

## President's Message

### Advancing Evidence-based Assessment and Intervention: Facing the Challenges



Elizabeth McCauley,  
Ph.D., ABPP  
President, APA Division 53

Since its inception less than a decade ago, the Society of Child and Adolescent Psychology (SCCAP) has taken a leadership role in promoting evidence-based approaches to assessment and intervention with youth and families. SCCAP has contributed to the growing debate about best approaches to clinical practice and helped make the need for an “evidence base” a focus of attention and concern. This work places us at a very exciting juncture—we now have growing evidence to guide our treatment for many of the problems challenging youth and families and at the same time we face some important challenges. This year,

I plan to advance the Society’s ongoing efforts to address these challenges while moving forward our core agenda—a collaboration of science and practice to support the development, evaluation, and dissemination of assessment and intervention approaches that will improve the lives of youth and families.

#### Accomplishments and Current Initiatives

Thanks to the work of the editorial staff, our publications are of the highest caliber. The *Journal of Clinical Child and Adolescent Psychology*, expanded in quality and article sophistication, addresses issues central to our research and practice. New initiatives, such as including avenues for articles that will facilitate the translation of research findings into clinical practice and the integration of developmental and clinical research will take place this year. Our website on evidence-based treatments, [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org), continues to provide a valuable resource to practitioners and families. Website traffic more than doubled last year with 28,635 page loads in 2006.

Past President Wendy Silverman worked effectively with various APA groups to develop youth-directed initiatives and to assure strong representation on a number of important task forces. SCCAP continues to provide supportive grants and awards and important programming at the annual APA convention. The 2007 program will represent cutting-edge work and will address issues of how best to meet the needs of youth from cultural and racial minorities and poor economic circumstances.

#### Challenges

As we embrace real partnerships with the parents and youth we serve, and the wider network of child/family mental health care providers, we face some critical challenges. Challenges exist at the institutional level to guarantee that care providers are motivated and rewarded for their ef-

forts to thoughtfully assess their practices and to retool, if necessary. In turn, we must support efforts to make effective approaches user friendly by developing more compelling training and dissemination strategies that empower individuals to fully master and thereby actively use new approaches. As educators, we must urge psychology and other clinical training programs to focus on evidence-based approaches.

We face challenges embedded in the diversity of the communities we hope to serve. The work needed to ensure that intervention approaches are effective for economically, culturally, and ethnically diverse groups is only beginning to be explored. The need to identify best-practice approaches for youth with more complex and refractory problems, such as eating and bipolar disorders, as well as the many youth with co-occurring problems is pressing (Shirk, 2005). Rather than concluding that these problems are too complex to address in a proscribed manner, we must begin to open the black box of current treatment approaches so that as many providers as possible can view the common components that prove to be effective across multiple or co-morbid disorders. Additionally, we need to expand our work to the study of how we best approach more comprehensive treatment programs, such as the management of youth who are hospitalized or placed in residential treatment centers.

Access to effective mental health services is a theme that underscores all of these challenges. Recent data would suggest that 75 percent of youth do not receive the mental health services needed, and access is even more limited for minority youth and youth in foster care (Columbia University Mailman School of Public Health, 11/2006). The compelling need to increase access—and to ensure that if access is gained, the service provided is of proven effectiveness—presents an exciting challenge for clinical child and adolescent psychologists. It is essential that SCCAP takes a leadership role in developing effective strategies to address these needs by forming partnerships with primary health care providers and school-based nurses and counselors to enhance their skills in the identification, initial management, and triage of youth with behavioral health concerns. With our growing evidence base of knowledge, we have important tools to share with our mental and primary health care colleagues, as well as those in the educational, child welfare, and juvenile justice systems.

#### Next Steps

Obviously these challenges cannot be overcome quickly. Therefore, the board initiated a strategic planning process to develop priorities, goals, and objectives that will guide our work over the next three to five years. As this roadmap is developed, we strongly urge you to share your ideas with the board. We will post our work in progress in the newsletter for your ongoing input and review. I look forward to an ongoing dialogue and a productive year.

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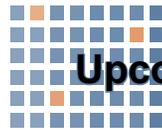
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**Newsletter Deadline**

Articles for the next newsletter are due by May 15, 2007. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.



## Upcoming Conference

### Niagara Conference on Evidence-Based Treatments for Childhood and Adolescent Mental Health Problems

This interdisciplinary conference, co-sponsored by the University at Buffalo and McMaster University, focuses on state-of-the-art, evidence-based interventions for mental health problems in children and adolescents. Didactic lectures and hands-on experience will be combined to teach interested professionals the basic principles of effective psychosocial, educational, pharmacological, and combined interventions, including child-based treatments, classroom management, school-wide interventions, parent training, prevention programs, and the economics of mental health services.

#### New! Post-Conference Workshop Expansion

In response to requests from previous conference attendees for more intensive training workshops, the 2007 Niagara Conference will expand to include four day-long workshops on Saturday, July 21, 2007. Please see the presentation schedule for the 2007 offerings. Registration for the full conference is required to attend the post-conference sessions. Pricing information is available on the registration form.

**Supported by:**

- APA Division 53, the Society of Clinical Child and Adolescent Psychology
- The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
- The Hospital for Sick Children
- The American Board of Clinical Child and Adolescent Psychology
- Children's Mental Health Ontario/Santé Mentale pour Enfants Ontario
- The Offord Centre for Child Studies



**July 18–21, 2007  
Queen's Landing Inn  
and Conference Resort  
Niagara-On-The-Lake  
Ontario, Canada**

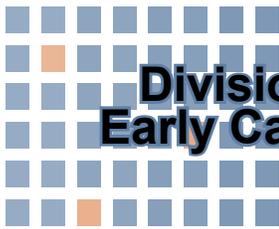


**Complete information  
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[www.ubevents.org/  
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## Division 53 2006 Early Career Award Winner

### Nature vs. Nurture: Gene–Environment Interplay and Children’s Conduct Problems

Sara Jaffee, Ph.D.

University of Pennsylvania

Many of us who study the relationships between parents and children are frequently faced with the question, “How do you know that what parents do really matters?” Common sense (and a lot of correlational data) suggests that parenting practices must impact a child’s development, particularly when parents behave in ways that society deems taboo, like when parents beat or sexually abuse a child. But researchers are confounded by the fact that in most of the families we study, a legacy of abuse is not the only thing that parents pass along to their children. When parents and children are biologically related, parents also pass along their genes.

What are the implications of this dual inheritance for those of us who study relationships in the family? One implication is that parenting per se might not matter and children behave the way they do because of the genes they have inherited, not because of how their parents treat them. A second implication is that if children are inheriting a genetic predisposition to behave in certain ways, then parenting practices might be a response to the child’s behavior and not the other way around. A third implication is that parenting practices might matter a lot, particularly for genetically vulnerable children.

My research has been designed to test some of these alternatives by combining longitudinal, epidemiological methods with genetically sensitive designs (i.e., studies that involved participants who differ in their level of genetic relatedness). Using data from a sample of over 1,200 monozygotic (MZ) and dizygotic (DZ) twin pairs who have been followed longitudinally starting at age 5 years, my colleagues and I have shown that experiences like physical abuse do have environmentally mediated effects on children’s disruptive, aggressive behavior. In a 2004 study, we produced a set of results that provided support for the hypothesis that physical abuse was causally implicated in the emergence of children’s conduct problems. First, children who were physically abused at one point in time

had elevated levels of conduct problems at a later point in time. Levels of conduct problems were high even considering the fact that physically abused children were aggressive and disruptive from the start. Second, having parents who engaged in antisocial behavior did not explain why physically abused children had elevated

levels of conduct problems. Thus, even if parents were transmitting some genetic risk for conduct problems to their children (and they were – antisocial behavior was highly heritable in this sample), this was not the sole reason that their children were aggressive and disruptive. Third, MZ twins were no more concordant for maltreatment than DZ twins. This finding told us that some children were more likely to be maltreated than other children because of factors that differed between families and not because genetically influenced characteristics of children were provoking abusive responses from adults.

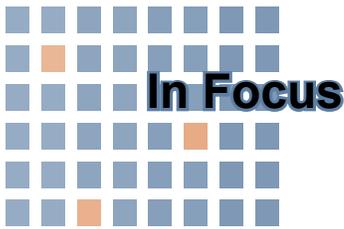
Although our 2004 study demonstrated that physical abuse has environmentally mediated effects on children’s conduct problems, a 2005 study demonstrated the importance of considering how genes and environments jointly affect children’s development. We divided our sample of twins into those who were at high vs. low genetic risk for conduct problems. Although knowing which children were physically abused and which children were at high genetic risk helped us predict which children would engage in antisocial behavior, the joint effect of these genetic and environmental risks had unique predictive power. When children were at



low genetic risk for conduct problems, maltreatment had little effect on children’s antisocial behavior; maltreated and non-maltreated children engaged in similarly low levels. However, high levels of genetic risk exacerbated the effect of maltreatment. Among genetically at-risk children, those who had been maltreated engaged in significantly more antisocial behavior than those who had not been maltreated.

Future research is designed to test hypotheses about why genetically at-risk children are susceptible to stressors like abuse. Are certain genotypes “stress responsive,” leaving children vulnerable to the long-term effects of chronically elevated levels of stress hormones? Research designs that measure genes, environments, and children’s stress reactivity are needed to test this hypothesis.

Do parents matter? Correlational studies say they do and so do intervention studies. Now a third stream of evidence comes from genetically sensitive designs that highlight the complex interplay between genes and environments in children’s development.



## A Perspective on the History of the Society of Clinical Child and Adolescent Psychology—the Events and the People

by Richard R. Abidin, Ed.D.  
University of Virginia

From its origin, SCCAP has been committed to advancing the clinical knowledge base and services provided to children and their families. In recent years the society has matured to the point that it is an APA division with an agenda that includes work on policy issues related to child and adolescent's mental health, providing grants and awards to help shape and build the scientific base of practice, and co-sponsoring conferences designed to bring cutting-edge clinical research to frontline practitioners. The body of this article focuses on the critical events and people who shaped the Society. Apologies are extended in advance for the many omissions that occurred given the newsletter's space limitations. Thus some events and people deserving of mention will not be included. Nevertheless, it must be acknowledged that the creation, growth, and advancement has been and continues to be a team effort. The content of this article cover 1) critical events and people, 2) development of the Division 53 journal, 3) enabling power of SCCAP's financial resources, and 4) a look forward.

### Critical Events and People

SCCAP traces its roots back to APA Division 12, Clinical Psychology, and the events of the late 1950s. Much of this early history will not be covered, however, the interested reader is referred to Don Routh's excellent book *Clinical Psychology Since 1917: Science, Practice, and Organization* (1994). In 1962, Clinical Child Psychology became the first section of Division 12, (Section 1) under the leadership of the first chair, Alan O. Ross. At that time, Ross was a psychologist at the Pittsburgh Child Guidance Center, and had recently authored the book *The Practice of Clinical Child Psychology* (1959). Given the times, his book was psychodynamically oriented, and for those trained in that era, it helped focus their identity as psychologists committed to working with children and their parents. From its earliest origins, Section 1 was committed to both science and practice, exemplified by the creation of the Distinguished Professional Contribution Awards. Nicholas Hobbs was the first recipient for his creative and innovative children's intervention programming. One interesting side note to the events of the 1960s, echoed by the recent history of SCCAP, is the fact that the founder of the section, Ross, was transformed from a clinically oriented Freudian to a behaviorist who became the director of clinical training at the new SUNY campus, Stony Brook.

Today SCCAP's support of clinically relevant evidence-based treatments allows for the inclusion of any theoretical perspective that is open to scientific evaluation. Membership in SCCAP does not imply any orthodoxy, which is a continuation of the Section 1 tradition of allowing through its by-laws for up to 50 percent of its membership not to be members of either Division 12 or APA. In addition to clinical psychologists, the Section 1 membership included developmental, school, educational, counseling, and policy oriented psychologists—all of whom shared a common focus on children and families, and an empirical approach to research and treatment.

Between 1965 and 1985, establishing licensure for professional practice was the dominant professional issue. While a welcome development by many, legal recognition of practitioners was not without problems.

Many individuals with limited or no formal training and no experience relative to working with children were licensed to provide services to the entire age range of clients. To make matters worse, there was the wholesale grandfathering of individuals who claimed to have been providing services identical or similar to those provided by appropriately educated individuals. Beyond that problem was the fact that many well-established and APA-accredited programs in clinical psychology required very little, if any, training in clinical child psychology. Unfortunately, given the rise in demand for services and the presence of federal and state funding of these services, many of these "licensed" psychologists were providing services to children and families. The leadership of Section 1 made the decision to address the issue by beginning to define minimal training standards and guidelines for the preparation of clinical child and adolescent psychologists. The first major accomplishment in this effort was the Hilton Head Training Conference of 1985, chaired by June Tuma. The documents and models developed at that conference have gone through a number of revisions and expansions under the leadership of Jim Johnson with the able help of others, most notably Michael Roberts. The sustained efforts of Johnson and other Section 1 members bore fruit in 1998 when APA formally recognized the specialty of clinical child psychology within the pantheon of professional psychology. The Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) document that lead to the recognition, defined the parameters of practice, the theoretical and empirical foundation, and the required training for the practice of clinical child and adolescent psychology, is available at [www.jameshjohnson.com](http://www.jameshjohnson.com) on the specialty links page. CRSPPP recognition was renewed in 2005 and an archival description of the revised specialty description is available at [www.apa.org/crsppp/childclinic.html](http://www.apa.org/crsppp/childclinic.html)

Building on the success of the specialty recognition effort in 2001 the Society formed a committee chaired by Al Finch, and provided funds for the purpose of creating an American Board of Professional Psychology (ABPP) diplomate program to recognize the advanced practice of Clinical Child and Adolescent Psychology. Many members of the Society served on the committee and underwent the process of evaluation for the purpose of further advancing the profession and awarding the American Board of Clinical Child and Adolescent Psychology specialty recognition (see [www.clinicalchildpsychology.com](http://www.clinicalchildpsychology.com)). In 2001 the Society also established a committee I chaired that was charged with establishing standards and a review process for the purpose of recognizing Fellows of the Society.

All of these efforts to establish the unique identity of clinical child and adolescent psychology link back the Society's continuing concern about the accreditation of training programs with limited or no child and family components to their curriculum, and the issue of gaining APA accreditation for training programs in clinical child and adolescent psychology. The division is continuing to work toward formal accreditation of this specialty and hope that the opportunity will develop in the near future.

## The Transition

During the 1990's Annette La Greca and Michael Roberts championed the idea that Section 1 consider becoming a new division of APA. The primary reasoning behind the issue was that the Section lacked visibility both within APA and to the public, and the profession had matured to the point that it could function more effectively as a separate division. Their concerns were similar to those expressed by Trudy Williams, a Section 1 member who, in the 1970's, fought to gain recognition for the need of increased advocacy for children and family policies in Division 12, in APA, and the public policy arena of government. Williams' leadership resulted in the creation of Division 37, Children Youth and Family Services, in 1978. The persistence of La Greca and Roberts slowly changed the minds of many of the Section's executive board, and other leaders in the Section. This change came about through the continued experience of working within Division 12 and APA, where the concerns of the Section were not addressed (e.g. training standards, children's mental health policy, being called on for our child expertise, or even being notified of important child and adolescent issues being address by Congress). Section members were continually being notified late about issues involving APA deadlines and were not being asked to serve on APA boards and committees etc. After years of trying to remedy the issue and work within the system, the section's leadership, including myself, finally succumbed to the data presented by Roberts and La Greca, and voted to support the proposal to seek APA division status. The Section's executive board charged me with looking into the APA process for creating a new division, negotiating the issues related to retaining the financial resources of the Section, and with writing a set of bylaws for the proposed division. With the approval of the Section membership—79% supported the change—the Section applied for division status and was approved as Division 53 Clinical Child Psychology in August 1999.

In 1999, Bill Pelham served as the last president of Section 1. This was ironic, as his dissertation chair was Alan Ross, who as noted above served as the first president. 1999 also represented a significant turning point in the history of SCCAP, not only because of the transition to division status, but because it represented the beginning of an era of increased commitment to advocacy and support for evidence-based practices in clinical child and adolescent psychology. Section 1 lead a task force that reviewed the evidence in support of child mental health interventions that was published in the *Journal of Clinical Child Psychology* in 1998 (Lonigan, Johnson & Elbert, 1998). The division's board decided to foster efforts to disseminate evidence-based practices. One outcome of that decision was the co-sponsorship of the 1999 Niagara Conference at Niagara-on-the-Lake in Canada, created and lead by Bill Pelham, and the co-sponsorship of the Kansas Conference on Child Psychology, lead by Michael Roberts.

Another example of this commitment was the creation of the Task Force on Evidence-based Practice and the funding of the task force's work under the leadership of John Weisz. The work of that task force created a coding system whereby research on interventions could be evaluated in a scientific manner to determine if there was appropriate evidence that established the utility of the intervention. This work, in large part, lead to the creation of the Society's website by Mitch Prinstein. The site serves as a vehicle to communicate with members, prospective members, and the public about the Society's activities and about evidence-based psychological intervention. The task force continues its work and the site's section dealing with clinical practice is continually updated.

In January 2000, John Weisz, the first president of the new division, suggested that the name of the Division be changed to the Society of Clinical Child and Adolescent Psychology, and that the *Journal of Clinical Child Psychology* have its name changed to the *Journal of Clinical Child and Adolescent Psychology*. These changes were designed to better express the range of interests and involvement of the Division's membership. Both of these changes were approved by nearly 90 percent of the voting membership.

The move to divisional status has had its intended impact on the Division's involvement in APA initiatives. Divisional members now routinely serve on prominent APA committees and begin key initiatives in APA council. For example, the recent working group on Psychotropic Medications for Children and Adolescents (September 2006) was initiated by the Division's council representatives, and staffed almost exclusively by divisional members.



Richard Abidin, Ed.D.

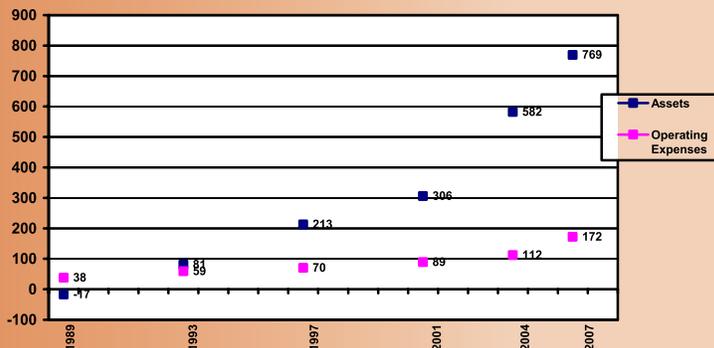
## The Development of the Society's Journal

In 1971 the first issue of the *Journal of Clinical Child Psychology* (JCChP) was published under the editorship of Gertrude "Trudy" Williams and was open to all forms of communication from research papers to parent's anecdotal reports. Advocating for services to children and families was the main thrust of JCChP in its early years. The advocacy perspective continued under the editorship of Diane J. Willis. In 1982 under the editorship of June Tuma (1982-86) JCChP went from a self-published journal to publication by Lawrence Erlbaum Associates Publishers (LEA). Tuma also began the shift toward publishing primarily empirical research.

While JCChP was initially published at a financial loss, the transition to a publishing company ultimately proved fruitful to Section 1. In addition to her work as editor, Tuma was instrumental in helping the section focus on training issues related to clinical child psychology. She championed the 1985 Hilton Head Conference on training in clinical child psychology and transformed the idea into a reality. One of Tuma's other activities was the creation of the *Directory of Graduate Programs in Clinical Child Psychology* which later was expanded to include pediatric psychology programs. The directory was published for 25 years under the successive leadership of Ken Tarnowski and Susan Simonian. The directory information is available on the Division 53 website, [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org).

From 1987–1992 Don Routh served as JCChP editor, and it was during his term that JCChP was transformed into a journal with a strong scientific reputation. Routh accomplished this by reaching out to both the senior and junior members of the scientific community seeking their contributions. His supportive reviews of manuscripts and attention to detail brought forth high-quality articles. Routh's term was the tipping point for the journal both from a scholarly perspective, and financially. The rising quality of JCChP resulted in more institutional subscriptions and attracted more members to the Section.

**Division 53 - Society of Clinical Child and Adolescent Psychology  
Assets and Operating Expenses  
(in thousands)**



- 1993 – Abidin negotiates a new JCChP publication agreement
- 1997 – Abidin becomes treasurer – renegotiates JCChP contract, invests assets
- 2001 – Stock market crash, dues reduced for students
- 2006 – Board establishes a permanent endowment and an expendable reserve. \$102,000 expended on grants, awards, journal, newsletter. Collected \$59,000 in dues, \$136,000 from other sources.

Figure 1

The success of JCChP in terms of its rise to its current prominence in the field of clinical psychology was developed and enhanced by each of the succeeding editors: Jan Culbertson, Tom Ollendick, and Wendy Silverman. These individuals and the exceptional editorial boards they assembled have attracted the top researchers in the area of clinical child and adolescent psychology to publish their work in JCChP and, after name change in 2000, the *Journal of Clinical Child and Adolescent Psychology* (JCCAP). JCCAP currently has such a strong flow of manuscripts that plans are under way to transition JCCAP into a bimonthly versus a quarterly journal in the coming years. While empirically based research articles are the journal's mainstay, it has not abandoned issues of child and adolescent advocacy. The difference is that it now publishes policy- and practice-related articles with strong data bases and more rigorous methodologies. JCCAP serves its readership and the profession by presenting cutting-edge research and practice information. Thanks to the work of the editors and editorial boards, JCCAP has been transformed from a good journal to a must read.

## Financial Resources and Enabling Power

During the past 15 years the executive boards of Section 1 and the Society have handled the financial resources in a responsible and forward-looking manner. I played a central role in developing this pattern of action, resulting in the creation of an endowment and sufficient operating funds to both ensure the future of the Society and its ability to engage in ongoing service to the members and the field at large (author's note: my role in the Society's finances is mentioned at the suggestion of draft manuscript reviewers). Figure 1 summarizes the historical development of the current state of affairs, and gives a good summary of the efficiency and good works of the Society. These works include the fact that as of 2007, the society has accumulated its financial resources without a dues increase for full members in the past eight years, and with a 50 percent reduction in student dues.

## Looking Forward

The combination of the expertise, energy, and commitment of the membership and the its financial and journal resources puts the Society in position to influence both the research and clinical practice of child and adolescent psychology in the future. Further, the Society can, by the use of its resources and expertise, influence public knowledge and policy as it pertains to the mental health of children and families. I believe this can be accomplished by continuing and strengthening efforts to update and advance the knowledge and skills of practitioners through subsidizing educational and scientific conferences such as the Kansas and Niagara conferences. By expanding grants programs to focus research into topics, such as the use of evidence-based treatments with minority populations in the public sector, and by recognizing and encouraging the contributions of early-career researchers. While the Society's resources are limited relative to needs, they can, if wisely used, be amplified through alliances with other organizations and lead grants. While we have information to share with the public in general, we also have an opportunity to influence public policy through work with units of government.

One final thought: I believe in the fable of stone soup—if we bring our story and efforts forth to others, they will contribute to the soup. It may be time for the Society to consider reaching out to individuals and foundations who may be willing to contribute a few stones to the effort.

This article came about at the request of the newsletter editor and the Society of Clinical Child and Adolescent Psychology (SCCAP) board, who asked me to provide the membership with a brief overview of the history of the Society. This seemed appropriate since nearly half of the current membership have been members of SCCAP for less than five years. Many people could have written this piece, but it fell to me in part because I have been continuously on the SCCAP's Board and its predecessor organizations for over 20 years.

I would like to thank Bill Pelham, Michael Roberts, and Stephen Shirk, all former presidents, for their thoughtful review and commentary on the draft of this article. I reserve for myself responsibility for any errors or inaccurate presentations along with decisions regarding omissions.

## SCCAP Election 2007 Candidate Statements

## Candidates for President



Mary A. Fristad, Ph.D.

### Mary A. Fristad, Ph.D.

Mary A. Fristad is professor of psychiatry and psychology at The Ohio State University, where she also serves as the director of Research and Psychological Services in the Division of Child and Adolescent Psychiatry. Fristad completed her doctorate at the University of Kansas and her internship at Brown University. She has been on faculty at OSU for more than 20 years. Fristad serves on the editorial boards for the *Journal of Clinical Psychology* and *Clinical Psychology: Science and Practice*. She is a member of the NIMH Child Interventions study section, and has served on and chaired many other NIH grant review committees. Fristad has published over 125 articles, chapters, and books, primarily on the assessment and treatment of depression and bipolar disorder in youth. She is or has been a principal investigator or co-investigator on 40 grant-funded studies. Fristad has published a book, *Raising a Moody Child: How to Cope with Depression and Bipolar Disorder*, and a DVD, *Beyond the Book: Bipolar Children and their Families*, for parents and is on the professional advisory board for five web-based consumer support groups. Fristad is an APA Fellow.

**Statement:** *I am honored to have been nominated for president of Division 53. I was grateful to serve on the Board as a member-at-large (Education & Standards) at its inception, and at that time helped to launch and strengthen a variety of initiatives regarding training and certification at the pre-doctoral, post-doctoral, fellow, and continuing education levels. I am a founding member of the American Board of Clinical Child and Adolescent Psychology board for specialty accreditation in clinical child and adolescent psychology, which was initiated with the assistance of Division 53.*

*I have always worked in a clinical-research setting, with one foot in each. Thus, I feel acutely the bidirectional need to close the clinical-research gap. If elected president, I would like to build on the important work started by the Division in this area. In particular, I would like to focus on ways in which researchers can make their evidence-based treatments readily available to clinicians, including easy access to treatment manuals and training workshops. I would also like to increase feedback from clinicians to researchers, especially regarding "needs from the frontline." Division 53 is near and dear to my heart and I would be deeply honored to serve as its president.*

### Anthony Spirito, Ph.D., ABPP

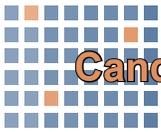
Anthony Spirito is a professor of Psychiatry and Human Behavior at Brown Medical School, associate director of Brown's Center for Alcohol and Addiction Studies, and director of the Brown Clinical Psychology Training Consortium. He is currently a member of one of the NIMH Data and Safety Monitoring Boards, the NIMH Child Interventions Study Section and the Scientific Advisory Council of the American Foundation of Suicide Prevention (AFSP). He is on the editorial board of four journals including the *Journal of Clinical Child and Adolescent Psychology*. He has been PI or co-investigator on six NIH-funded treatment studies with adolescents since 2000. He has been a mentor on F31, F32, T32, New Investigator R01, and K awards as well as NARSAD and AFSP junior investigator awards. Spirito currently has a midcareer K award from NIMH focusing on ways to enhance community treatment of adolescents with co-occurring mood and substance use disorders. He has published over 160 papers and chapters as well as three books. His latest book, *Effective and Emerging Treatments in Pediatric Psychology* (with A. Kazak) was a result of his work as special editor of the *Journal of Pediatric Psychology's* series on empirically supported treatments. Spirito is a Fellow of Divisions 12, 53, and 54, and former president of Division 54, Society of Pediatric Psychology.



Anthony Spirito, Ph.D.

**Statement:** *I am honored to have been nominated for president of Division 53. My primary research interests are closely aligned with the Division's initiatives. Our research team has been focusing on the treatment of suicidal adolescents as well as adolescents with substance use disorders. Conducting research with high-risk populations is challenging. This is particularly true in the treatment of adolescents with co-occurring mental health and substance use disorders. Patients in these trials need to be closely monitored, hospitalized at times, and have parents who often have their own significant psychiatric symptomatology. My experience with these populations has made me aware of the difficulties encountered in conducting efficacy trials with comorbid adolescents as well as the challenges of translating research findings into everyday clinical care. I supervise trainees learning a cognitive-behavioral treatment protocol for adolescent depression. Thus, I understand the necessity of helping young clinicians learn how to use manualized protocols while at the same time establishing a therapeutic relationship. It is clear that our field needs to learn more about how to adapt empirically supported treatments to help ensure their effective use by clinicians. The Division has played a leading role in promoting empirically supported treatments.*

*As president, I would continue to prioritize the Division's dissemination efforts, to provide easy access to intervention protocols that have been empirically tested, e.g. via a website like I developed with Anne Kazak in our book on effective treatments, and to prioritize methods to enhance community adoption of these treatments.*



## Candidates for Member at Large



Kathryn Grant, Ph.D.

### Kathryn Grant, Ph.D.

**K**athryn Grant is an associate professor of clinical child psychology and director of clinical training at DePaul University. Her research focuses on the effects of stressful life experiences on the mental health of adolescents, with a particular focus on internalizing outcomes, such as depression. She has published extensively in this area. She is currently completing a 4-wave longitudinal study examining stressors, mediating processes, and possible protective

factors in the lives of urban youth. The long-term goals of this research are to develop effective interventions and policy initiatives for low-income urban adolescents. Grant is a William T. Grant Scholar and her work has been funded additionally by grants from the National Institute of Mental Health and the National Alliance for Research on Schizophrenia and Depression. Under her leadership, DePaul University's Clinical Psychology Program received Division 53's Outstanding Training Program in Clinical Child and Adolescent Psychology Award for 2006.

**Statement:** *I am honored to have been nominated for the position of Division 53's member at large for Scientific and Professional Affairs. If elected, I will bring an eagerness to build on all that Division 53 is already doing to integrate research and policy. I am especially eager to build on Division 53's current emphasis on ethnic diversity and its growing focus on effective services for children and adolescents who live in poverty. One way I might do that is through current work on a meta-analysis of the effectiveness of interventions with low-income urban youth. I also will bring a passion for developing new strategies for broadening and deepening Division 53's impact on the integration of research and policy. One such opportunity has already presented itself to me, as I was recently selected to serve as the 2008 American Psychological Association Program Chair for Division 37, Society for Child and Family Policy and Practice. Under the leadership of Division 37 President Elect, Patrick Tolan, I hope to develop a forum for increased collaborations between Division 53 and Division 37. One long-term goal of this forum could be the development and dissemination of easily sustainable structures or processes that integrate research and policy. Toward that end, I hope to build on connections and skills I have developed during my years as a William T. Grant Foundation Scholar. That experience impressed upon me the benefits of both bringing a research approach to policy and bringing a policy and service perspective to research. I am excited about building upon what I learned through that award in service of Division 53's mission to provide children, adolescents, and families with the best possible clinical care based on psychological science.*

### Golda S. Ginsburg, Ph.D.

**G**olda S. Ginsburg is an associate professor of psychiatry in the division of Child and Adolescent Psychiatry at the Johns Hopkins University School of Medicine. Her research focuses on childhood anxiety and depression and she has published over 50 articles and book chapters and authored intervention manuals in this area. She is currently PI or Co-I on several NIH grants exploring the treatment and prevention of anxiety and depressive disorders in youth. Ginsburg has been an active member of APA for over a decade and is also a member of the Society for Prevention Research, the International Society for Child and Adolescent Psychopathology, and the Association for Behavioral and Cognitive Therapies.



Golda S. Ginsburg, Ph.D.

**Statement:** *I am honored to be nominated for Division 53 member at large—Scientific and Professional Affairs. Clinical child and adolescent psychologists play a major role in shaping the standard of care for children with mental illness and are often at the cutting edge of research. As a member at large, I will work with Board members to monitor the latest scientific developments, review patterns of funding at all levels, and offer informed policy recommendations. One of my goals will be to ensure that our membership remain leaders in the child and adolescent mental health field.*



**Watch for your divisional ballots and get out the vote for your Division 53 Board!**

## Candidates for APA Council Representative



Cynthia A. Rohrbeck, Ph.D.

### Cynthia A. Rohrbeck, Ph.D.

Cynthia Rohrbeck received her Ph.D. from the University of Rochester and has been a faculty member in the Clinical Psychology program at George Washington University in Washington, D.C., since 1985. As an educator, Rohrbeck has taught and supervised undergraduates, graduate students, Psychology interns, and postdoctoral students. She has mentored over a dozen doctoral dissertation students and two dozen masters level students. Rohrbeck has written over 20 research articles and chapters focusing on assessment, child maltreatment, peer-assisted learning interventions, risk taking, and self-regulation in children and adolescents. As a licensed psychologist, she has maintained a small private practice using empirically supported approaches to treat children, adolescents, and young adults. Her clinical work has provided ideas and material for classes, and helped her to stay aware of the issues facing practitioners. As a board member of her department's in-house clinic, she has worked to integrate training and community-based services that serve diverse urban populations.

**Statement:** *I am delighted to be nominated for this position and I am eager to serve as a council representative from Division 53. If elected, I will strive to ensure a strong voice for Division 53 in the Council. I will support continued research and dissemination of evidence-based assessment and treatment approaches, development of accreditation standards for training in child and adolescent psychology, and increasing consumer understanding and access to child and adolescent mental health care.*

### Catherine Lord, Ph.D.



Catherine Lord, Ph.D.

Catherine Lord is a professor of psychology, psychiatry and pediatrics at the University of Michigan, and director of the University of Michigan Autism and Communication Disorders Center. She was chair of the National Research Council Committee on the Effectiveness of Early Intervention in Autism. She is the author of a standardized interview and observation scale developed for autism research, now used in clinical practice. She was associate editor of the *Journal of Autism and Developmental Disorders*, on the *Journal of Abnormal Child Psychology and Development and Psychopathology* editorial boards and a member of the NIH Psychopathology and Developmental Disabilities study section. Currently Fellows chair of Division of 53, she is the PI of numerous federal grants.

**Statement:** *Empirical research in clinical psychology has an impressive history that has changed conceptualizations of mental health services for children and families. Yet how scientific knowledge and everyday clinical practice can be integrated to produce services and policies that are truly more effective is often still not understood. We need ways of taking into account social diversity and developmental differences in the selection of appropriate assessments and treatments. As someone who has been lucky enough both to work with many young investigators and students and to have been able move back and forth from clinic to practice, I would be a strong advocate for the importance of clinically meaningful research in establishing education and standards in our field.*

## APA 2007 Program Preview

Yo Jackson, Ph.D.  
Division 53 APA Program Chair

Welcome to San Francisco! Division 53 has put together a wonderful program for the 2007 convention. The poster presentations are especially great and encompass two general themes: 1) internalizing disorders—social functioning and development and 2) externalizing disorders—family issues, treatment, and coping. A new addition this year is the creation of two new poster sessions devoted entirely to child assessment. One session is focused on the assess-

ment of child behavior and adjustment and the other is focused on the measurement of cognitive abilities and deficits in childhood.

In addition to many insightful and compelling poster presentations, this year's symposia focus on treatment issues, ethnic diversity, and community concerns for children.

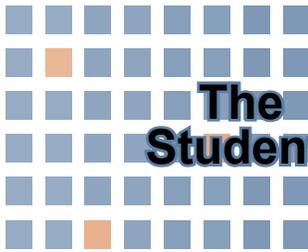
Symposia on the mental health needs of children living in poverty and children exposed to trauma will demonstrate some of the state of field research addressing how environmental factors impact child adjustment. Issues relevant to ethnic minorities are at the forefront of the convention themes and the Division is sponsoring several symposia that target how treatment and assessment of children can be understood in a cultural and empirical context.

Finally, the Division is also excited about a



range of symposia specific to the treatment of child psychopathology, such as eating disorders and externalizing and internalizing disorders.

Division 53 is also co-sponsoring a cross-cutting proposal on ethnic diversity, children, and empirically supported treatments. The symposia cross multiple interests and professional areas and provide an important spotlight on mental health needs of children.



# The Student View

## Publishing in JCCAP

By Yasmin Rey, M.A.

Florida International University, Miami



Yasmin Rey, M.A.

For my last newsletter article as Division 53 student representative, I decided to use this opportunity to interview Dr. Paul Frick, the new editor of the *Journal of Clinical Child and Adolescent Psychology* (JCCAP). I hope this interview provides useful information for graduate students who are interested in publishing in the Division's journal. I have enjoyed being the Division's student representative. Succeeding me as the next Division 53 student representative will be Julie Kotler from the University of Washington.

**What guidance can you give a student trying to figure out if JCCAP is the most appropriate outlet for his or her work?**

JCCAP publishes original contributions, both reviews and empirical studies on the following topics: (a) the development and evaluation of assessment and intervention techniques for use with clinical child and adolescent populations; (b) the development and maintenance of clinical child and adolescent problems; (c) cross-cultural and sociodemographic issues that have a clear bearing on clinical child and adolescent psychology in terms of theory, research, or practice; and (d) training and professional practice in clinical child and adolescent psychology, as well as child advocacy.

JCCAP has also started a new type of manuscript called Case Studies in Evidence-Based Practice in Clinical Child and Adolescent Psychology. These manuscripts will describe an example of evidenced-based practice for a child or adolescent client. The case study should illustrate the use of the most current research evidence for making decisions at each stage of treatment delivery.

**Do you have a sense, or data, on the percentage of students who serve as co-authors of articles published in the JCCAP? How about as first authors?**

Unfortunately, I don't have any data on this because we don't request information on whether authors/co-authors are students. However, my sense is that in the majority of manuscripts students are co-authors and, in a substantial minority of cases, the first author. Also my sense is that JCCAP has students as first author more than any other journal that I read.

**What is the most important advice you would give a student interested in submitting a paper to JCCAP to optimize a positive publication decision?**

Like most journals, it is important to have a clear theoretical context for the study and use sound methods and procedures. However, where JCCAP differs from many other journals is that a paper *also* has to be clear on its relevance for policy and practice. I will also note that clear writing and adherence to APA style in the preparation of the manuscript helps. Such stylistic factors can't overcome major problems in a study's theory and methods. However, reviewers will be concerned about the quality of the data if the manuscript is poorly written.

**Is it possible for students to get involved in the referee process of the journal? If so, how?**

It is possible and I would recommend it. I think it is good for the journal because it gets a fresh perspective on manuscripts. It is also good for the student because it gives the student a chance to engage in an important professional activity that serves the field, it helps the student to develop skills in evaluating the quality of research, and it looks good on the student's vita. The best way to get involved is for a student to talk to her or his major professor and let the professor know that the student would like experience in the review process. This professor can send me an e-mail (pfrick@uno.edu) that she or he would like to be considered as a reviewer with a student and provide the content areas in which she or he would feel comfortable reviewing. For the first several reviews, it is important to receive mentoring in the review process from an experienced reviewer.

**Activating Your Online Access to the JCCAP**

Did you know your membership includes online access to the *Journal of Clinical Child and Adolescent Psychology*?

Current and back issues of the journal are available online at *leaonline.com* to all members who supply the division with their e-mail address. Members who have not activated their online access to the journal will receive periodic follow-up e-mails with a link to the journal website. Click on the "register now" button and follow the on-screen instructions. If you have already registered, please log in and follow the on-screen instructions.

We are confident that you will find the functionality of the online journal website very helpful.

**Notice to Members—Missing your journal?**

If you experience an interruption in your publication service, it may be because you haven't paid your dues. It is Division 53 policy that all members who have not paid their dues by 3/31/07 will be purged from the Division's membership rolls and the list of JCCAP recipients. This action follows the second notice of past due dues mailed to members in late January. Members whose payments are received on or after 4/1/07, but before the final dues deadline on 6/30/07, will have their membership and publication service reinstated. If you have not yet paid dues, please do so today!



If you have questions regarding the status of your 2007 membership dues payment, or are having problems activating your subscription, please contact Division 53 Database Manager Kris Morgan at kris@kmjassociates.com.



**Society of Clinical Child and Adolescent Psychology  
Division 53, American Psychological Association**

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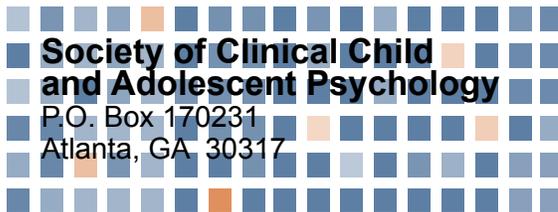
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