. D. (2023). *Feeling great together: How to communicate, solve problems, and resolve conflicts in any relationship*. Rousmaniere, T. (2019). *Deliberate practice for psychotherapists: A guide to improving clinical effectiveness*. Routledge. Katz, M., Christensen, M. J., Vaz, A., & Rousmaniere, T. (2023). *Deliberate practice of TEAM-CBT*.

Clinical Discernment in an Information-saturated World: A Cbt-informed Approach

Juniper Owens, LCSW, CEO, Bridge Counseling and Wellness

2:00 PM – 3:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Mental Health Literacy, Clinical Decision Making, Cognitive Biases / Distortions*

Mental health professionals are practicing in an information ecosystem flooded with online content, podcasts, social media, and rapidly circulating mental health narratives. For busy clinicians, limited time and bandwidth often mean relying on summaries, secondary sources, and social media rather than sustained engagement with primary research. This increases vulnerability to misinformation for clinicians and clients, with implications for clinical judgment, treatment expectations, and therapeutic relationships. This workshop approaches mental health misinformation not as a problem to debate or correct, but as a process shaped by attention, learning, reinforcement, and emotionally compelling narratives. It highlights common cognitive distortions and biases that make misinformation persuasive, even for thoughtful and well-trained clinicians. Media literacy is introduced as a practical clinical skill supporting core CBT processes, including cognitive evaluation, collaborative empiricism, and cognitive flexibility. Participants will learn to recognize misinformation patterns, review mental health resources efficiently, and identify signals of credibility, limitation, and bias. Using real life examples, the workshop examines how misinformation can influence clients' self-diagnosis, treatment expectations, adherence, trust in providers, and the increasingly common narrative that CBT is ineffective or outdated, often without an accurate understanding of how CBT is practiced or adapted in contemporary care. Emphasis is placed on responding in ways that preserve therapeutic alliance and professional boundaries without shaming, arguing, or rigid correction. Participants will reflect on their own information-consumption habits and identify realistic strategies for maintaining clinical discernment. The workshop situates these challenges within a

rapidly changing world shaped by technological acceleration, cultural polarization, and evolving mental health narratives that create fertile ground for misinformation and disinformation. Participants will leave with practical tools to evaluate information, support flexible thinking, and sustain effective CBT practice.

At the end of this session, the learner will be able to:

- Describe how digital media environments contribute to the spread and influence of mental health misinformation in clinical practice.
- Identify cognitive distortions and biases that make mental health misinformation compelling.
- Apply media literacy skills to evaluate the credibility and limits of mental health resources.
- Recognize common misinformation patterns encountered by clients and clinicians in therapy.
- Develop realistic strategies to maintain clinical discernment under time pressure and uncertainty.

Recommended Readings: The Skeptics' Guide to the Universe. Novella, S., Novella, J., Novella, B., & Novella, C. (2018). The Skeptics' Guide to the Universe: How to know what's really real in a world increasingly full of fake. Grand Central Publishing. The Death of Expertise. Nichols, T. (2017). The death of expertise: The campaign against established knowledge and why it matters. Oxford University Press. Gordon, Chloe & Ferber, Kelly & Notley, Tanya & Rodgers, Rachel & Bradshaw, Emma & Basarkod, Geetanjali & Anderson, Joel & McLean, Siân & Mizzi, Simone & Jarman, Hannah & Dickson, Jessica & Sanders, Taren & Slater, Amy & Pearson, Erin & Dicke, Theresa. (2025). The relationship between media literacy and well-being: A systematic review and meta-analysis. [10.31234/osf.io/8m5c9_v2](https://doi.org/10.31234/osf.io/8m5c9_v2).

Coping When the Struggle Is Real: Telling Youth and Family Stories with Case Conceptualization and Treatment Planning

Brian C. Chu, Ph.D., Professor, Rutgers University
Sandra S. Pimentel, Ph.D., Chief, Child & Adolescent Psychology,
Montefiore Medical Center

2:00 PM – 3:30 PM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Child and adolescent mental health

Key Words: *Case Conceptualization / Formulation, Children, CBT*

Youth and teens are managing an unprecedented number of stressors. Rates of anxiety and mood disorders, already high, may have doubled during acute COVID-19 times, with the most troubling outcomes unevenly distributed to young people, those with fewer financial resources, and minoritized communities. At the same time, multiple social justice issues came to the forefront and continue to present challenges to our most vulnerable. The challenge for any cognitive-behavioral therapist is to help youth navigate a complex world where anxiety and sadness are understandable reactions to the stressors and barriers they face, while also promoting meaningful action, engagement and self-efficacy that can help buffer some of the effects of these real-world stressors. This workshop will focus on refreshing and bolstering the core skills of case conceptualization and treatment planning. The presenters will introduce a multi-system, strengths- and values-based case formulation approach and illustrate it with case examples. The Cultural Formulation Interview (APA, 2013) and ADDRESSING system (Hays, 2001) will be described as ways to support culturally informed case formulation. Attendees will then be invited to nominate their own

cases for live group discussion and demonstration. Depending on the size of the group, attendees will work in small groups to brainstorm case conceptualizations to make treatment plans that target the youth's primary goals while addressing the case's complexities.

At the end of this session, the learner will be able to:

- Create a multi-systems case conceptualization that incorporates youth, family, and community factors that maintain behaviors.
- Describe the Cultural Formulation Interview and ADDRESSING systems as ways to support culturally informed case formulation.
- Choose key CBT strategies (e.g., problem-solving, exposure, mindfulness, cognitive restructuring, etc.) to match case formulation.
- Consult with presenters about challenging cases that have evaded understanding and intervention.

Recommended Readings: Chu, B. C., & Pimentel, S. (2023). CBT Treatment Plans and Interventions for Depression and Anxiety Disorders in Youth. New York: Guilford Press. Chu, B.C., Badin, E., & Pimentel, S. S. (in press). Coping when the Struggle is Real: Cognitive Behavioral Therapy Strategies for Youth Anxiety. In R.D. Friedberg & M.A. Thordarson (Eds.), *Cognitive Behavioral Therapy with Youth: Tradition and Innovation* (2nd Ed.). New York: Humana (Springer). Pimentel, S.S., & DeLapp, R.D. (2022). Superheroes and CBT for Youth, In RD Friedberg & EV Rozmid (Eds.), *Creative CBT with Youth Clinical Applications Using Humor, Play, Superheroes, and Improvisation* (pp. 143-174), Springer Publications. <https://doi.org/10.1007/978-3-030-99669-7>

Don't Let It Slide: Targeting Therapy Interfering Behaviors in DBT

Lynn M. McFarr, Ph.D., Founder/Exec Director, CBT California
Katherine Anne Comtois, Ph.D., Professor, University of Washington, Seattle
Alexandra M. King, Ph.D., Director of Research, CBT California

2:00 PM – 3:30 PM

Yerba Buena Salon 3, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Moderate level of familiarity with the material

Category: Personality Disorders

Key Words: *DBT (Dialectical Behavior Therapy), Borderline Personality Disorder, Therapeutic Alliance*

Dialectical Behavior Therapy (DBT) explicitly prioritizes therapy-interfering behaviors (TIBs), ranking them second only to suicidal and self-harm behaviors within the DBT treatment hierarchy. DBT assumes that effective treatment cannot occur when attendance, collaboration, or the therapeutic relationship are compromised, and therefore treats these behaviors as direct targets of intervention rather than secondary obstacles. This clinical demonstration focuses on how DBT therapists identify and address therapy-interfering behaviors as they arise in real time. Using a live, role-played clinical interaction, the presenters will demonstrate DBT-consistent strategies for responding to behaviors such as missed or late sessions, noncollaboration, avoidance of therapeutic tasks, excessive contact, and behaviors that strain the therapeutic relationship. The demonstration highlights how therapists balance validation and change while aligned with the treatment hierarchy, clarity, precision and compassion. Attention will be given to therapist decision-making in challenging moments, including the use of chain analysis, contingency management, and dialectical strategies to reduce reinforcement of therapy-interfering patterns. The presenters will also address therapist-interfering behaviors and the emotional responses that commonly arise when working with complex, high-risk clients. Participants will observe interventions that can be applied across CBT-oriented treatments to improve engagement, maintain structure, and keep therapy moving forward. This demonstration is intended for

clinicians seeking practical strategies for addressing behaviors that interfere with effective treatment delivery.

At the end of this session, the learner will be able to:

- Describe the DBT rationale for prioritizing TIBs as second only to suicidal and self-harming behaviors.
- Identify therapy-interfering behaviors using DBT behavioral principles, including functional assessment and chain analysis.
- Describe three DBT-consistent intervention strategies for TIBs

Recommended Readings: Swales, M. A. (2018). The Oxford handbook of dialectical behaviour therapy. Oxford, UK: Oxford University Press. Chalker, S. A., Carmel, A., Atkins, D. C., Landes, S. J., & Kerbrat, A. H. (2015). Examining challenging behaviors of clients with borderline personality disorder. *Behaviour Research and Therapy*, 75, 11-19. Zalewski, M., Walton, C. J., Rizvi, S. L., White, A. W., Gamache Martin, C., O'Brien, J. R., & Dimeff, L. (2021). Lessons learned conducting dialectical behavior therapy via telehealth in the age of COVID-19. *Cognitive and Behavioral Practice*, 28(4), 573-587.

CBT with Cognitive Training for Children with ADHD

Susmita Halder, Ph.D., Professor, St. Xavier's University Kolkata

4:00 PM – 5:30 PM

Yerba Buena Salon 12, B3 Level

Earn 1.5 continuing education credits

SATURDAY

Moderate to Advanced level of familiarity with the material

Category: Child and adolescent mental health

Key Words: *ADHD, Children, Cognitive Therapy*

For children with ADHD, the learning objectives of Cognitive Behavioural Therapy (CBT) with cognitive training include developing adaptive coping mechanisms, boosting goal-oriented behaviour, and strengthening impulse control and self-regulation abilities. In addition, the therapy seeks to improve problem-solving abilities, strengthen self-esteem, and address distorted thought patterns. CBT with cognitive training aims to assist people with ADHD in gaining efficient time management skills, effective organising abilities, and a positive outlook through targeted interventions and structured exercises. The main objective is to enable them to overcome obstacles in their daily lives, develop resilience, and enhance their general cognitive and emotional abilities.

At the end of this session, the learner will be able to:

- Describe the CBT principles, the underlying neurobiology.
- Plan the therapeutic techniques, and its efficacy for children and adolescents with ADHD
- Gain hands-on experience in the process of the planning and implementation of therapy.
- Improve therapeutic outcomes on the patients.

Recommended Readings: Rivera Flores, G. W. y Barreda Parra, V. A. (2014). Cognitive Behavioral Treatment in Children with Attention Deficit Hyperactivity Disorder. *Revista de Psicología Universidad de Antioquia*, 6(2), pp.79-94. Halder S, Mahato AK. Neuro-cognitive psychotherapy for adult attention deficit hyperactive disorder. *Ind Psychiatry J* 2009;18:113-6. Knouse, Laura E. "Cognitive-Behavioral Therapies for ADHD." In *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*, edited by Russell A. Barkley, 757-73. 4th ed. New York: Guilford Press, 2014.

Clinical Skills for Affirming CBT with Older Adults

Ann M. Steffen, ABPP, Ph.D., Founders Professor, University of Missouri
St. Louis

Dolores Gallagher-Thompson, ABPP, Ph.D., Professor Emerita, Stanford
University School of Medicine

4:00 PM – 5:30 PM

Yerba Buena Salon 6, B3 Level

Earn 1.5 continuing education credits

Moderate level of familiarity with the material

Category: Aging and Lifespan Psychology

Key Words: *Aging, Older Adults, Psychotherapy Process*

Age and generational influences are facets of cultural diversity that impact individuals, families, and communities. Individual and group therapy clients aged 65 years and older respond as strongly to CBT change strategies as younger adults. Older clients do, however, benefit from age-affirming CBT implementation modifications that are largely contextual (i.e., the “how” of treatment delivery; Steffen, Thompson, & Gallagher-Thompson, 2022). While drawing on older clients’ strengths and coping strategies developed over a lifetime, aging-responsive CBT also addresses challenges that are more common in the second half of life (e.g., comorbid medical conditions, family caregiving concerns, cognitive aging, bereavement). This class features clinical skills to enhance engagement and effectiveness in CBT sessions with older clients. Within-session implementation strategies will be demonstrated through video and live role-play. Congress delegates will also learn to modify psychoeducational materials and worksheets for use with culturally diverse older individuals, intergenerational families, and groups. The tips and strategies covered in this skills class aim to increase providers’ effectiveness with older clients and the joy they experience in this rewarding area of clinical practice.

At the end of this session, the learner will be able to:

- Describe three within-session modifications for effective delivery of CBT with older adults
- Identify age-affirming features of CBT written materials (e.g., psychoeducational and between-session worksheets)
- Explain the rationale for aging-friendly adaptations to CBT delivery
- Enhance competencies in the delivery of CBT for older adults
- Create a professional development plan for advancing clinical skills with older individuals and their families

Recommended Readings: Steffen, A. M., Thompson, L. W., & Gallagher-Thompson, D. (2022). *Treating later-life depression: A cognitive-behavioral therapy approach: Clinician guide* (2nd ed.). Oxford University Press. <https://doi.org/10.1093/med-psych/9780190068431.001.0001> Emery-Tiburcio, E. E., Zweig, R., Ing, M. B., Sachs, B. C., Yenke, I., Vinson, L., Shead, V., Steffen, A., Heintz-Monette, H., & Hinrichsen, G. (2025). Guidelines for Psychological Practice With Older Adults: Executive summary. *American Psychologist*. Advance online publication. <https://doi.org/10.1037/amp0001643> Osilla, K. C., Lean, M., Gallagher-Thompson, D., Atherton, D., & Watkins, K. E. (2025). Supporting family caregivers: Variations in caregiving among families managing chronic health conditions. *American Psychologist*, 80(9), 1499-1519. <https://doi.org/10.1037/amp0001663>

From Empathy to Change: Teaching TEAM-CBT Skills in Latin American Clinical Practice

Yehuda Bar Shalom, Ph.D., MSW, Chair of Ethics Committee, Ramat Gan
Academic College

Heather Clague, M.D., Attending Psychiatrist, Alameda Health System

Leigh Harrington, M.P.H., M.D., Training Instructor, TEAM
Therapy Training

4:00 PM – 5:30 PM

Golden Gate C2, B2 Level

Earn 1.5 continuing education credits

Basic level of familiarity with the material

Category: Training, supervision, and credentialing

Key Words: *CBT, Motivation, Empathy*

In this dynamic skills class—conducted in Spanish (or English)—three internationally recognized TEAM-CBT Masters will share a decade of hands-on experience disseminating Cognitive Behavioral Therapy across Latin America. Drawing on their clinical, teaching, and training work throughout the region, the presenters will demonstrate how David Burns’ TEAM-CBT approach has become a powerful and culturally resonant platform for making evidence-based CBT accessible, engaging, and effective for Latin American audiences. In Latin America, psychodynamic and psychoanalytic traditions remain the dominant clinical paradigms. While these approaches have a rich history, many clinicians are now seeking practical, structured, and results-oriented methods that can be integrated into their therapeutic “toolbox.” The presenters have found that the experiential, transparent, and skill-driven nature of TEAM-CBT speaks directly to this need. Therapists are drawn to its clear structure, collaborative spirit, rapid feedback systems, and emphasis on deliberate practice and measurable change. The class will provide a concise overview of the TEAM-CBT model, including its core pillars: Testing, Empathy, Agenda Setting, and Methods. Special attention will be given to the therapeutic “movement” from deep empathy to powerful invitation and paradoxical agenda setting—an aspect of TEAM-CBT many clinicians find transformative. Participants will not only learn about the model but will

actively experience it. Through live demonstrations and guided practice, the audience will step into the therapist's role and practice the transition from empathic attunement to motivational work and collaborative change strategies. This experiential format reflects how TEAM-CBT is taught across Latin America, emphasizing learning by doing, immediate feedback, and clinical courage. This class is ideal for CBT practitioners, trainers, and supervisors seeking to expand their therapeutic repertoire, strengthen treatment outcomes, and learn how TEAM-CBT can bridge cultures, traditions, and clinical languages. It offers a rare opportunity to learn directly from two master clinicians who have successfully disseminated TEAM-CBT across diverse Latin American contexts.

At the end of this session, the learner will be able to:

- Describe the core principles and structure of the TEAM-CBT model.
- Explain how TEAM-CBT has been adapted for clinical practice in Latin America.
- Demonstrate the transition from empathy to invitation and agenda setting.
- Apply TEAM-CBT skills to enhance motivation and treatment engagement.
- Integrate TEAM-CBT methods into their existing therapeutic approaches.

Recommended Readings: Burns, D. D. (2020). *Feeling great: The revolutionary new treatment for depression and anxiety*. PESI Publishing & Media. Katz, M., Christensen, M. J., Vaz, A., & Rousmaniere, T. (2023). *Deliberate practice of TEAM-CBT*. Springer. Bourgeois-Munoz, E., & Corcoran, J. (in press). *TEAM-CBT for adolescents and young adults with depression and anxiety: Testing short-term impact and within-session change*. *Cognitive and Behavioral Practice*.

Identifying the Maintaining Mechanisms of a Cognitive-behavioral Case Formulation

Jacqueline B. Persons, Ph.D., Director, Oakland Cognitive Behavior Therapy Center

Garret G. Zieve, Ph.D., Psychologist, Oakland Cognitive Behavior Therapy Center

4:00 PM – 5:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Basic to Moderate level of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Case Conceptualization / Formulation*

Maintaining mechanisms are the psychological factors (e.g., cognitions, behaviors, and skills deficits) and/or events (e.g., reinforcers) that maintain a patient's symptoms, problems, or disorders. Maintaining mechanisms are a key element of the case formulation because they identify the primary targets of treatment; if the maintaining mechanisms are eliminated, we expect the patient's symptoms and problems to remit. Following a brief didactic presentation in which we describe the elements of the cognitive-behavioral case formulation and describe common maintaining mechanisms in CBT, we lead interactive exercises in which we teach and participants practice the skills of identifying maintaining mechanisms based on prompts we provide. We will allow time for brief discussion of each exercise. Exercises include: Using the Thought Record to identify key cognitions and behaviors, linking cognitions and behaviors, using the downward arrow technique to identify core beliefs, and self-monitoring and the behavioral chain analysis to identify antecedents and consequences of problem behaviors.

At the end of this session, the learner will be able to:

- List the elements of a cognitive behavioral case formulation.
- List five common maintaining mechanisms in a cognitive behavioral formulation.
- Use a thought record to identify key cognitions and behaviors in the case formulation.

Recommended Readings: Persons, J. B. (2022). Case formulation. *Cognitive and Behavioral Practice, 29*(3), 537-540. Padesky, C. A. (2020). Collaborative case conceptualization: Client knows best. *Cognitive and Behavioral Practice, 27*(4), 392-404. <https://doi.org/10.1016/j.cbpra.2020.06.003> O'Brien, W. H., & Haynes, S. N. (1995). A functional analytic approach to the conceptualization, assessment, and treatment of a child with frequent migraine headaches. *Journal of Clinical Psychology, 1*, 65-80.

Tic'd! Mastering the CBIT Protocol to Defeat the Global Tic Epidemic

Paul T. DePompo, ABPP, Psy.D., Director, CBT Institute of Southern California

4:00 PM – 5:30 PM

Yerba Buena Salon 10, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Child and adolescent mental health

Key Words: *Children, Treatment, CBT*

The pediatric mental health landscape is facing an urgent “tic-like” crisis. Following the “TikTok tic” phenomenon and a documented 400% surge in presentations (Pringsheim et al., 2021), demand has far outpaced provider expertise. To achieve “Health for All,” we must bridge the “provider gap” where clinicians lack the specialized protocols required to treat Tourette’s and Functional Tic-Like Behaviors (FTLB) with precision. This workshop – a high-impact reboot of the 2023 WCCBT session in Seoul (hundreds in attendance; many stating it was a “highlight”) – transforms foundational CBT into mastery of Comprehensive Behavioral Intervention for Tics (C-BIT). Utilizing frameworks from the book “Tic’d,” praised by C-BIT co-creator Dr. Douglas Woods, as a premier pediatric application, we move beyond “drills” to a neurodiversity-affirming model that treats the child, not just the symptom. Training community clinicians creates a sustainable infrastructure, reducing reliance on inaccessible specialists. A core barrier to equitable care is attrition due to low engagement. This session highlights innovative, fun-based adaptations that reframe treatment as a “mastery challenge.” Participants will learn to leverage a child’s specific strengths, such as artistic creativity, humor, or digital literacy, to foster intrinsic motivation. We deconstruct the ABC model of Functional Intervention (Piacentini & Woods, 2010) through a collaborative, kid-friendly lens that empowers the child as an expert in their own care. We will engage in intensive rehearsal of Habit Reversal Training (HRT), focusing on selecting “Competing Responses” that are physically incompatible with tics yet socially discrete. We also address the “Tourette’s Plus” reality, navigating the

interference of co-occurring ADHD and OCD (Martino & Leckman, 2013). Attendees will leave with a scalable roadmap to integrate C-BIT, ensuring affirming, evidence-based care is accessible to all families.

At the end of this session, the learner will be able to:

- Identify two evidence-based strategies to foster motivation and engagement by leveraging a child's specific strengths.
- Explore “environmental dials” modulating severity via Functional Assessment of antecedents and consequences.
- Rehearse Awareness Training techniques to help children detect premonitory urges and catch tics before physical discharge.
- Create two creative, socially discrete Competing Responses using habit reversal to physically inhibit tic expression.

Recommended Readings: Pringsheim, T., et al. (2021). Rapid onset functional tic-like behaviors in young females during the COVID-19 pandemic. *Movement Disorders*. DePompo, P., & Moore, C. (2024). *Tic'd: A child's guide to defeating tics*. CBTI of Southern California. Woods, D. W., et al. (2008). *Managing Tourette's Disorder: A Behavioral Intervention Parent Workbook*. Oxford University Press.

Working with Existential Anxiety in CBT: Fear, Uncertainty, and Meaning

Juniper Owens, LCSW, CEO, Bridge Counseling and Wellness

4:00 PM – 5:30 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

All levels of familiarity with the material

Category: Transdiagnostic and therapeutic processes

Key Words: *Change Process / Mechanisms, Case Conceptualization / Formulation, Distress Tolerance*

Mental health professionals are increasingly working with clients experiencing fear, confusion, and loss of control rooted in uncertainty about the future. In these contexts, distress is often realistic, collective, and unresolved, rather than the result of distorted thinking. While CBT offers effective tools for structure, agency, and behavioral grounding, it can fall short when applied narrowly to experiences that are fundamentally existential in nature. This workshop explores how existential and philosophical perspectives can be thoughtfully integrated into CBT practice to support clients facing pervasive uncertainty, instability, and lack of control. Rather than positioning existential distress as something to be corrected or reassured away, the session emphasizes making space for fear, ambiguity, and limits while maintaining therapeutic direction. The workshop focuses on how clinicians can distinguish between cognitive distortions and existential truths, avoiding over-pathologizing realistic distress while still supporting meaningful change. Using applied case examples, participants will examine how existential themes such as uncertainty, responsibility, meaning, and finitude can be incorporated into CBT case conceptualization. The workshop highlights change processes and mechanisms relevant to this work, including cognitive flexibility, values-guided action, and distress tolerance. Emphasis is placed on helping clients relate differently to uncertainty rather than attempting to eliminate it, and on using CBT tools without defaulting to premature reassurance. The session situates this integrated approach within a broader social and cultural context characterized by instability, polarization, and ongoing threat perception. Participants will leave with practical strategies for conceptualizing and responding to existential distress within CBT

frameworks, supporting ethical, sustainable practice when certainty is unavailable and distress is an understandable response to real conditions

At the end of this session, the learner will be able to:

- Distinguish existential distress from cognitive distortions in clients facing uncertainty and loss of control.
- Describe limitations of traditional CBT when distress reflects realistic, unresolved threats.
- Integrate existential perspectives into CBT case conceptualization without abandoning structure or direction.
- Apply ACT principles to support values-based action when certainty and reassurance are unavailable.
- Use distress tolerance strategies to help clients remain engaged with fear rather than avoid or suppress it.

Recommended Readings: Syfret, W. (2021). *The sunny nihilist: How a meaningless life can make you truly happy*. Hachette Books. Yalom, I. D. (2008). *Staring at the sun: Overcoming the terror of death*. Jossey-Bass. Hayes, S. C. (2019). *A liberated mind: How to pivot toward what matters*. Avery.

Examining Models, Competencies, and Predictors of Outcomes in Transdiagnostic CBT

9:00 AM – 10:30 AM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Category: Transdiagnostic and Therapeutic Processes

Identifying Key CBT Targets to Enhance Emotion Regulation Effectiveness in Daily Life

Kristin Gainey, Ph.D., PsyM, University of Western Australia

Yaser Donyatalab, M.S., University at Buffalo

Rachael Hageman Blair, Ph.D., University at Buffalo

Transdiagnostic Predictors of Relapse in People with Severe Mental Illness: A Scoping Review

Eveline de Groot, Tilburg University, Medical and Clinical Psychology

Rosie Kidane, Tilburg University

Geke Romijn, Ph.D., Tilburg University

Claudia Simons, Ph.D., GGzE

Egon Dejonckheere, Ph.D., Tilburg University

Machteld Marcelis, Ph.D., MUMC+

Tom Smeets, Ph.D., Tilburg University

Meta-competencies in CBT: Enhancing Your Efficacy as a Therapist by Being Self-reflective, Creative, Well-timed, and Inspirational!

Cory F. Newman, ABPP, Ph.D., University of Pennsylvania School of Medicine

Evaluation of Two Transdiagnostic Factors in Exercising Adults: Core Eating Psychopathology and Perfectionism

Monica Mendoza-Salinas, National Autonomous University of Mexico

Héctor León-Juárez, B.S., National Autonomous University of Mexico

José Alfredo Contreras-Valdez, Dr., Ph.D., Clinical and Health Psychology Department, Faculty of Psychology, National Autonomous University of Mexico

Eating Disorders: Assessment, Treatment Approaches, and Therapist Perspectives

9:00 AM – 10:30 AM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Category: Feeding and eating disorders

Does Completion of 12 Months of Treatment Show Improved Outcomes? A Case Series from an Adult Dialectical Behaviour Therapy Programme for Multi-diagnostic Eating Disorders (MED-DBT)

Liesje Donkin, Ph.D., Auckland University of Technology

Carrie McColl, Auckland University of Technology

Shelly Hindle, Auckland District Health Board

Melting Away Resistance in Treating Eating Disorders

Donna Fish, M.S., LCSW, Columbia University School of Social Work

Possible Treatment Targets for Working with the Eating Disorder Voice (EDV) Using a Cognitive Behavioral Approach

Brad MacNeil, Ph.D., Midwestern University

Predictors of Response to Therapy for Binge Eating Disorder

Janet D. Carter, Ph.D., Clinical Psychology, University of Canterbury, NZ

Christopher M.A. Frampton, Ph.D., University of Otago Medical School

Jennifer Jordan, Ph.D., University of Otago Medical School

Virginia VW McIntosh, Ph.D., University of Canterbury Clinical Psychology

The CBT Therapist's Described Experiences in Addressing Perfectionism, Body Image, and Eating Disorders

Valerie J. Turner, Ph.D., Grand Canyon University

Dissemination and Implementation Science in CBT

9:00 AM – 10:30 AM

Yerba Buena Salon 14, B3 Level

Earn 1.5 continuing education credits

Category: Dissemination and Implementation Science

A Systematically Developed, Comprehensive Map of Distinct Evidence-based Psychological Interventions for Severe Mental Disorders

Ioana A. Cristea, Ph.D., Department of General Psychology, University of Padova
Giuliano Tomei, Ph.D., Department of General Psychology, University of Padova
Chrysanthi Blithikioti, Ph.D., University of Padova
Camilla Cadorin, Ph.D., University of Padova
Lorena Pizzocri, M.S., Department of General Psychology, University of Padova
Marcella Lucente, Ph.D., Psy.D., University of Padova

Designing, Implementing, and Using a CBT Outcome Tracking Database in a Multi-site Integrated Primary Care Program

Craig N. Sawchuk, ABPP, Ph.D., Mayo Clinic
Megan Cassidy, ABPP, Ph.D., Mayo Clinic
Anne I. Roche, ABPP, Ph.D., Mayo Clinic
Jennifer Bailey, ABPP, Ph.D., Mayo Clinic Health System
Samuel T. Savitz, Ph.D., Mayo Clinic

Enhancing Sustained Recovery After Low Intensity CBT: Co Produced, Scalable Relapse Prevention Recommendations for Primary Care Mental Health Services

Cintia Faija, Ph.D., The University of Liverpool

Participation for All: A Framework for Shared Decision-making in Psychotherapy

Georg W. Alpers, Ph.D., University of Mannheim
Karin A. Scherer, M.S., University of Mannheim

Which Psychotherapies Are Used to Treat PTSD? A Survey of US Mental Health Providers

Carmen McLean, Ph.D., National Center For PTSD
Sadie E. Larsen, Ph.D., National Center for PTSD
Devin Tse, B.A., National Center for PTSD
Eve A. Rosenfeld, Ph.D., National Center for PTSD
Craig S. Rosen, Ph.D., U.S. Department of Veterans Affairs

CBT Outcomes, Digital Interventions, and Resilience in Older Adults

11:00 AM – 12:30 PM

Yerba Buena Salon 6, B3 level

Earn 1.5 continuing education credits

Category: Aging and Lifespan Psychology

Improving Psychological Treatment Outcomes in Anxious and Depressed Older Adults Through Social Participation: The SPAA Clinical Trial

Viviana Wuthrich, Ph.D., Macquarie University

Jessamine Chen, Ph.D., Macquarie University

Carly Johnco, Ph.D., Macquarie University

Brian Draper, M.D., Ph.D., University of New South Wales

Henry Brodaty, M.D., Ph.D., University of New South Wales

Henry Cutler, Ph.D., Macquarie University

Lee-Fay Low, Ph.D., University of Sydney

Andrew Georgiou, Ph.D., Macquarie University

Tina Huang-Smith, Macquarie University

Michael Jones, Ph.D., Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Predictors and Moderators of Cognitive Behavioural Therapy Outcomes in Older Adults with Anxiety and Mood Disorders

Viviana Wuthrich, Ph.D., Macquarie University

Tina Huang-Smith, Macquarie University

Ronald Rapee, Ph.D., Macquarie University

Maria Kangas, Ph.D., Macquarie University

Michael Jones, Ph.D., Macquarie University

The Impact of Aging-related Syndemics and Resilience on Older Men Who Have Sex with Men's Sexual Health in Florida

Elliott R. Weinstein, M.P.H., Ph.D., Massachusetts General Hospital

Lisa Y. Hu, M.S., University of Miami

Hanna C. Vasconcello, B.A., University of Miami

Gail H. Ironson, M.D., Ph.D., Department of Psychology, University of Miami

Daniel Enrique Jimenez, Ph.D., Department of Psychiatry, University of Miami Miller School of Medicine

Audrey Harkness, Ph.D., University of Miami

Raymond Balise, Ph.D., University of Miami

Steven A. Safren, ABPP, Ph.D., University of Miami

Effects of Digital Autobiographical Memory Specificity Training on Depressive Symptoms and Its Process-based Indicators in Depressed Older Adults

Jueun Hwang, M.A., Korea University

Dawoon Jung, Ph.D., Samsung Medical Center, Seoul, South Korea

Euntaek Hong, M.A., Korea University

Yongchun Bahk, Ph.D., School of Psychology, Korea University

Kee-Hong Choi, Ph.D., Korea University

Mechanisms of Change, Dropout, and Theoretical Debates in Transdiagnostic CBT

11:00 AM – 12:30 PM

Yerba Buena Salon 7, B3 Level

Earn 1.5 continuing education credits

Category: Transdiagnostic and Therapeutic Processes

Comparative Efficacy of CBT Protocols with Different Behavioral Techniques for Procrastination: A Randomized Controlled Trial

Weronika M. Browarczyk, M.A., SWPS University

Joachim Kowalski, Ph.D., Institute of Psychology, Polish Academy of Sciences

Magdalena Pietruch, M.A., Nencki Institute of Experimental Biology, Polish Academy of Sciences

Marek Wypych, Ph.D., Nencki Institute of Experimental Biology, Warsaw, Poland

Jarosław M. Michalowski, Ph.D., SWPS University

Dropout Rate and Related Factors in Group Psychotherapy: A Retrospective Study

Yumin Zhang, M.S., The Affiliated Brain Hospital of Nanjing Medical University

Mengdi Song, M.S., The Affiliated Brain Hospital of Nanjing Medical University

Ning Zhang, M.D., Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Chun Wang, Ph.D., The Affiliated Brain Hospital of Nanjing Medical University

Adapting CBT and ACT Using Te Whare Tapa Whā: Integrating Evidence-based Approaches with a Culturally Important Model of Health in Aotearoa New Zealand

Jess Stubbing, Cambridge Health Alliance/Harvard Medical School

Mechanisms Underlying the Relationship Between Insomnia and Depression: An Exploratory Analysis

Katherine E. Kabel, M.A., Boston University

Martin Seehuus, Ph.D., Middlebury College

Devisi A. Ashar, B.A., Boston University

Qimin Liu, Ph.D., Boston University

Amelia M. Stanton, Ph.D., Boston University

Methodological Schism of Modern Cognitive-behavioural Therapy: Problems and Way
Out

Dzmitry D. Dzyakau, Psy.D., Belarusian State University; Belarusian Association for
Cognitive Behavioral Therapy

School-Based Mental Health: Interventions, Staff Training, and Youth Well-Being

11:00 AM – 12:30 PM

Yerba Buena Salon 13, B2 Level

Earn 1.5 continuing education credits

Category: School-based interventions

Dialectical Behavior Therapy-skills Training for Emotional Problem Solving for

Adolescents in Aotearoa New Zealand: An Effectiveness Evaluation

Liesje Donkin, Ph.D., Auckland University of Technology

Irene Suilan Zeng, Ph.D., Auckland University of Technology

Louise Blackmore, Auckland University of Technology

Priya Thakrall, Auckland University of Technology

Shelly Hindle, Auckland District Health Board

Amy Kercher, Auckland University of Technology

Emergent Life Events During Modular Cognitive Behavioral Therapy for Youth:

Provider Responses and Client Outcomes

Anna D. Bartuska, M.S., University of Oregon

Andrea C. Ng, M.A., University of Hawai'i at Manoa

Tessa Palafu, B.A., University of Oregon

Rachel Kim, Ph.D., Magnolia Psychological Consulting

Daniel Cheron, ABPP, Ph.D., Center for Behavioral Health Solutions

Jessica Fitts, Ph.D., The Baker Center for Children and Families

Sean E. Snyder, LCSW, MSW, The Baker Center for Children and Families

Alayna L. Park, Ph.D., University of Oregon

From Polarization to Dialogue: A TEAM-CBT Model for Empathy and Coexistence in a Bilingual Jewish-arab School

Yehuda Bar Shalom, Ph.D., MSW, Ramat Gan Academic College

Amira Bar Shalom, Ph.D., Hand in Hand School Association

Supporting Student Mental Health: Outcomes from a Self-paced Online Training for School Staff

Alyssa M. Farley, Ph.D., Center for Anxiety and Related Disorders, Boston University

Jennifer Greif Green, Ph.D., Boston University Wheelock College of Education & Human Development

Evie Granville, M.Ed., Boston University

Ryan Sherman, Ph.D., Medway Public Schools

The Role of School Culture and Context on Student Psychological Distress and Wellbeing: Findings from a Longitudinal Cohort Study

Aliza Werner-Seidler, Ph.D., Black Dog Institute

Sarah Stevens, Ph.D., Black Dog Institute, UNSW Sydney

Kate Maston, PsyM, Black Dog Institute, UNSW Sydney

Philip Batterham, Ph.D., Australian National University

Bridianne O'Dea, Ph.D., Flinders University

Michelle Torok, Ph.D., Black Dog Institute, UNSW Sydney

Alison Calear, Ph.D., Australian National University

Exposure-Based, Intensive, and Digital Treatments for OCD and Related Disorders

2:00 PM – 3:30 PM

Yerba Buena Salon 5, B3 Level

Earn 1.5 continuing education credits

Category: Obsessive-compulsive and related disorders

The Outcome of Three-day Intensive Group Behavior Therapy for OCD and Related Disorders: Real-world Data of Three Hundreds Patients

Hiroaki Harai, M.D., Harai Clinic

Ayaka Matsuura, B.A., LCSW, Harai Clinic, Harai Consulting & Training Inc.

Body Dysmorphic Disorder Treated with Three-day Intensive Exposure and Response Prevention: A Retrospective Case Review from a Japanese Outpatient Clinic

Ayaka Matsuura, B.A., LCSW, Harai Clinic, Harai Consulting & Training Inc.

Hiroaki Harai, M.D., Harai Clinic

A Case Study of Counseling for an OCD Client Using Verbal Value Discounting Within the eRP Approach

Kimiko Takeda, M.S., Kitaurawa Counseling & Services

Miyo Okajima, M.S., BTC Center

Basic and Experimental Processes: Cognitive Biases, Attention, and Learning Mechanisms

2:00 PM – 3:30 PM

Yerba Buena Salon 6, B3 Level

Earn 1.5 continuing education credits

Category: Basic and Experimental Processes: Cognitive Biases, Attention, and Learning Mechanisms

Emerging Developments in Our Understanding of Anhedonic versus Dysphoric Attentional Biases in Depression

Kean J. HSU, Ph.D., National University of Singapore

Calibrating Neophobia Through Reappraisal: Sensory vs. Value Pathways in Novel Protein Acceptance

Shengye Shen, B.S., Smith College

Yiyuan Miao, Ph.D., Cornell University, Renmin University of China

Jiping Sheng, Ph.D., Renmin University of China

Xinfeng Tang, Ph.D., Renmin University of China

The Effects of Digital CBM-I on Interpretation Bias, Anxiety, and Depression: A Systematic Review and Meta-analysis

Kaan Alp Karamanlı, M.S., Kings College London

Jonas Everaert, Ph.D., Tilburg University

Xiadong Wu, M.S., Kings College London

Mina Sahintürk, M.S., Kings College London

Zeqi Jia, M.S., Kings College London

Katie Lam, M.S., Kings College London

Sukhi Shergill, M.D., Ph.D., Kings College London

Jenny Yiend, Ph.D., Kings College London

Temporal and Social Discounting as Predictors of Scrounging Strategies in Social Foraging

Laurent Avila Chauvet, Ph.D., Sonora Institute of Technology

Diana Mejia Cruz, Ph.D., Sonora Institute of Technology

Mechanisms of Change in Cognitive-behavioral Psychotherapy for Procrastinating Students: Moderation and Longitudinal Mediation Analyses of Randomized Controlled Trial Data

Jarosław M. Michalowski, Ph.D., SWPS University

Joachim Kowalski, Ph.D., Institute of Psychology, Polish Academy of Sciences

Weronika M. Browarczyk, M.A., SWPS University

Marek Wybuch, Ph.D., Nencki Institute of Experimental Biology, Warsaw, Poland

Magdalena Pietruch, M.A., Nencki Institute of Experimental Biology, Polish Academy of Sciences

Family and Caregiver Interventions: Spotlight on Parenting and Caregiver Well-Being

2:00 PM – 3:30 PM

Yerba Buena Salon 11, B3 Level

Earn 1.5 continuing education credits

Category: Family- and Caregiver-based Interventions

A Randomized Controlled Trial of Parenting Training to Improve Children's Mental Health in a Low-and-middle-income-country

Sarah Watts, PhD, University of New South Wales, Australia

Katie Dawson, PhD, University of New South Wales, Australia

Rand Habashneh, Institute for Family Health

Richard Bryant, B.A., Ph.D., PsyM, University of New South Wales

Dharani Keyan, Ph.D., University of New South Wales, Australia

Muhannad Faroun, Institute for Family Health

Ibrahim Said Aqel, Institute for Family Health

Adnan Abualhaija, Institute for Family Health

Effectiveness of Brain Injury Family Intervention (BIFI) in Improving Psychological Well-being of Traumatic Brain Injury Caregivers in Malaysia: A Randomized Controlled Trial

Siti Aminah Omar, Ph.D., Universiti Teknologi MARA

Firdaus Mukhtar, Ph.D., Universiti Putra Malaysia

Nor Sheereen Zulkefly, Ph.D., Department of Psychiatry

Nurse-supported Mobile App for Self-help Cognitive Behavioral Therapy for Insomnia in Informal Cancer Caregivers: A Mixed-method Feasibility Study

Yangxi Huang, M.S., HONG KONG University

Yan Yan Kwok, Ph.D., The University of Hong Kong

Pui Hing Chau, Ph.D., The University of Hong Kong

Xiaoju Zhang, Ph.D., Fudan University Shanghai Cancer center

Yang Yang, M.S., RN, Fudan University Shanghai Cancer center

**Preschooler Emotion Regulation Development Within a Randomized Controlled
Trial of Maternal DBT Skills Training**

Olivia A. Frigoletto, M.S., University of Oregon

Amy L. Byrd, Ph.D., University of Pittsburgh

Maureen Zalewski, Ph.D., University of Oregon

Stephanie D. Stepp, Ph.D., University of Pittsburgh

Sexual Wellbeing and Relational Skills: CBT Approaches Across Diverse Populations

2:00 PM – 3:30 PM

Yerba Buena Salon 13, B3 Level

Earn 1.5 continuing education credits

Category: Sexual Wellbeing and/or Partnership Concerns

ADISEX: The Development of a Cognitive-behavioral Program for the Treatment of Cybersex Addiction

Jacqueline Feldman, University Jaume I (Spain)
Verónica Estruch-García, University of Valencia
Olga Fernández-García, University of Valencia
María Dolores Gil-Llario, University of Valencia
Rafael Ballester-Arnal, University Jaume I (Spain)

Cognitive Strategies and Beliefs About Sex in Relation to Sexual Well-being of Female Medical Students in Russia and Malaysia

Mikhail Budnikov, Ph.D., Sechenov First Moscow State Medical University
Firdaus Mukhtar, Ph.D., Universiti Putra Malaysia

Cognitive-behavioral Therapy Combined with the Use of an Educational App (SaluDiverSex) for the Treatment of a Victim of Sexual Abuse with Intellectual Disabilities

Jacqueline Feldman, University Jaume I (Spain)
Verónica Estruch-García, University of Valencia
Olga Fernández-García, University of Valencia
Rafael Ballester-Arnal, University Jaume I (Spain)
María Dolores Gil-Llario, University of Valencia

Edudiversex: A Transfer Model in the Promotion of Sexual Health for People with Intellectual Disabilities

Jacqueline Feldman, University Jaume I (Spain)
Olga Fernández-García, University of Valencia
Verónica Estruch-García, University of Valencia
Rafael Ballester-Arnal, University Jaume I (Spain)
María Dolores Gil-Llario, University of Valencia

Enhancing Romantic Competence in Women with Borderline Personality Disorder:
An Adjunct Romantic Skills Training Within Dialectical Behavior Therapy
Diana Mejia, Ph.D., Sonora Institute of Technology
Laurent Avila Chauvet, Ph.D., Sonora Institute of Technology

Social Anxiety: Mechanisms, Assessment, and Multi-Format Interventions

4:00 PM – 5:30 PM

Golden Gate C1, B2 Level

Earn 1.5 continuing education credits

Primary Category: Anxiety Disorders

Key Words: *Social Anxiety*

A 12-week Loving-kindness Meditation Program for Social Anxiety Disorder: A Randomized Controlled Trial

Kohki Arimitsu, Ph.D., Kwansei Gakuin University

Satoshi Nagahori, M.A., Komazawa University

Keisuke Sawano, M.A., Koma

Yuta Terauchi, M.A., Komazawa University

Yui Iwama, M.A., Komazawa University

Shuntaro Seki, M.A., Komazawa University

Misa Inoue, M.A., Kwansei Gakuin University

Mizuki Moriuchi, M.A., Kansai Medical University

Stefan G. Hofmann, Ph.D., University of Marburg, Germany

Effects and Mechanisms of an Online Interactive Video-based CBT Intervention for Chinese Socially Anxious Adolescents

Meng Yu, Psy.D., Southern Medical University

Evaluation of a Translated and Culturally Adapted Internet-delivered Cognitive
Therapy for Social Anxiety Disorder in Japanese Clinical Settings: A Randomized
Controlled Trial

Yuta Hayashi, Ph.D., Kobe university

Graham R. Thew, D. Phil., University of Oxford, UK

Hiroki Tanoue, Ph.D., University of Miyazaki

Rieko Takanashi, Ph.D., The Open University of Japan

Mutsumi Araki, M.Ed., Gokiso Counseling Office

Jun Matsuoka, Ph.D., Ogu Mental Health Clinic

Yoshihiro Kanai, Ph.D., Tohoku Gakuin University

Michikazu Nakai, Ph.D., University of Miyazaki

David M. Clark, Ph.D., University of Oxford

Naoki Yoshinaga, Ph.D., University of Miyazaki

World Congress Closing Ceremony

5:45 PM – 6:30 PM

Golden Gate A, B2 Level

Join us for special awards and the closing of the 11th 2026 WCCBT in San Francisco and hear about the 12th WCCBT, which will be held in Iguazu Falls on the border of Brasil and Argentina.

SATURDAY

Sunday, June 28, 2026

ticket

Traditional Workshop 15

Positive Affect Treatment for Depression, Anxiety and Anhedonia

Michelle G. Craske, Ph.D., University of California, Los Angeles

8:30 AM – 11:30 AM

Pacific I, 4th Floor

Earn 3 continuing education credits

SUNDAY

Moderate level of familiarity with the material

Primary Category: Adult - Anxiety

Key Words: *Anxiety, Depression, Psychotherapy Outcome*

Threat and reward sensitivity are fundamental processes that become dysregulated in the context of vulnerability to, or expression of, anxiety and depression. Treatments have traditionally targeted reductions in threat sensitivity with limited effects upon reward mechanisms. Investigation of reward sensitivity is essential for our understanding of psychopathology and for targeted treatment approaches. These findings led us to develop a treatment that specifically targets reward hyposensitivity, termed Positive Affect Treatment, which we have shown to be more effective than conventional cognitive behavioral therapy for anxious and depressed individuals. I will present the evidence from randomized controlled trials. Then I will present the step by step details of Positive Affect Treatment, accompanied by video demonstrations. The content will include treatment

rationale, positive emotion labelling, behavioural activation with imaginal recounting, cognitive strategies for attending to rewarding stimuli and generosity, loving kindness, gratitude and appreciative joy exercises.

At the end of this session, the learner will be able to:

- Explain the role of reward hyposensitivity in anhedonia, depression and anxiety.
- Describe the evidence for the efficacy of Positive Affect Treatment for anhedonia.
- Gain familiarity with the principles and procedures of Positive Affect Treatment.

Recommended Readings: Craske, M.G., Meuret, A., Echiverri-Cohen, E., Rosenfield, D., & Ritz, T. (2023). Positive affect treatment targets reward sensitivity: a randomized controlled trial. *Journal of Consulting and Clinical Psychology*. 2023 Mar 9. doi: 10.1037/ccp0000805. Epub ahead of print. PMID: 36892884 Sandman, C. F., & Craske, M. G. (2022). Psychological Treatments for Anhedonia. *Current topics in Behavioral Neurosciences*, 58, 491-513. Craske, M.G., Dunn, B.D., Meuret, A.E. et al. Positive affect and reward processing in the treatment of depression, anxiety and trauma. *Nat Rev Psychol* 3, 665-685 (2024). <https://doi.org/10.1038/s44159-024-00355-4>

Traditional Workshop 16

Understanding and Treating Addiction

John F. Kelly, Ph.D., ABBP, Massachusetts General Hospital, Harvard Medical School

8:30 AM – 11:30 AM

Sierra K, 5th Floor

Earn 3 continuing education credits

Basic level of familiarity with the material

Primary Category: Addiction

Key Words: *Addictive Behaviors, Alcohol Use, Drug Use*

Substance use disorders and behavioral addictions (e.g., gambling) are among the most prevalent and debilitating psychiatric disorders worldwide conferring a massive annual burden of disease and economic drain. Much has been learned during the past 50 years regarding the etiology, pharmacology, neurobiology, epidemiology, typology, and phenomenology of addiction that has given rise to numerous advances in behavioral and medication treatments. Despite vast knowledge gains, translation, dissemination, and comprehension of that knowledge has remained limited. Common questions such as: What is “addiction” and why do some and not others people become addicted? Is addiction a “disease”? Should all drugs be legal? Can alcohol/drug use be prevented during adolescence or is use a “right of passage”? Does AA work? Should everyone go to “rehab” or is it a waste of money? Do harm minimization strategies assist remission or “enable” continued use? Are methadone/buprenorphine just “liquid handcuffs”? What treatments work best? Is abstinence necessary? Is abstinence the best outcome?”, are some of the most common questions asked that will be addressed during this workshop. Issues of classification/taxonomy and terminology will also be discussed. Participants will obtain a foundational comprehensive knowledge of the field of addiction psychology.

Outline:

- Taxonomy, terminology, and Phenomenology - describes the different classifications of substance use disorders during the past 50 years, rationale for changes, as well as related terminology and experiences with addiction
- Etiology, Epidemiology, and Typology - describes current state of the scientific knowledge on causes, prevalence, and phenotypes of substance use disorder
- Clinical course, treatment, and recovery - describes the new knowledge gained pertaining to the clinical course and recovery attempts for differing levels of severity, complexity, chronicity and reviews paradigm shifts and new research on recovery science

At the end of this session, the learner will be able to:

- Delineate the substantive differences between substance use, harmful/hazardous use, misuse, disorder, and addiction.
- Describe the historical context and scientific architecture that is responsible for the present state of addiction science.
- Name three major theories that help to explain the process of addiction onset, course, and remission and recovery.

Recommended Readings: Kelly JF, Volkow ND, Koh HK. The changing approach to addiction - from incarceration to treatment and recovery support. *N Engl J Med* 2025;392:833-836. Kelly JF, Westerhoff C. Does it matter how we refer to individuals with substance-related problems? A randomized study with two commonly used terms. *Int J Drug Policy*. 2010 May;21(3):202-207. Epub 2009 Dec 14. Kelly JF, Greene MC, Bergman BG. Beyond abstinence: Changes in indices of quality of life with time in recovery in a nationally representative sample of US adults. *Alcohol Clin Exp Res*.2018;42(4):770-780. Epub 2018 Feb 23.

Traditional Workshop 17

A 4-stage Model of Socratic Dialogue to Improve Therapy Effectiveness

Christine A. Padesky, Ph.D., Academy of Cognitive & Behavioral Therapies

8:30 AM – 11:30 AM

Pacific H, 4th Floor

Earn 3 continuing education credits

All levels of familiarity with the material

Primary Category: Basic Processes

Key Words: *Methods, Therapeutic Relationship, Therapy Process*

Do you sometimes struggle with common clinical traps such as clients not doing between session activities, in session avoidance, or rigid beliefs? Christine Padesky demonstrates how her 4-stage Model of Socratic Dialogue can help you effectively navigate these types of issues in ways that maximize client learning and elicit curiosity and discovery. Research suggests clients may prefer Socratic therapy methods over didactic ones (Heininger, Clark, & Egan, 2018). Skillful therapist use of Socratic questioning has been linked to better therapy outcomes for both depression and PTSD (Braun et al., 2015; Farmer et al., 2017). Unfortunately, therapists cite guided discovery therapy methods such as Socratic questioning as the most difficult therapy skills to master (Waltman, Hall, McFarr, Beck, & Creed, 2017). Padesky's 4-Stage Model of Socratic Dialogue (Padesky & Kennerley, 2023) makes the processes of effective guided discovery much clearer and provides a structure to help therapists develop these skills more quickly and apply them artfully. Participants learn how to: (1) Ask relevant informational questions, (2) listen empathically, and (3) make written summaries so that clients can answer (4) analytical and synthesizing questions. This workshop includes interactive discussion and clinical demonstrations that marry structure with a client-centered, collaborative, strengths-based therapy approach.

Don't miss this training opportunity to learn best practices directly from Christine Padesky, the innovator the 4-Stage Model of Socratic Dialogue.

Outline:

- I. Research on Socratic Dialogue
- II. Demonstration: 4-stage Model of Socratic Dialogue (SD)
 - A. Informational Questions
 - B. Empathic Listening
 - C. Written Summaries
 - D. Analytical & Synthesizing Questions
- III. Therapy Application #1 Group Practice: Debriefing learning experiences with SD
 - A. Emphasize learning not outcomes
 - B. Focus on client discovery
- IV. Therapy Application #2: Demo using SD to test rigid beliefs
 - A. Importance of written summary
 - B. Impact of curiosity and discovery rather than trying to change client's mind
- V. Therapy Application #3: How to use SD for session summaries and as a bridge to future learning

At the end of this session, the learner will be able to:

- LIST the four stages of Socratic dialogue.
- DESCRIBE three common circumstances in which Socratic Dialogue is likely to be utilized in therapy sessions.
- IDENTIFY two reasons that written summaries that use clients' exact words can be one of the most powerful therapy interventions you can make.

Recommended Readings: Braun, J. D., Strunk, D. R., Sasso, K. E., & Cooper, A. A. (2015). Therapist use of Socratic questioning predicts session-to-session symptom change in cognitive therapy for depression. *Behaviour Research and Therapy*, 70, 32-37. <https://doi.org/10.1016/j.brat.2015.05.004> Heiniger, L.E., Clark, G.I., & Egan, S.J. (2018). Perceptions of Socratic and non-Socratic presentation of information in cognitive behavior therapy. *Journal of Behavior Therapy and Experimental Psychiatry*, 48, 106-113. <https://doi.org/10.1016/j.jbtep.2017.09.004> Padesky, C.A. (2020). The Socratic Dialogue Rating Scale and Coding Manual. Manuscript available from: <https://www.padesky.com/clinical-corner/clinical-tools/>

Traditional Workshop 18

Parent-child Interaction Therapy (PCIT): An Empirically Supported Approach for Young Children and Their Caregivers

Melanie Nelson, Ph.D.

8:30 AM – 11:30 AM

Sierra A, 5th Floor

Earn 3 continuing education credits

SUNDAY

Basic to moderate level of familiarity with the material

Key Words: *Children, Disruptive Behavior, PCIT (Parent Child Interaction Therapy)*

Parent-Child Interaction Therapy (PCIT) is a well-established, evidence-based treatment for young children with disruptive behavior disorders and their caregivers. Rooted in behavioral and social learning theory, PCIT is a dyadic intervention that focuses on improving the quality of the parent-child relationship while equipping caregivers with effective behavior management skills. A distinguishing feature of PCIT is the use of live coaching, in which therapists guide caregivers in real time as they interact with their child, allowing skills to be practiced and reinforced within the parent-child relationship. PCIT is delivered in two sequential phases. The first phase, Child-Directed Interaction (CDI), focuses on strengthening the parent-child relationship through the use of positive attention, strategic praise, and responsive play. The second phase, Parent-Directed Interaction (PDI), teaches caregivers to use clear instructions, consistent consequences, and structured discipline strategies to address challenging behaviors. Therapists use structured behavioral observation systems and competency criteria to guide treatment progression and ensure skill acquisition. Over four decades of research, including randomized controlled trials and meta-analyses, have demonstrated that PCIT leads to significant improvements in

child behavior, parenting practices, and parent stress, with medium to large effect sizes reported across studies. Research has also shown that PCIT can be implemented effectively in a variety of clinical and community settings and across diverse populations. This workshop will provide an introduction to the PCIT model. Participants will review the theoretical foundations and empirical support for PCIT, observe demonstrations of live coaching strategies, and examine case examples illustrating the application of CDI and PDI skills in clinical practice. Practical considerations for implementing PCIT in diverse clinical contexts will also be discussed.

Outline:

- 8:30 – 8:40 am Welcome & Overview
- 8:40 – 9:00 am What is PCIT?
- 9:00 – 9:15 am Video Demonstrations & Discussion
- 9:15 – 9:30 am Evidence Base for PCIT
- 9:30 – 10:15 am Child-Directed Interaction (CDI)
- 10:15 – 10:25 am Break
- 10:25 – 10:40 am Managing Misbehavior During CDI
- 10:40 – 10:50 am Coaching in PCIT
- 10:50 – 11:10 am Parent-Directed Interaction (PDI)
- 11:10 – 11:25 am Extensions, Tailoring, & Adaptations
- 11:25 – 11:30 am Conclusions & Questions

At the end of this session, the learner will be able to:

- Describe the theoretical foundations and core components of Parent-Child Interaction Therapy (PCIT).
- Differentiate the goals and clinical strategies used in the Child-Directed Interaction (CDI) and Parent-Directed Interaction (PDI) phases of treatment.
- Identify key elements of live coaching and discuss how these strategies support caregiver skill acquisition and child behavior change.

Recommended Readings: Calderone, A., Piccolo, A., Latella, D., De Luca, R., Corallo, F., Quartarone, A., Miliati, A., Cucinotta, F., & Calabrò, R. S. (2025). Parent-Child Interaction Therapy for Disruptive Behavior: A Systematic Review of Effectiveness in Different Settings. *Journal of clinical medicine*, 14(3), 856. <https://doi.org/10.3390/jcm-14030856> Lieneman, C. C., Quetsch, L. B., Theodorou, L. L., Newton, K. A., & McNeil, C. B. (2020). Parent-Child Interaction Therapy: Current perspectives and future directions. *Current Psychiatry Reports*, 22(2), 1-9. <https://doi.org/10.1007/s11920-020-1130-8> Lyon, A. R., Pullmann, M. D., Whitaker, K., Ludwig, K., McCauley, E., & McNeil, C. B. (2023). Implementation of Parent-Child Interaction Therapy in community settings: A review of dissemination and implementation research. *Clinical Child and Family Psychology Review*, 26(1), 114-134. <https://doi.org/10.1007/s10567-022-00409-7>

Traditional Workshop 19

The Case Formulation Approach to Cognitive Behavior Therapy

Jacqueline B. Persons, Ph.D., Oakland Cognitive Behavior Therapy Center

8:30 AM – 11:30 AM

Sierra J, 5th Floor

Earn 3 continuing education credits

All levels of familiarity with the material

Primary Category: Treatment - CBT

Key Words: *Case Conceptualization / Formulation*

The case formulation approach to cognitive behavior therapy (CBT) calls for clinicians to develop a cognitive-behavioral formulation of each case they are treating, use the formulation to guide the process of setting treatment goals and intervening to help the client accomplish their goals, and monitor the client's progress in every session. Dr. Persons will introduce clinicians to some of the basic skills required to use this approach to CBT and will provide strategies and tools to help clinicians implement it in their clinical practice. Attendees will have the opportunity to practice developing some formulation hypotheses for their clients.

At the end of this session, the learner will be able to:

- Develop a comprehensive Problem List for their clients.
- Identify at least two psychological factors that maintain symptoms and problems for some of their clients.
- Identify and obtain at least two tools to monitor their clients' progress in treatment.

Recommended Readings: Padesky, C. A. (2020). Collaborative case conceptualization: Client knows best. *Cognitive and Behavioral Practice*, 27(4), 392-404. Persons, J. B. (2008). *The case formulation approach to cognitive-behavior therapy*. New York: Guilford.

Persons, J. B., Beckner, V. L., & Tompkins, M. A. (2013). Testing case formulation hypotheses in psychotherapy: Two case examples. *Cognitive and Behavioral Practice, 20*, 399-409.

Traditional Workshop 21

A Process-based Approach to Evidence-based Practice

Steven C. Hayes, Ph.D., University of Nevada, Reno

12:00 PM – 3:00 PM

Sierra J, 5th Floor

Earn 3 continuing education credits

All levels of familiarity with the material

Primary Category: Mechanisms

Key Words: *ACT (Acceptance & Commitment Therapy), CBT, Therapy Process*

This workshop introduces process-based therapy (PBT) as a flexible, evidence-based framework for CBT practitioners, integrated with idionomics—a science prioritizing idiographic longitudinal data to personalize interventions. Drawing from evolutionary principles and the extended evolutionary meta-model (EEMM), participants will explore how PBT shifts from syndromal protocols to targeting dynamic processes of change (e.g., cognitive defusion, values clarification) tailored to individuals. We address the ergodic illusion in traditional statistics, demonstrating why aggregates fail personalization and how idionomic methods (e.g., ARIMAX, iBoruta) helps solve these problems. The psychological flexibility model will be used a framework for the workshop, and an expanded view of Acceptance and Commitment Therapy or Training (ACT in either case) will be used to explain key points of the general approach. Through didactic presentations, case examples, small-group exercises, and hands-on analysis of sample EMA datasets, attendees will practice building idiographic process networks, selecting therapeutic kernels, and see how AI-assisted tools can be applied for real-time adaptation. Historical context, statistical objections, and implementation challenges (e.g., scalability, ethics) will be discussed, empowering clinicians to foster equitable, context-sensitive care beyond WEIRD biases. Ideal for therapists seeking practical skills in precision behavioral health.

Outline:

- I. Why evidence-based practice needs a process-based turn
 - A. Stalled progress in psychotherapy outcomes
 - B. Limits of syndromal diagnosis for treatment utility
 - C. Fragmentation across treatment packages and methods
 - D. The need to address whole-person functioning beyond “mental disorders”
- II. Historical roots of a process-based approach
 - A. The behavioral and cognitive therapy traditions
 - B. Functional analysis and the idiographic roots of behavior therapy
 - C. The ACT/RFT/CBS tradition as a bridge between behavioral principles and cognition
 - D. Prediction and influence as pragmatic scientific goals
- III. Defining processes of change
 - A. Changeable, situated biopsychosocial pathways linked to outcomes
 - B. Dynamic, progressive, multi-level, and contextually bound processes
 - C. Linking evidence-based procedures to evidence-based processes
 - D. The role of proximal process measurement in guiding intervention
- IV. Organizing processes through the psychological flexibility model and EEMM
 - A. Psychological flexibility as open, aware, and actively engaged living
 - B. Emotional, cognitive, attentional, motivational, behavioral, and self-related flexibility
 - C. Extending flexibility processes to biological, relational, and cultural levels
 - D. Using a meta-model to allow evidence-based methods to speak to one another
- V. Personalization and the problem of fit
 - A. Negative client experiences when interventions do not fit
 - B. Evidence that personalization improves outcomes
 - C. Moving from protocols for syndromes to kernels that fit persons
 - D. Treating problems and promoting prosperity across life domains
- VI. The ergodic error and its implications for evidence-based practice
 - A. Why group averages often fail to describe individual change over time
 - B. The limits of standard biostatistics for clinical decision-making
 - C. Reframing the treatment utility, replication, and diversity crises
 - D. Why clinicians need idiographic, longitudinal information
- VII. Idionomic analysis as a path forward
 - A. Measuring particular people over time
 - B. Modeling within-person networks and process-outcome relations
 - C. Identifying heterogeneity, equisyncratic effects, and person-specific leverage points
 - D. Integrating nomothetic science with idiographic clinical practice
- VIII. Implications for the future of CBT
 - A. A process-based CBT that can cross methods, populations, cultures, and problem areas
 - B. Training clinicians to measure, model, and personalize care
 - C. Building a bottom-up science of clinical practice
 - D. Listening to the particular person: if we are not measuring and personalizing, we are not fully treating

At the end of this session, the learner will be able to:

- Describe the principles of process-based therapy and idionomics.
- Discuss idionomic analytic tools and how they might be used to select process-based kernels.
- Explore implementation strategies for PBT in clinical practice, including overcoming barriers like data collection and ethical considerations for diverse populations.

Recommended Readings: Sahdra, B. K., Ciarrochi, J., Klimczak, K., Krafft, J., Hayes, S. C., & Levin, M. (2024). Testing the applicability of idionomic statistics in longitudinal studies: The example of ‘doing what matters.’ *Journal of Contextual Behavioral Science*, 32, 100728. DOI: 10.1016/j.jcbs.2024.100728 Hayes, S. C., Hofmann, S. G., & Ciarrochi, J. (2023). The idionomic future of cognitive behavioral therapy: What stands out from criticisms of ACT development. *Behavior Therapy*, 54(6), 1036-1063. DOI: 10.1016/j.beth.2023.07.011 Hayes, S. C., Ciarrochi, J., Hofmann, S. G., Chin, F., & Sahdra, B. (2022). Evolving an idionomic approach to processes of change: Towards a unified personalized science of human improvement. *Behaviour Research and Therapy*, 156, 104155. DOI: 10.1016/j.brat.2022.104155

Traditional Workshop 22

The Single-session Consultation: An Introductory Clinical Workshop

Jessica L. Schleider, Ph.D., Northwestern University

12:00 PM – 3:00 PM

Sierra K, 5th Floor

Earn 3 continuing education credits

Primary Category: Care delivery models

Key Words: *Evidence based practice, Transdiagnostic, Treatment*

The demand for mental health services far exceeds the availability of providers, creating widespread waitlists for treatment and gaps in traditional care models. Scalable service delivery models are needed to provide interim care for facing long waitlists for care, as well as for those whose needs may not be met via dominant, once-weekly treatment approaches. Single-session interventions (SSIs), structured programs that involve just one clinic visit, provider meeting, or clinical encounter, can bridge gaps in the mental healthcare system given their concise format, relative ease of training, and low burden on systems of care. One form of SSIs, the Single-Session Consultation (SSC), is an evidence-based, flexible program that directly addresses the need to support people when they seek care, rather than weeks-to-months later, regardless of specific clinical needs. Grounded in Solution-Focused Brief Therapy, the SSC is designed for delivery in a single 30-to-60-minute session, that can support people precisely when they reach out for mental health treatment—boosting their motivation for change and buffering against symptom declines while people wait for longer-term care. Within just one SSC meeting, clinicians can help the individual identify the tools and capabilities they already possess to solve a problem at hand and to take steps toward a future in which that problem is less influential. In multiple real-world trials, the SSC has prevented (and reduced) mental health problems in teens and adults waiting for longer-term treatment and seeking drop-in clinical services. The SSC is delivered as part of routine clinical care in outpatient, school, community, and emergency

room-based clinics within and beyond the United States (e.g., in Australia and Canada). The SSC can serve as: (1) an immediate offering for people placed on waitlists; (2) an adjunct to intakes, to provide clients with an action plan to address immediate needs; (3) a complement to ongoing services—to boost motivation, to address emergent problems, or as a booster session; (4) a strengths-based safety planning tool; (5) a drop-in service, for people who cannot commit to or do not desire ongoing therapy. This workshop will introduce overview to the SSC, along with guidelines for integrating it into a variety of practice settings.

At the end of this session, the learner will be able to:

- Summarize the benefits and limitations of using the Single Session Consultation (SSC) with clients presenting with diverse clinical needs.
- Participants will be prepared to begin delivering the SSC with clients with diverse clinical needs, with ongoing clinical supervision and support.
- Evaluate the usefulness of the SSC in their own practice.

Traditional Workshop 23

Gain Without Pain: Practical CBT Skills for Perfectionism

Roz Shafran, Ph.D., UCL Great Ormond Street Institute of Child Health

12:00 PM – 3:00 PM

Pacific H, 4th Floor

Earn 3 continuing education credits

SUNDAY

Moderate level of familiarity with the material

Primary Category: Comorbidity

Key Words: *CBT, Clinical Decision Making, Transdiagnostic*

Perfectionism is a transdiagnostic process linked to a range of mental health difficulties, including anxiety, depression, OCD, and eating disorders. Cognitive Behaviour Therapy for Perfectionism (CBT-P) is a brief, evidence-based intervention designed to target the processes that maintain perfectionism. Systematic reviews and meta-analyses demonstrate that CBT-P, delivered in diverse formats, not only reduces perfectionism but also improves anxiety, depression, and disordered eating. This workshop focuses on practical CBT-P skills that can be readily integrated into everyday clinical practice, including engaging clients who perceive perfectionism as beneficial. The workshop begins with an overview of the cognitive-behavioural model of perfectionism and the latest empirical evidence supporting CBT-P. Participants will learn how to assess perfectionism, collaboratively develop shared formulations, and implement core techniques, including perfectionism-specific psychoeducation, behavioural experiments, and interventions to address self-criticism and broaden self-evaluation. Special attention will be given to treating perfectionism in the context of comorbid mental health conditions, with guidance on when to prioritise perfectionism in treatment. The workshop concludes with strategies to minimize the impact of therapist perfectionism. Attendees will leave equipped with a practical framework and evidence-based tools to address perfectionism across clinical presentations.

Outline:

- I. Context
 - A. Cognitive-behavioral analysis
 - B. Empirical support
 - C. Treatment principles
- II. Engagement, Assessment and Formulation
 - A. Optimizing engagement
 - B. Session-by-session measurement
 - C. Building a case formulation
- III. Treatment strategies with a focus on:
 - A. Psychoeducation
 - B. Problematic Behavior
 - C. Rules vs. guidelines
 - D. Self-criticism and self-evaluation
- IV. Key clinical issues
 - A. Addressing comorbidity
 - B. Clinician perfectionism
 - C. Application to different populations

At the end of this session, the learner will be able to:

- Explain the cognitive-behavioural model of perfectionism and its evidence base.
- Effectively engage, assess, formulate and treat perfectionism.
- Enhance competence in managing perfectionism in the context of co-occurring disorders.

Recommended Readings: Egan, S.J., Shafran, R., & Wade, T.D. (2022). A clinician's quick guide to evidence-based approaches: perfectionism. *Clinical Psychologist*, 26(3), 351-353. Wade, T. D., Shafran, R., & Cooper, Z. (2024). Developing a protocol to address co-occurring mental health conditions in the treatment of eating disorders. *International Journal of Eating Disorders*, 57(6), 1291-1299. Shafran R, Egan SJ, Wade TD. (2023). Coming of age: A reflection on the first 21 years of cognitive behaviour therapy for perfectionism. *Behaviour Research and Therapy*, 161, 104258.

Traditional Workshop 24

Body Project Eating Disorder Prevention Program: Evidence-base, Intervention Theory, and Implementation

Eric Stice, Ph.D., Stanford University

12:00 PM – 3:00 PM

Sierra A, 5th Floor

Earn 3 continuing education credits

Basic to Moderate level of familiarity with the material

Primary Category: Feeding and eating disorders

Key Words: *Evidence-Based Practice, Prevention*

The goal of this workshop is to train clinicians to deliver an empirically supported dissonance-based body acceptance/eating disorder prevention program (the Body Project). The Body Project, which is delivered in 4 1-hour group sessions, has been shown to reduce body dissatisfaction, eating disorder symptoms, and future onset of eating disorders compared to control conditions and alternative interventions in randomized trials from multiple teams. It has produced a 62% reduction in future onset of eating disorders over 2- to 4-year follow-ups on average. It is the only prevention program to reduce future onset of eating disorders in multiple trials and to affect objective biological outcomes (e.g., reducing brain reward region response to the thin ideal, positive implicit attitudes toward the thin ideal, and attentional bias for the thin ideal). In this intervention participants engage in verbal, written, and behavioral exercises in which they collectively explore costs of pursuing the thin appearance ideal. First, the evidence-base for the Body Project will be presented, including results from randomized prevention trials and meta-analytic reviews that identified implementation factors that maximize the prevention effects. Second, the

theoretical rationale for using dissonance-induction for health promotion will be provided and the rationale behind each activity reviewed. Third, tips for implementing groups will be presented. Fourth, we will conduct a mock Body Project group with conference attendees in which 2 attendees will practice implementing this intervention to a cohort of 6 additional attendees. Dr. Stice will provide live supervision so that attendees can learn how to deliver the Body Project and how to train other individuals to implement the Body Project. Finally, logistic issues regarding recruiting individuals for Body Project groups and implementing this prevention program will be discussed.

Outline:

- I. Significance of Eating Disorders
 - A. Prevalence and impact of eating disorders
- II. Evidence-base for the Body Project eating disorder prevention program
 - A. Results from efficacy trial and effectiveness trials
 - B. Independent replication
 - C. Evidence of target engagement
 - D. Implementation factors that maximize clinical impact
 - E. Efficacy boundaries
- III. Review the elements of the Body Project
 - A. Theoretical rationale for using dissonance-induction
 - B. Rationale behind each in session activity and home exercise
 - C. Tips for facilitating Body Project groups
- IV. Conduct a mock Body Project group with conference attendees
 - A. Two attendees will practice implementing the sessions with 6 additional attendees
- V. Logistics of implementing Body Project groups
 - A. Recruitment
 - B. Implementing groups at scale

At the end of this session, the learner will be able to:

- Summarize key elements of the evidence-base for the Body Project.
- Articulate the theoretical rationale for the Body Project and the use of dissonance-induction for health promotion.
- Facilitate Body Project groups on their own and train others to implement the Body Project in the future.
- Explain how to best offer Body Project groups locally.

Recommended Readings: Stice, E., Onipede, Z.A., & Marti, C.N. (2021). A meta-analytic review of trials that tested whether eating disorder prevention programs prevent eating disorders. *Clinical Psychology Review, 87*, 102046. Stice, E., Marti, N., Shaw, H., & Rohde, P. (2019). Meta-analytic review of dissonance-based eating disorder prevention programs: Intervention, participant, and facilitator features that predict larger effects. *Clinical Psychology Review, 70*, 91-107.

Traditional Workshop 25

CBT Perspective on Grief Counseling: Assessment and Intervention

Jianping Wang, Ph.D., Beijing Normal University

12:00 PM – 3:00 PM

Pacific I, 4th Floor

Earn 3 continuing education credits

Basic to moderate level of familiarity with the material

Primary Category: Assessment

Key Words: *CBT, Grief / Bereavement*

Prolonged Grief Disorder (PGD) is a newly recognized mental disorder in ICD-11 and DSM-5-TR, marked by persistent and intense grief reactions that cause substantial functional impairment. Growing evidence has demonstrated the effectiveness of Cognitive Behavioral Therapy (CBT) in alleviating PGD symptoms and improving daily functioning. This half-day workshop will provide participants with a concise overview of PGD diagnostic criteria, a grief-focused CBT conceptual framework, and specific CBT strategies designed to target maladaptive cognitions and behaviors that perpetuate grief distress. Participants will learn how to assess maladaptive grief reactions using standardized measures (e.g., Prolonged Grief-13-Revised [PG-13-R], Traumatic Grief Inventory-Self Report Plus [TGI-SR+]), along with tools to evaluate grief-related thoughts and avoidance patterns. Building on assessment, the workshop will highlight practical CBT interventions, including cognitive restructuring to challenge unhelpful beliefs, exposure techniques to reduce avoidance, and behavioral activation to restore functioning. Grief-focused CBT will also emphasize grief work aimed at processing the loss experience, understanding the significance of the loss, and fostering a continuing bond with the deceased. In addition, the workshop will address common clinical challenges in grief-focused CBT and strategies

for tailoring interventions to individual needs and cultural contexts. By the end of the session, participants will gain both conceptual clarity and hands-on skills for integrating CBT into therapeutic work with bereaved clients suffering from PGD.

At the end of this session, the learner will be able to:

- Use assessment tools (e.g., PG-13-R) in evaluating PGD and identifying prolonged grief symptoms, maladaptive cognitions, and avoidance.
- Describe the development of PGD according to the case conceptualization of the grief-focused CBT.
- Apply CBT techniques (e.g., exposure, cognitive restructuring, behavioral activation) and grief-specific interventions (e.g., processing the loss experience) in treating individuals with PGD.

Recommended Readings: Prigerson, H. G., et al. (2021). Prolonged Grief Disorder: Psychometric validation of criteria in the ICD-11 and DSM-5-TR. *World Psychiatry*, 20(1), 96-106. Komischke-Konnerup, K. B., O'Connor, M., Hoijtink, H., & Boelen, P. A. (2025). Cognitive-behavioral therapy for complicated grief reactions: treatment protocol and preliminary findings from a naturalistic setting. *Cognitive and Behavioral Practice*, 32(1), 29-43. Rosner, R., Rau, J., Kersting, A., Rief, W., Steil, R., Rummel, A. M., ... & Comtesse, H. (2025). Grief-specific cognitive behavioral therapy vs present-centered therapy: a randomized clinical trial. *JAMA psychiatry*, 82(2), 109-117.

10:00 AM – 12:00 PM



Yerba Buena Ballroom, Salon 8-9, B3 Level

Poster Session 1

The Science of Clinical Disorders – From Mechanisms to Recovery

(PS1-1) A Network Analysis of How Obsessive-compulsive Symptoms Change During Exposure and Response Prevention Treatment

Hyunsik f. Kim, Ph.D., Sogang University

(PS1-2) A Network Approach to Cognitive-behavioral Processes of Body Dysmorphic Symptoms in Japanese Populations: Psychometric Validation of the Japanese Version of the Appearance Anxiety Inventory

Maaya Kobayashi¹, Motohiro Nishiuchi², Kyosuke Kaneko³, Shinya Kato, Ph.D.⁴, David Veale, M.D.⁵, Shota Noda, Ph.D.⁶, 1. Research Institute of Cognitive Behavioral Therapy, Musashino University, 2. Graduate School of Human and Social Sciences, Musashino University, 3. Research Institute of Cognitive Behavior Therapy, Musashino University, 4. Faculty of Psychology, Kobe Gakuin University, 5. Institute of Psychiatry, Psychology and Neurosciences, King's College London, 6. Department of Psychology, Philipps-Universität Marburg

(PS1-3) A Normative Mechanism-focused Cognitive Behavioral Intervention Targeting Moral Residue in Perinatal Depression

Jingyi zhang, M.A., Beijing Normal University

(PS1-4) A Preliminary Thematic Analysis Affecting Suicidal Thoughts and Behaviors in Sexual and Gender Minoritized Individuals in Suicide-focused Brief Cognitive Behavioral Therapy

Kathryn A. Fassih, B.S., M.S.¹, Megan Martin, B.S., M.S.², Rosie Bauder, M.P.H., Ph.D., LPC², 1. The Ohio State University Wexner Medical Center, 2. The Ohio State University

(PS1-5) Addressing Intensive PTSD Treatment Non-response via Transcranial Magnetic Stimulation: A Pilot Study

Sarah Pridgen, M.A.¹, Samantha Patel, M.D.¹, Wendy Kreider¹, Philip Held, Ph.D.², Sheila M. Dowd, Ph.D.¹, 1. Rush University Medical Center, 2. Rush University

- (PS1-6) Affective Dynamics Mediate the Association Between Major Depressive Disorder and Generalized Anxiety Disorder Symptoms over 18 Years**
Tian Liang, B.A.¹, Amanda W. Baker, Ph.D.², Nur Hani Zainal, M.S., Ph.D.¹, 1. National University of Singapore, 2. Massachusetts General Hospital/Harvard Medical School
- (PS1-7) Affective Flexibility in Depression: Slowed Processing but Intact Emotional Shifting**
Jyotika Singh, M.A., India
- (PS1-8) Affirming and Equitable CBT: The Case for Providing Letters for Medical Gender Affirmation**
Debra A. Hope, Ph.D.¹, Nathan Woodruff², 1. University of Nebraska-Lincoln, 2. Trans Collaborations Community Board
- (PS1-9) An Empirical Study of Deipnophobia Subtypes: An Investigation Using Latent Profile Analysis**
Tomoya Ito, PsyM, Akiko Ogata, Ph.D., Hiroshima University
- (PS1-10) Analysis of Responsibility Induction Task**
Jaclyn E. Mehl, M.A.¹, Lata K. McGinn, Ph.D.², 1. Ferkauf Graduate School of Psychology, 2. Yeshiva University; Cognitive & Behavioral Consultants; World Confederation of CBT
- (PS1-11) Bridge Symptoms Linking PTSD and Acute Suicidal Crisis : A Network Analysis of PTSD and Suicide Crisis Syndrome**
Jahye Kim, M.A., Shuncheng He, M.A., Sungeun You, Ph.D., Department of Psychology, Chungbuk National University, South Korea
- (PS1-13) Cognitive Debriefing and Exploratory Factor Analysis in the Examination of the Japanese Version of ISOS-P for Men**
Makito Kumagai, B.A.¹, Mao Narita, B.A.¹, Karin Motomura, B.A.², Nao Imaizumi, B.A.¹, Yuka Miyoshi, B.A.¹, Rina Igarashi, M.A.¹, Yushun Okabe, Ph.D.², Hanako Murase, Ph.D.², Kazutaka Nomura, Ph.D.², 1. Kitasato University Graduate School, 2. Kitasato University
- (PS1-14) Cognitive Function and Its Association with Anxiety Symptoms in Generalized Anxiety Disorder**
Xiangyun Yang, M.D., Lijuan Yang, M.D., Fang He, M.D., Danfeng Yuan, M.D., Ting Yang, M.D., Zhanjiang Li, M.D., Beijing Anding Hospital, Capital Medical University
- (PS1-15) Comparable Neural Representations of Non-phobic Animals in Individuals with and Without Specific Animal Phobias**
Gabriel J. Fiol, B.A.¹, Cody Cushing, Ph.D.¹, Vincent Taschereau-Dumouchel, Ph.D.², Michelle G. Craske, Ph.D.¹, 1. University of California Los Angeles, 2. University of Montreal
- (PS1-16) Comparing the PHBQPT Factor Structure Between Individuals Without Psychiatric Treatment Experience and Depressed Outpatients**
Asahina Ninomiya, M.A.¹, Kotone Hata, Ph.D.², Shin-ichi Suzuki, Ph.D.¹, 1. Waseda University, 2. NHO Saigata Medical Center

- (PS1-18) **Cross-cultural Network Structures of Social Anxiety, Body Dysmorphic, and Major Depressive Disorder Symptoms in Individualistic vs. Collectivistic Societies**
Shota Noda, Ph.D.¹, Chantal Kasch, M.S.², Cameron Lindsay², Stefan G. Hofmann, Ph.D.², 1. Department of Psychology, Philipps-Universität Marburg, 2. University of Marburg, Germany
- (PS1-19) **Decision-making and Emotional Distress in Hypersexuality Among Emerging Adults**
Diana Mejia, Ph.D., Javier Orlando Araiza-Vilches, M.D., Sonora Institute of Technology
- (PS1-20) **Demographic and Clinical Factors Impacting LGBTQ Mental Health: Implications for LGBTQ+ Affirmative Cognitive Behavioral Therapy**
Kayla Dragan, B.S., Richard T. LeBeau, Ph.D., Kate Wolitzky-Taylor, Ph.D., Michelle G. Craske, Ph.D. University of California Los Angeles
- (PS1-21) **Developing and Validating a Culturally Adapted Measure of Continuing Bonds Within a CBT Framework for Chinese Bereaved Individuals**
Jingjing Huang, M.Ed.¹, Xinyi Yu, M.Ed.², Wenli Qian, B.S.¹, Lin Jiang, M.Ed.¹, Jianping Wang, Ph.D.¹, 1. Beijing Normal University, 2. Tohoku University
- (PS1-22) **Development and Preliminary Evaluation of F-CAN: A Cannabis Relapse Prevention Program for Adolescents**
Misuzu Nakashima, Ph.D., Psy.D.¹, Yuko Ikeda², Harumi Mori, PsyM³, Takuya Shimane, M.P.H., Ph.D.⁴, 1. Kyushu University, 2. Fukuoka Prefecture, 3. Fukuoka Prefectural Police, 4. National Center of Neurology and Psychiatry, Japan
- (PS1-23) **Development and Validation of the Stress Burden of Electronic Cigarette Smoking Scale (SBECSS) Among Adult Dual Users**
Duckhyun Jo, Ph.D., University of Houston
- (PS1-25) **Development of a Self-efficacy Scale for Vomiting-related Situations**
Nodoka Okada, B.A., Suzuka Hako, Ph.D., Akiko Ogata, Ph.D., Hiroshima University
- (PS1-26) **Differential Cognitive-behavioral Correlates of Gambling Behavior Across Reinforcement-based Subtypes: Evidence from Japanese Patients**
Yuki Tanaka, Ph.D.¹, Kazutaka Nomura, Ph.D.², Erika Kobayashi³, Kazuma Nogami³, Akihiro Mioya³, Hiroyo Ohishi, M.D.³, Masayuki Ohishi, M.D.³, 1. Wayo Women's University, 2. Kitasato University, 3. Ohishi Clinic
- (PS1-28) **Discrimination Predicts Anxiety and Depression Severity Beyond Adversity: The Central Role of Emotion Dysregulation**
Purnima Qamar, B.S., Yannine D. Lee, B.A., Heidi Meyer, Ph.D., Richard T. LeBeau, Ph.D., Michelle G. Craske, Ph.D., University of California Los Angeles
- (PS1-29) **Do AAQ-II Scores Mean the Same Thing for Transgender and Cisgender Students? Testing Measurement Invariance Across Gender**
Gage Chu, B.S.¹, Caitlin L. McLean, Ph.D.², 1. University of Nevada, Reno, 2. US Department of Veterans Affairs
- (PS1-30) **Does Process Imagery Promote Discarding?**
Bidhu Ghosh¹, Kirsten Hertog¹, Justin Thomas Tan², Jessica Grisham, Ph.D.³, 1. UNSW, 2. UNDE, 3. UNSW Sydney

- (PS1-31) Dynamic Interplay Between Depression and Negative Automatic Thoughts During Digital CBT: A Cross-lagged Network Analysis**
Jinxing Liu, M.S., Zhongfang Fu, Ph.D., Peking University
- (PS1-32) Dynamic Neural Network Modulation Associated with Rumination in Major Depressive Disorder: A Prospective Observational Comparative Analysis of Cognitive Behavioral Therapy and Pharmacotherapy**
Nariko Katayama, M.D., Ph.D.¹, Kazushi Shinagawa, Ph.D.¹, Jinichi Hirano, M.D., Ph.D.¹, Yuki Kobayashi, M.A.¹, Atsuo Nakagawa, M.D., Ph.D.², Umeda Satoshi, Ph.D.¹, Kei Kamiya, M.S.¹, Miyuki Tajima, Ph.D.¹, Mizuki Amano, M.D., Ph.D.¹, Waka Nogami, M.D., Ph.D.², Sakae Ihara, M.D., Ph.D.¹, Sachiko Noda, M.D.¹, Yuri Terasawa, Ph.D.¹, Toshiaki Kikuchi, M.D., Ph.D.¹, Masaru Mimura, M.D., Ph.D.¹, Hiroyuki Uchida, M.D., Ph.D.¹, 1. Keio University, 2. St. Marianna University School of Medicine
- (PS1-33) Early Maladaptive Schemas as Mediators Between Childhood Maltreatment and Suicidal Ideation in Major Depressive Disorder, Bipolar II Disorder, and Bipolar I Disorder**
Eunbyeol Lee, Ph.D., Myeongkeun Cho, M.A., Chanhee Park, M.A., C Hyung Keun Park, M.D., Ph.D., Asan Medical Center
- (PS1-34) Effectiveness of an Intensive DBT Program for Complex Clients in a Private Practice Setting**
Jennifer Sayrs, Ph.D., Anna J. Sayrs, Ariel L. Ravid, Ph.D., Travis L. Osborne, ABPP, Ph.D., Evidence Based Treatment Centers of Seattle (EBTCS)
- (PS1-36) Effects of Cbt-based Drug Abuse Prevention Classes on High School Students' Attitudes Toward Drug Abuse and Stress Responses: A Focus on Individual Differences in Substance Use Risk**
Nao Imaizumi, B.A.¹, Rina Igarashi, M.A.¹, Mana Katsumata, M.A.¹, Hanako Murase, Ph.D.², Kazutaka Nomura, Ph.D.², 1. Kitasato University Graduate School, 2. Kitasato University
- (PS1-37) Effects of Cognitive Fusion Improvement on Kleptomania Symptoms, Using Defusion Exercises**
Yuka Asami, Ph.D.¹, Hironori Shimada, Ph.D.², Hiroyo Ohishi, M.D.³, Masayuki Ohishi, M.D.³, 1. Mejiro university, 2. Faculty of Human Sciences, Waseda University, 3. Ohishi clinic
- (PS1-39) Empirical Study of the Effects of Psychological Interventions Targeting Reward Sensitivity Intimate Partner Violence on Aggression**
Rina Igarashi, M.A.¹, Kazutaka Nomura, Ph.D.², Mana Katsumata, M.A.¹, Hanako Murase, Ph.D.², 1. Kitasato University Graduate School, 2. Kitasato University
- (PS1-40) Enhancing Loving-kindness Meditation with Cute Pictures: A Randomized Controlled Trial on Social Anxiety and Positive Emotions**
Yoshihiro Kanai, Ph.D.¹, Hiroshi Nittono, Ph.D.², 1. Tohoku Gakuin University, 2. The University of Osaka

- (PS1-41) **Examining the Effects of Pornography Exposure on Sexual Risk Behavior-focusing on Sexual Attitudes and Critical Thinking**
Karin Motomura, B.A.¹, Mao Narita, B.A.², Rina Igarashi, M.A.², Yuka Miyoshi, B.A.², Makito Kumagai, B.A.², Nao Imaizumi, B.A.², Yushun Okabe, Ph.D.¹, Hanako Murase, Ph.D.¹, Kazutaka Nomura, Ph.D.¹, 1. Kitasato University, 2. Kitasato University Graduate School
- (PS1-42) **Examining the Functions of Future Thinking in Suicidal Teens**
Marianne M. Bassing, M.A., Nicola Hohensee, Ph.D., Jiawen Long, B.A., Ki Eun Shin, Ph.D., Christine B. Cha, Ph.D., Yale University School of Medicine
- (PS1-43) **Examining the Influence of Psychopathic Tendencies on Moral Judgments in a Japanese Sample**
Nanami Suzuki, B.A.¹, Hirohumi Nishinaka, Ph.D.², Shoko Kuroda, B.A.¹, Hironori Shimada, Ph.D.², 1. Graduate School of Human Sciences, Waseda University, 2. Faculty of Human Sciences, Waseda University
- (PS1-44) **Expectancy Violation, Rather Than Peak Fear, Is Associated with Symptom Reduction During Exposures for Obsessive-compulsive Disorder: A Case Comparison**
Olivia M. Wallace, B.S.¹, Jennie M. Kuckertz, Ph.D.², Nader Amir, Ph.D.¹, 1. San Diego State University, 2. McLean Hospital/Harvard Medical School
- (PS1-45) **Experimental Examination of Fear-reduction Approaches for Fear of Needles: A Comparison of Counterconditioning and Extinction Procedures**
Suzuka Hako, Ph.D., Akiko Ogata, Ph.D., Hiroshima University
- (PS1-46) **Exploratory Multimodal Identification of Shared and Distinct Digital Phenotypes of Social Anxiety, Generalized Anxiety, and Depression**
Mikael Rubin, Ph.D., Elizabeth Santos, B.A., Kayla Y. Huynh, M.S., Catilyn Grant, M.S., Palo Alto University
- (PS1-47) **Exploring Hypersexuality: The Role of Attachment, Risky Sexual Behaviors, And Psychological Distress in Relationship Satisfaction**
Diana Mejia, Ph.D., Laurent Avila Chauwet, Ph.D., Sonora Institute of Technology
- (PS1-48) **Exploring the Interplay of Cognitive Vulnerability in MDD: Independent Attentional Bias vs. Sequential Interpretation-memory Chain**
Jungae Lee, Ph.D.¹, Kang-Seob Oh, M.D.¹, Jongsun Lee, Ph.D.², 1. Kangbuk Samsung Hospital, 2. Kangwon National University
- (PS1-49) **Exploring the Relationship Between Eating Disorder Pathology and Comorbid Medical Conditions in Full and Sub-threshold Binge-eating Disorder**
Jacqueline E. Shanley, M.S.¹, Alexa Scher, M.S., M.Ed.¹, Debra L. Safer, M.D.², 1. PGSP-Stanford PSY. D. Consortium, 2. Stanford University
- (PS1-50) **Factors Influencing Perceptions of Post-traumatic Stress Among Japan Disaster Welfare Assistance Team (J-DWAT) Members**
Mio Takii, Ph.D.¹, Jumpei Ueda², 1. Niigata University, 2. Niigata University Medical & Dental Hospital

- (PS1-51) **Fear Expectancy Discrepancy at Baseline in a Self-guided Teleconferencing Exposure for Social Anxiety**
Elizabeth Santos, B.A., Catilyn Grant, M.S., Kayla Y. Huynh, M.S., Mikael Rubin, Ph.D., Palo Alto University
- (PS1-52) **I Can't Decide! Mechanisms Mediate the Relationship Between Aversive Indecisiveness and Anxiety**
Maria E. Pias Mroczek, B.S., Tanner B. Slubar, B.A., Lizeth Reyes, B.S., Chloe A. Adeniyi, B.S., Abigail Swearengin, B.S., Sean A. Lauderdale, Ph.D., University of Houston – Clear Lake
- (PS1-53) **Identifying Intervention Targets: A Longitudinal Network Analysis of Social Connectedness and Professional Quality of Life Among Healthcare Workers During COVID-19**
Poorvi Keshava, M.A.¹, Mikael Rubin, Ph.D.², Mary Smirnova, Ph.D.¹, Cynthia L. Lancaster, Ph.D.¹, 1. University of Nevada, Reno, 2. Palo Alto University
- (PS1-54) **Identifying Psychological Risk Profiles for Suicide Crisis Syndrome in a Community Sample**
Suhwan Kim, M.A., Shuncheng He, M.A., Sungeun You, Ph.D., Department of Psychology, Chungbuk National University, South Korea
- (PS1-55) **Individual and Group-level Associations Between Substance Use and Worry Using Ecological Momentary Assessment (EMA): An Ergodic Perspective**
Olivia D. Cetin, B.S., B.A., Nader Amir, Ph.D., San Diego State University
- (PS1-56) **Interactions Between Attentional Functions and Negative Beliefs in Social Anxiety: Evidence from an Online Survey**
Misuzu Matsumoto, PsyM, Akiko Ogata, Ph.D., Hiroshima University
- (PS1-57) **Interoception, Alexithymia, and Psychopathy: Psychophysiological Insights into Emotional Detachment**
Gioia Bottesi, Ph.D., Psy.D., Fiorella Del Popolo Cristaldi, Ph.D., Cristina Scarpazza, Ph.D., University of Padova
- (PS1-58) **Interpersonal Trauma, Clinical Symptom Severity, and Substance Use Across Sexual Orientation in Primary Care Patients**
Selime Salim, Ph.D.¹, Brittany E. Blanchard, Ph.D.², John C. Fortney, Ph.D.³, Erin Chase, M.P.H.⁴, Charles C. Engel, M.P.H., M.D.⁴, Debra Kaysen, ABPP, Ph.D.¹, 1. Stanford University, 2. University of Washington School of Medicine, 3. University of Washington, Seattle, 4. University of Washington
- (PS1-59) **Investigation of the Psychometric Properties of the University Personality index-16t-graded Response Model Version (UPI-16T-GR) Among Non-clinical Japanese University Students**
Jumpei Ueda¹, Mio Takii, Ph.D.², 1. Niigata University Medical & Dental Hospital, 2. Niigata University
- (PS1-60) **Keeping Calm in the Storm: An EMA Investigation of Emotion Regulation in African Australian Youth from Refugee and Asylum-seeker Backgrounds**
Madeline A. Forrester, Monash University

- (PS1-61) **Latent Structure of Obsessive-compulsive Symptoms and Related Beliefs in Japanese Youth**
Ryohei Iwase, B.A.¹, Kentaro Shirtosuki, Ph.D.², 1. Graduate School of Human and Social Sciences, Musashino University, 2. Musashino University
- (PS1-62) **Longitudinal Cross-lagged Analysis of Emotion Regulation Strategies and Postpartum Depression in Japanese Women**
Miki Matsunaga, Ph.D.¹, Junwen Chen, Ph.D.², Satoko Sasagawa, Ph.D.³, 1. Rikkyo University, 2. Research School of Psychology, Australian National University, 3. Mejiro University
- (PS1-63) **Oppression-based Traumatic Stress Among Transgender and Gender Expansive Adults: The Association Between Multiple Forms of Discrimination and Trauma Symptoms**
Christine Bird, Ph.D.¹, Jennifer Staples, Ph.D.², Hollie Granato, Ph.D.³, Joyce P. Yang, Ph.D.⁴, 1. Stanford University, 2. Alliant International University, 3. The University of Texas at Austin, 4. University of California San Francisco
- (PS1-64) **Outcomes and Predictors of Dropout in Prolonged Exposure Therapy Within a Managed Healthcare Trauma Program**
Sarah Munguia, M.A., M.S.¹, Amanda Devane, Ph.D.¹, Adriana Weyandt, Psy.D.¹, Erica Elgin, MFT¹, Matthew Holve, M.D.¹, Ana Zdravkovic, Ph.D.², 1. Kaiser Permanente, 2. Kaiser Permanente Northern California Mental Health Training Program
- (PS1-65) **Perceived and Behavioral Distress Tolerance: Links with Avoidance and Anxiety**
Hannah S. Ishimuro, M.A., M.S., Anne DePrince, Ph.D., Kateri McRae, Ph.D., Michelle Rozenman, Ph.D., University of Denver
- (PS1-66) **Perceived Stress as a Potential Mechanism Explaining Differential Symptom Severity in Response to Interpersonal and Non-interpersonal Trauma**
Oscar Trujillo, B.S., Michiyo Hirai, Ph.D., The University of Texas Rio Grande Valley
- (PS1-67) **Phenomenological Qualities of Episodic Future Thinking in PTSD**
Arunima Basu, B.S., Richard A. Bryant, Ph.D., University of New South Wales, Australia
- (PS1-68) **Profiles of Transdiagnostic Risk and Resilience Factors in Eating Behaviors**
Duckhyun Jo, Ph.D., University of Houston
- (PS1-69) **Psychometric Properties of the Turkish Version of the Yale-brown Obsessive Compulsive Scale Second Edition Symptom Checklist**
Selin Tutku Tabur, Ph.D.¹, Ercan Akin, Ph.D.², Mehmet Hakan Turkcapar, M.D., Ph.D.³, 1. Turkish Association of Cognitive and Behavioural Therapies (ACBP), 2. Ministry of National Education, 3. Turkish Association for Cognitive and Behavioural Psychotherapies (ACBP)
- (PS1-70) **Reliability and Validity of the Japanese Version of the Interpersonal Sexual Objectification Scale–perpetration Version (ISOS-P) for Men**
Mao Narita, B.A.¹, Karin Motomura, B.A.², Makito Kumagai, B.A.¹, Yuka Miyoshi, B.A.¹, Nao Imaizumi, B.A.¹, Yushun Okabe, Ph.D.², Hanako Murase, Ph.D.², Kazutaka Nomura, Ph.D.², Rina Igarashi, M.A.¹, 1. Kitasato University Graduate School, 2. Kitasato University

- (PS1-71) Rethinking Sexual (Dys)function and Psychopathology: A Multidimensional Analysis**
Devisi A. Ashar, B.A.¹, Martin Seehuus, Ph.D.², Deja M. Ford, ¹, Amelia M. Stanton, Ph.D.¹, 1. Boston University, 2. Middlebury College
- (PS1-72) Reward Processing Therapy: A Neurocognitive Process Model for Addiction**
Frank Ryan, Psy.D., Imperial College London
- (PS1-73) Schema Mode Profiles and Lifetime Suicide Attempts in Patients with Mood Disorders in Remission: A Latent Profile Analysis**
Eunbyeol Lee, Ph.D., Chanhee Park, M.A., Myeongkeun Cho, M.A., C Hyung Keun Park, M.D., Ph.D., Asan Medical Center
- (PS1-74) Social Support and Strain Across Family, Friend, and Spousal Relationships Mediate the 18-year Bidirectional Relationship Between Anxiety and Depression**
Jordan Chng, B.S.¹, Amanda W. Baker, Ph.D.², Nur Hani Zainal, M.S., Ph.D.¹, 1. National University of Singapore, 2. Massachusetts General Hospital/Harvard Medical School
- (PS1-75) Subjective Value Discounting, Quality of Life, and Sexual Risk Behavior in Japanese University Students: A Cross-sectional Study**
Yuka Miyoshi, B.A.¹, Rina Igarashi, M.A.¹, Hanako Murase, Ph.D.², Kazutaka Nomura, Ph.D.², 1. Kitasato University Graduate School, 2. Kitasato University
- (PS1-76) The CBT Therapist's Described Experiences in Addressing Perfectionism, Body Image, and Eating Disorders**
Valerie J. Turner, Ph.D., Grand Canyon University
- (PS1-77) The Effectiveness of Group Cognitive Behavioral Therapy in a ReturntoWork Program for Individuals with Depression: A Comparative Study of Ictbased and Paperbased Homework**
Naoko Maruyama, M.A., Miki Matsunaga, Ph.D., Rikkyo University
- (PS1-78) The Effects of Anger Suppression in Narcissistic Vulnerability on Depression and Aggression: The Mediating Role of Eogul**
Seunghyun Bu, Subeen Oh, Hae Yeon Lee, Ph.D., Seojin Lee, Seoul National University
- (PS1-79) The Impact of Maximizing Decision-making Style on Digital Hoarding: The Mediating Role of Fear of Missing out and Intervention Effectiveness Research**
Man Jiao, Ed.D¹, Lin Jiang, M.Ed.², Jingjing Huang, M.Ed.², 1. Changzhi Medical College, 2. Beijing Normal University
- (PS1-80) The Influence of Reward Perception and Punishment/reward Sensitivity on Fear of Happiness**
Sally Yamaha, B.A.¹, Marin Tsujita, B.A.¹, Hironori Shimada, Ph.D.², 1. Graduate School of Human Sciences, Waseda University, 2. Faculty of Human Sciences, Waseda University
- (PS1-82) The Relationship Between Cost Bias in Social Anxiety, Social Support, and Functional Impairment in Daily Life of Japanese Adolescents**
Kentaro Shirotsuki, Ph.D.¹, Motohiro Nishiuchi², Kana Furusawa, B.A.¹, Yohei Sasaki, Ph.D.¹, Mutsuhiro Nakao, M.P.H., M.D., Ph.D.³, Heidi Lyneham, Ph.D.⁴, Ronald Rapee, Ph.D.⁴, 1. Musashino University, 2. Graduate School of Human and Social Sciences, Musashino University, 3. Institute of Stress Management, Showa Medical University, 4. Macquarie University

- (PS1-83) The Role of Emotion Dysregulation in Intimate Partner Violence Perpetration**
Maria Vetter, B.A.¹, Daria Ogle, B.A.², Taylor M. Carpenter, M.S.¹, Todd Moore, Ph.D.¹, 1. University of Tennessee - Knoxville, 2. University of Tennessee
- (PS1-84) Transdiagnostic Interpersonal Mechanisms in Adult Depression and Anxiety: A Longitudinal Study in Taiwan**
Emily T. Liu, Ph.D., Fu-Jen Catholic University, Taiwan
- (PS1-85) Trauma-informed CBT in Conditions of Ongoing Armed Conflict in Ukraine: Risk Stratification and Resilience in Ukrainian Professional Groups**
Oleksandr Dimytrivych, Beck institute
- (PS1-86) Treatment Amount and Therapeutic Components in Psychotherapy for Generalized Anxiety Disorder: A Metaanalytic Examination**
Shreya Swamy, Drew D. Whittington, M.A., M.S., University of Alabama at Birmingham
- (PS1-87) Treatment Outcomes for Severe and Complex Obsessive-compulsive Disorder in a Specialty Care Setting**
Ana Violante, Psy.D., Alexis Krigger, M.S., David F. Tolin, ABPP, Ph.D., Nisha Kajani, Psy.D., Vanessa Alarcon, Psy.D., Christopher Varghese, Psy.D., Neurobehavioral Institute
- (PS1-88) Understanding the Effect of Coping Strategies on Fear of Depression Recurrence Among Individuals with Remitted Major Depressive Disorder**
Kellie-Anne Bélisle, M.A., Concordia University
- (PS1-89) Using MMPI-3 Scales to Differentiate the Bipolar Spectrum Disorder Group from the Unipolar Depression Group Among Korean Clinical Patients**
yejin chung, M.A.¹, Eun-ho Lee, M.A.², Kyunghye Han, Ph.D.³, 1. Samsung Medical Center, 2. Department of Psychiatry, Depression Center, Samsung Medical Center, 3. Central Michigan University
- (PS1-90) What Helps with Heartbreak? The Role of Emotion Regulation in Adjustment After a Romantic Breakup**
Annemarie Miano, Ph.D.¹, Benedikt Reuter, Ph.D.¹, Katharina Welter, M.S.², Sven Barnow, Ph.D.², 1. MSB Medical School Berlin, 2. Heidelberg University
- (PS1-91) When Stress Hits the Line: How Coping Styles Predict Suicide Risk in 911 Operators**
Adrian A. Cufley, B.S., M.A., Molly Hessler, B.S., Noah Reyes, B.S., M.A., Katherine L. O'Connell, M.S., Ph.D., Keyne C. Law, B.A., M.A., Ph.D., Seattle Pacific University
- (PS1-92) Workplace Factors Associated with Difficulties in Returning to Work Among Employees on Leave Due to Depression**
Maya Namatame, B.A.¹, Yume Takano, B.A.¹, Koki Takeda, PsyM², Asahina Ninomiya, M.A.¹, Kaichi Yabe, B.A.¹, Maya Iwaguchi, B.A.¹, Emi Tajima, PsyM³, Kotone HATA, Ph.D.⁴, Shin-ichi Suzuki, Ph.D.¹, 1. Waseda University, 2. None, 3. National Defence Medical College Hospital, 4. NHO Saigata Medical Center
- (PS1-93) A Review on Treatment of Post-traumatic Stress Disorders in Asia**
Firdaus Mukhtar, Ph.D., Siti Hajar Mohd Abd Wahab Fatoni, M.S., Universiti Putra Malaysia

(PS1-94) Cultural Adaptation of Cognitive Behaviour Therapy for Substance Use Disorders in a Non-western Context
Abrar Hussain Azad, Mohi Ud Din Islamic Medical College Mirpur AJK

10:00 AM – 12:00 PM

Yerba Buena Ballroom, Salon 8-9, B3 Level

Poster Session 2

Development, Prevention, and Wellbeing Across the Lifespan

- (PS2-1) **A Latent Profile Analysis of Alexithymia and Emotional Reactivity and Their Associations with Internalizing Disorders and Cognitive Emotion Regulation Strategies**
Seojin Lee, Seoul National University
- (PS2-2) **A Multi-pronged Treatment Strategy for School Refusal in Children and Adolescents**
Lin YE, B.S.¹, Zhigang GU, B.S.², Shengkai Lin, LPC², SU Zhao-xia SU, PsyM², 1. Psychotherapy Clinic, 2. Pingshan Hospital, Hainan Province
- (PS2-3) **A Multicenter Randomized Family Group Trial of a Growth Mindset Intervention for Adolescents with Emotional Disorders in Ethnic Minority Regions: A Multimodal and Mechanism-focused Investigation**
Zuozhi Fang, Ph.D., Zhongfang Fu, Ph.D., Peking University
- (PS2-4) **A Real-world, Single Arm Trial of an Intensive Mindfulness-based Skill Training for Improving Emotion Regulation in Children and Adolescents in China**
Haolun Li, M.D., Ph.D., Nanjing Medical University affiliated Nanjing Brain Hospital
- (PS2-6) **A Supplemental Diagnostic Tool for ADHD: Adult Patient Experiences with the Qbtest**
Gwenalyn Gominiaik, B.A., Adria Gerber, Psy.D., M.Ed., Stony Brook University
- (PS2-7) **A Two-year Longitudinal Study of Trajectories of Self-compassion and Their Associations with Mental Health and Health Behaviors Among Japanese Workers**
Yukari Kimura, M.A., Takumu Kurosawa, D. Phil., Mariko Shimoda, M.A., Makiko Hibi, M.A., Rinka Ito, B.A., Akari Tanigaki, B.A., Ryu Takizawa, M.D., Ph.D., The University of Tokyo

(PS2-8) Acculturative Stress and Psychological Health Among East Asian International Young Adults. the Mediating Role of Difficulties in Emotional Regulation
Subi Lee, B.S.¹, Yikai Xu, M.Ed.¹, SoYoung Park, B.S., M.A.², William Tsai, Ph.D.¹, 1. New York University, 2. Joy Mental Fitness LLC

(PS2-9) ADHD Symptoms in Relation to Daily Emotional Activation Among Parents: Physiological Prediction and Qualitative Themes
Emily Li¹, Nicole Murray, M.Ed.², Samrah Asif, B.S.³, Mikaela Cassolato, B.S.³, Yuanyuan Jiang, Ph.D.⁴, Jason Harley, Ph.D.⁵, Maria Rogers, Ph.D.⁶, Emma Climie, Ph.D.⁷, Janet Mah, Ph.D.⁸, Philippe Robaey, Ph.D.⁹, 1. University of British Columbia, 2. University of Alberta, 3. Saint Paul University, 4. Saint Paul University & University of Alberta, 5. McGill University, 6. Carleton University, 7. University of Calgary, 8. University of British Columbia & British Columbia Children's Hospital, 9. University of Ottawa & Children's Hospital of Eastern Ontario

(PS2-10) Associations of Self-compassion with Rumination and Depressive Symptoms in Japanese New Nurses
Akiko Ogata, Ph.D.¹, Sayaka Tanabe, M.A.², Wataru Omori, M.D., Ph.D.³, Ryuma Miyazato, M.A.¹, Suzuka Hako, Ph.D.¹, Jun Shigematsu, Ph.D.⁴, Misuzu Matsumoto, PsyM¹, Kohei Kambara, Ph.D.⁵, Minoru Takebayashi, M.D., Ph.D.⁶, 1. Hiroshima University, 2. NHO Kure Medical Center and Chugoku Cancer Center, 3. Department of Psychiatry, National Hospital Organization Kure Medical Center and Chugoku Cancer Center, Hiroshima, Japan, 4. University of Toyama, 5. Doshisha University, 6. Kumamoto University

(PS2-11) Between-session Skill Use and Symptom Change in the Unified Protocols for Youth
Bianca Braun, B.A., Marlene Volovitz, Lauren Milgram, M.S., Jill Ehrenreich-May, Ph.D., University of Miami

(PS2-12) Beyond the “protective Factor”: How Grit Moderates the Impact of Perfectionism on Well-being Among College Students
Melissa Renee Clark, M.A.¹, Yasmin Banga, M.S.¹, Stephanie R. Ragazzo, B.A.¹, Munyi Shea, Ph.D.², 1. Seattle Pacific University, 2. Yale University

(PS2-13) Bidirectional Temporal Dynamics Between Intentionality and Content of Mind-wandering and Momentary Affective States
Siqing Guan, M.A., Chiba university

(PS2-14) Changes in Maternal and Paternal Depression Post-treatment as Predictors of Children's Depressive Symptoms
Charles DeVos, B.A., Judy Garber, Ph.D., Vanderbilt University

(PS2-15) Cognitive and Behavioral Correlates of Successful Aging in Middle-aged Women
Sunyoung Jung, Ph.D., Sungshin Women's University

(PS2-16) Cognitive Skills as Mechanisms of Symptom Improvement in Psychological Interventions: A Systematic Review and Meta-analysis
Xueqian Wei, B.S., Zhongfang Fu, Ph.D., Peking University

- (PS2-17) **Cognitive Symptom Management and Rehabilitation Training Quality Improvement Survey Study**
Kamini Yadav, Ph.D., Ashli Perkins, M.A., Zhongxiaohe Hu, Ph.D., Ana Zdravkovic, Ph.D., Kaiser Permanente Northern California Mental Health Training Program
- (PS2-18) **Comparing Cognitive-behavioral and Emotion Regulation-based Craving Coping Training for Problematic Online Gaming in College Students**
Huei-Chen Ko, Ph.D., Che-Hao Chang, M.S., Asia University
- (PS2-19) **Connectedness as a Mechanism of Change in Psilocybin-assisted Cognitive Behavioral Therapy**
Cordelia Kuiper Rauch, Ph.D.¹, Lorenzo Miller, B.A.², 1. University of California, Los Angeles, 2. University of California Los Angeles School of Medicine
- (PS2-20) **Cross-lagged Associations Between Specificity Features of Future Thinking and Suicidal Ideation in At-risk Adolescents**
Nicola Hohensee, Ph.D.¹, Ki Eun Shin, Ph.D.¹, Olivia C. Lawrence, M.A.², Marianne M. Bassing, M.A.¹, Jiawen Long, B.A.¹, Christine B. Cha, Ph.D.¹, 1. Yale University School of Medicine, 2. Fairleigh Dickinson University
- (PS2-21) **Crossing the Boundary of Life and Death: When Plural Death Cosmologies Crowd the Inner World at the End of Life**
Baihui Chen, M.A., Beijing Normal University
- (PS32-22) **Cultural Beliefs and Psychological Distress in China: A Qualitative Study Informing Culturally Adapted Cognitive Behavioral Therapy**
Linmin Duan, Zhongfang Fu, Ph.D., Peking University
- (PS2-23) **Developing the Islamic Mindful Parenting for Parents with Atypical Children (IMPAC) Framework: A Multi-phase Qualitative Study**
Jamilah Hanum Binti Abdul Khaiyom, Ph.D.¹, Siti Inarah Hasim, M.A.¹, Mardiana Mohamad, Ph.D.¹, Zunaidah Mohd Marzuki, Ph.D.¹, Jamiah Manaf, Ph.D.², Nellie Ismail, Ph.D.³, Nor Hayati Kasim, B.A.⁴, 1. International Islamic University Malaysia, 2. Universiti Kebangsaan Malaysia, 3. Universiti Putra Malaysia, 4. Lembaga Penduduk dan Pembangunan Keluarga Negara
- (PS2-24) **Development and Validation of Metacognition Inventory for Posttraumatic Growth (MI-PTG)**
Jae-Chang Sim, Sun-Young Im, Ph.D., Kaeun Kim, B.A., Minjung Kim, B.A., Minyoung Seon, B.A., Hallym University
- (PS2-25) **Development of a Family-based Primary Prevention Program for Children's Problematic Internet Use: A Pilot Randomized Controlled Trial**
Saya Moriyama, M.A., Takayuki Harada, Ph.D., University of Tsukuba
- (PS2-26) **Developmental Differences in the Core Processes of Psychological Flexibility**
Shunsuke Nakayama, B.A.¹, Yu Matsumoto, B.A.¹, Kazuki Oyama, M.A.¹, Hironori Shimada, Ph.D.², 1. Graduate School of Human Sciences, Waseda University, 2. Faculty of Human Sciences, Waseda University

- (PS2-27) Discrepancies Between Self-report and Clinician Ratings: Differential Roles of Personality Traits Across MMPI-3 Internalizing and Externalizing Scales**
Seowon Yoon, Ph.D.¹, Eun-ho Lee, M.A.², Kyunghye Han, Ph.D.³, Wonhye Lee, Ph.D.¹, 1. Department of Psychiatry, Samsung Medical Center, 2. Department of Psychiatry, Depression Center, Samsung Medical Center, 3. Central Michigan University
- (PS2-28) Do Academic Enablers Shape Student Outcomes? Examining Predictors of Response to a School-based Resilience Intervention**
Abigail Pearlman, B.S., B.A.¹, Brendan Rich, Ph.D.², Nina Shiffrin Starin, Ph.D.¹, Mary K. Alword, Ph.D.³, 1. Alword, Baker & Associates, LLC, 2. Catholic University of America, 3. Resilience Across Borders, Inc. and Alword, Baker & Associates, LLC
- (PS2-29) Cognitive Behavioral Therapy for Olfactory Reference Disorder: A Systematic Review**
Nanako Sano, M.Ed.¹, Yushun Okabe, Ph.D.², Sanako Higashitsuji, B.A., M.A.³, Kyoma Sasaoka, B.A.⁴, Saran Yoshida, Ph.D.¹, 1. Tohoku University, 2. Kitasato University, 3. Hyogo University of Teacher Education Graduate School, 4. Waseda University
- (PS2-31) Does Acceptance Moderate the Effects of Socratic Questioning and Psychoeducation on Changes in Belief Conviction?**
Jun Shigematsu, Ph.D.¹, Junya Hashimoto, Ph.D.², Ryota Kobayashi, Ph.D.³, 1. University of Toyama, 2. University of Hiroshima, 3. Fukuoka Prefectural University
- (PS2-32) EEG Signatures of Emotion Processing and Regulation in Patients with Internalizing Disorders and Healthy Controls**
Ruth Sprengel, M.S.¹, Franziska Jüres, M.S.¹, Norbert Kathmann, Ph.D.¹, Julia Klawohn, Ph.D.², 1. Humboldt-Universität zu Berlin, 2. MSB Medical School Berlin
- (PS2-33) Effect of Generalized Pliance in Japanese Junior High School Students on Process of Cognitive Behavioral Therapy-based Stress Management**
Hironori Shimada, Ph.D.¹, Chinatsu Naganuma, M.A.², Ritsu Ishikawa, M.A.², Kazuki Oyama, M.A.², Hinata Sasaki, B.A.², 1. Faculty of Human Sciences, Waseda University, 2. Graduate School of Human Sciences, Waseda University
- (PS2-34) Effects of a Brief School-based Depression Prevention Program on Psychological Processes and Symptoms in Adolescents**
Minagi Okayama, B.A., Shin-ichi Ishikawa, Ph.D., Doshisha University
- (PS2-35) Effects of a Self-compassion Intervention for Nursing Students and Its Impact on Mental Health After Employment**
Ryuma Miyazato, M.A.¹, Suzuka Hako, Ph.D.¹, Misuzu Matsumoto, PsyM¹, Sayaka Tanabe, M.A.², Wataru Omori, M.D., Ph.D.³, Minoru Takebayashi, M.D., Ph.D.⁴, Akiko Ogata, Ph.D.¹, 1. Hiroshima University, 2. NHO Kure Medical Center and Chugoku Cancer Center, 3. Department of Psychiatry, National Hospital Organization Kure Medical Center and Chugoku Cancer Center, Hiroshima, Japan, 4. Kumamoto University
- (PS2-36) Effects of a Stress Management Education Program for Preschool-aged Children**
Airi Hayashi, B.A.¹, Shunsuke Koseki, Ph.D.², 1. Graduate School of J. F. Oberlin University, 2. J. F. Oberlin University

- (PS2-37) **Effects of Measurement Levels of Autism-spectrum Traits on Sensory Processing and Maladaptive Behaviors: A Network Comparison of Total Scores and Item-level Analysis**
Yuto Kasuga, B.A.¹, Masaki Adachi, Ph.D.², Hironori Shimada, Ph.D.³, 1. Graduate School of Human Sciences, Waseda University, 2. Department of Psychology, Meiji Gakuin University, 3. Faculty of Human Sciences, Waseda University
- (PS2-38) **Effects of Pilates Exercise and Relaxation-inducing Music on Sleep Quality and Emotional Well-being, and Autonomic Function: An 8-week randomized Controlled Trial in Graduate Students**
Wook Song, Ph.D., Inyoung Jang, Seoul National University
- (PS2-39) **Effects of Stress Management Education Through Collaboration Between Mental Health Professionals and School Teachers in Japanese Junior High Schools**
Chikaze Sugiyama, Ph.D.¹, Shunsuke Koseki, Ph.D.², 1. Iwate University, 2. J. F. Oberlin University
- (PS2-40) **Electrophysiological Study on the Intervention Effects of Emotion Regulation Training in Children with Attention-deficit/hyperactivity Disorder**
Yixuan Xu, PsyM¹, Weizhen Yin, PsyM², Zhihang Zhu, PsyM², Danping Hong, PsyM², Yingzi Hu, PsyM², Meng Yu, Psy.D.³, Daomeng Cheng, Ph.D.², Yanling Zhou, M.D.², Chanjuan Yang, PsyM², 1. Guangzhou Medical University, 2. The Affiliated Brain Hospital, Guangzhou Medical University, 3. Southern Medical University
- (PS2-41) **Emotion Regulation Strategies, Emotional Awareness, and Changes in Momentary Affect Valence and Intensity**
Yiyang Zhang, B.A., Max A. Larrazabal, M.A., Bethany A. Teachman, Ph.D., Emma Wolfe, M.A., University of Virginia
- (PS2-42) **Emotional and Behavioural Correlates of Problematic Internet Use Among School Going Adolescents: An Experience from a Northern City of India**
Shweta Singh, Ph.D., Kriti Sapra, King Georges Medical University, Lucknow, India
- (PS2-43) **Environmental Mining Contamination and Neurodevelopmental Outcomes in Children of the Sonora River Basin**
Diana Mejia, Ph.D., Laurent Avila Chauwet, Ph.D., Sonora Institute of Technology
- (PS2-44) **Evaluating the Effect of a Self-compassion Intervention on Burnout Prevention in Nursing Students**
Sayaka Tanabe, M.A.¹, Wataru Omori, M.D., Ph.D.², Ryuma Miyazato, M.A.³, Suzuka Hako, Ph.D.³, Jun Shigematsu, Ph.D.⁴, Misuzu Matsumoto, PsyM³, Kohei Kambara, Ph.D.⁵, Minoru Takebayashi, M.D., Ph.D.⁶, Akiko Ogata, Ph.D.³, 1. NHO Kure Medical Center and Chugoku Cancer Center, 2. Department of Psychiatry, National Hospital Organization Kure Medical Center and Chugoku Cancer Center, Hiroshima, Japan, 3. Hiroshima University, 4. University of Toyama, 5. Doshisha University, 6. Kumamoto University
- (PS2-45) **Examining Shared and Distinct Neural Bases of Mindfulness, Self-compassion, and well-being: a Resting-state Functional Connectivity Study**
Hoshito Sasa, M.A., Hiroaki Kumano, M.D., Ph.D., Waseda University

- (PS2-46) **Examining the Relationship Between Attentional Bias According to Behavioral Characteristics and Aggressive Behavior**
Ryo Tokuoka, B.A.¹, Yu Matsumoto, B.A.¹, Chika Kawada, B.A.¹, Hironori Shimada, Ph.D.², 1. Graduate School of Human Sciences, Waseda University, 2. Faculty of Human Sciences, Waseda University
- (PS2-47) **Examining the Relationship Between Value-based Behavior and Job Performance in the Context of Workers' Attitudes Toward Work**
Kazuki Oyama, M.A.¹, Saori Takaoka, B.A.², Shunsuke Nagatsuka, M.A.¹, Hironori Shimada, Ph.D.³, 1. Graduate School of Human Sciences, Waseda University, 2. GMO Research & AI, Inc., 3. Faculty of Human Sciences, Waseda University
- (PS2-48) **Expanding Access to Evidence-based Youth Mental Health Care Through Task-sharing in Primary Care**
William J. Leever, Psy.D., Maddie Stanco, B.S., The Ohio State University
- (PS2-49) **Exploring the Structure and Function of Psychological Flexibility and Psychological Inflexibility Across Racial Groups Using Network Analysis and Machine Learning Methods**
Duckhyun Jo, Ph.D., University of Houston
- (PS2-50) **Fears of Compassion as Conditioned Threat and Avoidance: A Review and Proposal for an Exposure-based Integrative Model**
Ayumi Umeda, Ph.D., Kinjo Gakuin University
- (PS2-51) **Gender Differences in Emotion Regulation Change Across Affect-focused Treatments**
Ivy Xiao¹, Aleeza West, B.A.¹, Brett Davis, M.A.¹, Christina M. Hough, Ph.D.¹, David I. Rosenfield, Ph.D.², Alicia E. Meuret, Ph.D.¹, Michelle G. Craske, Ph.D.¹, 1. University of California Los Angeles, 2. Southern Methodist University
- (PS2-52) **Group Cognitive Behavioral Therapy for School Refusal in Adolescents**
Lin YE, B.S.¹, Zhigang Gu, B.S.², Shengkai Lin, LPC², SU Zhao-xia SU, PsyM², 1. Psychotherapy Clinic, 2. Pingshan Hospital, Hainan Province
- (PS2-53) **How Does Help-seeking Behavior Affect Interpersonal Hopelessness in Perfectionists?**
Haruka Tsujimoto, M.A., Shin-ichi Ishikawa, Ph.D., Doshisha University
- (PS2-54) **How Loneliness Connects to Depression and Anxiety: A Network Perspective**
Olivia Woodson, B.S.¹, Jennie M. Kuckertz, Ph.D.², Nader Amir, Ph.D.¹, 1. San Diego State University, 2. McLean Hospital/Harvard Medical School
- (PS2-55) **How Socratic Questioning Affects Self-blame Beliefs**
Megumu Miyoshi, B.A.¹, Jun Shigematsu, Ph.D.¹, Masaya Sakamoto, B.A.², 1. University of Toyama, 2. Kobe Shoin University
- (PS2-56) **Impacts of Cultural Relocation on the Mental Wellbeing of Adolescent Japanese Students Abroad**
Mickie H. Grace, M.S., RN, The University of Osaka, United Graduate School of Child Development

- (PS2-58) **Increasing Accessibility and Sustainability of Youth Mental Health Support Through Wellness Center Programming on School Campuses**
 Kevin Rowen, *Psy.D.*, Kathryn Moffa, *Ph.D.*, Marie Tanaka, *Ph.D.*, Vanesa Perez, *Ph.D.*, Javier Blas, *LCSW*, Sheila Modir, *ABPP, Ph.D.*, Rady Children's Health-Orange County
- (PS2-59) **Indirect Effects of Parental and Peer Attachment on Internet Gaming Disorder Among Adolescents: The Role of Negative Automatic Thoughts**
 Iulia M. Cosa, *Ph.D.*, Anca Dobrean, *Ph.D.*, Robert Balazsi, *Ph.D.* Costina Poetar, *Ph.D.*, Babes-Bolyai University
- (PS2-60) **Inequity Alters the Brain's Calculus: Toward "systemically-aware" CBT for Sustainable Food Choices**
 Yiyuan Miao, *Ph.D.*¹, Shengye Shen, *B.S.*², Jiping Sheng, *Ph.D.*³, Xinfeng Tang, *Ph.D.*³, 1. Cornell University, Renmin University of China, 2. Smith College, 3. Renmin University of China
- (PS2-61) **Influence of Family Cohesion and the Agreement in Its Perception on Children's Quality of Life**
 Hinata Ito, *B.A.*¹, Nozomi Yokohara, *B.A.*¹, Yukako Michikawa, *B.A.*¹, Hironori Shimada, *Ph.D.*², 1. Graduate School of Human Sciences, Waseda University, 2. Faculty of Human Sciences, Waseda University
- (PS2-62) **Investigating the Relationship Between Perseverative Negative Thinking and Disrupted Sleep in the Laboratory and Daily Life**
 Henry Austin, *Ph.D.*, PsyM¹, Michael Kyron, *Ph.D.*², Kristin Gainey, *Ph.D.*, PsyM², 1. Canopy Clinical Psychology & University of Western Australia, 2. University of Western Australia
- (PS2-63) **Latent Profiles of Non-suicidal Self-injury Functions in Adolescents with Emotional Problems**
 Changminghao MA, *M.A.*, Wenjing Liu, *M.S.*, Wenhong Cheng, *Ph.D.*, Fang Zhang, *M.A.*, Yang Sun, *M.D.*, Shanghai Mental Health Center
- (PS2-64) **Life Orientation × Time Orientation: The Role of Present Orientation and Its Impact on Mental Health**
 Hwan Kim, *Psy.D.*, Sujin Kim, *M.D.*, Sumi Han, *Ph.D.*, Seoul Cyber University
- (PS2-65) **Loneliness as a Mediator Between Social Support and Psychological Distress: A Three-time-point Longitudinal Study**
 Makiko Hibi, *M.A.*, Takumu Kurosawa, *D. Phil.*, Mariko Shimoda, *M.A.*, Yukari Kimura, *M.A.*, Rinka Ito, *B.A.*, Akari Tanigaki, *B.A.*, Ryu Takizawa, *M.D., Ph.D.*, The University of Tokyo
- (PS2-66) **Long-term Effects of a Depression Prevention Program for Part-time High School Students in Japan: Using the Miraes Program**
 Mayuko Oki, Tomoya Ito, *PsyM*, Misuzu Matsumoto, *PsyM*, Suzuka Hako, *Ph.D.*, Ryuma Miyazato, *M.A.*, Hiroshima University
- (PS2-67) **Longitudinal Examination of Factors Maintaining Fear of Insects**
 Minoru Takahashi, *M.Ed.*¹, Takayuki Harada, *Ph.D.*², 1. Mejiro University, 2. University of Tsukuba
- (PS2-68) **Mapping the Cognitive Bias Landscape of Emotional Disorders**
 Elizabeth Zhu, XiJin Zhu, Peking University

(PS2-69) Mediators and Predictors of Treatment Response in a Brief Online**Intervention for Rumination and Worry**

Emily L. Upton, PsyM¹, Venkatesha Venkatesha², Amy Joubert, Ph.D.³, Alison Mahoney, Ph.D.⁴, Michelle Moulds, Ph.D.², Aliza Werner-Seidler, Ph.D.⁵, Jill M. Newby, Ph.D.⁶, 1. UNSW Sydney, The Black Dog Institute, 2. UNSW Sydney, 3. Clinical Research Unit for Anxiety and Depression (CRUfAD), St. Vincent's Hospital, 4. Clinical Research Unit for Anxiety and Depression, St Vincents Hospital, 5. Black Dog Institute, 6. UNSW Sydney at the Black Dog Institute

(PS2-70) Network Analysis of Emotional Distress, Distress Tolerance, and Body Dysmorphic-related Symptoms in Adolescents

Cheny SHU, M.Ed.¹, Wenyi LIN, Ph.D.², Menglu Liu², Jianping Wang, Ph.D.³, 1. Hohai University, 2. Jiangsu Normal University, 3. Beijing Normal University

(PS2-71) Not My Burden to Bear: Moral Appeals Induce Defensive Avoidance Under Cognitive and Resource Stress

Yiyuan Miao, Ph.D.¹, Shengye Shen, B.S.², Jiping Sheng, Ph.D.³, Xinfeng Tang, Ph.D.³, 1. Cornell University, Renmin University of China, 2. Smith College, 3. Renmin University of China

(PS2-72) Playing Through Disruption: Psychological Flexibility (Third-Wave CBT) and Anxiety/depression in University Student-athletes During a Global Pandemic

Véronique Boudreault, Ph.D., Psy.D.¹, Frédéric Dionne, Ph.D., Psy.D.², Véronique Gauthier, Psy.D.³, Joël Gagnon, Ph.D.², 1. Université de Sherbrooke, 2. Université du Québec à Trois-Rivières, 3. Laval University

(PS2-73) Practice-based Outcomes of Cognitive-behavioral Therapy for Juvenile Sexual Offenders with ADHD in Japan: A Case Study from Saga Juvenile Prison

Tsuyoshi Oguro, M.A., Free Style Psychological Counseling Office

(PS2-74) Real-time Emotional Responses to Trigger Sounds in Misophonia: An Ecological Momentary Assessment Study

Yanyan Shan, M.A.¹, Bill Chen, M.S.¹, Ashley Moskovich, Ph.D.¹, Marta Siepsiak, Ph.D.², Abby Wang, B.A.³, M. Zachary Rosenthal, Ph.D.⁴, 1. Duke University, 2. SWPS University, 3. William & Mary, 4. Duke University Center for Misophonia and Emotion Regulation

(PS2-75) Relationship Between the Conceptualization Process and the Clinical Change of the Consultant in Cognitive Behavioral Therapy

Vanetza E. Quezada-Scholz, Ph.D.¹, Catalina Landa², Cecilia Cordero-Ruz, B.A.¹, María Consuelo San Martín, Ph.D.³, Paulina P. Pino-Ruy-Pérez, Psy.D.¹, Marcela Soto¹, 1. Universidad de Chile, 2. Doctoral Program in Psychotherapy, Pontificia Universidad Católica de Chile and Universidad de Chile, Santiago, Chile., 3. Universidad de Los Andes

(PS2-76) Response Time on a Future Thinking Task as a Candidate Marker of Cbt-related Change in Major Depression

Mizuki Amano, M.D., Ph.D.¹, Nariko Katayama, M.D., Ph.D.¹, Umeda Satoshi, Ph.D.¹, Yuri Terasawa, Ph.D.¹, Hajime Tabuchi, M.D., Ph.D.¹, Toshiaki Kikuchi, M.D., Ph.D.¹, Takayuki Abe, Ph.D.², Masaru Mimura, M.D., Ph.D.³, Atsuo Nakagawa, M.D., Ph.D.⁴, 1. Keio University, 2. Kyoto Women's university, 3. Keio university, 4. St. Marianna University School of Medicine

- (PS2-77) **Scientific Reasoning Development Predicts Learning of Cognitive Therapy in Children**
Mercedes L. Traba, B.S.¹, Carolena Galvin, B.A.¹, Sarah A. Frankel, Ph.D.², Judy Garber, Ph.D.¹, 1. Vanderbilt University, 2. Presbyterian/Columbia University Medical Center
- (PS2-78) **Sleep Fragmentation and Heightened Inflammation: A Latent Profile Subtype Predicting Nine-year Major Depressive Disorder Severity in the MIDUS Study**
Nur Hani Zainal, M.S., Ph.D.¹, Sherry A. Beaudreau, ABPP, Ph.D.², 1. National University of Singapore, 2. VA Palo Alto Health Care System/Stanford
- (PS2-79) **Sleep-related Dysfunctional Beliefs as a Longitudinal Mediator of the Effects of Cognitive Behavioral Therapy on Insomnia Severity**
Fanqiang Meng, Ph.D., Zijun Yan, Psy.D., Zhanjiang li, M.D., Beijing Anding hospital
- (PS2-80) **Socioeconomic Inequality in Mental Health Service Contact and Time-to-treatment in a National Sample of Children and Adolescents**
Sophie J. Dickson, Macquarie University
- (PS2-81) **Socioeconomic Variation in the Association Between Parental Distress Tolerance and Child Anxiety**
Mei Hashimoto, B.S., Jenna Sung, Ph.D., Boston University
- (PS2-82) **Strengths-based Cognitive Behavioral Therapy for Depression: Interim Findings from a Feasibility Study**
Asami Komazawa, Ph.D.¹, Masaya Ito, Ph.D.², Ikue Umemoto, M.A.³, Yasue Mitamura, M.D.², Ikuko Kanai, M.A.², Hironori Kuga, M.P.H., M.D., Ph.D.⁴, 1. Mejiro University, 2. National Center for Cognitive Behavior Therapy and Research, National Center of Neurology and Psychiatry, 3. National Center of Neurology and Psychiatry in Japan, 4. National Center of Neurology and Psychiatry, National Center for Cognitive Behavior Therapy and Research
- (PS2-83) **Symptom Networks of Social Anxiety and Depression in Japanese Adolescents: Differences by Life Impairment and School Level**
Motohiro Nishiuchi¹, Momoko Yokotsuka, B.A.¹, Ryohei Iwase, B.A.¹, Mutsuhiro Nakao, M.P.H., M.D., Ph.D.², Kentaro Shirtosuki, Ph.D.³, 1. Graduate School of Human and Social Sciences, Musashino University, 2. Institute of Stress Management, Showa Medical University, 3. Musashino University
- (PS2-85) **Temporal Ordering of Depressive Symptoms, Submissive Behavior, and Proactive Control**
Akihiro Masuyama, Ph.D., Aichi University of Education
- (PS2-87) **The Effectiveness of “education on How to Send an SOS” Utilizing the Characteristics of Welfare-type Residential Facilities for Children with Disabilities**
Shunsuke Koseki, Ph.D.¹, Chikaze Sugiyama, Ph.D.², Airi Hayashi, B.A.³, Shunichiro Kurita, M.A.⁴, Yukiko Kawata, M.A.⁵, 1. J. F. Oberlin University, 2. Iwate University, 3. Graduate School of J. F. Oberlin University, 4. Health and Global Policy Institute
- (PS2-88) **The Effectiveness of a Time Management Program for University Students**
Miki Wakasugi, M.A., PsyM¹, Misuzu Nakashima, Ph.D., Psy.D.², Kei-ichiro Watanabe, M.D., Ph.D.¹, 1. The University of Tokyo, 2. Kyushu University

- (PS2-89) **The Moderating Effect of Knowledge on Cognitive, Affective, and Behavioral Processes Regarding Stigma Toward Autism Spectrum Disorder (ASD)**
Haruko Kihara, M.A.¹, Shin-ichi Ishikawa, Ph.D.², 1. Graduate School of Psychology, Doshisha University, Japan, 2. Doshisha University
- (PS2-90) **The Relationship Between Adverse Childhood Experiences and Close Relationship Experiences in Men: The Mediating Role of Differentiation of Self**
Minh Dung Hoang Le, B.S., PsyM, The University of Melbourne
- (PS2-91) **The Relationship Between Help-seeking Skills and Occupational Stress in Workers with ADHD Tendencies**
Kazushi Sato, B.A., Miki Matsunaga, Ph.D., Rikkyo University
- (PS2-92) **The Relationship Between Self-efficacy in Career Choice Situations During Japanese Adolescence and Subsequent Adaptation and Independence**
Emika Harada, B.A.¹, Kazuki Oyama, M.A.², Ritsu Ishikawa, M.A.², Hironori Shimada, Ph.D.³, 1. Graduate School of Human Sciences, Waseda University, 2. Graduate School of Human Sciences, Waseda University, 3. Faculty of Human Sciences, Waseda University
- (PS2-93) **The Role of Social Vulnerability in Moderating Treatment Outcomes of the Transdiagnostic Intervention for Sleep and Circadian Dysfunction (TSC) Among Patients in US Community Mental Health Settings**
Sophia M. Oliver, B.A.¹, Anne E. Milner, Ph.D.¹, Phuc T. Nguyen, M.A.¹, Andreas Vindenes, c and.psychol.², Keanan J. Joyner, Ph.D.¹, Allison G. Harvey, Ph.D.¹, 1. University of California, Berkeley, 2. University of Oslo
- (PS2-94) **The Value of Positive Emotionality for Mental Health: Bidirectional Dynamics Between Positive and Negative Affect**
Yannie D. Lee, B.A.¹, Purnima Qamar, B.S.¹, Heidi Meyer, Ph.D.¹, Bidkar J. Salazar, B.A.¹, Richard T. LeBeau, Ph.D.¹, Michelle G. Craske, Ph.D.¹, Alicia E. Meuret, Ph.D.¹, Thomas Ritz, Ph.D.², 1. University of California, Los Angeles, 2. Southern Methodist University
- (PS2-95) **Translation and Cultural Adaptation of the Values in Action Inventory of Strengths for youth-96 for Korean Emerging Adults: A Cognitive Interview Study**
Hyunjoo Na, Ph.D.¹, Danbi Oh, M.S.¹, Chaerin Lee, M.P.H.², 1. The Catholic University of Korea, 2. University of Pennsylvania
- (PS2-96) **When Cognitive Control Is Not Enough: Metacognition and Emotion Regulation in Affective Symptomatology**
Juan Ramos-Cejudo, Ph.D.¹, James Gross, Ph.D.², Jesús Privado Zamorano, Ph.D.³, María Martínez Medrano, M.S.¹, Miguel Ángel Pérez-Nieto, Ph.D.¹, 1. Camilo Jose Cela University, 2. Stanford University, 3. Complutense University of Madrid
- (PS2-97) **Why Suicidal Ideation Persists: Testing Negative Contrast Avoidance Model in Suicidal Adolescents**
Yilin Li, B.S., Ki Eun Shin, Ph.D., Nicola Hohensee, Ph.D., Christine B. Cha, Ph.D., Yale University School of Medicine

Yerba Buena Ballroom, Salon 8-9

Poster Session 3

Technology, Training, and the Future of CBT Delivery

(PS3-1) Brief Chatbotmediated Emotional Disclosure Intervention for Traumatized Adults: A Randomized Controlled Trial on Accessibility and Moderators of Treatment Response

Subin Park, B.A.¹, Gaeun Son, Ph.D., Psy.D.², Hee Eun Rim, B.A.¹, Claire Hyunsoo Jung, B.A.¹, Jonghee Won, B.A.¹, 1. Korea University, 2. Kangbuk Samsung Hospital

(PS3-3) Examining the Stigmatization of People Living with Mental Illness and Their Care in Online Media in Hungary

Lajos Simon, M.D.¹, Tamara Szépfalvi, PsyM², Tamara Mihály, M.S.¹, Anna Bakos, Psy.D.¹, Anita Szemán-Nagy, Ph.D.³, Győző Yang Zijian, Ph.D.⁴, Noémi Ligeti-Nagy, Ph.D.⁴, Kornél Vajsz, M.D.¹, Edit Haluska-Vass, Ph.D.¹, 1. Semmelweis University, 2. HABCT, 3. University of Debrecen, 4. Hungarian Research Centre for Linguistics

(PS3-4) Guided Internet-based Cognitive Behavioral Therapy for Women with Bulimia Nervosa: A 12-month Follow-up of a Randomized Clinical Trial

Sayo Hamatani, Ph.D.¹, Kzuki Matsumoto, Ph.D.², Yoshifumi Mizuno, M.D., Ph.D.¹, 1. University of Fukui, 2. Kagoshima University

(PS3-5) Internet-based CBT for Chinese University Students with Depression: Development, Efficacy and Mechanism

Wanjun Li, Ph.D.¹, Jianping Wang, Ph.D.², Jingjing Huang, M.Ed.², Zhongfang Fu, Ph.D.³, Chao Song, Ph.D.⁴, 1. Jiangsu Food & Pharmaceutical Science College, 2. Beijing Normal University, 3. Peking University, 4. Beijing Normal University at Zhuhai

(PS3-6) Repeated Measurement of an App-based Scrambled Sentence Task to Assess Interpretation Bias and Its Relationship to Internalizing Symptoms

Olivia M. Wallace, B.S., Nader Amir, Ph.D., San Diego State University

(PS3-7) What Distinguishes Effective from Ineffective Digital-based CBT Interventions for Suicide Prevention? A Systematic Review

Joohyang Kang, M.A., Hyemin Kang, B.A., Sojung Bae, B.A., Sungeun You, Ph.D., Department of Psychology, Chungbuk National University, South Korea

(PS3-8) CBT in the Era of AI – a Study of a Web-based “Talk to Me” Tool Supporting ASD Children with Cognitive-behavioral and Social Skills Difficulties Using Artificial Intelligence

Mihaela Racheva, Ph.D.¹, Zlatko Zahariev, Ph.D.², 1. St. Kliment Ohridski - Sofia University, 2. Technical University of Sofia

- (PS3-9) **Racial and Ethnic Concordance in Autism Care: A National Workforce-to-population Analysis**
Joseph N. Ekpo, B.A., Nolan Krueger, Ph.D., University of California, Santa Barbara
- (PS3-11) **A Descriptive Study of the Influence of Anhedonia Severity on the Relationship Between Reward Perception and Salivary Cortisol Levels**
Ritsu Ishikawa, M.A.¹, Hironori Shimada, Ph.D.², 1. Graduate School of Human Sciences, Waseda University, 2. Faculty of Human Sciences, Waseda University
- (PS3-12) **A Preliminary Investigation of the Effects of Micro-expression Training on Emotional Intelligence in Emerging Adults**
Yulien Huang, Ph.D.¹, Yi-Hsuan Lin, M.S.², 1. Chung Shan Medical University, 2. Fo Guang University
- (PS3-13) **A Qualitative Study of Automatic Thoughts in Cancer Survivors**
Mai Kamishita, B.A.¹, Kotone Hata, Ph.D.², Asahina Ninomiya, M.A.³, Sota Takori, PsyM⁴, Shin-ichi Suzuki, Ph.D.³, 1. Graduate School of Human Sciences, Waseda University, 2. NHO Saigata Medical Center, 3. Waseda University, 4. Eikoh Inc.
- (PS3-14) **A Randomized Controlled Trial of Mobile-based Behavioral Activation and Autobiographical Memory Specificity Training for Young Adults with Alcohol Use Disorder and Comorbid Depression**
Hyunjin Kim, B.A., Jeeyeon Chun, B.A., Yeonhwa Back, B.S., Claire Hyunsoo Jung, B.A., Kee-Hong Choi, Ph.D., Korea University
- (PS3-15) **A Single-session Cognitive-behavioral Intervention for Patients Undergoing Epidural Steroid Injection for Lumbosacral Radiculopathy: A Pilot Feasibility and Preliminary Outcomes Study**
Meredith Stensland, Ph.D., MSW, Paul Nabity, Ph.D., Donald McGeary, ABPP, Ph.D., UT Health San Antonio
- (PS3-16) **A Zen-informed Virtual Reality (VR)-assisted Mindfulness CBT Program for Somatic Symptom Disorder**
Toshiyuki Tominaga, M.D., Ph.D.¹, Jin Narumoto, M.D., Ph.D.², Mayu Ogawa, M.A., Ph.D.², Riki Kitaoka, M.D., Ph.D.², Yoshihiro Matsumoto, M.D., Ph.D.³, Haruki Ikawa, M.D., Ph.D.³, Tairyu Ogawa, Ph.D.⁴, 1. Department of Psychiatry, Graduate School of Medical Science, Kyoto Prefectural University of Medicine,, 2. Department of Psychiatry, Graduate School of Medical Science, Kyoto Prefectural University of Medicine, 3. Department of Psychiatry, Graduate School of Medical Science, 4. Department of Buddhist Studies, Hanazono University
- (PS3-17) **AI Chatbot Social Support and Suicidal Ideation: A Us-Japan Cross-sectional Comparative Study**
Fumito Takahashi, Ph.D., Ene Mitani, M.A., Shinshu University
- (PS3-18) **An Immersive Virtual Reality World for Mindfulness Training in Children Using a DBT Framework**
Laurent Avila Chauvet, Ph.D., Diana Mejia Cruz, Ph.D., Sonora Institute of Tecnology

- (PS3-19) Artificial Intelligence Across the Mental Health Care Continuum: A Qualitative Study of Clinical Integration, Professional Roles, and Relational Practice**
Kärt Lust-Paal, M.A.¹, Andero Uusberg, Ph.D.², Jaan Aru, Ph.D.², 1. Tartu University, 2. University of Tartu
- (PS3-20) Artificial Intelligence as a Copilot in CBT Case Formulation**
Kelli R. Lahman, B.S., M.S.¹, Keyma R. Sanchez, B.S.¹, Chloe A. Adeniyi, B.S.², Connor J. Bazar, B.S.², Sean A. Lauderdale, Ph.D.², 1. University of Houston, 2. University of Houston - Clear Lake
- (PS3-21) Artificial Intelligence Chatbots' Age Bias in Borderline Personality Disorder in Older Adults and Younger Adults**
Jackie Tucker, B.S.¹, Sean A. Lauderdale, Ph.D.¹, Kelli R. Lahman, B.S., M.S.², Leah Wojcik, B.A.¹, Lara E. Verstovsek, B.A.¹, Mika-Lyn D. Gargis, B.S.³, 1. University of Houston - Clear Lake, 2. University of Houston
- (PS3-22) Belongingness as a Protective Mechanism: The Mediating Role of Social Connection in The relationship Between Bicultural Stress and Suicidal Ideation in Immigrant Populations**
Daria Ogle, B.A.¹, Maria Vetter, B.A.², Noah I. Kronberg, B.A.¹, Delaney R. Nelson, B.A.², Taylor M. Carpenter, M.S.², Todd Moore, Ph.D.², 1. University of Tennessee, 2. University of Tennessee - Knoxville
- (PS3-23) Cognitive Behavior Therapy (CBT) Delivered by Nurses and Their Potentials for Expanding Access in Japan: A Scoping Review**
Satomi Sugino, M.A.¹, Toshitaka Hamamura, Ph.D.², Eriko Mizuno, Ph.D.³, Hironori Kuga, M.P.H., M.D., Ph.D.⁴, 1. The Jikei University Graduate School of Medicine /Assistant Professor, Faculty of Health Care and Nursing, Juntendo University, 2. National Center of Neurology and Psychiatry, 3. Juntendo University, 4. National Center of Neurology and Psychiatry, National Center for Cognitive Behavior Therapy and Research
- (PS3-24) Competence Required to Deliver Effective Cognitive Behavioral Therapy in Cancer Care**
Daisuke Fujisawa, M.D., Ph.D.¹, Yuko Yanai, Ph.D.², Yuko Ogawa, Ph.D.², Yuri Igarashi, Ph.D.³, Emi Takeuchi, Ph.D.¹, Yoshinori Ito, Ph.D.⁴, Yasuko Sato, Ph.D., RN⁵, Takeshi Sasara, M.D.⁶, Shin-ichi Suzuki, Ph.D.⁷, 1. National Cancer Center Japan, 2. National Cancer Center Hospital Japan, 3. Tokyo Kasei University, 4. Nagoya City University Hospital, 5. Yodogawa Christian Hospital, 6. Kameda General Hospital, 7. Waseda University
- (PS3-26) Cultural and Contextual Tailoring of a Cognitive-behavioral Chronic Pain Intervention for Use with South Texas-dwelling Older Adults: A Qualitative Study with Community-health Workers**
Meredith Stensland, Ph.D., MSW, UT Health San Antonio

- (PS3-27) Culturally Adapted Digital Cognitive Behavioral Therapy for Public Mental Health: Innovation and Application of the Aurora System in China's Mental Health Services**
Jie Yang, M.D.¹, Sijia Chang, PsyM², Gang Wang, M.D.³, Ping Li, M.Ed.⁴, Longjun Cai, Ph.D.⁴, 1. Beijing Anding Hospital Capital Medical University, 2. Beijing Wispirit Technology Co Ltd, 3. Beijing Anding Hospital Capital Medical University, 4. Beijing Wispirit Technology Co., Ltd
- (PS3-28) Culturally Grounded Facial Emotion Recognition Using FACS Action Units: A Model Trained on Korea**
Jihye Kim, M.A., Kyong-Mee Chung, Ph.D., Seoi Lee, M.A., Nayoung Shin, M.A., Soyoung Jeon, B.A., Minseo Park, B.A., Yonsei University
- (PS3-29) Detecting Social Isolation in Korean Young Adults: A Multi-model Natural Language Processing Approach Using Interview Transcripts for Automated Screening**
Jaehye Jung, B.A., Jueun Hwang, M.A., Juhee Choi, Ye-Seul Kim, B.A., Jisoo Park, B.A., Yongchun Bahk, Ph.D., Kee-Hong Choi, Ph.D., Korea University
- (PS3-30) Developing a Cross-cultural Measure of Causal Beliefs About Mental Disorders: A Co-creative, Large Language Model-assisted Method**
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- (PS3-31) Developing Ai-generated Feedback for CPT Worksheets: Iterative Prompt Engineering and Clinician Evaluation of Feedback Quality**
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