

## President's Message

### Making the Most of your Mentored Relationship

In 1977 as a junior transfer student to Florida State University, I quickly grew disillusioned with journalism as a major and turned my sights to psychology. And so, a bit late in the game and having limited understanding of how to become a psychologist I started knocking on professors' doors asking for advice. I knocked, and knocked, and knocked. I was politely told to take more classes and some said to come back another time, until finally, I was invited to sit and talk with Charles H. Madsen, Jr., a professor in school and clinical psychology. We talked, and talked, and by the end of the day Charlie became my mentor for the next two years in the science and application of clinical behavioral therapy. I took his direction in choosing courses, became involved as a therapy assistant in his practice, reviewed journal articles with him, and I did research with two of his graduate students.

These experiences allowed me to see every angle and aspect of the path from undergraduate to graduate student. I am forever grateful to him for investing so much time and resources into a brazen and naïve undergraduate student. Dr. Madsen was an exceptional mentor, and his example set the stage for my seeking similar mentors later and for my own mentoring of students.

In this final column I'd like to muse lightly about mentoring, particularly for the benefit of students and prospective students. I was very lucky in having the door opened by an outstanding mentor who managed my lack of knowledge very well and was nonplussed by my ignorance of him or his work before I stumbled into his office. This approach does not always bode well. However, I do not want to focus on the process of getting access to a faculty member and seeking apprenticeship. Rather, I want to highlight the person variables and the long-term enduring aspects of the mentoring relationship.

#### Be an Observer

As you enter into a mentoring relationship, become a keen observer of both you and your mentor. Are your questions being answered? Can you talk and express yourself? Does your mentor offer you opportunities that stretch your intellect and abilities? Is he or she available? Are you learning? There should be a reasonable balance between working independently and also under supervision. You should never feel left alone. Mentors will vary in their openness and availability, but solid mentors will make clear their preference and process for engaging and providing you with feedback and guidance. Check if your mentoring relationship is working. If not, muster up the assertiveness to discuss it with your mentor. This skill will be useful throughout your career when communicating with your own students, colleagues and administrators, and with patients.

#### Keep Good Records

As you work with your mentor, keep records. Log your activities together (article reviews, project tasks, supervised cases, poster presentations, grant writing) so that you can provide a summary of your

experiences when the time comes for letters of recommendation. This will be helpful to your mentor, but it will also help you reflect on how your path is being shaped and how to determine your next steps.

#### Remember Who You Meet

Pay attention to the people around your mentor—grad students, post docs, other undergraduates. These will be your colleagues and friends for years to come, and you never know when you'll run into them again. I worked on a dissertation project for Dr. Madsen's grad student in 1977. In 1990, I wound up a postdoc at SUNY-Albany, and there he was, Richard Heimberg, still studying anxiety but now a leading expert in social phobia research. He became a co-mentor to me, and then a close colleague, collaborator, and most important to me, a dear friend.



Anne Marie Albano, Ph.D.  
 President, APA Division 53

#### Make it a Lifelong Relationship

Mentors are often in it for the long term. To this day I check out major decisions with my graduate mentor, Karen Christoff, and my postdoctoral mentor, David Barlow. This comes from a deep trust and respect that I have for them and, I think, for the growth of our relationship over time. Charles Caleb Colton told us that "imitation is the sincerest of flattery." Pay it forward. Take the best of what your mentor did for you, and do this for your students. When advising my own students, I think of my mentors each step of the way. With their guidance in mind, you'll develop your own style, and by observing your trainees, you'll see what is most effective for which type of student, under different circumstances.

#### It is Never too Early to Be Involved

Finally, get involved early. In Division 53, our student representatives have set up an advisory board for students at all levels. Graduate student mentors are ready to assist in everything from clarifying interests and goals, to advising on the application process, networking, and interviewing. Check out student resources on our website. It's been a wonderful ride serving the division as secretary and then president. I hope to see my trainees assume those roles in years to come....and I'll be here to support them for the long term.

**Get involved in D53  
 and run for office!  
 See open positions on page 6.**

#### In this Issue:

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

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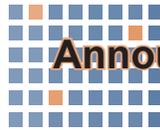
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**Newsletter Deadline**

Articles for the next newsletter are due by February 15, 2012. Please send your submission to newsletter editor Brian Chu at [BrianChu@rci.Rutgers.edu](mailto:BrianChu@rci.Rutgers.edu).



**Announcements**



**Proposed Changes to "The Common Rule"**

The Office for Human Research Protections (OHRP) recently solicited comments on proposed changes to the regulations for human research participant protections (The Common Rule, 45 CFR 46). Revisions to current federal regulations were intended to reduce regulatory burden while providing better protection for human research participants, and facilitating valuable research.

Deadline for comments has passed, but the membership may benefit from a review of the proposed changes.

A table of proposed changes can be found at:

[www.hhs.gov/ohrp/humansubjects/anprmchangetable.html](http://www.hhs.gov/ohrp/humansubjects/anprmchangetable.html)

Some important proposed revisions include:

- Creating a single website for electronic reporting of any adverse events experienced in research.
- Greater specificity about how consent forms are written.
- Maintaining a single IRB protocol for multi-site studies
- Categories for "exempt" status would be more specified

Comments regarding these changes can be read at [www.regulations.gov](http://www.regulations.gov).

**New Division 53 Fellows**



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.

The following D53 members were elected into Fellow status at this past APA annual convention:

**Lamia Barakat, Ph.D.**

**Daniel Holland, Ph.D., MPH, ABPP**

**Charlotte Johnston, Ph.D.**

**Steven Meyers, Ph.D., ABPP**

**Mark Rapport, Ph.D.**

Congratulations to each of you for this well deserved honor!

For more information on the requirements for Fellow status contact George DuPaul at [gjd3@lehigh.edu](mailto:gjd3@lehigh.edu). For an application packet, contact Karen Roberts at [APADiv53@gmail.com](mailto:APADiv53@gmail.com). Application deadline is November 15, 2011.



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## Member at Large Updates

### New Bridge Between Science and Practice for Victimized Youth

*Kathryn Grant, Member at Large for Science and Practice*



*Kathryn Grant, Ph.D.*

At this year's annual convention in Washington, D.C., I represented D53 at a session sponsored by the APA Violence Prevention Office. During this session, Dr. Julia Silva, director of the Violence Prevention Office Public Interest Directorate, described an exciting new program called Effective Providers for Children Victims of Violence Program. The National Center for Victims of Crime and Childhelp are collaborators, and the program is funded by the Department of Justice Office for Victims of Crime. The initiative's charge is to "develop and evaluate a national sequential training program combining in-person and web-based opportunities to increase the capacity and effectiveness of professionals providing services to victimized children."

To realize this vision, the APA Violence

Prevention Office is offering national and regional workshops—the first occurred at the APA convention in D.C., two more are planned for Chicago and Phoenix—and creating online training tools covering six primary areas: 1) impact of violence, 2) evidence-based assessment tools, 3) evidence-based treatments, 4) cultural considerations, 5) family-based integrative approaches, and 6) collaboration strategies.

The workshops will not cover how to conduct evidence-based assessment or treatment but will clearly outline what those assessments and treatments are. For this reason, the Violence Prevention Office is especially interested in partnering with those who can provide training in how to conduct evidence-based approaches at reasonable cost. Silva was delighted to hear about the online training in evidence-based treatments soon to be released by D53. She is eager for any additional support and assistance. If you are interested in getting involved, please contact me at [kgrant@depaul.edu](mailto:kgrant@depaul.edu) or 773-325-4241, and I will connect you with Dr. Silva.

### Special Interest Groups: You spoke and We Heard You!

*Yo Jackson, Member at Large Membership and Public Interest*

At the recent D53 Board meeting at the convention, I suggested special interest groups (SIG) after soliciting feedback from members in the last newsletter. Survey results suggest a strong interest in SIGs. To ensure a successful start, we decided to start with one SIG at a time. The topic with the most interest was treatment of mental illness in youth. In the coming months, I will be looking for a few members to lead, organize, and report on this SIG. SIG members might pay a small membership fee that would provide access to a SIG-specific listserv and notices regarding SIG events.



*Yo Jackson, Ph.D.*

### Save the Specialty!

*Cari McCarty, Member at Large: Education and Standards*



*Cari McCarty, Ph.D.*

In 1995, the APA Council established the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) as its organizational agent to implement recognition for specialty areas. Currently there are twelve recognized specialty areas—listed at [www.apa.org/ed/graduate/specialize/recognized.aspx](http://www.apa.org/ed/graduate/specialize/recognized.aspx)—including Clinical Child Psychology, formally recognized in 1998. Current approval expires in 2012, and I am chairing a committee to renew the specialty of Clinical Child Psychology.

This task has thrust me back into my graduate school glory days, as the petition document will involve approximately 80 pages, responding to questions about the distinctiveness of our field, structures and models of training, quality improvement, diversity, and so on, each area with multiple sub-questions. I feel like we are writing the penultimate general exam, or approximately 12 term papers (as there are 12 formal criteria).

However, this is much more fun largely because I am fortunate to work with a really talented committee who has provided me with new

insights. We have recruited two student volunteers who are fabulous writers and researchers—Michelle Roley, who is beginning her doctorate training at the University of Toledo, and Kimberly Burkhart, who is beginning her internship at Nationwide Children's Hospital in Columbus. The committee also benefits from the collaboration of representatives from D54 (Wendy Ward-Begnoche) and ABPP (Kathy Hart). Last but certainly not least, we are absorbing the wisdom and historical perspective that original committee chair Michael Roberts, has to offer.

I am realizing the progress we have made in our profession over the years, thanks in part to the hard work of many of our division members. Since I completed training in 2000, our field has come a long way in terms of creating programs to address multiple areas of need by children and families, addressing diverse populations, and understanding the effectiveness of our services.

I am proud to be part of our field, and look forward to receiving continued feedback from the CRSPPP committee and other APA groups.

In the meantime, I am officially signing off as your Member-at-Large for now—welcome, Eric Youngstrom—but I do hope to serve the Division again.

### Website Updates

New fields will be added to member information, as the D53 Board wants more detailed information about members (i.e., place and type of employment, year of degree, interest areas, ethnicity). The new member website will add feedback entry for the Board and a place for members' work in the field to be highlighted.

### Public Interest Work

D53 plans to "spotlight" members who provide direct service, research, or teaching on broad policy issues that affect youth and families on the Division's website. APA is currently focusing on the sexualization of girls, socioeconomic issues, promoting health, and the mental health needs of ethnic minority youth. Please contact me at [yjackson@ku.edu](mailto:yjackson@ku.edu) to share your work in these and other related areas.

### Task Force Seeks New Members

The Task Force on Ethnic Minority Children and Adolescents is looking for several new members. If you are interested in the mental health needs of ethnic minority youth and have time to assist in developing projects on this topic, please send me your CV. The Task Force is developing a research agenda for the field on ethnic minority youth. We need committed participants to ensure that this important area of practice and research continues to be a focus for the Division. Deadline for submitting is November 1, 2011.

Reminder—membership dues for 2012 are now due – so renew your membership soon!



Donald N. Bersoff, Ph.D., J.D.

**Donald N. Bersoff, Ph.D., J.D.**—Director of the J.D./Ph.D. program in Law and Psychology at Drexel University. He served as APA’s first general counsel and is the author of the APA-published, *Ethical Conflicts in Psychology*. He received his Ph.D. from NYU and his J.D. from Yale Law School. [www.donaldbersoff.com](http://www.donaldbersoff.com)



James H. Bray, Ph.D., ABPP

**James H. Bray, Ph.D.**—2009 APA President, long-time D53 member and associate professor of Family and Community medicine at Baylor College of Medicine. Bray’s NIH-funded research focuses on adolescent substance use, divorce, remarriage and stepfamilies. He is a pioneer in collaborative healthcare and primary care psychology. Bray maintains an active clinical practice. [www.BrayforAPA.Info](http://www.BrayforAPA.Info).



Douglas C. Haldeman, Ph.D.

**Douglas C. Haldeman, Ph.D.**— is in independent practice, Counseling Psychology and Clinical Instructor at the University of Washington. He is APA Fellow of multiple divisions (Divisions 17, 20, 29, 31, 42, 43, 44, 56) and Member of many (Divisions 35, 37, 38, 39, 45, 47, 51). For more information, please visit [www.President.DrDougHaldeman.com](http://www.President.DrDougHaldeman.com) or [www.drdoughaldeman.com](http://www.drdoughaldeman.com).



Robert McGrath, Ph.D.

**Robert McGrath, Ph.D.**— Professor of Psychology at Fairleigh Dickinson University. He has over 150 publications and presentations, directs three graduate-level programs, and is heavily involved in advocacy for clinical practitioners. For more information, please visit [www.bobmcgrath.org](http://www.bobmcgrath.org).

**Steven J. Reisner, Ph.D.** was also invited to submit responses but, as of the time of publication, we have not received his response.

**Editor’s Note:** All candidates for APA President were invited to provide written responses to three questions posed by the Executive Committee of the Division. All responses received are published here. No endorsement is meant by the publication of any of these responses.

## 2013 APA Candidates for President

### 1. What is your position on APA establishing practice guidelines? What criteria would you promote as the basis for such guidelines?

**Bersoff:** As the APA Task Force on the Assessment of Competencies in Professional Psychology (2006) acknowledged, the “assessment of competence requires a major culture shift (p. 97).” If the assessment of competence generally will require significant change in how our profession thinks, it may require a revolution for us to agree that we should be promoting the use of evidence-based practices throughout our professional lifespan—from graduate training through internship, licensure, and continuing education. The reality is that there is going to be some kind of transformational change in how health care is distributed and paid for. Professional psychologists who wish to be part of this transformation will, of necessity, need to show that their assessment and intervention methods are grounded in empirically-supported practices. There is beginning to be acknowledgement of this reality.

For example, although there are controversial provisions in the Model Licensure Act, the current version does define one aspect of a developed practice area as “an accumulated body of knowledge... that provides a scientific basis for the practice area including empirical support for the effectiveness of services provided (emphasis added).” The Competency Task Force (cited above), stresses that “it is important to assess a training program’s efforts... [regarding] individual differences and diversity and to evidence-based practices (p. 99).”

It would be helpful, as well, for internships to require trainees to demonstrate competence in the assessments and interventions they propose to use by evaluating their familiarity with not only the theoretical literature but with their empirical support. As one can tell from

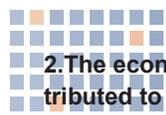
this response, I am an enthusiastic supporter of evidence-based practice. We cannot hope to survive as profession merely on the basis of “clinical experience.”

**Bray:** I voted for the APA policy on evidenced-based practices. Competency in EBP is one of the six core principles of my 2009 Presidential Future of Psychology Practice Initiative. As APA President, I worked to implement those policies at all levels of training and practice. It is critical that APA develop its own policies regarding EBP and not let other groups impose their views on psychology—this is why I championed the implementation of APA’s clinical treatment guidelines initiative. In addition, we need to expand our use of basic and applied science to enhance practice. Process research supports many of our psychological theories, challenges some long-held views on effective interventions, and points to areas that we need to conduct outcome studies.

**Haldeman:** Evidence-based practices in the assessment and treatment of children is led by psychology. All we need to do is look at the group of researchers (such as Albano, Eyberg, Kasdin, Kazak, Pelham, Prinstein, Spirito, & Tolan, to name several) to understand the impact that our discipline is having on the advancement of children’s mental health in our culture. I am therefore pleased to note that accreditation bodies and training programs are incorporating an increasing focus on, and valuation of, these practices. At the same time, state licensing laws are not the proper venue to dictate training curricula for two reasons: first, because our science, which often evolves much faster than state legislation, should not be entangled with local politics. Secondly, our training and accreditation criteria should be decided by psychology and psychologists – not local legislators, whose awareness of the

complex issues in our field may vary considerably from place to place

**McGrath:** As someone who remembers a time when much of clinical training focused on the sometimes questionable claims of various gurus, I consider the growing expectation of an evidence-based rationale for any intervention an essential component of the field's shift from art to science. For this reason I completely support creating the expectation that psychologists will rely on evidence-based practices (EBPs) in all the contexts listed, and that students should have graduated exposure to EBPs across the entire training curriculum. Unfortunately, confusion between EBPs and empirically supported treatments (ESTs) has at times hampered efforts to focus on EBPs in all aspects of patient care. This confusion is evident in the current wording of our accreditation standards, for example. I even note the potential for confusion in your second question, where it is unclear whether "evidence based treatments" refers to ESTs or to some undefined but broader standard of acceptability. All students of psychology should be learning the difference between the two. It is also important that if licensing laws establish an expectation of an evidence-based rationale for the clinical decisions made by practitioners that the law be written in such a way as to not inhibit the potential for reasonable innovation.



**2. The economic recession has contributed to declines in support for both health services and research initiatives. What role do you see APA playing in re-establishing funding both in the short- and long-term?**

**Bersoff:** There are at least two avenues that APA may pursue in advancing evidence-based practices. The first is through the APA Convention. I would advocate dedicating two two-hour symposia to "Best Practices in Assessment" and "Best Practices in Intervention." I would also initiate a new award, given to the psychologist who that year demonstrated the best use of an innovative evidence-based practice. That psychologist would then present that innovation at an hour's presentation at the convention. The second is through the journals. I would recommend the preparation of a special issue of AP containing articles that articulated evidence-based assessments and treatment.

**Bray:** As the largest psychological association in the world, APA needs to take the lead in advocating for EBP in the US and across the world. APA needs to advocate for more funding for the devel-

opment and evaluation of EBP, especially in regards to children, youth and families. EBP is part of health care reform. Through APA's advocacy efforts, psychology is included. Less than 10% of the NIH budget goes to funding behavioral and psychosocial research, yet 50% of problems are caused by these factors. This is an ongoing effort and resources need to be devoted to update and disseminate EBP to the practice community.

**Halderman:** Clinical child psychologists are the leaders in the field of evidence-based practices. I'd point in particular to advances in treatments for childhood depression, childhood anxiety-based disorders, and externalizing (behavior) disorders, including disorders of conduct, as evidence (forgive the intended redundancy) of this. This progress will, in time, have a significant effect on the social atmosphere of family systems and educational environments alike. APA's Guideline development process, with which I've been involved since its inception, along with its criteria for graduate degree and internship/residency training programs, are important ways in which the Association advances EBPs. In addition, the *Journal of Clinical Child and Adolescent Psychology* is a significant force in marking our progress in that area.

**McGrath:** This is a topical issue as APA begins developing treatment guidelines. I have several beliefs about how treatment guidelines can be optimized:

- Conflict of interest must be closely considered in determining membership in guideline work groups.
- The practical utility of guidelines can be improved by addressing differential diagnosis as well as treatment algorithms, including optimal diagnostic instruments. Many guidelines assume accurate diagnosis has been achieved. This is particularly questionable in children and adolescents, where certain diagnoses are overused without sufficient justification (e.g., ADD and bipolar disorder).
- Similarly, best practices in on-going monitoring of treatment should be incorporated into any branching routines.
- For conditions where psychosocial and pharmacological interventions are both available, treatment guidelines should encompass both. Many of the existing psychiatric guidelines give little more than lip service to psychosocial interventions; I will be disappointed if we make the same mistake in the opposite direction. Guidelines that fully consider both—when each is superior, and when the combination is likely to be best—are likely to prove particularly influential. This approach I

believe has the greatest potential for offsetting the influence of existing guidelines that demonstrate a clear bias towards pharmacological agents.

- More than psychiatry, psychology is a behavioral as well as mental health profession. Treatment guidelines with a health psychology focus will help reinforce that identity.

I do not expect everyone to agree with these points. However, I hope I have demonstrated my interest in supporting the development of treatment guidelines as APA president.



**3. DSM is undergoing revision that will change the criteria for certain disorders, may remove certain categories, and possibly expand the number of mental disorders that can be applied to children and to adults. What role and relevance do you see for the DSM-V in the practice of clinical child and adolescent psychology?**

**Bersoff:** One of my three presidential initiatives focuses on diversity. The diversity of our clients is increasing. For example, by 2040 non-Hispanic whites will be in the minority in the United States; by 2023 non-Hispanic white children will be in the minority. Our profession is ill-prepared to serve diverse clients, whether from Latin, Middle Eastern, or Asian cultures. To begin to serve them, as a presidential priority, I will convene a group of diverse psychologists whose goal is to develop plans to attract and train ethnically and culturally sophisticated practitioners and promulgate appropriate training curricula. No single intervention is valid for all sectors of the population. What works for a four-year old probably will not be effective with a fourteen-year old. Thus, as part of my recommendations in Part 2 above, I would encourage presentations and publications that focused on evidence-based practices for specific clientele, e.g., preadolescents, adolescents, couples, and families and within those groups, what works best based on gender, race, and ethnic and sexual identity.

**Bray:** To address the psychological needs of poor children and youth in the 21st century requires that we change our traditional ways of education, practice and research. I created the Presidential Task Force on Psychology's Contribution to Ending Homelessness to address one area of underserved children. Primary care physicians treat over 60% of mental health

problems, without assistance from psychologists. Psychologists are often not involved in the prevention and treatment of these problems because we are not seen as an integral part of the healthcare team. We need to work more in primary care, since people of color and the poor are more likely to receive psychological services in these settings. APA needs to secure more funding for community health psychology and increase rates for Medicaid and other federal and state funding so that practitioners have adequate reimbursements and can provide needed services. Through past experiences in this area, it is critical that we expand our services to help change the cycle of poverty and trauma and abuse. We need to implement the recommendations from the Future of Psychology Practice Initiative for children, youth and families.

**Haldeman:** My first professional role was as a high school teacher. I was bullied myself as a youth and witnessed it as a teacher; I know firsthand the potential for mental health problems that derive from such victimization (depression, suicidality, academic problems). Hence, one of

my initiatives as President is “Trauma in Everyday Life,” which includes a strong focus on social violence against children. Another initiative I am developing is “The Evolving Family,” which examines changing family structures in our culture, and the effect on children (immigrant families, same-sex parented families). I do not have a “stand-alone” focus on diversity for youth because I believe that diversity is to be woven throughout all that we do in our field.

**McGrath:** I believe one of the important implications of healthcare reform as well as the continuing growth in the number of psychologists trained as healthcare providers is the importance of fostering integrated primary care practices as practice opportunities for psychologists. For this reason I founded the Div. 38 (Health Psychology) Integrated Primary Care Committee, which I co-chair, and I am starting a research program on the development of treatment protocols specific to such settings this fall. From the perspective of public welfare, integration into primary care (including pediatric and OB-GYN) practices offers the greatest opportunity we have

ever had to provide service to the large majority of individuals with mental and behavioral disorders who never receive specialty care appropriate to those diagnoses. The result has been an over-reliance on medications, a treatment strategy that is particularly troubling for persons still undergoing physical maturation. I think it is telling that the most significant professional organization dedicated to involving mental health professionals in the primary care setting is called the Collaborative Family Healthcare Association; the integration of mental health into primary care will encourage a greater emphasis on family and cultural issues in primary care treatment. It will also enhance diagnosis of, and I hope appropriate treatment of, mental disorders in all age groups.



**Election ballots will be sent to APA members on September 15, and the election will close on October 31.**

## Division 53 Board Openings

### Thinking of Running for Division 53 Office? Go For It!

Candidates are sought for four positions on the **D53 Board of Directors**. All three are three-year terms, including participation in monthly conference calls and attendance at one or two Board of Directors Meetings per year. E-mail nominations by **December 1, 2011** to President Anne Marie Albano at [albanoa@nyspi.columbia.edu](mailto:albanoa@nyspi.columbia.edu).

**President-Elect**—helps steer the direction of the division. One year each is spent as President Elect, President, and Past President.

**Secretary (2013-15)**—Records minutes at all meetings, maintains Division archives, and directs correspondence between members, Division officers, and APA central office staff.

**Member-at-Large, Membership and Public Interest (2013-15)**—Focuses on increasing membership and maintaining, identifying, and addressing practice-based issues. Works with APA and other bodies to encourage knowledge

development and dissemination that promotes the well-being of youth and families.

**Council Representative (2013-15)**—Liaison between APA and D53 membership. Attends two meetings (one at APA headquarters, one at APA convention) and works actively with the D53 Board of Directors.



## Division 53 Election Results

Division 53 is pleased to announce the results of the Officers Election for 2012.

President-Elect: **Marc Atkins**, Ph.D.  
Member-at-Large (Education and Standards): **Eric Youngstrom**, Ph.D.

Congratulations to all elected and on behalf of Division 53, a special thanks to those who chose to run for office but were not elected this year—Drs. John Piacentini and Mark Reinecke.

## Distinguished Career Award

Reported by Jennifer Regan

**D**r. John Lochman was presented with SCCAP's Distinguished Career award and presented his work on risk factors and interventions for children with aggressive behavior problems.

Utilizing the contextual social-cognitive model, Lochman spoke about research related to child temperament and biological factors as well as family, neighborhood, peer, and emerging child factors in the development of aggressive behavior. In speaking about these factors, he emphasized the importance of physiological responses and social cognitive processes wherein children with aggressive behavior may have increased difficulty regulating physiological responses and encoding certain facial expressions.

Following his presentation of risk factors, Lochman described the components of Coping Power, a school-based intervention for at-risk children in the late elementary school and early middle school years, and illustrated a problem-solving technique with a video case example. Perhaps most interesting was Lochman's discussion of the myths and truths of interventions. During this part of the address, he presented data to challenge common myths in outcome research and argued that multicomponent interventions might not be necessary for specific domains, reduced length programs may be effective, parent motivation can be targeted, ongoing feedback is critical in therapist training, and counselor characteristics may depend on the school environment.

Overall, it was an impressive look at a highly developed program of research and demonstrated the importance of considering context when designing and implementing interventions for children.



John Lochman, Ph.D.



Above: D53 representatives (Antonio Polo, far left, and Brian Chu) at the New Member Meet-and-Greet

Below, from left: Karen Roberts, John Lochman, Martha Wadsworth, and Anne Marie Albano in the Division 53 Hospitality Suite.



## Presidential Address

Reported by Rebecca Siegel

**T**he Division 53 Presidential Address, given by Anne Marie Albano, was titled "Are we witnessing the Decline and Fall of Clinical Child and Adolescent Psychology?"

The address was a thoughtful and interesting look at the current and future roles of child and adolescent psychology in the context of the mental health field. Albano used child and adolescent anxiety disorders as an example to illustrate her main points. She noted that, despite the strong theoretical basis and excellent empirical support that has amassed for the use of CBT to treat anxiety disorders in youth, there remains a gap between research and practice. CBT is still not the standard of treatment for child and adolescent anxiety disorders in the community. Albano pointed to clinical psychology training programs as one explanation for this gap, as most programs offer, but do not require, training in CBT.

On the other hand, she provided evidence that masters level clinicians, who are the most prevalent psychotherapy providers, are eager to learn and implement CBT. Albano called for a change in our standards for training programs, warning that "we are not alone" in the psychotherapy marketplace. Clinical child and adolescent psychology is also threatened by psychopharmacology in the absence of psychotherapy, a practice which has greatly increased in recent years despite evidence that psychotherapy plus psychopharmacology is the most effective form of treatment. She pointed out that media coverage of research studies comparing CBT and medication treatments are typically biased towards medication outcomes, often ignoring follow-up studies.

Albano called for several areas of change in the field, including more focus on research, requiring standards for competency in training programs, becoming leaders in assessment and treatment service delivery, and overseeing training in the extant workforce. The address was very well-attended and left the audience with a strong, thought-provoking message.



Anne Marie Albano, Ph.D., ABPP



Left: Left: Yo Jackson (far left), MAL for Membership and Public Interest, with two student members at the Hospitality Suite

Right: Student members meet colleagues and make new connections in the hospitality suite.



**Spotlight on:**

**FIU** FLORIDA INTERNATIONAL UNIVERSITY

The doctoral clinical science program in child and adolescent psychology at Florida International University will be reviewing applications for its third class in the Fall 2012. They anticipate accepting between five and seven students.

The program's emphasis is on science and underscores a commitment to applying scientific evidence to further the design, implementation, and evaluation of assessment, prevention, and treatment procedures for children from infancy to adolescence. The program encourages applicants interested in pursuing an academic or research career to apply. The program is mentor-based, and students apply to work with individual faculty. This type of program helps ensure that all incoming students become actively involved in research as soon as they begin the program



*Back Row L to R: Daniel Bagner, Daniel Waschbusch, Wendy Silverman (Dir. of Clinical Training), William Pelham. Front Row L to R: Stacy Frazer, Jeremy Pettit, Erika Coles.*

The program has core faculty in areas that represent each of the major problem areas of childhood and adolescence, including ADHD, anxiety, conduct problems, depression and suicidal behaviors, and risky problem behaviors. More than 8 million dollars in annual federal funding is currently held by clinical faculty.

Located on the Modesto A. Maidique Campus, the clinical science program is affiliated with the FIU Center for Children and Families, an interdisciplinary center focused on clinical research in child and adolescent mental health and where students receive clinical training.

**Clinical Child ABPP—Become Board Certified!**

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. Since that time, nearly 130 Clinical Child and Adolescent Psychologists have earned Board Certification through ABPP.

**Benefits of Board Certification**

- Board certification assures the public that you are a specialist who has successfully completed the educational, training, and experience requirements of the specialty, including an examination designed to assess the competencies required to provide quality services in that specialty.
- Board certification is a credential that is understood by other professionals and the public.
- Becoming board certified supports the profession by assuring additional standards for practice.

For more information, contact ABPP Central Office at [www.abpp.org](http://www.abpp.org), or contact Kathy Hart, Ph.D., ABPP at [hartk@xavier.edu](mailto:hartk@xavier.edu).

**Student Achievement Awards**

The Student Recognition Committee is proud to announce two of the winners of the 2011-2012 **Student Achievement Awards**—Matthew Lerner (University of Virginia) and Zack Adams (University of Kentucky).

**Graduate Research Awards**

**Matthew Lerner** is a fifth year graduate student in the Clinical Psychology Program at University of Virginia. His research interests involve development, evaluation, and dissemination of evidence-based social skills interventions (SSIs) for youth with autism spectrum disorders (ASDs). His work focuses on examining mechanisms of change in SSIs, including potential mediators such as the therapeutic alliance and the promotion of social motivation and creativity (versus the provision of social knowledge). He has tested such processes through various SSIs, including Socio-Dramatic Affective Relational Intervention (SDARI), a model he developed and initially implemented in a community-based program in Massachusetts. During his first year of graduate school, Matthew empirically evaluated SDARI, offering among the first findings in the SSI literature of generalization and maintenance of treatment effects on several social-cognitive and behavioral outcomes, and demonstrated the first use in this literature of advanced statistical change-modeling. Matthew has since examined various moderators and mediators of such outcomes. In addition, he has conducted two randomized controlled trials demonstrating positive results of SDARI compared to widely-used knowledge-training SSIs. Matthew has received several awards for his outstanding research and teaching, and has secured external grant funding. In addition, he has published numerous articles and two book chapters during his graduate career. Matthew has demonstrated impressive skills in intervention development, evaluation, and dissemination. He has already made a significant contribution to the youth ASDs intervention literature. There is no doubt Matthew will continue to play a vital role in the field of clinical child and adolescent psychology.



*Matthew Lerner*



*Zack Adams*

**Zack Adams** is a fifth year graduate student in the Clinical Psychology program at the University of Kentucky who is interested in studying the development of impulsive, disinhibited behavior. Zack focused his early graduate work on examining inhibitory processes in children diagnosed with ADHD and identifying areas of continuity and discontinuity between the subtypes of ADHD. Related to this line of work, he has co-authored a review article and published two empirical articles in the *Journal of Abnormal Child Psychology* with another in press extending this research in adults. For his dissertation, Zack is using data from a NIDA-funded longitudinal study to examine risk and protective factors in the initiation and maintenance of drug and alcohol use in adolescence and young adulthood. He hopes to continue his work in the field of clinical child and adolescent psychology by studying the impact of early traumatic experiences on externalizing problems and by conducting more translational research to design and evaluate tailored interventions for children and their families. Zack also established an outreach program through the UK training clinic in collaboration with the Salvation Army to offer parenting skills classes for homeless families, was awarded the 2008 APA Student Ethics Prize for a paper on ethical considerations involved in providing services to individuals with intellectual disabilities, and is a member of the programming committee of Division 53's Student Advisory Board. He will complete his internship at the Medical University of South Carolina in Charleston. Congratulations to Zack on his many impressive achievements!



Division 53, the Society of Clinical Child and Adolescent Psychology, is proud to announce the names of Society student members having recently received their doctoral degree.

**Nancy Bandstra, Ph.D.**

Dalhousie University  
Advisor: Christine Chambers  
*The Behavioural Expression of Empathy to Others' Pain versus Others' Sadness in Young Children*

**Carolyn Barnes, Psy.D.**

The School of Professional Psychology at Forest Institute  
Advisor: William K.A. Robison  
*Adolescent Participation in Psychological Research: The Good, The Bad, The Ugly*

**Rinad Beidas, Ph.D.**

Temple University  
Advisor: Philip C. Kendall  
*A Randomized Controlled Trial of Training Therapists in Cognitive-Behavioral Therapy for Youth Anxiety*

**Jennifer Lynn Folberg Cain**

Walden University  
Advisor: Rodney K. Ford, Ph.D.  
*Posttraumatic Stress Disorder and Its Relationship with Attachment Styles and Dimensions*

**Nicole Elise Caporino, Ph.D.**

University of South Florida  
Advisors: Eric Storch, Ph.D. & Vicky Phares, Ph.D.  
*A Structural Equation Analysis of Family Accommodation in Pediatric Obsessive-Compulsive Disorder*

**Christine Conelea, Ph.D.**

University of Wisconsin-Milwaukee  
Advisor: Douglas Woods  
*The Impact of a Stress Induction Task on Tic Frequencies in Youth with Tourette Syndrome*

**Meir Flancbaum, Psy.D.**

Rutgers University  
Advisors: John Abela, Ph.D. & Brenna Bry, Ph.D.  
*The Effects of Rumination on The Timing of Parent and Child Depressive Symptoms*

**Michael Gomez, Ph.D.**

University of Kansas, Clinical Child Psychology Program  
Advisor: Yo Jackson  
*Examination of the Parent-Child Acculturation Gap and Child Psychopathology in a Culturally Diverse Population*

**Elizabeth A Goncy, Ph.D.**

Kent State University, Clinical Child Psychology  
Advisor: Manfred H. M. van Dulmen  
*Conflict and Temporal and Relational Spillover of Conflict in Young Adult Romantic Relationships: Impact of Interparental and Parent-Child Relationships*

**Brittany C. Hernandez, Ph.D.**

Louisiana State University  
Advisor: Mary Lou Kelley, Ph.D.  
*The Religiosity and Spirituality Scale for Youth: Development and Initial Validation*

**Sarah Long, Ph.D.**

Southern Illinois University Carbondale  
Advisor: Lisabeth DiLalla  
*Biological and Environmental Predictors of Externalizing Behavior in Late Childhood and Adolescence: A Twin Study*

**Melissa McGonnell, Ph.D.**

Dalhousie University  
Advisor: Penny Corkum  
*What Are They Counting On? An Investigation of the Role of Working Memory in Math Difficulties in Elementary School-Age and University Students*

**Erin Moon, Ph.D.**

Dalhousie University  
Advisors: Patrick McGrath & Christine Chambers  
*Parent and Child Behaviour During Child Pain: The Effects of Sex and Gender*

**Phillip E. Morris, Psy.D.**

Azusa Pacific University  
Advisor: Robert Welsh, Ph.D.  
*Enhancing Parent-Child Attachments in Middle Childhood: A Clinical Application Dissertation*

**Molly A. Nikolas, Ph.D.**

Michigan State University  
Advisors: S. Alexandra Burt, Ph.D. & Joel T. Nigg, Ph.D.  
*Youth Appraisals of Martial Conflict and Genetic Risk for Attention-Deficit Hyperactivity Disorder: Examination of Gene x Environment Interactions Using Behavioral and Molecular Genetic Methodologies*

**Rachel Novosel, Ph.D.**

University of Connecticut  
Advisor: Kimberli Treadwell, Ph.D.  
*Implications of Ecological Validity for Cognitive Distortions of Depression*

**Melissa Noya, Psy.D.**

Carlos Albizu University (CAU)  
Advisors: Eric A. Youngstrom, Ph.D. (University of North Carolina at Chapel Hill) and Irene M. Bravo, Ph.D. (CAU)  
*Diagnostic Accuracy of the Parent General Behavior in the Detection of Mania Among Hispanic Youths*

**Jennifer Podell, Ph.D.**

Temple University  
Advisor: Phil Kendall  
*Cognitive-Behavioral Therapy for Anxious Youth: Therapist Variables and Treatment Outcome*

**David L. Raffle, Ph.D.**

Fielding Graduate University  
Advisor: Joseph P. Bush, Ph.D.  
*Sequential Analysis of Preadolescent and Parent Behaviors During Dental Procedures*

**Sandra Reyno, Ph.D.**

Dalhousie University  
Advisor: Patrick McGrath  
*Contextual Risk Factors, Parent Training Outcomes and Dimensions of Parenting Behaviours: Implications for Parent Training Interventions*

**Ariz Rojas, Ph.D.**

University of South Florida  
Advisor: Vicky Phares, Ph.D.  
*The Role of Acculturation in Adolescent Mental Health and Academic Achievement: Mediation Pathways*

**Renee Shamah, Psy.D.**

Pace University  
Advisor: Barbara A. Mowder, Ph.D.  
*Parenting Children of Different Ages: Adjusting Child Rearing Practices*

**Justin D. Smith, Ph.D.**

University of Tennessee Knoxville  
Advisor: Leonard Handler, Ph.D.  
*Therapeutic Assessment for Preadolescent Boys with Oppositional Defiant Disorder: A Replicated Single-Case Time-Series Design*

**Joanna Thome, Psy.D.**

Roosevelt University  
Advisor: Cami K. McBride, Ph.D.  
*Perceptions of Same-Sex Parent Families: The Roles of Traditional Gender-Role Attitudes and Anti-Gay Attitudes*

**Megan E. Ubinger, Ph.D.**

Saint Louis University  
Advisor: Paul J. Handal, Ph.D.  
*Pain-related Parent Responses and Cognitions and their Relationship to Child Functioning: An Exploratory Study in Pediatric Headache*

**Mendy L. Viel, Psy.D.**

Argosy University/Washington D.C.  
Advisor: Karen Weise, Ph.D.  
*Comorbid ADHD and Anxiety Disorders in Children: Does Anxiety Improve the Functioning of Children with ADHD?*

**Stephanie Wagner, Ph.D.**

West Virginia University  
Advisor: Cheryl McNeil, Ph.D.  
*The Effects of Parent-Child Interaction Therapy on Symptoms and Impairment in Young Children with Attention-Deficit/Hyperactivity Disorder*

**Yelena Wu, Ph.D.**

University of Kansas, Clinical Child Psychology Program  
Advisor: Ric G. Steele, Ph.D.  
*The Development and Evaluation of a Measure Assessing School Nurses' Perceived Barriers to Addressing Pediatric Weight-Related Health*

## The Student View: Planning Ahead

By Jennifer Regan

University of California, Los Angeles



Jennifer Regan, M.A.

**A**s graduate students in clinical psychology, we are constantly trying to balance multiple competing roles—researcher, clinician, mentor, lab member, friend—all while looking toward the next big task each of these roles requires. We want to take the time to celebrate our accomplishments but that next major step always seems to be on the horizon. Although it is important to recognize our accomplishments and set aside personal time, thinking about requirements in advance and planning early can save time, money, and perhaps most importantly,

frustration. Here are some helpful tips to consider as you plan ahead.

### Dissertation Funding

Obtaining funding for your dissertation can be extremely beneficial, whether the funds are used to pay for equipment, reimburse participants, or free up time in order to focus more fully on completing the project. However, this process can involve some additional planning:

- Some dissertation year awards require extra funding from your department and may not be offered on a yearly basis. Check in with your department's funding coordinator to see if an award for which you plan to apply is being offered that year so you do not spend valuable time on an application you cannot submit.
- Be aware of award deadlines and eligibility criteria well in advance. Some awards require documentation of advancement to candidacy as part of the application. If you plan to apply for these awards, make sure you have your dissertation committee assembled and your preliminary examination scheduled well before the application is due to allow for the proper documentation to be prepared.

### Internship

Thinking about internship applications well beforehand can seem overwhelming. However, the more steps you can complete ahead of time, the more you can focus on finishing your dissertation before internship begins. The following tips were provided by Adam Bernstein, M.S, currently on internship in the General Child track at the Semel Institute, UCLA.

- Track your hours as soon as you begin performing clinical work in graduate school. Whether you use your own spreadsheet or Time2Track ([www.time2track.com](http://www.time2track.com)), organizing these hours into the APPIC categories ahead of time can save you the pain of reconstructing hours over years of clinical work.
- Know how your program handles funding and tuition for the internship year as this might affect your budget and when you plan to take out loans.

- Apply broadly, but not too broadly. Drs. Pincus and Otis' Clinical Psychology Internship Guide ([www.psychzone.com/Intern\\_Guide.htm](http://www.psychzone.com/Intern_Guide.htm)) suggests that there is a point at which applying to more sites will not significantly improve the odds of being matched and recommends applying to more than 5 but fewer than 16 sites. Applying to a large number of sites can be very stressful and may even hurt the quality of your applications and/or interviews because you spread yourself so thin.
- In selecting your final list of sites, emphasize fit. Judge fit on the site's description of the internship and relevant experience as well as your genuine interests. If these sites are selected properly, your fit should come across in your essays and application materials and will likely stand out to internship directors. Focus on a manageable number of sites that have the best fit for your interests and apply to these sites. You'll have the best chance of acceptance and the best chance of being happy.
- Write the essays ahead of time so you can focus on other tasks. You might even consider writing your "template" essays as much as a year ahead of time because the essays are largely based on your experiences and can be tailored to individual sites later. If you focus on one site that seems to be a strong match for your interests, write the essays targeting that site and then customize the essays as needed for the other sites.

### Licensure

Although applying for licensure seems like a far-off goal, there are some things that students can do while in school to ensure a smoother application process in the future.

- If you have an idea of where you might end up, visit the [www.asppb.net](http://www.asppb.net) website and examine the criteria for licensure in that state. Some states may require additional coursework. Taking these courses as a student is much less expensive than taking them as a post-doctoral fellow or as a faculty member and it might be easier to focus on these courses while in the midst of other coursework.
- Arrange to take the national licensing exam, the EPPP, as early as possible. The longer you wait to take the exam, the harder it becomes to study and having access to study groups with classmates who are also taking the exam can be a valuable, time-limited resource.



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

Visit [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org) for complete membership information.

Joining Division 53 awards many benefits, including access to:

## 2011 Membership Information

### 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.

### Free Student Membership

Starting in 2011, students will have their membership fees waived as long as they are students and maintain APA membership (1st year is free for non-APA members).

### 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.

### 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.

**Come join us at [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org)**

## Apportionment Ballot

### About Apportionment

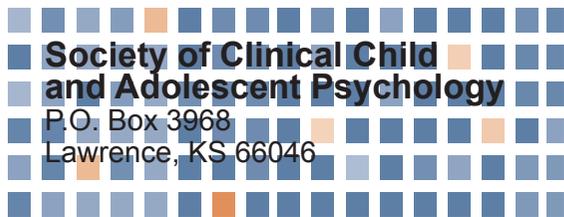
Most of us throw away the ballot that we receive from APA that tells how we wish to apportion our ballots to the various divisions to which we belong. We (your Executive Committee) urge you not to do that this year. The number of representatives in

the APA Council of Representatives (COR), the governing body of APA, is directly determined by these ballots.

As an example, the Division of Psychoanalysis (39) has much more power in the COR than Division 53 despite their much smaller number of members: we have four times as many members! They accomplish this because most of their members cast their ballots for their division. As a result, the issues important to them receive more

air time at Council meetings than those of importance to Div53. Div53 could triple the number of its representatives if we, the members, all submitted our ballots, apportioning all votes for Division 53. Doing so will allow our representatives to bring child-related issues to the fore at COR.

**We urge you to assign all 10 of your ballots to Division 53!**



**Society of Clinical Child  
and Adolescent Psychology**

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