The Child & Adolescent Anxiety

S I G N e w s l e t t e r

Advancing the Science and Practice of Youth Anxiety *October 2018*

Dear SIG Members,

I hope everyone is having a lovely fall. The CAA SIG exec committee has been hard at work putting together an exceptional program for the upcoming ABCT convention in Washington, D.C.

First, we are very pleased to announce our CAA Pre-Conference program, which will feature Dr. Brian Chu speaking on School Refusal, Dr. Laura Reigada presenting on Comorbid Medical Conditions in Anxious Youth, Dr. David Langer speaking on Shared Decision Making, Dr. Doug Woods presenting on Habit Reversal Training in Youth, and 2 panels on 1) iCBT and 2) guidelines for reporting on trials for anxiety disorders, featuring esteemed panelists, Cathy Creswell, Maaike Nauta, Muniya Khanna, and Anne Marie Albano. The pre-conference will take place on Thursday, 11/15 from 1-5pm, location TBA (registration link: http://childanxietysig.com/2473.html). You're not going to want to miss this one!

And then on Saturday, 11/17 from 10:15-11:45am, we are thrilled to introduce our Travel Award Winner, Andrew G. Guzick, M.S. from the University of Florida, who will be presenting his research, "Expectancy Violations During Exposure and Response Prevention for Childhood Obsessive-Compulsive Disorder," and of course, don't miss this year's Keynote Presentation by Dr. Dean McKay on the treatment of misophonia in youth (Location: McKinley, Mezzanine Level).

In other news, I am very pleased to announce the results of our recent CAA SIG election. Please join me in congratulating our incoming Leader-Elect, Jennifer Blossom, Ph.D., Membership/Treasury Chair, Anna Swan, Ph.D., Newsletter Co-Editors, Aubrey Carpenter, Ph.D., and Laura Skriner, Ph.D., and Student Representative, Charissa Chamorro, M.S.W., M.A. Congratulations and welcome to our new Executive Committee! Kendra and I are looking forward to working together.

Finally, I would be remiss if I did not thank the entire executive committee for their hard work and collaboration over the past year, which has made my role as leader both fun and rewarding. Specifically, I'd like to give a very special thank you to incoming SIG Leader, Dr. Kendra Read, for all of her help while my wife has been on medical leave (and an early congratulations to Kendra for her little one on the way!). Special thanks also goes out to Drs. Brian Chu, Muniya Khanna, and Anna Swan, for their generosity in helping fill in for me on-site at the conference in November.

It has been an honor serving as SIG Leader over the past year, and being involved in the governance of the SIG since 2008. I'm looking forward to staying involved, supporting the new executive committee, and catching up with many of you at our future SIG events.

Happy fall- and holiday season ahead!

Adam S. Weissman, Ph.D.
CAA SIG Leader

If you have questions or comments about the newsletter, or would like to contribute an article, please contact one of our newsletter co-editors:

Dana Galler-Hodkin: dana.galler-hodkin@nyulangone.org
Christopher La Lima: christopher.lalima@nyulangone.org
Anna Swan: anna.swan@nyulangone.org

Happy October!

In this issue you'll find…

Features:

SIG Announcements

Congratulations to Andrew G. Guzick, M.S.!

Recipient of the 2018 Child & Adolescent Anxiety SIG Student Travel Award

For his project entitled:
"Expectancy violations during exposure and response prevention for childhood obsessive-compulsive disorder"

Andrew will present his work at our SIG annual meeting on Saturday, November 17th from 10:15 – 11:45 AM.

SIG Upcoming Events:

Child & Adolescent SIG Pre-conference (at ABCT)
Thursday, November 15
1:00 PM - 5:00 PM
Roosevelt 3: Exposition Level
Washington Marriott Wardman Park Hotel
Washington DC

Child & Adolescent Anxiety SIG Annual Meeting (at ABCT)
Saturday, November 17
10:15 AM – 11:45 AM
McKinley: Mezzanine Level
Washington Marriott Wardman Park Hotel
Washington DC

Child & Adolescent SIG Poster Expo
Friday, November 16
6:30 PM – 8:30 PM
Marriot Ballroom 1, 2, & 3: Lobby Level
Washington Marriott Wardman Park Hotel
Washington DC

Students' Corner

Applying Child Anxiety Knowledge to Pediatric Chronic Pain (It's Not as Painful as You'd Think)

Michelle Clementi, Ph.D.
Boston Children's Hospital/Harvard Medical School

As students, you have the unique opportunity to explore different areas and interests within child psychology—even if it is only a single research poster or one of many part-time practica over the years. Discovering how your expertise in child anxiety can be flexibly applied to different populations and settings is rewarding, exciting, and can boost your confidence as you experience the versatility of your knowledge as a young clinician and researcher.

With shifts toward integrated behavioral healthcare, in addition to efforts to attenuate the country's opioid crisis, the field of pain psychology is swiftly gaining momentum. This growth presents a niche opportunity for students with a strong background in child anxiety to excel as clinicians, researchers, and collaborators in the area of pediatric chronic pain.

If this seems like a stretch, I can assure you it is not. Take this example…

Rachel is a 14-year-old girl with chronic abdominal pain and headaches beginning her first week of high school. Her pain is constant, but worsens with stress. Rachel considers herself a perfectionist and sets high standards for herself. However, she's fallen behind in school due to absences related to pain and doctors' appointments. She worries that she won't be able to catch up on her work, but also has been avoiding school on days when she has gym class because she's embarrassed that she has to sit out due to pain. Rachel describes herself as a "worrier" and notes she's afraid her pain will never get better and she will not be able to go to college.

This doesn't sound completely out of the realm of a patient you might see in an anxiety clinic, right? Pediatric chronic pain (pain lasting >3 months or longer than would generally be expected for healing) overlaps with aspects of child anxiety in numerous ways. Here are 3 reasons why knowledge about child anxiety easily translates to research and clinical work in pain populations:

1. **Prevalence of anxiety among youth with chronic pain.** Nearly two-thirds of pediatric patients with widespread chronic pain meet criteria for an anxiety disorder.[1] Although diagnostic rates vary based on pain condition, high anxiety is consistently associated with poor functioning, regardless of pain intensity.[2] Commonly studied anxiety-related constructs in the chronic pain literature include fear of pain, pain-related anxiety, anxiety sensitivity, worry, rumination, and pain catastrophizing (i.e., catastrophic thinking about pain and its possible consequences)[3] ... All right up an anxiety researcher's alley!

2. **Fear-Avoidance Model.** A widely applied theoretical model of pediatric chronic pain is the Fear Avoidance Model.[3, 4] As someone familiar with anxiety disorders and the interplay between anxiety and avoidance, you may already surmise the basis of this model. Briefly, it theorizes that pain can be reinforced by negative thinking and avoidance of physical activity due to fear of pain. Over time, physical activities decline and anxiety/depression may develop or increase. As anxiety/depression compounds, pain and disability increase.[3, 4] Sound familiar to other models of anxiety and avoidance?

3. **Treatment approaches.** Cognitive-behavioral therapy (CBT) for chronic pain has the strongest evidence base for treating pediatric chronic pain.[5] The hallmarks of CBT for anxiety are nearly identical to those in pain: relaxation training and gradual exposure, in addition to cognitive-restructuring and managing parental reinforcement/accommodation. With a strong understanding of the biopsychosocial model of chronic pain (and supervision from a pain psychologist), students with experience treating child anxiety disorders can easily translate these clinical skills.

Pain psychology and anxiety researchers are somewhat siloed in their work. Exposure to pediatric chronic pain in graduate school could present an exciting opportunity for future collaboration and dissemination of child anxiety research to explore how this work applies to pediatric chronic pain populations.

If you are interested in learning whether training opportunities in pediatric chronic pain are available in your geographic area, you may explore the American Pain Society's list of pediatric chronic pain groups in North America and inquire whether a psychologist is part of the team. (http://americanpainsociety.org/get-involved/shared-interest-groups/pediatric-adolescent-pain)

References:

[1] Kashikar-Zuck, S., Parkins, I. S., Graham, T. B., Lynch, A. M., Passo, M., Johnston, M., ... & Richards, M. M. (2008). Anxiety, mood, and behavioral disorders among pediatric

patients with juvenile fibromyalgia syndrome. *The Clinical Journal of Pain*, *24*, 620-626. doi: 10.1097/AJP.0b013e31816d7d23

[2] Cohen, L. L., Vowles, K. E., & Eccleston, C. (2010). The impact of adolescent chronic pain on functioning: Disentangling the complex role of anxiety. *The Journal of Pain*, *11*(11), 1039-1046. doi: 10.1016/j.jpain.2009.09.009

[3] Asmundson, G. J., Noel, M., Petter, M., & Parkerson, H. A. (2012). Pediatric fear-avoidance model of chronic pain: foundation, application and future directions. *Pain Research and Management*, *17*, 397-405. doi: 10.1155/2012/908061

[4] Simons, L. E., & Kaczynski, K. J. (2012). The Fear Avoidance model of chronic pain: examination for pediatric application. *The Journal of Pain*, *13*, 827-835. doi: 10.1016/j.jpain.2012.05.002

[5] Palermo, T. M., Eccleston, C., Lewandowski, A. S., Williams, A. C. D. C., & Morley, S. (2010). Randomized controlled trials of psychological therapies for management of chronic pain in children and adolescents: an updated meta-analytic review. *Pain*, *148*, 387-397. doi: 10.1016/j.pain.2009.10.004

Students' Corner
Lessons Learned Studying for the EPPP: A Naturalistic Single-Cohort Design*.

Anna Swan, Ph.D.
Hassenfeld Children's Hospital at NYU Langone/Child Study Center

Introduction.

Passing the Examination for Professional Practice in Psychology (EPPP) is prevalent among licensed clinical psychologists, with approximately 100% of the population exhibiting this behavior. The process of studying for and taking the exam is associated with decreased life satisfaction, sleep problems, heightened procrastination, FOMO, and elevated anxiety (forums.studentdoctor.net). The current study employs a naturalistic design and qualitative approach to understand the test-taking process of a five-person cohort of postdoctoral fellows. Lessons learned and studying recommendations are discussed.

Method.

Participants. Participants were five postdoctoral fellows in a large northeastern city. All had completed their dissertation and internship, and were quite surprised to learn about one last hurdle between them and gainful employment: "The E triple P," a multiple choice exam. Yes, a *multiple choice exam*. The ability to choose correctly among *multiple choices* is the behavioral criterion for providing quality, ethical assessment and therapy.

Study materials. The EPPP covers a broad array of content areas. Specifically, 12% of exam questions assess biological bases of behavior; 13% cognitive-affective bases of behavior; 12% social and multicultural bases of behavior; 12% developmental; 14% assessment and diagnosis; 14% treatment, intervention, prevention, and supervision; 8% research methods and statistics, and 15% ethical, legal, and professional issues. Focused studying using materials developed to prepare students for the EPPP is highly recommended.

Table 1. Popular test prep programs and their fees.

Program	Fees
PsychPrep	$500 for 4-month subscription to online tests $700 for 6-month subscription, which includes study materials and online tests $225 for 4-month subscription to audio CDs and online quizzes reviewing specific content areas. *Premium packages also available

*Don't worry, this wasn't a real study. No postdoctoral fellows were harmed.

Program	Fees
AATBS	$475 for 1-month subscription to online tests $880 for 6-month subscription to comprehensive study materials, quizzes, and tests. $1200 for 9-month enhanced subscription $1440 for 1-year subscription
Academic Review	$499 for 1-month subscription to study materials and online tests $899 for 3-month subscription $1189 for 6-month subscription *Free 7-day trial available
Relying on the generosity of those who have gone before.	$0 for unlimited access to whatever study materials and old exams your friends/colleagues/advisors/musky storage closets can give you.

Registering for the test. Requirements vary by state, but most states allow students to take the EPPP after completing internship, and after you start the licensure application process. The cost of the exam is $600.00 plus $87.50 for the test site admin fee.

Study methods. Participant study methods varied widely based on individual characteristics (organizational abilities, anxiety level, fear of failure) and external factors (length and type of postdoctoral fellowship). Study methods for each participant are reviewed below.

Dr. P employed the "***Fresh out the gate***" study method. Within her first few weeks of fellowship, she purchased Academic Review study materials, and got down to business. Upon reflection she identified the following strengths and weaknesses of her study method:

Strengths	Weaknesses
Her fellowship had a slower start; and taking the test early allowed her to use downtime at work to review. The last 3 to 4 weeks of studying, she exclusively took practice exams, and believes this was most helpful.	She spent the first 3 to 4 weeks reading study materials, rather than taking exams, and believes this was "a waste of time." She continued to study for many weeks after she was consistently getting a 70% (the pass score) on practice exams; and thus believes she wasted time by overstudying.

Dr. S employed the "***Winter Blues***" study method. She studied exclusively on weekends in January and February using old tests that were forwarded to her by a colleague.

Strengths	Weaknesses
Because she took the test in the winter, Dr. S was able to tell potential employers she was "license eligible" during the job application process. Winter isn't much fun, so there was less risk of FOMO. Using recycled study materials significantly lowered the cost of the test-taking process.	Dr. S was highly anxious when taking the test because of worries that the exam questions she used to study (many of which were from tests developed in the early 2000s) did not adequately prepare her.

Dr. W employed the "***High Achiever***" study method. She began preparing in the spring using recycled materials, a free 7-day trial to Academic Review online tests, and materials gifted to her by Dr. P.

Strengths	Weaknesses
Dr. W found a beautiful middle path between Dr. S's method of only using old recycled tests, which left her nervous on testing day, and Dr. P's method of purchasing study materials, which is a financial burden for many. Dr. W studied diligently, and felt confident going in on testing day.	Because of her spring timeline, Dr. W was very busy in her fellowship and applying for jobs, which made for a stressful few months.

Dr. L employed the "***Wildcard***" approach. He began talking about taking the exam in the fall; however, did not sign up for, study, or take the exam until summer.

Strengths	Weaknesses
Dr. L successfully studied for the minimum amount of time necessary to pass (approximately 3 weekends of focused studying).	Because of timeline, Dr. L had many competing stressors. This resulted in self-reported inefficient time use (e.g., spending more time preparing to study than studying), anxiety-induced procrastination, and rescheduling the test date multiple times.

Dr. P employed the "***Stress Helper***" method. In terms of her own studying, she felt happy and confident; however, Dr. L's wildcard method sparked significant distress, which she struggled to tolerate. She used behavioral methods in an effort to motivate her colleague to study for the test, most notably an adorable squirrel tissue box as a reward for passing.

Results.

Despite varied levels of anxiety, feelings of self-efficacy, time spent studying, and quality of study materials, all participants passed the EPPP on the first try. Participants reported

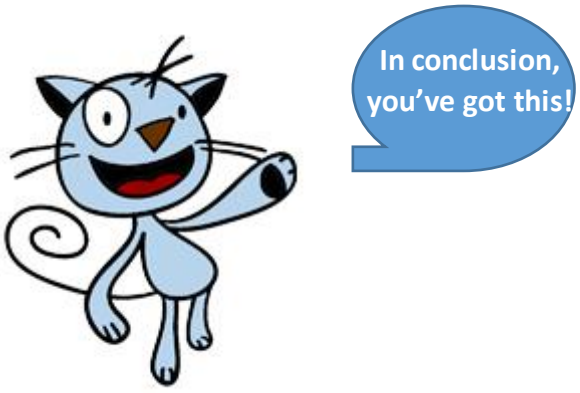
elation, extreme fatigue, and confusion about how to spend something called "free time".

Discussion.

The EPPP is the final rite of passage to claim the title of "licensed clinical psychologist". Is it a bit silly that it's a multiple choice exam? Of course. And yet, this also means it's *just not that bad*. Indeed, for current interns and fellows, taking the EPPP sooner rather than later is recommended. Rumor has it that in 2020, the EPPP will morph into a 2 part exam, which includes the current knowledge-based multiple choice exam, as well as a "Part 2" skill-based complement.

Qualitative analysis of conversations with participants using non-rigorous methods reveals the following themes, and helpful strategies for current students seeking licensure.

1. ***Set a date.*** All participants self-reported improved studying efficacy after they scheduled a test-taking date.
2. ***Study using practice exams/exam questions***. Participants identified taking practice exams, and becoming familiar with the format of EPPP questions as most helpful. Practice exams also provide benchmark as to when you are ready to take the exam.
3. ***Consider timeline.*** When planning for when to take the test, consider when your work will be busiest, when you will be applying for jobs, and other factors that may impact your ability and motivation to study.
4. ***Coping thoughts.*** Focusing on thoughts like, "This is *so* boring. Why do I need to know about IO psychology? What does IO stand for anyway? Nap time!" are likely to increase frustration and orient away from studying. Task orienting thoughts include: "I am going to start one test, and I can reward myself with an episode of *This Is Us* after. The best EPPP is a finished EPPP - All I need is a 70%! Learning some of this stuff *is* actually interesting. The sooner I start, the sooner I am done."
4. ***Reach out for support.*** Whether this means buying study materials with friends, setting study dates at parks and coffee shops, asking friends and colleagues for their recycled materials, and/or planning pleasurable activities with friends and family, the support of others very much improves the process.



Child & Adolescent Anxiety SIG Student Travel Award Winning Submission

Expectancy violations during exposure and response prevention for childhood obsessive-compulsive disorder

Andrew Guzick, M.S.
Department of Clinical and Health Psychology, University of Florida

Introduction

Exposure and response prevention (ERP) is the key component in cognitive-behavioral therapy (CBT) for youth with obsessive-compulsive disorder (OCD; Freeman et al., 2014). Understanding the mechanisms of ERP may help refine CBT and improve treatment outcomes. Craske and colleagues (2008; 2014) provided the most recent, comprehensive review of the mechanisms of exposure, proposing an "inhibitory learning" approach that emphasizes violating feared expectations to promote extinction learning.

Unfortunately, feared outcomes cannot always be violated during ERP, as childhood fears may be vague or not directly refutable (e.g., fears of losing salvation for religious wrongdoing). Further, children with OCD often engage in rituals without articulating an associated feared outcome (Geller et al., 2001). An alternative could be violating expectations of distress, as people often overestimate the magnitude of their negative emotional reactions, a phenomenon termed "affective forecasting" biases (Wilson & Gilbert, 2013). If youth expect that ERP tasks will be more distressing than they actually are, they may learn that exposure is more tolerable than anticipated, facilitating associations between a feared stimulus and manageable emotional reactions, which may also enhance therapeutic engagement and self-efficacy.

One study has investigated affective forecasting during ERP, finding a non-significant relationship between expectancy violations and treatment outcome (Kircanski & Peris, 2015). This study built on this work by investigating the following aims: 1) to estimate how often affective expectancy violations occur during ERP, 2) to test whether expectations become more accurate across the course of therapy, and 3) to evaluate whether youth who make more substantial, frequent over-predictions of distress experience improved treatment outcome.

Methods

Participants were 33 youth (ages 8-17) with OCD participating in CBT. The parent-report Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) was administered every session. Expectations of distress and actual distress caused by the first exposure of each session were measured with a 0-10 subjective units of distress scale (SUDS). Prediction accuracy was measured by subtracting the actual SUDS from the expected SUDS, and expectancy violations were defined as when the actual SUDS fell outside one standard unit of measurement of the expected SUDS, which was calculated to be 1.46 units (Harvill, 1991). Multilevel modeling (MLM) was used to assess prediction accuracy and symptom severity across treatment.

To test whether expectancy violations change across therapy, an MLM was conducted with expected distress as the dependent variable and actual distress as the first covariate. Other independent variables were session number, age, psychotropic medication status, baseline symptom severity, and treatment frequency (daily vs. weekly). To test whether prediction accuracy corresponded with treatment outcome, an MLM using the CY-BOCS as the dependent variable was conducted using the same control variables described above. The final nested model tested the interaction between session number and child predictor status (i.e., whether children who were categorized as over-predictors experienced improved treatment outcome) and the interaction between session number and the standard deviation of each child's prediction accuracy (i.e., whether variability in prediction accuracy corresponded with treatment outcome).

Results and Discussion

Across 322 ERP sessions, over-predictions occurred 36% of the time and accurate predictions occurred 53% of the time. Eight youth (24%) were "over-predictors," while 24 (72%) were "accurate predictors" based on their average expected SUDS vs. actual SUDS discrepancy.

The MLM predicting expectancy violations did not find age, treatment frequency, or medication status to improve the fit of the model, *p*s > .10. Under-predictions were less common towards the end of therapy as youth experienced less severe OCD, $b = .11$; $p = .001$.

The MLM predicting CY-BOCS scores did not find medication status, treatment frequency, or age to improve the fit of the model, *p*s > .23. Expectancy violation variables significantly improved the fit of the model, $\chi^2(2) = 10.81$, $p = .004$, with a significant interaction between session and expectancy variability, $b = -.29$, $p < .01$;

youth with greater variability in prediction accuracy were found to experience more symptom reduction across treatment. The half of the sample with higher prediction accuracy variability experienced a 13-point CY-BOCS reduction, while the lower half evinced a 9-point reduction. A partial correlation between the SD of prediction accuracy and number of over-predictions when controlling for total number of predictions was positive and significant, $r = .38$, $p = .033$, suggesting that youth with more variable prediction accuracy had a higher proportion of over-predictions.

Findings suggest that youth with more frequent affective expectancy violations during ERP experience more symptom reduction during CBT, supporting the inhibitory learning approach to exposure therapy. The frequency of over-predictions of distress was less common than expected, as children and adolescents accurately forecasted their SUDS within one unit over half of the time. Under-predictions of distress were more common at the beginning of therapy.

The present study was the first to demonstrate the importance of expectancy violations in promoting symptom reduction during CBT for childhood OCD or anxiety. Clinicians may consider attempting to design ERP exercises that maximize expectancy violations. Future research should continue to investigate other mechanisms of exposure for childhood anxiety.

References

Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy*, *46*(1), 5-27.

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy, 58*, 10-23.

Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J. (2014). Evidence base update for psychosocial treatments for pediatric obsessive-compulsive disorder. *Journal of Clinical Child & Adolescent Psychology*, *43*(1), 7-26.

Geller, D. A., Biederman, J., Faraone, S., Agranat, A., Cradock, K., Hagermoser, L., ... & Coffey, B. J. (2001). Developmental aspects of obsessive compulsive disorder: findings in children, adolescents, and adults. *The Journal of nervous and mental disease*, *189*(7), 471-477.

Harvill, L. M. (1991). Standard error of measurement. *Educational measurement: Issues and practice*, *10*(2), 33-41.

Kircanski, K., & Peris, T. S. (2015). Exposure and response prevention process predicts treatment outcome in youth with OCD. *Journal of Abnormal Child Psychology*, *43*(3), 543-552.

Wilson, T. D., & Gilbert, D. T. (2013). The impact bias is alive and well. *Journal of Personality and Social Psychology, 105*(5), 740-748.

Renewing Your Child and Adolescent Anxiety SIG Membership

Do you need to renew your child and adolescent anxiety SIG membership? If so, please follow the below instructions to pay your annual dues for the new academic year. If you have any questions about your current status, please contact Anna Swan at annajswan@gmail.com.

1) Visit the SIG website: www.childanxietysig.com

2) Click on the "JOIN" link.

3) Complete the membership renewal form if your affiliation or contact information has changed.

4) Follow the dues payment instructions below.

Use **Paypal** in 5 easy steps:

1) Go to www.paypal.com. To complete the following steps, you must be a registered PayPal member. If you aren't registered already, follow their directions to "Sign Up," then continue with the following steps:

2) Login to your account.

3) Click on the "Send Money" tab.

4) Enter **childanxietysig@yahoo.com** as the recipient's email address.

5) Enter the amount ($10 for Students and $20 for Professionals) and currency type, then hit "Continue."

6) Enter credit card information, review, and hit "Send Money."

OR

Send a check or money order in US funds, payable to Child and Adolescent Anxiety SIG. Email Anna (annajswan@gmail.com) so we can provide the address for you to mail it to.

SAVE THE DATE!!

ABCT Child & Adolescent Anxiety SIG Pre-Conference

1:00 PM - 5:00 PM

Roosevelt 3: Exposition Level

Washington Marriott Wardman Park Hotel

Washington DC

School Refusal with Brian Chu
Comorbid Medical Conditions in Anxious Youth with Laura Reigada and Carrie Masia
Shared Decision Making with David Langer
Habit Reversal Training in Youth with Doug Woods
Panel Discussion #1: Lorentz Center iCBT for Child Anxiety Think Tank: Report and Recommendations with Cathy Creswell, Maaike Nauta, Muniya Khanna, and Anne Marie Albano
Panel Discussion #2: Guidelines for reporting on trials for anxiety disorders in children and young people with Cathy Creswell and Maaike Nauta

Join us for a Joint ***Networking Happy Hour*** with the Child and Adolescent Depression SIG afterward!

Time/Location: 5-6:30pm at Duke's Counter

3000 Connecticut Ave NW, Washington, DC 20008

Sounds great, how do I sign up?

Seats are limited, so please visit: http://www.childanxietysig.com/2473.html and register as soon as possible.

Please remember to pay your registration fee for the pre-conference; the registration fee is $20 for professionals and $10 for student members.

ABCT 2018 Convention

Thursday November 15th – Sunday November 18th

Washington Marriott Wardman Park Hotel, Washington, DC

*Please visit www.abct.org/conv2016 for more details and to Register.

We look forward to seeing you all at ABCT!