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InBalance

APA Division 53 Newsletter

SOCIETY OF CLINICAL CHILD & ADOLESCENT PSYCHOLOGY

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President's Message

Reaching Beyond Boundaries—Improving Mental Health in St. Vincent

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

I write this column while flying over the Caribbean Sea on the way back to New York from St. Vincent and the Grenadines. Will I dedicate this column to telling a story about a tropical vacation? No, as the trip was about bringing evidence-based treatments to a small and developing island nation with 120,000 inhabitants and an unemployment rate of over 22 percent…and their struggle to improve mental health services for Vincentian children and adolescents.

Training Workshop in St. Vincent

Vanessa Toney Bobb, M.D./Ph.D., a second-year child psychiatry fellow at Columbia University, received a grant from the Substance Abuse and Mental Health Services Administration to conduct a study and/or provide training in evidence-based treatments for an underserved population. She contacted officials in mental health and school counseling on the island to inquire about service needs. As it turned out, Dr. Amrie Morris-Patterson of the Mental Health Centre had recently completed a self-report screening in the local high schools and found alarming rates of moderate and severe depression in their youth. She asked Dr. Bobb whether she could train their mental health staff in cognitive behavioral therapy and also offer some case consultations in their clinic.

I traveled to St. Vincent with Dr. Bobb and Columbia Public Health Psychiatrist Schuyler Henderson to provide training on CBT for adolescent depression, while my colleagues met with families for case consultations. The Minister of Health spoke about the significance of the "St. Vincent Youth Cognitive Behavioural Therapy Training Project," which was attended by some 65 workshop participants. School counselors, nurses, social workers, physicians, pastoral counselors, and mental health clinic staff in attendance were eager to learn CBT.

Division 53 dissemination efforts takes to the tropics. Seated from right: Henderson, Albano, and Bobb with the dedicated clinicians of St. Vincent.

A number of the participants were teachers, including at least one principal, who had spent 30 or so years in education and now, in their retirement, were retraining in counseling to assist children with overcoming mental health problems. Their dedication to children is inspiring, indeed humbling, as they face incredible economic, societal, and feasibility hurdles to identify and engage a population that is not accustomed to reaching out for psychiatric or psychological care.

The Enormous Need

Questions from the audience made clear that our workshop was a meager drop in the bucket of the island's mental health needs: "What do you do for a child who has never spoken in school?" "How do you manage rage in adolescents?" "Many parents rely on the old ways of corporal punishment for discipline, so how do you change that ideology and teach positive parenting methods?" "Are there effective treatments for helping children with developmental problems such as autism?" These and other questions pointed to the need to disseminate effective psychosocial treatments for the wide range of mental health and developmental disorders in children and adolescents, and to do this in a way that would be extremely cost efficient but yet intensive and comprehensive in scope. The enormity of this task – low cost but comprehensive training in an entirely different country – left me feeling useless and at a loss in answering genuine and pressing questions from the audience.

What can be done when the financial realities of international travel, personnel, and a host of other feasibility and logistical barriers add up to yet another one-hit wonder of a workshop and lots of dashed hopes? Resources on the island are scarce, units overcrowded, facilities limited.

Where to begin? How do we begin?

Thinking realistically, it made sense to discuss the Society for Clinical Child and Adolescent Psychology's major dissemination initiatives, the joint *www.effectivechildtherapy.org* website with ABCT and the ambitious effort pioneered by Bill Pelham to provide online taped workshops, consumer information overviews, and up-to-date reviews of relevant research for some 25 clinical problems and issues. These web-based initiatives are feasible and accessible for hard-to-reach and cost-constrained organizations that might otherwise go without access to empirically supported methods and scientifically sound information. The Division is poised to make a difference that exceeds the boundaries of this country, reaching far to diverse cultures and societies that are in need and want of evidence-based mental health treatments so as to provide the best opportunities for their youth.

I left with great hope for the children of St. Vincent and many new and wonderful friends. I am fired up and ready to dissemination of our treatments to new heights.

Keep watching for ways that you can get involved and make a difference in your communities as well as those at a distance.

Keep Division 53 Strong

Review the slate of candidates on page 4-5. Then submit the ballot mailed to you by APA.

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Newsletter Deadline
Articles for the next newsletter are due by May 1, 2011. Please send your submission to newsletter editor Brian Chu at *BrianChu@rci.Rutgers.edu*.

Member at Large Updates

Child-Relevant Science Policy News

by Kathryn Grant, Ph.D.
Member at Large: Science and Practice


Kathryn Grant, Ph.D.

APA's Science Government Relations Office (GRO) is charged with advocating for psychological science with Members of Congress and with the Departments of Defense, Education, Health and Human Services, Justice, Transportation, Veterans Affairs, and with the National Aeronautics and Space Administration and National Science Foundation.

To keep APA members informed about science policy within these agencies and on Capitol Hill, the Science GRO puts out a monthly electronic newsletter called Science Policy Insider News (SPIN). As your liaison to APA's Science and Practice Directorates, I read these publications and communicate to Division 53 (through this newsletter or via e-mail) science policy news that is especially child relevant. The most recent issue of SPIN (Feb.) included information especially relevant to child researchers that I share with you below in abridged form.

The Eunice Kennedy Shriver National Institute of Child Health and Human Development has identified nine broad scientific themes and organized workshops to gather input and ideas from scientific experts and to articulate the emerging scientific opportunities in those areas over the next decade. The nine workshops were held between January and March. External scientists have been tasked with chairing each workshop, and organizations and the broader scientific community will be asked to comment on the white papers that are produced by each workshop. Additional information about the chairs of the workshops, agendas, and white papers, will be organized and posted at *www.nichd.nih.gov/vision/updates.cfm*.

If you would like to be placed on the SPIN mailing list, please e-mail me at *kgrant@depaul.edu*, and I will get you connected.

Uptake of Evidence-based Practices Progress in the Past Decade

By Cari McCarty, Ph.D.
Member at Large: Education and Standards


Cari McCarty, Ph.D.

Over the past decade, technology has tremendously contributed to our ready and efficient transportation of evidence-based materials to different settings, including rural areas and international sites. Web portals, telepsychology, and distance learning have eliminated the physical barriers of accessing manuals and necessary materials and traveling long distances.

Technology has not, however, eliminated the need for skill practice, supervision, and ongoing monitoring of treatment fidelity and integrity. Changes in therapist behaviors and client outcomes occurs only when training interventions include active learning components, such as behavioral role-plays, feedback, coaching, and experiential exercises (Beidas & Kendall, 2010).

While reading a manual and attending workshops can increase knowledge of EBPs, they do not necessarily give rise to the skills necessary for implementation. New learners need to have a strong foundation of general clinical skills, in addition to the specific technical skills required by the EBPs, to deliver treatments flexibly and successfully. Increasingly, treatment developers are structuring manuals and protocols to allow for greater creativity within the structure and to consider fit within clinical service contexts, which could facilitate wider interest and adoption of EBPs.

We have also witnessed increases in stakeholder discussions about EBPs in the past decade, including consumers, insurance panels, public health agencies, and policy makers. EBP has become a part of our lingo, and is on the radar of those outside of the field as well. For example, England has been an international leader in dissemination of parenting-specific EBPs with their launch of the National Academy for Parenting Practitioners, with a mission "to transform the quality and size of the parenting workforce across England so parents can get the help they need to raise their children well." (Scott, 2010). As a part of this initiative, 4,000 practitioners across England were trained in effective parenting programs between 2007 and 2010 with a goal to reach 30,000 parents a year.

Research results of this natural experiment in dissemination have not yet been reported, but will be highly informative to other countries considering such major dissemination efforts.

Public Interest Directorate and What it Means to You

Yolanda Jackson, Ph.D.
Member at Large: Membership and Public Interest

Yolanda Jackson, Ph.D.

The new year brings fresh opportunities to bring attention to important issues for children and families. I would like to focus on the Membership's efforts to increase attention to public interest.

APA Public Interest Directorate (PID) is responsible for fundamental problems of human welfare and social justice and the promotion of equitable and just treatment of all segments of society through education, training, and public policy. The important work is often integral to the work we do as professionals. How the needs of children and family are addressed on a wide scale is important and much of the work of the Division and its members is devoted in some way or another to promoting the public's need and attention to broad child and family issues.

For example, the PID is responsible for creating a task force on the resilience of refugee children after war. Experts are brought in to discuss and disseminate what is known for the field and best practices for managing the mental health needs of this important population. In association with the PID, the APA Education and Public Interest Government Relations Offices will offer an opportunity for psychologists and graduate students to participate in a federal advocacy training followed by visits with Members of Congress (or their staff) on Capitol Hill.

Another example is the recent report on healthy development in children: the Summit on Children's Mental Health. The document contains summaries of the efforts to address the common interest in improving public comprehension of the substantial scientific knowledge about children's mental health, the actions and practices that can reliably promote child mental health, and the critical role that mental health plays in lifelong, and overall societal functioning.

What does Public Interest Mean to You?

To highlight your work related to public interest please contact Yo Jackson at *yjackson@ku.edu*.

So the question is, what does public interest mean to you? What work do you engage in that speaks to broad mental health issues either for a given population or system of care service provider that is integrally connected with wider public health outcomes? Many Division 53 members take part in public interest of children work that we would like to present in a future newsletter segment. If interested, please contact me at *yjackson@ky.edu*.

Best of luck with all of the new challenges and opportunities in 2011. Making a public interest impact with your work may be just one of those opportunities!

APA Conference Preview Division 53 Highlights

By Jennifer Freeman, Ph.D. and Jonathan Comer, Ph.D.
Program Co-chairs

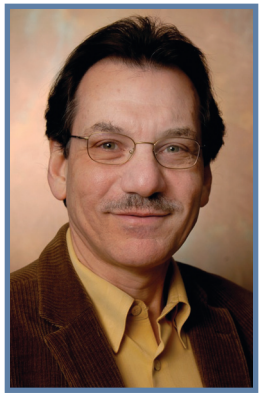
The 2011 APA Convention to be held in Washington, D.C., August 4-7, is right around the corner. A detailed program of Division 53 offerings will be provided in the summer newsletter. For now, we present these highlights:

- The **Best Practices** series will feature five symposia by leaders in the assessment and treatment of child disorders. John Piacentini will present evidence-based guidelines for assessing and treating Trichotillomania, Tourettes, and other tic disorders. Connie Kasari will lead a symposium on the latest evidence about early intensive interventions for autism spectrum disorders.
- A second series of symposia presents the latest in research on youth depression. These include key findings from the landmark TADS, TORDIA, and YPIC trials, mediators and moderators of outcomes, treatment from a developmental psychopathology perspective, and youth suicide prevention in primary care. Additional symposia will cover bullying and the wellbeing of children living in poverty.
- This year's Distinguished Career Award goes to **John Lochman** for his impressive research career on the etiology, maintenance, and treatment of aggressive and antisocial behavior in youth. Stay tuned for details about the award presentation and his keynote address.
- Over 100 posters will be presented, and students and early career psychologists will want to take advantage of the perennially popular internship program and Division social hours.
- New this year is the opportunity to earn **unlimited CE credits for $50**. Take advantage of the **Early Bird Fee** and register for the convention by June 30. All CE sessions held in the Walter E. Washington Convention Center are included. See page 5 for details.

Though you wouldn't want to miss a minute of the conference, there are some great sites to explore, including the National Mall, the Smithsonian Museums, and Arlington National Cemetery.

SCCAP Election 2011
Candidates for President

Marc S. Atkins, Ph.D.


Marc S. Atkins, Ph.D.

Marc S. Atkins is a professor in psychiatry and psychology at the University of Illinois at Chicago, where he is the director of psychology training in psychiatry, and director of research at the Institute for Juvenile Research. He has directed internships for almost two decades receiving awards for outstanding training by Division 53 (its inaugural award in 2003) and the APA Board of Educational Affairs (in 2010).

Atkins is a fellow of Division 53 and of APS and an active researcher in the areas of ADHD and aggression, especially focused on mental health needs of urban children through consultation to schools and after-school programs. His work focuses on developing new models of mental health practice for families living in high poverty urban communities, which is an extension of the evidence-based practice movement with a specific focus on underserved communities, where the research evidence is weakest and the existing models most challenged. This led him to an interest in dissemination and implementation research which aligned him with colleagues in state policy, specifically the Illinois Department of Mental Health, where he serves on the statewide Evidence-based Policy Task Force, the Illinois State Board of Education, and the Chicago Public Schools, where he consults on statewide and district-wide initiatives to support children's mental health.

Candidate Statement

Division 53 has long been my academic home inspired by its core goal to advance the science and practice of clinical child psychology. I have been especially influenced by the Division's leading role in the dissemination of evidence-based practices as it parallels my own work to bridge the gap between science and practice especially for children in poverty. I have advocated for a specific focus on children in poverty to respond to the urgent need for effective mental health services for underserved children, and because it is very clear that existing practice models are inadequate to the need.

The science is challenging but the potential benefits to the field are compelling. I have been fortunate to have been involved in the Division's dissemination activities in their early stages, when I served as member at large, and again as a member of two Division task forces: Dissemination of Evidence-based Practice and Ethnic Minority Children and Adolescents. I am proud to be part of these initiatives, which I would be eager to support and promote as Division President.

I would also work to extend the Division's influence into the policy arena through collaboration and consultation to state departments of mental health and similar agencies. As we enter the next phase in our field's dissemination of evidence-based practices, state government can become our allies in reaching out to communities of providers. The Division and its members have much to offer given our expertise in science and practice. Division 53 has long been a leader in advancing children's mental health and I am excited about the new possibilities for advancing science, practice, and policy.

John Piacentini, Ph.D.


John Piacentini, Ph.D.

John Piacentini is professor of psychiatry and biobehavioral sciences at the UCLA Geffen School of Medicine and Semel Institute for Neuroscience and Human Behavior. He has been the director of the UCLA Child OCD, Anxiety, and Tic Disorders Program since 1995 and serves as chief of child psychology in medical psychology and chair of the UCLA Resnick Neuropsychiatric Hospital Ethics Committee.

Piacentini's primary research interests relate to the treatment of childhood anxiety, tic and related disorders with a more recent focus on the identification of neurobiological correlates and predictors of response to psychosocial interventions. He is co-director of the NIMH T32 postdoctoral research training program in child mental health interventions at UCLA, author of several books and treatment manuals for childhood mental health disorders, and principal or co-principal investigator on 16 NIMH and numerous additional foundation grants. He is on the editorial boards for many leading psychology journals and one of the first two non-physicians to serve as deputy-editor for the *Journal of the American Academy of Child and Adolescent Psychiatry*.

As a member at large for membership, he played a role in the creation of Division 53 and its transition from a section of Division 12. He has also served as the Division's APA program chair and as a member of the Task Force on Postdoctoral Accreditation in Clinical Child Psychology, as well as on the APA Workgroup on Psychoactive Medication Use in Children and Adolescents. He is a founding member of the American Board of Clinical Child and Adolescent Psychology (Child ABPP) and was president of the Board for 2010.

Candidate Statement

Throughout my career, I have worked to develop a pragmatic and integrated approach to clinical teaching, patient care, service, and research with the core of this work centered on the development and dissemination of evidence-based practice models. My clinical teaching with psychology interns, graduate students, child psychiatry fellows, and other trainees focuses on the adaptation of evidence-based treatment (EBT) protocols for use with complex cases and under real-world conditions.

I also take a pragmatic approach to my clinical research. For example, our CBT manual for children with OCD places considerable emphasis on addressing the family dynamic factors that interfere with treatment compliance, response, and durability. Although the acceptability and use of EBTs with children, adolescents, and families are at unprecedented levels, effective treatment still remains unavailable to most youth and families in need.

I would like to expand Division 53 initiatives to promote the use of EBTs. This work will be enhanced by a number of factors, including 1) better clinician-researcher communication and greater attention to both real and perceived barriers to EBT implementation, 2) continued efforts to update clinical training curricula and post-licensure educational opportunities, including board certification, and 3) expansion of Division dissemination efforts towards advocacy, education, and financial reform in cooperation with diverse stakeholders in child mental health.

Candidate for Member at Large Education and Standards

Eric Youngstrom, Ph.D.

Eric Youngstrom, Ph.D.

Eric Youngstrom is a professor of psychology and acting director of the Center for Excellence in Research and Treatment of Bipolar Disorder at the University of North Carolina at Chapel Hill. He earned his Ph.D. in clinical psychology from the University of Delaware, taught child and family assessment and therapy at Case Western Reserve University, and has been involved in clinical training for graduate students, predoctoral interns, and postdoctoral fellows for more than thirteen years. He continues to teach the core assessment sequence in the graduate program.

Youngstrom's research improves evidence-based assessment strategies, particularly around bipolar disorder. He has worked to develop methods that help identify bipolar disorder years faster than prior practices, without increasing the rate of over diagnosis. Because of the rapid improvements in scientific understanding and assessment, as well as the controversy about pediatric bipolar, he actively uses continuing education to put new evidence and tools into the hands of people working with families. He has offered more than 60 continuing education events to several thousand clinicians in the USA, Canada, Europe, and Asia. These exchanges shape his approach to challenges and opportunities of moving research into practice.

Youngstrom is currently on the educational board for the International Society of Bipolar Disorders, as well as a consultant with the DSM-5 Revision, where he can help speed the exchange of ideas between psychology and these initiatives. He also serves on the APA Division 12 Committee for the Graduate Education Curriculum, helping represent child and adolescent clinical psychological training.

Candidate Statement

I am enthusiastic about the prospect of serving as Division 53's Member At Large for Education and Standards. I have been involved in Division 53 for years, and involved in education and training for decades as a student, teacher, and clinician. Most recently, I was chair of Division 53's APA Convention Programming, which was an exceptional opportunity to work with board members and to learn about the many needs and advances affecting Division 53 constituents.

As a member at large, I would bring awareness of different viewpoints, experience working with Division 53 and other organizations, and expertise at teaching research so that it has clear relevance and impact on clinical practice.

I am devoting my career to clinically relevant teaching, research, and practice. It is tremendously gratifying to be a part of APA Division 53, and now would be a great time for me to serve as member at large for Education. I appreciate the advances in research and practice, viewed from different angles of training as well as the eyes of a licensed clinician and parent. I would share the progress we are making within Division 53 with multiple audiences, influencing recommendations for graduate training and interdisciplinary training around mental health issues.

Watch for your Divisional ballots and vote for your Division 53 Board!

NEW! Unlimited CE Credit at the Convention

A single fee allows you to earn **unlimited CE credits** by attending as many of the nearly 300 CE sessions that you would like at the convention this year.

Save even more by taking advantage of the **Early Bird Fee** when you register for the convention by June 30. All CE sessions are held in the Walter E. Washington Convention Center.

Note: CE sessions are separate from APA CE workshops (4 or 7 hours in duration) scheduled at the Hyatt Regency Washington Hotel. The CE workshops have a separate fee structure.

CE Sessions Fee for Unlimited CE Credit

- **Member/affiliates: $50 by June 30**
  $65 July 1 and after
- **Non-APA members: $80 by June 30**
  $90 July 1 and after

Apply for Fellow Status

Fellow status is one of the highest honors the APA bestows, and 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.

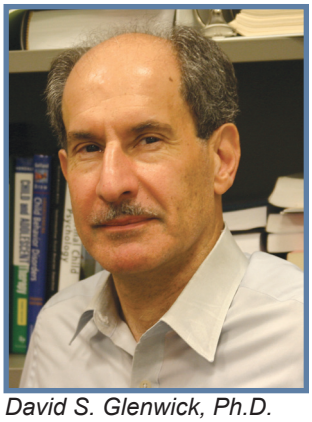
The minimum qualifications are: membership in the Division and APA for at least one year; 10 years of experience subsequent to earning a doctoral degree; three supporting letters from APA Fellows (they need not be Fellows in Division 53), and a self statement identifying specific contributions to the 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, 2011**.

Trends in Clinical Child Psychology from 1976 to 2011
The More Things Change, the More They *Don't* Stay the Same

By David S. Glenwick, Ph.D.
Fordham University


David S. Glenwick, Ph.D.

For those of us clinical child psychologists of the baby boomer generation, a considerable period of time has now elapsed since our coming of professional age in the 1970s and 1980s. Seemingly imperceptibly, we have glided from early- to mid-, and most recently, to later-career psychologist. This period also has coincided with a large portion of the existence of clinical child psychology itself as a distinct subspecialty within clinical psychology.

However, busy as we are with our clients, courses, and research studies of the moment, rarely if ever do we pause to contemplate the changes that have occurred in our field during this length of time. With that in mind, it might be instructive to take stock of and reflect upon how clinical child psychology has developed over the past several decades.

Although for the title of this piece I chose 1976 as a starting date, its selection is quite arbitrary, picked only because a) it results in the roundish number of 35 years and b) egocentrically, it was the year I received my Ph.D. Another disclaimer is that the following list represents one person's assessment of the state of the discipline and profession, based on my experience as a teacher, researcher, clinician, and administrator during this time. Although I've attempted to adopt a wide-angle perspective, others may well take issue with the inclusion of some developments and the omission of others.

Your reactions and personal nominations are welcome. To help facilitate thinking about these changes, I've organized them, when possible, into conceptually similar groups.

The Cognitive Revolution

We now routinely consider the role of cognitive schemas and similar constructs in conceptualizing, researching, and treating childhood disorders. This can be contrasted with the prior and predominant focus on either unconscious processes or overt behavior.

Treatment Research Designs

a) the growth of efficacy studies, b) the beginnings of effectiveness studies, c), the study of mediators of therapy, and d) the study of moderators of therapy. Moving beyond investigating simply how to produce change under highly controlled conditions, we are now exploring the mechanisms by which treatments are effective, conditions affecting the degree and direction of change, and the extent to which change techniques can be transferred (with appropriate adaptation) to real-world settings.

Developmental issues

a) the elucidation of the developmental trajectories of disorders, b) the identification of risk and protective factors in psychopathology, c) an increase in prevention and early intervention programs (in part arising from the growth in our knowledge of risk and protective factors), and d) greater attention to developmental disabilities (e.g., autism spectrum disorders, learning disabilities).

Attention to developmental factors (e.g., dynamic organisms, multiple domains of involvement, multiple time points of intervention) potentially can result in broader and more enduring change.

The Context of Behavior

Developmental issues provide one aspect of the context in which childhood disorders occur. Among others are a) the various ecological systems (e.g., family, school, neighborhood) in which children's and parents' behavior are embedded; b) ethnicity, culture, and socioeconomic status; and c) gender. Disorders don't arise, and treatment doesn't occur, within a vacuum.

Comorbidity

Often a diagnosis of multiple disorders is valid with a particular child. The recognition of comorbidity adds complexity to our thinking and decision-making about etiology, prognosis, and treatment.

Evidence-based Assessment

a) Assessment is generally more targeted than previously (i.e., fewer complete batteries, more specific questions). b) There has been the related development of psychometrically sound instruments for assessing particular aspects of psychopathology (e.g., depression, anxiety) and psychopathology-associated constructs (e.g., parenting competence, social support).

Although this increased precision and focus is, overall, a step forward, there is the danger of becoming *too* narrow in our assessment questions and procedures.

Change in Clinical Practice

a) Child and parent therapy has become briefer and more evidence based than in earlier eras. b) Also noteworthy has been the growth in clinical child psychologists' acceptance of the value of psychotropic medication.

Increased Accountability

Greater accountability to various stakeholders (e.g., consumers, third-party payers, government agencies, internal review boards), frequently resulting in increased regulation and fiscal constraints, has forced us to justify our practice and research. Fortunately, some of the recent developments in our field (e.g., evidence-based assessment and therapy) have put us in a relatively advantageous position to do so, both responsively and proactively.

Clinical Child Psychology as a Specialty

This status (as represented by APA division status since 1999 and a highly regarded scholarly journal) reflects the popularity of our field as a hardy perennial, as well as the ever-present needs of children and families in our society. It also provides the profession and discipline with an organized voice for educational and advocacy activities.

In Summary

Contemplation of this list suggests a number of conclusions. First, the list is long. There have been numerous developments since the 1970s. Second, the list is diverse and pervasive, encompassing theory, research, practice, and professional organization. Third, the changes in the field truly have been significant and meaningful ones, what system theorists, such as Paul Watzlawick, refer to as second-order change (i.e., seeing and doing things in a fundamentally different and transformative way than we had before). We think about, research, and treat child psychopathology from a very different perspective than formerly (with attention to

empiricism, context, and cognition probably being the most important changes). Fourth, the changes frequently overlap and are interrelated. One development often has informed and influenced others. The ascendance of cognitive and cognitive-behavioral interventions, for example, has played a vital part in therapy typically being briefer now than in the pre-1970s era. As another illustration, statistical analyses of potential moderators enable us to uncover risk and protective factors. Fifth, and finally, many of these developments, as well as the field as a whole, are works in progress. To cite two instances, we are still in the early stages of explicating the mediators and moderators of therapy, and prevention programs continue to be undersupported relative to treatment.

In addition, there are areas where progress has been much slower and less than desirable. Perhaps most notable is the oft-mentioned research-practice gap. Converting our increased knowledge base into usual and routinized practice remains a challenge for the field. Hopefully, through the training of the present generation of graduate students and the dissemination of our current knowledge to already-practicing service deliverers, we can begin to more satisfactorily address this challenge. One looks forward with curiosity and enthusiasm to the next 35 years of clinical child psychology.

Receiving your Ph.D. or Psy.D. in 2011?

InBalance publishes the names of Division 53's student members who are receiving their doctoral degree in 2011. 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 August 1, 2011 deadline are encouraged.

A Brief Historical Overview From APA Division 12, Section 1 through Division 53

By Marilyn T. Erickson, Ph.D.
History Committee Chair

The History Committee announces its web presence at *www.clinicalchildpsychology.org/history*. The history of Clinical Child Psychology is as long as the history of the field of psychology itself. Fortunately, Donald Routh has written in depth about this history, and his writings can be accessed n the bibliography link. This article presents a brief overview of that heritage.

The Beginnings

In 1962, Clinical Child Psychology became Section 1 of APA Division 12, Clinical Psychology, with Alan O. Ross as its initial leader.

In 1959, Ross, a psychologist at the Pittsburgh Child Guidance Center, published the book, *The Practice of Clinical Child Psychology*. From its beginning, Section 1 acknowledged and supported the interdependence of science and practice. At this time, virtually all practitioners, clinical psychologists and psychiatrists, were psychodynamically oriented. Research in child development, experimental child psychology, and applied behavior analysis gradually changed the training of clinical child psychologists during the 1960s. To his credit, Ross was converted early to an empirically oriented clinical child psychologist who trained a large number of doctoral students when he became director of Clinical Training at SUNY Stonybrook.

In concert with the movement toward empirically based practice was the need for licensure to enable psychologists to practice independently. Between the mid-1960s and the mid-1980s, much of the Section and Division 12's energy focused on the achievement of this goal.

The Challenges and Solutions

A major issue that began to emerge in the 1980's was the lack of standards for training in clinical child psychology. In an earlier period, Clinical Psychology students were usually trained to assess and treat children, adolescents, and adults. As the field and funding evolved, doctoral programs began to decrease or eliminate academic and/or practicum requirements related to children.

At the same time, practitioners with no or minimal relevant training were offering services to children. Several conferences, beginning with the 1985 Hilton Head Training Conference, started the process of delineating doctoral program content that would qualify clinical psychologists to assess and treat children.

In 1998, the Specialty of Clinical Child Psychology was formally recognized by APA's Commission for the Recognition of Specialties and Proficiencies. During the 1990s, Section 1 leadership became increasingly aware that clinical child interests were underrepresented in both Division 12 and other APA activities and began to discuss the possibility and process for becoming an independent APA division. Our younger sister, Section 5, Pediatric Psychology, was also discussing a move toward divisional status.

After several years of discussion within the Section's Executive Committee, discussion expanded to the membership, Division 12's Executive Committees, and relevant APA representatives. A ballot sent to the Section members revealed that 79% supported the change from section to division status. The Division 12 Executive Committee voted to support the change with the important condition that the section could transfer its financial resources to the new Division.

In 1998, the Section 1 and Section 5 presidents, Marilyn Erickson and Maureen Black, presented petitions to the APA Council for the creation of Divisions 53 and 54, respectively. Council granted division status in 1999, and John Weisz became the new Division's first president in 2000.The name change from the Division of Clinical Child Psychology to the Society for Clinical Child and Adolescent Psychology occurred in 2001.

From its beginning to the present, the Division/Society has focused its attention and support on evidence-based assessment and intervention.

Clinician Training in Research-supported Interventions
Can it be affordable, accessible and effective?

By Kristin M. Hawley, Ph.D.
University of Missouri


Kristin Hawley, Ph.D.

Psychologists and other clinical scientists have successfully developed psychosocial interventions with proven efficacy for a wide range of child, adolescent and family mental health concerns. Along with this identification of research-supported interventions, we have seen a big push for dissemination and implementation of these interventions into everyday clinical practice. According to NIH's Office of Behavioral and Social Science Research, dissemination is the distribution or transmission of information and intervention materials to a specific audience, such as clinical child psychologists. It addresses how, when, by whom, and under what conditions information spreads.

Implementation, on the other hand, is the actual adoption and integration of these interventions into specific settings, such as community-based clinics. It involves not simply learning something new, but using that newfound knowledge and changing one's practice accordingly. Getting the word out is an essential first step, but wide-scale integration of research-supported interventions into routine clinical practice is likely to require much more than conveying the fact that an effective intervention exists for a particular problem or population, or even providing a book or manual describing that intervention in detail. Even though most psychologists are aware that some specific interventions have been supported in clinical trials, and many are able to list one or more of these, this knowledge may not readily translate into behavior. Indeed, when we look at everyday clinical practice, we do not see research supported interventions being used consistently and correctly.

Training Challenges

There are a plethora of possible hurdles to wide-scale implementation (e.g., poor fit of single problem manuals with multi-problem clients; lack of clinician interest, or agency or colleague support, for trying something new), but one clear challenge is the lack of affordable and accessible training options for practicing psychologists. Some of us are lucky enough to receive this training during graduate school or a postdoctoral fellowship, perhaps even under the tutelage of the treatment developer herself, but most are not. For those clinicians trying to obtain this training on their own, effective training is expensive, time consuming and limited in its reach. How many practicing clinicians can afford to take a week off from work to attend an intensive training? Or pay the fees for that week-long training plus the year of weekly consultation and supervision recommended to ensure the clinician is accurately implementing the intervention?

Of course, there are cheaper and more readily available options – those ubiquitous half-day continuing education workshops that so many of us attend each year to maintain licensure. Increasingly, CE workshops are covering research-supported interventions, and this coverage should yield increased awareness and knowledge of these interventions. However, not all workshops are of high quality (some are dull or, even worse, so poorly presented as to lead to misunderstanding). And, on the implementation front, research has demonstrated that CE workshops (whether fascinating or dull, accurate or misleading) rarely result in perceptible changes in practice behavior after the clinician leaves the workshop. Meta-analyses of continuing education in the medial field indicate that while no change is the most common outcome, some trainings do yield significant changes in practice behavior. Those that do typically include a great deal of interaction between trainee and trainer and amongst the trainees themselves, including discussion of real cases and how the intervention may or may not fit, rehearsal of new skills and feedback on use of new skills involved in the intervention, printed materials to take home and reference, post-training reminders and reinforcements for continuing the new practice. These are also features of the training some of us were able to receive in graduate school, postdoc, or as part of a clinical trial, and they are features of those more expensive, time-intensive trainings now being offered by some treatment developers.

Solutions

Might it be possible to incorporate such interactive and engaging features into a more affordable training that could be readily accessed by almost any interested clinician? Currently, my colleagues in the Missouri Therapy Network and I are engaged in an attempt to answer that question.

With the support of the developers of the most thoroughly researched and supported intervention for childhood trauma, Trauma-Focused Cognitive Behavioral Therapy, and building off of a freely available didactic web-based training (*http://tfcbt.musc.com*), we have attempted to build a package of scaffolded learning materials that can be accessed completely via the web but still retain the interactive features shown to influence practice behaviors. These features include live webinars and Q&A with TF-CBT developers, online discussion boards monitored by a TF-CBT expert, weekly emailed TF-CBT implementation tips, handouts and information sheets to use in session or give to clients, assigned role-plays and discussion topics along with a learning partner who is also going through the training and is located within easy driving distance to facilitate meeting in-person.

In a small randomized trial in Missouri, we are providing this training to a group of clinicians that may find it particularly challenging to receive training otherwise—clinicians working in private practices or agencies serving low-income children and families, spread over a large geographical area, much of it rural and far from cities or universities where such training might be obtained. So far, we have been met with great enthusiasm from clinicians excited to participate and receive this training that will (in theory) allow them the flexibility to learn at their own home or office, at their own pace, but with external support for their efforts.

Will the clinicians actually complete the training? Will the training lead to improved knowledge of trauma and TF-CBT? Will clinicians actually implement TF-CBT, in whole or in part, with their clientele? We hope so. However, we may find that it is simply not possible to approach the effects found for more time- and money-intensive trainings—or at least that we have not yet hit upon the right components for affordable, accessible, effective training. The overarching aim is that the clinicians joining us can inform our own and others' ongoing efforts to achieve routine implementation of research-supported interventions for children and their families.

Dissemination and Implementation of Research-based Interventions
A clinician's perspective

By Mark Cooperberg, Ph.D.
Behavior Therapy Associates, P.A.


Mark Cooperberg, Ph.D.

I provide here the perspective of a clinician with a Ph.D., trained in both the creation and consumption of research, who along with many other psychologists outside of academia, attempts to provide empirically supported interventions to clients who exist in the "real world" via private practice. Access to research and information becomes increasingly difficult once one leaves the walls of academia – but there are still opportunities to learn. In this spirit, I offer some suggestions as to how research can be disseminated to reach the broadest audience and how we practitioners can do our best to seek information.

Conferences, Conventions, and Workshops

Annual national conventions held by psychological organizations and its subsidiaries (e.g., APA, Division 53, ABCT) allow researchers to meet with clinicians and share their work via paper and poster presentations, and clinical workshops. However, conferences come with the high cost of travel to distant locations, significant registration and membership fees, and separate workshop charges. These represent significant costs for the private practitioner. One must also recognize the "opportunity costs" associated with attending conferences as the therapist forgoes income to attend such conferences.

So how do we address these concerns? Dissemination at local or regional conferences (e.g., state psychological associations) provides the clinician with several benefits. They typically carry lower costs for registration and travel and minimize time away from their practice. A number of large organizations have regional conferences, and it is important that these are marketed well to clinicians (Division 53's continuing education link serves this purpose). Weekend workshops are especially appealing to therapists, as many of us are less likely to meet with clients at such times. This assists with overcoming the mental hurdle and justification-dance that clinicians experience when we are weighing both the literal and figurative costs of conference/workshop registration. Organizational support is also essential. In our group practice, each clinician has a small, but helpful, budget to assist with conference registration and workshop fees. This policy is critical if organizations are to stay educated and informed – similar polices should be extended to larger practice settings such as community health centers.

For the clinician's part, we need to advocate for continued training in evidence-based treatments within our organizations and also ensure that organizational investment is used wisely. In our group practice of five psychologists and two postdoctoral fellows, we meet prior to conferences and create a "game plan." We identify appealing workshops and ensure someone in our group can attend each. By coordinating proactively, we can increase our exposure to research-based interventions. After the conference we take the time to review together. We make copies of presentation handouts and notes and share them with everyone in the practice. Discussion occurs formally through monthly business meetings and informally through hallway/office chats. At our practice, business meetings have expanded for the purpose of addressing clinical issues, most of which are direct discussions (and lessons) on empirically supported interventions. This meeting is planned for a time that is least likely to impact our direct clinical work (for us, this runs from about noon to 2 PM).

Other Opportunitities

The internet can be a wonderfully efficient communication device. In addition to communication from psychology organizations, we can help each other by posting opportunities to learn empirically supported clinical interventions. I belong to several list servs, including some not tied to a formal organization, such as those conducted via Yahoo groups (e.g. NewPsych List and CliniciansExchange). Through this, we can share direct links to research publications or reviews of such publications.

Occasionally such links contain reviews in popular media publications (e.g., *New York Times* or *Washington Post)*. Many clinicians wish to read full-length books and manuals, but rarely do we find/make time. It is markedly easier to read a 2-page internet article, determine its appeal and empirical merit and then use this to help us decide if we want to spend additional time and money to learn the intervention. We can also post links to training opportunities at conferences or private workshops. While we all get professional and commercial brochures, smaller organizations can market at a fraction of this cost by using the internet.

An even more direct internet-based approach is the teleconference. Here, clinicians can learn from local, national, or international experts from home (or the office). A number of teleconferences are free or offered at a significantly lower cost than in-person workshops. Some teleconferences are available both "live" and in an archived fashion – down-loadable at a clinician's convenience. Thus, a clinician could use the unfortunate last minute cancellation to dial up that online workshop.

Apply your own Behavioral Change

As clinicians, we know that increasing a client's knowledge is easier than producing sustainable behavioral change. This is also true of us. We can apply the techniques that are helpful with clients to ourselves: teach tasks in manageable steps, practice these steps repeatedly, seek feedback about our progress, and utilize support from a highly-trained professional.

Of course, we still need to find our own motivation/inspiration to change. Group practices can offer incentives for learning and implementing EBTs through compensation, increases in conference budgets, and time off from work. For the self-employed, motivation might come from the increased networks we develop by seeking supervision and training – networks that may produce more referrals and opportunities. Clients want treatment that works, and those that are able will seek out those who provide EBTs. Our practice thrives on this fact, as clients come to our office with the expectation that they will not get "run-of-the-mill" therapy, but rather treatment backed by research. As more clients show this initiative, demand for services increases and so does the income of the practice. Ideally, clients who benefit from empirically supported interventions will promote the clinician and/or practice through word-of-mouth, thus increasing referrals. As health care providers and businesspeople, these economic realities must be considered. If we act cohesively as a group to work towards these goals, we can not only sustain financial success, we can also assist in the dissemination and implementation of empirically supported interventions.

The Student View

Introducing the Student Advisory Board Members

The Division 53 Student Advisory Board has been working hard this year to increase student involvement and membership. Watch for the new programs they are developing.


Zack Adams

Zack Adams is a clinical psychology graduate student at the University of Kentucky. His interests center on understanding factors that influence impulsive, disruptive, and risky behaviors among children and adolescents. Adams is increasingly interested in the role that traumatic experiences play in complex psychopathology and how we can design and distribute tailored, effective, affordable treatment and prevention programs.


Sarah Beals-Erickson

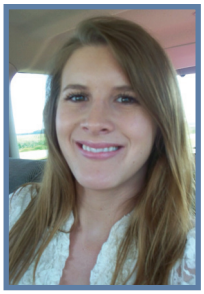
Sarah Beals-Erickson is a third-year student in the Clinical Child Psychology Program at the University of Kansas, working with Dr. Yo Jackson. Her interests include child maltreatment, foster care systems factors, cognitive and social factors that may lead to resilient outcomes in children experiencing stress and trauma, and parental and family influences on children's mental health.


Krishna Chari

Krishna Chari is a fourth-year Clinical Psy.D. student in the Child and Adolescent Track at the Chicago School of Professional Psychology. His interests include empathy development in children, integrating Eastern health models into Western psychology, and neurobiological substrates of conversion disorders. Clinical interests include complex and acute trauma, and treatment for children with chronic illnesses.


Meir Flancbaum

Meir Flancbaum is a doctoral candidate at Rutgers University and completing his internship at the New York University Child Study Center-Bellevue Hospital. His clinical work focuses on CBT for youth with anxiety, tic, and disruptive behavior disorders. His research focuses on cognitive and interpersonal vulnerabilities to depression and the dissemination of evidence-based treatments.


Kacey Greening

Kacey Greening is a graduate student at Wright State University. She has a wide range of research and clinical interests. Currently, she serves as a graduate assistant for a research study with at-risk youth in the juvenile court system. She is interested in trauma and mindfulness-based treatment approaches.


Jessica Joseph

Jessica Joseph is a fifth-year graduate student at the University of Wisconsin-Milwaukee. Her research interests include the impact of medical conditions on youth and families and the application of empirically supported treatments in real-world settings.


Heather MacPherson

Heather MacPherson is a Clinical Psychology graduate student at The Ohio State University. Her research and clinical interests include childhood mood disorders, evidence-based treatments, and dissemination. Her thesis examined the effectiveness and transportability of Multi-Family Psychoeducational Psychotherapy (MF-PEP) for childhood mood disorders in a community setting. For her dissertation, she plans to examine treatment fidelity and longitudinal outcomes of community-based MF-PEP.


Emma Peterson

Emma Peterson is a Child Clinical Psychology Ph.D. student at the University of Denver. She is interested in therapy process research, particularly client disengagement and the ways in which it impacts the development of a working alliance and the course of treatment. She is currently involved in an effectiveness trial examining the outcomes of an enhanced CBT protocol for depressed adolescents with a history of trauma.


Jennifer Regan

Jennifer Regan is a clinical psychology doctoral student at the University of California, Los Angeles. Her research interests include identifying mediators and moderators of effective treatments for child and adolescent anxiety, depression, and conduct problems as well as disseminating evidence-based practices to community mental health settings. She is also interested in parental involvement in youth treatments and how it relates to child outcomes, the clinical supervision process, and therapist training.


Anna Westin

Anna Westin is a second-year graduate student in the Child Clinical and Community Psychology track of the Human Services Psychology Ph.D. program at the University of Maryland, Baltimore County. Her research and clinical interests involve trauma and chronic stress exposure among urban low-income children, adolescents, and their families. She is an international student from Sweden currently working as a research assistant at the Innovations Institute of the University of Maryland School of Medicine where she evaluates evidence-based practices for children's mental health. Her clinical externship is at the Outpatient Psychology Department of Mt. Washington Pediatric Hospital.

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

Visit **www.clinicalchildpsychology.org** for complete membership information.

2011 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*

Administrative Updates

Update Your Contact Information at *My.APA.Org*

As the Division moves more and more toward conducting business electronically, it is important that all members stay connected. Now that our Member Control Panel on the new website is active, we would like all Division members to update their contact information as soon as possible, including email addresses.

For Division 53 members who are also APA members, it is important to keep your information current too. Please email your changes to Karen Roberts at *APAdiv53@gmail.com*.

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