

President's Message

SCCAP and Clinical Treatment Guidelines



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

This past February, the APA Council of Representatives voted to approve the development of clinical treatment guidelines. The establishment of treatment guidelines is applauded by some and of concern to others. Those who view practice guidelines positively see it as a way to inform the public of the science basis of our profession and important to do ourselves rather than have the health care industry or policymakers make these decisions. Guidelines might also help to bridge the research-practice gap. Those who view the development of treatment guidelines negatively raise

concerns regarding its potential deleterious effect on a therapist's ability to tailor treatment to the unique needs and presentation of individual clients. No matter which side of the argument you are on, you should be aware that treatment guidelines for psychiatric disorders are common.

Our colleagues in the American Academy of Child and Adolescent psychiatry (AACAP) have been publishing "Practice Parameters and Guidelines" for 15 years. Their website, www.aacap.org, currently contains 15 practice parameters on topics ranging from the assessment of infants and toddlers to substance use. AACAP has a caveat that appears to address the concerns clinicians might have that treatment guidelines would restrict their autonomy in making treatment decisions. It reads as follows:

"The AACAP Practice Parameters are designed to assist clinicians in providing high quality assessment and treatment that is consistent with the best available scientific evidence and clinical consensus. The Practice Parameters describe generally accepted practices, but are not intended to define a standard of care, nor should they be deemed inclusive of all proper methods of care or exclusive of other legitimate methods of care directed at obtaining the desired results. The ultimate judgment regarding the care of a patient and family must be made by the clinician in light of all of the clinical evidence presented by the patient and family, the diagnostic and treatment options available, and available resources."

Not only does child psychiatry already have treatment guidelines, but other disciplines and government agencies, both within and outside the

US, have also publicized treatment guidelines. The National Guideline Clearinghouse, www.guideline.gov, sponsored by the Agency for Healthcare Research and Quality was created in partnership with the AMA as a public resource to provide access to treatment guidelines for patients. Using the key words "depression" and "adolescence" on this site, I was able to find guidelines by the New Zealand Guidelines Group, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, the US Preventive Services Task Force, and the Canadian Task Force on Preventive Health Care. These various organizations discuss psychotherapy as a treatment option, typically a secondary option, but don't offer much detail regarding psychotherapy. CBT and IPT are mentioned as specific types of psychotherapy in some, but not all, of these guidelines.

Also concerning is the fact that "googling" the term "depression treatment guidelines" results in numerous hits, with little acknowledgement to the consumer regarding the qualifications of the organization offering the advice. For example, at one site I could not even determine the source of the posting and the following treatments were advocated: psychotherapy, acupuncture, reflexology, medication, herbal supplements, and "natural" treatments.

Given the emerging emphasis on evidence based practice in medicine and the overwhelming amount of information available to consumers via the internet, APA's decision to develop treatment guidelines seems prudent. APA is initiating the Treatment Guidelines program by appointing an Advisory Steering Committee of six members with expertise in evidence-based treatment development or implementation. The committee's charge is to establish criteria to identify areas where treatment guidelines are indicated, appoint panels to establish these guidelines in specific disorders, and commission independent systematic reviews of empirical research to inform the clinical treatment guideline panels. APA hopes to complete the first set of guidelines in two years. Division 53 and five other child-oriented APA divisions nominated several child psychologists to the Steering Committee. These Divisions included Developmental (7), Intellectual and Developmental Disabilities (33), Child and Family Policy and Practice (37), Family (43), and Pediatric (54). At the time this article went to press, the committee members had not yet been announced.

The APA Treatment Guidelines Initiative is consistent with Division 53's decade long interest in evaluating and disseminating evidence based treatments. As a reminder of the time and effort that has gone into the Division's work in this area, take a look at our website:

www.effectivechildtherapy.com

"Practice Guidelines... [are] important to do ourselves rather than have the health care industry or policymakers make these decisions."

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Newsletter Deadline

Articles for the next newsletter are due by August 15, 2010. Please send your submission to newsletter editor Brian Chu at BrianChu@rci.Rutgers.edu.



Formation of New SCCAP History Committee

By Marilyn Erickson, Ph.D.



Marilyn Erickson, Ph.D.

The Executive Committee of Division 53 (Society of Clinical Child and Adolescent Psychology) has approved a proposal to establish a History Committee that will inform the

membership of the past accomplishments of Division 53 and its previous iteration, Section 1 of Division 12 (Society of Clinical Psychology). The appointed members are: Marilyn Erickson (Chair), Donald Routh, Dick Abidin, and Herb Quay.

The Committee has begun the process of locating and organizing materials relevant to our past. Important materials have been reported to be in APA offices, the Library of Congress, and Archives of the History of the American Psychology at the University of Akron, as well as in cardboard boxes passed down through the years from officer to officer.

The Committee anticipates that, in the near future, all of Division 53's Newsletters will be accessible by members on our website or through APA's *PsycExtra* search engine. The Executive Committee will be continuously informed about the activities of the Committee and asked for its advice and consent through regular telephone conferences and the annual meeting at APA.

Division 53 Members—Get involved!

The Committee is most interested in getting input from Division 53 members about what historical information they would like to have published in the Newsletter and/or available on the website. One idea, among a number of suggestions, is to ask our "elder" colleagues to write personal histories about their professional training and experiences. We want to encourage you to communicate your recommendations regarding future history projects to: marilynerickson@verizon.net.



Connecting You to APA's Science and Practice Directorates

By Kathryn Grant

Member at Large for Science and Practice

As Member at Large for Science and Practice and liaison to both the Science and the Practice Directorates of APA, I receive monthly newsletters from each of these directorates. I would like to highlight news from a recent APA Practice Directorate newsletter, in particular, the launch announcement for APA's new Psychologist Locator on APA's website at <http://locatorbeta.apa.org>. According to Katherine Nordal, Executive Director of the Practice Directorate, "the Psychologist Locator is a free service from the APA Practice Organization for . . . practitioners who have paid the 2010 Practice Assessment and for Life Status practitioner members of APA." Nordal indicated that the updated locator has been expanded to include a wide range of information that will help connect those who are seeking psychological services with practitioners. She also indicated that last year's Psychologist Locator was deactivated on May 1 and that practitioners who have not already created or updated their own listings can do so by taking the following steps:

- 1) Go to <http://locatorbeta.apa.org>.
- 2) Select Login (Top of the page on the right hand side of the blue Practice Central banner)
- 3) Log in using your APA login ID and password
- 4) Select Edit Profile (under the Shopping Cart in the upper right corner in orange)
- 5) Enter your information.

If you would like a copy of the Science Directorate highlights e-mailed and/or you would like to be added to the Division 53 listserv in order to receive future summaries such as these, please contact me at kgrant@depaul.edu.

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Cultural Diversity in Child and Family Training: Task Force Survey Results

By Yo Jackson, Member at Large for Membership and Public Interest
& Cari McCarty, Member at Large for Education and Standards



Yo Jackson, Ph.D.



Cari McCarty, Ph.D.

About a year ago, Division 53's Task Force on Ethnic Minority Children and Adolescents created a plan to address some of the questions the Division had regarding the level of training and exposure to issues relevant to ethnic minority youth. To this end, Task Force members and the MAL for education, Cari McCarty, developed a questionnaire for training programs where Directors of Clinical Training could detail how graduate training in clinical child psychology infuses and directly provides information to students on ethnic issues and mental health.

It was important not only to determine how many courses students received, but also to try to quantify exposure to ethnic issues in research and mentoring by faculty. The survey not only addressed how specific topics were covered and to what degree, but also asked about the number of ethnic minority faculty, awards, practicum experiences, bilingual representation, and research efforts devoted to mental health among ethnically diverse youth.

By learning what programs across the country were doing, the task force hoped to better determine training needs. Specifically, the Division was interested in knowing how well programs were providing training on ethnic minority youth topics and cultural competence, and if there was a need for more mentoring of professionals-in-training on research and practice with ethnic minority populations.

The survey was sent out electronically to Directors of Clinical Training at 57 programs, and we received responses from 17 different programs, yielding a 30% response rate. Result highlights include:

- The majority of programs have between 11 - 20% bilingual graduate students, and less than 10% bilingual faculty
- 88.2% of programs offer a course in cultural competence
- Child and Adolescent Psychopathology and Child and Adolescent Treatment courses integrated issues related to cultural and racial/

ethnic diversity most frequently, while Developmental and Research Methods were somewhat less integrated

- Only a minority of programs (31%) reported having significant pipeline linkages, where universities reach back to colleges, high schools, junior high schools, and even elementary schools to prepare students to take necessary courses to move forward in their education, to provide them with role models of color, to work with teachers to create mentorship experiences for undergraduates of color, etc.
- Very few programs have specific awards available for faculty participating in multi-racial diversity issues

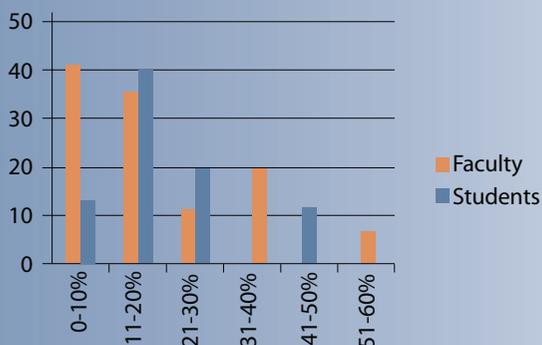
The survey provided the Division and its members with a great start toward understanding how topics relevant to the mental health needs of ethnic minority youth are currently addressed and evaluated. Although the response was limited to programs who responded, the information gathered does begin to shed some light on how programs are thoughtfully and systematically addressing training on the mental health needs of ethnic minority youth.

Next, the Task Force plans to use the results to establish priority areas for work in the coming year. For example, the Task Force plans to share the findings with training programs so that a clearinghouse of ideas can be generated in order for programs to discuss how best to meet accreditation polices on cultural competency.

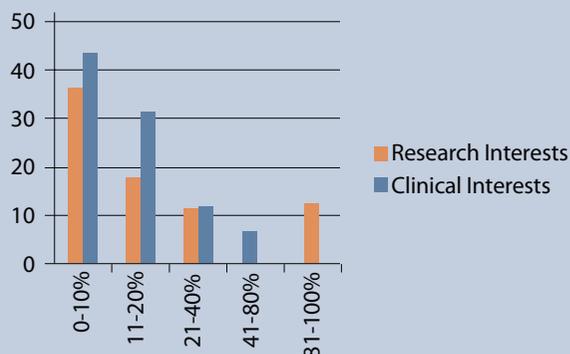
The results can also be useful in helping the Division create a mentoring program so that students interested in ethnic minority mental health issues can find like-minded mentors at other universities with whom to share ideas.

On a larger scale, it is hoped that these results can help start a dialog within the Division on how best to meet the changing demographics of our country and our clinical populations so that training models adjust to the increasing numbers of ethnic minority youth. It is likely that the mental health needs of ethnic minority youth, once a topic for specialty work, will likely increase in relevance and importance for the field at large and we hope that the information gathered here and the continuing efforts of the Task Force and Division serve as a resource for professionals wanting to increase and expand their skills with ethnic minority youth.

Percentage of Child Clinical Programs with Faculty and Students who Identify as Racial/Ethnic Minorities



Percentage of Child Clinical Programs with Faculty Focusing on Issues Related to Racial/Ethnic Minority Youth



JCCAP Editor Chosen

After an exhaustive search, Mitch J. Prinstein, Ph.D., University of North Carolina at Chapel Hill, has been appointed as the incoming (2012–2016) Editor for the Division's *Journal of Clinical Child and Adolescent Psychology*.



Mitch Prinstein, Ph.D.

Newsletter Correction

Kenneth Martinez who authored the InFocus article, *Are EBTs Always the Best Policy?* in the Spring, 2010 InBalance, received a Psy.D., not a Ph.D.

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

InBalance Now Searchable Online

Archived InBalance articles are now available online.

If you subscribe to PsycExtra or PsycNet through your APA membership, you can now search and download digital articles from past Newsletters. Go to <http://psycnet.apa.org>, log in with your online APA account, and begin searching. Individual archived articles are available in Full-text pdf files.



EffectiveChildTherapy.com Hits it Big!

Division 53 has collaborated with the Association for Behavioral and Cognitive Therapies (ABCT) to launch a new evidence-based practice website, www.effectivechildtherapy.com.

The early results are in—the website is a hit! Below is a highlight of the number of hits the website has received during its first full month (April 5–30).

Total hits: 10,055

- Home page: 2,769
- Pages for Professionals and Educators: 3,735
- Pages for The Public: 3,396

Top hits from Professionals pages:

- *EST Options for Specific Disorders*: 1,499
- *Empirically Supported Treatments*: 325
- *What is Evidence-based Practice?*: 267

Top hits from the Public pages:

- SSCAP Public—Main Page: 326
- *Disruptive Behavior Problems*: 236
- *Anxiety Problems & Disorders*: 206

www.effectivechildtherapy.com

Doctoral Students: 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 2010 Convention Preview

By Eric Youngstrom & Jennifer Freeman
Convention Program Chair and Co-Chair

Division 53 is offering a packed program at this year's APA Convention focused on the science and practice of clinical child psychology.

The program committee continued the *Best Practices in Clinical Child and Adolescent Psychology* series that was so successful and popular in previous years. In San Diego, we are pleased to offer five invited symposia, including talks by the leading clinical researchers in the areas of eating disorders, self-injury, adolescent substance use, and trauma.

The symposium on assessment and treatment of preschoolers is also contributing to the APA Presidential focus on caregiving at the 2010 Convention.

In addition, our distinguished 16-person review panel selected several outstanding submitted symposia to round out our program. Many of these symposia—both invited and submitted—are approved for Continuing Education (CE) credit.

Thursday, August 12

Thursday is packed with exciting programming, including five division-sponsored panels and symposia. Our first talk begins Thursday morning at 8:00 a.m., and focuses on prevention of adolescent depression. Patrick Possel will chair a cutting-edge panel of clinical scientists, including Eric Stice, Ed Craighead, and Steven Brunwasser. Immediately following at 9:00, a panel composed of Ruth Brown, Brian Chu, Aaron Hogue, Nathan Jungbluth, and Bryce McLeod discuss the development and use of observational measures as a way of enriching understanding of psychotherapy processes in youths.

The third panel of the day, chaired by Joan Asarnow, focuses on prevention and treatments for suicide in youths, with talks by Tony Spirito, Marika Kovacs, David Goldston, Michele Berk, and Daniel Cohen, with discussion by Cheryl King.

The symposium that follows concentrates on effective school policies and interventions for adolescents with emotional

disturbance. This panel brings research and clinical experience to bear on the issues of how to manage behavior problems and also promote positive social and educational outcomes, with contributions from Steve Evans, Mark Weist, Stephen Becker, and Carl Paternite.

The final panel for Division 53 on Thursday keeps the focus on externalizing problems and understanding the treatment process and variables that influence outcomes, with talks by Sharon Foster, Karen Budd, Anna Lau, and Michael Robbins.

Friday, August 13

Friday's schedule also starts early, taking advantage of the time change and the healthy West Coast lifestyle to get things started at 8:00 a.m. when Tony Mannarino leads a distinguished panel presenting evidence-based treatment for traumatized children and their families.

This is followed by two of the three poster sessions for Division 53, which are scheduled simultaneously at 10:00 so that people can see work related to both externalizing and internalizing problems. Poster sessions at APA are only 50 minutes long, so it is to review the poster list ahead of time, although serendipity and spontaneity will also work well when there is such a good concentration of people and ideas.

After a long lunch break, there is a 2:00 p.m. symposium on evidence-based treatments for self-injurious behavior with talks by Matthew Nock, Lori Ritschel, Erica Chin, and Barbara Stanley.

Tony Spirito follows this with the **APA Division 53 Presidential Address**, which then leads into the Division 53 Business Meeting—all members are encouraged to attend!

Saturday, August 14

Saturday's programming begins a bit later, starting at 10:00 a.m. with Liz D'Amico, Sandra Brown, Sarah Feldstein Ewing, and Tony Spirito talking about evidence-based motivational interviewing interventions for adolescents at risk of substance use.

Alice Carter then leads a presentation about assessment of preschool children, reviewing recent exciting developments in this

area with Carren Stika, Jeffrey Measelle, and Carri Hill.

Our final symposium on Saturday focuses on mothers' socialization and child functioning in understudied populations, with talks by Vaishali V. Raval, Ashley Paterson, Stephen Becker, and Julie Hakim Larson. Saturday evening also has the **Division 53 Social Hour** and the **Internships on Parade**, which is held jointly with Divisions 37 and 54.

Sunday, August 15

The Division 53 program concludes with the third poster session on Sunday morning at 10:00 a.m. and is anchored by the *Distinguished Contribution to Child Clinical Psychology* award winner **Rex Forehand**, at 11:00 a.m. The Distinguished Contribution talk promises to offer exceptional insights from a career spent improving treatments and preventive interventions – an excellent valedictory conclusion for the convention.

Finally, this year, we are hosting a **Hospitality Suite** at the Marriott Hotel (room TBA)—make sure you stop by for food, drink and to informally meet with board members, distinguished speakers and fellow members! Please see the Program Schedule and Grid for all details and locations. See you in San Diego!



Jennifer Freeman, Ph.D.



Eric Youngstrom, Ph.D.

Division 53 APA Convention Committee

Tony Spirito, President
Mary Fristad, Past President
Eric Youngstrom, Chair
Jennifer Freeman, Co-chair

Thursday, August 12, 2010		
	Division 53	Division 54
8–9 am	*Symposium: Prevention of Adolescent Depression—What Group Characteristics Influence the Outcomes? Chair: Patrick Pössel Rm 26B	*Symposium: Parenting Adolescents in Chronic Illness contexts—Families Resilient and At-Risk Chair: Jorie Butler Rm 10
9–10 am	*Symposium: Development and Use of Observational Measures in the Study of Youth Psychotherapy Process Chair: Ruth C. Brown Rm 31B	
10 am–12 pm	*Symposium: Treatments for Suicide and Suicide-Attempt Prevention in Youths Chair: Joan Asarnow Rm 15A	
12–1 pm	*Symposium: Effective School Policies and Interventions for Adolescents with Emotional Disturbance Chair: Carl Paternite Rm 15B	*Paper Session: Childhood Cancer Survivorship Authors: Gwendolyn Quinn, Margaux Barnes, Lisa Kahalley Rm 28E
1–2 pm		Poster Session: Exhibit Hall ABC
2–4 pm	*Symposium: Inside the Black Box—Treatment Process for Youth Externalizing Behaviors Co-chairs: Sharon Foster and Karen Budd Rm 14B	*Symposium: Life as Early-Career Academic Pediatric Psychologists—Rewards, Challenges, and Surprises Chair: Christine T. Chambers Rm 5B
4–7 pm		Exec Committee Meeting San Diego Marriott Hotel Columbia Rm 2

Friday, August 13, 2010			
	Division 53		Division 54
8–10 am	*Symposium: Evidence-Based Treatment for Traumatized Children and their Families Chair: Anthony Mannarino Rm 1A		Committee Meeting: JPP Editorial Board Chair: Dennis Drotar San Diego Marriott Hotel Columbia Rm 2
10–11 am	Poster Session: Externalizing Problems in Children and Adolescents Exhibition Hall ABC	Poster Session: Internalizing Problems in Children and Adolescents Exhibition Hall ABC	
2–4 pm	*Symposium: Evidence-Based Practices for Managing Self-Injury Chair: Mathew Nock Rm 5A		*Symposium: Using Health and Behavior Codes of Help Sustain Clinical Practice in Pediatric Psychology Chair: Larry Mullins Rm 30E
3–4 pm			
4–5 pm	*Presidential Address: Anthony Spirito Rm 10		
5–6 pm	Business Meeting Rm 10		

All sessions take place in the San Diego Convention Center unless otherwise indicated.

* indicates sessions are eligible for APA-sponsored CE credits.

Division 53 Substantive Programming	
Division 53 Non-substantive Programming	

Division 54 Substantive Programming	
Division 54 Non-substantive Programming	

Cosponsored by Divisions 37, 53, and 54	
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San Diego Programming

Saturday, August 14, 2010		
	Division 53	Division 54
8–9 am	*Symposium: Evidence-Based Practices for Preventing and Treating Obesity and Eating Disorders in Youth Chair: Eric Stice Rm 14B	
9–10 am		*Paper Session: Diversity Across School, Community, and Clinical Settings Authors: Brian Daly, Elizabeth Pulgaron, Steven Hardy, Anai Cuadra Rm 32A
10–11 am	*Symposium: Evidenced-Based Motivational Interviewing Interventions for Adolescents At-Risk of Substance Use Chair: Elizabeth D'Amico Rm 15A	
11–12 am		*Invited Address: Emerging Healthcare Policy: Impact on Children and Care Providers Presenter: Ellen-Marie Whelan, N.P., Ph.D. Rm 22
12–2 pm	*Symposium: Evidence-Based Approaches for Assessment of Preschool-Aged Children Chair: Alice Carter Rm 9	Paper Session: Adolescent Risk Behaviors Authors: Christopher Houck, Wendy Hadley, Jessica Joseph Rm 28D
1–2 pm		Poster Session: Exhibit Hall ABC
3–4 pm		Presidential Address: Dan Clay San Diego Marriott Hotel Marriott Salon 5
4–5 pm		Business Meeting/Awards Ceremony San Diego Marriott Hotel Marriott Salon 5
5–7 pm	Social Hour: Internships/Postdoctoral Fellowship Training Programs on Parade San Diego Marriott Hotel, Marriott Salon 5	

Sunday, August 15, 2010		
	Division 53	Division 54
8–9 am		*Paper Session: Topics of Interest in Pediatric Psychology Authors: Jamie Grollman, Jason Van Allen, Aimee Hildenbrand Rm 25A
9–10 am	*Symposium: Mothers' Socialization and Child Functioning in Understudied Populations Chair: Vaishali Raval Rm 7A	* Paper Session: Psychological Issues in Diabetes Management Authors: Christopher Fitzgerald, Michelle Perfect, Jessica Pierce Rm 25A
10–11 am	Poster Session: Longitudinal and Treatment Outcomes in Children and Adolescents Exhibit Hall ABC	
11 am –12 pm	*Invited Address: Lifetime Achievement Award Chair: Rex Forehand Rm 30A	

Division 53/54 Student Social Hour Division 54 Hospitality Suite San Diego Marriott Hotel Saturday, August 14, 2:00 – 3:00 PM

Come mix, mingle and network with students in your related fields of clinical child and pediatric psychology. Co-sponsored by Divisions 53 and 54. Keep an eye out for the Division and student listservs for upcoming details!

Come Join Us!



Division 53 Hospitality Suite

San Diego Marriott Hotel Daily programming

Come meet board members, symposia chairs, and honored guests at the SCCAP Division 53 Hospitality Suite. Throughout the convention, chairs of the “evidence-based practices” talks and honored guests (Dr. Rex Forehand, Lifetime Achievement Award) will come to the Hospitality Suite to extend discussions after their talks.

Come discuss presentations, the Division, and the future of psychology over snacks and coffee at the Hospitality Suite.

Room TBA—Stay tuned to the Division Listserv!



Division 53 Hospitality Suite Schedule

Thursday, August 12, 2010

3:30-4:30 pm

Meet Your Journal Editors

Hosts: Paul Frick, Ph.D.
Mitch Prinstein, Ph.D.

Friday, August 13, 2010

10:00-11:00 am

Post Symposia Discussion: Evidence-based Treatment for Traumatized Children and their Families

Host: Dr. Anthony Mannarino

4:00-5:00 pm

Post Symposia Discussion: Evidence-based Practices for Managing Self Injury

Hosts: Barbara Stanley, Ph.D.
Lorie Ritschel, Ph.D.

6:00-7:00 pm

Student Social Hour

Guest of Honor: Rex Forehand, Ph.D.

Saturday, August 14, 2010

12:00-1:00 pm

Post Symposia Discussion: Evidence-based Motivational Intervening Interventions for Adolescents at Risk of Substance Use

Host: Liz D'Amico, Ph.D.

2:00-3:00 pm

Post Symposia Discussion: Evidence-based Approaches for Assessment of Preschool Aged Children

Host: Alice Carter, Ph.D.

Time TBA

Career Pathways Panel

Hosts: TBA

APA Division 37 Programming

Division 53 is happy to provide programming information for Division 37. All Sessions take place in San Diego Convention Center. Visit Division 37 at www.apa.org/divisions/div37/ for complete information on each session.

Thursday, August 12, 2010

11:00 AM - 12:50 PM

Room 16A

Symposium: *Improving Effectiveness of Community-Based Child Mental Health Care—Data-Driven Recommendations*

Chair: Ann F. Garland, Ph.D.

1:00 PM - 1:50 PM

Room 31B

Symposium: *Experiences of Child Caregivers—What Do We Know Now?*

Chair: Kim Shifren, Ph.D.

3:00 PM - 3:50 PM

Room 29B

Symposium: *Refugee Child and Family Resilience—An APA Task Force Symposium*

Chair: Katherine Porterfield, Ph.D.

Friday, August 13, 2010

8:00 AM - 8:50 AM

Room 31C

Symposium: *Evidence-Based Practices to Prevent Child Maltreatment*

Chair: John R. Lutzker, Ph.D.

9:00 AM - 9:50

Room 31B

Symposium: *Child Sexual Exploitation—A Global Perspective and National Prevention Plan*

Co-chairs: Richard W. Puddy, Ph.D., MPH

Sandra P. Alexander, MEd

11:00 AM - 11:50 AM

Exhibit Hall ABC

Poster Session: *Child and Family Research, Policy, and Practice—I*

2:00 PM - 2:50

Room 31B

Conversation Hour: *Summit on Young Children's Mental Health—Ways Forward*

Co-chairs: Mary Ann McCabe, Ph.D.
Karen J. Saywitz, Ph.D.

3:00 PM - 4:50 PM

Room 29D

Presidential Address: *Human Trafficking of Children and Business Meeting*

Chair: Cindy L. Miller-Perrin, Ph.D.

5:00 PM - 5:50 PM

Room 22

Invited Address: Nicholas Hobbs

Award and Distinguished Contribution to Child Advocacy Award

Speakers: W. Rodney Hammond, Ph.D., Recip. of Nicholas Hobbs Award
Ellen L. Bassuk, MD, Recipient of the Distinguished Contribution to Child Advocacy Award

6:00 PM - 6:50 PM

Torrey Rooms 1 and 2

Social Hour: *Networking Together to Advance Children's Mental Health*

Saturday, August 14, 2010

9:00 AM - 9:50 AM

Room 29B

Symposium: *Classification and Diagnosis for Children and Adolescents—ICD/DSM Revisions*

Chair: Michael C. Roberts, Ph.D.

11:00 AM - 11:50 AM

Exhibit Hall ABC

Poster Session: *Child and Family Research, Policy, and Practice—II*

12:00 PM - 12:50 PM

Room 25A

Symposium: *Improving the Well-Being of Children and Families—Through the Public Health Lens*

Chair: Patricia Y. Hashima, Ph.D.

1:00 PM - 1:50 PM

Room 26B

Symposium: *Challenges and Opportunities in Rural and Small Community Practice*

Chair: James L. Werth, Ph.D.

Sunday, August 15, 2010

9:00 AM - 9:50 AM

Room 32A

Symposium: *Ethnicity, Culture, and Child Maltreatment—Where Are We Now?*

Chair: Calonie M. Gray, Ph.D.

11:00 AM - 11:50 AM

Room 25C

Symposium: *Trials and Tribulations of Translational Research*

Co-chairs: Beverly W. Funderburk, Ph.D.
Jenelle R. Shanley, Ph.D.

Substantive programming in **bold** type

Introductions and Exciting Events

By Rebecca Siegel, MS

Alpert Medical School of Brown University

I would like to introduce myself as the new student representative for Division 53. I am currently completing my predoctoral internship at the Alpert Medical School of Brown University, under the mentorship of Anthony Spirito, Ph.D., ABPP, and will be continuing at Brown next year for a postdoctoral fellowship. I completed my graduate work in the clinical psychology program at the University of Miami under the mentorship of Annette La Greca, Ph.D., ABPP. My research interests include pediatric bipolar disorder, psychosocial interventions for adolescent mood disorders, and peer relationships in children and adolescents with serious mental illness. As student representative, I hope to increase student involvement and participation through the initiation of our newly formed *Student Advisory Board*. The Student Advisory Board will have committees for programming, membership, and student recognition, and I will work with members to increase student involvement in these areas. I would also like to continue the excellent work that previous student representatives have done with the student listserv in order to enhance communication between student representatives, the advisory board, and student members.

As the APA convention in San Diego approaches, I would like to highlight some of the events with particular interest for Division 53 student members. Symposia topics include treatments for adolescent depression, suicidality, externalizing behaviors, traumatized children and families, and substance use. Poster sessions include internalizing and externalizing problems in

children and adolescents in addition to treatment outcomes in children and adolescents. And stay tuned for information about the Division 53 hospitality suite which will give opportunities for networking with symposia speakers and other Division members.

You will also want to pay special attention to two student-specific events. The **“Internships/Postdocs on Parade Social Hour,”** hosted by Divisions 53, 54, and 37, will take place on Saturday from 5-7pm (see schedule). This social hour provides the opportunity for students to meet with faculty, interns, and fellows to socialize and ask questions about child clinical and pediatric psychology programs from across the country. This is an excellent opportunity and I recommend taking advantage of this event if you are applying for internships or postdocs in the near future. In addition, the **Division 53/54 Student Social Hour** will be held on Saturday, August 14, 2-3pm in the Div 54 hospitality suite (location TBD). This event will provide an opportunity to network and socialize with other students in the



Rebecca Siegel, MS

fields of clinical child and pediatric psychology.

I look forward to seeing you at the conference and serving as your Division 53 student representative. As the liaison between students and the board, please do not hesitate to contact me with questions, comments, or suggestions or if you want to post to the listserv at division53studentlistserv@gmail.com.

Internships on Parade

Saturday, August 14, 2010

5–7:00 p.m.

Marriott Hotel

Marriott Salon 5

Don't Miss it!

APA divisions 53, 54, and 37 have teamed up once again to host a gathering of over 20 different internships and post-doc programs from medical centers, mental health centers, and university programs nationwide.

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

Bylaws Change Electronic Voting

As of April 27, 2010, the following changes have been amended to Division Bylaws:

1. This amendment will add electronic voting for Division officers in APA elections in Article VI, Section D. This is necessary because the APA Office on Elections wishes to conduct elections by electronic means. The change is underlined.

“The Committee [on Nominations and Elections] is responsible for overseeing the distribution of [mail] ballots. Division officers shall be elected by a plurality vote of the Members on a [mail] ballot on which names shall appear in alphabetical order. This ballot may be distributed by mail, email, or a secure web-base. The Committee shall certify and report election results to the Board of Directors, to the members whose names appeared on the ballot, to members at the annual business meeting of the Division, and in the pages of its Newsletter.”

2. This amendment will add the History Committee as a new Standing Committee to Article V, Section C. This is necessary so that historical documents will be preserved and available to all members.

“The History Committee. The President appoints the chair with advice from the Board of Directors. The chair appoints additional members as needed. This Committee documents past actions that are relevant to the Division’s history.”

3. In addition to these two amendments, many house-keeping and grammatical changes were made to the entire Bylaws.

**Thanks for voting—
your voice matters!**

SCCAP Response to the DSM-V Committee

Prepared by Mary A. Fristad, Ph.D., ABPP & Eric A. Youngstrom, Ph.D.

Summarized from the following paper currently under review:

Concerns Regarding the Inclusion of Temper Dysregulation Disorder with Dysphoria in the DSM-5

David A. Axelson, M.D., Boris Birmaher, M.D., Robert L. Findling, M.D., Mary A. Fristad, Ph.D., Robert A. Kowatch, M.D., Eric A. Youngstrom, Ph.D., L. Eugene Arnold, M.D., Benjamin I. Goldstein, M.D., Ph.D., Tina Goldstein, Ph.D., Kiki D. Chang, M.D., Melissa P. DelBello, M.D., Neal D. Ryan, M.D. and Rasim S. Diler, M.D.

As many are aware, the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is in development and preparing for publication in May 2013. DSM-5 workgroups have modified the diagnostic criteria for several current disorders and have proposed the addition of several new disorders, many of which will impact research and practice within child and adolescent psychology. One proposed new disorder is **Temper Dysregulation Disorder with Dysphoria (TDDD)**. The proposed revision can be viewed at www.dsm5.org/ProposedRevisions/Pages/proposedrevision.aspx?rid=397#.

Temper Dysregulation Disorder with Dysphoria (TDDD)

Division 53 has several concerns in response to the proposed criteria:

1. *TDDD as currently defined has no scientific base.* Considerable work has been conducted by one research group (NIMH intramural, led by Dr. Leibenluft) on a related diagnostic construct, Severe Mood Dysregulation (SMD). However, TDDD does not include the hyperarousal criterion that is an essential part of SMD. Thus, TDDD will not capture the same population of children that the SMD label describes.
2. *TDDD is likely accounted for by existing disorders.* The mood state identified for TDDD is identical with that of dysthymic disorder (DD), i.e., chronic sadness and/or irritability manifested more often than not for at least one year. The primary behavioral manifestation of TDDD is consistent with the first criterion of oppositional defiant disorder (ODD). In fact, the Work Group concluded that while only 15% of children with ODD would qualify for a diagnosis of TDDD, essentially 100% of those with TDDD would qualify for a diagnosis of ODD.
3. *Inclusion/exclusion criteria are not justified empirically.* TDDD diagnostic criteria arbitrarily assert it cannot be diagnosed in the context of some disorders (psychotic disorders, mood disorders, pervasive developmental disorders, post-traumatic stress disorder, separation anxiety disorder; cannot be due to drugs of abuse or general medical or neurologic conditions) but can in the context of others (ODD, attention deficit hyperactivity disorder, conduct disorder, substance use disorders). As no studies have been done, it is not at all clear how these decisions were determined or justified, nor what the implications would be for rates of comorbidity or treatment response.
4. *Irritability is ubiquitous.* The inclusion/exclusion criteria provided are complicated for clinicians to follow, and we are concerned diagnostic errors will be made both by omission (not diagnosing other conditions ostensibly “higher up” in the hierarchy) and by commission (by definition, one should also diagnose every child who has TDDD with the less severe version of the condition, ODD). Substance abuse, in particular, will be difficult to tease out, as the behavior cannot be due to drug use yet the diagnosis can be comorbid with substance use disorders.
5. *Use of the TDDD diagnosis is hoped to solve the problem of overdiagnosing bipolar disorder (BPD) in youth.* To improve the diagnosis of childhood BPD, we suggest that rather than creating a new, arbitrarily developed diagnosis, careful attention is paid to parameters of the BP spectrum diagnoses. In particular, more clearly documenting the patterns of symptom presentation required for a diagnosis of BP-Not Otherwise Specified is recommended.
6. *Treatment implications.* We already have some, if scanty, treatment recommendations for a variety of diagnoses that TDDD might replace, and they vary, both in terms of pharmacotherapy and psychotherapy. We have no literature on treatment response to any intervention for children with TDDD.
7. *Proliferation of medications as first-line treatment.* The argument has been made that providing TDDD as a diagnostic alternative to BPD will lessen the use of atypical antipsychotics in youth. We argue that pharmaceutical companies will see TDDD as a new potential market to test their products in, as well as to advocate off-label use of existing treatments. As short-term trials of powerful medications such as atypicals might show decreased aggressive outbursts, pressure could easily be exerted for these treatments to be distributed on a more widespread basis, despite lack of data (or highly concerning preliminary data) on the long-term effects of these medications on youth.
8. *The general public’s perception of the mental health field.* TDDD has already been lampooned in the popular press as “Temper Tantrum Disorder.” As it is being proposed without a clear scientific base, it risks contributing to a perception that the mental health field is unscientific and tends to pathologize human nature.
9. *Other options.*
 - a. *Provide a course modifier for ODD—with severe anger outbursts.* This would allow for subtyping of ODD, which quite likely could contribute to improved understanding of what is likely to be a heterogenous disorder.
 - b. *Include SMD (not TDDD) in the Appendix.* This would provide a standard definition for clinical researchers to use in further studying the pathophysiology, family history, treatment response, and clinical course of a condition that already has a unique diagnostic profile.



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.

Come join us at www.clinicalchildpsychology.org

2010 Membership Information

Apportionment Ballot

About Apportionment

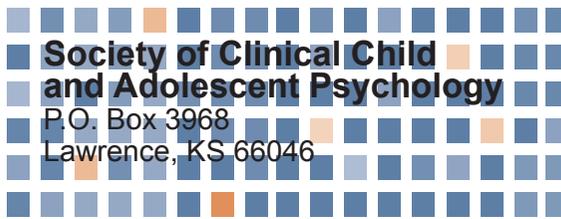
Most of us throw away the ballot that we receive from APA that tells how we wish to apportion our ballots to the various divisions to which we belong. We (your Executive Committee) urge you not to do that this year. The number of representatives in

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!



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and Adolescent Psychology**

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