Supporting Professionals, Educating Consumers, and Connecting Individuals with Truly Effective Care
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Dear Colleagues:

On behalf of the Academy of Cognitive Therapy (ACT), I want to thank you for your continued support of and involvement with ACT. Collectively, ACT’s members make the Academy a strong, diverse organization, which is capable of effective delivery and dissemination of cognitive therapy to the growing number of individuals who seek evidence-based treatments and professionals working to deliver the highest quality care.

I am proud to report that ACT continues to grow, both in terms of membership and influence in the field of cognitive therapy. Last year, ACT began its collaboration with the Los Angeles County Department of Mental Health to train its many mental health clinicians in cognitive behavioral therapy. So far, ACT has trained over 300 clinicians in a rigorous 16-week protocol. In total, some 2,000 clinicians in community mental health will undertake training in CBT and achieve a level of proficiency in the delivery of cognitive therapy. Although CBT has long been available in university settings and private practice, it has not been as thoroughly disseminated in community mental health settings. The Los Angeles County represents an important example of how innovative partnerships can ensure that even the most underserved populations receive the benefit of state-of-the-art psychotherapeutic treatment. This project has done much to enhance the brand recognition of the Academy and has helped establish its certification as the gold standard in cognitive behavioral therapy. In April of 2016, ACT will showcase its achievements with respect to CBT training and certification to all California public mental health departments. Our goal: replicate the work we are doing in Los Angeles throughout California and across the nation.

ACT continues to grow and consistently have more Diplomates year over year. As I write this letter in October of 2015, ACT has certified a 100 new Diplomates. ACT has also receive a record number of applications for membership, nearly double the previous record! What’s more ACT received its first applications for Diplomates status from Bahrain and Indonesia as well as its second applications from India and Iran. In addition to the growth in the number of Diplomates, the Academy has also grown in our granting of the Certified Trainer Consultant designation and in our general membership. We have established a large tent geographically, by type of license, and by type of affiliation with the Academy.

This year, ACT continues the tradition of honoring leaders in the field, and will present the 2015 Aaron T. Beck Award to Stefan Hofmann, Ph.D. for his significant and enduring contributions to cognitive behavioral therapy.

I know how important and meaningful an affiliation with the Academy is for most members. Many consider the Academy their “professional home.” I hope that you will consider maintaining your certification and renewing your membership at this time. This renewal will keep your certification in good standing, allow you to continue to receive benefits that help you strengthen your capacity as a therapist, keep you abreast of emerging research and news in the field, keep you connected to ACT’s listserv and build your practice through referrals. Your continued membership will help ACT maintain standards of excellence for cognitive therapists and ensure that consumers in every community have access to high quality, effective mental health treatment. You may renew your membership by completing and returning the attached forms to the ACT office. You may also renew securely online by visiting https://members.academyofct.org/members.

Please accept my thanks if you have already renewed your membership through 2016. Please know that you can contact me via the office at info@academyofct.org or directly at jpw@mainlinefamily.com. I am always ready to listen.

Sincerely yours,

John Williams
Stefan G. Hofmann, PhD is a professor in the clinical program, where he directs the Social Anxiety Program at the Center for Anxiety and Related Disorders. His main research questions include the following:

- Why are psychological treatments, such as cognitive-behavioral therapy, effective for anxiety disorders? What is the mechanism of treatment change, and what are the active ingredients? How can these treatments be improved further?
- How can we translate knowledge from basic neuroscience into clinical techniques to enhance therapies for anxiety disorders?
- What are the culture-specific expressions of mental disorders, and how can psychological treatments be made more culturally sensitive in order to enhance their efficacy, dissemination, and acceptability?
- What are the effects of emotion regulation strategies on anxiety and subjective well-being?
- What is the psychopathology of Social Anxiety Disorder? Are there any meaningful subgroups?

His research focuses on the mechanism of treatment change, translating discoveries from neuroscience into clinical applications, emotions, and cultural expressions of psychopathology. He is president of the Association for Behavioral and Cognitive Therapies, and the International Association for Cognitive Psychotherapy. He is also editor in chief of Cognitive Therapy and Research and is Associate Editor of Journal of Consulting and Clinical Psychology. Of his most recent books includes An Introduction to Modern CBT.
My name is Dr. Maria Alice Fontes. I am the Director of Clínica Plenamente, a multi-disciplined mental health practice in São Paulo, Brazil www.plenamente.com.br. We are a team of 10 professionals attending patients of all ages. We offer neuropsychological evaluations, psychological diagnosis, and treatments in the area of mental health, cognitive behavioral psychotherapy, psychiatric care, and associated services for learning disorders and development.

My career started in 1991 when I graduated from the Catholic University of São Paulo (PUC). My training emphasized clinical psychology with a psychodynamic approach. From the beginning, I was interested in the writings of Freud, and concentrated my approach on the diagnosis of my patient’s subjective structures. I also followed the teachings of Lacan and my practice included the analysis of the speech, Freudian slips, and unconscious formations.

From 1991 to 1996, I specialized in Health Psychology at the Heart Institute (INCOR) of the University of São Paulo (FMUSP). We attended Intensive Care Unit (ICU) patients as well as their families. In 1997, I was hired as the first psychologist for ICU patients at the Albert Einstein Israeli Hospital in São Paulo. This experience motivated me to pursue my Master’s Degree at the Federal University of São Paulo (UNIFESP), where I studied stressors in the ICU and their impact on patients, families, and medical staff. I authored two papers on the matter: “Stressors in ICU: patient evaluation”, Intensive Care Med, Dec 23, 1997; 1282-5, and “Stressors in ICU: perception of the patient, relatives, and health care team”, Intensive Care Med, Dec 25, 1999; 1421-6.

In 2000, while still working at Einstein, I coordinated the creation of a website focusing on drug and alcohol abuse (http://apps.einstein.br/alcooledrogas/novosite/index.htm). This training also sparked my initial interest in neuropsychology, and I began specialization in this subject.

In 2001, as demand from my private practice expanded, I left the hospital to dedicate myself full time to clinical psychology. I began to believe that psychodynamic therapy no longer attended the demand for faster and more accurate diagnoses, effective treatments, and measurable results. As my practice grew, I became increasingly intrigued by neuropsychology, the effects of drugs and psychiatric diseases on the brain, neuropsychological evaluations, and the possibilities of intervention with cognitive rehabilitation.

In 2005, oriented by a group of renowned Brazilian neuroscientists, I entered doctorate studies at UNIFESP, researching the effects of cannabis on the neuropsychological functioning of the brain. My thesis was entitled “Cognitive Impairments due to Chronic Cannabis Use”. My team managed to publish four scientific papers, including one in the British Journal of Psychiatry. This specific paper showed how early onset of heavy cannabis use had an impact on executive functioning later in life. “Cannabis use before age 15 and subsequent executive functioning”. Br J Psychiatry. 2011 Jun; 198 (6): 442-7. We received a nomination for a national health award for this work.

In 2007, I began to investigate Cognitive Behavioral Therapy (CBT) as an efficient, practicable, and evidenced-based method to treat psychological disorders. The benefits were obvious, with higher rates of success, shorter treatment times, and higher levels of patient satisfaction.

In 2013, I decided to take my CBT training to the next level, enrolling for the first time in the Beck Institute for Cognitive Behavioral Therapy. They continue to be a source of advanced learning, and I have consulted Dr. Beck’s team repeatedly in the resolution of difficult cases. I attend the Beck Institute annually to expand my technical expertise. The more practicable and direct approach of CBT continues to produce quicker and more lasting results as well as higher levels of satisfaction for my patients and my own team of professionals.

In my effort to pursue continuing education in CBT for myself and team, I strived to become certified by the Academy of Cognitive Therapy. I thoroughly enjoyed the certification process and grew significantly through the process. Once certified, I began to benefit from one of the largest aid networks in the field. It is quite a powerful sensation to know that this extensive network of professionals worldwide is at my immediate disposal, not to mention the prestige and respect that my practice has gained from my certification.

I would like to thank the Academy of Cognitive Therapy for its excellent, ongoing support of mental health professionals worldwide, and I highly recommend certification to all my colleagues.
I have started my clinical practice as an occupational therapist in mental health service in Hong Kong, a metropolitan in Asia since 1990. I have worked basically in two major mental hospitals with a wide spectrum of services, from adult to elderly and from in-patients to ambulatory care in the community. Since 1994, I have been working in Kwai Chung Hospital, until now. Throughout the years, I got my Advanced Diploma in Administrative Management in 1997 and Post-graduate Diploma in Epidemiology and Biostatistics in 2001. I was conferred with my Master Degree in Science (Vocational Rehabilitation) in 2003.

In my clinical practice for over 25 years, I came across people with psychiatric disabilities with diversified clinical diagnoses. We, focusing on the core areas of concern as occupational therapists, often applied all different kinds of psychological intervention and therapeutic techniques, like CBT, MI, solution-focused brief therapy and etc. No matter what diagnosis people are labelled, I often tried to seek an effective way to help them walk through their recovery journey. I found CBT was one of those psychological interventions coming with concrete and sound evidence to prove its effectiveness. From my personal experience, it's widely applied to people with mood problems, personality problems, anxiety, and so on. I witnessed the impact of CBT on guiding their changes in their problems. It was amazing to see how they responded to the cognitive behavioral techniques.

Like most people working in the mental health service around us, many clinicians claim they apply and practice cognitive therapy. Once upon a time, I read something from the website of Academy of Cognitive Therapy as follows, “……Some therapists may identify themselves as cognitive therapists even if they have not received thorough training in cognitive therapy, or even if they only use selected elements of cognitive therapy in their practices without actually “practicing” cognitive therapy…….” In the past, I worked with my altruistic attitude. My intention was to help people going through crisis once in their life but not to seek academic qualification or certification. Yet, as I worked with more and more clients, I think I should work systematically and receive proper training in Cognitive Therapy. I started to learn CBT more than a decade ago. Being enriched with clinical experience, this year, I eventually sought the process of certification and got certified as a Diplomat in Cognitive Therapy by the Academy of Cognitive Therapy which is the only certifying organization specifically for cognitive therapists that actually evaluates applicants’ knowledge and ability before granting certification.

Learning process never ends. As a Certified Diplomat, I’ll work hard and take every opportunity to learn in the application process of Cognitive Therapy. With a background of training on evidence-based practice, I would like to learn further through research and clinical practice in systematic ways.
Maren Westphal, PhD

My motivation to pursue a career in psychology stems from a life event. Growing up in Germany, I participated in language exchange programs with my research interests as well as personal preference for a collaborative, goal-oriented and structured approach in psychotherapy, I decided to specialize in CBT. My initial experience included supervision by Dr. Bruce Hubbard, Director of the Cognitive Health Group in New York during my student clinical practica at Teachers College, and co-leading a manualized CBT group for depression as part of an externship in the Bilingual Treatment Program at Bellevue Hospital. I subsequently completed an internship at St Luke’s Roosevelt Hospital where I conducted individual and group CBT and dialectical behavior therapy. During a postdoctoral fellowship at Mount Sinai Hospital, I provided CBT in the Mood and Anxiety Disorders research program and conducted the exposure therapy component of a clinical trial testing a psychopharmacological treatment of PTSD. I continued working with PTSD patients during my clinical and research activities at New York State Psychiatric Institute (NYSPI), taught CBT labs at Yeshiva University, and provided CBT supervision at NYSPI, Yeshiva University and Columbia University.

I currently work as an assistant professor at Pace University in the Department of Psychology (Pleasantville campus) where I continue to pursue my research program in emotion regulation and resilience to adversity. My most recent work has examined the role of mindfulness as a buffer against stress in health care professionals. I also serve as a voluntary faculty in the Department of Psychiatry at Columbia University and see patients at the American Institute of Cognitive Therapy (AICT) in New York. My clinical work and interactions with distinguished CBT clinicians at AICT (including ACT diplomates and fellows) allow me to keep honing my skills as a CBT therapist and have been integral to my teaching at Pace University. Specifically, I have developed a new course on evidence-based practice for the PhD in Mental Health Counseling and a CBT course for the MS in Counseling. Many of my students work in community settings serving ethnically diverse patients with severe psychological disorders and comorbid substance use disorders and/or chronic health problems. Knowing that what students learn in my classes has the potential to make a difference impels my efforts to provide them with a solid introduction to empirically supported treatments.

I find the information and materials available through the ACT website tremendously helpful in this endeavor and have incorporated several into my courses. For example, a core assignment in my CBT classes is writing a history, case formulation, and treatment plan based on the format required for the ACT credentialing process. I also distribute the CTRS in class and have students identify areas for current improvement and future training. In short, I am delighted to be a Diplomat and certified member of the Academy of Cognitive Therapy. I greatly value the platform for communication with experienced clinicians and researchers across the world that ACT provides as well as its unifying function in promoting training and upholding standards in CBT across different professional groups. My goal as a diplomate of the American Academy of Cognitive Therapy is to recruit new ACT members from the increasing population of licensed mental health counselors.
New Diplomates

Working as a Social Worker in the fast-paced environment of an exurban public high school demands the ability to respond to a huge variety of situations. While this makes for an exciting place to work, you sacrifice experiential depth for breadth, becoming a 'jack of all trades and a master of none.' Such had been the case with me before I began to explore CBT and discover its power to deliver deep and lasting psychological benefits.

During my time in social work school in the early 2000's, there simply was no discrete training in CBT. The best my program had to offer was an overview of several therapeutic techniques. I left feeling unprepared and unsure, and it was difficult to reconcile this feeling with my professional identity. I developed a passion for working with young people in school systems, especially students with challenging behaviors that were often underserved and over-disciplined by their schools. It is a role I am proud to have maintained throughout my career thus far. As one of the few staff members with a mental health background, I became the 'go-to' person for consultation and intervention for a community of over 2000 students, faculty and families.

Schools are complicated systems to work within. There are a multitude of disciplines and specialties overseen by a group of hardworking professional educator-leaders who don't necessarily know the intricacies of how a social worker (or any other specialist) does their job. Consequently, there is a general lack of supervision, oversight and professional development for School Social Workers.

During my pursuit of relevant professional learning opportunities, I attended Carol Singer's workshop, CBT for children and adolescents, in 2012. Finally, I had discovered a pathway to uncovering why and how my student's emotional health was the way it was, and a clear methodology towards understanding the specific cognitive, emotional and behavioral processes at work within them. I began to tentatively try out some of the techniques. Early results were good. I became encouraged and motivated to learn more. I pursued additional workshops, and completed the CBT certification course taught by Dan Beck at Boston University. Two years later I was transformed as a clinician. I finally had the tools I had been searching for my entire career: a theoretical underpinning to understanding human psychological distress, and powerful tools and strategies to alleviate that distress.

Once learned, I began to see how CBT is applicable to all members of even a very complicated system such as a school. Parents, Educators and Students each carry within them their own schemas, distortions and rigid patterns of thinking that are amenable to CBT treatment. Over the past few years I have been able to interject CBT theory into parent talks, classroom demonstrations and faculty collaboration projects in a way that helps illuminate destructive thought patterns and enlighten individuals and groups. I see this development of meta-awareness, leading to the ability to engage in reflection and craft a considered response to problems, as a core ingredient of school reform.

In the fall of 2014 an opportunity arose to develop and teach a CBT fundamentals course for Simmons College's online School of Social Work. There is nothing like having to teach a subject that commands you to learn it deeply and with fidelity. We launched CBT fundamentals in May of 2015, reaching MSW students across the country as they pursue an education grounded in evidence-based practice.

I am now teaching CBT to emerging social workers, and I can see that my efforts have come full circle. Each student that learns CBT ends their clinical training better equipped and prepared to serve others well. Moreover, my students are telling their own supervisors and colleagues about what they are learning, piquing their interest and at least in one case leading to an agency-wide professional development seminar on CBT.

I am grateful to Dan Beck and Carol Singer for their instruction and inspiration in learning and practicing CBT technique. Through Dan's encouragement in particular, I made the choice to apply for acceptance into the Academy of Cognitive Therapy. It is, at the same time, a capstone on my last several years of effort, a mandate to practice at the highest level, and an emblem of competence and professional integrity. I am proud to be a member of the Academy and to be considered part of this community of skilled clinicians.
My interest in psychology stemmed from my love for the veteran population, and my desire to give back to a community who has given so much themselves. This drive spurred my application to graduate school, where I was fortunate to receive an excellent education from the California School of Professional Psychology in San Francisco. I sought training experiences and other opportunities which would allow me access to the veteran population, which therein gave me a great deal of exposure to Cognitive Behavioral Therapy (CBT) and the importance of evidence-based practice. I recognized very quickly that CBT was the orientation that most resonated with me. Not only was it research-based and practical, but it fit well with the way I personally thought about things. With each training experience, including my time in the PTSD clinic at the San Francisco VA and in my APA-accredited internship at Pacific Clinics, I refined my CBT skills and interest. However, my greatest training and development in CBT came through my postdoctoral training and beyond. I was happily offered an opportunity to work as a psychological assistant in a thriving CBT practice under Dr. Kathryn Manetta (also a recent ACT Diplomate). I was able to hone my CBT skills and engage in practical applications of CBT with my patients in her practice. I could not get enough of CBT, and remember reading just about every book recommended to me in order to better serve my patients. Dr. Manetta soon connected me to Dr. Erik Abell, also ACT-certified, who trained me via supervision, audio trainings from Dr. Christine Padesky, and copious readings.

Throughout my training, I was a student member of ACT, and I knew that upon licensure, becoming certified was a major goal of mine. Seeing the thought-provoking discussions on the listserv, ripe with quality providers and reliable information, made me eager to become a part of this community. I worked hard to ensure my work was of the quality that would meet ACT standards. Becoming certified by the Academy is easily one of the primary highlights of my professional career thus far. I feel so fortunate to have trained amongst clinicians who I would confidently say are some of the best CBT practitioners in Orange County. Not only do we engage in weekly case consultation, but on at least a monthly basis, if not more often, experts in the area are brought into the practices. This allows us to continue to train and hone our CBT skills. I am grateful to have participated in intimate training settings with Dr. Christine Padesky for case consultation, Dr. Jon Grayson for OCD, and Dr. Paul DePompo for PCIT, to name a few.

Taking from the strong practices of my colleagues in my professional circles, I branched out into my own private practice almost immediately upon being licensed in February 2014. While I remain connected to the two practices which gave me my start, I have built a successful CBT private practice of my own. I am currently training my own psychological assistant to excel in CBT and promote this modality throughout our region. I also provide evaluations for a VA-contracted organization, keeping me connected to my original passion for this field. However, it is clear to me that my true passion has evolved from a population-specific goal to providing quality CBT services to a wide range of patient populations and diagnoses. I also find it extremely important to spread the knowledge of CBT in the community, both within psychology and to allied professions. As such, I regularly participate in speaking engagements where I teach others about CBT and its applications to various populations. I enjoy speaking with physicians to provide education about the ways in which CBT may assist their patients with a wide variety of problems. I have also become actively involved in my local psychological association, the Orange County Psychological Association (OCPA). Effective January 2016, I will fulfill the position of President of OCPA, which is another major highlight of my professional development and career thus far. I am eager to provide leadership and bring a CBT perspective to the organization.

I am proud to call myself a CBT specialist, which I feel confident in doing upon receiving my Academy certification. I am humbled to be associated with others who are just as committed to providing high-quality, evidence-based work. I look forward to what the future holds for CBT and being an integral part of that movement.
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Please join me in congratulating ACT’s newest certified trainer consultants!

Sue Schonberg, PhD, ABPP
Summit, NJ

Roberto Mainieri, PhD
Panama

Jesus Salas, PsyD
Allentown, PA

ACT Certified CBT Trainer Consultants meet in Chicago to discuss the Los Angeles County Individual CBT Training Protocol. This initiative has so far trained 1,000 public mental health clinicians in cognitive behavioral therapy.
Thank you for your support and generosity.

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Thank you James Korman, PsyD for your many years of service on the ACT Board of Directors.