

President's Message

Division 53 and the Dissemination of Evidence-based Treatments



Anthony Spirito, Ph.D., ABPP
President, APA Division 53

I am writing this column after spending three days in Washington, D.C. at the end of January, where I attended the APA Division Leadership Conference with Anne Marie Albano, president elect, and Yo Jackson, member at large. We were joined by Mary Fristad, past president, Kathy Grant, member at large, Marc Atkins, former Division board member, and Bill Pelham, former section president, to discuss the Division's Task Force on the Dissemination and Implementation of Evidence-based Practice.

The Society of Clinical Child and Adolescent Psychology (SCCAP)

has devoted a considerable amount of time, energy, and financial support to the promulgation of evidence-based practices. The first tangible product in this effort was the special issue of the Division's journal, the *Journal of Clinical Child Psychology* (now the *Journal of Clinical Child and Adolescent Psychology*) published in 1998. This special issue was the final product of a Division 12 Task Force on Empirically Supported Treatments. SCCAP was then a section of Division 12. Christopher Lonigan, Jean Elbert, and Suzanne Bennett Johnson edited the special issue that covered the evidence for treatment efficacy in ADHD, autism, depression, anxiety, and disruptive behavior disorders. The 10-year update issue was published in 2008 in the *Journal of Clinical Child and Adolescent Psychology*. The status of the field with respect to the treatment of the same five disorders covered in 1998 was reviewed. In addition, new reviews on eating disorders, OCD, trauma, and adolescent substance abuse were published.

The Board's most recent accomplishment with respect to dissemination occurred this past year with the establishment of *effectivechildtherapy.com*, a joint venture of SCCAP and the Association of Behavioral and Cognitive Therapies. Board Member Mitch Prinstein and graduate student John Guerry developed the new website with separate links for professionals and the public. Both the public and professional sections summarize the results of the 2008 *Special Issue on Evidence-based Treatments* with links provided to additional information on the various evidence-based treatments. We will be updating

the site on a continuous basis when new studies are published supporting existing or new treatments. A committee chaired by Wendy Silverman, former Division president, and Mitch Prinstein will review new submissions and draw conclusions about whether the new studies either provide additional support for the efficacy of an existing intervention or provide support for a new intervention being added to the list of possibly efficacious, probably efficacious, or well-established treatments. Members are encouraged to submit new papers supporting efficacy for review.

With respect to the website, is it true that if you build it, they will come? Over a week period in February of this year, there were 4,000 hits on the website. So someone is indeed visiting the site. But the Division is not taking any chances with respect to whether the lay public is exposed to this information. We are actively investigating ways to draw the public to *effectivechildtherapy.com* so that the end consumers of child psychotherapy can have access to the most up-to-date information on effective child therapy. Mitch Prinstein is working with graduate student Anna Van Meter on the most effective ways to reach the lay public and bring them to our website.

The Best Practices series at the APA Convention has been another way that SCCAP has tried to keep our membership updated. These presentations are typically well-attended and are tangible demonstrations of the interest of our membership in up-to-date information on evidence-based practice. Cheryl King, former Division president, started the Best Practices tradition in 2008 as an outgrowth of her work on an APA Task Force which resulted in a book, published by APA in 2007, *Childhood Mental Health Disorders: Evidence Base and Contextual Factors for Psychosocial, Psychopharmacological, and Combined Interventions*. In 2010, in San Diego, the presentations on evidence-based treatment will cover adolescent substance use, suicidal behavior, trauma, obesity, and non-suicidal self-injury.

And finally, back to The Task Force on Dissemination and Implementation of Evidence-Based Practice, SCCAP's latest and most ambitious endeavor. Bill Pelham has asked leading researchers in approximately 20 areas to be videotaped giving an hour overview of the literature for professionals, a 15-minute overview for the lay public, and then a more extensive workshop, anywhere from a half day to two days, on the specific techniques used in a particular treatment protocol. Over the next year, the Division will be arranging Continuing Education credit for these presentations as a means of encouraging our members to take advantage of the Society's dissemination efforts. The Society has made a commitment to keep this information up-to-date in the years to come.

Keep Division 53 Strong

Review the full slate of candidates on page 7. Then submit the ballot mailed to you by APA.



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Newsletter Deadline

Articles for the next newsletter are due by May 1, 2010. Please send your submission to newsletter editor Brian Chu at BrianChu@rci.Rutgers.edu.

Are EBTs Always the Best Policy?

Kenneth Martinez, Ph.D.

*Mental Health Resource Specialist
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More than half of the states in the country have either local, county or state mandates through statute, regulation, standards, or requirements that mandate the use of evidence-based treatments if public funds are expended. Federal agencies have similar requirements. There are arguments in favor of using, and possibly even requiring, EBTs to be used such as improving the quality of care, standardizing practice, cutting costs, and accountability of taxpayer monies and others. There are equally as many arguments against the legislation of EBTs.

The State of Oregon passed HB 267 in 2003, which directs the Department of Human Services to demonstrate that program resources support EBTs in the following progressive amounts: 25 percent by 2007, 50 percent by 2009 and 75 percent by 2011. The law applies to programs and services that reduce the propensity of persons to commit crimes or engage in antisocial behavior and which improve the mental health of persons and reduce the need for emergency services (Oregon Department of Human Services website www.oregon.gov/DHS/mentalhealth/ebp/main.shtml). Is that what we want other states to emulate?

We have been riding the EBT tidal wave for the last several years and it is time to slow down and reflect upon the practical implications of policy-mandating EBTs. There is no doubt that EBTs have an important place in our practice. The question is whether they are appropriate for everyone. Simply stated, no they are not. EBTs are appropriate for those for whom they were developed, specifically normed on and found to be effective with over time in real world settings. One cannot say that any given EBT is effective or even efficacious for those populations that were not proportionately represented in study samples. A recent study conducted by the Outcomes Roundtable for Children and Families found that most of the 18 most prominent EBTs for children's behavior disruptive disorders had not been tested with populations that included racial and ethnic groups (Zubritsky, Mazique, Fortuna and Kramer, 2007). For those that did, the samples were typically small and not proportionately representative of the general population.

If we use policy and subsequent legal mandates to arbitrarily require EBTs for everyone, regardless of cultural or linguistic background, with only partial knowledge of what works for them, we are doing a disservice to them and our profession. What about individualizing

care based upon the world view, historical and current trauma, values/beliefs, contextual variables (acculturation, generation in the country, immigration status), transactional variables (engagement, relationship with therapist, language) and methodological variables (research epistemology)? What about family and youth voice and choice? What about the clinician's judgment that is increasingly discounted?

Indiscriminant EBT policy can cause iatrogenic consequences to the populations that have already been detrimentally affected by other "well-intentioned" deeds. What can we do? As responsible professionals and good stewards of the public trust we can: take into consideration the values/beliefs, historical, contextual, transactional, methodological variables when choosing practices; along with families and youth, choose, and

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Kenneth Martinez, Ph.D.



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don't dismiss, practices that have worked in communities, even though we still need to document, evaluate in a culturally responsive way and validate them; discover and/or develop and document an evidence base for certain community and cultural practices that work; encourage families and youth to engage in participatory research; influence policy makers, funders and decision makers to be open to alternative methods of measurement and intervention that fit culturally and linguistically and produce the desired outcomes; refrain from legislating practices under the pretext of good stewardship, risking the omission/restriction of community/cultural results-based options. Ultimately we must become informed, educated and reasoned consumers ourselves before it is too late.



Evidence-based Practice in Psychology with Culturally Diverse Children and Adolescents

Jean Lau Chin, Ed.D., ABPP

Dean and Professor

Derner Institute for Advanced Psychological Studies

Adelphi University

APA Presidential Task Force on Evidence-Based Practice in Psychology (EBPP; 2006) defines EBPP as integrating the best available research with clinical expertise in the context of patient characteristics (e.g. culture, values, beliefs, worldviews, goals, and preferences) in order to produce the best outcomes. It reflects the latest guidelines for psychotherapy research as a prerequisite for competent and ethical practice. La Roche and Christopher (2009) review how EBPP was developed in reaction to the growing criticism of empirically supported treatments (EST) as the gold standard for psychotherapy research.

Although it is growing, few research studies on psychotherapy are conducted with culturally diverse clients. Doyle (1998) found that race or ethnicity was assessed in only 15 percent of the studies, and that 92 percent of participants were European Americans. In examining anxiety treatment for children, Weisz, Jensen, & Hawley (2005) found that 60 percent of the studies did not report ethnicity of the clients. In failing to be inclusive in their samples or to report ethnicity, evidence based treatments cannot be generalized as effective with diverse populations who may differ in symptom manifestation or show differential responsiveness. Yet, these treatments are often purported to be universal when they are, in fact, culturally specific.

Research methodology is another concern. While randomized control studies are generally viewed as the gold standard for identifying best practices and evaluating psychotherapy effectiveness, research with culturally diverse groups often finds that qualitative methods are more useful for identifying culturally relevant variables. Methods such as focus groups, community key informant interviews, case studies, and life history narratives are more likely to elicit interpersonal factors, cultural beliefs systems and values relevant to culturally competent practice. Kleinman (1988) introduced the Explanatory Model Interview to elicit the client's perspective of the problem while Costantino (2007) developed the TEMAS (Tell-Me-A-Story test), a projective test which is culturally congruent with the cognitive schema and experiences of ethnic minority children. These and other

methods in the multicultural literature demonstrate the importance of culture on assessment and treatment of diverse populations.

Researchers of multicultural therapy are beginning to examine the applicability of CBT for culturally competent practice with diverse populations. Either these ESTs need to be adapted or new treatment methods need to be developed which are culturally relevant and appropriate. Hays (2009) proposes principles from multicultural therapy for consideration and integration into the clinical practice of CBT which include an emphasis on culturally respectful behavior, identifying culturally related strengths and supports, clarifying environmental influences, building more effective coping with environmental stressors, validating experiences of oppression, and emphasizing collaboration over confrontation. This use of culturally appropriate principles of behavior management (e.g., honoring children and mending the circle for Native American clients, using indirect means of self-validation for Asian American clients), are likely to be more efficacious when working with diverse clients.

Researchers of culturally diverse populations stress the importance of cultural variables which impact clinical outcomes such as racial/ethnic match between therapist and client, client acculturation status, client ethnic identity, and provider cultural competence. Yet, these means of culturally validating treatments or cultural congruence are rarely used in most studies of empirically supported treatments. With 30 percent of the variance for client change due to the quality of the therapeutic relationship (Lambert, 1992), randomized controlled trials on treatment methods may simply not capture the underlying dynamics of behavior, nor elicit an understanding of cultural values and beliefs, or interpersonal factors such as empathy. Concepts indigenous to specific cultures (e.g., familismo and respeto in Latin American cultures, benevolence and filial piety, ren-qing in Asian cultures) need to be included in developing evidence based practices for psychology. Only then would EBPP result in ethical and competent practice.

In short, EBPP reflects a new paradigm and direction for psychotherapy research to incorporate the importance of contexts and culture toward effective, culturally competent practice with diverse populations. At this point, it is more policy and guidelines since the research has only just begun. Most research designs do not assess ethnicity; most use largely homogenous white populations in their samples. Research paradigms typically do not define or measure culturally relevant variables related to therapeutic effectiveness and treatment outcomes.



Jean Lau Chin, Ed.D., ABPP



References available at
www.clinicalchildpsychology.org

Changes to ABPP. Time to join!

By Kathy Hart, Ph.D., ABPP

In 2003, the American Board of Professional Psychology recognized Clinical Child and Adolescent Psychology as a unique specialty and began offering Board Certification in that area. At present, 113 Clinical Child and Adolescent Psychologists have earned Board Certification through ABPP.

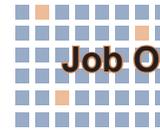
For many years, each specialty board was served by a board of trustees who oversaw exams and an academy consisting of a group of board certified psychologists in that specialty. The academy served to recruit and mentor examinees, among other activities. The presence of a board and academy has been confusing for many of our members and has proved challenging from a management perspective. After considerable discussion ABPP has decided that each specialty should choose its structure, and the members of the CCAP Board of Trustees and Academy recently elected to merge

in order to better perform the duties of our organizations. We continue to work out the details of that merger, so separate organizations exist for the time being. However, we hope that soon the organizations will combine and operate under the name used by the Board: *American Board of Clinical Child and Adolescent Psychology*.

While our merger and re-organization proceed, we continue to offer exams, and I encourage you to join our ranks. For more information, contact ABPP Central Office at www.abpp.org, or contact me at hartk@xavier.edu, or the Academy's new President, Michael C. Roberts, at mroberts@ku.edu.



Kathy Hart, Ph.D., ABPP



Job Opportunities

Case Western Reserve University Two Faculty Positions

The Division of Pediatric Psychology at MetroHealth Medical Center/Case Western Reserve University School of Medicine seeks two pediatric or clinical child psychologists at the assistant professor rank.

Division faculty provide clinical care within a pediatric setting, supervision of pediatric and child clinical psychology graduate trainees, education of medical students and residents regarding psychosocial issues, and participate in research and scholarly activities.

It is expected that the faculty member will provide clinical services addressing the full range of child and adolescent behavioral health issues to an ethnically and socioeconomically diverse population. Faculty are expected to develop an area of scholarly focus and expertise, particularly primary care, autism (including ADOS training), or the ability to provide services in Spanish. Opportunities exist to participate in research. Please email vitae and a letter outlining clinical and academic interests to Terry Stancin at tstancin@metrohealth.org.

Gillette Children's Hospital Psychologist

Gillette Children's Specialty Healthcare in St. Paul, Minn., has an immediate opening for a licensed psychologist at our Lifetime Clinic for adolescents and adults.

Clinical responsibilities include providing a full range of psychological testing, psychotherapy focused on maximizing potential, and adjustment to disability, and consultation to other Gillette staff. Work involves collaboration with an interdisciplinary team. In addition to clinical work, staff also participate in program development, quality improvement, and staff education to meet the needs of Gillette and to ensure excellence in psychology service delivery.

For more information, visit www.gillettechildrens.org.



Apply for Fellow Status

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 Carol Whalen at CKWhalen@UCI.edu. For an application packet, contact Karen Roberts at APADiv53@gmail.com.



Application deadline is November 15, 2010

EffectiveChildTherapy.com—Gone Live

By John Guerry, M.A.

Hopefully Division 53 readers are already aware of the new evidence-based practice website, www.effectivechildtherapy.com.

This resource is an ongoing collaboration between SCCAP and the Association for Behavioral and Cognitive Therapies (ABCT), serving as an easily accessible bridge site between the two associations.

Please look for the new evidence-based treatments for Youth links and logos at various places throughout the SCCAP and ABCT homepages.

The goal of effectivechildtherapy.com is to educate the general public, mental health professionals, and educators about current empirically supported treatment options for child and adolescent mental health problems. Accordingly, website content has been partitioned into information for the public and for professionals and educators.

The public portion of the website recognizes that informed preferences of parents, caregivers and youths represent an essential piece of the movement towards evidence-based mental health practice. Potential child and adolescent clients and their families can expect to find a growing collection of resources, including lay-friendly descriptions of common symptoms, corresponding information about likely diagnoses, hypothetical case vignettes, and links to relevant external websites. Most importantly, the bottom of each diagnosis homepage provides a table listing well-established, probably efficacious, and possibly efficacious treatments. By following various table links, visitors may either read broad overviews of treatment options or learn about how evidence-based criteria is defined.

Additional public sections provide informative articles related to deciding between therapy and medication and how to choose a child therapist.

Content for mental health practitioners, researchers, and educators closely parallels the public pages. Professionals are given an in-depth but accessible introduction to topics like “What is evidence-based practice?” and “Myths and facts about empirically supported treatments.” The primary feature of the professionals pages, however, is to provide a centralized library of current psychosocial treatments for various child and adolescent disorders. As with the public pages, treatments are listed in summary tables according to evidence-based criteria outlined by Chambless et al. (1998) and Silverman and Hinshaw (2008). But what most clearly set the professionals’ tables apart are individual treatment pop-up windows written, in most cases, by the developers of each specific intervention. Interested professionals can expect to find immediate access to training information, external websites, relevant peer-reviewed journal articles, and in some cases actual treatment manuals.

It is important to note that effectivechildtherapy.com—which will always endeavor to reflect the current state of treatment-outcome literature—will necessarily remain a work in-progress. At present, all treatments presented in the website were based on the 10-year update of evidence-based treatments for youths appearing in the 2008 special issue of the *Journal of Clinical Child and Adolescent Psychology*. Going forward, we need your help to ensure that treatment recommendations evolve with the scientific literature. If you would like to request a change to any treatment recommendations or to the website as a whole, please follow the instructions posted on the website.

Above all, please help us widely disseminate the web address among professional colleagues, interested clients and families, and the general public.



John Guerry, M.A.



APA Division 53 San Diego Preview

By Eric Youngstrom, Ph.D. & Jennifer Freeman, Ph.D.
Program Co-Chairs

This year, the APA Convention will be held in San Diego, California, from August 12-15, 2010. Our summer issue will provide a more in-depth preview of the convention programming. For now, however, we provide this teaser.

One highlight is sure to be the *Best Practices* series, with five symposia by leaders in the areas of assessment and treatment of child clinical disorders. For example, Matt Nock, Lorie Ritschel, Erica Chin, and Barbara Stanley will present state-of-the-art research on self injury, providing practical suggestions for assessment, management and prevention of these complex and challenging behaviors. Liz D’Amico, Tony Spirito, and Elizabeth Feldman-Ewing will lead a symposium on the latest evidence about using motivational interviewing with adolescents to reduce and prevent substance use, including ways of adapting the methods to work better with culturally diverse teens.

Providing broad coverage of the assessment and treatment of child and adolescent disorders, we will also spotlight best practices in the assessment and treatment of preschoolers, depression and suicide, trauma exposure, eating disorders and obesity, parenting strategies for work with youths with multiple challenges.

The Division is also awarding the Distinguished Career Award to Rex Forehand for his impressive career demonstrating the power of parenting interventions.

There will be more than 100 posters from around the world presenting new work in three sessions during the meeting. For students and early career psychologists, there are the perennially popular clinical internship program and division social hours as places to meet like-minded colleagues from around the country.

We hope to see you all in sunny San Diego this August. Though you wouldn’t want to miss a minute of the conference, there are some great events to explore in San Diego (www.sandiego.org), including scenic Balboa Park (www.balboapark.org), and the world-famous San Diego Zoo (www.sandiegozoo.org)! Southern California offers tremendous natural beauty for those who want to explore outside of the city, too.

APA Coalition of Psychology in Schools and Education

By *Cari McCarty, Ph.D.*

Member-at-Large, Education and Standards



Cari McCarty, Ph.D.

The Coalition for Psychology in Schools and Education brings together psychologists interested in applying psychological research to improve quality of K-12 education and schooling. It includes mem-

bers of 15 divisions and 6 affiliated groups, and I serve as the representative for Division 53. There are a number of projects and goals for the coalition, many of which are described on the website (<http://www.apa.org/ed/schools/coalition/index.aspx>). Two specific projects recently completed by the Coalition may be of interest to our members.

Addressing Teacher Stress

The Coalition has developed an online brochure directed at spouses and partners of new teachers to help combat stress. Teaching is Fundamental: Ideas for Friends and Spouses Supporting Teachers' Early Career Challenges is a brochure that informs those close to teachers what to expect during their loved one's first year in the classroom and how they can offer encouragement. The brochure includes strategies for recognizing signs of teacher stress, ideas to help reduce stress and insights into the particular times during the school year when stress is likely to increase. The brochure will be available in March 2010 on the above Website.

Task Force on the Applications of Psychological Science to Teaching and Learning

After identifying ten specific research areas on the science of learning that may benefit teachers, task force members constructed online modules in order to give teachers information about what to do and what not to do, the theory and research that support the recommendations, and information on individual differences that affect application of the topic. Topics include:

- How Do My Students Think: Diagnosing Student Thinking
- How Do I Get My Students Over Their Alternative Conceptions (Misconceptions)? Practice for Knowledge Acquisition (Not Drill and Kill)
- Using Classroom Data to Give Systematic Feedback to Students in order to Improve Learning
- Using Praise to Enhance Student Resilience and Learning Outcomes
- Research in Brain Function and Learning
- Classroom Management
- Bullying in School
- Improving Students' Relationships with Teachers to Provide Essential Supports for Learning
- Developing Responsible and Autonomous Learners: A Key to Motivating Students
- Using Classroom Data to Give Systematic Feedback to Students to Improve Learning

Please see www.apa.org/ed/schools/cpse/activities/apstl.aspx to access the modules. It has been exciting to be a part of this vibrant and productive group, and I look forward to continued involvement in the Coalition as other projects move forward!

What's New in our Efforts to Integrate Science and Practice

By *Kathryn Grant, Ph.D.*

Member at Large, Science and Practice

In February several Division 53 board members met at the APA headquarters with Katherine Nordal, executive director of APA's Practice Directorate, and Lynn Bufka, assistant executive director of APA's Practice Research and Policy Practice Directorate. The meeting's focus was an initiative to develop treatment guidelines for the field, which the Science and Practice Directorates will have brought to APA Council for a vote by the time this newsletter is published.

According to Katherine Nordal, this initiative fits squarely into one of three primary goals APA has developed for the coming years (i.e., to increase recognition of psychology as a science). Nordal also indicated that these guidelines will serve at least two important functions.

First, they will provide clinicians with distilled scientific findings that are highly relevant to their work. Second, they will provide APA with a data-based tool for advocacy efforts during a period of time in which psychopharmacology appears to predominate over psychotherapy as the treatment of choice for many mental health problems.

The proposal that went before the APA Council outlines a process for developing these treatment guidelines. The first step would be the creation of a Steering Committee that will develop criteria for identification, selection, and review of disorders for which there is sufficient knowledge to recommend treatment guidelines. The Steering Committee will recommend clinical questions for systematic review as well as selection criteria for experts to serve on guideline development panels. Nordal promised to send out requests to the divisions for nominations to serve on the Steering Committee if Council approved the proposal.



Kathryn Grant, Ph.D.



Receiving your Ph.D. or Psy.D. in 2010?

InBalance publishes the names of Division 53's student members who are receiving their doctoral degree in 2010. Faculty advisors and/or students should submit name, institution, advisor, date of conferment, and dissertation title to the newsletter editor, Brian C. Chu at BrianChu@rci.Rutgers.edu. The list will be published in the Fall issue. Submissions in advance of the deadline are encouraged. The deadline is August 1, 2010.

APA Meeting Highlights
February, 2010

By Mitch Prinstein, Ph.D. & Cathy Lord, Ph.D., Division 53 Council Representatives

Full details on the APA meeting can be found at www.clinicalchildpsychology.org.

Model Licensing Act—There was much discussion about the proposed deletion of the exemption for school psychologists. In the end, an amendment was approved that allowed continued exemption for school psychologists practicing within public schools as long as they were identified as “school” practitioners.

There was also vigorous discussion about a part of the MLA that required that industrial and organizational psychologists should be licensed if they provide individual or group mental health services. It was agreed that psychologists who provide mental health services, even in an organizational or industrial setting, must be licensed, but that industrial or organizational psychologists who provide services to organizations do not have to, but may choose to, be licensed.

Dues Discounts—There was a discussion and decision to give members of state associations and other professional associations a \$25 discount off full member dues beginning in 2012, with a study of the effects of this discount to be presented in 2014. This is a decrease in the discount for the professional associations and an increase for the state associations.

Treatment Guidelines—A motion was passed that APA will create a committee to investigate the creation and publication of treatment guidelines headed by Kathryn Nordahl, and will begin with the creation of a steering committee that will lead the process.

The steering committee will be developed through recommendations from BPA, BSA, CAPP, and approved by the Board of Directors. Division 53 has voiced its desire to be involved in this endeavor. At first glance, there does not seem to be a proactive plan to look for help from divisions with scientific expertise or commitment to evidence-based treatments.

Candidates for President

Deborah C. Beidel, Ph.D., ABPP

Statement: *Deborah C. Beidel received her Ph.D. in clinical psychology from the University of Pittsburgh. She holds the ABPP Diplomate in Behavioral Psychology and Clinical Psychology. After faculty positions at the University of Pittsburgh, the Medical University of South Carolina, University of Maryland—College Park, and Penn State College of Medicine, she is now professor and director of clinical training at the University of Central Florida, where she also directs the UCF Anxiety Disorders Clinic. Beidel has published more than 180 articles, books, and book chapters. She serves as an extramural reviewer for NIMH and as the Associate Editor of Journal of Anxiety Disorders. Currently, she is a member of the DSM-V subwork group on childhood anxiety disorders.*

As the leading voice for clinical child and adolescent psychology, Division 53’s initiatives in the area of empirically supported treatments have changed how we conceptualize and treat child and adolescent disorders. If privileged to serve as president, I would extend this work in two

directions. First, empirically supported treatments currently do not help the majority of children in need because many clinicians do not implement them. We must develop effective training opportunities not only for our doctoral students but also for other clinicians currently treating children. Second, we must begin examining not just the efficacy of our interventions, but also their effectiveness. By examining changes in quality of life rather than simply symptom reduction, we will further enhance the quality of our treatments. As president, I would work hard to sustain our commitment to bringing the best evidence to bear on the development and dissemination of treatments and the promulgation of training standards.



Deborah C. Beidel, Ph.D.

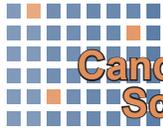
Mary A. Fristad, Ph.D., ABPP

Statement: *I am currently completing my third year in the presidential term for Division 53, SCCAP. I am so excited about the work SCCAP is about to launch that I am running for a second presidential term in hopes to remain active on the Board for another three years to see several new projects come to fruition. We are launching web-based educational programs designed for families and for professionals. The family programs will provide brief overviews of a variety of disorders and their evidence-based treatments. This will help families become better consumers of care, and should aid their children in maximizing their outcomes. Family psychoeducation is my area of research and so I am doubly pleased that SCCAP is working to benefit families/consumers directly. The professional education programs will come in a variety of “strengths”. First, there will be partial, full and dual-day workshops available on the web. From this base, we will develop arrangements for clinical researchers to be*

available for ongoing case consultation to clinicians who have accessed the workshops. Available research indicates that simply completing continuing education via reading and attending workshops does not adequately build new skills for clinicians—it takes ongoing consultation for material to really become part of a clinician’s every day armamentarium. Thus, it is extremely gratifying to me that SCCAP has chosen to focus on developing such resources for its members. We are truly living out our motto “Practice into science into practice.” I would be honored to continue contributing to this mission.



Mary A. Fristad, Ph.D., ABPP



Candidates for Member at Large Science and Practice

Jonathan Weinand, Ph.D.



Jonathan Weinand, Ph.D.

Statement: *I am grateful for this opportunity to run for the position of Division 53 Member at Large: Science and Practice. I received my undergraduate training at DePaul University, doctoral training in child psychology at Illinois Tech, and internship at the University of Mississippi Medical Center/VA Consortium. I have practiced child and adolescent psychology in a medical center-based outpatient clinic for close to 20 years, spending two years engaging in*

'on the ground' empirical dissemination as a regional clinical director for a behavior healthcare corporation. Currently I am in independent practice in a rural area of Iowa (which kind of goes without saying). I am a Fellow of APA through the Society of Clinical Psychology.

As a member or chair of various committees at the state, division, and national level—as well as through symposiums and presentations at ABCT and APA—I have provided leadership in the area of increasing the quality and efficacy of continuing education for clinicians. Most recently I have advanced the use of web technology and the competency model in structuring empirically-based training for the dissemination and implementation of clinical assessment and treatment practices.

The Society will be well served by looking forward and developing an integrated plan regarding providing high-quality, science-based education and training to our membership. Through quality education, research, advocacy, and practice, we can work together to assure that children receive empirically based, high quality care in behavioral healthcare practice.

Frank R. Ezzo, Ph.D., ABPP



Frank R. Ezzo, Ph.D.,
ABPP

Statement: *It would be humbling and an honor to serve Division 53 as Member at Large. While most nominees have an esteemed academic history, my pathway is different. I have been embedded in evidence-based practice*

the majority of my career and only recently have I started research activity in the area of child maltreatment. My clinical and leadership experiences as a Director of Psychology and of an APA-approved predoctoral internship in

an urban child/adolescent community mental health center; and as a consultant in juvenile court, may bring some different perspectives to the board.

I would like to address the issue too often raised regarding treatment efficacy vs. effectiveness, and help to bridge the gap between research and practice. I believe I have been able to do this in my career where I have been a clinician and only recently developed interests in research involving the identification of risk and protective factors in child maltreatment with the on-going development of an actuarial risk assessment instrument. Clearly, however, my identity is one of a seasoned clinician and novice researcher.

Kathryn Grant, Ph.D.



Kathryn Grant, Ph.D.

Statement: *I am honored to have been nominated to run for a second term as a Division 53 Member at Large. When I was elected, my title was Member at Large for Scientific and Professional Affairs and the focus of my role was science and policy. Over the past two years, however, the board has redefined this position as Member at Large for Science and Practice in order to better achieve the division's goal to disseminate evidence-based treatments.*

Since my role was redefined, I have had the

great pleasure of working with Bill Pelham and other Division 53 members on the Task Force on Disseminating Evidence-based Treatments. At the most recent APA convention, the Division 53 board approved the first step in a long-term plan to disseminate evidence-based treatments through web-based trainings that would be available at no (or low) cost to Division 53 members. If I am re-elected, I will bring a commitment to completing this work. I also will bring a passion for developing new strategies for broadening and deepening Division 53's efforts to integrate research and practice. For example, I am especially eager to build on Division 53's emphasis on ethnic diversity and its growing focus on effective services for children and adolescents who live in poverty. One way I might do that is through current work on a meta-analysis of the effectiveness of interventions with low-income urban youth. In these ways, I am excited to work toward furthering Division 53's mission to provide children, adolescents, and families with the best possible clinical care based on psychological science.



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



Candidates for APA Council Representative

W. Douglas Tynan, Ph.D., ABPP



W. Douglas Tynan,
Ph.D., ABPP

Statement: I am currently employed by Nemours Health and Prevention Services where I am the program director for a comprehensive initiative to promote social, emotional, and physical health for children in primary care, child care and school settings. Prior to that, I served on the clinical staff at AI duPont Hospital for Children, where we received a HRSA Graduate Psychology Education Program grant for training psychology residents in the assessment and intervention of behavior problems in children in primary care settings. I have also been involved at Nemours in the development of the use of Electronic

Medical Record (EMR) systems to improve care by implementing stan-

dardized developmental and behavioral screenings in primary care, and use of the EMR to provide information and community links to parents. I have also served on the Committee for the Evaluation of Head Start from 2002-2007 for the assistant secretary for children and families, and currently serve on the Early Childhood Council for the State of Delaware. As a fellow in both Division 53 and 54, I have been actively involved in the training of Psychologists for more than 25 years. My major interests include the implementation of evidence-based treatments for child disorders into typical clinical settings. To accomplish that requires efforts both within APA, and in APA's interactions with regulatory agencies for health insurer's and other provider groups. As the Division 53 representative to APA Council, one of my major goals would to garner firm support from APA to achieve the goal of widespread implementation of evidence based Psychological assessments and treatment for children and families.

Martha Wadsworth, Ph.D.



Martha Wadsworth, Ph.D.

Statement: Martha Wadsworth is a licensed clinical psychologist and associate professor of Child Clinical Psychology at the University of Denver. She received her B.A. (1995) and Ph.D. (2001) in clinical psychology from the University of Vermont, and completed her internship at the University of Washington. Wadsworth's research, which focuses on stress, coping, and prevention in children and families facing economic hardship, has been funded by NSF, NIMH, and ACF. She is currently conducting an RCT of a family-based psycho-educational prevention pro-

gram for families with low incomes. Wadsworth has published widely, is an associate editor of *Anxiety, Stress, & Coping*, and serves on the editorial board of *Journal of Youth and Adolescence*. She has co-chaired several Division 53 convention programs and currently serves on the APA Committee on SES.

I would be honored to continue my service to Division 53 as a council representative. My experience with the Divisions Executive Committee has given me a sense of the scope and vision of both our Division and APA generally. My diverse interests spanning multiple APA divisions and directorates give me a broad perspective with which to understand and contribute to discussions of the complex issues facing the Council. I am fundamentally interested in the big issues facing our profession currently and would welcome the opportunity to better understand our role in helping shape policy and public opinion and contribute to discussion of these issues. Finally, I would enjoy reporting back to D53 on Council's activities and how they relate to the Division's mission and goals.



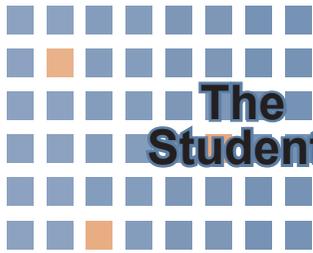
Candidate for Treasurer

Richard R. Abidin, Ed.D., ABPP



Richard R. Abidin,
Ed.D., ABPP

Statement: I would like to thank the membership of Division 53 for the opportunity to serve as your treasurer. As treasurer, I have sought to maximize the Division's income from sources other than membership dues, and to minimize administrative costs. These efforts have been quite successful and there have been no dues increases in the past 10 years and none should occur for the foreseeable future. As treasurer, I have been responsible for negotiating contracts, soliciting grants/donations, and investing the Division's funds. The Division's income from non dues sources has enabled us to annually provide over \$150,000 in grants to support such activities as: the Niagara and Kansas conferences, a minority mental health research grant, the redesign of the division's website, creation of a EBT information website for the public and professionals, the launch of a EBT dissemination and training project, free access to Behavioral Pro, etc. These initiatives have been possible while growing the Division's assets. Fifteen years ago we had an endowment of \$50,000. Today it is more than \$1,400,000, along with a spendable reserve of \$100,000, and an operating fund of \$100,000. With these increased resources the Division is planning major initiatives to enhance the value of membership and to advance the quality of psychological services to children and adolescents. I ask for your vote in this election.



Leaving the Nest: Advice on Transitioning from Student to Psychologist

By Elisabeth A. Frazier, M.A.
The Ohio State University



Elisabeth A. Frazier, M.A.

It's a great big world out there, and for many young psychologists, the journey from graduation to career can seem overwhelming. Here is some advice from fellow

Division 53

members on how to start things off on the right foot.

Networking—This is by far the most common and emphasized piece of advice I received. Pursue what you are passionate about and contact experienced psychologists with similar interests. It may seem intimidating, but reaching out to experts in your field may lead to publishing opportunities, conference presentations, and training you would not be able to find in any graduate program. If you know someone who knows someone you want to work with, ask them to put in a good word. Use every chance you get to network and get your name out there. The professional contacts and collaborative relationships you establish will be invaluable every step of the way.

Find a Post doc that Compliments Your Goals—First, begin your search for a post doc as soon as you settle into your internship. Look for a good fit that matches your past experiences and future interests and goals. This is a time when many people focus on developing a specialty, so know what you are looking for. There are several types of post docs (APA-accredited, informal, research focused, formal NIH/NIMH training programs, etc.) Learn the differences and which might interest you. Search listserv postings and websites to get ideas of available positions (e.g. SCCAP and ABCT listservs and APA, APPIC, and SCCAP websites.) Magazines like *GradPsych* and the *APA Monitor* are also good places to search. The majority of openings tend to be posted October-January, but people may find post docs at various times throughout the year. It is not uncommon for post docs to

be arranged informally, so use those networking skills! Contact people in areas of interest and ask if they are looking to hire a post doc. Look at individual university, hospital, and agency websites to find positions.

As you apply, it is good to include some letters from your internship supervisors and grad school mentors. It looks good to have people from various places speak highly of you.

Pace Yourself—Unfortunately, it is unlikely you will be a famous researcher/clinician or tenured faculty member immediately following graduation. Figure out what motivates you and establish a consistent pace to accomplish your goals. It is always tempting to compare your progress and success to others, but this will just distract from your own goals. Stay focused on your own work and what you want to accomplish for yourself.

Diversify Your Clinical Skills—Keep your career options open by becoming comfortable with a wide variety of skills. You need to be able to diagnose, identify strengths and weaknesses, recommend treatment plans, and teach and implement empirically supported interventions. Competency with testing, assessment, diagnostics, and writing concise reports are essential. Assess your professional strengths and weaknesses, and use continuing education to develop those areas in need of fine tuning.

Take Care of Your Finances—Make paying off your student debt as fast as possible a top priority. Consider the various programs such as the federal student loan program to get debt under control. In addition, educate yourself on personal and family finances. One Division member recommended reading *Personal Finances for Dummies*. Also, educate yourself on the business side of the profession. Remember, if you do not get paid adequately for your services, then you will not be able to provide those services. Do not sneer at the business aspects of practice. APA's Practice Directorate website has many informational articles on the business of practice.

Take Care of Yourself—Don't underestimate the importance of your own personal health. Many students find themselves too busy to engage in healthy behaviors such as getting

enough sleep, eating a balanced diet, and exercising regularly. Develop healthy routines and stick to them so they turn into lifelong habits. Get involved in pleasurable social and recreational activities. Develop hobbies and friends outside of the profession. Look out for burn-out. Know your limits regarding patient hours, and know that burn-out is a real hazard of the profession. Remember to save time and energy for your partner, children, family, and friends.

Stay Involved and Up to Date—Get involved with a wide variety of professional organizations like SCCAP, APA, and your state association. Involvement in such groups leads to further knowledge, friendships, and personal and professional empowerment. These will also be great places to find job postings and regional events of interest. Subscribe to and read the clinical journals of your choice to stay informed of current research. Find a trusted clinical mentor. There is a wide variety of clinical, ethical, assessment, treatment, and other professional issues that come up in clinical practice and research. Having a trusted, knowledgeable mentor or colleague can save time and anxiety when you find yourself questioning a situation. It will also be helpful to create and maintain a professional referral network.

Pay It Forward—Lastly, don't forget to give back. Many people will have helped you along the way to building your career, so return the favor. Whether it's mentoring students, advising colleagues, giving community talks, or serving on an executive board for SCCAP, APA, or another organization, it is important to continue educating future young psychologists as you grow in your own career.

Thank you to everyone who submitted advice for this article. Please send comments and questions to division53studentlistserv@gmail.com.

I've had a great time writing the Student View column over the past year, but now it is time to hand it off to Rebecca Siegel, an intern at Brown University. Her email address is Rebecca_Siegel@brown.edu for future correspondence. Best of luck to all of you in your graduate endeavors and beyond!



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

Visit www.clinicalchildpsychology.org for complete membership information.

Joining Division 53 awards many benefits, including access to:

SCCAP Journal

The *Journal of Clinical Child and Adolescent Psychology* is a leading child psychopathology and treatment journal.

Quest BehavioralPro

Division 53 members are provided behavioral health information for clinical practice, teaching, and research purposes from Quest Health Systems, Inc.

InBalance Newsletter

InBalance is published 3 times a year offering topical features, news of interest, and important policy-related information.

Useful Listservs

A members-only listserv provides a forum for scientific and professional topics. The announce-only listserv alerts you to Division developments. Students may join either of these listservs as well as a Student Only listserv.

Convention Activities

We sponsor several APA Convention activities: symposia, workshops, poster sessions, and a social hour that allow you to network, learn, exchange information, and stay abreast of current clinical and research topics in our field.

Continuing Education

CE credits can be obtained at the annual APA Convention and at sponsored regional conferences.

Task Forces

SCCAP task forces investigate issues pertinent to child mental health policy, treatment, and diagnostics.

More Student Benefits

SCCAP is dedicated to encouraging student participation and strives to maintain sensitivity to the needs of people pursuing training in the field. Students are represented on the SCCAP Board of Directors and SCCAP sponsors sessions on finding and securing internships in clinical child psychology at the APA annual convention. Students have their own listserv and may also participate in the other two division listservs. Students also receive their first year of membership free.

Advocacy for Children's Mental Health

Most importantly, our strength and size offer crucial opportunity for advocacy. Thanks to your membership, SCCAP is able to work toward improving children's mental health care services at local and national levels and offer advocacy to support mental health careers and training. The size of our Division is directly related to our representation on APA's Council of Representatives, and our continued growth has allowed us to obtain seats on APA task forces and committees and to participate in ongoing discussions regarding clinical child specialization and accreditation.

2010 Membership Information

Come join us at www.clinicalchildpsychology.org

Administrative Updates

By Karen Roberts

Update Your Contact Information On-line

As the Division moves more and more toward conducting Division business electronically, it is important that all members stay connected. Now that our Member Control Panel on the new website is active, we would like all

Division members to update their contact information as soon as possible, including email addresses. For Division 53 members who are also APA members, it is important to keep your information current too. You can email your changes to me at APAdiv53@gmail.com.

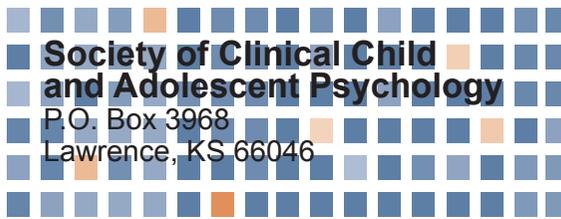
New Bylaws Voting by Email

The Division will be conducting a vote to change the Bylaws. You will be notified by email ballot

if you are a member of APA with an email address on file. Otherwise you will receive a letter with a ballot. Note: if we were able to email everyone a ballot, the Division could save approximately \$500 in postage and handling charges.



Karen Roberts



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and Adolescent Psychology**

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