THE ACADEMY OF COGNITIVE THERAPY
2013 ANNUAL REPORT
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.

Worldwide too many people cannot find or access effective mental health treatment. Members of ACT’s Credentialing Committee are working with Diplomates in China, Turkey, Brazil, and Saudi Arabia. I am proud to say that ACT can now rate samples and certify Diplomates in Mandarin, Cantonese, Turkish, Portuguese, Spanish, and Arabic. ACT’s Board of Directors and Committee Members, together with its staff, continue working to expand ACT’s dissemination efforts with the ultimate goal of ensuring that consumers in every community have access to high quality cognitive behavioral therapy. Every member of ACT can be an ambassador.

As consumer demand for cognitive therapy increases, Academy members continue to make news. Mounting evidence documents that cognitive therapy is consistently one of the strongest forms of treatment, and training programs around the world are expanding their educational offerings in cognitive and cognitive-behavioral therapies. This year, ACT continues the tradition of honoring leaders in the field, and presented the 2013 Aaron T. Beck Award to Michelle Craske, Ph.D. for her significant and enduring contributions to CBT.

To date, almost 950 people have been credentialled by the Academy of Cognitive Therapy. Credentialing helps consumers and professionals identify highly qualified cognitive therapists throughout the world. Last year, more than 175,000 people visited the ACT website and of those, more than 100,000 sought out an ACT-certified cognitive therapist.

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 renewing your membership at this time. This renewal will allow you to continue to receive benefits that help 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, for up to three years in advance, by completing and returning the attached forms to the ACT office. You may also renew securely online by visiting www.academyofct.org/members.

As you renew your membership, please also consider a donation to the Academy. Your contributions play a critical role in the support of the Academy. If you have colleagues or students who would be interested in pursuing ACT certification, please encourage them to contact us for more information. ACT’s Executive Director, Troy Thompson (tthompson@academyofct.org) will gladly provide guidance and assistance throughout the process.

Please accept my thanks if you have already renewed your membership through 2013. Please know that you can contact me via the office at info@academyofct.org or directly at DGreenberger@AnxietyAndDepressionCenter.com.

Warm regards

Dennis Greenberger, Ph.D.  
President, Academy of Cognitive Therapy
“The Academy of Cognitive Therapy sets the standards of excellence for cognitive therapists.”

– Aaron T. Beck, MD, Honorary President, The Academy of Cognitive Therapy

Michelle G. Craske, Ph.D. is Professor of Psychology and of Psychiatry and Biobehavioral Sciences, and Director of the Anxiety Disorders Research Center, at UCLA. She has published extensively in the area of fear and anxiety disorders, including over 350 scientific articles, four books on the topics of the etiology and treatment of anxiety disorders, gender differences in anxiety, translation from the basic science of fear learning to treating phobias and anxiety disorders, and principles and practice of cognitive behavioral therapy, as well as several self-help books and therapist guides. In addition, she has been the recipient of National Institute of Mental Health funding since 1993 for research projects pertaining to risk factors for anxiety disorders and depression among children and adolescents, the cognitive and physiological aspects of anxiety and panic attacks, neural mediators of behavioral treatments for anxiety disorders, fear extinction mechanisms of exposure therapy, and the development and dissemination of treatments for anxiety and related disorders. She was associate editor for the Journal of Abnormal Psychology, and is presently associate editor for Behaviour Research and Therapy as well as a scientific board member for the Anxiety Disorders Association of America. She was a member of the DSM-IV Anxiety Disorders Work Group and is now a member of the DSM-V Anxiety, Obsessive Compulsive Spectrum, Posttraumatic, and Dissociative Disorders Work Group, and Chair of the Anxiety Disorders Subworkgroup. She is also a member of the APA Clinical Treatment Guidelines Advisory Steering Committee for the development of practice guidelines.

2014 ATB Award Winner
Michelle G. Craske, PhD

Michelle G. Craske, Ph.D. is Professor of Psychology and of Psychiatry and Biobehavioral Sciences, and Director of the Anxiety Disorders Research Center, at UCLA. She has published extensively in the area of fear and anxiety disorders, including over 350 scientific articles, four books on the topics of the etiology and treatment of anxiety disorders, gender differences in anxiety, translation from the basic science of fear learning to treating phobias and anxiety disorders, and principles and practice of cognitive behavioral therapy, as well as several self-help books and therapist guides. In addition, she has been the recipient of National Institute of Mental Health funding since 1993 for research projects pertaining to risk factors for anxiety disorders and depression among children and adolescents, the cognitive and physiological aspects of anxiety and panic attacks, neural mediators of behavioral treatments for anxiety disorders, fear extinction mechanisms of exposure therapy, and the development and dissemination of treatments for anxiety and related disorders. She was associate editor for the Journal of Abnormal Psychology, and is presently associate editor for Behaviour Research and Therapy as well as a scientific board member for the Anxiety Disorders Association of America. She was a member of the DSM-IV Anxiety Disorders Work Group and is now a member of the DSM-V Anxiety, Obsessive Compulsive Spectrum, Posttraumatic, and Dissociative Disorders Work Group, and Chair of the Anxiety Disorders Subworkgroup. She is also a member of the APA Clinical Treatment Guidelines Advisory Steering Committee for the development of practice guidelines.
Most of my professional training has been in cognitive behavioral psychology. My undergraduate psychology courses at the University of Pennsylvania were far more CBT than psychodynamically oriented. During my masters and doctorate training at St. John’s University, which provided training in both modalities, I naturally gravitated towards cognitive and behavioral work. After an externship at NYU Child Study Center, my focus on CBT solidified and I subsequently completed a post-doctoral fellowship in CBT at the Bio-Behavioral Institute.

After my training years, I worked in private practice, first in a group practice and then in my own practice. My private practice, Cognitive Behavioral Psychology of NY, with offices in Manhattan and Scarsdale NY, focuses on CBT for children, adolescents and adults with a various range of disorders, although I specialize in anxiety disorders, with particular interest in OC-spectrum disorders. While I spend most of my time treating patients directly, I also supervise other psychologists in CBT, including the ones who work in my practice as well as others. I also teach an advanced CBT course at the Ferkauf Graduate School of Psychology at Yeshiva University and supervise students there. I give frequent presentations and workshops and enjoy the various media appearances I have been engaged in of late.

Despite over a decade of working as a CBT clinician, teaching, and presenting on CBT, I found myself often trying to explain to patients and fellow practitioners what makes someone a cognitive or behavioral psychologist as opposed to someone who has read a manual and used “some cognitive tools” (a claim I often hear from dynamic therapist). I decided that becoming a Diplomate of the Academy of Cognitive Therapy conveys a certain level of recognition of expertise in the field. In addition to my recent board certification in Cognitive and Behavioral Psychology, my diplomate status allow me to feel like a part of a larger professional organization that is committed to training, dissemination and development of cognitive therapy. I also found that the process of certification was an opportunity to review and sharpen my skills and be thoughtful about my own professional development and practices, and was a process that was both very helpful in my own growth and intellectually gratifying. I am honored to be a new member of this organization.

DENA RABINOWITZ, PhD, ABPP

I have always had an interest in human physiology and behaviour but my fascination with human psychology developed throughout my medical training. After I completed my medical training, I decided that psychiatry is the profession I would enjoy most, and find fulfillment, doing so for many years.

After I completed my psychiatry training, I worked in a private clinic as a psychiatrist for several years. However, my interest in research led me to undertake an academic career at Inonu University and since then I have been doing research, treating patients and providing training for assistant psychiatrists. During my psychiatry training I have learned that biological psychiatry itself was not fulfilling patients’ needs, i.e. medication is not changing the patients feeling and behaviours and I thought that evidence-based psychotherapy i.e. cognitive behavioural therapy could fulfill the missing part in biological psychiatry. I spent three months in the UK as an observer in a psychology clinic. These experiences broadened my view about how to provide best treatment for our patients. After my return from the UK, I managed to bring UK based CBT trainers to Inonu University to develop our psychiatrists’ skills in CBT. Also I attended a two years CBT trainer training program, organized by the Turkish Psychiatry Association to expand this knowledge between psychiatrists. During this training, I continued to receive supervision, which encouraged me to transfer knowledge and skills to my clinical practice. It was very rewarding to see a patient of mine with fear of choking, who had been treated unsuccessfully with medication for many years but a short CBT treatment was enough to get rid off her phobia.

Currently I am providing and organizing regular CBT training to psychiatrists in my area.

I make sure that I continue to develop my skills and learn new developments in the CBT field but also continue to adhere to the traditional CBT approach. I have been regularly attending CBT conferences, workshops and receiving regular supervision. I am fully committed to CBT and adhering to the Guidelines for Good Practice of the ACT and make sure that supervisees adhere to this as well.

KARTALCI ŞÜKRÜ, MD
Laura Leigh Gotthula, LMSW, ACT, CAADC

I have had the opportunity to work with individuals, families, and groups within diverse populations and in various settings. I have seen many struggles along with incredible recovery and resiliency throughout my experience. I am a firm believer that utilizing empirically based practices such as Cognitive Therapy is absolutely essential in providing treatment for individuals and families who suffer from mental health disorders and environmental distress.

I served in the Peace Corps in Guizhou, China and was thoroughly trained to be open-minded and empathic to a culture wildly different than my own. I was able to work collaboratively with my students, counter-parts, and community. I developed skills during these two years that led me to work as a 7th grade teacher at an inner city school in Jackson, MS. Finding my passion to work with high risk youth, I was able to work as a drug counselor in Alaska where I was first trained in Cognitive Therapy. At this point, I chose to pursue my Master’s degree in Social Work to better serve my clientele. During my Master’s program, I held jobs working with women and children affected by domestic violence, adolescents in the juvenile justice system, and individual’s struggling with various mental health issues. I continued to use Cognitive Therapy in individual, family, group, and classroom settings.

Since June of 2011, I have been working as a Clinical Therapist at Pine Grove’s Child and Adolescent Unit. This unit is an acute care facility that serves children and adolescents who are at risk of harming themselves or others due to suicidal ideations, homicidal ideations, substance abuse, violent behaviors, self-injurious behaviors, and so forth. As a new therapist, I was fortunate to be formally trained in Cognitive Therapy by an ACT certified trainer consultant and Fellow. This training has enriched my abilities as a therapist, taught me to be mindful of my therapeutic relationship with my patients and their families, and has made me self-aware of the therapeutic approach I utilize in all of my interactions. I have been able to educate my team on the principles of Cognitive Therapy, as well as, create Cognitive Therapy assignments that our patients apply throughout their treatment. I, along with our interdisciplinary team, incorporate these assignments and other principles of Cognitive Therapy into all aspects of treatment; including groups, family sessions, individual sessions, and interactions with nursing staff. This has enabled our treatment team to greatly improve on the services we provide for our patients. We have also been able to improve on continuity of care as patients are encouraged to share their assignments and knowledge of Cognitive Therapy with their outpatient providers. I genuinely appreciate the knowledge and skills I have gained through the training and ongoing support provided by the Academy of Cognitive Therapy.

Junya Okazaki, MD

I graduated from Nagoya City University’s (NCU) medical school and obtained a medical license in 2003. My training at NCU psychiatry followed immediately after the graduation. I obtained license as a Certified Psychiatrist in 2009.

My initial psychiatric treatment focused on psychopharmacological treatment for psychiatric patients. As you know, medication does not solve all the problems. I was at a loss to witness patients whose conditions did not improve. For example, some patients are chronically depressed despite trying different types and combinations of antidepressants. Other patients reinforced avoidance behavior and presented with significant impairments in function, though their superficial anxiety symptoms were alleviated.

Several research studies recommend CBT as a treatment modality that has the same or greater effectiveness than medication. Though I wished to provide CBT, only a few places provided CBT in Japan at that time. My alma mater, NCU psychiatry, was one of the most renowned centers that provided CBT but they were too far for my patients commute on a regular basis.

What should I do? The answer was obvious. I should learn CBT. When I began my CBT training, I set an inspirational goal to become a member of ACT. I wanted patients to feel comfortable choosing me as their treatment provider among many other choices.

My current clinical practice is at Ichinokusa Hospital in the suburb of Nagoya, the third largest city in Japan. I provide cognitive therapy mainly to treat mood disorders and anxiety disorders. Application of cognitive therapy significantly improved the treatment outcome of my patients. The psychiatrists in Japan are required to treat patients who suffer not only from mood disorders and anxiety disorders but also schizophrenia, personality disorders, and developmental disorders, regardless of severity or type (inpatient or outpatient) of patients. I wish to provide cognitive therapy as much as possible. My current focus is to increase skills to treat personality disorders.

It is my honor to become an ACT member. Many supervisors and colleagues have given me much guidance and advice. Several nation’s leading cognitive therapists have also generously given me advice and guidance as I challenged myself to become an ACT member. I thank them for their kindness.
Please join me in welcoming all new Diplomates to the Academy of Cognitive Therapy

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We would like to extend our deepest thanks to all of those who gave to ACT in 2013.

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Updates

HOW WE EXPAND CBT FOR CONSUMERS AND PROFESSIONALS

ACT’s website www.AcademyofCT.org is a clearing house of cognitive therapy research, resources, and referrals. In 2013, more than 175,000 individuals visited our website in search of referrals to certified cognitive therapists, emerging research on mental health and cognitive therapy, and cognitive therapy books and self-help materials. This year, ACT made significant improvements to its website to improve navigation and increase information available.

• We expanded our Recommended Readings for Consumers & Professionals to include many more books authored and co-authored by our Diplomates.
• With the help of ACT Fellow Lawrence Riso, Ph.D. we updated our Research Corner quarterly for easy access to emerging research in the field.
• ACT worked with the Texas Department of State Health Services to implement the Mental Health Substance Abuse Unit’s CBT Competency Policy. The policy required some 150 clinicians demonstrate competency in cognitive behavioral therapy by achieving a Cognitive Therapy Rating Scale score of 40 or higher on one taped cognitive therapy session. Members of ACT’s credentialing committee evaluated over 250 audio tapes. Moreover, members conducted over fifteen hours of web-based training to assist those who did not achieve meet the competency standard on the first attempt. As a result of this effort, hundreds if not thousands of low and middle-income people will now have access to high-quality cognitive therapy through Texas’s network of Local Mental Health Authorities.

HOW WE CONNECT INDIVIDUALS WITH TRULY EFFECTIVE CARE

Ensuring that people in every community have access to empirically supported mental health treatment is at the core of ACT’s work. To do so, ACT identifies and certifies skilled cognitive therapists and facilitates training and education for community-based providers.

• The “Find a Certified Cognitive Therapist” page is by far the most popular on ACT’s website. Last year more than 100,000 individuals visited in search of a certified cognitive therapist.
• ACT completed an interactive map, which uses the power of Google maps to help consumers locate certified ACT members in their area. I invite you all to explore the new map and give your feedback.

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Thank you for your continued membership in and support of the Academy of Cognitive Therapy!