

## President's Message

### Discovering the Rules of Engagement: A Call for Research-Practice Collaboration



Stephen R. Shirk, Ph.D.  
President, APA Division 53

In my last column, I suggested that our field's innovation comes from at least two sources: the researcher's lab and practitioner's clinic. Collaboration between researchers and practitioners is vital to our mission of providing the best possible clinical care for children, adolescents, and families based on psychological science. Nowhere is collaboration needed more than in the implementation and delivery of evidence-based treatments in clinical service settings.

#### Treatment Engagement Process

It is evident that exposure to many of our research-based protocols beats the passage of time, and in many cases, the provision of therapeutic support. But as any practitioner will tell you, treatment is not mere exposure to a protocol. Instead, at the heart of effective treatment is child and parent engagement and therapeutic task involvement defined by the protocol. Emerging research shows that involvement in the tasks of therapy predict better outcomes (Chu & Kendall, 2004; Shirk & Karver, in press).

Unfortunately, evidence also suggests that early attrition, sporadic attendance, and inconsistent involvement represent major challenges to the successful delivery of evidence-based therapies in clinical service settings. When the modal number of community clinic sessions is one, and the average number of sessions is around six, one becomes concerned about sufficient exposure to empirically supported treatments.

Treatments that are efficacious are likely to be diluted when delivered at low dosage, including inconsistent delivery over time. Thus, bridging the gap between efficacy and effectiveness will require special attention to those processes that promote engagement, regular attendance, and significant involvement in treatment. Emerging research on attrition and treatment completion barriers point to the contribution of both pragmatic (i.e., financial cost, transportation) and psychological (i.e., treatment relevance and acceptability) factors in treatment engagement. The absence of adequate private or public mental health coverage, not to mention the large segment of the population with no insurance, represents a policy crisis deserving our division's attention. Equally, innovations in the delivery of evidence-based treatments in alternative settings—school health clinics, day-care centers, and churches—could offset some of the barriers associated with access, and could be supported by our Division's grant program for research in the public sector.

Evidence indicates that one of the most important processes in treatment engagement and completion is the development of a sound therapeutic relationship (Kazdin & Wassell, 1999; Garcia & Weisz, 2002). Although initial findings suggest that a positive therapeutic alliance with child or adolescent clients is related to better outcomes, the formation of a strong parent alliance appears critical for treatment continuation (Hawley & Weisz, 2005).

#### Research-Practice Collaboration

We know remarkably little about therapist behaviors or strategies that promote a strong alliance with parents or their children. Consequently, this area is ripe for collaboration between researchers and practitioners.

As researchers, we may want to identify practitioners or programs that are successful in engaging and sustaining families in treatment. As practitioners, we may want to monitor the strategies we utilize to engage families—especially early in treatment—and then distill principles that could be evaluated.

Empirically supported treatments differ from typical community practice in the degree to which an explicit treatment model is presented, and positive expectations for change are communicated. These and other aspects of treatment socialization could be pivotal for engaging families.

Finally, given the cultural diversity of service clinic families, the development of culturally sensitive rationales and frameworks for empirically supported treatments is likely to be critical. Again, input from practitioners with multicultural knowledge would enhance our engagement strategies.

In sum, successful implementation of empirically supported treatments in community settings will require innovations in treatment engagement strategies. Our best bet for discovering these strategies will be through close collaboration between researchers and practitioners.

[References can be found at [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org).]

### 2005 Division 53 Election Results

Division 53's Nominations and Elections Committee is pleased to announce D53's newly elected officers. Elizabeth McCauley (President Elect), Michele Cooley (Member at Large, Education and Standards), and Richard Abidin (Treasurer). They will commence their respective activities January of 2006.

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#### Newsletter Deadline

Articles for the next newsletter are due by September 15, 2005. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.

## Coalitions and Task Forces

### Task Force on Evidence-Based Practice for Children in Poverty

Last year, the Task Force on Evidence-Based Practice for Children in Poverty began conjoint meetings with the Task Force on Evidence-Based Interventions in School Psychology. The joint task force identified a common project to survey developers of evidence-based interventions. Results will be catalogued to identify cross-cutting concepts, issues, directions, or implications that could be disseminated to practitioners. The goal is to disseminate this information to agency and school directors, and researchers and program developers to encourage continued dialogue and to identify areas in need of additional research.

A second project is an innovative training model pilot survey to enhance practitioner's use of evidence-based practices. The project's aim is to enhance the utilization of evidence-based practices by community-based mental health practitioners who participate in Division 53 continuing education activities.

In addition to these projects, the task force is working to develop a conceptual paper that will provide direction for advancing research and practice for children in poverty. Participants are Marc Atkins, Kimberly Hoagwood, Elise Cappella, and Stacy Frazier. The goal is to integrate research on poverty's effects on children with a public health framework for intervention research that will advance the development of accessible, effective, and sustainable strategies to promote children's well being and to decrease factors that present risks to children's healthy development.



### APA Coalition for Psychology in Schools and Education

The APA's Education Directorate created the Coalition for Psychology in Schools and Education (CPSE) in 2002. It was formed to promote cooperation among APA divisions, governance groups, and affiliates who are interested in promoting and making accessible psychological research that contributes to the quality of preK-12 education.

The coalition's mission is to: 1) develop and strengthen linkages between psychology and education, 2) serve all students' emotional and academic needs, and 3) demonstrate to educators and policymakers that psychologists and psychological science have much to offer in solving current educational problems.

CPSE includes representatives from 15 APA divisions, Psychology Teachers at the Community Colleges, Committee of Teachers of Psychology at Secondary Schools, Council of Representatives' Child and Adolescent Caucus, and the Committee on Psychological Testing and Assessment.

APA Board of Educational Affairs members Rena Subotnik and Heidi Sickler direct CPSE. Marilyn Erickson represented Division 53 in the inaugural meetings. Marc Atkins has represented Division 53 since 2003 and will continue to represent the division through 2005.

CPSE developed and is disseminating a survey that examines teachers' needs for professional development in classroom management, instructional practices, classroom diversity, family and community outreach, and teaching skills and knowledge. Please share this online survey with preK-12 teachers in your community at <http://surveys.apa.org/ed/teacherneeds2/>.

The CPSE is also developing a model for improving collaboration among psychologists, K-12 teachers, and school districts. It highlights the process of theory informing practice and practice informing theory and research.

The CPSE has a number of other projects underway, including an online course for teachers. Additional online courses addressing the topics of individualized instruction and classroom management are in the planning stages.

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## APA 2005 Convention Preview

By John Piacentini, Ph.D., ABPP

Don't miss the 2005 APA Convention in Washington, D.C. from August 17-21. This year's program includes a number of presentations that are of high interest and relevance to clinical child and adolescent psychology. Division 53 will sponsor a total of 27 program hours, a four hour increase over last year. Program Committee Chair John Piacentini, Ph.D., Co-chair Vicky Phares, Ph.D., and President Stephen Shirk reviewed over 150 submission abstracts with the unenviable task of winnowing this down to two poster sessions, eight symposia, and two discussion hours.

One of the most interesting and potentially provocative sessions will be the Friday afternoon panel discussion on the ethical implications of evidence-based treatments for practice hosted by Gerald Koocher, Ph.D., incoming APA president. The all-star cast for this panel also includes: former Division 53 president John Weisz, Ph.D., Chair of the Division 53 Committee on Evidence-Based Practice; Doris Silverman, Division 39, and member of the APA 2005 Presidential Task Force on Evidence-Based Practice; Robert Kinscher, Ph.D., J.D.; and Celia Fisher, Ph.D. Kinscher and Fisher will serve as expert discussants.

Stephen Shirk, Ph.D., will deliver his presidential address entitled "Change Processes in Child and Adolescent Therapy," and chair a symposium entitled "Treatment of adolescent depression: CBT, IPT, or SSRI's?" that will address recent controversies in this area.

Two additional invited addresses will be delivered by John Weisz, Ph.D. (Distinguished Research Contribution Awardee) and Eric Youngstrom, Ph.D. (Early Career Award Address). Other symposia address youth violence prevention, family diversity, cognitive risk for childhood depression, mechanisms of therapeutic change in child and adolescent therapy, enhancing engagement and retention of diverse youth and families in mental health treatment, attentional processes in ADHD, and parent-child interaction therapy.

Candace Alfano, M.S., has put together a great student program including a discussion hour on NIMH funding mechanisms for students and post-docs led by Joel Sherrill, Ph.D., chief of the NIMH Psychosocial Treatment Research Program, Child and Adolescent Treatment and Preventive Intervention Branch. A related symposium co-chaired by Sue Swedo, M.D., and Cheryl Boyce, Ph.D., also from NIMH, will cover NIMH pediatric translational research opportunities and advances.

The Division will also co-sponsor a cross-cutting symposium entitled "Psychology and Children: Translating Research into Better Policy and Services" with divisions 7, 16, 27, 37, and 54. Phil Kendall, Ph.D., will represent Division 53 with a presentation entitled, "Advocating for Empirically Based Practice with Children and Adolescents."

The APA workgroup on Psychoactive Medication in Children will present a symposium, chaired by Ron Brown, Ph.D., with several Division 53 members as speakers, providing an up-to-date review of evidence-based psychopharmacological and combined treatment approaches for the most common childhood disorders.

And finally, don't forget to attend the concurrent Division 53/54 Social Hour featuring "Internships on Parade" Friday evening, and the Division 53 awards presentation ceremony Saturday afternoon.

## Division 53 Program

August 17- 21, 2005  
Washington, DC

### Thursday, August 18

Discussion: 9:00-9:50 a.m.

#### **Pediatric Translational Research at NIMH:**

##### **Opportunities and Advances**

**Susan Swedo, MD, Cheryl A. Boyce, PhD** (Co-chairs)

**Molly Oliveri, PhD** (Discussant)

**Editha Nottelmann, PhD:** *Affective and Regulatory Process in Child and Adolescent Psychopathology*

**Ann Wagner, PhD:** *Neurodevelopmental Processes in Pediatric Mental Health*

**Eve Moscicki, PhD:** *Psychosocial Stress and Children's Mental Health*

**Cheryl A. Boyce, PhD:** *Research Training, Career Development, and Small Business Opportunities for Child and Adolescent Mental Health*

Symposium: 10:00-10:50 a.m.

#### **Family Diversity**

**Vicky Phares, PhD** (Chair/Discussant)

**Stephanie Coontz, MA:** *The International Revolution in Marriage*

**Rebekah Levine Coley, PhD:** *Fathering in Low-income Families*

**Charlotte J. Patterson, PhD:** *Adolescents With Lesbian Mothers*

Symposium: 11:00-12:50 p.m.

#### **Efficacy of Universal Versus Targeted Approaches to Youth Violence Prevention**

**Albert D. Farrell, PhD** (Chair)

**Robert J. McMahon, PhD** (Discussant)

**David L. Rabiner, PhD:** *Advances in Youth Violence Prevention: The CDC Multi-site Collaboration*

**Albert D. Farrell, PhD:** *Impact of the Universal and Targeted Interventions on Primary Outcomes*

**LeRoy E. Reese, PhD:** *Social-Cognitive Interventions to Reduce Violence in Middle School Students*

**Arthur M. Horne, PhD:** *Reducing Violence in Middle School Students: Teacher Training Interventions*

**Patrick H. Tolan, PhD:** *Family Focused Approaches to Youth Violence Prevention*

Poster Session: 1:00-1:50 p.m.

#### **Childhood Externalizing Disorders**

Symposium: 2:00-3:50 p.m.

#### **Treatment of Adolescent Depression: CBT, IPT, or SSRI's?**

**Stephen Shirk, PhD** (Chair)

**Nadine J Kaslow, PhD** (Discussant)

**Mark Reinecke, PhD:** *CBT for Adolescent Depression: A Meta-analysis*

**Laura Mufson, PhD:** *The Efficacy of IPT-A: From Hospital-based to School-based Clinics*

**Golda Ginsburg, PhD:** *Efficacy of SSRI's for Adolescent Depression: The TADS Study Results*

**John F. Curry, PhD:** *CBT in TADS:*

*Is the Glass Half-empty or Half-full?*





## Division 53 Program (cont'd)

Invited Address: 4:00-4:50 p.m.

### Early Career Award Address

**Eric A. Youngstrom**, PhD: *Hunting Chimera: Lessons Learned in Developing Evidence Based Assessment Strategies for Pediatric Bipolar Disorder*

Symposium: 7:00-8:50 p.m.

### Parent-Child Interaction Therapy: New Directions for Use

**Robin H. Gurwitch**, PhD (Chair)

**Sheila M. Eyberg**, PhD (Discussant)

**Beverly W. Funderburk**, PhD: *Parent-Child Interaction Therapy: Applications for Physically Abusive Families*

**Robin H. Gurwitch**, PhD: *Parent-Child Interaction Therapy: A Group Format*

**Kristen McCabe**, PhD: *PCIT With Mexican American Families: Increasing Engagement in Treatment*

**Dolores S. BigFoot**, PhD: *Parent-Child Interaction Therapy: Adaptations for Native American Families*

**Daniel M. Bagner**, MS: *Parent-Child Interaction Therapy for Children with Developmental Disabilities*

## Friday, August 19, 2005

Conversation Hour: 9:00-9:50 a.m.

### Funding your Research: Opportunities for Graduate Students and Post-Docs

**Candice A. Alfano**, MS (Chair)

**Joel Sherrill**, PhD

Poster Session: 11:00-11:50 a.m.

### Childhood Internalizing Disorders, Culture, Development and Treatment

Invited Panel Discussion: 2:00-3:50 p.m.

### Ethical Implications of Evidence Based Treatments for Practice

**Gerald P. Koocher**, PhD (Chair)

**John R. Weisz**, PhD, **Celia Fisher**, PhD (Discussants)

**Robert T. Kinscherff**, PhD, JD

**Doris Silverman**, PhD

Symposium: 4:00-5:50 p.m.

### Development of Cognitive Risk for Depression in Children and Adolescents

**Janet S. Hyde**, PhD (Chair)

**Lyn Y. Abramson**, PhD (Discussant)

**Amy H. Mezulis**, MA: *Developmental Origins of Cognitive Vulnerability: Testing an Integrated Risk-Stress Model*

**Jocelyn S. Carter**, MS: *Predictors of Adolescent's Negative Cognitions: Family Environment and Stress*

**John R.Z. Abela**, PhD: *Self-Critical Perfectionism, Personal Standards Perfectionism, and Depressive Symptoms in Children of Affectively Ill Parents*

**Janay B. Sander**, PhD: *Developmental Differences in Cognitive Style, Reported Depressive Symptoms, and Treatment Planning*

## Saturday, August 20, 2005

Invited Address: 10:00-10:50 a.m.

### Distinguished Research Contribution Award Address

**John R. Weisz**, PhD: *The Research-Practice Tango and Other Choreographic Pleasures: Evidence-Based Treatments in Clinical Care Settings*

Symposium: 12:00-1:50 p.m.

### Uncovering Mechanisms of Action in Child and Adolescent Therapy

**Stephen Shirk**, PhD (Chair)

**Philip C. Kendall**, PhD (Discussant)

**Stan Huey**, PhD: *Family-Therapist Collaboration Predicts Outcomes for Juvenile Offenders*

**Brian Chu**, PhD: *Uncovering Critical Therapy Processes: Child Engagement and Therapist Flexibility*

**V. Robin Weersing**, PhD: *Identifying Core Component in Psychotherapy for Youth*

**Marc Karver**, PhD: *Components Analysis: Do we Know the Effective Ingredients in Youth Therapy?*

Presidential Address: 3:00-3:50 p.m.

### Change Processes in Child and Adolescent Therapy

**Stephen Shirk**, PhD

## Sunday, August 21, 2005

Symposium: 9:00-10:50 a.m.

### Enhancing Engagement and Retention of Diverse Youth in Mental Health Interventions

**Joel Sherrill**, PhD, **Heather Ringeisen**, PhD (Cochairs)

**Velma McBride Murry**, PhD (Discussant)

**May Yeh**, PhD: *Enhancing Treatment Engagement and Retention Through the Consideration of Youth, Parent, and Therapist Cognitive Models at Treatment Entry: Beginning Steps*

**Ivor Braden Horn**, MD: *Involving African American Families in Health Services Research: The Role of the Pediatric Primary Care Setting*

**Kristen McCabe**, PhD: *Engaging Mexican American Families in Evidence-Based Therapy*

**Mary McKay**, PhD: *Involving Urban Children and their Families in Child Mental Health Services: Engagement Interventions and Engaging Interventions*

Symposium: 11:00-12:50 p.m.

### Attentional Processes in ADHD: Laboratory and Clinical Investigations

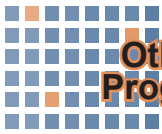
**Mark D. Rapport**, PhD (Chair)

**Russell A. Barkley**, PhD (Discussant)

**George J. DuPaul**, PhD: *Classroom Attention of Children With ADHD: Deficit and Decrement Models*

**Colin B. Denney**, PhD: *Continuous Performance Task Decrements: Vigilance or Working Memory Differences?*

**Mark D. Rapport**, PhD: *Hyperactivity: A Core Deficit or Byproduct of Working Memory Deficiency?*



## Other APA Programming of Interest

### Division 16 School Psychology

Poster Session: Thursday, Aug. 18,  
3:00 – 3:50 p.m.

#### **Assessment—Psychological, Cognitive, Social, Behavioral, Academic Achievement**

Halls D & E

Symposium: Thursday, Aug. 18,  
7:00 – 7:50 p.m.

#### **Using a Public Health Framework to Inform, Implement, and Evaluate Effective Behavior Interventions in Schools**

Cochairs: Rick Ostrander, EdD and Keith Herman, PhD  
Meeting Room 140B

Special Session—Interdivisional Coalition for Psychology in Schools and Education: APA Board of Educational Affairs and Division 16

#### **Building a Toolbox for Evaluating School Improvement Designs**

Friday, Aug. 19, 10:00 – 11:50 a.m.  
Meeting Room 144B

Invited Address: Friday, Aug. 19,  
2:00 – 2:50 p.m.

#### **Politics and Science of Psychology and the Psychology and Science of Politics**

U.S. Congressman Brian Baird, PhD  
Meeting Room 140B

Presidential Address: Friday, Aug. 19,  
3:00 – 3:50 p.m.

#### **Learning, School Success, and Public Health: Bringing School Psychology to the Forefront**

Cecil R. Reynolds, PhD  
Meeting Room 208

Symposium: Saturday, Aug. 20,  
8:00 – 9:50 a.m.

#### **School Psychology Public Health Services—Application of Evidence-Based Interventions**

Chair: Terry B. Gutkin, PhD  
Meeting Room 154A

Poster Sessions: Saturday, Aug. 20,  
10:00 – 10:50 a.m.

#### **1) ADHD, Learning Disabilities, Autism, Medical and Health Issues, Behavioral Problems 2) Social, Emotional, Aggression, Bullying**

Halls D & E

Invited Address: Saturday, Aug. 20,  
11:00 – 11:50 a.m.

#### **Phenotypes of Child Behavioral Adjustment: Measurement, Outcomes, and Generalizability**

Randy W. Kamphaus, PhD  
Meeting Room 103A

### Cross-Cutting Symposium

Sat., Aug. 20, 3:00 – 4:50 p.m.

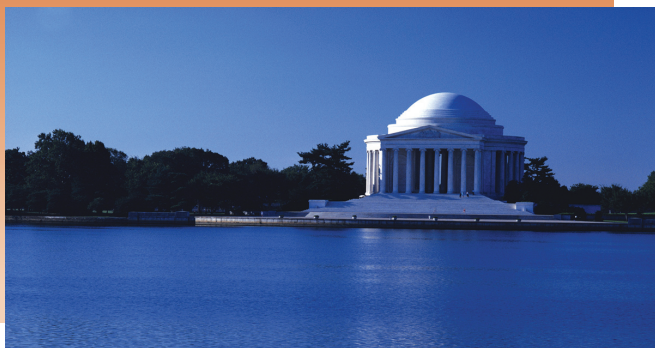
#### **Psychology and Children: Translating Research into Better Policy and Services**

Meeting Room 147A

#### **Six Participating Divisions:**

Representatives include: Gail Goodman, PhD (Division 37), Laurence Steinberg, PhD (Division 7), Thomas Kratochwill, PhD and Kimberly Hoagwood, PhD (Division 16), Philip Kendall, PhD (Division 53), Gerry Koocher, PhD (Division 54), and Brian Wilcox, PhD (Division 27).

**All sessions take place in the Washington Convention Center unless otherwise indicated.**



### APA Division 47 Exercise and Sport Psychology

### Presents

#### **The 27th Annual Running Psychologists' APA 5K**

#### **Ray's Race and Walk August 20, 2005**

The annual race and walk at the 2005 Washington, D.C. APA Convention will be held at 7:00 a.m., Saturday morning, August 20, in Anacostia Park along the southern edge of the Anacostia River. Buses will be provided at the major hotels to take participants to and from the race. Maps and information will be available at Division Services at the convention.

Awards will be given to the overall men's and women's winners and to the top three finishers in each age group.

Pre-registration deadline is August 12. Entry fee for pre-registered runners is \$20, which includes a commemorative t-shirt, raffle chances, and post-race refreshments. The registration fee past August 12 is \$25.

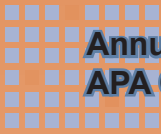
Pre-registration fee for students is \$10 and convention/day-of-race student registration is \$14. Pre-registration is strongly encouraged.

The Annual Pre-Race Pasta Dinner will be held on Friday evening, at 6:30 p.m. Details will be available at the convention.

More information, including a registration form, can be found online at: [www.psyc.unt.edu/apadiv47/running/html](http://www.psyc.unt.edu/apadiv47/running/html) or through the Division 47 website. Click on the Running Psychologists link.



**Help division 53 grow stronger and serve you better by giving all 10 of your apportionment votes to D53.**



Thursday, August 18, 2005		
	Division 53	Division 54
9–10 am	<p>Discussion: <b>Pediatric Translational Research at NIMH—Opportunities and Advances</b>            Cochairs: Susan Swedo, MD and Cheryl Boyce, PhD            Meeting Room 145B</p>	<p>Symposium: <b>Emerging Leadership Roles for Pediatric Psychologists—New Opportunities and Challenges</b>            Chair: Daniel Armstrong, PhD            Meeting Room 149B</p>
10–11 am	<p>Symposium: <b>Family Diversity</b>            Chair: Vicky Phares, PhD            Meeting Room 202A</p>	
11 am–12 pm	<p>Symposium: <b>Efficacy of Universal vs. Targeted Approaches to Youth Violence Prevention</b>            Chair: Albert Farrell, PhD            Meeting Room 202A</p>	
12–1 pm		<p>Symposium: <b>Primary Care Pediatric Psychology—Training, Consultation, and Intervention</b>            Chair: William Tynan, PhD            Meeting Room 158</p>
1–2 pm	<p>Poster Session: <b>Childhood Externalizing Disorders</b>            Halls D &amp; E</p>	
2–3 pm	<p>Invited Symposium: <b>Treatment of Adolescent Depression: CBT, IPT, or SSRIs?</b>            Chair: Stephen Shirk, PhD            Meeting Room 202B</p>	<p>Paper Session: <b>Childhood Chronic Illness—Adaptation and Assessment</b>            Authors: Kimberly Hepner, PhD/Astrida Kaugars, PhD            Meeting Room 153</p>
3–4 pm		<p>Exec. Committee Meeting            Chair: Dennis Drotar, PhD            Grand Hyatt Washington Hotel—Cabin John Room</p>
4–5 pm	<p>Invited Address: <b>Early Career Award</b>            Eric Youngstrom, PhD            Renaissance Washington DC Hotel—Congressional Hall B</p>	
7–9 pm	<p>Symposium: <b>Parent-Child Interaction Therapy—New Directions for Use</b>            Chair: Robert Gurwitch, PhD            Meeting Room 145A</p>	<p>Invited Panel Discussion: <b>The New Health and Behavior Codes</b>            Chair: Daniel Clay, PhD            Meeting Room 154B</p>

Friday, August 19, 2005		
	Division 53	Division 54
9–10 am	<p>Conversation Hour: <b>Funding Your Research—Opportunities for Graduate Students and Postdocs</b>            Chair: Candice Alfano, MS            Renaissance Washington DC Hotel—Renaissance Ballroom West A</p>	<p>Paper Session: <b>Research in Pediatric Psychology—From Turner Syndrome Among Preschool Children to Weight Control in Adolescents</b>            Authors: Eleanor Mackey, MS/Stephen Hooper, PhD            Meeting Room 155</p>
10–11 am		<p>Presidential Address: <b>Logan Wright Research Award</b>            Chair: Mary Jo Kupst, PhD            Renaissance Washington DC Hotel—Meeting Room 16</p>
11 am–12 pm	<p>Poster Session: <b>Childhood Internalizing Disorders, Culture, Development, and Treatment</b>            Halls D &amp; E</p>	<p>Business Meeting: <b>Awards Ceremony</b>            Chair: Dennis Drotar, PhD            Renaissance Washington DC Hotel—Meeting Rm 16</p>
2–3 pm	<p>Invited Panel Discussion: <b>Ethical Implications of Evidence-Based Treatments for Practice</b>            Chair: Gerald Koocher, PhD            Meeting Room 146B</p>	<p>Symposium: <b>Psychological and Cultural Factors—Multidisciplinary Approaches to Treating Adolescent Obesity</b>            Chair: Marilyn Stern, PhD            Meeting Room 154B</p>
3–4 pm		<p>Poster Session: <b>Family and Parental Factors in Pediatric Populations and Pediatric Chronic Illness—Adherence, Psychosocial Functioning, Intervention, and Quality of Life</b>            Halls D &amp; E</p>
4–5 pm	<p>Symposium: <b>Development of Cognitive Risk for Depression in Children and Adolescents</b>            Chair: James Hyde, PhD            Meeting Room 145A</p>	
5–6 pm		
6 - 8 pm	<p>Social Hour: <b>Internships on Parade</b>            Grand Hyatt Washington Hotel—Constitution Ballroom B</p>	

# Programming in Washington D.C.

Saturday, August 20, 2005		
	Division 53	Division 54
8–9 am		Student Discussion Hour: <b>How to Prepare for and Find a Pediatric Psychology Internship</b> Chair: Montserrat Mitchell, MA Meeting Room 208
9–10 am		Invited Address: <b>Promoting Children's Physical and Mental Health through Pediatric Psychology-Public Health Collaboration</b> Maureen Black, Ph.D. Meeting Room 208
10–11 am	Invited Address: <b>Distinguished Research Contribution Award</b> John Weisz, PhD Meeting Room 206	Conversation Hour: <b>Pediatric Psychologists Facilitating the IEP Process for Children with Cancer</b> Chair: Jennifer Rafeedie, PsyD Meeting Room 149B
11 am–12 pm		Symposium: <b>Pediatric Medical Traumatic Stress</b> Chair: Anne Kazak, PhD Meeting Room 149A
12–1 pm	Invited Symposium: <b>Uncovering Mechanisms of Action in Child and Adolescent Therapy</b> Chair: Stephen Shirk, PhD Meeting Room 207A	
1–2 pm		
3–4 pm	Presidential Address: Stephen Shirk, PhD Grand Hyatt Washington Hotel–Constitution Ballroom B	
4–5 pm	Business Meeting Chair: Stephen Shirk, PhD Grand Hyatt Washington Hotel–Constitution Ballroom B	
5–6 pm		Committee Meeting: <b>Journal of Pediatric Psychology Editorial Board</b> Chair: Ronald Brown, PhD Renaissance Washington DC Hotel–Meeting Rm 7

Sunday, August 21, 2005		
TIME	Division 53	Division 54
9–11 am	Symposium: <b>Enhancing Engagement and Retention of Diverse Youth and Families in Mental Health Services</b> Cochairs: Joel Sherrill, PhD and Heather Ringeisen, PhD Meeting Room 147B	
11 am–1 pm	Symposium: <b>Attentional Processes in ADHD—Laboratory and Clinical Investigations</b> Chair: Mark Rapport, PhD Meeting Room 147A	

## KEY

Division 54 Substantive Programming	
Division 54 Non-substantive Programming	
Division 53 Substantive Programming	
Division 53 Non-substantive Programming	



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

## Integrating Science and Practice in the Clinical Child Setting

By Candice Alfano, M.S.

**W**hile on internship this year, I have been fortunate to work with a supervisor who epitomizes the scientist-practitioner model. Susan Perkins-Parks, Ph.D., director of the Behavior Management Clinic (BMC) at the Kennedy Krieger Institute in Baltimore and an instructor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine, describes BMC's approach to assessment and treatment and offers advice on how to best integrate science into practice.



Candice Alfano, M.S.

are tailored to their individual skills and schedules so as to optimize the rate of return. Established treatment objectives are used to track client progress. Finally, clinicians are encouraged to maintain graphs of client progress and to share this information with caregivers periodically to increase treatment adherence.

### What populations of children do you work with at the Behavior Management Clinic?

BMC child clients range in age from 2-12 years and function cognitively within the mild intellectually deficient through above average ranges. Most have externalizing behavior disorders, although in addition, some have comorbid internalizing problems and a few have primarily internalizing disorders. Our children also present with a host of common behavior problems including for example, a variety of toileting, sleep, and mealtime issues. About 70-80 percent of our families receive state medical assistance and many are inner city families who come to treatment with wide ranging psychosocial and family stressors which can render family engagement, follow through, and completion of a full course of treatment quite challenging.

### Describe the assessment procedures used within your clinic. How are decisions regarding treatment reached?

Assessment is comprised of both indirect and direct procedures. Indirect (or informant) assessment typically includes a clinical/behavioral interview, administration of standardized questionnaires and behavior rating scales, and/or review of records. The direct assessment includes descriptive, checklist, and/or interval recording of A-B-Cs. Direct observation in the clinic routinely involves a brief, descriptive, functional assessment using analog methodology in order to confirm hypotheses regarding the function of behavior. This is also done to gather baseline data for target behaviors and parenting skills. In addition, indirect and direct assessments are conducted across multiple settings inclusive of home, school, and/or community.

BMC has an unwavering commitment to making data-based decisions regarding treatment. Initial treatment goals and objectives are developed collaboratively with the caregiver and/or child and specifically identify criterion levels and rates of behavior for the child and parent over the course of treatment. Given the age of the child and nature of the target behaviors, parent training is often an integral part of treatment. Through the use of a behavioral skills training model that makes ongoing use of direct observation during treatment, we are able to objectify treatment progress and to use data gathered during direct observation to inform and direct treatment. Caregivers are trained in home data collection methods that

### Does your clinic use manualized treatments?

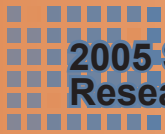
The clinic's approach to treatment is aptly described as behavioral in orientation and functional in nature. Consistent with the tenets of a functional, behavioral treatment model (and with this as one of the stated missions of our clinic), empirical support for treatment methods is essential and therefore our commitment is to providing evidence-based treatments to children and families. Within this context, protocols and manualized treatments with proven efficacy may be appropriate.

### Clinicians are sometimes critical of manualized treatment programs, asserting that they are too structured to be applied easily in "real world" clinical settings. How would you respond to this concern?

If treatment is functionally derived and empirically valid for a target population, then a manualized treatment program may be very appropriate. Although these treatment approaches are highly structured, there is a reason for that structure. The specific components that have been included have been empirically verified as essential elements in an efficacious treatment package. Hence, one would want to adhere closely to the structured program in delivering the treatment. If a therapist has conducted an appropriate assessment and determined that a particular manualized treatment program is suitable, then it is also imperative that the treating therapist be intimately familiar with the program and experienced with its implementation in order to deliver the program fluently and in as natural a fashion as possible, while at the same time assuring the integrity of the treatment package.

### How do you manage to keep informed about child research with all your clinic responsibilities?

Our clinic meeting includes a biweekly journal club focused on clinical topics relating to the clinic's population and treatment program. In the course of clinical supervision, cases sometimes require a literature review for current and empirically supported treatments for specific problems. The clinic also conducts "research" projects that are presented as posters at national conferences. Finally, I give presentations that require literature reviews and attend continuing education workshops and conferences that provide yet another vehicle for staying informed about child research.



## 2005 Student Research Award Winners

This year's winners of D53's Student Research Awards were selected from an outstanding group of applicants. The winners, Sasha G. Aschenbrand and Sara C. Haden, will be recognized formally at the APA meeting this summer.

### The Effect of Perceived Child Anxiety Status on Parental Latency to Intervene with Anxious and Non-Anxious Youth

by Sasha G. Aschenbrand, Temple University

The role of parenting behavior and the family environment in the development and maintenance of childhood anxiety disorders is an emerging field of investigation. Consistent with theoretical models (e.g. Manassis & Bradley, 1994), a review of the empirical research suggests that a relationship exists between parenting behavior and youth anxiety disorders. Evidence indicates that parental control (e.g.; Hudson & Rapee, 2001; Siqueland et al., 1996), parental modeling, and reinforcement of anxious and avoidant behavior (e.g., Barrett et al., 1996; Turner et al., 2003) are associated with child anxiety.

A significant research weakness is reliance on cross-sectional designs, which cannot determine whether parenting influences child anxiety, child anxiety influences parenting, or if there is a transactional relationship between the two constructs. In all likelihood, the parent contribution and the child contribution are both important to understanding the link between child anxiety and parenting. Following this line of reasoning, it would be interesting to know whether parents would respond to another child in the same way they respond to their anxious child and whether parenting behaviors might differ depending on

whether or not they believe a child to be anxious.



Sasha G. Aschenbrand

Currently, interventions for childhood anxiety disorders are increasingly attending to parents in an attempt to improve treatment efficacy. Data obtained on parental responses to anxious child behavior will help to inform such interventions. If we better understand the mechanisms by which parenting behavior may be related to the transmission of anxiety, parental behaviors that shape or maintain anxiety in children can be targeted for treatment.

### Psychobiological Mechanisms of Aggression in Youth

by Sara C. Haden, M.A., Virginia Polytechnic Institute and State University



Sara C. Haden, M.A.

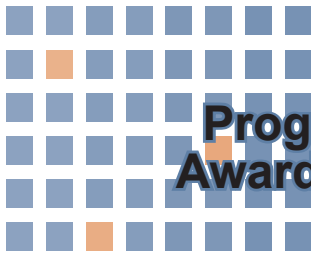
Recent models of aggressive behavior posit that one's propensity for aggressive behavior depends on the interaction between one's neurobiology and environment (Moffitt, 1993; Raine, Brennan & Farrington, 1997; Volavka, 1999, 2002). For example, Volavka's Intergenerational Model of Violence describes how neurochemical traits, as well as rearing conditions, contribute to one's overall proclivity towards aggressive behavior.

One of the main goals of the present research is to test such an interaction by exploring how environmental (i.e., childhood abuse, neglect, trauma) and biological factors (i.e., salivary norepinephrine [NE] and its metabolite, 3-methoxy-4-hydroxyphenylglycol [MHPG]) influence the nature of aggression in youth.

The project will also explore the effect of these variables on both hostile (e.g., impulsive, intensely angry, non-goal directed) and instrumental (e.g., goal directed, relatively non-emotional) aggressive expressions. The present project will attempt to explain how the noradrenergic system (i.e., NE, MHPG) is differentially influenced by the experience of stress and expressions of aggression.

The project evaluates the importance of neurochemical activity and environmental factors, and interactions among them, in assessing expressions of aggression in developing youth. In particular, the project attempts to clarify the role that NE plays in expressions of aggression given that this relationship is still unclear in the human literature (see Haden & Scarpa, in press).

The project will significantly enhance our understanding of the etiology of aggression in children, in particular the biological and environmental contributions. It will also have implications for both prevention of aggression in children and intervention regarding emotionally dysregulated responses to stressors.



## Program Award Winners

**S**CCAP offers one award to an outstanding doctoral training program and another to an outstanding predoctoral internship training program. The awards recognize programs with a demonstrated commitment to training in developmental psychopathology and the creation, evaluation, and practice of evidence-based treatments for psychopathology in childhood and adolescence. This year's winners were University of Illinois at Chicago, Department of Psychiatry, and The University of Kansas Clinical Child Psychology Program.

### Outstanding Clinical Child/Adolescent Predoctoral Internship Training Program

*University of Illinois—Chicago  
Department of Psychiatry  
Marc Atkins, Ph.D.,  
Training Director*



**T**he Internship in Clinical Psychology (Child Track) in the Department of Psychiatry, University of Illinois at Chicago (UIC) prepares child clinical psychologists to become clinical investigators who are: 1) knowledgeable about interdisciplinary mental health practice in clinics and community sites, and 2) are aware of the unique needs of children and families living in urban, high-poverty communities

The Child Track of the internship is housed at the Institute for Juvenile Research (IJR), established in 1909 as a leading education and research institution focused on the needs of urban children, adolescents, and families. The internship has been continually accredited by APA since 1980, and has been a member program of the Academy of Psychological Clinical Science since 1999.

The program follows a clinical science model focused on prevention, assessment, and intervention of mental health problems of children and families living in urban, high-poverty communities. The internship dedicates time throughout the year to engage in research with faculty, and is guided by three main training principles: 1) integration of clinical research and practice, 2) effective evaluation and treatment for traditionally under served populations of children and families, and (3) faculty mentoring of clinical science values and practices.

Interns design their own educational experience, with advice from faculty, combining clinical research and clinical practice experiences. The psychology faculty, often working within a multidisciplinary team including social work, psychiatry, and nursing, supervises all of the interns' diagnostic and treatment cases.

To learn more about the internship, visit [www.psych.uic.edu/education/clinical\\_psychology/index.htm](http://www.psych.uic.edu/education/clinical_psychology/index.htm).

### Outstanding Clinical Child/Adolescent Doctoral Training Program

*University of Kansas  
Michael Roberts, Ph.D.,  
Training Director*



**T**he University of Kansas Clinical Child Psychology Program (CCPP)

- ascribes to a scientist-practitioner model
- fulfills the integration of applied and basic research with clinical activities as described by national recommendations on training in the specialty
- attends to the research base and to developmental perspectives throughout its curriculum
- provides extensive training in developmental psychopathology, sound assessment practices, behavioral, cognitive-behavioral, and family therapy and interventions
- emphasizes ethnic and cultural diversity issues, prevention, public sector and social interventions, and professional issues (ethical/legal)
- is accredited by the American Psychological Association.

Four full-time tenured professors comprise the core of the CCPP faculty: Yo Jackson; Michael Roberts; Ric Steele; and Eric Vernberg. All are active researchers, investigating developmental trajectories, stress and protective factors, cultural influences, and outcomes of psychological interventions, as well as evaluating service delivery and program implementation. The general clinical and developmental psychology talents in the Department of Psychology and in the Department of Applied Behavioral Science are also utilized. Psychologists at affiliated agencies including Bert Nash Community Mental Health Center, KU Medical Center, and Children's Mercy Hospital facilitate research and clinical activities.

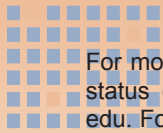
Evidence-based practice and developmental psychopathology guide all courses and activities. Students learn about developmental psychopathology not only through required courses but also via practicum placements in multiple clinical settings. Professors and students work together to generate and apply research on children's mental health issues. Major current initiatives include the development and evaluation of model programs for children with serious emotional disturbances, for bullying-victim-bystander problems, for early interventions with high-risk children, for pediatric obesity, for disaster mental health interventions, and for child abuse and neglect and exposure to poverty. Every other year, the CCPP co-sponsors with Division 53 a national conference devoted to recent research where the theme of "Translating Research into Practice" is taken seriously. The next conference is planned for October 2006.

The CCPP consistently places students in internships with reputations in the specialty.

The KU CCPP is a work in progress, continually developing its capacity and evolving in its response to the changes in the discipline and profession. To learn more about the program, visit [www.ku.edu/~clchild](http://www.ku.edu/~clchild).

**Apply for Fellow Status**

The Division 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 requirement for Fellow status contact Catherine Lord at CELord@Umich.edu. For an application packet, contact Marti Hagan at CCPDiv53@aol.com. **Application deadline is November 15, 2005.**

**Notice To Students**

InBalance publishes the names of Division 53's student members who are receiving their doctoral degree in 2005. Faculty advisors and/or students should submit name, institution, advisor, date of conferment, and dissertation title to the newsletter editor, Michael A. Southam-Gerow at masouthamger@vcu.edu.



The list will be published in the Fall issue. Submissions in advance of the deadline are encouraged. **The deadline is Sept. 15, 2005**



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

**2005 Membership Application Form**

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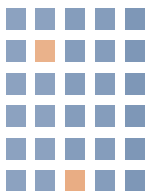
New Membership       Renewal

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Add me to the General listserv (D53 discussion forum)  
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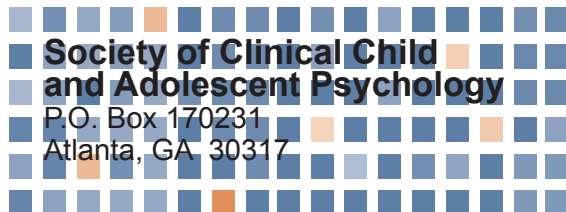
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