

the Behavior Therapist

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SCIENCE

Does the Language Fit the Evidence? Unwarranted Causal Language in Psych- ological Scientists' Scholarly Work

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Michaela M. Gunseor,
and Jenna R. Maly,
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When the causal link seems obvious to us, when we have a strong preexisting bias, or when our interpretations become dominated by our theoretical orientation, it is tempting to treat correlations as evidence of causation. (Stanovich, 2010, p. 74)

VARIOUS SCHOLARS HAVE EXPRESSED concern about science journalists' tendency to jump from correlational evidence to causal inference (Barrowman, 2014; Morling, 2018; Resnick, 2016). Indeed, systematic reviews of news stories find that journalists make causal claims when describing nonexperimental data; further, journalists often fail to review the study method or point out the limited inferences that can be drawn from nonexperimental studies (Schwitzer, 2008; see also Cooper, Lee, Goldacre, & Sanders, 2011, and Haneef, Lazarus, Ravaud, Yavchitz, & Boutron, 2015). Therefore, journalists have been urged to be "mindful of when causal language is warranted by the study design and when it is not" (Zweig & DeVoto, 2015, conclusion).

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- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
- Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.
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Misrepresentation of scientific findings, however, can occur well in advance of the media. Health-related university press releases (Sumner et al., 2014) and medical journal press releases (Sumner et al., 2016) have both been shown to include causal statements drawn from correlational research. Moreover, a strong predictor of misrepresentation of findings in both media news stories and press releases is the misrepresentation of those findings in the original scientific article (Yavchitz et al., 2012). Unwarranted causal language is a specific form of misrepresentation that has been documented in systematic reviews of articles published in medicine and health journals (Brown, Brown, & Allison, 2013; Cofield, Corona, & Allison, 2010; Kohli & Cannon, 2012; Lazarus et al., 2015; Li, Moja, Romero, Sayre, & Grimshaw, 2009). Lazarus and colleagues, for example, reviewed abstracts of nonexperimental studies published in medical journals and found that 53% included causal statements. Scholars have called on medical and health researchers to match the language they use in their reports to the type of study they conducted (Brown et al., 2013; Cofield et al., 2010; Kohli & Cannon, 2012). As Brown et al. noted, “If the fidelity of the scientific message cannot be replicated from the results to conclusion within a study, the reporting of the scientific finding is distorted before it even reaches press releases” (p. 1307).

Unwarranted causal language has also been documented in journal articles in education. Robinson and colleagues (2007), for example, reviewed articles published in teaching and learning journals in 1994 and 2004; they found that over a third of articles about observational studies included causal statements. A subsequent study documented continued use of unwarranted causal statements in educational research articles published in 2010 (Reinhart et al., 2013).

In summary, concern about the prevalence of unwarranted causal claims has been voiced strongly in fields that are allied with psychology, such as education and medicine (Cofield et al., 2010; Kohli & Cannon, 2012; Zweig & DeVoto, 2015). However, no one has systematically documented the frequency with which unwarranted causal language appears in psychology. We set out to do just that.

On one hand, because a core tenet of training in psychology is “correlation does not imply causation” (Stanovich, 2010), we expected that unwarranted causal language would not be as prevalent in psychology as

in other disciplines. Indeed, the ability to distinguish between correlation and causation is a foundational outcome of scientific inquiry in the discipline (American Psychological Association, 2013; McGovern, Furumoto, Halpern, Kimble, & McKeachie, 1991). Psychology instructors distinguish between correlation and causation (Boneau, 1990; Rutter, 2007) and reinforce the distinction by (a) laying out criteria for causality and (b) differentiating research designs that do support causal claims from those that do not (Hatfield, Faunce, & Soames Job, 2006; Leary, 2012; Morling, 2018). They also have students identify causal language and analyze the validity of causal claims in media headlines (Mueller & Coon, 2013; Morling, 2018). Graduate training in psychology continues to emphasize statistical and methodological reasoning (Lehman, Lempert, & Nisbett, 1988), with many master’s and doctoral programs in psychology requiring research design coursework.

On the other hand, we had reasons to expect that unwarranted causal language would be as prevalent in psychology as in other disciplines. First, the tendency to conflate correlation with causation is a persistent bias of human cognition (Stanovich, 2009), and research suggests that individuals commonly succumb to the bias, regardless of their education level (Bleske-Rechek, Morrison, & Heidtke, 2015). Second, the disciplines in which unwarranted causal language has already been documented—health sciences and education—are similar to psychology in their use of human subjects and mixture of correlational and experimental designs. Third, because some variables in psychological science hold implicit causal status even though they are not generally amenable to experimental control (e.g., socioeconomic status), application of the distinction between correlation and causation requires consistent and conscious effort (Mueller & Coon, 2013). Relatedly, people tend to have intuitive notions about causes of human behavior (Nisbett & Wilson, 1977) that must be overridden, especially when the issue is one they feel strongly about—and psychological scientists often study issues they feel are important.

We undertook the current study to investigate the frequency with which causal statements appear in psychologists’ descriptions of their research, and the frequency with which those causal statements are warranted by their research design. We first reviewed poster submissions accepted for presentation at the 2015 Convention of

the Association for Psychological Science (APS). Because the threshold for poster acceptance is low (W. B. Mendes, personal communication, November 17, 2016) and thus may be a biased representation of scholarship in the discipline, we subsequently reviewed articles from 11 psychology journals.

Method

Samples

Sample 1 consisted of 660 accepted poster submissions drawn from the 2015 APS Convention program. This sample size is appropriate because for descriptive research, random samples of approximately 500 can provide valid frequency estimates (Morling, 2018). Each submission included a title, abstract (≤ 50 words), and supporting summary (≤ 500 words). The 2015 APS Convention held 21 general poster sessions, with each session containing between 120 and 140 accepted submissions. We reviewed all 136 submissions in Poster Session 1, and for the remaining poster sessions (Sessions 2 through 21), we reviewed every fifth submission (5, 10, 15, etc.). Because the disciplines and topics within each poster session varied widely, this sampling approach provided a broad sample of the many topics and disciplines represented at the convention. During the data coding process, the titles, abstracts, and supporting summaries were all available online in the Convention Program. Since then, however, access to the full Convention Program has gone offline. The titles and abstracts are still accessible online through the APS 2015 Convention Archives.

Sample 2 consisted of 660 empirical articles published in 11 psychology journals. Again, following guidelines for descriptive research, we aimed for a sample size of 500 or more by sampling from multiple journals. Specifically, we selected seven journals that were both well-known and had mid-range impact factors ($1 \leq IF \leq 3$): *Journal of Psychology: Interdisciplinary and Applied*; *Personal Relationships*; *Journal of Youth and Adolescence*; *Social Psychology Quarterly*; *Personality and Individual Differences*; *Journal of Sport and Exercise Psychology*; *Sex Roles*. We selected four others that were well-known and had high impact factors ($IF > 4$): *Journal of Personality and Social Psychology*; *Clinical Psychological Science*; *Journal of Consulting and Clinical Psychology*; *Psychological Science*. For each journal, we began with its January 2016 issue and reviewed the

subsequent 60 articles. If the issues in 2016 did not contain a total of 60 articles (as with *Social Psychology Quarterly* and *Journal of Sport and Exercise Psychology*), we went back in time, prior to January 2016, until we obtained 60 articles. Nine articles were excluded from coding because they were either theoretical reviews or comments on previous articles and therefore did not describe an empirical study (final $N = 651$).

Coding

Overview. We followed a coding procedure that was similar to that used by others (Brown et al., 2013; Cofield et al., 2010; Robinson et al., 2007; Yavchitz et al., 2012); that is, each poster submission or journal article (“document”) was coded independently by one or more members of the research team; discrepant ratings were discussed and settled by consensus; and for both poster submissions and journal articles, we used a random subsample of documents to check interrater consensus (concordance via kappa).

Coding rules. For Sample 1, we coded each poster submission for use of direct causal language (Adams et al., 2017) in the

title, abstract, or supporting summary; for Sample 2, we coded each journal article for direct causal language in the title or abstract. In both samples, if direct causal language was present, we reviewed the remainder of the document to determine whether the research design supported the use of causal language. Figure 1 shows the specific rules guiding the two primary decisions that were made about each document. Table 1 provides specific examples of causal language that we observed and the explanation for our rating of it as warranted or unwarranted.

Coding procedure: Poster submissions. The first author prepared the initial coding rules (see Figure 1). Then, the first author and four research assistants coded all submissions from Poster Session 1 ($n = 136$) together to familiarize themselves with the rules. For each of the remaining even-numbered sessions (2, 4, 6, ... 20), the first author and two of four research assistants independently coded every fifth submission (i.e., 5, 10, 15, etc.). For each of the remaining odd-numbered sessions (3, 5, 7, ... 21), the first author and the remaining

two research assistants independently coded every fifth submission. Thus, every submission was coded by the first author and two other researchers. Then, the first author and research assistants compared their ratings, and discrepant ratings were resolved via discussion (see methods used by Brown et al., 2013; Cofield et al., 2010; Robinson et al., 2007; Yavchitz et al., 2012). The most common discrepancy involved cases in which the study did include a manipulated variable, but the causal language pertained to a measured variable rather than the manipulated variable.

A supplementary sample of 54 poster submissions (not included in the final sample) was drawn and coded independently by the first author and the four research assistants to determine the rate of interrater agreement between the first author (who had coded all submissions) and each of the four research assistants. Pairwise agreements for inclusion of causal language ranged from 75% to 100% ($MKappa = .74$); pairwise agreements for judgments of whether the research design warranted the causal language ranged from 70% to 100% ($MKappa = .63$).

To conclude the coding, the three authors went back through all poster submissions to record the frequency of specific causal words and phrases used in each section (title, abstract, and supporting summary).

Coding procedure: Journal articles. Journal articles were reviewed using the same rules as for the sample of poster submissions (see Figure 1). Initially, a random subsample of 60 articles was independently coded by each author to check interrater agreement. Pairwise agreements for inclusion of causal language ranged from 92% to 100% ($MKappa = .92$); pairwise agreements for judgments of whether the research design warranted the causal language were 100% ($MKappa = 1.00$). Given the high degree of consensus, the remaining 600 articles were each coded by one author, with regular meeting times set aside to discuss complicated cases (e.g., articles that involved multiple studies, some of which allowed for causal inference and some that did not). When the language in the document was too murky to evaluate (e.g., the description of the research design was unclear, or there was causal language in the title/abstract but three of four studies warranted causal language and one did not), the fallback rule was to be more lenient than severe (i.e., code the causal language as warranted). To conclude the

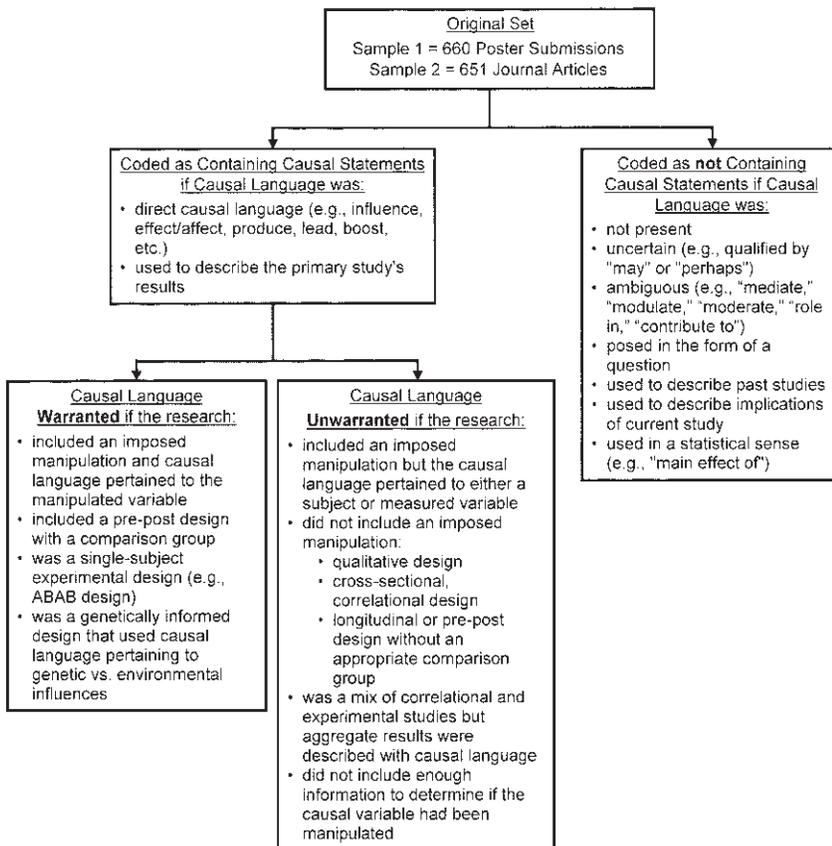


Figure 1. Coding rules used in both samples

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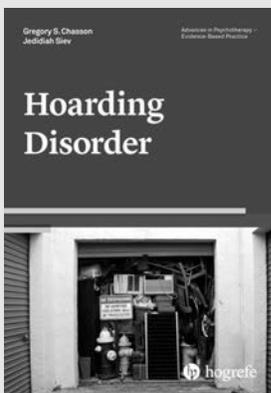
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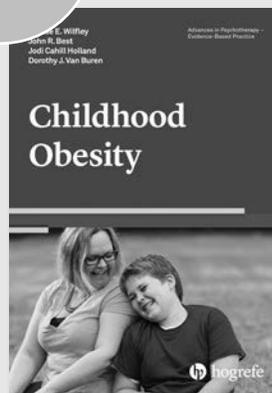
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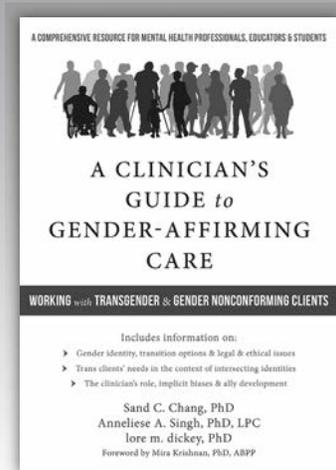
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Table 1. Sample Cases of Causal Language in Scholarly Documents

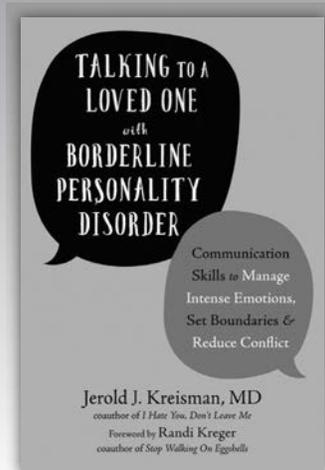
Example	Rating	Explanation
<i>In Poster Titles</i>		
The <i>Influence</i> of Eldercare Arrangement Characteristics on Work Accommodations	Unwarranted	In the study, eldercare arrangement characteristics were measured, not manipulated.
Increasing Character Size and Length of Presentation <i>Improves</i> Both Accuracy and Reaction Time of a Dynamic Visual Acuity Task	Warranted	In the study, stimuli character size and length of presentation were manipulated.
<i>In Poster Abstracts</i>		
"...examined the <i>influence</i> of culture on emotional and neuroendocrine responses..."	Unwarranted	In this phrase, culture refers to a self-reported, measured cultural orientation (individualistic or collectivistic).
"...these responses to victims are not closely related and are <i>affected</i> in different ways by victim culpability and misfortune severity."	Warranted	The study used vignettes about a house fire, in which the researchers manipulated their portrayal of the target victim's culpability and extent of fire damage.
<i>In Poster Supporting Summaries</i>		
"...we show that situational factors – such as incumbency and seat competitiveness – sometimes <i>override</i> the <i>effects</i> of long-lasting beliefs – such as party affiliation – on the use of moral appeals."	Unwarranted	In the study, incumbency, seat competitiveness, and party affiliation were measured, not manipulated, variables.
"... pro-positive attentional training can <i>redirect</i> attention among depressed individuals..."	Warranted	In this pre-post intervention study, depressed individuals were randomly assigned to either a control group or pro-positive attentional training group.
<i>In Journal Article Titles</i>		
With or Without You? Contextualizing the <i>Impact</i> of Romantic Relationship Breakup on Crime Among Serious Adolescent Offenders	Unwarranted	In this longitudinal study, romantic relationship status and criminal behavior were measured variables, but neither was manipulated.
A Good Story: Men's Storytelling Ability <i>Affects</i> their Attractiveness and Perceived Status	Warranted	In this experiment, researchers manipulated what participants were told about men's storytelling ability and the quality of a story supposedly written by a potential partner.
<i>In Journal Article Abstracts</i>		
"The results from this study indicate that internalizing guilt and the pressure to be the perfect mother are <i>detrimental</i> for mothers..."	Unwarranted	In the study, women's pressure to be perfect and guilt about not meeting parenting expectations were measured, not manipulated, variables.
"The results of this study provide evidence that task self-efficacy is negatively <i>affected</i> following self-control depletion."	Warranted	In this study, the researchers manipulated self-control depletion by randomly assigning participants to a Stroop task that was either congruent (control) or incongruent (causes depletion).

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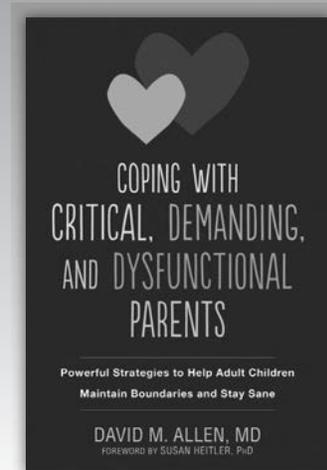


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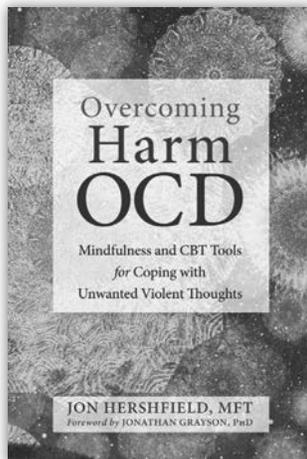
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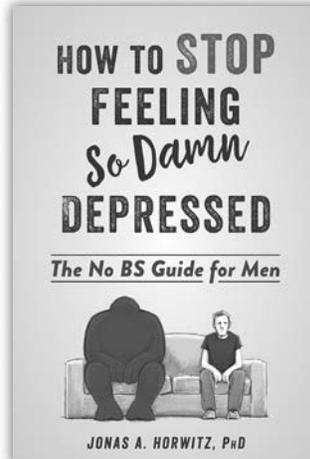
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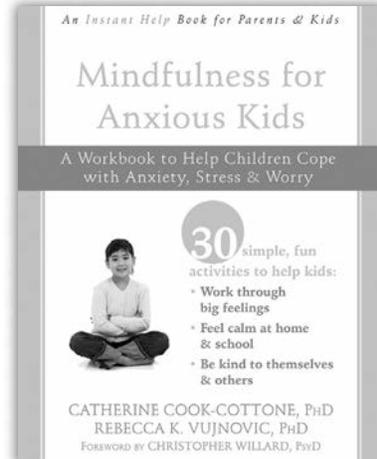
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[continued from p. 344]

coding, the authors went back through all submissions to record the frequency of specific causal words and phrases used in the title and abstract.

Additional information about each document. For each poster submission, we recorded the exact title, poster session number, and submission ID. For each journal article, we recorded the journal name, volume number, page range, article title, author names, and author affiliations. For both samples, we recorded whether the research was quantitative or qualitative, and whether the primary sampling procedure was cross-sectional, successive independent samples, or longitudinal. For documents that described multiple studies of varying design, we recorded whether any

was quantitative and whether any was longitudinal.

Open practices. This research was not formally preregistered. The complete data sets have been posted on the Open Science Framework at <https://osf.io/vrf6e>.

Results

Sample 1: Accepted Poster Submissions

Table 2 displays the results for the sample of poster submissions.

Overall, causal language was observed in 59% [95% CI: 56%, 63%] of poster submissions. Specifically, it was observed in 32% of poster titles, 37% of short abstracts, and 49% of supporting summaries. Submissions included a wide variety of causal language, with the most common phrases including derivatives of effect, influence, and impact.

Overall, 52% [95% CI: 47%, 57%] of the causal words and statements were coded as unwarranted. Specifically, 47% of causal words and statements in the title were coded as unwarranted; 44% in the abstract were coded as unwarranted; and 50% in the supporting summary were coded as unwarranted.

Sample 2: Published Journal Articles

Table 3 displays the results for the sample of published journal articles. Table 4 details the specific causal words and statements that were observed.

Overall, causal language was observed in 54% [95% CI: 50%, 58%] of the journal articles. Specifically, it was observed in 24% of article titles and 49% of abstracts.

Overall, 52% [95% CI: 47%, 58%] of the causal words and statements were coded as unwarranted. Specifically, 42% of causal words and statements in the title were

Table 2. Sample 1 APS Poster Submissions: Unwarranted Causal Language (CL)

Poster Session	N	Percent (#) Using CL in Title, Abstract, or Supporting Summary	Of Those Using CL, Percent (#) That Are Unwarranted	Percent (#) Using CL Throughout the Poster Submission	Of those Using CL, Percent (#) That Are Unwarranted
1	136	62% (84)	51% (43 of 84)	19% (26)	42% (11 of 26)
2	26	62% (16)	44% (7 of 16)	35% (9)	22% (2 of 9)
3	27	56% (15)	73% (11 of 15)	22% (6)	50% (3 of 6)
4	27	67% (18)	44% (8 of 18)	30% (8)	38% (3 of 8)
5	27	56% (15)	47% (7 of 15)	22% (6)	50% (3 of 6)
6	26	77% (20)	70% (14 of 20)	31% (8)	75% (6 of 8)
7	27	59% (16)	44% (7 of 16)	19% (5)	0% (0 of 5)
8	26	54% (14)	64% (9 of 14)	15% (4)	25% (1 of 4)
9	26	65% (17)	53% (9 of 17)	8% (2)	50% (1 of 2)
10	26	50% (13)	69% (9 of 13)	12% (3)	67% (2 of 3)
11	26	62% (16)	19% (3 of 16)	8% (2)	0% (0 of 2)
12	27	56% (15)	53% (8 of 15)	19% (5)	40% (2 of 5)
13	26	46% (12)	58% (7 of 12)	12% (3)	33% (1 of 3)
14	26	62% (16)	38% (6 of 16)	19% (5)	20% (1 of 5)
15	26	69% (18)	28% (5 of 18)	19% (5)	40% (2 of 5)
16	26	62% (16)	56% (9 of 16)	15% (4)	25% (1 of 4)
17	25	56% (14)	64% (9 of 14)	16% (4)	25% (1 of 4)
18	25	52% (13)	39% (5 of 13)	8% (2)	50% (1 of 2)
19	27	56% (15)	67% (10 of 15)	7% (2)	100% (2 of 2)
20	26	54% (14)	43% (6 of 14)	31% (8)	25% (2 of 8)
21	26	58% (15)	73% (11 of 15)	15% (4)	75% (3 of 4)
All Posters	660	59% (392)	52% (203 of 392)	18% (121)	40% (48 of 121)

Note. Researchers coded all submissions for Session 1 and every fifth submission thereafter. The numbers in the final row reveal that, out of all 660 poster submissions, 203 (or 31%) contained unwarranted causal language in either the title, abstract or supporting summary, and 48 (7%) contained unwarranted causal language throughout the submission.

coded as unwarranted, and 51% in the abstract were coded as unwarranted. Figure 2 displays the interval estimates for prevalence of unwarranted causal language in the subsample of articles published in each journal. In this sample of 11 journals, impact factor was not related to use of causal language, $r(10) = .11$ [95% CI: $-.52, .67$], but impact factor was related to the presence of unwarranted causal language. That is, unwarranted causal language was less common in journals of a higher impact factor, $r(10) = -.68$ [95% CI: $-.91, -.14$].

Discussion

Our objective was to investigate the frequency with which unwarranted causal statements appear in psychological scientists' scholarly work. We first reviewed poster submissions accepted for presentation at the 2015 APS Convention, and we found that half of the submissions that included causal language did not describe a research design that warranted that language. Although APS is a premier professional organization, the poster review process is lenient; moreover, students are

often primary authors of posters and thus may have less experience with research design and scientific writing than established scholars do. Therefore, we engaged in a second iteration of our process, this time with published journal articles. Again, just over 50% of the causal statements were unwarranted. One general conclusion from our research is that a core tenet of training in psychological science—"correlation does not imply causation"—is not consistently applied in psychological scientists' scholarly descriptions of their research findings.

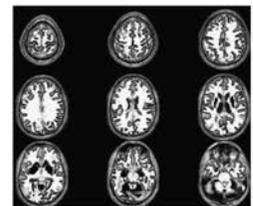
Our numbers might underestimate the actual prevalence of unwarranted causal language. First, as detailed in the coding rules (Figure 1), we did not designate words as causal if they were posed as a question. For example, the title, "Do Great Expectations Lead to Great Disappointments?" did not qualify as causal under our coding scheme, even though many readers might interpret it as causal. Second, we did not designate words as causal if they were qualified by modal words such as "may" and "perhaps" (e.g., "use of coercive con-

trol to sustain male dominance may increase life satisfaction"), even though research suggests that people interpret such language as causal (Adams et al., 2017). Third, we did not designate words as causal when they were used to describe a statistical result (e.g., "The analysis revealed a main effect of gender"). Finally, we did not denote historically ambiguous words such as "moderate" and "modulate" as causal (Baron & Kenny, 1986).

In both samples, over 40% of the causal statements that appeared in titles were coded as unwarranted, which is disconcerting because some people may read only the title. Even if people read beyond the title, experimental evidence suggests that titles affect how readers process subsequent information (Ecker, Lewandowsky, Chang, & Pillai, 2014). In line with Adams and colleagues (2017), we recommend that psychologists "modify their causal language ... to suit the study design of the research being discussed" (p. 13).

Over half of the causal statements that appeared in journal article abstracts were coded as unwarranted, and this, too, is dis-

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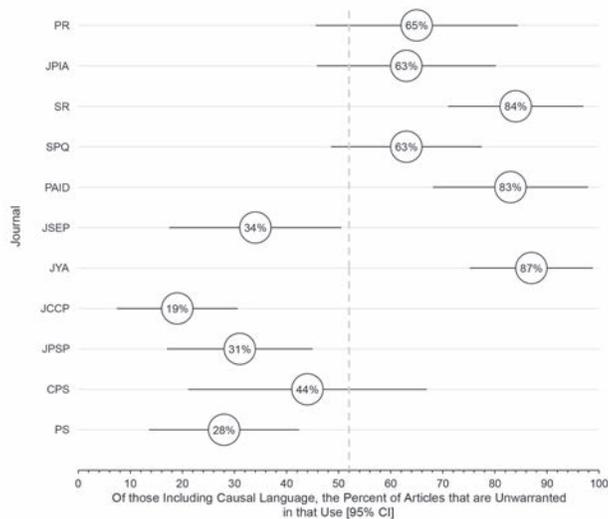


Figure 2. Percent of articles in each journal that used unwarranted causal language in either the title or abstract. Each dot represents a point estimate and each horizontal line its corresponding 95% CI. The dashed vertical line represents the overall average (52%). PR = Personal Relationships; JPIA = *Journal of Psychology Interdisciplinary and Applied*; SR = Sex Roles; SPQ = *Social Psychology Quarterly*; PAID = *Personality and Individual Differences*; JSEP = *Journal of Sport and Exercise Psychology*; JYA = *Journal of Youth and Adolescence*; JCCP = *Journal of Consulting and Clinical Psychology*; JPSP = *Journal of Personality and Social Psychology*; CPS = *Clinical Psychological Science*; PS = *Psychological Science*.

concerting: The abstract is often the only section besides the title that is easily accessible from database searches, and some view it as the most valuable part of a research paper (Hamby, 2015). If findings are overinterpreted in the abstract, then people who attend only to the abstract may walk away with and subsequently communicate an inaccurate description of the research findings.

One potential limitation of our research is that for the poster submissions, we did not track potential correlates of unwarranted causal language (e.g., psychology subdiscipline, researchers' degree status, institutional prestige). We did consider that approach, but many poster submissions could be categorized into multiple subdisciplines (e.g., memory, experimental, and clinical), and submissions often included authors from multiple institutions of varying prestige. Thus, we ultimately chose to review a random sample of poster submissions and thereby focus on providing a general snapshot of the frequency with which unwarranted causal language appears.

For the sample of published journal articles, we intentionally chose journals

that varied in domain (e.g., development, sport and exercise) and impact factor. Although the prevalence of unwarranted causal statements was above zero in all journals from which we sampled, unwarranted causal language was less common in journals of a higher impact factor. Such a pattern could indicate that contributing authors, reviewers, and editors of high-impact journals better understand the differences between correlational and causal language, have more stringent standards for research designs that allow for causal inferences, or pay more explicit attention to the subtle differences in meaning portrayed by different words (e.g., “increases the risk” versus “show increased risk”). Regardless, there are thousands of journals, and we sampled from just 11. We hope that others will investigate the prevalence of unwarranted causal language in additional journals, as well as factors that might be tied to differential use of unwarranted causal language.

The findings of the current study imply that, just as has been documented in the health sciences (Haneef et al., 2015; Yavchitz et al., 2012), data misrepresentation that shows up in media headlines and news stories in psychology might begin with the original scientific publications. One avenue for future research is to look at the language of published research in psychology journals in conjunction with the language of subsequent news stories. We expect that accuracy of the news stories will be positively associated with the accuracy of the descriptions in the original journal articles.

Although our data suggest that unwarranted causal language occurs in psychology, our data do not clarify the reasons for its occurrence. One possible explanation is confusion (Adams et al., 2017; Bleske-Rechek et al., 2015), such that psychological researchers may not have a complete understanding of the conditions required to infer causality or the specific words that imply causality. Second, commitment to a specific perspective might cloud judgments about causality. For example, when people are working with an issue for which the

causal claim seems intuitive or is in line with their theoretical perspective, they might be more likely to use causal language. Third, it is possible that some scientists have shorthand habits for discussing their findings with others and continue with that shorthand when writing. Another relevant factor could be a lack of experience with scientific writing or inadequate oversight by editorial reviewers and research mentors. Additionally, perhaps some scientists use unjustified causal language purposefully to enhance the apparent importance of their research (Robinson et al., 2007). Regardless of why unwarranted causal language occurs, we propose that systematic efforts be put in place to remedy it. Such efforts should be directed not only at the lay public, who have to independently navigate the implications of research headlines and descriptions they are exposed to on a daily basis, but also at scientists, who are responsible for communicating what their findings do mean and do not mean (Lilienfeld, 2002).

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Table 3. Sample 2 Journal Articles: Unwarranted Causal Language (CL)

Journal	IF	N	Percent (#) Using CL in Either the Title or Abstract	Of Those Using CL, Percent (#) That Are Unwarranted	Percent (#) Using CL in Both the Title and Abstract	Of Those Using CL, Percent (#) That Are Unwarranted
PR	0.75	58	40% (23)	65% (15 of 23)	9% (5)	40% (2 of 5)
JPIA	0.88	60	50% (30)	63% (19 of 30)	12% (7)	57% (4 of 7)
SR	1.66	60	52% (31)	84% (26 of 31)	18% (11)	73% (8 of 11)
SPQ	2.00	57	75% (43)	63% (27 of 43)	21% (12)	50% (6 of 12)
PAID	2.17	58	41% (24)	83% (20 of 24)	9% (5)	40% (2 of 5)
JSEP	2.68	59	54% (32)	34% (11 of 32)	34% (20)	15% (3 of 20)
JYA	3.04	59	53% (31)	87% (27 of 31)	14% (8)	75% (6 of 8)
JCCP	4.53	60	72% (43)	19% (8 of 43)	30% (18)	6% (1 of 18)
JPSP	5.38	60	70% (42)	31% (13 of 42)	23% (14)	21% (3 of 14)
CPS	5.75	60	30% (18)	44% (8 of 18)	15% (9)	56% (5 of 9)
PS	5.85	60	53% (32)	28% (9 of 32)	28% (17)	29% (5 of 17)
All Articles		651	54% (349)	52% (183 of 349)	19% (126)	36% (45 of 126)

Note. IF=Impact Factor. Impact factors were retrieved from Scimago Journal and Country Rank 2017: scimagojr.com/journalrank.php. PR = Personal Relationships; JPIA = *Journal of Psychology: Interdisciplinary and Applied*; SR = *Sex Roles*; SPQ = *Social Psychology Quarterly*; PAID = *Personality and Individual Differences*; JSEP = *Journal of Sport and Exercise Psychology*; JYA = *Journal of Youth and Adolescence*; JCCP = *Journal of Consulting and Clinical Psychology*; JPSP = *Journal of Personality and Social Psychology*; CPS = *Clinical Psychological Science*; PS = *Psychological Science*.

The numbers in the final row reveal that, out of all 651 journal articles, 183 (or 28%) contained unwarranted causal language in either the title or abstract, and 45 (7%) contained unwarranted causal language in both the title and abstract.

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Table 4. Unwarranted (UW) and Warranted (W) Use of the Most Common Causal Words/Phrases in Scholarly Documents

Phrase*	Number of Times Observed in Poster Submissions						Number of Times Observed in Journal Articles			
	Title		Abstract		Supporting Summary		Title		Abstract	
	UW	W	UW	W	UW	W	UW	W	UW	W
Affect/Effect	47	44	33	58	97	116	17	25	134	124
Influence	20	13	35	24	64	73	7	1	64	24
Impact	16	6	11	17	43	32	10	5	29	20
Increase/Decrease	2	6	6	13	20	38	2	12	11	24
Lead	1	2	6	15	18	26	0	0	10	20
Improve	1	3	4	9	9	17	0	5	2	17
Reduce	0	3	5	10	9	16	1	11	12	37
Benefit	0	3	2	5	12	11	0	0	6	11
Enhance	2	4	3	4	4	5	1	1	3	11
Protect/Buffer	2	1	3	1	11	3	5	2	20	5

Note. A total of 393 accepted poster submissions contained causal language in either the title, abstract, or supporting summary. A total of 349 journal articles contained causal language in either the title or abstract. The numbers here sum up to more than 393 and 349, respectively, because some submissions contained the same causal word multiple times and/or contained several different causal words in one or more sections of the document. We included both unwarranted and warranted columns in order to visualize whether some causal words/phrases are particularly likely to be unwarranted in their use. In journal articles, *influence*, *impact*, and *protect/buffer* stand out as somewhat more likely to be unwarranted in their use. In both samples, there are a few that show up *less* often as unwarranted: *increase/decrease*, *improve*, and *reduce*. *Many other words and phrases were observed occasionally in the scholarly documents: abolish, accelerate, acquire, activate, afford, aided by, alleviate, alter, ameliorate, amplify, antidote for, arouse, as a barrier to, assuage, attenuate, augment, avoid, because of, bias, boost, buy, calms down, cause, change, concomitant, consequence, contribute, cost, counteract, create, cultivate, dampen, degrade, delay, delayed by, deliver, depend on, determine, dilute, diminish, discourage, disrupt, distort, drive, due to, elicit, eliminate, emerge from, enable, equalize, evoke, exacerbate, facilitate, foster, generate, give, govern, guide, hamper, harm, heighten, help, impair, impede, impel, implicate, induce, inhibit, interfere, legitimize, lower, magnify, make, minimize, mitigate, motivate, offset, outcomes of, override, place at risk, potentiate, preserve, prevent, produce, promote, prompt, provide, put at risk, react to, redirect, regulate, reinforce, relieve, rely on, repair, repercussion, resolve, restrict, result in/of/from, reverse, role of “X” on “Y,” shape, shift, signal, source of, speed up, spur, steer, stimulate, strengthen, support, suppress, threaten, undermine, yield.

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A. Bleske-Rechek developed the study concept. All authors contributed to data coding.

A. Bleske-Rechek served as primary on drafting/editing the manuscript, with contributions from M. M. Gunseor. M. M. Gunseor served as primary on data analysis and creation of tables/figures, with contributions from A. Bleske-Rechek. J. R. Maly provided final edits.

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Enhancing Queer and Transgender Resilience: Review of a Self-Help Workbook

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IN AN IDEAL WORLD, prejudice and discrimination would be nonexistent. Sexual and gender minorities including lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals would never face homophobia, transphobia, racism, sexism, or general negative attitudes and marginalization. However, we do not live in that world. The reality is that stigmatization and discrimination are common experiences for many LGBTQ people, and these experiences negatively impact their well-being (Meyer, 2003; Russell & Fish, 2016). Even while we work to change attitudes, laws, and policies, there is a need to increase the resilience of LGBTQ individuals in order to buffer the impact of minority stress (Meyer, 2015). Resilience-promotion strategies include defining one's gender, handling family and friend relationships, and connections to affirming communities (Singh, Meng, & Hansen, 2014).

However, there has been a gap between theoretical models of minority stress and resilience, and the need for clinical and self-help interventions that enhance resilience for LGBTQ individuals (Meyer, 2015). In their new self-help workbook, Dr. Anneliese Singh addresses this gap by pulling together standard evidence-based interventions and applying them to the experiences of LGBTQ individuals. Singh earned their doctorate in Counseling Psychology and is the current Associate Dean for Diversity, Equity, and Inclusion in the College of Education, as well as a Professor in the Department of Counseling and Human Development services at University of Georgia. The workbook, entitled *The Queer and Transgender Resilience Workbook: Skills for Navigating Sexual Orientation and Gender Expression* (Singh, 2018), is an appropriate resource for both adolescents and adults.

Singh states in the first line, "This book is all about how you can be resilient, grow, and thrive if you are queer and trans. Whether you are just getting to know who you are as an LGBTQ... person or whether

you have been out to yourself and others for a long time..." (p. 1). The author understands the diversity of these communities and identifies the audience for the workbook as individuals who may claim a wide range of self-identity labels including "queer," "trans," and "LGBTQ," defined by each individual according to their own experience and self-expression.

While these umbrella terms may be familiar to researchers and individuals conversant with LGBTQ communities, they may not be as intuitive for those less experienced in these areas. Per Singh, LGBTQ refers to those who identify as lesbian, gay, bisexual, transgender, or queer. Queer was historically used in a derogatory manner aimed at LGBT individuals; however, it has been reclaimed as a term of empowerment to include a broad range of sexual and gender minority individuals (Galinsky et al., 2013; Grisham, 2015). Finally, *trans* or *transgender* refers to people whose gender assigned at birth does not match their gender identity. They may self-identify as more masculine or feminine or as nonbinary. The use of these encompassing terms serves to provide a welcoming environment for a broad range of LGBTQ individuals who may use various words to describe their identities. Broad accessibility is further demonstrated in the use of language throughout the course of the book that avoids being overly technical and clearly defines clinical terminology.

Singh defines resilience in terms of how it can be used to cope with LGBTQ-related stigmatization. The ability to reappraise a stressful event has been demonstrated to shape individuals' emotional response to negative experiences, further increasing the likelihood of resilience (Troy & Mauss, 2011). Through a series of "Resilience Practice" activities, this framework empowers the individual in the face of adversity, thus reducing the power of negative situations and placing it into the hands of the individual. The author achieves a healthy balance of realism and optimism by acknowledging discrimination and stigmatization, while

framing such occurrences as opportunities for growth and development. Building resiliency in the face of marginalizing experiences and highlighting positive aspects of LGBTQ identities serve as the dominant framework for the skill-building focus throughout the workbook.

The first chapter ("Getting Real: Defining Your LGBTQ Self in a World That Demands Conformity") focuses on understanding each person's own particular gender identity and sexual orientation, which may or may not match societal labels. According to Singh, understanding of one's identities serves as the core component of resilience for LGBTQ individuals. This core component is further broken down into 10 tangible domains for achieving resilience that are further discussed in subsequent chapters.

Chapter two ("You Are More Than Your Gender and Sexual Orientation") considers identities beyond sexual orientation and gender identity that may be salient to an individual's self-concept. The author acknowledges the intersectionality of various identities and how levels of privilege and oppression related to those identities shape personal experiences. This discussion sets up the third chapter ("Further Identifying Negative Messages") to dissect the various kinds of stigmatizing messages that LGBTQ individuals encounter at different socioecological levels. Experiences of microaggressions and anti-LGBTQ sentiments, as well as coping strategies in dealing with these stigmatizing interactions, are further addressed in this section. Specific techniques such as labeling and externalizing negative messages are cited as ways in which to cope with these experiences.

Chapter four ("Knowing Your Self-Worth") addresses the concept of how individual experiences shape views of self-worth. Skills to build self-esteem are explored using techniques such as assertiveness training, which Singh notes has research support for use with LGBTQ individuals (e.g., Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). Singh uses a three-dimensional approach to growth, introducing domains such as "Your Comfort Zone," "Your Safe Zone," and "Your Danger Zone." These labels acknowledge tangible areas of growth, while also recognizing the need for safety planning in these various levels of self-exploration. This growth mindset is further developed in chapter five ("Standing Up for Yourself") where assertiveness and communication skills are emphasized. Singh introduces

“reframing,” recognizable to clinicians as cognitive restructuring, as a skill to consider the societal impact on negative thoughts while shifting towards reframed thoughts that emphasize resiliency. Their example situation of hearing an anti-LGBTQ epithet and shifting the thought “What did I do wrong?” to “That was a horrible thing this person did, and I did not deserve that treatment” (p. 99) demonstrates the LGBTQ-affirming and resiliency-building application of restructuring.

Chapter six (“Affirming and Enjoying Your Body”) discusses body and sex positivity and how these concepts relate to LGBTQ and other identities. The section concludes with a practical discussion of how to communicate boundaries for sharing an individual’s own body. Relationships and social support are further examined in chapters seven (“Building Relationships and Creating Community”) and eight (“Getting Support and Knowing Your Resources”). Discussions in these chapters surround healthy relationships and boundary setting for different relationships, such as families, professionals, and friends. Resilience building is further emphasized by increasing the knowledge/understanding of what communities and support systems are meaningful and affirming of a person’s identities. Several resources, like LGBTQ support groups and counseling services, are discussed as possible outlets to receive such support, with the caveat that some locales will have limited resources. Individuals are encouraged to tap into those resources that are available in the area as a way to build support and individual resilience.

The final chapters build on future goals and growth. Chapter nine (“Getting Inspired”) discusses cultivating hope and identifying sources of inspiration to create positive empowerment and future thinking. This theme of empowerment is carried throughout chapter ten (“Making Change and Giving Back”) by channeling positive momentum towards helping others. Advocacy and social justice are cited as ways in which to give back, and understanding the individual’s role in such efforts is highlighted to build community resiliency and to support broader social change. This momentum of self-empowerment is continued through chapter eleven (“Growing and Thriving”) as individuals reflect on their progress throughout the workbook and identify further areas for self-growth, in a nod to relapse prevention.

Through these various resilience skills, the individual learns how experiences shape their perceptions of self and others while understanding that there is control in how to respond to negative or stigmatizing events. Bolstered by some references to research evidence, Singh employs various cognitive-behavioral techniques, including cognitive restructuring and assertiveness training, in order to promote growth and empowerment, while making the skills personal and accessible to a wide variety of individuals.

Furthermore, there is a warmth achieved by Singh in the approach of the workbook through the use of personal disclosure and insight from their own life as a “South Asian, multiracial, Sikh, queer, genderqueer femme” (p. 5), creating a sense of authenticity and meaningfulness for the individual using the book. Beyond their own life, Singh incorporates diverse perspectives and backgrounds through generous use of quotations from LGBTQ individuals, allies, advocates, and important historical figures throughout the text. The author uses the culmination of both personal connections and research findings to highlight the utility of building resilience skills when facing discrimination, which sets the overall tone of the workbook. While this method of personal narrative is less familiar in mainstream evidence-based psychological interventions, it is a technique rooted in feminist methodology and widely used in LGBTQ literature.

The workbook is a valuable self-help resource for sexual and gender minorities. While the workbook may not be a manualized treatment protocol that has been subject to a randomized control trial, it is nonetheless an important evidence-based, person-centered workbook based on Dr. Singh’s 15 years of prior research and clinical experiences that will assist in combating stigma and health disparities encountered by LGBTQ individuals. It is a valuable source for mental health providers to use in conjunction with other therapeutic interventions by adding a resiliency focus to the treatment plan. Due to the digestible nature of the content areas of the workbook, it would also serve as a starting point for providers who are less experienced in working with LGBTQ individuals. This workbook is an especially valuable resource for LGBTQ individuals living in areas with a shortage of affirming providers and support systems.

In summary, Dr. Singh has helped bridge the gap between the theories of minority stress and resilience and the need

to empower LGBTQ individuals to thrive in the face of marginalization, while we work for societal change to recognize the inherent worth and dignity of all people. This workbook, in combination with Dr. Singh’s other related work, serves as a critical framework for further research and practice to continue to build on resiliency-based approaches for LGBTQ individuals and to further combat broader societal stigma.

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Positive Psychology at the Movies: Using Films to Build Character Strengths and Well-Being

(Niemiec & Wedding, 2014; 2nd ed.)

Reviewed by Dev Crasta, *University of Rochester*

RYAN M. NIEMIEC AND DANNY WEDDING'S (2014) *Positive Psychology at the Movies 2* is an ambitious tome serving many functions for many readers. For the academic, it provides a comprehensive review of two major organizing frameworks in positive psychology and illustrates them through a list of nearly 1,500 films. For clinicians, the book serves a cinematherapy resource manual, complete with programmatic viewing lists and exercises to encourage client growth. Finally, the book aims to be a self-help text for film lovers hoping to improve their lives. The introduction establishes these key goals while also demonstrating the authors' systematic approach to each of these elements, including clear theoretical grounding for the constructs they selected, thoughtful criteria used for selecting films, and a research basis for the design of its cinematherapy tools.

The majority of the book is framed around the Values in Action (VIA) character strengths model (Peterson & Seligman, 2004), which organizes specific "character strengths" (e.g., fairness, honesty) around one of six superordinate virtues: courage, humanity, justice, temperance, wisdom/knowledge, and transcendence. New to the second edition are brief supplemental chapters examining Seligman's (2011) PERMA model of the five facets of well-being: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment. Each model functions as a comprehensive overview of what most cultures believe it is to be a good person (VIA) and to live a good life (PERMA).

The centerpiece of the book is its movie-focused chapters. Each chapter is structured around a smaller set of character strengths following a uniform format. A section begins with a theoretical description and a brief literature review of a given strength. These opening sections are thorough yet readable at an undergraduate level. The remainder of each section describes films that illustrate that strength.

These discussions weave together 20 to 50 films in a way that encourages exploration of the construct's many components. The authors even devote subsections to international films and films depicting unhealthy aspects of a trait. These efforts help bring readers' understanding beyond the monocultural and superficially positive presentations that can be found in pop-psychology discussions of the same topics.

While it can most naturally be used by academics and clinicians, the book also markets itself as a self-help resource that therapists could potentially directly prescribe to their clients. This builds on Niemiec's (2012) prior work on how moral characters and actions onscreen can engender "cinematic elevation"—inspiration to do good—and "cinematic admiration"—motivation to improve oneself. The authors provide fodder for such elevation in the book itself by going beyond plot summaries to include choice quotations, key scenes, and stylistic elements. The book further aims to cultivate "strengths-spotting," the ability to identify character strengths at play on film and in one's own life. The authors model this practice by presenting in-depth analyses into a series of exemplar films.

While an impressive addition to an already extensive book, the authors' attempt to exhaustively serve three different audiences (teachers, clinicians, and general readers) creates overwhelmingly definitive interpretations of a film that might constrain possible interpretations and undercut the experience of elevation that comes from a naïve viewing of a film. Thus, therapists might not wish to recommend this book to clients directly and instead use a more classic cinematherapy approach: help viewers clarify and deepen their own reactions through reflective questions (Sharp, Smith, & Cole, 2002). The book offers ample support for such professionals including discussion questions and "Practical Applications" sidebars.

Taken together, *Positive Psychology at the Movies 2* serves multiple roles. Its comprehensive approach and clear examples are best suited to educators attempting to find illustrations for positive psychology courses. The book's aim to improve lives through cinematherapy is an important one in the age of streaming services, where viewers' ability to access films in an instant presents a major untapped resource for our field. While the book might not be suitable to directly recommend to clients, it can be a tremendous resource for clinicians hoping to inspire growth through viewing and conversation.

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In Memoriam: Walter Mischel (1930–2018)

Gerald C. Davison, *University of Southern California*

WALTER MISCHEL, Ph.D. (1930–2018), was highly regarded and one of our most frequently cited psychologists. Born on February 22, 1930, in Vienna, Austria, his family consisted of his father, mother, and older brother Theodore, who went on to become a noted philosopher. Mischel's father was a businessman, his mother a housewife. In March 1938, just prior to the beginning of World War II, Vienna was occupied by the Nazis and life became increasingly unbearable for Jews. Mischel's family was able to destroy evidence of their Jewish ancestry and escape the Nazis to the United States in 1940. The family settled in Brooklyn, New York, where they opened a convenience store. While helping with the family business and holding other part-time jobs, Mischel exhibited his intellectual gifts and industriousness early by becoming valedictorian of his high school class. With a scholarship to New York University, he earned his bachelor's degree in psychology in 1951. Mischel then earned a master's degree in clinical psychology from City College of New York in 1953 and a Ph.D. in clinical psychology from the Ohio State University in 1956, his principal advisors and intellectual mentors being George Kelly and Julian Rotter,

Following his doctoral degree, Mischel accepted his first faculty position as an assistant professor at the University of Colorado (1956–1958). This was followed by a position in Harvard University's Department of Social Relations as an assistant professor (1958–1962). Mischel then joined the psychology faculty at Stanford University, first as an associate professor (1962–1966) and then as professor of psychology (1966–1983). He also served as head of the Department of Psychology at Stanford for two terms (1977–1978; 1982–1983). In 1983, Mischel returned to his beloved city of New York when he accepted a position in Columbia University's Department of Psychology, where he served as Chair from 1988–1991. From 1994 to his death in 2018 from pancreatic cancer, he was the Niven Professor of Humane Letters.

Mischel authored and co-authored more than 200 publications. He earned

numerous honors throughout his illustrious career, including membership in the American Academy of Arts and Sciences (1991) and the National Academy of Sciences (2004). He also served as president of the Association for Research in Personality (2002–2003), president of the Association for Psychological Science (2008–2009), and editor-in-chief of *Psychological Review* (2000–2003). Additional awards included the Distinguished Scientist Award from the American Psychological Association's Division of Clinical Psychology (1978); the APA Distinguished Scientific Contribution Award (1982); the Distinguished Scientist Award, Society of Experimental Social Psychologists (2000); the Jack Block Award for Distinguished Contributions to Personality Psychology, Society for Personality and Social Psychology (2005); a Method to Extend Research in Time (MERIT) Award, National Institute of Mental Health (awarded twice consecutively 1989–2009); and the University of Louisville's Grawmeyer Award in Psychology (2011). Not too shabby for an immigrant with a background marked by extreme turmoil and personal danger.

Research on Delayed Gratification and the Stanford Marshmallow Experiments

In the process of conducting research in the 1950s on psychological aspects of spirit possession and the use of projective measures in Trinidad, British West Indies, Mischel noticed some interesting differences between the two main ethnic groups, those of African descent and those of East Indian descent. He made the anthropological—read also “clinical”—observation that the two groups held rigid stereotypes about each other's personalities. The people of East Indian descent viewed those of African descent as self-indulgent and impulsive. The individuals of African descent viewed the East Indians as exclusively focused on future gains and unable to enjoy the current moment. In thinking about the validity of these stereotypes, Mischel hypothesized that they were related to delayed gratification, the ability to volun-

tarily forgo immediate desired outcomes in favor of deferred outcomes of higher desirability. So he recruited 53 children, aged 7 to 9, from the local elementary school. He asked them to make a simple dichotomous choice between receiving a small package of candy immediately or a much bigger package of candy in 1 week's time. While he didn't find any consistent differences between the children based on their ethnicity, he noted a relationship between two variables (namely, age and the presence of a father figure in the home) and a preference for delayed gratification. This study (Mischel, 1958) sparked his interest in children's ability to wait for more desirable outcomes, leading ultimately to his famous experiments on delayed gratification, which have become known in the popular culture as the Stanford Marshmallow Experiments.

These experiments were first described by Mischel and Ebbesen in a 1970 paper entitled “Attention in Delay of Gratification.” In this study, the researchers used 16 boys and 16 girls (aged 3 years and 6 months to 5 years 8 months) attending Stanford University's Bing Nursery School (hardly a representative sample of very young children, a limitation that he was never unaware of). The original paradigm provided a choice to either wait to obtain a preferred edible reward (i.e., to delay gratification) or to consume a nonpreferred reward whenever they wanted (i.e., immediate gratification). There were four experimental conditions: (a) neither of the rewards visible during the delay; (b) the nonpreferred reward visible during the delay; (c) the preferred reward visible during the delay; and (d) both rewards visible during the delay. The results of this study indicated that children were able to delay gratification for much longer if neither the preferred nor the nonpreferred reward was visible during the delay period. The results of the study and observations of children who employed distraction techniques to delay gratification the longest led Mischel and Ebbesen to conclude that diverting attention away from tempting stimuli inhibits frustration and allows for gratification to be delayed for longer periods of time. Indeed, Mischel's later delayed gratification studies using a slightly modified version of the original paradigm supported his initial findings and also demonstrated that children can learn to delay gratification if they are introduced to external (e.g., playing with toys) and cognitive (e.g., thinking pleasant thoughts) distraction strategies. Subsequent longitudinal

work of Mischel and his colleagues (e.g., Shoda, Mischel, & Peake 1990) revealed the surprising and, to some, astounding finding that the ability to delay gratification in childhood was associated with a variety of other self-control variables later in life such as superior performance on behavioral inhibition tasks in adolescence and adulthood, higher academic achievement (SAT scores), more adaptive social skills, and lower drug use in adulthood. Perhaps the most significant implication of this program of research was that self-control could be viewed as a skill amenable to enhancement rather than some kind of possibly inborn trait that an individual is more or less stuck with. The relationship to cognitive behavior therapy is obvious.

Personality Theory and Assessment

In addition to being widely known for his work on delayed gratification, Mischel made an important and lasting impact in the field of personality theory and assessment, a development that many have regarded as a genuine Kuhnian paradigm shift. At a time when personality psycholo-

gists favored global, consistent, and stable personality traits as explanations for and predictors of behavior, Mischel drew attention to data showing important cross-situational and temporal variability in human behavior which could not be predicted based on global personality traits alone. Specifically, in his seminal 1968 book, *Personality and Assessment*, he argued that the hegemonic conceptualization of personality as a collection of global traits controlling behavior across time and situations underemphasized and sometimes outright overlooked the complexity, subtleties, and above all situational variability of human behavior. Instead, he argued that, far from being consistent and stable, behavior is importantly influenced by the specific psychological characteristics of a given situation. Specifically, Mischel posited that behavior is governed by if-then rules such that certain stable, distinctive behavioral patterns occur in specific contexts. An example of an "if-then" rule is: "If individual A is being teased by peers, he/she is verbally aggressive. If individual A is interacting with a superior, he/she is friendly." Another individual B may display the exact

opposite pattern of behavior. If behavior is aggregated across situations and expressed in terms of a global aggression trait, individuals A and B would present as equally aggressive, thus overlooking important situational factors. Mischel's conceptualization of personality thus had the advantage of being able to account for both consistent patterns in behavior as well as widely variable and even contradictory behaviors within the same individual across situations. This innovative paradigm raised important questions about most personality research as well as the increasingly influential psychiatric nosologies like the various editions of the *Diagnostic and Statistical Manual of Mental Disorders*.

In 1973, Mischel further elaborated his ideas on personality by proposing a model aimed at elucidating the social, cognitive, and motivational processes that affect behavior. Specifically, he argued that the appraisals of a situation as well as a person's cognitive structures (such as beliefs, goals, and self-regulatory capacity) are key to understanding and thus predicting behavior. This dynamic model, later termed the Cognitive-Affective Processing System



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(CAPS), stressed the importance of internal processes that are triggered by different situations and that can produce consistencies in human behavior. In particular, Mischel and Shoda (1995) proposed that the components of the system [Cognitive Affective Units (CAUs)] operate in tandem and are organized hierarchically in a distinctive manner within each individual. Specific psychological features of situations activate specific patterns of CAUs. Since the features of situations vary, so do the activations of CAUs. Consistency in behavior, they proposed, arises from the activation of CAUs in predetermined, stable patterns. From this perspective, personality types exist in terms of shared CAU organization and activation in response to specific characteristics of the situation. In other words, individuals sharing the same personality type have common underlying social cognitive and affective processes (e.g., appraisals of situations, thoughts, feelings, and expectancies), which lead to similar observable behaviors in specific situations. For example, narcissistic individuals may appraise certain social situations at work as an opportunity to demonstrate their superiority, resulting in positive thoughts and feelings about themselves and in behavior aimed at deprecating coworkers of equal or inferior standing. Mischel's theoretical views are thus not antithetical to the existence of traits but rather emphasize the importance of not separating personality from the context within which it is manifested.

Teaching and Mentoring

Those lucky enough to have known Walter Mischel all have vivid and touching recollections—usually humorous and sometimes hilarious. I'm no exception.

During a professional visit to Manhattan around 1989, I was able to have dinner

with Walter. While waiting for him in his comfortable apartment on the Upper West Side, I was admiring the many artworks hanging in his living room. One of them, by Picasso (as I recall), was drawing my attention when Walter entered the room. "That's a really good reproduction, Walter," I commented. "Actually," he said with kindness and modesty, "it's the original."

Walter's brilliance as a thinker and experimentalist was matched by his teaching skills. To say that he was an engaging lecturer is an understatement. But he was also a superb seminar instructor. I have frequently tried to imitate a tactic he used with good-natured grace but not without a serious purpose when he wasn't getting the desired discussion from a small group of graduate students. He would pose a question and, if no one offered a comment, he would walk over to one of the students and stand about two feet from them, just peering down straight-faced but with the usual twinkle in his eye. As the object of this tactic more than once, I can assure you that an attempt at an answer would soon be forthcoming. Then he would usually chuckle, thank the student for volunteering a comment, and move on to the next "victim."

Walter Mischel embodied the ideal of the American research university. His classroom teaching and graduate research supervision were always enlivened by his deep immersion in theoretically driven controlled laboratory research and by his wide-ranging intelligence and life experiences. While leading scientists are seldom recognized for their teaching, Mischel's sheer brilliance and mischievous wit made him an outstanding classroom instructor who has favorably influenced generations of students. Finally, while he is not often regarded as one of the early driving forces

of cognitive behavior therapy like his former Stanford colleague, Albert Bandura, his approach to personality and assessment is integral to the design and evaluation of science-based interventions.

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OBITUARY

In Memoriam: Heidi Susan Resnick (1957–2018)

Dean G. Kilpatrick, Connie L. Best, and Daniel W. Smith,
Medical University of South Carolina

THE COGNITIVE BEHAVIORAL THERAPY and traumatic stress fields recently lost a brilliant scientist, a gifted mentor, a wonderful colleague, and an internationally recognized innovator in the development of clinical services for trauma victims when Dr. Heidi S. Resnick died on September 12, 2018, after a long illness. Heidi made extraordinary contributions to the traumatic stress field throughout her 30-year career and was an outstanding, highly productive researcher and scholar. She was an incredible collaborator, teacher, and mentor whose impact lives on through the work being done throughout the world by her collaborators, students, and mentees. Heidi obtained a B.A. degree in sociology from the University of Wisconsin in 1980, did her clinical psychology internship at the Brentwood VAMC in 1986, and obtained her Ph.D. in clinical psychology from Indiana University in 1987. She joined the Medical University of South Carolina in 1987 as a postdoctoral fellow in traumatic stress research, completed this fellowship in 1989 and was recruited to join the faculty as an Instructor. She was promoted to the rank of Assistant Professor in 1990, to the rank of Associate Professor in 1994, and to the rank of Professor with tenure in 2000. She retired in 2017 due to illness and was awarded the rank of Professor Emerita but continued to work with her colleagues on research papers until shortly before her death.

Heidi always recognized the importance of "giving back" to her profession by taking on often unappreciated but critically important service tasks. She served for many years as Director of Research Training for the Charleston Consortium Clinical Psychology Internship Program and also was a research preceptor/mentor for numerous clinical psychology interns and postdoctoral fellows for more than 25 years. Heidi was a member of the Board of Directors of People Against Rape, South Carolina's first rape crisis center, for more than 20 years. She also was a member of the Board of Directors of the International Society for Traumatic Stress Studies. She served as Associate Editor of the *Journal of Traumatic Stress* for seven years.

Heidi was a brilliant scientist and scholar whose research made important contributions to the traumatic stress field. She was Principal Investigator on several major research grants funded by the Centers for Disease Control and Prevention, the National Institute on Drug Abuse, the National Institute of Mental Health, and the Office for Victims of Crime. She has over 170 peer-reviewed publications and another 40 or so book chapters and other publications. Her publications have been as impactful as they are numerous. Her first authored paper on the prevalence of exposure to potentially traumatic events and posttraumatic stress disorder among U.S. adult women in the United States (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993) has been cited over 2,250 times. Based on Google Scholar data, she has an extremely high h-index of 84, indicating that 84 of her publications have been cited at least 84 times. A recent publication analyzed worldwide violence against women research publications between 1898 and 2012 using the Web of Science database and located 8,448 published articles with 5,219 authors (Munoz-Munoz & Miron-Valdivieso, 2017). Network analyses determined influential authors based on collaborations and co-citations. Heidi ranked second on the list of the most influential violence against women researchers in the world based on the number of collaborations she had with other researchers.

Heidi's research made substantial contributions to science and to improving assessment and mental health treatment of those who have experienced sexual violence, natural disasters, and terrorism. Her contributions fall into four major areas. She did groundbreaking epidemiological research studying patterns of exposure to potentially traumatic events, including sexual violence, and the extent to which such exposure increases risk of PTSD and related disorders among U.S. adolescents and adults. These studies required her to develop behaviorally specific questions to measure exposure to sexual violence that are now viewed as state-of-the-art, and these studies also yielded important data about the extent to which

many sexual violence victims fail to disclose these incidents and have PTSD or related disorders but fail to seek treatment.

She conducted several longitudinal studies examining the trajectories of, and related risk factors for, sexual victimization, PTSD, and substance use disorders among samples of rape victims who just received forensic medical exams, as well as household probability samples of U.S. adult women. Her studies of recent rape victims revealed a unique pattern of lower post-rape cortisol response and higher prevalence of PTSD among women with a prior rape history, suggesting that the stressor of a prior rape dysregulates the cortisol stress response system associated when confronted with the stressor of a new rape experience (Resnick, Yehuda, Pitman, & Foy, 1995) and that this dysregulation increases risk of PTSD and depression (Walsh, et al., 2013).

Heidi's research also addressed the public health and secondary prevention implications of findings that relatively few rape victims received medical care immediately after their assault (Amstadter et al., 2010). These findings generated a series of policy recommendations about how best to offer medical care to rape victims, many of which have been implemented nationally.

Heidi and her colleagues developed, implemented, and evaluated several extremely innovative preventive self-help treatment approaches. She demonstrated that brief, educational videos were effective in reducing subsequent PTSD and substance use primarily among women who were prior victims of rape (Resnick, Acierno, et al., 2007). She also developed and pilot tested the feasibility of a web-based intervention for victims of the 9/11 terrorist attack in New York City designed to reduce risk of PTSD, depression, and drug and alcohol use problems. This research led to a program of ongoing studies addressing PTSD and substance use problems among victims of rape, terrorism, and natural disasters, and it also contributed to work focused on developing and evaluating technology-based early interventions that are effective and that can be delivered to large numbers of people at low cost.

Dr. Resnick's track record as a mentor and teacher was exceptional. She mentored numerous clinical psychology interns, post-doctoral fellows, and junior faculty who have achieved great academic success. Since her death, we have received an outpouring of comments from dozens of people she worked with describing what a brilliant scientist and thinker she was and how influential and helpful she was to them. Everyone

who collaborated with her benefited from her skills, knowledge, intellectual firepower, and collegial spirit. Many examples could be given of the impact that Heidi's mentorship and collaboration had on career trajectories, but we would like to highlight one from Sandro Galea, Dean of the Boston University School of Public Health. Dr. Galea is an extraordinarily productive scientist with more than 750 peer-reviewed publications who became a member of the National Academy of Medicine in 2012 at age 40. When Dr. Galea learned about Heidi's death, he shared this statement with his research team: "*Heidi and I published 18 papers together, the most recent one this year. Importantly for me, Heidi was the hidden architect of my first PTSD studies after 9/11. Dean Kilpatrick asked her to work with me (I was then a doctoral student) to design my first studies. I knew nothing about the field, literally. She never once condescended to me, never once did anything but elevate me, push me forward, and offer advice constructively. She was willing to not hold on too tightly to her own ideas, giving advice, and respecting it when we disagreed. She gave generously of her time, her resources, and, simply put, was the reason why any of the post-9/11 studies happened. I think a lot of Heidi's contribution was that way. In a quiet way she made things happen. I am forever in her debt.*" This perfectly captures Heidi's style and effectiveness as a mentor, colleague, and collaborator. She made good things happen for many people, and many are forever in her debt.

Heidi was a private person who never sought the limelight and was hard to get to know. However, those who knew her well understood what a kind, generous, thoughtful, multitalented, and extremely funny person she was. She was a gifted artist. She had a much better singing voice than her cousin, Bob Dylan. She jokingly gave herself the title of Director of Abstract Thought in a statewide directory of healthcare professionals. Never was a title so apt! Heidi was a wonderful colleague and human being who greatly enriched the academic environment as well as the world at large. She would be surprised and somewhat embarrassed by all the comments we received since her death describing how much she was appreciated and how much she meant to so many people. Her loss is a real blow to her family, to those who knew her, to our field, to science, and to the victims of traumatic events whose lives she was always trying to improve.

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In Memoriam: Jeremy Safran (1952–2018)

Catherine F. Eubanks, *Yeshiva University*

ON MAY 7, 2018, OUR FIELD suffered a tremendous loss when Dr. Jeremy Safran was murdered by a home intruder. Safran was an expansive and creative thinker whose insatiable curiosity and clinical insight led him to make significant contributions to theory and research. As an author and co-author of eight books and over 175 articles and book chapters, Safran expanded and enriched our thinking and research by integrating ideas across various theoretical traditions. Safran is survived by his wife, Dr. Jennifer Hunter, a professor in the Mental Health Counseling program at Brooklyn College, and their daughters, Ayla and Eliana.

The arc of Safran's career—beginning as the director of a cognitive therapy unit and ending as the recipient of multiple awards for his contributions to psychoanalysis—points to the fact that Jeremy Safran was the kind of innovative thinker who could not be fit into one box. Safran's work focused on three main areas (Safran et al., 2010): the role of emotion in the change process, interpersonal processes in cognitive therapy, and most notably, ruptures in the therapeutic alliance. Safran and colleagues' pioneering work on alliance ruptures has led to the American Psychological Association's Task Force on Evidence-Based Relationships and Responsiveness recognizing rupture repair as an empirically supported element of the therapeutic relationship (Norcross & Lambert, 2018).

Safran's work on the role of emotions in the change process began in a collaboration with Leslie Greenberg in the 1980s. Greenberg and Safran (1987) synthesized relevant theory and research on the topic of emotion and advocated for the importance of delineating a variety of different affective change processes in psychotherapy. At a time when much of the CBT field was focused on negative emotions, Safran and Greenberg drew attention to the role of positive emotions by arguing that emotions play an essential role in human functioning, and that psychological problems are often the result of blocking or avoiding potentially adaptive emotional experiences. Greenberg and Safran described

how resistance to emotions could be overcome in therapy to access underlying affective experience. In Safran and Greenberg (1991), they expanded upon the theoretical and therapeutic implications of their understanding of the role of emotions in human functioning by providing detailed descriptions of affective change events in different therapeutic orientations.

At about the same time, Safran also began to explore his interest in interpersonal processes in cognitive therapy in collaboration with Zindel Segal. In *Interpersonal Process in Cognitive Therapy*, Safran and Segal (1990) developed the notion of the interpersonal schema, an internal representation of self-other relationships that initially develops to maintain proximity to attachment figures. Interpersonal schemas guide the processing of interpersonal information and shape the individual's characteristic patterns of interaction with others. Safran and Segal noted that cognitive therapists tended to view relational factors as separate from the active ingredients of therapy—as a prerequisite for change rather than an intrinsic part of change. Safran and Segal argued that relational and technical factors are interdependent; therapeutic interventions can only be understood in the context of the relationship between the therapist and the patient. They also integrated Safran and Greenberg's work on emotion in psychotherapy by emphasizing the importance of accessing the patient's affective experience as a mechanism for change.

Beginning in the late 1980s, in collaboration with Chris Muran, Safran began to conduct research on the role of the therapeutic relationship in the change process. This groundbreaking work helped to usher in a new generation of alliance research that moved beyond establishing the alliance as a predictor of outcome, and toward elucidating the processes involved in identifying and resolving deteriorations, or ruptures, in the patient-therapist relationship (e.g., Safran & Muran, 1996; Safran, Muran, & Samstag, 1994). A recent meta-analysis of the alliance rupture literature found a moderate relation between rupture resolution and positive patient

outcome, which underscores the clinical relevance and importance of this line of research (Eubanks, Muran, & Safran, 2018).

Building on their research on alliance ruptures, Safran and Muran developed a short-term therapy approach called Brief Relational Therapy (BRT; Safran & Muran 2000). BRT is an integrative treatment that synthesizes principles from humanistic and experiential psychotherapy and contemporary theories on cognition and emotion, as well as relational psychoanalysis. Research on BRT has found that it is as effective as cognitive therapy for the treatment of patients with Cluster C and personality disorder not otherwise specified (NOS) diagnoses (Muran, Safran, Samstag, & Winston, 2005), and preliminary evidence suggests that BRT is more effective than cognitive therapy for patients with whom therapists have difficulty establishing therapeutic alliances (Safran, Muran, Samstag, & Winston, 2005).

In recent years, Safran, Muran, and colleagues have focused on the type of supervision used in BRT, referred to as Alliance-Focused Training (AFT; Eubanks-Carter, Muran, & Safran, 2015; Muran, Safran, & Eubanks-Carter, 2010). The goals of AFT are to improve therapists' abilities to recognize and address alliance ruptures by increasing their self-awareness, emotion regulation, and interpersonal sensitivity through the use of videotape analysis of rupture moments, awareness-oriented role-plays, and mindfulness training. The incorporation of mindfulness training into AFT reflects Safran's long-time interest in mindfulness meditation and Buddhist philosophy. Safran wrote eloquently about therapists' need to practice "mindfulness-in-action"—nonjudgmental, nondefensive observation and exploration of what is transpiring in the therapeutic relationship. Safran's integration of Buddhist principles and practices into therapy presaged what has now become known as the "third wave" in CBT. In this, as in many other areas, Safran was ahead of his time.

A recent study (Muran, Safran, Eubanks, & Gorman, 2018) assessed the additive effect of AFT on CBT for personality disorders. The addition of AFT led to improvements in interpersonal process, including decreases in therapist behaviors of blaming the patient and increases in therapists' affirming behaviors such as understanding the patient, providing emotional support, and encouraging patient autonomy. Analyses indicated that several

of the changes in therapist behavior were linked to positive treatment outcome.

Safran began his career as the Director of the Cognitive Therapy Unit at the Clarke Institute in Toronto (1986–1990). He served as associate professor at the Derner Institute of Advanced Psychological Studies at Adelphi University (1990–1993), and then in 1993 he accepted a position at the New School for Social Research, where he was full professor at the time of his death. For many years, Safran was a senior research scientist at the Mount Sinai Beth Israel Medical Center and a member of the teaching faculty of the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis and the Stephen A. Mitchell Center for Relational Studies. Safran served as President of the International Association for Relational Psychoanalysis and Psychotherapy from 2009–2011. He was also co-founder and co-chair of the Sandor Ferenczi Center at the New School for Social Research. His many contributions to the field have been recognized through several awards and honors: the Gradiva Award for Outstanding Contributions to the Field of Psychoanalysis (2013); recognition as a Fellow of APA Division 29 (2015); the Distinguished Research Career Award from the Society for Psychotherapy Research (2016); and the APA Division 39 Distinguished Contributions to Psychoanalytic Research Award (2017).

Safran's approach to therapy and research grew out of who he was—his intense curiosity, his warmth and acceptance, and his desire to build genuine relationships with others. Safran thrived in collaborations with colleagues and students that enabled him to engage with others in generating, challenging, and refining ideas, and his love of collaboration facilitated the dissemination and impact of his ideas. For the therapist who is struggling with a difficult client, Safran's work is a liberating and

powerful gift: the idea that we all experience ruptures in our work with clients, and that if we approach these moments with curiosity, compassion, and courage, these seeming obstacles can become therapeutic opportunities. Jeremy Safran touched many lives, and his ideas will continue to inspire clinicians and researchers for years to come.

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In Memoriam: E. Thomas Dowd (1938–2018)

Kevin D. Arnold, *The Center for Cognitive and Behavioral Therapy, Columbus, OH*

Barry S. Anton, *Rainier Behavioral Health, Tacoma, WA*

KEVIN KNEW EDMUND THOMAS DOWD, or “Tom” as he was known, from the time he conducted Kevin’s ABPP examination in 1996. At the convocation when he received the diploma, he immediately pressed Kevin into service recruiting others to apply for board certification in Behavioral Psychology (as the specialty was known then). Over the years, Tom worked endless hours, and by his example, led others.

Tom was born in Minneapolis, and lived there until he was 31. It was there that he met his wife, Therese, had their two children, and earned his doctoral degree in counseling psychology. He eventually served on the faculty at Kent State University, including as the Director of Counseling Psychology and Director of School and Counseling Psychology. Over the course of his career, he would write more books and articles than most psychologists, while at the same time creating a record of service to the profession that was unrivaled.

In the years Kevin and Barry knew Tom, he served on the boards of the American Board of Behavioral and Cognitive Psychology,* the American Academy of Behavioral Psychology,* the Council of Specialties, the Behavioral and Cognitive Psychology Specialty Council, and APA’s

Division 30* (Psychological Hypnosis). Additionally, he served on numerous professional committees and task forces. Noteworthy was his role on the Inter-Organizational Task Force for ABCT that eventually wrote and published the education and training guidelines for clinical psychology doctoral programs in behavioral and cognitive psychology. If you look around behavioral and cognitive psychology, you’ll find Tom’s fingerprints almost everywhere.

Tom was a Fellow of both ABCT and APA. He received many awards, most impressively the Russell J. Bent Award for Distinguished Service and Contributions to ABPP. Tom also received a coveted APA Presidential Citation for his lifelong contributions to psychology.

Tom had been recently elected President of APA Division 30, for which he served as President Elect when he passed. He told us both that he had plans for moving the Division in a particular direction, but, sadly, those plans won’t see his dynamic energy applied to their completion.

Tom retired from Kent State and transitioned seamlessly to private practice, where he applied his expertise in cognitive-behavioral therapy and hypnosis. He joined

Western Reserve Psychological Associates, developing a reputation as a widely sought-after therapist. After a few years, he and Therese decided to move to the Seattle area to be with their two children. In Seattle, he joined Rainier Behavioral Health. As Barry notes: “At Rainier, he was beloved by the staff for his kindness, his fine sense of humor, his generosity, and his willingness to offer late hours to accommodate working clients. Therapist colleagues sought him out for his sage advice, and he taught our Rainier’s psychiatrists cognitive-behavioral therapy. Tom also mentored our early-career psychologists, encouraging them to apply for ABPP board certification, and offered to pay their application fees. Such was his generous spirit and commitment to the profession. His sudden passing was a shock, and it continues to reverberate throughout our practice and the community he served.

What defined Tom was that he was a dear friend and valued colleague. Never shy to express his own view, he always did so with respect for others’ opinions. He enjoyed debating and compromise, a process that defined friendship with him. At APA’s 2018 convention, the halls sounded more hollow because his footsteps were not heard. His life was a celebration of service, and his death a reminder to give to that which is important, to improve the lives of many.

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*Tom served as president of these organizations in addition to serving as a board member.



Webinar

www.abct.org/Conventions/?m=mConvention&fa=Webinars

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November 21–24, 2019 | Atlanta, GA

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Submissions will be accepted through the online submission portal, which will open after January 1, 2019. Submit a 250-word abstract and a CV for each presenter. For submission requirements and information on the CE session selection process, please visit www.abct.org and click on “Convention and Continuing Education.”

Please submit through the Cadmium portal.

Workshops & Mini Workshops

Workshops cover concerns of the practitioner/ educator/researcher. Workshops are 3 hours long, are generally limited to 60 attendees, and are scheduled for Friday and Saturday. Please limit to no more than 4 presenters. Mini Workshops address direct clinical care or training at a broad introductory level. They are 90 minutes long and are scheduled throughout the convention. Please limit to no more than 4 presenters. When submitting for Workshops or Mini Workshop, please indicate whether you would like to be considered for the other format as well.

For more information or to answer any questions before you submit your abstract, contact **Lauren Weinstock, Workshop Committee Chair, workshops@abct.org**

Institutes

Institutes, designed for clinical practitioners, are 5 hours or 7 hours long, are generally limited to 40 attendees, and are scheduled for Thursday. Please limit to no more than 4 presenters.

For more information or to answer any questions before you submit your abstract, contact **Christina Boisseau, Institute Committee Chair, institutes@abct.org**

Master Clinician Seminars

Master Clinician Seminars are opportunities to hear the most skilled clinicians explain their methods and show taped demonstrations of client sessions. They are 2 hours long, are limited to 40 attendees, and are scheduled Friday through Sunday. Please limit to no more than 2 presenters.

For more information or to answer any questions before you submit your abstract, contact **Courtney Benjamin Wolk, Master Clinician Seminar Committee Chair, masterclinicianseminars@abct.org**

Research and Professional Development

Presentations focus on “how to” develop one’s own career and/or conduct research, rather than on broad-based research issues (e.g., a methodological or design issue, grantsmanship, manuscript review) and/or professional development topics (e.g., evidence-based supervision approaches, establishing a private practice, academic productivity, publishing for the general public). Submissions will be of specific preferred length (60, 90, or 120 minutes) and format (panel discussion or more hands-on participation by the audience). Please limit to no more than 4 presenters, and be sure to indicate preferred presentation length and format.

For more information or to answer any questions before you submit your abstract, contact **Cole Hooley, Research and Professional Development Chair, researchanddevelopmentseminars@abct.org**

Submission deadline: February 1, 2019

ABCT

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general
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With ABCT now in its sixth decade, it is more important than ever to reflect on how well we are achieving our core mission of enhancing health and well-being. What can we do together to extend the reach and social impact of our vast accumulation of scientific knowledge? How can we produce healthy, therapeutic behavior on a grand scale? The purpose of this call is to engage us in ongoing reflection, commitment, and the effortful habit of evaluating our accomplishments in terms of this high-level goal of reducing mental health burden and improving lives; in other words, to measure our work against our mission.

We encourage submissions that investigate novel ways to extend the reach of our current therapeutic processes and products, and especially the scientific knowledge behind them. Thematic examples include:

- Reaching and partnering with new and diverse populations (e.g., global mental health, underutilized behavioral health audiences, underserved communities, intersecting interests among two or more Special Interest Groups);
- Leveraging or developing new workforces or stakeholders (e.g., paraprofessional health workers, instructional models for professional training and development, supervision models for training and/or distributing expertise in health systems, scientific/mental health literacy of the general population);
- Improving knowledge delivery and the efficiency to guide behavioral health decisions (e.g., innovative protocol designs; decision support or feedback systems to inform treatment or implementation; models to better connect theory or emergent scientific findings to impending therapeutic action, personalized treatments, translation across problem or practice ontologies, such as DSM and RDoC; use of research evidence);
- Interacting with industry (e.g., the role of emerging technology; the relationship between science and entrepreneurship, between human helpers and machines; models for scaling our most effective solutions);
- Striving to solve problems that are meaningful to stakeholders (e.g., clients, therapists, mental health system administrators); dissecting our failures or the unintended consequences of our prior successes; developing extensible resources today that anticipate the world of tomorrow.

Submissions may be in the form of Symposia, Clinical Round Tables, Panel Discussions, and Posters. Submissions that are judged to be especially thematic will be recognized in the online program for the 2019 Convention.

Information about the Convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2019.

Deadline for Submissions: 11:59 PM ET, Friday, March 15, 2019



Call for Award Nominations

to be presented at the 53rd Annual Convention in Atlanta, GA

The ABCT Awards and Recognition Committee, chaired by Cassidy Gutner, Ph.D., of Boston University School of Medicine, is pleased to announce the 2019 awards program. Nominations are requested in all categories listed below. Given the number of submissions received for these awards, the committee is unable to consider additional letters of support or supplemental materials beyond those specified in the instructions below. Please note that award nominations may not be submitted by current members of the ABCT Board of Directors.

Career/Lifetime Achievement

Eligible candidates for this award should be members of ABCT in good standing who have made significant contributions over a number of years to cognitive and/or behavior therapy. Recent recipients of this award include Thomas H. Ollendick, Lauren B. Alloy, Lyn Abramson, David M. Clark, Marsha Linehan, Dianne L. Chambless, Linda Carter Sobell, and Mark B. Sobell. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2019ABCTAwards@abct.org. Include "Career/Lifetime Achievement" in the subject line.

Nomination deadline: March 1, 2019

Outstanding Training Program

This award will be given to a training program that has made a significant contribution to training behavior therapists and/or promoting behavior therapy. Training programs can include graduate (doctoral or master's), predoctoral internship, postdoctoral programs, institutes, or continuing education initiatives. Recent recipients of this award include the Doctoral Program in Clinical Psychology at SUNY Albany, Massachusetts General Hospital/Harvard Medical School Predoctoral Internship in Clinical Psychology, the University of Nebraska-Lincoln Clinical Psychology Training Program, the Charleston Consortium Psychology Internship Training Program, and the Clinical Science Ph.D. Program at Virginia Polytechnic Institute & State University. Please complete the on-line nomination form at www.abct.org/awards. Then e-mail the completed form and associated materials as one pdf document to 2019ABCTAwards@abct.org. Include "Outstanding Training Program" in your subject heading. **Nomination deadline:** March 1, 2019

Distinguished Friend to Behavior Therapy

Eligible candidates for this award should NOT be members of ABCT, but are individuals who have promoted the mission of cognitive and/or behavioral work outside of our organization. Applications should include a letter of nomination, three letters of support, and a curriculum vitae of the nominee. Recent recipients of this award include Mark S. Bauer, Vikram Patel, Benedict Carey, Patrick J. Kennedy, and Joel Sherrill. Applications should include a nomination form (available at www.abct.org/awards), three letters of support, and the nominee's curriculum vitae. Please e-mail the nomination materials as one pdf document to 2019ABCTAwards@abct.org. Include "Distinguished Friend to BT" in the subject line.

Nomination deadline: March 1, 2019

Outstanding Clinician

Awarded to members of ABCT in good standing who have provided significant contributions to clinical work in cognitive and/or behavioral modalities. Past recipients of this award include Albert Ellis, Marsha Linehan, Marvin Goldfried, Frank Datillio, Jacqueline Persons, Judith Beck, and Anne Marie Albano. Please complete the nomination form found online at www.abct.org. Then e-mail the completed form and associated materials as one pdf document to 2019ABCTAwards@abct.org. Include "Outstanding Clinician" in the subject line.

Nomination deadline: March 1, 2019

Anne Marie Albano Early Career Award for Excellence in the Integration of Science and Practice

Dr. Anne Marie Albano is recognized as an outstanding clinician, scientist, and teacher dedicated to ABCT's mission. She is known for her contagious enthusiasm for the advancement of cognitive and behavioral science and practice. The purpose of this award is to recognize early career professionals who share Dr. Albano's core commitments. This award includes a cash prize of \$1,000 to support travel to the ABCT Annual Convention and to sponsor participation in a clinical treatment workshop. Eligibility requirements are as follows: (1) Candidates must be active members of ABCT, (2) New/Early Career Professionals within the first 5 years of receiving his or her doctoral degree (PhD, PsyD, EdD). Preference will be given to applicants with a demonstrated interest in and commitment to child and adolescent mental health care. Applicants should submit: nominating cover letter, CV, personal statement up to three pages (statements exceeding 3 pages will not be reviewed), and 2 to 3 supporting letters. Application materials should be emailed as one pdf document to 2019ABCTAwards@abct.org. Include candidate's last name and "Albano Award" in the subject line.

Nomination deadline: March 1, 2019

Student Dissertation Awards

- Virginia A. Roswell Student Dissertation Award (\$1,000)
- Leonard Krasner Student Dissertation Award (\$1,000)
- John R. Z. Abela Student Dissertation Award (\$500)

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2018. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the nomination materials (including letter of recommendation) as one pdf document to 2019ABCTAwards@abct.org. Include candidate's last name and "Student Dissertation Award" in the subject line. **Nomination deadline:** March 1, 2019

President's New Researcher Award

ABCT's 2018-19 President, Bruce Chorpita Ph.D., invites submissions for the 41st Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of \$500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent work published in high-impact journals; and promise of developing theoretical or practical applications that represent clear advances to the field.

Requirements: must have had terminal degree (Ph.D., M.D., etc) for at least 1 year but no longer than 6 years; must submit an article for which they are the first author; 3 letters of recommendation must be included; self-nominations are accepted; the author's CV, letters of support, and paper must be submitted in electronic form. E-mail the nomination materials (including letter of recommendation) as one pdf document to PNRAward@abct.org. Include candidate's last name and "President's New Researcher" in the subject line. **Nomination deadline:** March 1, 2019

Nominations for the following award are solicited from members of the ABCT governance:

Outstanding Service to ABCT

Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the completed form and associated materials as one pdf document to 2019ABCTAwards@abct.org. Include "Outstanding Service" in the subject line.

Nomination deadline: March 1, 2019

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NOMINATE Candidates for ABCT Office

Nomination acknowledges an individual's leadership abilities and dedication to behavior therapy and/or cognitive therapy, empirically supported science, and to ABCT. When completing the nomination form, please take into consideration that these individuals will be entrusted to represent the interests of ABCT members in important policy decisions in the coming years.

Only full and new member professionals can nominate candidates. Contact the Leadership and Elections Chair for more information about serving ABCT or to get more information on the positions. Candidates for the position of President-Elect shall ensure that during his/her term as President-Elect and President of the ABCT, the officer shall not serve as President of a competing or complementary professional organization during these terms of office; and the candidate can ensure that their work on other professional boards will not interfere with their responsibilities to ABCT during the presidential cycle. Please complete and sign this nomination form. **Only those nomination forms bearing a postmark on or before February 1, 2019, will be counted.**

Send your form to David Pantalone, Ph.D., Leadership & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001 by **February 1, 2019**. Or email the form to membership@abct.org (Subject line: NOMINATIONS)