

President's Message

Let's Meet in Boston



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

Division 53 has an exciting program in store at the upcoming APA Annual Convention. It will emphasize the dissemination of evidence-based practice and cutting edge discussions of clinical and scientific challenges in our field. Here's just a sampling of our program:

Best Practices in Clinical Child/Adolescent Psychology

These symposia will provide substantial information about evidence-based assessment and intervention and feature some of our best known clinical researchers. In *The Assessment and Treatment ADHD*, Greg Fabiano, George DuPaul, Arthur Anastopoulos, and Bill Pelham will present cutting-edge information on assessment, school-based interventions, parent training, and multimodal treatment. In *The Assessment and Treatment of Youth Depression*, Kevin Stark, John Curry, Mark Reinecke, and Nadine Kaslow will provide comprehensive updates on assessment and treatment, including lessons learned from ACTION. Because these symposia will have substantial information for researchers, clinicians, and those who wear both hats, we expect full rooms. Arrive early.

From DSM-IV to DSM-V:

Integrating Developmental Psychopathology

The systematic classification of child and adolescent psychopathology—nosology—has challenged our field for many years. Ideally, such systems would have strong and extensive empirical foundations, be characterized by clear language (and operational definitions of terms), facilitate high inter-diagnostic reliability, serve as a useful, valid tool in clinical practice, improve communication among providers, and facilitate cumulative scientific endeavors. We continue to strive for a better classification system, however, the developmental trajectories of children and the complexities of co-occurring problems also continue to challenge us. Furthermore, we can easily become frustrated by a categorical approach (losing so much information), and it can be difficult to parse some of the more pervasive and chronic problems into separate diagnostic categories. We are fortunate that Jane Costello will chair a symposium that highlights some of the pressing issues as we progress from DSM-IV to DSM-V.

Poster Sessions – Networking Among and with Students

At many national conferences, poster sessions are crowded. They are the place to interact with other scholars, network and consider new collabora-

tions, and meet old friends and colleagues. Let's make that happen in Boston this year. We will have to make our way through other possibly tempting displays and find our Division's rows of posters, but this will be worth the effort. The poster sessions, which are titled *Externalizing Disorders* and *Internalizing Disorders and Contextual Issues*, each feature 38 posters. The topics are wide ranging and include, *Impact of Practice Size on Physician Adoption of ADHD Guidelines*, *Modifying an Evidence-based Summer Treatment Program for Use in a Summer School Setting*, *Temperament and Adaptability in Children Exposed to Major Life Events*, and *Examining the Role of Ethnic Identity in Parent-Child Relationships*.

New Findings from NIMH Clinical Trials

The timing of this conference is fabulous. We will have opportunities to learn the outcomes of two NIMH-funded clinical trials. In the symposium, *Behavioral Treatment of Childhood Tic Disorders: The NIMH CBITS trial*, John Piacentini, Douglas Woods, and John Walkup will describe the trial and primary psychiatric, psychosocial, and neurocognitive outcomes. In *Findings from the Multisite Child/Adolescent Anxiety Multimodal Treatment (CAMS) Study*, John Piacentini, Scott Compton, Anne Marie Albano, and John Walkup will describe the study methodology and outcomes in addition to quality assurance and safety issues. Division 53 members have lead roles in these clinical trials and we will be hearing directly from them.

Career Development

Students and early career professionals are encouraged to attend the Conversation Hour: *Career Paths for Child Clinical Psychologists*, back by popular demand. It features psychologists who have successful careers at NIH, in private practice, in a medical center, and in a non-psychology academic department. Bring your questions and be prepared for a stimulating discussion of professional trajectories and career opportunities. Related to this, we are featuring a symposium, *Getting Funded as a Student/Early Career Child Clinical Psychologist*. It is possible to become funded and we hope to share some tips to get you started.

Membership Meeting

I would like to extend a personal invitation to all members to attend my Presidential Address, *Suicidal Teens: Best Practices*, and the Division 53 Membership Meeting that follows. Although labeled as a business meeting in the program, this meeting is for all members and our only chance to convene as a division. It (and the lingering after it) provide an excellent opportunity to meet other members and to learn more about the Division and opportunities for involvement. The membership meeting itself is relatively short. Hope to see you there.

Finally, I extend my sincere thanks to Julie Cerel, Ph.D., Program Chair, and Martha Wadsworth, Program Co-Chair. These two did a fabulous job in making this program a reality.

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InBalance is published three times each year by the Society of Clinical Child and Adolescent Psychology, Division 53, American Psychological Association.

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Newsletter Deadline

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

Professional Opportunities

Pediatric Psychologist Position at CHOP



The Department of Psychology at the Children's Hospital of Philadelphia (CHOP) is pleased to announce the availability of one and possibly two psychologist positions in the Division

of Gastroenterology and Nutrition of the Department of Pediatrics. The psychologist in this previously established position will provide outpatient clinical care, consultation, and training, in collaboration with GI Division faculty. Typical clinical presentations include functional GI disorders, 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.

The Division of Gastroenterology, The Department of Psychology, and the Children's Hospital of Philadelphia are all respected leaders nationally in clinical care, training, and research. Together, we are committed to fostering the development of early-career psychologists along many possible leadership roles. 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. Pennsylvania licensure is required. The review process will begin immediately and continue until the position is filled.

Applicants should send a CV, letter of interest, and three letters of recommendation to Paul M. Robins, Ph.D., Clinical Director, Department of Psychology, The Children's Hospital of Philadelphia, 34th St. and Civic Center Blvd., Philadelphia, PA. 19104-4399. Fax: 215-590-5637. Electronic inquiries and submissions may be addressed to: *robinsp@email.chop.edu*.

To learn more about the Department of Psychology, visit www.chop.edu/consumer/jsp/division/service.jsp?ed=26704. The Children's Hospital of Philadelphia is an Equal Opportunity Employer, and The Department of Psychology is committed to fostering diversity in its faculty, staff, and trainees.

Midwest Conference on Pediatric Psychology Kansas City April 2-4, 2009

C o-Sponsored by Children's Mercy Hospitals and Clinics, the University of Kansas Medical Center, and the University of Kansas Clinical Child Psychology Program, the Midwest Conference on Pediatric Psychology will feature nationally recognized speakers in the areas of pediatric and clinical child psychology.

A call for submissions will be distributed via the Division 53 and 54 listservs in the fall, and on the Division 54 website.

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Roberts Named Division 53 Executive Secretary



Karen Roberts

Karen Roberts is the new Executive Secretary of the Society of Clinical Child and Adolescent Psychology (Division 53), filling the positions previously filled by the departing Kris Morgan and Marti Ha-

gen. Roberts lives in Lawrence, Kansas, and for the last 16 years has been a project leader at the University of Kansas Computer Center.

Prior to her work in Kansas, Roberts was similarly employed at the University of Alabama and Purdue University. She received her bachelor's degree in Mathematics/Computer Science from the University of Missouri-Columbia.

In her new administrative position, Roberts will manage Division 53's central office by keeping records, maintaining files for awards, providing support for the executive committee and other committees, and coordinating activities at the APA convention, board meetings, and conference calls. Eventually she will take over management of the Division's database. She is fulfilling a similar role with the Society of Pediatric Psychology (Division 54) as Administrative Officer.

Roberts has two adult daughters, and is grandmother to a 2 year old grandson, Caden. In her spare time she enjoys gardening and traveling. She is an avid Kansas Jayhawk fan and attends as many basketball and football games as she can.

Roberts says she looks forward to working with the executive committee of SCCAP and the members of the Division.

**Contact Karen Roberts
at CCPDiv53@aol.com**

Serve the APA and Division 53

Division 53's Executive Committee (EC) is seeking interested, qualified members for service to the profession. Division 53 is regularly asked to nominate individuals for a variety of boards, task forces, and committees. For example, last year the Division was asked for nominees to 16 APA committees, boards, and commissions. The service areas ranged from APA Finance Committee and APA Ethics Committee, to the Committee on International Relations in Psychology and the Committee for the Advancement of Professional Practice.

Within the Division, the EC

regularly fills positions on committees and task forces. There are more than a dozen Division 53 committees and task forces including the Task Force for Ethnic Minority Representation in Child and Adolescent Psychology, and the Coalition for Psychology in Schools and Education.

To best represent the interests and goals of the Division, the EC needs committed members to step forward and serve. For a complete list of task forces, boards, and committees, or to nominate yourself or someone else for service, e-mail Karen Roberts at CCP-Div53@aol.com.

Hail Fellow, Well Met

Fellow status is one of the highest honors the APA bestows, and the Division 53 Fellows represent a most distinguished group of clinical child and adolescent psychologists. To achieve Fellow status, individuals must be recognized by their peers as having made outstanding contributions to the discipline of clinical child and adolescent psychology, and their work must have had a national impact on the field.

There are many ways an individual can document such an impact: a continued and strong research record, service at the state or national level, the development of empirically validated treatments, service on editorial boards, or authoring influential chapters or textbooks in the field.

Division 53 is interested in having all of its deserving members earn Fellow status. The minimum qualifications are: membership in the Division and APA for at least one year; 10 years of experience subsequent to earning a doctoral degree; supporting letters from three APA Fellows (they need not be Fellows in Division 53), and a self statement identifying specific contributions to the field.

For more information on the requirements for Fellow status, contact Catherine Lord at CELord@Umicb.edu. For an application packet, contact Karen Roberts at CCPDiv53@aol.com.

Student-oriented Programming at APA Convention

by Roisin O'Mara
University of Michigan



Roisin O'Mara

Hello, my name is Roisin O'Mara and I am proud to be the new student representative for Division 53. I am a 3rd year clinical psychology graduate student at the University of Michigan under the mentorship of Cheryl King, Ph.D. and Al Cain, Ph.D. My research interests include mental health and suicide risk screening in emergency departments, development of adolescent suicide prevention programs, and the effects of parental suicide on children. I

have several goals that I hope to achieve during my tenure as student representative—increase student outreach, membership and involvement; help to expand the student section of the division website; and involve students in the goals of the division's strategic planning by discussing dissemination of evidence-based practice through training and education in graduate clinical programs in my two future newsletter articles.

As we look forward to the annual meeting in August, I would like to draw your attention to the student-focused activities at the convention. There will be two student-focused symposia this year. The first, "Career Paths for Child Clinical Psychologists," will be held on Friday, August 15 at 2pm. Joel Sherrill, Ph.D., from the National Institute of Mental Health will speak about child clinical psychologist career paths at NIH and other government agencies; Jill Goldberg-Arnold, Ph.D., from Philadelphia will speak about private practice careers in child clinical psychology; Mary Fristad, Ph.D., from Ohio State University will speak about opportunities for child clinical psychologists in medical centers; and Julie Cerel, Ph.D., from the University of Kentucky will speak about child clinical psychologist careers in nonpsychology academic departments.

A second student-focused symposium, "Getting Funded as a Student and Early Career Child Clinical Psychologist," will be held on Sunday, August 17 at 11:00 am. This symposium will be chaired by Julie Cerel, Ph.D. and will include Cheryl A. Boyce, Ph.D. and Courtney Ferrell, Ph.D., both from NIMH, discussing funding options for early career child clinical psychologists including dissertation awards as well as our division president, Cheryl King, Ph.D., from the University of Michigan discussing foundation funding.

Division 53 will be co-hosting the popular "Internships/Postdocs on Parade Social Hour" with Division 54 (Pediatric Psychology). Representatives from participating training programs will display program information and will be available to answer questions about pre-

and post-doctoral training opportunities in clinical child and pediatric psychology in an informal setting. You can speak with individuals from training institutions all over the country in just one room.

I will be organizing a graduate student social hour (date and time to be decided). As current graduate students and future researchers, teachers, and clinicians, it is important for us to feel connected to one another in this exciting yet challenging field.

Finally, the graduate students of the division have a strong showing in the poster sessions, so I encourage you to come out to learn about their work.

I sincerely hope that you will join us for these events and I hope to meet as many fellow graduate students from the division as possible so I can get your insights on how I might serve you better. As the liaison between students and the board of Division 53, I welcome any comments, questions or suggestions. Please feel free to e-mail me at romara@med.umich.edu.

Internships on Parade

Saturday, August 16, 2008

6–6:50 p.m.

**Sheraton Boston Hotel
Back Bay, Ballroom D**

Don't Miss it!

APA Divisions 53 and 54 have teamed up once again to host a gathering of over 20 different internships and post doc programs from medical centers, mental health centers, and university programs nationwide.

Students can meet other students, share their experiences, and get support for the application process.

Doctoral Students: Receiving your PhD in 2008?

InBalance publishes the names of Division 53's student members who are receiving their doctoral degree in 2008. Faculty advisors and/or students should submit name, institution, advisor, date of conferment, and dissertation title to the newsletter editor, Michael A. Southam-Gerow at masouthamger@vcu.edu.

The list will be published in the Fall issue. Submissions in advance of the deadline are encouraged.

The deadline is Sept. 15, 2008

Boston APA Convention

APA Division 47 Exercise and Sport Psychology

Presents

The 30th Annual
Running Psychologists'
APA 5K



Ray's Race and Walk

Saturday, August 16, 2008

With Olympian Runner Bill Rodgers,
Winner of Boston and New York Marathons

The annual race and walk at the 2008 Boston APA Convention will be held at 7 a.m., Saturday morning, August 16, in Artesani Park approximately four miles from the hotels. Buses will be provided at the major hotels to take participants to and from the race. Maps and information will be available at Division Services at the convention.

Awards will be given to the overall men's and women's winners and to the top three finishers in each age group.

Pre-registration deadline is July 31. Entry fee for pre-registered runners is \$25, which includes a commemorative t-shirt, raffle chances, and post-race refreshments. Registration at the convention is \$30.

Pre-registration fee for Division 47 members and student members is \$20 and convention student registration is \$30. Pre-registration is strongly encouraged.

You may pick up your race number, shirt, and other information at the APA Division Services booth in the main convention area beginning Thursday morning of the convention or at the annual business meeting of the Running Psychologists, Westin Boston Waterfront Hotel on Friday, Aug. 15th at 8 a.m.

More information, including a registration form, can be found online at: www.apa.org/convention08/raceapplication2008.pdf

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APA 2008 Convention Preview

Julie Cerel, Ph.D.

August brings thoughts of heading back to school, getting in a few last BBQs and swims in the pool, and spending time with around 15,000 of your favorite psychologists at the APA convention. The convention will be held in Boston, August 14-17. While some of you might be tempted by the diversions of Boston, this year's Division 53 programming promises to be compelling, entertaining, informative and done by dinnertime each evening.

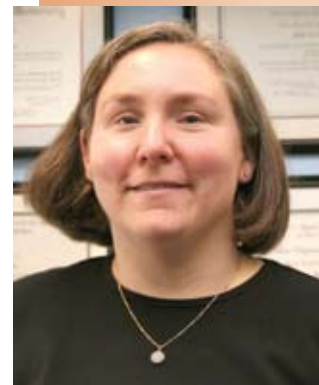
For the conference this year, Division 53 has 26 hours of programming plus three poster sessions (including one shared with Division 54). Dr. King's column gives a great description of many of our programming highlights and Roisin O'Mara's discusses programming specifically for students and early career psychologists.

We have teamed up with several divisions to offer some interesting sessions this year. Internships on Parade (Saturday, August 16, 6:00-6:50 p.m.) is co-sponsored by Division 54 (Pediatric Psychology) and, for the first time, Division 37 (Child and Family Policy and Practice).

On Saturday, August 16, from 10:00-11:50 am, Division 53, along with Divisions 54 and 37, is co-sponsoring a symposium called Collaborating Towards Increasing Evidence-based Treatment. Anne E. Kazak, Ph.D. will present "Implementing Evidence Based Screening in Pediatric Oncology," John Weisz, Ph.D., "Putting Evidence Based Practice Into Everyday Practice: Problems and Prospects," Karen C. Stoiber, "Putting Science Into the Practice of School Psychology: Constraints and Opportunities," and Patrick Tolan, Ph.D., "Partnerships and Systems to Support Evidence Based Practice."

Very special thanks to the following dedicated reviewers who assisted Division 53 president Cheryl King, co-chair Martha Wadsworth and me in reviewing 154 submitted posters, papers and symposia over the winter holidays: Mary Cwik, Catherine Gaze, Jill Goldberg-Arnold, Nathan Henninger, Khiela Holmes, Julie Kaplow, Nicole Klaus, Wendy Nilsen, Michael Southam-Gerow, and Luis Vargas. We could not have put the program together without the hard work of these reviewers.

Hope to see you in Boston in August!



Julie Cerel, Ph.D.

Divisions 53/54

Thursday, August 14, 2008			
Division 53		Division 54	
8–9 am			Business Meeting: JPP Editorial Board Chair: Dennis Drotar Sheraton Boston Hotel Berkeley Room
9–10 am	Symposium: Refining Interventions to Improve Engagement and Outcomes Among Suicidal Youth* Cochairs: Joel Sherrill, Cheryl King Meeting Rm 157B		Symposium: Behavioral Health Screening in Diverse Pediatric Settings—Practical Strategies Chair: Linda Alpert-Gillis Meeting Rm 251
10–11 am			
11 am–12 pm	Symposium: Best Practices in Clinical Child and Adolescent Psychology—The Assessment and Treatment of ADHD* Meeting Rm 153A		
12–1 pm			
1–2 pm	Poster Session: Externalizing Disorders and Related Constructs Exhibit Halls A and B1		Workshop: Educational Issues and Interventions for Pediatric Cancer Survivors Chair: Lisa Northman Meeting Rm 251
2–3 pm		Symposium: From DSM-IV to DSM-V—Integrating Developmental Psychopathology Chair: E. Jane Costello Meeting Rm 206B	Poster Session Exhibit Halls A and B1
3–4 pm			
4–5 pm			

Friday, August 15, 2008			
Division 53		Division 54	
8–9 am	Symposium: Behavioral Treatment of childhood Tic Disorders—The NIMH CBITS Trial* Chair: John Piacentini Meeting Rm 153C		Paper Session: Caregivers of Children with Type 1 Diabetes Authors: Korey Hood, Christopher Fitzgerald, Deborah Wiebe Meeting Rm 104C
9–10 am	Symposium: Causes and Consequences of Complicated or Traumatic Grief in Childhood* Chair: Julie Kaplow Meeting Rm 157C		
2–3 pm	Paper Session: Mechanisms of Child Psychopathology Meeting Rm 207	Conversation Hour: Career Paths for Clinical Child Psychologists Meeting Rm 157A	Paper Session: Interventions in Pediatric Psychology Authors: Maria Goldman, Jennifer Barth, Deidre Logan Meeting Room 252B
3–4 pm	Paper Session: Emotional and Behavioral Functioning in Young Children Meeting Rm 155		
4–5 pm		Presidential Address Chair: Cheryl King Meeting Rm 157A	Executive Committee Meeting Chair: Lori Stark Sheraton Boston Hotel Beacon Rm B
5–6 pm		Business Meeting Meeting Room 157A	
6–7 pm			

Boston Programming

Saturday, August 16, 2008		
	Division 53	Division 54
9–10 am	Paper Session: Parental Influences on Child Psychopathology Meeting Rm 252A	
10–11 am	Symposium: School-Based Parent Training—Program Evaluation, Methodological Challenges, Reaching Under-Represented Groups Chair: Bruce Baker Meeting Rm 259B	Poster Session Exhibit Halls A and B1
12–1 pm	Poster Session: Internalizing Disorders and Contextual Issues Exhibit Halls A and B1	
1–2 pm	Invited Address/ Distinguished Career Award Chair: Sheila Eyberg Meeting Rm 208	Paper Session: Innovative Topics in Pediatric Psychology Authors: Kristin Kullgren, Christopher Houck, Mary Grimley Meeting Rm 204A
2–3 pm		Presidential Address/ Awards Chair: Lori Stark Sheraton Boston Hotel Republic Ballroom A
3–4 pm		Business Meeting/ Awards Ceremony Chair: Lori Stark Sheraton Boston Hotel Republic Ballroom A
6–7 pm	Social Hour: Internships and Postdoc Fellowship Training Programs on Parade Sheraton Boston Hotel Back Bay Ballroom D	

Sunday, August 17, 2008			
TIME	Division 53		Division 54
9–10 am	Symposium: Findings From the Multisite Child and Adolescent Anxiety Multimodal Treatment (CAMS) Study Chair: John Piacentini Meeting Rm 157C	Symposium: Lessons Learned—Challenges in Implementing Evidence-Based Treatment* Chair: Robin Gurwitch Meeting Rm 260	Symposium: Mental Health Research and Treatment for Ethnic Minority Youths Chair: Anderson Franklin Meeting Rm 254A
10–11 am			
11 am–12 pm	Symposium: Getting Funded as a Student and Early-career Clinical Child Psychologist Chair: Julie Cerei Meeting Rm 153C		Discussion: Practicalities and Politics of EPIC/EMR in Pediatric Psychology Practice Cochair: William Tynan, Vanessa Jensen Meeting Rm 157C
12–2 pm	Symposium: Best Practices in Clinical Child and Adolescent Psychology—The Assessment and Treatment of Youth Depression* Meeting Rm 153A		

KEY

Division 53 Programming	
Division 54 Programming	

Cosponsored by Divisions 37, 53, and 54	
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All sessions take place in the Boston Convention and Exhibition Center unless otherwise indicated.

* indicates CEUs are offered

Editor's Note:

Over the next several issues, Dr. Luis Vargas, Division 53 Member at Large for Membership and Practice, will be guest editor of an exciting series of articles on evidence-based treatments and practices with culturally diverse populations. Contributors will offer a range of thoughts and ideas on this topic, including implications for science, practice, and policy.

This issue, the contributor is Dr. Joaquin Borrego. Borrego is an Associate Professor and Associate Director of Clinical Training in the psychology department at

Texas Tech University. Borrego's research and clinical interests focus on interpersonal violence, parent-child interactions/relationships, the influence of culture on parenting and discipline practices, the consideration of culture in assessment and clinical interventions with ethnic minority populations, the development, implementation, and evaluation of psychosocial treatments with ethnic minority and Spanish-speaking populations, community interventions, and the training of graduate students to work with culturally diverse populations.

Creating an Evidence Base for Treatments and Practice: Attending to the Cultural Diversity of Children, Adolescents, and Their Families

by Luis A. Vargas, Ph.D.

Division 53 newsletter editor, Michael Southam-Gerow, and I are very excited to present a series of articles on creating an evidence base for treatments and practice with culturally diverse populations. As our division, along with APA in general, embarks in the vigorous promotion of evidence-based treatments (EBT) and evidence-based practice (EBP), it is imperative that we examine the efficacy and effectiveness of EBT and EBP with diverse cultural populations. In general, there are two strategies for developing EBTs for diverse cultural groups.

One strategy is to take a standard, or "generic," well-established EBT and culturally adapt it to a specific cultural population. Generally, "generic" treatments in the United States are based largely on European American populations and conducted by European American researchers. Consequently, many "generic" treatments reflect the underlying views and values (e.g., what constitutes good parenting or what represents optimal functioning) of the cultural group on which the treatment is based and on the cultural membership of the researchers who developed the treatment. If we assume that there are "common elements" to efficacious or effective treatments, culturally adapting these "generic" treatments may result in increased efficacy or effectiveness with specific cultural populations.

The main premise of culturally adapting treatments is that "the common elements" are modified to make the treatment more culturally responsive and optimally effective, but the "generic" EBT already is assumed to be effective due to the "common elements." The limit to culturally adapting treatments is treatment fidelity. In other words, a treatment can be culturally adapted only to

point that it does not significantly compromise treatment fidelity. A question that may remain in culturally adapting "generic" treatments is: Does the treatment still contain values and beliefs of the specific cultural group (usually European American) on which the treatment was developed and on which its evidence for efficacy has been demonstrated? The concept of a *generic EBT* itself is a culturally based notion based on a culturally based belief (in this case, an epistemology) which has been well ingrained in most of us psychologists trained in the United States: One might call it the "empiricist Western European/North American culture." [Recall the impact of the Rationalists (e.g., Descartes and Spinoza) and the development of the scientific method during the Renaissance (1400-1600), the beliefs and values of the Scientific Revolution (1500-1700), the influence of the British Empiricists from the late 1600s to the mid 1800s (from Locke to Mills), the values and beliefs of the Age of Enlightenment beginning toward the beginning of the 1700s and ending in the late 1800s, the influence of the varied schools of logical empiricism of the Vienna Circle in the early 1900s, and the impact of American empiricists like William James and John Dewey on North American and Western European psychology and education.]

An assumption of this empiricist Western European/North American culture is that there are "common elements" in a psychosocial treatment that generalize to all people regardless of cultural differences; therefore, no modification or only some cultural adaptation is necessary to make a "generic" treatment equally and optimally effective for all cultural groups. There are definite advantages to this strategy, if its assumptions are true. Once developed such a treatment can

be transported and used with a wide range of patients with relatively minimal expense.

Another strategy is to develop a treatment within the cultural group of interest. Needless to say, this could become a costly and labor-intensive effort, if not also impractical, if one assumes that new treatments must be created for each cultural group. However, it is also possible, if not likely, that each cultural group already has a long tradition of developing and using various treatments. In this case, one task of the researcher could be to discover these treatments, obtain from the cultural community information about how each defines and assesses evidence to determine whether the treatment works in its community, and examine the parameters (e.g., for a specific problem or for complex psychosocial problems) for effectiveness of treatments for this community. The potential advantage to this strategy is the discovery and possible refinement of a specific treatment derived from the cultural group on which the treatment will be used. Were it to be demonstrated that culturally specific treatments; that is, treatments developed and refined from "the ground up" within the cultural groups in which they will be used, are more effective than "generic" EBT (even with cultural adaptation), then such a finding might challenge our belief about and value placed on the importance of "generalizability" and the perceived need for "generic" EBTs (which at most might need some cultural adaptation).

Then, there is the issue of evidence. Is evidence to be defined by and assessed from one particular, culturally based epistemology (e.g., positivism) and its requisite methodology (empiricism)? How is evidence from other culturally based epistemologies gathered and how are levels of confidence or certainty established for such evidence? What standards do we use to establish "adequate" or "strong" evidence and who decides what the quality of the evidence is? Is the model from medicine, randomized



Culturally Adapted Parenting Interventions with Ethnic Minority Populations: Proceed with Caution or Jump Right In?

Joaquin Borrego, Jr.
Texas Tech University

controlled trials, the gold standard for psychology?

What are some of the many issues associated with determining what constitutes *evidence-based* from a wide range of cultural and epistemological perspectives?

Who determines the aspects (e.g., "symptom severity" versus level of functioning in the family and community) we address to derive our evidence. For example, do the researchers determine this, does the community in which the treatment is applied determine this, do both determine this? Bear in mind that the transaction between the researchers and the community participants itself is a cultural exchange that is likely to change the culture of both the researcher and the research participants. This transformative transaction highlights a difficulty in studying the role of culture in treatment: culture is always changing and cultures merge or modify each other. Further, we are all part of multiple cultures.

We are asking a number of psychologists involved in research, practice, and policy to share their ideas and expertise on the topic of creating an evidence base for treatments and practice with culturally diverse populations. We hope that you will find their ideas and insights both intellectually stimulating and useful and that this forum gives us an opportunity to present a plurality of perspectives about EBT and EBP.



Luis A. Vargas, Ph.D.

Although we conduct outcome studies and practice in the era of empirically-supported treatments and evidence-based practices, there is little data to suggest that our psychosocial interventions are efficacious or effective with underserved populations (Miranda, Bernal, Lau, Kohn, Hwang, & LaFramboise, 2005). This is also true for parenting programs and interventions. Unfortunately, we have not done an adequate job of meeting the mental health needs of underserved populations as ethnic minority groups usually receive services that are considered of lesser quality (U.S. Department of Health & Human Services, 2001).

In parenting interventions, different treatment outcomes are possible (assuming parents attend sessions): 1) parents get better, 2) parents get worse, or 3) there is no change in the target behaviors. With ethnic minority populations, the rationale for developing a new or adapting an existing parenting intervention is that parents either: a) do not show any improvement, b) do not improve as much as another group, c) get worse throughout treatment, or d) are not utilizing the program. In turn, a culturally adapted intervention is one that is perceived as being culturally sensitive to the specific characteristics and needs of the target population.

Historically, adaptations have focused on making surface level structural changes such as matching on language (e.g., Spanish) or race and ethnicity (African American therapist working with African American parents). In these instances, the construct of culture may be seen as being synonymous with ethnicity and race. Although race and ethnicity are proxy (stand in) variables, it is very tempting for clinical researchers and clinicians to equate culture with race and ethnicity. Often, an assumption is that by addressing ethnicity and race one is also addressing culture. Culture is a very dynamic, multi-dimensional construct that may seem confusing and elusive. Part of this is driven by the fact that some mental health practitioners and clinical researchers lack the knowledge on how to address culture, and its interrelated factors, in a scientific manner (Roosa, Dumka, Gonzales, & Knight, 2002).

Recent work (e.g., Coard, Wallace, Stevens, & Brotman, 2004; Martinez & Eddy, 2005; Matos, Torres, Santiago, Jurado, & Rodriguez, 2006) has

focused on making systematic deep structure changes in efforts of offering culturally appropriate parenting programs. The little data that is available suggests that culturally adapted interventions result in positive outcomes for parents and families (Martinez & Eddy; Matos et al.). Unfortunately, it is rare that a culturally adapted version of a parenting program or intervention is compared to the original treatment. What we are left with are questions regarding the efficacy of the original treatment with the population of interest. Would the treatment in its original form have worked with this population?

What Can Be Done

If clinicians and clinical researchers are interested in adapting an intervention, the existing treatment data, if available, needs to be critically examined. Are there data to suggest the treatment being considered for adaptation does not work with the target population or is not as effective as it is with other populations? If data are not available, one plausible step is to first evaluate the standard treatment with the population of interest to examine if and how parents respond to the treatment. Do parents utilize the existing treatment? If so, how do parents respond to the treatment? If parents are not utilizing the existing treatment, what barriers keep parents from using the program?

Initial steps can also be taken to examine the treatment acceptability of mainstream programs and interventions in a relatively



Joaquin Borrego, Jr., Ph.D.

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easy manner. The following describes some of the work that I have been conducting in my research laboratory at Texas Tech University.

In our research lab, we examine the social validity of interventions with different populations. By using a social validity framework, clinicians and clinical researchers can evaluate the social importance of treatment goals, the procedures used in treatment, and outcomes of the intervention (Foster & Mash, 1999). As an example, we have examined the treatment acceptability of commonly prescribed treatment techniques (e.g., response cost) used to address behavior problems in children with a Mexican-origin sample (Borrego, Ibanez, Spendlove, & Pemberton, 2007).

Our sample of Mexican-origin parents rated restriction of privileges the highest. This treatment technique was rated higher than using a sticker chart, over-correction, or a time out. Interestingly, these three techniques were rated higher than differential attention and spanking. Finally, differential attention and spanking were rated higher than prescribing medication. These findings are clinically interesting because numerous existing parenting programs include differential attention as part of a standard package that is taught to parents. The data from this study suggest that parents may find other techniques more acceptable. Clinically, this type of information matters because treatment acceptability has been found to be a predictor of treatment effectiveness (Kazdin, 2000). In addition to our work with ethnic minority parents, my students and I are in the process of examining the social validity of interventions with populations such as battered women, adolescent mothers, parents of children with autism spectrum disorder, and families who have overweight and obese children. This type of clinical research and evaluation in treatment can contribute to offering the best possible quality care for underrepresented populations in a culturally appropriate manner.

References

- Borrego, Jr., J., Ibanez, E.S., Spendlove, S.J., & Pemberton, J.R. (2007). Treatment acceptability among Mexican American parents. *Behavior Therapy*, 38, 218-227.
- Coard, S. I., Wallace, S. A., Stevenson, H. C., & Brotman, L. M. (2004). Towards culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child and Family Studies*, 13, 277-293.
- Foster, S. L., & Mash, E. J. (1999). Assessing social validity in clinical treatment research: Issues and procedures. *Journal of Consulting & Clinical Psychology*, 67(3), 308-319.
- Kazdin, A. E. (2000). Perceived barriers to treatment participation and treatment acceptability among antisocial children and their families. *Journal of Child and Family Studies*, 9, 157-174.
- Martinez, C. R., & Eddy, J. (2005). Effects of culturally adapted parent management training on Latino youth behavioral health outcomes. *Journal of Consulting and Clinical Psychology*, 73, 841-851.
- Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodríguez, I. (2006). Adaptation of parent-child interaction therapy for Puerto Rican families: A preliminary study. *Family Process*, 45, 205-222.
- Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W.C., & LaFramboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*, 1, 113-142.

U. S. Department of Health & Human Services. (2001). Mental health: Culture, race, and ethnicity. A supplement to mental health: A report of the surgeon general. US DHHS, Rockville, M.D.



Ad Hoc Committee on Dissemination of Evidence-based Practices

As described last issue, the Division has determined to dedicate the lion's share of its resources toward a single initiative: dissemination of evidence-based practices. The ad-hoc committee charged with moving that initiative forward has continued to meet by phone.

Dr. Bill Pelham, chair, has also been conducting extensive interviews with leading experts on dissemination and implementation research to help inform the direction the initiative will go. The Board is enthusiastic in its support of the work of Pelham and the committee. An update from the committee is expected later this year.



Division 53 Board Meeting Updates

The Division 53 Board has recently started holding phone board meetings approximately every two months.

Board business from recent meetings included the following passed resolutions:

1. The board passed increases in the stipends for the Editor and three Regular Associate Editors to reflect the increased workload associated with moving the journal to six issues annually. The board also approved the addition of a Policy Associate Editor to the journal team. Dr. Patrick Tolan was selected to fill this post and will start accepting manuscripts for a new section on policy in the journal. The policy focus of the journal is co-sponsored with Division 37.
2. The dues structure was changed for students and non-APA-members of Division 53. For students, the first year of membership in Division 53 is free. After the first year, students who are APA members pay \$25 annually and non-APA-member students pay \$35. APA members will continue to pay \$40 in dues whereas non-APA-members will now pay \$60.
3. The board approved a measure providing funding for a collaborative website development project involving the Division and the Association for Behavioral and Cognitive Therapies (ABCT). Dr. Mitch Prinstein (University of North Carolina-Chapel Hill) will coordinate the efforts. The goal is to transform how Division 53 provides information via its website, especially with regard to providing resources to practicing psychologists looking for information about evidence-based practices. This goal is one we share with our colleagues in ABCT. The funding is consistent with the Division's ongoing work to promote the dissemination of evidence based practice and synergizes with the efforts of the ad hoc committee.

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 Executive Secretary Karen Roberts at CCPDiv53@aol.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.



If you have questions regarding the status of your 2008 membership dues payment, or are having problems activating your subscription, please contact Division 53 Executive Secretary Karen Roberts at CCPDiv53@aol.com

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!



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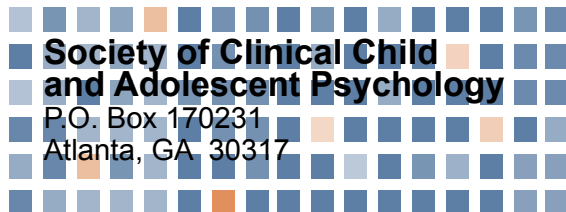
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