

## President's Message

### Division 53—Membership Has Its Rewards



Mary Fristad, Ph.D.  
President, APA Division 53

As my presidential year unfolds, I would like to keep you, the members of the Society of Clinical Child and Adolescent Psychology, up to date on the work the Board is doing on your behalf.

First, we are working to upgrade our web page. As many of us increasingly rely on the Internet for easily accessible information, the Board determined that it was time to enhance our website. The new website, currently under construction, will allow for easy updates of news features, a public/consumer site, conference information, online continuing education options, and increased membership functions,

such as being able to pay dues online and other conveniences. In addition, we are teaming up with ABCT to have jointly sponsored web pages that delineate evidence-based assessment and treatment information focused on children, adolescents, and families designed for clinicians and for consumers.

Second, we have a relatively new membership benefit that I hope you have tried out by now—Quest Behavioral Pro. If you haven't already done so, here are the directions:

1. Go to [www.behavioralpro.com/signup/Division 53](http://www.behavioralpro.com/signup/Division%2053)
2. Register your account at the D53 gateway.
3. Note your user name and password for future reference.
4. Complete the confirmation process (you will receive an email at the address you provided Quest).
5. Enter your password and ID and you're ready to explore the site.

Quest is an evolving system. The more D53 members use it and provide feedback, the more responsive it will be to our needs (think of shopping on Amazon.com). If you have edits, please send them to a member of our Quest Advisory Board, Stephen Shirk, [sshirk@du.edu](mailto:sshirk@du.edu) or Richard Abidin, [rra@virginia.edu](mailto:rra@virginia.edu). We also have a cadre of volunteers serving on the Quest Review Committee. I would like to publicly thank Marolyn Morford and Jonathan Weinand, both of whom have made helpful contributions to this project.

Third, we have a fabulous program this August in Toronto. In addition to the formal programming, we are trying something new this year. We have a Hospitality Suite for D53 members and have filled it with informal programming that is intended to meet the diverse needs of our membership. This includes opportunities to mix and mingle with clinical researchers, Board Members at Large, the Minority Task Force Chair and members, journal editors and Child & Adolescent Clinical ABPP Board members. In addition, we have special sessions for students and early-career psychologists—a career panel and a Q & A session for students where they can participate in mock internship interviews. Check out the

Hospitality Suite program on page five. I hope to see you there. *Be sure to get your passport now if you haven't done so already!*

Fourth, we are working diligently behind the scenes to prepare online continuing education opportunities in evidence-based assessment and treatment. Keep your eye out for these in 2010.

There are also several ways I would encourage you to benefit from your membership and actively contribute to the Society. Our records indicate approximately 70 percent of our members participate in the Division listserv—for those of you who already are part of the listserv, I encourage you to actively rely on it as a resource for information, referrals, and discussion of challenging work situations. For those of you who have not yet signed on, I urge you to do so. To subscribe, send an email to [div53list@gmail.com](mailto:div53list@gmail.com) with the text:

ADD DIV53  
<your email address>  
<FIRST NAME> <LAST NAME> in the body of the message

Example:  
ADD DIV53  
drjanedoe@myprivatepractice.com  
JANE DOE.  
Do not put anything in the subject line.

We are always eager to hear from members interested in volunteering. This year we have been tapping our volunteers for a variety of projects you will be hearing about as the year progresses. In particular, we are seeking a new newsletter editor, co-editor, and contributing writers—so if writing/publishing is of interest to you, please contact me or Michael Southam-Gerow, our current editor extraordinaire, at [masouthamger@vcu.edu](mailto:masouthamger@vcu.edu).

I would also like to encourage you to discuss membership with students and colleagues. Thanks to an amazingly astute treasurer, Richard Abidin, our dues are able to stay at the same level for yet another year (over five years with no increases—a remarkable feat), and they are truly a bargain in these tough economic times. Membership allows access to the Journal (hard copy and online), newsletter (hard copy, and as of 2010, online), student/announcement-only/discussion listservs, Quest Behavioral Pro, website (which soon will have an exclusive members-only section), and discounts at D53-sponsored conferences.

In closing, I hope to hear from you and/or see you at APA. I can be reached by phone at 614-293-4572, or by e-mail at [maryfristad@osumc.edu](mailto:maryfristad@osumc.edu). Until then, best wishes to you in all that you do.



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#### Editor

Michael A. Southam-Gerow, Ph.D.  
Department of Psychology  
Virginia Commonwealth University  
806 W. Franklin St.  
Richmond, VA 23284-2018  
masouthamger@vcu.edu

#### Associate Editor

Brian C. Chu, Ph.D.  
Department of Clinical Psychology  
Rutgers, The State University of  
New Jersey  
152 Frelinghuysen Road  
Piscataway, NJ 08854-8020  
BrianChu@rci.rutgers.edu

#### Webmaster

Amanda Jensen-Doss, Ph.D.  
Depts. of Educational Psychology  
& Psychology  
Texas A&M University  
4225 TAMU  
College Station, TX 77843-4225  
ajensendoss@neo.tamu.edu

#### Listserves Manager

Jarrod M. Leffler, Ph.D., ABPP,  
Dept. of Psychiatry  
Ohio State University  
Nationwide Children's Hospital,  
Behavioral Health Services - East  
6435 E. Broad St.,  
Columbus, OH 43213  
jarrod.leffler@nationwidechildrens.org

#### Administrative Officer and Database Manager

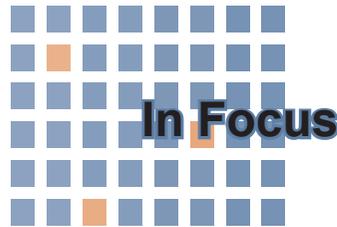
Karen Roberts  
P.O. Box 3968  
Lawrence, KS 66046  
APAdiv53@gmail.com

#### Newsletter Design, Editing, and Production

Firefly Communication  
& Design, LLC  
Iowa City, Iowa  
info@fireflyllc.com

#### Newsletter Deadline

Articles for the next newsletter are due by August 15, 2009. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.



## Multidimensional Family Therapy for Teen Drug Abuse and Delinquency

by: Cynthia L. Rowe, Ph.D. and Howard A. Liddle, Ed.D.

### Multidimensional Family Therapy

(MDFT) is a flexible family-based program for adolescent drug abuse and delinquency and those at high risk for these problems. MDFT interventions target the research-derived risk factors and processes that have created and perpetuate delinquency, substance use, and related problems, such as school failure and affiliation with delinquent peers (Liddle, in press-a). MDFT also intervenes systematically to help individuals and families develop empirically-derived protective factors and processes.

MDFT is a multicomponent and multilevel intervention system (Liddle, in press-b). It assesses and intervenes multisystemically with the adolescent and parent(s) individually, the family as an interacting system, and influential social systems that impact the adolescent's development. Interventions are problem solving focused; they strive to obtain immediate and practical outcomes in the adolescent's everyday life—at home, school, and with their peer network.

MDFT has a strong treatment development track record. Recent work integrates new interventions into the core MDFT approach that target teens' HIV risk (Marvel et al 2009), traumatic loss (Rowe & Liddle, 2008a), alcohol-specific problems (Rowe & Liddle, 2008b), and for use with adolescents in juvenile detention centers and as they return home (Liddle et al in press).

Clinical effectiveness of MDFT has been demonstrated in five completed randomized controlled clinical trials (RCTs) and promising interim findings in the same number of ongoing RCTs as well. The model is recognized as exemplary in independent reviews (Austin et al., 2005; Becker & Curry, 2008; Brannigan et al 2004; Vaughn & Howard, 2004; Waldron & Turner, 2008; Williams & Chang, 2000), and as a best practice for teen drug abuse and delinquency by federal funding agencies (NIDA, 1999, 2006) and entities that evaluate science-based interventions (OJJDP, 2009; NREPP, 2009). Studies of MDFT have been conducted at sites across the United States, among



diverse samples of adolescents (African American, Hispanic/Latino, and White youth between the ages of 11 and 18) in urban, suburban, and rural settings, and youth of various socioeconomic backgrounds. These studies were primarily conducted in community settings with master's-level non-research clinicians, factors that increase the transfer potential of the approach to standard clinical and juvenile justice settings. In addition to successfully treating adolescent drug abuse and delinquency, MDFT has worked effectively as a community-based drug prevention program (Hogue et al.,

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2002) and with young adolescents just initiating drug use (Liddle et al., 2004; 2009).

The model has been implemented successfully in substance abuse, mental health and juvenile justice settings across the U.S. and in several European countries. In the Netherlands, MDFT has recently been accredited by the National Accreditation Committee for Justice-Related Behavioral Interventions, a rigorous review process which now enables reimbursement of MDFT in any justice-related setting. Dissemination into non-research clinical settings has been studied using a multicomponent, multilevel technology transfer intervention developed to train treatment staff to implement MDFT.

MDFT was transported successfully into a standard clinical setting, with providers continuing to deliver the approach after expert supervision was withdrawn (Liddle et al., 2002). The implementation of MDFT had a positive impact on therapist practice patterns, client outcomes, and program environment (Liddle et al., 2006). Across these different studies, therapists' fidelity to MDFT has been rigorously evaluated using several validated observational and self report instruments (Hogue et al., 1998).

## Main Outcomes in MDFT Studies

**MDFT effectively engages and retains a range of adolescents in treatment.** Dakof et al (2003) showed that 3-month retention rates were 95 percent for teens in intensive outpatient MDFT as compared to 59 percent for youth in residential treatment. Six month treatment completion rates were 88 percent in intensive outpatient MDFT as compared to 24 percent for youth in residential treatment. 96 percent of an early adolescent sample in MDFT completed treatment (120 days), compared to 78 percent of youth in group therapy (Liddle et al 2004).

**Decreases in substance use.** MDFT reduces substance abuse between 41 percent and 66 percent from intake to completion and treatment gains are maintained up to 1-year follow-up (Liddle et al 2001; 2004; 2008; 2009). MDFT reduces the severity of substance-related impairment at 1-year post-intake; 93 percent of MDFT youth report no substance-related problems (Liddle et al 2009) and 64 percent to 93 percent of young adolescents receiving MDFT report abstinence from substance use at one year (Liddle et al 2008; 2009).

**Reductions in delinquent behaviors and affiliation with delinquent peers.** MDFT decreases delinquent behavior and affiliation with delinquent peers significantly more than peer group treatment (Liddle et al., 2004; 2009). MDFT clients were less likely to be arrested or placed on probation than group clients (Liddle et al., 2004; 2009). Youths treated by therapists trained in MDFT received fewer out-of-home placements than youths treated by therapists prior to MDFT training (Liddle et al., 2006). MDFT decreased delinquent behavior significantly more than residential treatment (Liddle & Dakof, 2002). MDFT also decreased delinquent behavior more than existing services offered to justice-involved adolescents who were recruited in detention centers (Liddle et al., in press).



Cynthia L. Rowe, Ph.D.

**Reductions in HIV/STD risk behavior.** In interim analyses of a sample of detained youth, MDFT significantly decreased unprotected sex acts and showed promise in decreasing laboratory-confirmed STD incidence more than ESAU (Liddle et al., in press).

**Improvements in school functioning.** MDFT clients show significantly greater decrease in disruptive school behaviors and absences than youth in comparison treatments (Liddle et al., 2001; 2009). MDFT clients return to school and receive passing grades at higher rates (43 percent in MDFT vs. 17 percent in family educational group therapy and 7 percent in peer group therapy; Liddle et al., 2001). MDFT clients also show more significant improvements in conduct grades than peer group therapy teens (Liddle et al., 2001; 2009).

**Improvements in family functioning.** MDFT decreases family conflict and improves parenting practices and family functioning to a greater extent than family group therapy or peer group therapy (Liddle et al., 2001; 2009). Additionally, improvements in parenting practices mediate adolescents' positive outcomes in MDFT (Henderson et al., 2009).

**Economic viability.** Economic evaluations indicate that MDFT costs less than standard treatments. Average weekly costs of treatment are significantly less for MDFT (\$164) than community-based outpatient treatment in the U.S. (\$365) (French et al 2003). Average weekly costs of an intensive version of MDFT, designed as an alternative to residential treatment, are less than residential treatment (weekly costs for MDFT are \$384 vs. \$1,068 for residential substance abuse treatment) (Zavala et al., 2005).

In sum, MDFT can target a range of problem behaviors successfully, including delinquency, substance abuse, school and family problems, mental health problems, and HIV risk. MDFT can impact these outcomes in a way that is less costly than standard outpatient treatment and residential treatment and can be implemented within diverse practice and justice settings. The MDFT approach also successfully links previously divided systems of juvenile justice and substance abuse, and is found acceptable to consumers (teens and parents) and collaborating professionals (Liddle et al., in press). Thus MDFT has potential among a new generation of interventions to produce some of the policy and practice changes in services for adolescents that have been sought for so long.

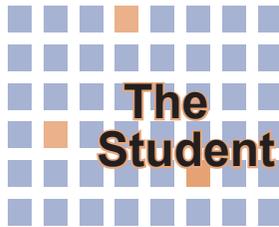


Howard A. Liddle, Ed.D.



Complete references for this article  
can be found at:

[www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org)



# The Student View

## Taking on Toronto

by Elisabeth Frazier  
The Ohio State University



Elisabeth Frazier

I am excited to serve as the new student representative for Division 53. I am finishing up my 3<sup>rd</sup> year in the child clinical doctoral program at The Ohio State University where I work under the supervision of Mary Fristad,

Ph.D., ABPP. My research interests focus on treatment interventions for serious mental illness in youth and investigating the relationship between diet/nutrition and mental health in this population. Currently, I am investigating a multinutrient supplement as treatment for childhood mood dysregulation.

While serving as your representative, I would like to increase student involvement and provide more resources for the student members of the Division. My goals include creating an interactive community environment on the student listserv in order to initiate better communication among members and facilitate more interaction between students and Division leaders. To broaden student impact and opportunities for active involvement, I plan to build a working relationship with APAGS board members and student representatives from other APA divisions. Lastly, as the division reorganizes and updates our website, I plan to revamp the student section by adding more resources to help aid the transitions students experience from undergraduate work through finding a career in clinical psychology. Many students often struggle with the transitions from undergraduate to graduate study, graduate to internship/post-doctoral work, and post-doctoral work to beginning a career, which is why these transitional times will be the focus of "The Student View" column for the next few newsletters.

I would also like to take a moment to discuss the upcoming APA convention in Toronto. Many students who attend the APA convention can become easily overwhelmed and may have trouble deciding which events to attend. I suggest taking time before you arrive in Toronto to select sessions and events of interest to you and make

a schedule so you can plan your time and avoid stress while at the convention. Plus, this is a great way to pass the time if you're stuck in an airport or on a long flight. There are many great poster sessions, panel discussions, and other events to attend this summer. Division 53 is sponsoring a number of symposia on best practices for treatment of various childhood disorders including autism, ADHD, mood disorders and suicide, externalizing and disruptive behavior disorders, anxiety and OCD, and treatment of minority youth. Additionally, there are going to be many programs in the Division 53 hospitality suite that will be of interest to students. Some highlights include Thursday's "Meet the Clinical Researchers" during which researchers from all the specialty areas mentioned above will be stopping by the suite throughout the day for meet-and-greet sessions. Saturday, there will be a career panel to discuss possible directions to take after earning your degree.

Last, there will be some great social events in Toronto that I sincerely hope you attend. First, we will sponsor our annual "Internships/Postdocs on Parade Social Hour" with divisions 37 and 54 on Thursday evening from 5-7pm. This is a great opportunity to speak with representatives from various internship and postdoctoral programs who will have information and answers to your questions about training opportunities in child clinical and pediatric psychology. Internship supervisors will be available on Saturday from 5-6pm to practice mock interviews for students who plan on applying for internship this year. An informal social gathering is in the works with divisions 37 and 54 for students to meet and mingle (details to be announced.) This will provide an opportunity for students to network with others in the field and share ideas and interests in a relaxed atmosphere.

I hope you will consider attending some of this summer's convention events. I look forward to

meeting many of you and discussing concerns or ideas you have regarding Division 53 or graduate training in general. It is my role as your representative to improve your experience as a member in this division, so please contact me at [division53studentlistserv@gmail.com](mailto:division53studentlistserv@gmail.com) if you have questions, comments, or suggestions, or if you would like to post on the student listserv.

### Doctoral Students: Receiving your Ph.D. in 2009?

InBalance publishes the names of Division 53's student members who are receiving their doctoral degree in 2009. Faculty advisors and/or students should submit name, institution, advisor, date of conferment, and dissertation title to the newsletter editor, Michael A. Southam-Georow at [masouthamger@vcu.edu](mailto:masouthamger@vcu.edu).

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

**The deadline is August 15, 2009**

### Internships on Parade

Thursday, August 6, 2009

5-7:00 p.m.

Fairmont Royal York Hotel  
Territories Room

Don't Miss it!

APA divisions 53, 54, and 37 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.

## Division 53 APA Program Highlights

by Martha Wadsworth, Ph.D.  
APA Program Chair



The Division 53 program at the APA Convention offers a jam-packed program focusing on the science and practice of clinical child psychology. The program committee (Mary Fristad, Martha Wadsworth, and Eric Youngstrom) organized a Best Practices in Clinical Child and Adolescent Psychology series of six invited symposia, including talks by the leading clinical researchers in the areas of affective disorders, anxiety, disruptive behavior, and autism spectrum disorders. In addition, our distinguished nine-person review panel selected several outstanding submitted symposia to round out our program. All of these symposia—both invited and submitted—are approved for Continuing Education (CE) credit.

Symposia highlights on Thursday focus on clinical applications of autism research, presentations on dialectical behavior therapy, psychoeducation, and Rainbow therapy for children and adolescents with Bipolar Disorder, and treatment of disruptive behavior disorders.

Friday's symposia focus on four talks demonstrating how to traverse the science–practice gap, this year's Distinguished Contribution to Child Clinical Psychology Award winner William Pelham's discussion of the (over) medication of America's children, and a session covering a wide range of topics including assessment and treatment of OCD, separation anxiety, generalized anxiety disorder, and panic disorder.

Saturday's programming includes symposia on evidence-based treatments with minority youth, a session on child and adolescent depression, including information on best practices in treatment for suicidal behavior and treatment resistant depression, and a session on best practice ADHD treatments for children from preschool through secondary school.

Sunday's symposia focus on the measurement of youth stress and trauma and how to best capture life stress, trauma, and poverty-related stress in practice and research.

New this year is the “Convention within the Convention”—an initiative of APA President James Bray. Divisions 53 and 7 (Developmental Psychology) are pleased to offer a four-talk series on clinical applications of basic research on executive functioning. These one-hour talks are offered sequentially on Friday starting at noon, with Stephanie Carlson speaking about normative development of executive functioning. Next, Adele Diamond discusses strategies and programs that help improve executive functioning in young children. Then, Mark Rapport will discuss working memory deficits in ADHD and hyperactivity, and finally Rosemary Tannock speaks about neuroscience, clinical, and educational implications of working memory in ADHD.



Martha Wadsworth, Ph.D.

Please join us for Internships on Parade Thursday evening, held jointly with Divisions 37 (Child, Youth and Family Services) and 54 (Pediatric Psychology). Mary Fristad's Presidential Address, and the Awards Ceremony and Business meeting are on Friday afternoon. This year Division 53 is hosting a hospitality suite at the Intercontinental Toronto Centre. Please stop by, have a bagel, and meet some movers and shakers in Clinical Child Psychology. See you in beautiful Toronto!



### Division 53

## Hospitality Suite Programming InterContinental Toronto Centre

### Thursday, August 6, 2009

4–5 p.m.

#### Learn about the Clinical Child & Adolescent ABPP

Hosts: Mary Fristad and John Lochman

### Friday, August 7, 2009

10–11 a.m.

#### Meet the Clinical Researchers— ADHD and Disruptive Behavior Disorders

Hosts: Bill Pelham and Paul Frick

11 a.m.–12 p.m.

#### Meet the Clinical Researchers— Depression and Suicide

Hosts: John Curry and Cheryl King

12–1 p.m.

#### Meet the Clinical Researchers— Anxiety and Tic/Tourette Disorders

Hosts: Anne Marie Albano and John Piacentini

1–2 p.m.

#### Meet Your Journal Editors

Hosts: Paul Frick, Jennifer Hudson, Janet Kistner, Wendy Kliewer, and Patrick Tolan

### Saturday, August 8, 2009

2–3 p.m.

#### Meet Your Minority Task Force Members

Hosts: Yo Jackson and the Minority Task Force

3–4 p.m.

#### Meet Your Members-at-Large

Hosts: Kathy Grant, Cari McCarty, and Luis Vargas

4–5 p.m.

#### Career Pathways Panel

Hosts: Kathy Grant, Jarrod Leffler, and Marolyn Morford

5–6 p.m.

#### Student Social Hour—Practice Mock Interviews

Hosts: Liz Frazier, Roisin O'Mara, and Internship Faculty

# Divisions 53/54

Thursday, August 6, 2009		
	Division 53	Division 54
9–10 am	*Symposium: <b>Best Practices in Clinical Applications of Autism Research</b> Chair: Molly Losh Meeting Rms 201 E and F	
10–11 am		
11 am–12 pm	*Symposium: <b>Best Practices in Treating Youth with Bipolar Disorder</b> Chair: Mary Fristad Reception Hall 104C	Poster Session: <b>Externalizing Behavior Problems in Children and Families</b> Exhibit Halls D and E
12–1 pm		
1–2 pm		Poster Session: <b>Internalizing Problems in Children and Adolescents</b>
2–4 pm	*Symposium: <b>Best Practices in the Treatment of Disruptive Behavior Disorders</b> Meeting Rm 717A	*Symposium: <b>Innovative Measurement and Treatment of Adherence in Pediatric Chronic Conditions</b> Chair: Alexandra L. Quinttner Meeting Rm 205D
5–7 pm	Social Hour: <b>Internships on Parade—Child and Family Internships</b> Fairmont Royal York Hotel Territories Room	

Friday, August 7, 2009		
	Division 53	Division 54
8–9 am	*Invited Symposium: <b>Demonstration of Mapping and Traversing the Science–Practice Gap</b> Chair: Alyssa M. Marder Meeting Rm 206F	Committee Meeting: <b>JPP Editorial Board</b> Chair: Dennis Drotar Intercontinental Toronto Centre Hotel Simcoe Room
9–10 am	*Address: <b>Distinguished Contribution to Child Clinical Psychology Award</b> William E. Pelham Title: <i>Overmedicating America's Children: Recent Trends and Studies in ADHD</i> Meeting Rm 716A	
10–11 am		Poster Session Exhibit Halls D and E
2–3 pm	*Invited Address: <b>CWC/Child–Family</b> Mark D. Rapport Title: <i>Working Memory Deficits in ADHD: The Functional Relationship between Central Executive Processes and Hyperactivity</i> Meeting Rm 716B	*Symposium: <b>Best Practices—Assessment and Treatment of Child Anxiety and OCD</b> Co-chairs: John Piacentini and Anne Marie Albano Meeting Rm 713B
3–4 pm	*Invited Address: <b>CWC/Child–Family</b> Rosemary Tannock Title: <i>Working Memory and ADHD: Neuroscience, Clinical, and Educational Perspectives</i> Meeting Rm 716B	Workshop: <b>Evidence-Based Treatment of Insomnia in Typically Developing Children and Children with Special Needs</b> Chair: Penny Corkum Meeting Room 703
4–5 pm	* Presidential Address: <b>Mary Fristad</b> Title: <i>Childhood Bipolar Disorder: Separating Fact from Fiction</i> Meeting Rm 717B	<b>Executive Committee Meeting</b> Intercontinental Toronto Centre Hotel Simcoe Room
5–6 pm	Business Meeting Meeting Room 717B	
6–7 pm		

# Toronto Programming

Saturday, August 8, 2009		
	Division 53	Division 54
8–10 am	*Symposium: <b>Adaptation, Innovation, and Competence in Evidence-Based Treatments with Minority Youth</b> Chair: Anna S. Lau Meeting Rm 709	Symposium: <b>Enhancing the Quality of Published Research in Pediatric Psychology</b> Chair: Dennis Drotar Meeting Rm 711
10–11 am	*Symposium: <b>Best Practices—Child and Adolescent Depression, Treatment-Resistant Depression, and Suicidal Behavior</b> Chair: Cheryl King Meeting Rms 201 E and F	*Symposium: <b>Treatment of Pediatric Obesity in Diverse Settings—Toward More Ecologically Relevant Interventions</b> Co-chairs: Ric Steele and Elissa Jelalian Meeting Rm 705
12–1 pm	*Symposium: <b>Best Practices for Treating ADHD—From Toddlers to Teens</b> Chair: Steven W. Evans Reception Hall 104D	Invited Address: <b>Conference within a Conference: Translating Psychological Research into Practice in Pediatrics</b> Presenters: Anne Kazak and Lamia Barakat Meeting Rm 713B
1–2 pm		Invited Address: <b>Mentoring and Being Mentored: Cultural Generational, and Gender Implications</b> Presenter: Jessica Daniel Meeting Rm 205B
2–3 pm		
3–4 pm		<b>Presidential Address/ Logan Wright Research Award</b> Chair: Kathleen Lemanek Meeting Rm 203D
4–5 pm		<b>Business Meeting/ Awards Ceremony</b> Chair: Kathleen Lemanek Meeting Rm 203D

Sunday, August 9, 2009		
	Division 53	Division 54
8–9 am		
9–10 am	*Symposium: <b>Measurement of Youth Stress and Trauma—Methodological and Practical Implications</b> Co-chairs: Yo Jackson and Lauren C. Drerup Meeting Rm 206C	*Symposium: <b>Understanding Optimal Parental Involvement for Children with Chronic Illnesses</b> Co-chairs: Branlyn Werba and Cynthia Berg Meeting Rm 715B
10–11 am		Paper Session: <b>Intentional and Unintentional Injuries in Childhood and Adolescence</b> Meeting Rm 715B
11 am –12 pm	Poster Session: <b>Treatment Outcome Research with Children and Families</b> Exhibit Halls D and E	

Division 53 Programming	
Division 54 Programming	

Cosponsored by Divisions 37, 53, and 54	
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**All sessions take place in the Metro Toronto Convention Centre unless otherwise indicated.**

**The Division 54 Hospitality Suite is located in the Intercontinental Toronto Centre Hotel. For complete schedule, see page 5.**

**\* indicates that APA-sponsored CEUs are offered.**

## News & Events

### Foundation for Psychoculture Research and UCLA 2010 Interdisciplinary Conference

The FPR-UCLA Fourth Interdisciplinary Conference—Cultural and Biological Contexts of Psychiatric Disorder: Implications for Diagnosis and Treatment will be held in Los Angeles, California, January 22-24, 2010, at the UCLA Neuroscience Research Building Auditorium.

This conference highlights the latest developments in psychiatric disorder/mental illness research and scholarship across many fields, including neurobiology, psychology, history, and anthropology. Early registration runs until November 13, 2009. Registration closes December 11, 2009.

For conference information, please visit: [www.thefpr.org/conference2010/overview.php](http://www.thefpr.org/conference2010/overview.php) or contact the UCLA Central Ticket Office at [cto@tickets.ucla.edu](mailto:cto@tickets.ucla.edu).

### Call for Nominations Committee on Children, Youth, and Families

The Committee on Children, Youth, and Families (CYF) is anticipating two vacancies in 2010. CYF welcomes nominations from individuals interested in linking research and policy for children and families within APA and the profession. CYF is particularly interested in candidates with substantial expertise and demonstrated experience in applying psychological knowledge to the well being and optimal development of children, youth, and families; and in issues advancing psychology as a science and profession in the area of promoting health and human welfare. Candidates who have particular interest in culturally and linguistically diverse, understudied, underserved and diverse populations are particularly encouraged to apply.

Nomination materials must be received by Monday, August 24, 2009.

Potential candidates are encouraged to visit the CYF website ([www.apa.org/pi/cyf/ccyf](http://www.apa.org/pi/cyf/ccyf)) to learn more about CYF's mission and prior initiatives, and for complete information on the nomination process.

## MAL & Task Force Updates

### Update from the Task Force on Ethnic Minority Child and Adolescent Psychology

by Yo Jackson, Ph.D.  
University of Kansas

The Task Force on Ethnic Minority Clinical Child and Adolescent Psychology (TF) continues to work on several areas we identified earlier this year as important issues for the field. We are working within a framework similar to the larger APA structure with an emphasis on education, science, training, and practice.

**Education** TF members are working to determine the number of ethnic minority students currently pursuing advanced degrees in clinical child and adolescent psychology. Recent estimates suggest about 10-15 percent of students in clinical child psychology doctoral programs are identified as representing an ethnic minority group.

Although not a surprising number, the TF would like to see this number grow over the next few years. It is difficult to get an accurate sense of how many future clinical child psychologists are from ethnic minority backgrounds as there is no central database on ethnic minority students across graduate programs. Internship applications provide some assistance in understanding how many clinical child psychologists-in-training are matriculating, but the TF would like to know how many ethnic minority students apply and graduate with an advanced degree, as well as the kinds of work they eventually do with their degree.

The TF will continue to pursue this question and hope to be able to provide accurate numbers in the future. Knowing the current rate of admission and graduation of ethnic minority students in the field is important as we want to see that our discipline is encouraging as diverse a perspective as possible. Clearly the census numbers point to the growing numbers of ethnic minority children in the United States and we would like to see our numbers of professionals in clinical child and adolescent psychology grow accordingly. We also hope to report on how many clinical child psychologists (regardless of ethnic background) are working with ethnic minority youth and how we might assist in mentoring all students, including students of color that wish to work with ethnic minority populations.

**Science** Several members of the TF and other leaders in the field are working to develop a special section in the *Journal of Clinical*

*Child and Adolescent Psychology* that would address recent developments in treatment of ethnic minority youth. This work is in the preliminary stages of development and we welcome ideas for focus and direction. If members are interested in helping or contributing to this special section, please feel free to contact the TF at [yjackson@ku.edu](mailto:yjackson@ku.edu).



Yo Jackson, Ph.D.

**Training** TF members are examining how doctoral programs implement guidelines regarding training on diversity issues. The TF is working on collecting information on guidance for teaching and training students on cultural issues and when appropriate, treatment adaptations. The next step for training is for the TF to survey training directors to see what and how guidance around diversity training is followed and how we might share best practices for diversity training with the field. The TF is also looking into how we might promote support for diversity training including making training issues more prominent at local and national conferences.

**Practice** The focus is on dissemination of treatment for ethnic minority populations. The TF is open to suggestion on how we might best assist in the great efforts already underway to disseminate empirically-based treatment. Currently, we are investigating how the Division 53 Task Force on Dissemination of Evidence-Based Practices is incorporating diversity issues and how we might encourage a focus on ethnic minority youth.

The TF is beginning to come together and address what is clearly important work. We would like to take this opportunity to welcome a returning member to the TF, Yvette Tazeau. Dr. Tazeau was a member of the original group and we are happy to have her expertise and important contributions. As always, we welcome your comments and suggestions (and time if you have it!) to make our efforts as helpful as possible.

## Dissemination of Evidence-Based Treatments: What's in the Hopper

By Kathryn Grant, Ph.D.

Member at Large for Science and Practice

Now that I have the new title of Member at Large for Science and Practice, one of my primary roles will be to support Division 53 efforts to disseminate evidence-based treatments for children and adolescents. Over the past few years, a primary initiative of the Division has been the development of the Task Force on the Dissemination of Evidence-based Treatments. The chair of this task force is Dr. Bill Pelham. A few weeks ago, I caught up with Bill by phone to get the latest on what the Task Force is doing.

Bill reported that the Task Force is pursuing three goals. The first is to develop models for disseminating evidence-based treatments as courses and workshops that are offered online. As courses, these programs could fulfill graduate-level requirements for programs that currently don't have the capacity to provide training in evidence-based treatments. As workshops, they could be used to fulfill continuing education credit requirements for practitioners. For an excellent example of how this can be done, visit the website for Trauma-Focused CBT at <http://tfcbt.musc.edu/>. The Division plans to use this approach with multiple evidence-based interventions for a variety of disorders over the next few years.

A second goal is to increase the proliferation of regional conferences that disseminate evidence-based treatments. Currently, Division 53 helps support one such conference, the Niagara Conference on Evidence-based Treatments, which Bill Pelham developed and is offered biennially in Niagara on the Lake in Ontario. The conference is attended primarily by practitioners, and has as its goal the dissemination of evidence-based treatments.

The Division has evaluated this conference and found it to serve its purpose. However, its development and maintenance is quite labor intensive and its reach is limited primarily to the region surrounding western New York and southwestern Ontario. To address this issue, the Task Force is considering the development of a single conference that can be deployed in major metropolitan areas in multiple regions throughout North America on a rotating basis.

The final goal is the development of models for disseminating evidence-based treatments that are generic rather than copyrighted. Copyrighted treatments typically require extensive training at a particular site (and/ or by particular experts) and, as such, can be expensive to disseminate. Treatments that build on basic principles that have emerged across copyrighted programs could be disseminated at greatly reduced cost. For this reason, the Task Force is interested in developing models for disseminating some evidence-based treatments that are generic. The purpose of these programs will not be to displace the excellent copyrighted programs that exist but rather to complement them.

I'm excited about the directions in which the Task Force is moving, and I look forward to helping Bill and the Task Force achieve their goals. If you have suggestions related to any of the initiatives they are pursuing and/ or if you would like to get involved with helping them move forward please contact me by e-mail at [kgrant@depaul.edu](mailto:kgrant@depaul.edu) or by phone at 773-325-4241. I look forward to hearing from you.



Kathryn Grant, Ph.D.

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## The Buzz on Behavioral Pro

By: Cari McCarty, Ph.D.

Member at Large for Education

What's the buzz on Behavioral Pro? Behavioral Pro website access is a service provided as part of your Division 53 membership. I recently spent some time checking it out, and would like to share some of its features with you. Here are a couple of interesting menus to consider:



Cari McCarty, Ph.D.

### Quick Access→Disorders Guide

Here you can browse fact sheets, diagnostic criteria, differential diagnosis considerations, information on treatment options, and relevant articles that are linked to the diagnosis you choose. A fairly broad spectrum of psychopathology is covered, including both common (e.g., anxiety disorders, depression) and less common (gender identity disorders, selective mutism) problems. This could be a valuable supplement to enhance education—it is a resource that could be consulted by graduate students in synthesizing a clinical intake and making a diagnosis, and can also be useful to practitioners in this regard.

### Databases

If you need access to full text journal articles, the Databases link can hook you into ten different resources, including PubMed, HighWire Press (high impact, peer reviewed journals), ERIC, and other scholarly databases to conduct a search of your choice.

### Caveats and Kudos for Behavioral Pro

Behavioral Pro is a work in progress. Quest requests feedback from our membership to improve their services. At present, while the website includes access to a great deal of clinical information and research about child-specific problems disorders, for many disorders that cut across the developmental spectrum it may point you to adult-specific research or information.

For example, I was curious to review the information on behavioral treatment of depression, but the pre-selected article was conducted with adult participants, not children or adolescents. In future iterations of the website, we anticipate additional resources and information will be broken down by developmental stages to help us get the most relevant and helpful information.

Secondly, sometimes it is not clear what format or kind of information to which a link will lead. More specific descriptors will be added over time.

Third, there is a huge amount of information on psychotropic treatment for specific disorders. The Psychotherapy Guide section gives an overview of different approaches, though the list is not completely comprehensive and more links to therapeutic tools would be helpful in addition to the chapters and research articles that are accessed. My hope is that this will grow over time.

Overall, the strength of Behavioral Pro lies in its access to a wide range of professional resources and information that has been vetted from reliable sources. With more information integrated, this could become an even more interesting way to share knowledge within the field of child and adolescent clinical psychology. It will certainly continue to evolve and grow over time, and can be responsive to our collective feedback if we use it and share our feedback with Quest.

## SCCAP 2009 Election Results

We are pleased to announce the results of the 2009 election of new Society of Clinical Child & Adolescent Psychology officers. They will join the board beginning in 2010. Congratulations to these distinguished psychologists.

### President Elect



Anne Marie Albano, Ph.D.

### Secretary



John F. Curry, Ph.D.

### Member at Large Membership and Practice



Yo Jackson, Ph.D.

### APA Council Representative



Mitch Prinstein, Ph.D.

## 2009 Distinguished Career Award

by Cheryl King, Ph.D.  
Division 53 Past President

Congratulations to William (Bill) Pelham, Ph.D., ABPP, winner of Division 53's 2009 Distinguished Career Award.

Pelham is a Distinguished Professor of Psychology, Pediatrics, and Psychiatry at the State University of New York at Buffalo, where he directs the Center for Children and Families. His area of research interest is well-known to our membership – Attention Deficit/Hyperactivity Disorder (ADHD) in children and adolescents. For more than 30 years, Pelham has tackled a broad array of unanswered questions about ADHD in a series of highly programmatic and scientifically rigorous studies. His findings have informed much of what we know today about ADHD and how to treat it.

In addition, Pelham has trained countless students who have gone on to become accomplished independent clinical investigators, university faculty members, and clinicians actively engaged in evidence-based practice. A distinguished contributor in multiple domains, Pelham is a national leader in the dissemination of evidence-based practice and working across healthcare professions serving children and families. At the national policy level he is an advisor to federal agencies and organizations, as well as within the American Psychological Association. He founded the Niagara Confer-

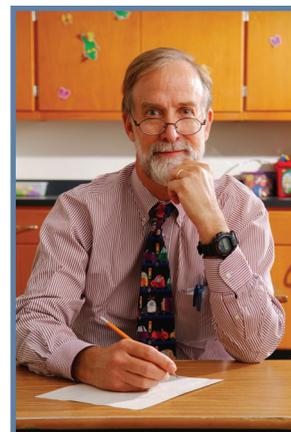
ence on Evidence-based Treatments for Childhood and Adolescent Mental Health Problems, and chaired the Society's Task Force for the Dissemination of Evidence-Based Practice.

Pelham's focus and productivity as a researcher is unparalleled. He has held more than 40 research grants from federal agencies and foundations. Moreover, he has authored or co-authored 300 peer-reviewed scientific articles and chapters related to ADHD and its assessment and treatment. He has studied psychosocial treatment, pharmacological treatment, and the combination and sequencing of treatments. His sustained energy for this work is evident in his current grant portfolio. In addition to serving as co-principal investigator or co-investigator on numerous related grants, Pelham is currently the principal investigator of several large federal grants: "Behavior Modification and Young ADHD Children," funded by NIMH; "Adaptive Treatments for Children with ADHD," funded by the Institute of Education Sciences (IES); and "Development of Drug Use and Abuse in ADHD Adolescents," funded by NIAAA. Furthermore, Pelham's Summer Treatment Program for ADHD children, which integrates evidence-based treatment and research, has been recognized by the APA, SAMHSA, and CHADD as a model program and is listed on SAMHSA's

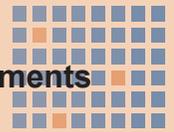
National Registry of Evidence-Based Programs and Practices.

A past president of the Society of Clinical Child and Adolescent Psychology, Pelham is a Fellow of the American Psychological Association and the American Psychological Society. He is also a past president of the International Society for Research in Child and Adolescent Psychopathology and the Professional Group for Attention Deficit and Related Disorders.

Pelham is a graduate of Dartmouth College and earned his Ph.D. in Clinical Psychology from the State University of New York at Stony Brook. Prior to moving to the University of Buffalo more than a decade ago, Pelham served on the faculties of Washington State University, Florida State University, and the University of Pittsburgh.



William Pelham, Ph.D., ABPP



### 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](http://www.informaworld.com), Taylor & Francis' new online journal platform connects Division 53 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 [APAdiv53@gmail.com](mailto:APAdiv53@gmail.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 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 3/31/09 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 4/1/09, but before the final dues deadline on 6/30/09, 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 membership dues payment, or are having problems activating your subscription, please contact Division 53 Executive Secretary Karen Roberts at [APAdiv53@gmail.com](mailto:APAdiv53@gmail.com).



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

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<input type="checkbox"/> Student member of APA*	\$25/FREE
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\*Membership is free for the first year for all students. Please have faculty advisor sign certifying enrollment in a psychology program (undergraduate, graduate, or post-doctoral).

Faculty signature \_\_\_\_\_

#### Listserves

- Add me to the General listserv (D53 discussion forum)
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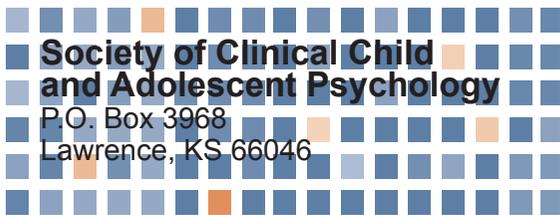
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Mary A. Fristad, Ph.D.  
Div of Child and Adol Psychiatry  
The Ohio State University  
1670 Upham Drive, Suite 460G  
Columbus, OH 43210-1250  
Mary.Fristad@osumc.edu

### **Past President**

Cheryl King, Ph.D.  
Department of Psychiatry  
University of Michigan  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109  
kingca@umich.edu

### **President Elect**

Anthony (Tony) Spirito, Ph.D., ABPP  
Warren Alpert Medical School  
Brown University  
Box G-S121-4  
Providence, RI 02912  
Anthony\_Spirito@Brown.edu

### **Secretary (2004-09)**

Anne Marie Albano, Ph.D.  
Columbia University  
Child and Adolescent Psychiatry  
1051 Riverside Drive, Unit 74  
New York, NY 10032-2626  
albanoa@childpsych.columbia.edu

### **Treasurer (2003-08)**

Richard Abidin, Ed.D.  
Curry Program in Clinical  
and School Psychology  
405 Emmet St., Ruffner Hall  
Charlottesville, VA 22903-2495  
RRA@Virginia.edu

### **Member at Large (2008-10)**

**Science and Practice**  
Kathryn Grant, Ph.D.  
Department of Psychology  
DePaul University  
2219 N Kenmore Avenue  
Chicago, IL 60614  
KGrant@DePaul.edu

### **Member at Large (2007-09)** **Membership and Public Interest**

Luis A. Vargas, Ph.D.  
University of New Mexico, CPH  
1001 Yale Blvd, NE  
Albuquerque, NM 87131  
LVargas@salud.unm.edu

### **Member at Large (2009-2011)** **Education**

Cari McCarty, Ph.D.  
Seattle Children's Research Institute  
1100 Olive Way, Suite 500  
M/S: MPW8-1  
Seattle, WA 98101  
Cmccarty@u.washington.edu

### **APA Council Rep. (2007-09)**

Marilyn Erickson, Ph.D.  
Virginia Commonwealth University  
Department of Psychology  
806 W. Franklin St.  
Richmond, VA 23284.2018  
MariEric@comcast.net

### **APA Council Rep. (2008-10)**

Catherine E. Lord, Ph.D.  
UMACC  
1111 East Catherine Street  
Ann Arbor, MI 48109  
CELord@UMich.edu

### **Student Representatives**

Roisin O'Mara (2008-09)  
Department of Psychiatry  
University of Michigan  
Rachel Upjohn Building  
4250 Plymouth Road  
Ann Arbor, Michigan 48109-5765  
romara@med.umich.edu

Elisabeth A. Frazier, B.S. (2009-2010)

Division of Child & Adolescent  
Psychiatry  
The Ohio State University  
1670 Upham Drive Suite 460  
Columbus, OH 43210-1250  
elisabeth.frazier@osumc.edu

### **Journal Editor (2007-11)**

Paul J. Frick, Ph.D.  
Department of Psychology  
University of New Orleans  
2001 Geology and Psychology Building  
New Orleans, LA 70148  
PFrick@UNO.edu

### **APA Convention Program Chair**

Martha Wadsworth, Ph.D. (2009)  
Department of Psychology  
University of Denver  
2155 South Race Street  
Denver, CO 80208  
Mwadswor@DU.edu

### **APA Convention Program Co-Chair**

Eric Youngstrom, Ph.D. (2010)  
Center for Excellence in Research and  
Treatment of Bipolar Disorder  
University of North Carolina  
at Chapel Hill  
Davie Hall, CB3270  
Chapel Hill, NC 27599-3270  
eay@unc.edu