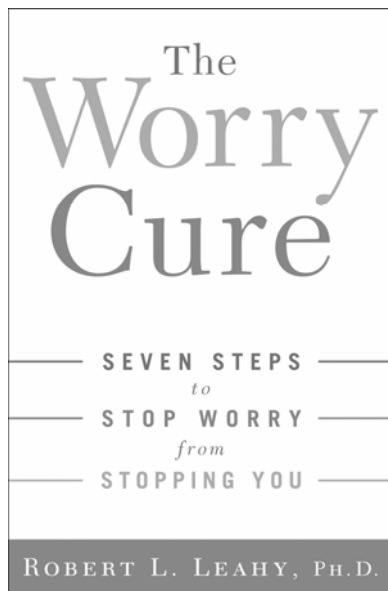


Fall 2006

# COGNITIVE THERAPY

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## The Worry Cure, by Dr. Leahy Now Available in Paperback



### Dealing with Obsessive Thoughts

Robert L. Leahy, Ph.D.

People with Obsessive Compulsive Disorder (OCD) report that they have intrusive thoughts or images that disturb them so much that they need to neutralize them by carrying out compulsions. An example of this is the intrusive thought, "Maybe I made a mistake", and the compulsion to go back and redo and check your work excessively. Other examples of obsessions are "I might act out violently" or "I got contaminated" or "I had a bad thought". Examples of compulsions include repeating neutralizing words or phrases ("I am a good person"), excessive hand-washing, repeating an action, excessive slowness, or repeating a religious ritual excessively. Many people with OCD seek out reassurance to make themselves feel better temporarily or they avoid situations that might activate their obsessions.

Research on OCD over the last ten years has revealed a number of interesting facts about OCD. Almost everyone has "inappropriate" or "absurd" thoughts or images. But the factors that distinguish people who have OCD are that these intrusive thoughts are experienced in a different way. People with OCD are likely to view these intrusive thoughts as 1) unacceptable---"I can't allow myself to have these thoughts"; 2) personally relevant --- "These thoughts say something about me as a person"; 3) out of control--- "These thoughts will escalate and overwhelm me"; 4) personal responsibility--- "Now that I know that I have these thoughts it's my responsibility to do something"; and 5) thought control strategies---"I have to eliminate or suppress these thoughts". All of these beliefs about your intrusive thoughts actually make them more disturbing to you and add to maintaining your OCD.

Current cognitive-behavioral therapy is very effective in helping you understand the nature of your OCD and how to turn it around. Your therapist can assist you in identifying the triggers for your OCD, the content of your intrusive thoughts, the "safety behaviors" and neutralization that you use, the problematic nature of seeking reassurance, and the role of exposure in reversing the OCD pattern. People with OCD know very well how disturbing this problem can be—and they often feel ashamed of themselves for having the problem. Ironically, even though many people with OCD fear that they will lose control and act responsibly, the fact is that they are often perfectionists about responsibility---so much that they are trying to eliminate "unacceptable" thoughts, images and feelings.



Your therapist can help you develop a different way of relating to and accepting the "intrusive" thoughts that do occur. Techniques such as "thought stopping"

are not useful. In fact, by developing a different evaluation of these thoughts—such as, "everyone has thoughts like this", "thoughts are not the same as actions" and "thoughts come and go" --- you can learn to have a more relaxed attitude toward your own "mind". If you struggle with your mind—and try to eliminate thoughts--- you give them a lot more power. Your therapist can help you use imagery techniques to change the emotional impact of these thoughts and exposure techniques to help you set up experiments to show that these thoughts need not be frightening. The exciting thing to us as clinicians is that the new cognitive and acceptance models of treating OCD allow us to humanize your treatment of OCD so that you feel less "sick" or "out of control".

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### British Association Meetings and International Conferences

Dr. Robert Leahy was a keynote speaker ("Emotion and cognitive therapy"), presented a full-day workshop on cognitive therapy for worry and took part in a symposium on the therapeutic relationship at the annual conference of the British Association of Behavioral and Cognitive Psychotherapies held in Warwick, UK. The photo here is of Dr. Mehmet Sungur (President of the Turkish Association of CBT and former President of the European Association of Behavioral and Cognitive Psychotherapy), Dr. Antonella Montana (President of the Beck Institute of Cognitive Therapy in Rome, Italy), and Dr. Leahy. Dr. Montana is organizing the International Congress on Cognitive Psychotherapy to be held in Rome, Italy in June 2008.

Next year Dr. Leahy will give a keynote address at the World Congress of Cognitive and Behavioral Psychotherapy to be held in Barcelona Spain. This conference is sponsored by all of the leading national and international CBT organizations in the world. Dr. Leahy is helping to coordinate a program in Beijing to train cognitive therapists in China. Members of the American Institute and other cognitive therapists in North America and Europe will help provide training. Dr. Leahy is the President of the International Association of Cognitive Psychotherapy and he will succeed Dr. Judith Beck as the President of the Academy of Cognitive Therapy. Several of his books have been translated into foreign languages--most notably, *The Worry Cure*, is being translated into nine languages.

### How to Find A Partner

Antonia Pieracci, Ph.D.

New York City can be a very lonely place if you don't have a partner. Busy lifestyles often make it difficult to make intimate connections. In addition, if you are a shy person or struggle with anxiety or depression, this search can become even more daunting. In your quest to find a partner it's important to start with how you feel about yourself. Low self-esteem can impede your forming and maintaining romantic relationships. Constantly putting yourself down is not a

great strategy to get others interested in you. In addition, if you have the belief that you need someone else to fulfill you, then you will have much less to add to a relationship than a person who values themselves and believes that they can contribute to a partnership.

So how do you start liking yourself? You can *challenge your negative thinking* about yourself and begin to *treat yourself with more kindness, respect and compassion*. Make a list of all your positive qualities. You can also *work on self-improvement*

through exercise and taking more time to look attractive. Finally, turn your attention outwards instead of on yourself by participating in activities. This will shift your focus to what you have to offer, rather than what you need. Learning to play tennis, speak Italian, or cook will not only improve your self-esteem but will make you more interesting to others.

Just as important as working on your self is *letting go of highly critical judgments towards others*. Unrealistically high standards for a mate—constantly seeing others as “not good enough”—is a convenient strategy to avoid intimacy as you are continually finding flaws in others rather than seeing their positives or taking them at face value. *Let go of your perfectionism*. The more open you are towards others, the more likely it is that you will meet people with romantic potential. First impressions are NOT always true.

So now that you are cultivating a more accepting attitude towards yourself and others, what about the practical aspects of meeting people? First of all, *create opportunities*. If you're sitting at home feeling lonely, get out there and participate! Joining an activity is a great way to meet people with similar interests. In addition, your daily life presents many chances to meet someone if you take advantage by reaching out. This can be accomplished by simply beginning to *smile and say hello* whether you're at the grocery store, on the subway, or standing in line at Starbucks. Although not everyone will respond positively, this strategy may lead to prospects. However, if you have the idea that you have to be the perfect conversationalist to meet someone, then let yourself off the hook- if you get beyond hello, you don't have to say something brilliant!



Another great way to meet people is to *use the internet* dating sites. Being active on these sites increases the pool of potential partners in your life. However, some people have beliefs that get in the way of their pursuing internet dating such as, "Internet dating is only for desperate people." Well, the reality is that the internet is a modern tool for dating that many interesting and successful people use. It's another strategy to meet people. And, the research shows, it can really work!

*Asking your friends to set you up* is another approach to dating. Some of you may have thoughts such as, "That's embarrassing," or "What if they set me up with someone and I don't like them." However, the trick to finding a mate is to be proactive. If you asked everyone you know to think of someone to set you up with, it could lead to many dates. Again, the idea is to broaden your strategies for finding a partner.

And finally, when you are out there in the dating world it's important to remind yourself that *rejection is NOT a catastrophe*. Most people have to go out on many dates, with many people, to find someone with whom they want to pursue a partnership. Remind yourself that each date is an opportunity but that your self-worth and future are not at stake. Learn to accept rejection as a part of your search for a partner and keep on dating!

## Beating the Back-to-School Blues

Annalise Caron, Ph.D.

The three words "Back to School" often bring a sigh of relief from parents who have juggled schedules all summer long to keep their children active. However, new parenting responsibilities emerge with the start of school. It is normal for children to not want to complete their homework right away or go to bed at an earlier hour. However, some children have more difficulty following rules and regulating their behavior. A child who is noncompliant fails to follow rules, argues, does not complete chores or assignments, and may become angry or throw temper tantrums. Parents often

feel overwhelmed, frustrated, or depressed when their children exhibit these behaviors. Here are some guidelines to help:

### 1) Step-by-Step Instructions

When asking your child to complete a task, be sure to get the child's attention. Make sure he is looking at you when you are speaking. Then, give step-by-step instructions on what you want him to do, and if necessary show him what you want done. For example, tell your child that first you want him to pick up the clothes from the floor, place them in the hamper, and close the lid on the hamper when he is done. Telling an elementary school child to "get the clothes off the floor of your bedroom" may not result in the child placing the clothes in the hamper as you might like. Pre-teens and adolescents may not need this level of explanation, but may need step-by-step instructions on other more complex requests. Sometimes children may not do what parents request because they are unsure or unclear on what they should do.

### 2) Rewards and Consequences

Let children know that their behavior has consequences -- both positive and negative. Focus on the positive! Be sure to notice and give clear praise for completion of chores, remembering to do homework, and getting ready for bed on time. Just as hard work should be praised, children need to be made aware that inappropriate or noncompliant behavior has consequences too. Psychologists recommend having a "response cost" or loss of earned privi-

leges (e.g., loss of 30 minutes of X-box time) for inappropriate behavior. Consistency in providing rewards and consequences is one of the most difficult, but also most important parts of parenting.

### 3) Set a good example

Children learn more about how to behave by what their parents do than what their parents say or tell them to do. Therefore, parents should be consistent and follow-through on their own statements, as well as following-through on adult rules (e.g., speed limits, getting to work on time).

### 4) Affection, Affection, Affection

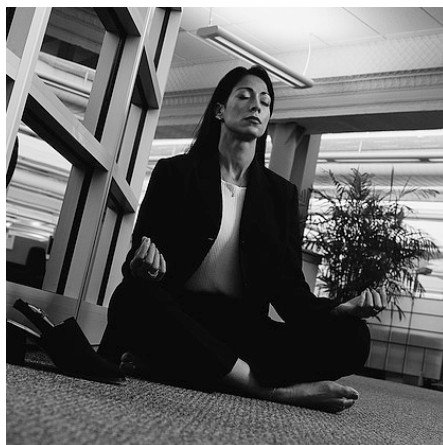
Most importantly, research suggests that how children think and feel about themselves is largely influenced by what they believe their parents think and feel about them. Regardless of child misbehavior, having time each day where the child receives undivided parental attention is invaluable in fostering a positive parent-child relationship. Those children who have positive parent-child relationships are more likely to comply with parental requests.

Sometimes child noncompliance can be a symptom of larger psychological concerns such as Depression, Attention-Deficit/Hyperactivity Disorder, or Oppositional Defiant Disorder. A psychological evaluation can help diagnose the cause or factors maintaining the child noncompliance. With cognitive behavioral therapy (CBT) and parent training, children and parents can learn strategies to help manage and decrease these difficult behavioral patterns.

## Recognizing an Eating Disorder

Rene Zweig, Ph.D.

Are you concerned that someone you love has an eating disorder? Would you recognize the early warning signs of an eating disorder in a child, partner, colleague, and/or friend? Are you wondering how to differentiate normal body dissatisfaction from a more severe eating disorder? Eating disorders, including Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder, affect up to 13% of individuals over their lifetime



## Support FACT!

FACT is the **Foundation for the Advancement of Cognitive Therapy**, a non-profit organization that supports training and research on the treatment and nature of depression and anxiety disorders. We are working to train therapists and conduct research to develop more effective treatments for these devastating problems.

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The Foundation supports training of qualified therapists in cognitive therapy. We provide support to interns, post-doctoral Fellows, and workshops. In addition, we support ongoing research programs on depression, anxiety, emotional regulation, worry, decision-making and personality disorders.

FACT has received grants from the George F. Baker Trust and The Robert Wood Johnson, IV, Charitable Trust.

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You can make a tax-deductible contribution to the Foundation by going to our website:  
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*For evaluation of anxiety, depression, phobias or couples problems, please contact our Intake Coordinator at (212) 308 2440*

**American Institute for Cognitive Therapy**  
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(National Institute of Mental Health, 2006). While they are more prevalent in young women, eating disorders do affect individuals of all genders, ages, races, education levels, and social classes. An individual with an eating disorder can be overweight, underweight, or normal weight. Eating disorders affect athletes and non-athletes alike. As eating disorders contribute to multiple serious physical and psychological problems, it is important to catch them early. Treatment, especially cognitive-behavioral therapy, has been shown to be effective for many individuals with eating disorders. However, your help may be needed to encourage your loved one to overcome the shame and denial to enter treatment.

Symptoms of an eating disorder can be difficult to recognize until the disorder is severe, and symptoms can vary greatly from person to person. Watch for the following 15 symptoms and behaviors if you are concerned about a loved one, as they *may* be indicators of an eating disorder:

1. Rapid, sudden change in weight in either direction
2. Excessive exercise or exercising despite injury
3. Possession of laxatives, diuretics, and/or diet pills
4. Noticeably restricting the kinds of foods eaten (e.g. no fats, no sugar, no carbs), not eating foods that used to be comfortable and enjoyed, or labeling foods as "bad"
5. Becoming vegetarian without a compelling reason
6. Skipping meals, lying about having eaten, hiding food, and/or eating in secret
7. Using the bathroom frequently during or after meals
8. Frequent negative comments about appearance and body weight, especially in the form of comparisons to others
9. Overemphasis on body weight as a measure of self-worth
10. Distorted body image (e.g. viewing thighs as "fat" despite being quite thin)
11. Changes in concentration,

school/job performance, and/or interest in social activities

12. Unexplained period of depressed mood, moodiness, and/or anxiety
13. Using food to cope with emotional upsets
14. Obsessive and rigid perfectionism
15. No longer menstruates or menses has delayed age of onset

No single one of these symptoms is a clear indicator of an eating disorder, but do take seriously the presence of any of these signs. While dieting and body dissatisfaction can be normal in our society, body preoccupation and dietary rigidity are more problematic. Expressing your support and concern while encouraging treatment can go a long way in getting your loved one to confront and change his/her eating disorder. As a friend or parent, you have a very important place in ensuring effective treatment by helping to identify, support, motivate, and ensure compliance. It is important to note that, although you may be in a position to help, you are not responsible for causing the eating disorder.

If you would like additional information about treatment, or to schedule an eating disorder evaluation, please call 212-308-2440. To read more about the symptoms and cognitive-behavioral treatment of eating disorders, visit our website: [www.CognitiveTherapyNYC.com](http://www.CognitiveTherapyNYC.com).

### Dialectical Behavior Therapy

Lisa Napolitano, Ph.D.

Dialectical Behavior Therapy (DBT) is designed specifically to address problems in emotion regulation or handling of emotions. Although DBT was developed to treat borderline personality disorder, it is also effective in helping people without this diagnosis to better handle their emotions.

DBT assumes that problems in emotion regulation are the result of skills deficits. Such deficits arise when the individual is not taught as a child how to 1) label or identify emotions, 2) modulate one's emotional response, and 3) tolerate frustration and other difficult emotions. When

people haven't learned these skills, they often develop their own dysfunctional strategies to handle emotions. For example, some people try to block emotions. While blocking can be an effective short-term technique, it is not an effective long-term strategy for handling emotions. People who use this strategy often experience alternating periods of numbness and of intense overwhelming emotions. In DBT, impulsive behaviors such as binge eating and drug use are also seen as dysfunctional ways of handling emotions. Dysfunctional emotion regulation strategies are commonly motivated by erroneous beliefs about emotions such as "being emotional means being out of control," "emotions last forever," or "emotions are useless." In DBT, these myths are identified and targeted for change. Information is provided about the true nature of emotions, as well as their utility or function.

An essential element of DBT is mindfulness. Mindfulness refers to nonjudgmental awareness of present experience. DBT teaches you how to be mindful of emotions, as well as the thoughts that trigger emotions. Through meditation practice in DBT, you learn to observe thoughts and emotions non-judgmentally as they occur, and then let them go. Through mindfulness, you become aware of feelings as they arise in the moment. As a result, emotions can be experienced without repressing, amplifying, or acting on them. Being mindful of emotions enables you to choose how to respond to them. By increasing your awareness of emotions as they arise, you are less likely to act on them impulsively. You can be in touch with your feelings without being driven or controlled by them. Mindfulness decreases the tendency to negatively evaluate emotions, which can generate other emotions and compound the emotional experience.

Mindfulness practice also promotes distance from or perspective on thoughts. Through the practice of observing your thought process in meditation, you come to recognize that you are not your thoughts. As a result, thoughts lose the power to upset you. For example, having the thought that you are incompetent does not mean you are incompetent. Be-

ing mindful of thoughts, letting them come and go, also helps to short-circuit worry and rumination.

In DBT, you learn the skill of radical acceptance--- the capacity to clearly perceive and accept what is happening in the present moment, without approving of it or condoning it. DBT teaches that refusal to accept pain or the negative emotions that are inevitable in life leads to suffering. Radical acceptance makes pain and distress tolerable. The practice of radical acceptance also promotes self-acceptance, decreasing dissatisfaction and other negative emotions that people experience about the self. However, acceptance of the self does not preclude change. In DBT, acceptance and change are balanced, and both are a focus of therapy. But, it is assumed that change cannot happen without acceptance.

### Dealing with Relapse

Dennis Tirsch, Ph.D.

Life isn't lived in a steady state of emotional balance. Some moments bring us joy, while others can provoke a surge of frustration or despair. These shifts in our emotional states are part of the natural texture of our lives. Most of us struggle with our "bad" moods, from time to time, and think of our fluctuations in emotion as due to the general flow of "good days and bad days." Nevertheless, people who have had past episodes of depression or anxiety may often be shaken or intimidated by these emotional shifts. After working hard to recover from their psychological struggles, they may ask themselves, "Am I back to square one?" or "Am I having a full blown relapse?" Fortunately, cognitive-behavioral therapy recognizes the tendency for people to experience brief lapses of negative emotions and has developed methods to address potential relapses. Some basic "ground rules" are useful in dealing with lapses. Accordingly, people who are able to view their emotions and experiences from a more reality based perspective tend to have fewer relapses. Let's take a look at some aspects of relapse prevention in cognitive-behavioral therapy:

1. **Stick to The Specifics:** Sadness, anxiety, and other challenging emotions may seem to come out of the blue, but they are most often triggered by some specific circumstances or events in life. When addressing a lapse into psychological distress, it is a good idea to "debrief" around the lapse, by looking closely at the cause and effect relationships that led to the experience. For example, a person starting a new job may begin to experience anxiety and self-doubt, even though she is excited about the positive change. Recognizing that change generates stress, and that stress can be related to worry and anxiety may help generate solutions and coping methods. People who believe negative emotions reflect related to "deep-seated" problems will obviously be more inclined to feel overwhelmed than those who recognize the specifics.

2. **Remember That Almost Everything is Temporary:** When people believe that their emotional states will go on and on, and that they will be mired in negativity forever, they are understandably less hopeful than when they remember that everything is constantly changing from moment to moment. People who are able to look forward to the future and examine the course of their lives are often reminded of how negative emotions will not endure permanently, particularly when they take positive steps to solve problems

3. **Remember That It Isn't 100% About You:** When people believe that some internal flaw in themselves is the sole source of their unhappiness, they are more likely to let everyday sadness and lapses of anxiety dissolve into more difficult psychological problems like depression. In order to prevent a "bad day" or even a "bad week" from becoming the start of an episode of depression, it is important to notice and challenge

Your cognitive-behavioral therapist can often help generate solutions and provide methods for dealing with short term lapses in anxiety, depression, and other psychological problems. This doesn't necessarily mean a return to longer term

therapy. Often patients simply “check-in” with their therapist, in order to develop strategies to prevent relapse. Perhaps most importantly, we can remind ourselves that whatever challenges and struggles life brings, we needn’t tell ourselves that we’re “back to square one” as we move ever forward

#### AICT STAFF

**Robert L. Leahy, Ph.D., Institute Director** (B.A., Ph.D., Yale) is the President of the International Association of Cognitive Psychotherapy, President-Elect of the Academy of Cognitive Therapy, and Associate Editor of *The Journal of Cognitive Psychotherapy*. He is the Founder and Director of the Institute and he is Clinical Professor of Psychology in Psychiatry at Weill-Cornell University Medical School. He is the editor and author of fifteen books, nine of which are Book Club Selections. His research has been supported by the National Institute of Mental Health. He also serves on the Scientific Advisory Committee of the National Alliance of the Mentally Ill as well as the Advisory Committees of numerous national and international conferences on cognitive-behavioral therapy. His book, *The Worry Cure: Seven Steps to Stop Worry from Stopping You*, was published in Fall 2005

**Laura Oliff, Ph.D., Director of Clinical Training** (Ph.D., New School for Social Research) has over eighteen years of clinical experience with individuals, couples and families focused on the treatment of depression, anxiety, eating disorders, marital conflict, and women’s issues. She has also worked extensively with children and families. Her research has focused on women’s self-esteem, assertion, rejection-sensitivity and over-compliance. Dr. Oliff has additional experience in child and adolescent assessment. She has conducted staff-training workshops on Attention-Deficit Hyperactivity Disorder and has appeared as a panelist on eating disorders and body image issues for Metro-Learning Center TV. She is a Founding Fellow of the Academy of Cognitive Therapy.

**Danielle A. Kaplan, Ph.D., Senior Supervising Clinician**, (University of

North Carolina at Chapel Hill) is trained in both cognitive-behavioral and Dialectical Behavior Therapy. Dr. Kaplan has taught CBT at Northwestern University and the Ferkauf Graduate Program in Psychology at Yeshiva University, and has lectured in the US, Peru, and the Dominican Republic. She practices at AICT and is the director of Cognitive-Behavioral Therapy at Bellevue Hospital Center. Her clinical interests include anxiety, depression, domestic violence, couples therapy, and the applications of therapeutic techniques to diverse populations. She is bilingual in English and Spanish. Dr. Kaplan is a Medicare provider for the New York City region.

**Lisa A. Napolitano, Ph.D., Senior Supervising Clinician**, (A.B., Barnard; J.D. Yeshiva; Ph.D., Fordham) is the Director of the Institute’s Dialectical Behavior Therapy (DBT) program. Dr. Napolitano has extensive clinical experience with the treatment of depression and anxiety disorders, eating disorders, self-esteem problems, perfectionism, and relationship issues. Her primary clinical and research interests concern personality disorders and the relationship of personality to thinking styles. Her research has been presented at the annual meeting of the International Association for Cognitive Psychotherapy. Dr. Napolitano is an Adjunct Professor in the Ferkauf Graduate Program in Psychology. She is currently co-authoring a book on emotion regulation.

**Dennis D. Tirch, Ph.D., Director of Education**. Dr. Tirch serves as an Adjunct Assistant Professor and Clinical Supervisor at the Ferkauf Graduate School of Psychology of Albert Einstein Medical School. His internship and post-doctoral fellowship took place at the Veterans Affairs Medical Center in Bedford, MA, where he served as the Assistant Director of the hospital’s CBT Center. He has co-authored several articles and chapters on CBT and has specialized in the treatment and study of mood disorders, PTSD, panic disorder, mindfulness and acceptance based techniques, and addictive behaviors

**Rene D. Zweig, Ph.D., Director of the Eating Disorders and Weight Management Program**. Dr. Zweig received her B.A. from the University of Michigan, her Ph.D. from Rutgers University, and completed a pre-doctoral internship at the Yale University School of Medicine. Dr. Zweig specializes in treating depression, eating disorders, substance abuse, and smoking cessation. She developed the *Keep It Off!* weight management group. Dr. Zweig has received awards for her research at professional conferences and has given invited presentations at the Mt Sinai School of Medicine, Bellevue Hospital, Yale University, and Oxford University. She co-authored a chapter in *Treating Substance Abuse: Theory and Technique*, and she currently is co-authoring a book on eating disorders.

**Antonia M. Pieracci, Ph.D., Clinician**, is a Summa Cum Laude graduate from the University of Pennsylvania and earned her graduate degree from Temple University where she was awarded a University Fellowship. She completed her postdoctoral fellowship at The American Institute for Cognitive Therapy. Dr. Pieracci has experience in treating depression, anxiety, eating disorders, bipolar disorder, personality disorders, marital conflict, substance abuse, and psychosis. Her work incorporates cognitive, behavioral, mindfulness, and acceptance techniques. She has received training in Dialectical Behavior Therapy. Dr. Pieracci has co-authored several articles on how parenting and abuse history contribute to adult depression.

**Elizabeth Jeglic, Ph.D., Clinician**, received her doctoral degree in clinical psychology from Binghamton University. Dr. Jeglic completed a postdoctoral fellowship at the University of Pennsylvania under the mentorship of Dr. A.T. Beck. Dr. Jeglic has published numerous scholarly articles and chapters on suicide and depression. Dr. Jeglic specializes in the treatment of depression, self esteem issues, suicidal behavior, self harm behaviors and anxiety disorders. She also has experience working with adolescent populations, chronic mental illness and offender populations.

**Doris Chang, Ph.D., Clinician**, received her doctoral degree in clinical psychol-

ogy from the University of California, Los Angeles and completed postdoctoral training at the Department of Social Medicine, Harvard Medical School. She is currently Assistant Professor of Psychology at the New School for Social Research, where she teaches courses in ethnicity in clinical theory and practice, and psychological assessment. Dr. Chang specializes in working with adults and adolescents struggling with depression and anxiety, family violence, and issues related to acculturation and identity development. She has published over 20 articles and book chapters on cultural issues in diagnosis and treatment and domestic violence

**Annalise Caron, Ph.D., Clinician,** Annalise Caron, Ph.D. received her B.A. from University of Virginia, and completed her M.S. and Ph.D. in clinical psychology at Vanderbilt University. Dr. Caron completed a pre-doctoral internship at Columbia University Medical Center, and stayed on as faculty of the New York State Psychiatric Institute. She continues to collaborate with Columbia faculty on community-based CBT studies. Dr. Caron is trained in CBT with children and adults, specializing in treatment of mood, anxiety, behavior disorders, and parent training. She has authored articles, book chapters, and presentations at national conferences on empirically-validated treatments for children and adults, as well as studies examining parenting and child development.

**David Castro-Blanco, Ph.D., Clinician.** Dr. Castro-Blanco is Board Certified in Clinical Psychology by the American Board of Professional Psychology, and is a Fellow of the Academy of Clinical Psychology. He utilizes a cognitive-behavioral approach to treating children, adolescents and adults. As a full-time faculty member in the psychology department of Long Island University, where he directs the Anxiety, Mood and Personality Studies Lab, Dr. Castro-Blanco teaches, supervises and trains students in the doctoral program in clinical psychology. He conducts research on cognitive vulnerability to anxiety, and cognitive-behavioral treatment of anxiety and mood disorders. In addition, he conducts research focusing on the

therapeutic relationship and improving treatment engagement with adolescent and adult clients.

**Jenny Taitz, M.A., Clinician.** Jenny Taitz, M.A., graduated Magna Cum Laude from New York University where she earned departmental Honor's in psychology. Ms. Taitz is currently pursuing a doctoral degree in Clinical Psychology at Yeshiva University's Ferkauf Graduate School of Psychology. Ms. Taitz served as a clinician at Bellevue Hospital treating inpatients. Ms. Taitz completed an externship at Metropolitan Correctional Center where she performed forensic evaluations. In addition, Ms. Taitz is training in neuropsychological assessment at Columbia Presbyterian. Currently, she is conducting research with Dr. Tirch on the efficacy of a mindfulness intervention. Ms. Taitz's clinical interests include anxiety, depression, self-esteem issues, eating disorders, substance abuse, and relationship enhancement.

**Jon D. Rogove, M.A., Clinician,** Jon D. Rogove, M.A., Clinician, is currently pursuing a Ph.D. in clinical psychology at Fairleigh Dickinson University. Mr. Rogove has had doctoral-level clinical externship training at North Shore University Hospital, Four Winds Hospital, White Plains Hospital Center, and the Center for Psychological Services at Fairleigh Dickinson University. He has experience treating adults and children with a wide range of problems and issues. Mr. Rogove's clinical interests include cognitive-behavioral therapy, depression, stress and anxiety disorders, bipolar disorder, anger, relationship issues, and personality problems.

**Melissa Horowitz, M.S., Clinician** is pursuing her doctorate in clinical psychology at the Philadelphia College of Osteopathic Medicine. She graduated Cum Laude from the University of Massachusetts at Amherst with her B.A. in Psychology. Ms. Horowitz received training in cognitive therapy at the Beck Institute for Cognitive Therapy and Research. She also held doctoral-level externship positions at the University of Pennsylvania Weight and Eating Disorders Program

and Drexel University/Hahnemann University Hospital. She has experience treating adults with depression, anxiety, obesity-related issues, weight-loss, binge eating, body image concerns, and personality disorders. Additionally, Ms. Horowitz received advanced training in psychological and neuropsychological assessment.

**Helen Butleroff Leahy, RD, CDN** is a Registered Dietitian by The Commission on Dietetic Registration, the credentialing agency for the American Dietetic Association and a Certified Dietitian Nutritionist. She graduated NY Presbyterian Hospitals of Cornell/Columbia dietetic internship, and has DPD verification from New York University Graduate school. She has had two years employment at Mary Manning Walsh Rehabilitation/ Nursing Home as a dietitian and nutrition educator at five NYC public schools. She is the Winner of the NYS Certificate of Achievement award from the NYC Department of Health for her nutrition program targeting minority children

**Ginger Villareal Armas, Intake Coordinator,** received her B.A. with honors from Manhattanville College in Art History where she also studied at St. Clare's, Oxford, England. At Manhattanville she was the sole recipient of the Art History Departmental Honors, the Dean's Prize, and Portfolio Honors. A member of Psi Chi – The National Honor Society in Psychology, she is pursuing a Master's degree in General Psychology at New York University

**Buneka Jabeen Islam, Research Assistant.** Buneka J. Islam has recently received her B.A. in psychology from the University of Pennsylvania. Her senior research project on cognitive vulnerability to depression will be presented at the Association of Behavioral and Cognitive Therapist (ABCT) conference in Chicago in November. Buneka hopes to pursue a career in clinical psychology.

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