

President's Message



Cheryl King, Ph.D.
President, APA Division 53

I have been on a small mission the past few months—to learn more about us, the members of Division 53. Such information is tremendously important to my larger mission this year, which is to lead our Division's charge for the dissemination of evidence-based practice. Here, I will share some of what I've learned about our membership, then suggest how each of us can contribute to the dissemination of evidence-based practice.

At latest count, we have 2,708 members. This includes 1,870

full members who are also APA members, 84 full members who are not APA members, and 701 student members. We were one of only seven APA divisions that increased in size from 1998 to 2004. Additional information from a 2006 APA survey indicates that the APA component of our membership is 41.8 percent men and 58.2 percent women. We are diverse in terms of race and ethnicity (although not as diverse as our nation), and we have members from all regions of the United States. In addition, although our APA members tend to be a bit on the older side (counting myself in that group), we have a strong and growing group of student and early-career members.

Many of our Division's 1,870 APA members also belong to other divisions. The breadth of these affiliations indicates the diversity of our scholarly backgrounds, academic interests, and clinical specialties. The most commonly partnered divisions are Clinical Psychology (27.6 percent), Pediatric Psychology (18.7 percent), and Child and Family Policy and Practice (12.8 percent). Nevertheless, the divisions for Psychologists in Independent Practice (9.3 percent), School Psychology (9.1 percent), Clinical Neuropsychology (6.3 percent), Psychotherapy (6.2 percent), Family Psychology (5.7 percent), and Developmental Psychology (5.5 percent) are also well represented. Finally, the majority of our members have Ph.D. degrees (83.9 percent). However, we also have significant numbers of members with Psy.D. degrees (10.8 percent) and a small number of members with Ed.D. degrees (1.7 percent).

Division 53 offers all of us the opportunity to be part of a large group of bright, committed, highly trained psychologists who are dedicated to the wellbeing of children and passionate about providing high-quality preventive and mental health services to children and families. Working together, we can have an impact that is much greater than that of the

sum of our individual endeavors. Taken directly from our by-laws, "The purpose of Division 53 (Society of Clinical Child and Adolescent Psychology) is to encourage the development and advancement of clinical child and adolescent psychology through integration of its scientific and professional aspects." I invite and challenge all of us to reach together for a common goal. This is the dissemination of the very best that our field has to offer—the dissemination of evidence-based practice.

What can each of us, as one of 2,708 Division 53 members, do to contribute? The possibilities are limitless. Here are just a few:

- Partner with state or regional psychological associations to sponsor training workshops for providers, to get more psychologists on board with our mission, and/or establish links between clinical scientists and clinical providers
- Keep our clinical scientist hat on when engaged in clinical practice—relying on the best data available when making choices about prevention, assessment, and treatment strategies, and when implementing these strategies
- Attend training institutes and workshops to maintain and improve skills in evidence-based practices
- Partner with local agencies and institutions—community mental health, schools, hospitals, and practice groups—for the dissemination of evidence-based practices; Get the word out about our evidence-base and relevant training opportunities
- Instill clinical-scientist values and respect for evidence-based practice in students and the early-career professionals we nurture and influence
- Model clinical-scientist values and practice patterns for our many colleagues in other mental health disciplines, including, among others, social workers, counselors, and nurse practitioners

Our strength is our membership and it has been wonderfully reassuring to learn about us.

Let's get all 2,708 of us moving in one direction for the dissemination of evidence-based practice. As a group we can have tremendous impact—far more than any one member, any one president, or any one board of directors.

Please don't hesitate to contact me if you have ideas or feedback concerning this dissemination initiative or if you'd like to visit about other Division 53 activities. I can be reached at kingca@umich.edu.

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Newsletter Deadline

Articles for the next newsletter are due by May 1, 2008. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.

News and Announcements

APA Council Update

Abstracted from a piece by Rhea K. Farberman, APA Monitor Executive Editor. Division 53's Council Reps are Marilyn Erickson, Ph.D. and Cathy Lord, Ph.D.

Council actions relevant to child/adolescent/family issues include:

- Voted to adopt the Resolution on the American with Disabilities Act, which reaffirms APA's policy on disabilities, strengthens the association's position on the law, and enables the association to pursue disability-related activities at the federal and state levels.
- Voted to adopt as policy the revised *Principles for the Recognition of Specialties in Professional Psychology*, which has been updated to recognize the importance of cultural and individual differences and diversity in the education and training of specialists.
- Approved Division 56 (Trauma) as a permanent APA division.

The council also allocated money from its 2008 discretionary fund for a meeting of the National Standards for High School Psychology Working Group and the National Standards Advisory Panel. This meeting will serve to facilitate the second revision of the National Standards for the High School Psychology Curricula.

Pediatric/Child Clinical Psychologist Geisinger Health System

Geisinger Health System in Danville, Pennsylvania, seeks a pediatric/child clinical psychologist. Experience in areas of disruptive behavior disorders, ADHD, parent training, pediatric obesity, and evidence-based treatment desired. Opportunities for research and clinical faculty appointment through Temple Medical School.

Primary responsibilities: 1) provide a range of clinical services to children, adolescents and families; 2) provide clinical supervision to psychology residents; and 3) collaborate with physicians including pediatric subspecialists in outpatient clinics and in our Children's Hospital.

Contact Paul Kettlewell, Ph.D., search director, at kkardisco@geisinger.edu or call 800-845-7112. For more information, visit www.geisinger.org/docjobs.

Pediatric Psychology Position at CHOP

The Department of Psychology at the Children's Hospital of Philadelphia (CHOP) is pleased to announce the availability of a psychologist position in the Division of Gastroenterology and Nutrition of the Department of Pediatrics. The psychologist in this established position will provide outpatient clinical care, consultation, training, and research in collaboration with GI division faculty. Typical clinical presentations include abdominal pain, inflammatory bowel disease, and liver disease. Psychologists also participate in the department's APA-accredited Psychology Internship Training Program.

Primarily a clinical position, there are also ample opportunities for clinical research in collaboration with the Division of Gastroenterology. Applicants must have a doctoral degree in psychology, relevant postdoctoral experience in pediatric, clinical child and family psychology, and have completed an APA-accredited internship. Research experience will also be considered. Pennsylvania licensure required. Review process will begin immediately and continue until position is filled. Applicants should send a CV, letter of interest, and three letters of recommendation to Paul M. Robins, Ph.D., clinical director, Dept. of Psychology, Children's Hospital of Philadelphia, 34th St. and Civic Center Blvd., Philadelphia, PA 19104-4399. Fax: 215-590-5637. Send electronic inquiries/submissions to robinsp@email.chop.edu. *EOE.*

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Teachers Describe Their Training Needs

Funding for the Coalition for Psychology in the Schools and Education is provided by the member Divisions and by the APA's Education Directorate. The mission of the Coalition is to promote the application of psychological research to improve the quality of the nation's education and schooling, particularly for children in grades K-12, and to encourage the APA's involvement in policy making and legislation associated with the nation's educational agenda. To accomplish this mission, the Coalition facilitates cooperation among groups within the APA, and affiliates of the APA, whose focus is on children and youth and the teaching and learning process. The Coalition's activities support the APA's mission to improve education at every level.

The Coalition recently completed a survey of 2,334 teachers from 49 states and the District of Columbia. The survey focused on assessing the extent to which teachers believe they would benefit from additional instruction in four areas: classroom management, instructional skills, classroom diversity, and communication with families. The survey was the first time teachers were directly asked to identify their needs for further professional development. Most other surveys have attempted to identify teacher needs by asking administrators about them.

The majority of respondents were from K-12 public school teachers. Teachers with a wide range of experience in the classroom participated and specific efforts were made to include teachers from urban, suburban, and rural areas.

Areas of greatest need. Instructional skills and classroom management were the areas in which the highest percentage of teachers reported the need for additional professional development, with 35 percent of the respondents indicating that their first priority was for further education in instructional skills and 25 percent indicating that further instruction in classroom management was their greatest need. Notably, these areas were identified even though most respondents already had received substantial education in instructional skills (65 percent) and classroom management (50 percent) during teacher preparation programs and in-service professional development programs.

Surprisingly, 24 percent of the teachers indicated that they had received minimal instruction in classroom management during their teacher training program. This trend was even more marked with new teachers—34 percent of first-year teachers indicated that they had received only “a little” preparation in this area.

Influence of experience. Professional development needs varied with experience. For example, in the case of classroom management, 52 percent of first-year teachers ranked it as their greatest need for further professional development. This decreased to 26 percent of teachers with 5-9 years of experience and 20 percent of teachers with 10 or more years of experience.

Among teachers with 10 or more years of experience, 24 percent identified classroom diversity and 22 percent identified communicating with family and caregivers as the area of their greatest need for professional development. Interestingly, teachers' comments on the survey showed that, when they thought of diversity in their classroom, many of them focused on the diversity in academic abilities of their students.

Specific needs. The issues of most importance to teachers who identified classroom management as an area for additional professional development were: a) reducing the frequency with which the negative

behaviors of one child disrupted the learning of other children, b) ensuring that all students were socially and emotionally safe in their classroom, and c) encouraging the participation of all students in classroom interactions.

The most commonly mentioned areas for professional development in instructional skills were: a) promoting critical thinking skills, b) motivating students to learn, c) designing and implementing a challenging curriculum, and d) modifying instructional strategies to meet the needs of individual students. In the area of diversity, teachers expressed an interest in working more effectively with students who have varying degrees of grade-level readiness, gifted students, and students with special learning needs. Finally, teachers expressed interest in learning more about communicating with families and caregivers about behavior and academic problems.

Additional instruction. The survey also asked teachers to identify their preferred methods for continuing their professional development. Most teachers (84 percent) indicated that they preferred in-district workshops as their first or second choice and 59 percent indicated that on-line modules were either their first or second choice.

Future work. The Coalition plans to collaborate with the APA's Education Directorate, other groups within the APA, and other state and national educational organizations to develop strategies to address the principal professional development needs of teachers, as identified through this survey.

Coalition for Psychology in the Schools and Education was established in 2001 and currently includes members from several APA Divisions and groups, including:

- 5 (Evaluation, Measurement and Statistics)
- 7 (Developmental Psychology)
- 10 (Aesthetics, Creativity and the Arts)
- 15 (Educational Psychology)
- 16 (School Psychology)
- 17 (Society of Counseling Psychology),
- 25 (Behavior Analysis)
- 27 (Society for Community Research and Action)
- 35 (Society for the Psychology of Women)
- 37 (Society for Child and Family Policy and Practice)
- 43 (Family Psychology)
- 45 (Society for the Psychological Study of Ethnic Minority Issues)
- 46 (Media Psychology)
- 53 (Society of Clinical Child and Adolescent Psychology),
- APA Board of Educational Affairs (BEA)
- APA Board of Scientific Affairs (BSA)
- Committee on Ethnic Minority Affairs (CEMA)
- Committee on Psychological Testing and Assessment (CPTA)
- Committee of Teachers of Psychology at Secondary Schools (TOPSS)
- Psi Chi

Expanding the Concept of Intervention Integrity: A Multidimensional Model of Participant Engagement

Heather A. Jones, *The Children's Hospital of Philadelphia*

Angela T. Clarke, *West Chester University & The Children's Hospital of Philadelphia*

Thomas J. Power, *University of Pennsylvania School of Medicine & The Children's Hospital of Philadelphia*

Intervention integrity, also referred to as fidelity of implementation, is defined as the degree to which an intervention is delivered as intended (Yeaton & Sechrest, 1981). There is growing consensus that comprehensive measurement of intervention integrity should encompass multiple dimensions (Dane & Schneider, 1998; Perepletchikova & Kazdin, 2005; Waltz, Addis, Koerner, & Jacobson, 1993). Waltz and colleagues (1993) argued that to determine whether an intervention has been delivered as intended, researchers must evaluate the extent to which a therapist follows the treatment manual and avoids prohibited procedures (i.e., therapist adherence and program differentiation) as well as the skill with which the therapist delivers the intervention (i.e., therapist competence). In essence, adherence to a treatment manual does not equate to successful implementation, because a therapist who is adherent is not necessarily competent (Waltz et al., 1993). Dane and Schneider (1998) offer another conceptualization of integrity, incorporating dimensions that reflect both provider

implementation and client engagement in intervention, including participant exposure (i.e., dosage) and responsiveness.

By delineating therapist and client contributions to integrity, Dane and Schneider (1998) make the implicit argument that successful implementation arises from the therapist delivering the intervention as intended and the client receiving it as intended. Similarly, Waltz and colleagues (1993) suggest that therapist competence is, in part, a function of the therapist's skill in adjusting to the client's level of engagement. Despite its relevance to intervention integrity, the empirical evaluation of



Heather A. Jones

participant engagement is much less common than the evaluation of therapist implementation (Dane & Schneider, 1998; Domitrovich & Greenberg, 2000). Par-



Angela T. Clarke

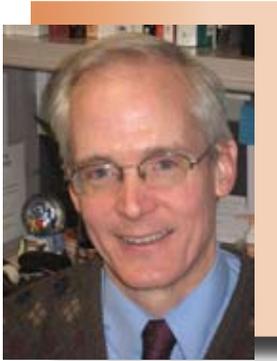
ticipant engagement, if evaluated, is measured by participant attendance or dosage. Studies evaluating participants' quality of engagement in treatment and adherence to prescribed intervention components are rare. However, the argument that Waltz et al. (1993) applied to the assessment of therapist contributions to integrity also applies to the study of client contributions to integrity. High participant dosage does not equate to successful implementation, because

even though a client attends intervention sessions regularly, that client may not be receptive to treatment or adherent to treatment recommendations (e.g., completing homework). The need to distinguish dimensions of participant engagement is demonstrated in a recent study of a drug abuse prevention program in which adolescent attendance was associated with increased substance use, but adolescents' alliance with the program was associated with decreased substance use (Sanchez et al., 2007).

We propose that a comprehensive assessment of intervention integrity should incorporate multiple dimensions of participant engagement, in addition to aspects of provider implementation (see Table 1). Our model of participant engagement

Contributor	Dimension of Integrity	Potential Methods of Measurement	Potential Informant
Client Participant	Dosage Received	Percent of sessions attended; Number of clinical contact hours	Therapist/Provider
	Participant Adherence	Percent of homework completed; Rating of participant use of prohibited techniques	Therapist/Provider
	Participant Responsiveness	Percent of affirmative statements and participant-initiated verbalizations; Rating of participant cooperation and treatment acceptability	Trained Observer
Therapist/Provider	Therapist Adherence	Percent of prescribed components administered; Rating of the quality of administration of prescribed components	Trained Observer
	Therapist Competence	Percent of time spent in collaborative dialogue with client/participant; Rating of clinician competence	Trained Observer
	Program Differentiation	Frequency of prohibited components administered; Rating of the degree to which the therapist/provider makes compatible alterations to the prescribed components	Trained Observer

includes three core dimensions: dosage received, participant adherence, and participant responsiveness. Each of these dimensions may be measured in several different ways (e.g., percent, Likert scale) by several



Thomas J. Power

different informants (e.g., observer, therapist, participant). Issues related to the use of multi-method, multi-informant measures of participant engagement have received limited attention in the extant child and adolescent treatment literature. However, there are a growing number of researchers attempting to address these important issues (e.g., Kazdin, Marciano, & Whitley, 2005; Sanchez et al., 2007).

By delineating this multidimensional model of participant engagement, we hope that future research will explore methods of measuring these dimensions, optimal time points for measurement, the inter-relationships among the dimensions, and their impact on treatment outcome. Ultimately, this research will enable us to identify participants who do not benefit from efficacious treatments due to poor engagement and to design effective strategies for promoting their engagement.

References

- Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: Are implementation effects out of control? *Clinical Psychology Review*, 18, 23-45.
- Domitrovich, D. E., & Greenberg, M. T. (2000). The study of implementation: Current findings from effective programs that prevent mental disorders in school-aged children. *Journal of Educational and Psychological Consultation*, 11, 193-221.
- Kazdin, A. E., Marciano, P. L., & Whitley, M. K. (2005). The therapeutic alliance in cognitive-behavioral treatment of children referred for oppositional, aggressive, and antisocial behavior. *Journal of Consulting and Clinical Psychology*, 73, 726-730.
- Perepletchikova, F., & Kazdin, A. E. (2005). Treatment integrity and therapeutic change: Issues and research recommendations. *Clinical Psychology: Science and Practice*, 12, 365-383.
- Sanchez, V., Steckler, A., Nitirat, P., Hallfors, D., Cho, H., & Brodish, P. (2007). Fidelity of implementation in a treatment effectiveness trial of Reconnecting Youth. *Health Education Research*, 22, 95-107.
- Waltz, J., Addis, M. E., Koerner, K., & Jacobson, N. S. (1993). Testing the integrity of a psychotherapy protocol: Assessment of adherence and competence. *Journal of Consulting and Clinical Psychology*, 61, 620-630.
- Yeaton, W. H., & Sechrest, L. (1981). Critical dimensions in the choice and maintenance of successful treatments: Strength, integrity, and effectiveness. *Journal of Consulting and Clinical Psychology*, 49, 156-167.

SCCAP Board Holding Monthly Phone Conferences

As of late 2007, the Society Board has started to hold monthly phone conferences. The move was part of a developing strategic plan and was designed to keep the board moving forward while remaining cost-conscious.

Dissemination of Evidence-based Practice Ad Hoc Committee to Hold First Meeting

The ad hoc committee charged with identifying next steps for the major initiative for SCCAP, the dissemination of EBTs, will be meeting in March. William Pelham, Ph.D., is the chair of the committee.

New Division 53 Webmaster Appointed

Amanda Jensen Doss, Ph.D. (Texas A&M University) was named webmaster, taking the reins from Matthew Nock, Ph.D. (Harvard University). Major updates to the website are in the works so log on: www.clinicalchildpsychology.org/.

New Student Representative Appointed

Roisin O'Mara, a clinical psychology graduate student at the University of Michigan, was appointed the student representative for 2008-2009. She will take over the student column from departing student rep Julie Kotler, Ph.D., with the summer issue. Student reps of recent years have advocated for the increase in student-oriented APA presentations and the "First Year Free" membership offer from the society.

Self-Injury among Children and Adolescents: A Brief Primer

Matthew K. Nock, Ph.D.

Over the past two decades there has been significantly increased attention to the phenomenon of non-suicidal self-injury by clinicians, researchers, and the public. This column provides a brief summary of recent scientific and clinical work on this important behavioral problem.

What is non-suicidal self-injury?

Non-suicidal self-injury (NSSI) refers to the direct, deliberate destruction of one's own body tissue in the absence of suicidal intent. It is direct in that there are no intervening steps between the behavior and the injury, which distinguishes NSSI from other behaviors that may be indirectly harmful, such as smoking cigarettes or using alcohol. It is deliberate in that it is fully intended by the individual rather than accidental. The absence of intent to die is an important aspect of NSSI that distinguishes it from a suicide attempt. Prior studies indicate that 50-75 percent of adolescents who engage in NSSI have also made at least one suicide attempt (Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006), but the two behaviors are distinct in terms of prevalence, course, and treatment approach.

How common is NSSI?

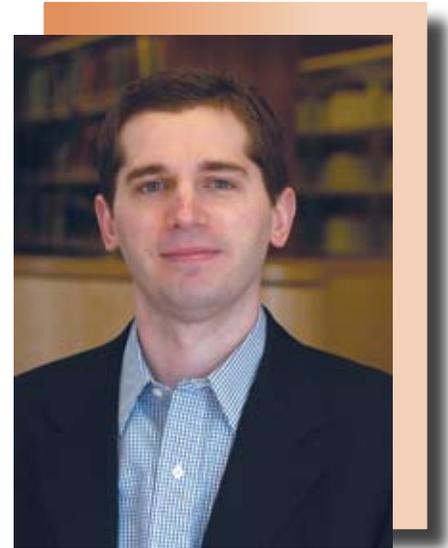
Recent studies suggest NSSI occurs among 7 percent of preadolescents (Hilt, Nock, Lloyd-Richardson, & Prinstein, in press), 14-21 percent of adolescents (Ross & Heath, 2002; Whitlock, Eckenrode, & Silverman, 2006; Zoroglu et al., 2003), and 1-4 percent of adults (Briere & Gil, 1998; Klonsky, Oltmanns, & Turkheimer, 2003). Data regarding gender differences of NSSI among youth are mixed, and studies examining ethnic differences while accounting for socio-economic status are unavailable.

Why do people hurt themselves?

There are many factors that influence the occurrence of NSSI, and research on this topic is in a very early stage; thus, many questions remain. Recent research suggests that there is no one reason people engage in this behavior. In our own research we have proposed a four function model of NSSI that suggests that NSSI is maintained by either negative reinforcement or positive reinforcement, and by contingencies for the behavior that are either intrapersonal or interpersonal (see Nock & Prinstein, 2004, 2005). Thus, the four functions proposed are *intrapersonal* negative reinforcement (e.g., to decrease or distract from aversive thoughts or feelings) or positive reinforcement (e.g., to generate feelings when numb), and *interpersonal* positive reinforcement (e.g., help seeking) or negative reinforcement (e.g., to remove demands from others). This model has been replicated by several different research groups and by objective physiological and behavioral data (Brown, Comtois, & Linehan, 2002; Iwata et al., 1994; Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Nock & Mendes, 2008), and has direct implications for treatment.

Are there effective treatments for NSSI?

Several different behavioral and cognitive treatment approaches have been shown to decrease NSSI. These aim primarily at carefully monitoring the behavior, identifying the antecedents and consequences of the behavior in a given individual, and teaching skills that can be used to replace NSSI, such as affect regulation and social problem-solving skills (see Iwata et al., 1994; Miller, Rathus, & Linehan, 2007; Nock, Teper, & Hollander, 2007).



Matthew K. Nock, Ph.D.

Conclusion

Recent research on NSSI has provided increased understanding of the phenomenon and provided scientists and clinicians with the knowledge to better confront this behavior problem. Still, large gaps remain in our understanding and it is our hope that a further increase in attention to this problem will soon lead to a decrease in this dangerous behavior.

References available at
www.clinicalchildpsychology.org

SCCAP Election 2008 Candidate Statements

Candidates for President

John F. Curry, Ph.D., ABPP



John F. Curry, Ph.D.

John F. Curry is a professor in the departments of Psychiatry and Behavioral Sciences, Psychology and Neuroscience, and Director of Clinical Training at Duke University. He has served on several editorial boards, including the *Journal of Clinical Child and Adolescent Psychology*. He is a Fellow of APA (including Divisions 37, 53, and 54), of the Academy of Cognitive Therapy, and of the Academy of Clinical Psychology of ABPP. His research focuses on effective psychotherapeutic treatments for

adolescent disorders, especially depression and substance abuse. Curry led the CBT team in the NIMH-sponsored Treatment for Adolescents with Depression Study (TADS), is PI of the ongoing TADS follow-up study, and has extensive experience in multi-site treatment trials of CBT and medication for youth.

Curry has been extensively involved in training, as a teacher and supervisor, a member of APA's Committee on Accreditation, and a Board Member of the Council of University Directors of Clinical Psychology, emphasizing the interface between science and practice.

Statement: *This is an exciting period for Division 53. In recent years we have emphasized the importance of anchoring psychological services in science, and of access to evidence-based mental health care for all children and adolescents. I am honored to be nominated for President and pledge to continue this critical work. Our impact will be enhanced to the extent that we continue to develop innovative treatments, encourage their dissemination, and enhance training on their use within our own and related professions.*

We remain challenged by paradoxical factors within our field. First, we are unsure of the extent to which evidence-based practices are being implemented in clinical psychology training programs. Second, we have, understandably, emphasized treatment development far more than treatment dissemination. Third, unlike physicians, most psychologists do not seek board certification, and thus avoid the peer review process for clinical work that has served us well in our scientific work despite how well the ABPP specialty board for Clinical Child and Adolescent Psychology serves our field.

As President I would concentrate my efforts on these three areas through the following initiatives: a) a task force to determine to what extent and how evidence-based practices for youth are incorporated in clinical training programs, and to develop relevant training recommendations; b) emphasize the process of treatment dissemination in our APA Convention program and encourage publications and training guidelines, and c) encourage our members to participate in the ABPP board certification in child and adolescent psychology through joint 'mentoring' efforts with the Board.

Anthony Spirito, Ph.D., ABPP



Anthony Spirito, Ph.D.

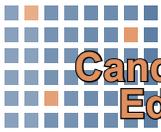
Anthony Spirito is a professor of psychiatry and human behavior at Brown Medical School, Associate Director of Brown's Center for Alcohol and Addiction Studies, and director of the Brown Clinical Psychology Training Consortium. He is currently a member of one of the NIMH Data and Safety Monitoring Boards, 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*.

Spirito 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. He 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. He is a Fellow of divisions 12, 53, and 54 and former President of Division 54 the Society of Pediatric Psychology.

Statement: *I am honored to have been nominated for President of Division 53. My primary research interests are closely aligned with the initiatives of the Division. 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. 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 this population has made me aware of the difficulties encountered in conducting efficacy trials with comorbid patients as well as the challenges of translating clinical trial findings into everyday clinical care.*

I also supervise clinical psychology and psychiatry trainees in CBT and have recently begun to train staff at a community mental health clinic in our adolescent CBT protocol as part of my midcareer award. These experiences have helped me better understand ways to transport empirically supported treatments to the field and how to implement effective training. This recent work fits well with that of the division which has played a leading role in promoting empirically supported treatments.

As President, I would continue to prioritize the Division's dissemination efforts, and investigate ways to optimize training and improve access to intervention protocols that have been empirically tested.



Candidates for Member at Large Education & Standards



Yo Jackson, Ph.D.

Yo Jackson, Ph.D.

Yo Jackson received her bachelor's degree from Valparaiso University and her master's and doctorate degrees in clinical child psychology from the University of Alabama. She completed her clinical internship at the Children Medical Center in Tulsa, Oklahoma. She is an associate professor at the University of Kansas and a core member of the Clinical Child Psychology Program. Jackson's research focuses on several topics: a) factors that contribute

to resilience and adaptive behavior after exposure to stress, b) intervention development for children exposed to trauma, c) how protective factors promote adaptive behavior, and d) developing models of competence in children exposed to multiple stressors. Additionally, Jackson conducts research on multicultural issues, including current projects investigating the development of ethnic identity in adolescence and how acculturation influences psychopathology.

Jackson teaches upper level courses on child psychology, developmental psychopathology, child and family assessment, diversity issues in clinical psychology, and supervises clinical practicum. She is active in APA, and most recently served as a member of the Task Force on Resilience and Strength in African American youth and was program chair for Division 53 at the 2007 APA convention. She serves on multiple editorial boards including the board for the *Journal of Clinical Child and Adolescent Psychology*.

Statement: *It would be my great honor to serve Division 53 as member at large (MAL) for Education and Standards. I am committed to advancing training models and competence standards for clinical child psychologists. It is important not only to prepare future psychologists for the ever changing field of clinical child psychology, but also to ensure that established professionals are able to expand their expertise. Psychologists fill a multitude of roles in society and it is critical to address the needs of our ever-changing field with innovative and scientific approaches to training. As the MAL, I would advocate for improved training opportunities and the dissemination of our work to professionals and policymakers whose work impacts the lives of children and adolescents. I plan to work closely with graduate student groups and directors of training to create a forum for discussion. I believe that to grow our profession, we must facilitate educational models that tie together undergraduate, graduate, and post-graduate programs.*

Moreover, I will advocate for exploring and revising paradigms for practice and science by working with leaders on the local and national level to review, revise, clarify and expand competence standards in clinical child psychology. In our current climate of competence-based standards of care, I would also work to improve the evaluation of training by working to expand our scientific approach to how we educate ourselves and the public about clinical child psychology.

Cari McCarty, Ph.D.

Cari McCarty is a child clinical psychologist and a research assistant professor in pediatrics and adjunct faculty in psychology at the University of Washington. McCarty completed her bachelor's degree at the University of Michigan, and received her Ph.D. in clinical psychology from UCLA in 2000. She completed her clinical internship and a postdoctoral fellowship at the University of Washington, where she was retained on the faculty in 2002.



Cari McCarty, Ph.D.

McCarty's research program aims to understand influences that can promote the mental health and well-being of youth, incorporating multiple contexts such as parents and family, schools and peers, communities and cultures, and individual differences. As part of this effort, her research has focused on understanding risks and pathways to depression, testing etiological models, conducting meta-analytic reviews, and developing intervention curricula. She is currently conducting a study testing a contextually based preventive intervention to prevent depression among middle-school students. She has published more than 25 peer-reviewed publications, book chapters, and co-authored intervention manuals. Her research has been funded by the National Institute of Mental Health, the National Alliance for Research on Schizophrenia and Depression (NARSAD), and the Center for Disease Control.

She has previously been a member of the Society of Clinical Child and Adolescent Psychology's Committee on Evidence-Based Practice, and has served as ad hoc reviewer for numerous journals (e.g., *Journal of Consulting and Clinical Psychology*, *Developmental Psychology*). She is currently a member of APA Divisions 53 and 37, Society for Pediatric Research, the Society for Research in Child Development (SRCD), and the International Society for Research on Child and Adolescent Psychopathology (ISRCAP).

Statement: *I would be honored to serve as member at large, and to coordinate efforts to enrich educational and training opportunities from the predoctoral through the professional level. Having completed the process of strategic planning, Division 53 is now poised to implement our common goals to further the development, evaluation, and dissemination of evidence-based practices. To fulfill this objective, I would work collaboratively within the division to increase the availability of ongoing education on evidence-based practice that is of interest to our membership, to expand opportunities for consultation and collaboration, to ensure that training programs have access to resources that will facilitate their missions, and to translate research data to improve policy and services.*

Candidate for Treasurer



Richard R. Abidin, Ed.D., ABPP

Richard R. Abidin, Ed.D., ABPP

I would like to thank the membership of Division 53 for the opportunity to serve as your Treasurer in the past, and I ask for your vote in this election. In my role as treasurer I have sought to maximize the Division's income from sources other than membership dues, and to minimize administrative costs. These efforts have been quite successful and thus there have

been no dues increases in the past four years and none should occur for the foreseeable future. The Division's income from non-dues sources has enabled us to annually provide approximately \$35,000 in grants to support such activities as the Niagara and Kansas conferences, Early-Career Research Awards, Mental Health in the Public Sector grant, and student research grants and awards. These initiatives have been possible while growing the Division's reserve assets through a variety of activities (e.g. the contract negotiations with JCCAP's publisher, and by investing the Division's assets). As a result the Division's reserve assets have grown from \$50,000 to \$551,000 in the past 10 years.

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

2008 APA Convention

Bring on Beantown!

Julie Cerel, Ph.D., Program Chair

This year, the APA Convention will be in Boston, from August 14-17. Our summer issue will provide a more in-depth preview of the convention programming.

For now, however, we provide this teaser. One highlight is sure to be the Best Practices series, with two presentations. First, there will be a focus on the state of the art for treating youth depression. Drs. Nadine J. Kaslow, Mark Reinecke, Kevin D. Stark, and John Curry will present. In the second presentation, Drs. Gregory A. Fabiano, George J. DuPaul, Arthur D. Anastopoulos, and William E. Pelham will discuss best practices for assessing ADHD.

If you wonder how child disorders will look in the next version of DSM, then the symposium on discussing the move from DSM-IV to DSM-V should be on your convention must-see list! Drs. Jane Costello, Leon Eisenberg, Daniel Pine and Xavier Castellanos, who are all involved in the DSM-V working groups, will discuss how developmental psychopathology research will inform the DSM moving forward.

In addition to these three symposia, the Division 53 program includes the first report of the Multisite Child and Adolescent Anxiety Multimodal Treatment (CAMS) Study, a session on interventions with suicidal youth, and a session on traumatic grief in childhood. The division is also awarding the distinguished career award to Sheila Eyberg.

For students and early-career psychologists, there are two sessions—one on getting funding with presenters from NIH and another on career paths for child clinical psychologists. At the convention in San Francisco, similar panels were extremely well attended.

We hope to see you all in Boston this August. It is a great time to visit that beautiful city. And for baseball fans, yes, the Red Sox will be at home that weekend, playing host to Texas and Toronto.



**Complete information
and online registration:
www.apa.org/convention08/**

The Light at the End of the Tunnel: Preparing for your First Post-graduate Job

By Julie Kotler, Ph.D.
University of Washington

As my tenure as the Division's student representative draws to a close, I want to thank both Dr. Elizabeth McCauley and the board for the opportunity to represent Division 53 student interests. I hope that my year-long focus on bridging student and professional life has been helpful (and not overly anxiety-provoking!) In this, my concluding newsletter article, I'd like to address that final leap from student to new professional. Depending on how far along you are in your graduate training, this goal may still seem far off in the distance. However, at some point, many students find that the conclusion of graduate school starts to creep up surprisingly fast, and in the sometimes chaotic period of finishing your dissertation, completing internship, and trying to figure out what to do next, a bit of forethought is likely to go a long way. Thus, whether you plan to start a job this summer or whether this article gets filed in the category of "things to worry about later" here are some hints and resources I found helpful.

Keep an open mind. Post-doctoral positions can be the perfect venue for further honing your areas of specialization (research, clinical, or both). However, a post-doctoral fellowship can also be an opportunity to obtain training in a new area. It may be worth considering fellowships that expand your horizons and your professional network. Some positions may offer training or exposure in multiple areas, a blend of research and clinical work, opportunities to participate in a variety of seminars, etc. Talk to faculty and professionals that share your interests. Sometimes fellowships come about because of these informal conversations and can be closely tailored to your training goals. Also, don't assume that you must complete a post-doctoral fellowship before looking for an entry-level faculty position. Update your resume; consult with faculty mentors. You may be surprised to find that you are more ready to go on the academic job market than you think.

Get connected. If you are considering staying on at your internship site for a first job, start talking to supervisors and mentors early in your internship year. Discuss your interests and training goals. Make sure they know you would like to stay and would like to be informed of job opportunities as the year progresses. Join listservs that post announcements for a wide variety of post-doctoral, faculty, and clinical positions. Our own Division 53 listserv has many job postings throughout the year and is a great resource. Also, the APPIC post-doc network listserv provides job listings and hosts discussions related to post-doctoral training and the transition to professional work (visit www.appic.org for more information).

Consider finding your own funding. Obtaining grant funding for post-doctoral work can provide the ultimate flexibility in pursuing your own research interests and training goals right out of graduate school. Also, there are potential mentors who might be willing to provide supervision but do not have the funds to hire a post-doctoral fellow. If you can provide your own funding, many doors may open. The NIH grant website <http://grants.nih.gov> is a good place to start. NRSA grants [F32] are a primary source of post-doctoral fellowship funding while the NIH Pathway to Independence Award [K99/R00] provides for up to two years of post-doctoral funding as well as three years of initial career funding contingent on securing an independent research position. Local institutions may also have some post-doctoral grant funding available.

Educate yourself about licensure requirements. Most states (but not all) require some amount of post-doctoral supervised work prior to licensure. However, this additional training/mentorship can occur in a wide variety of settings. In most cases, your requisite supervision could be obtained through an APA-approved post-doctoral fellowship, a huge range



Julie Kotler, Ph.D.

of other academic or clinical post-doctoral training positions, an entry-level faculty position, etc. As you consider where you'll be living when you begin your professional life, check into state licensing requirements. Confirm that the jobs you are considering will satisfy any additional training/supervision needs. Making these arrangements ahead of time will ensure that you have adequately documented supervision when it comes time to apply for your license.

Finally, I'd like to welcome the new Division 53 student representative, Roisin O'Mara. Her first article will appear in the summer newsletter. Please feel free to contact Roisin with comments or questions at romara@med.umich.edu.

APA Waives Registration Fee Get Travel Assistance

Students, if you are a member of APAGS and the first author of a poster or paper, APA will waive your convention registration fee. In addition, the Science Directorate of APA sponsors an annual competition for graduate student travel awards.

For more information about this award visit www.apa.org/science/travinfo.html.

Deadline is April 19, 2008.

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 www.informaworld.com, Taylor & Francis' new online journal platform to all members who supply the division with their e-mail address. Members who have not activated their online access to the journal should contact Division 53 Database Manager Kris Morgan at kris@kmjassociates.com. If you have already registered, please log in to the informaworld site 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 3/31/08 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 4/1/08, but before the final dues deadline on 6/30/08, 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 2008 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

2008 Membership Application Form

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- Add me to the Announce-Only listserv (bulletins only, no reply feature)

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First-year students receive first year of membership FREE!

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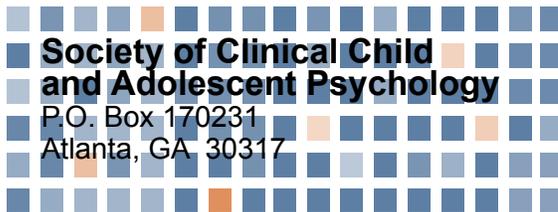
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