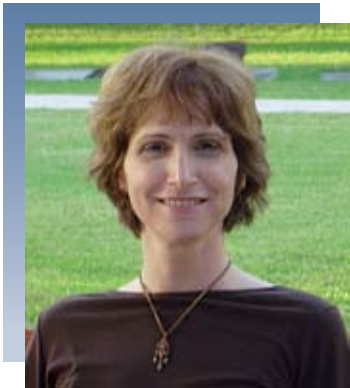


President's Message

Shifting Our Thinking and Training from Evidence-based Treatments to Evidence-based Explanations of Treatments



Wendy K. Silverman, Ph.D.
President, APA Division 53

In my first presidential column, I discussed how Division 53 has been at the forefront in promoting the development, evaluation, and dissemination of evidence-based treatment procedures for use with child and adolescent clinical problems. Thanks to the Division's efforts, and particularly Division 53's members, a strong and consistent body of empirical research evidence now exists documenting the efficacy of many psychosocial interventions for reducing some of the most prevalent and debilitating clinical child and adolescent disorders

including the disruptive disorders, the anxiety disorders, and depression. The most recent advances that have been made in developing and evaluating evidence-based treatments have been documented in a series of articles that will be published in the *Journal of Clinical Child and Adolescent Psychology*, in early 2007.

Despite the considerable advances that have been made in the child and adolescent evidence-based treatment movement, there remain many areas that have been insufficiently studied by researchers. Evidence is lacking, for example, with regard to how to treat many understudied problems (e.g., sex offending youth), conditions (e.g., comorbid disorders such as anxiety and autism), and populations (e.g., immigrants) in an empirically informed manner. Relatedly, there continues to be a glaring gap in evidence-based knowledge when it comes to many widely used treatment approaches such as play therapy and psychodynamic therapy (Jensen & Hibbs, 2005; Silverman & Berman, 2001; Weisz, 2005). There is similarly sparse information about the myriad of issues associated with the conducting of psychotherapy particularly as it relates to the therapist-child therapeutic relationship and the therapeutic alliance, and how these therapeutic processes relate to outcome (cf. Shirk & Karver, 2003). Above is just a small sampling of how, despite the considerable advances that have been made in the evidence-based child and adolescent treatment movement, we have really "only just begun."

In my view, "the best is yet to come" in the child and adolescent evidence-based treatment movement *if* (and this is a big if), the field broadens its attention so that it focuses not merely on developing and evaluating evidence-based treatments, but also focuses its attention on developing and evaluating evidence-based *explanations* of treatments. As I have discussed, there have been numerous calls in the literature regarding the need to move beyond simply showing *whether* positive treatment response can be produced in outcome studies to showing *what* produces or accounts for the positive treatment response (Kazdin, 1999; Silverman & Kurtines, 1997).

These recent calls to investigate showing *what* produces positive treatment response has focused primarily on how to improve the design and measurement strategies of studies so that we can begin to get a better handle on mediators of change. More specifically, emphasis has been placed on moving away from the traditional pre-post measurement design to conducting multiple assessments of hypothesized mediators and outcome variables during the course of treatment (Kazdin & Nock, 2003; Weersing & Weisz, 2002).

In my view, knowledge will remain limited with respect to how therapeutic change is produced even if these suggested measurement and design strategies are adopted with increased frequency in the near future. We would continue to know little beyond Treatment → Mediator → Outcome relationships, and probably only for a small select group of treatments. What remains to be done is for investigators to design their treatment studies from a multivariate perspective from the onset. We are now at the stage of knowledge development where we can design theory driven treatment studies that more thoroughly and carefully considers the reciprocal, dynamic, and complex processes that occur during therapy with children, adolescents, as well as their families.

However, the above is easier said than done! Although there has been increased attention paid to training in advanced statistical methods, theory construction has not been a focus of most doctoral programs. Combining advanced methods with advanced theory construction is even less common. What is needed, therefore, is to train ourselves and our students to think about the complex nature of the relations that exist among a wider array of variables that go beyond simply "independent variable," "putative mediator variable" and "outcome variable." We need to train ourselves and the next generation of intervention researchers to construct and test *systematic theory driven interventions* from the onset.

The field is ripe for thinking systematically about the complex relations that reflect the complex nature of therapeutic change. This would include relations such as moderated mediation, mediated moderation, moderated moderation, reciprocal relations between multiple mediators and multiple outcomes. Wrapping one's head among these more complex relations can be a real challenge, especially for those of us who were trained in years past where—even if we wanted to think in more complex multivariate ways—the analytic tools were no where near as "friendly" and accessible as they currently are. (Witness the proliferation of journal articles that make some use of statistical programs such as AMOS.)

It is critical that we train our students to think in this complex multivariate way early in their training, *and* to integrate this type of advanced theorizing with advanced statistics and methodology. Ultimately, "the best has come" when we have successfully identified evidence-based Explanations of treatments, not merely evidence-based treatments. This will ultimately lead to a higher quality of mental health care that children and their families deserve.

In this Issue:

■ Call for Nominations (p. 2) ■ APA Candidates for President (p. 4) ■ New Division 53 Ph.D.s (p.13)

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Editor

Michael A. Southam-Gerow, Ph.D.
Department of Psychology
Virginia Commonwealth University
808 W. Franklin St.
Richmond, VA 23284-2018
masouthamger@vcu.edu

Webmaster

Matthew Nock, Ph.D.
Department of Psychology
William James Hall, 1280
Harvard University
33 Kirkland St.
Cambridge, MA 02138
nock@wjh.harvard.com

Listserve Manager

Anna S. Lau, Ph.D.
Univ. of California - Los Angeles
Dept. of Psychology
Franz Hall
Los Angeles, CA 90095-1563

Executive Secretary

Marti Hagan
PO Box 170231
Atlanta, GA 30317
CCPDiv53@aol.com

Data Base Manager

Kris Morgan
2886 Umberland Drive
Atlanta, GA 30340
Kris@KMJAssociates.com

Newsletter Design, Editing, and Production

Firefly Communication
& Design, LLC
Iowa City, Iowa
info@fireflyllc.com

Newsletter Deadline

Articles for the next newsletter are due by February 1, 2007. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.

Division 53 Board Meeting

APA Society of Clinical Child and Adolescent Psychology Board Meeting August 8, 2006, New Orleans, LA

Board Members Present:

Mitch Prinstein, Marilyn Erickson, Michelle Cooley, Vicky Phares, Marti Hagan, Yasmin Rey, Dick Abidin, Wendy Silverman, Steve Shirk, Elizabeth McCauley, Michael Southam-Gerow, Bob McMahon, Paul Frick, Yo Jackson, Cheryl King

Treasurer's Report

Division remains in solid fiscal shape, with 29 percent of budget spent on overhead with the rest going to programs, grants, and awards.

Proposal Passed

Any Division 53 member recognized by APA as disabled will not be charged for membership until such time as the disability ends.

Proposal Passed

No surveys permitted on either Division 53 listserv.

Proposal Passed

That the Board approve Michael Southam-Gerow's appointment as Editor of the newsletter for an additional 3-year term (2007-09).

Proposal Passed

One year trial membership at no-charge for graduate students in their first year of training

News

David Sandberg will represent Division 53 on the Task Force on Gender Variance, Gender Identity, and Intersex Issues.

News

Two new Division 53 fellows have been named: Geraldine Dawson and Frank Gresham.

Full minutes available at
www.clinicalchildpsychology.org

Call for Nominations

PRESIDENT-ELECT, MEMBER-AT- LARGE, COUNCIL REPRESENTATIVE, AND SECRETARY

The Board of Directors of the Society of Clinical Child and Adolescent Psychology is seeking nominations from the membership for elected positions to the Board for three (3) officer positions:

- President-Elect
- Member-at-Large (Scientific & General Affairs)
- Council Representative.

Please submit nominations electronically to the executive secretary, Marti Hagan, at CCPDiv53@aol.com.

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ADHD—Current Directions in Mechanism and Cause

Joel Nigg, Ph.D.
Michigan State University

Attention deficit hyperactivity disorder (ADHD) has been a frequent focus of controversy amid extensive research into its origins. My work has attempted to do three things: (a) clarify the cognitive components of the disorder, (b) develop a multi-level descriptive account that includes genes, cognition, and context, and (c) link this description to etiological processes (e.g., gene main effects, gene by experience interaction). The results of our work to date suggest that we can isolate certain psychological mechanisms in the disorder. For example, we consistently find that the ability to control a motor output is a clearer problem than control of perceptual attention. Further, ADHD includes two symptom domains. We can isolate some contributors that are unique to inattention symptoms (such as response inhibition, executive function, catecholamine genes) and others that are specific to hyperactivity-impulsivity (such as child perception of marital conflict, response speed), and still others that are unique for disruptive behaviors (serotonin gene effects, aspects of parenting behavior, family adversity). Thus, we are seeing a consistent story at multiple “levels of analysis” (genes, cognition, psychosocial) that may help in more clearly defining distinct inputs into the final clinical syndrome.

However, a key conclusion is that even these more focused effects only appear to pertain to a subset of children with ADHD. Indeed, it is likely to become axiomatic that no single psychological mechanism will map onto every DSM-IV case of ADHD—the condition is simply too heterogeneous. This is very important for clinical classification. It may mean, for example, that we eventually use neuropsychological testing not to evaluate secondary problems in children with ADHD, but to determine whether a child with ADHD fits in a “neuropsychologically impaired subtype.” Such a subtype is currently far from clinical validation, but I suspect this is the direction the field needs to go to usefully integrate cognitive assessment with behavioral assessment in ADHD.

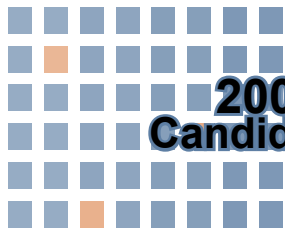
Recently a new direction for my work has been to attempt to expand the concept of the etiology of ADHD beyond genetic main effects and rare environmental traumas into environmental influences that I call “common” or widespread risk factors. The reason our search is restricted to common events is that the heritability of ADHD is very high—I’ll spare the math here, but this means that if gene by environment interactions are operating, they are operating mostly via shared environment effects. Because we can’t know for sure *a priori* which experiences will operate as shared (making twins more similar) and which as non-shared effects, we begin with common events, which we judge to have the best chance to operate as shared effects.

An example is low level lead exposure in early childhood. Extensive evidence suggests that lead exposure could contribute to ADHD symptoms, but most of this research looks at levels higher than the typical American child. The level that the CDC considers unsafe is 10 µg/dl. That level only pertains to about 4% of children in the U.S.—too few to

constitute a major influence on rates of disorder. However, levels in the range of 1-2 µg/dl are found in over 50% of children in the United States (the 50th and 90th percentiles change with age). Forthcoming work from our lab indicates that ADHD (but not oppositional or conduct disorder) is associated with variation in lead level at these low levels—and mediates the effects of lead on IQ. Further, these low lead level variations do better than catecholamine genes at explaining response inhibition deficits—one of the key neurocognitive markers of ADHD. The next step is to examine interactions of contaminant levels and genotype on ADHD and cognition. The implication for long term prevention is that at the clinical level, we may be able to identify children who are particularly vulnerable to contaminant effects that have little effect on other children; at the societal level, we may identify opportunities to invest in more aggressive elimination of toxins that influence the disorder. Such work would capitalize on genetic effects to identify environmental influences and triggers. This last direction is still early in its emergence, but I believe is a good example of “high-risk, high-payoff” research—that, if it works, will yield important new directions for practice and policy.



Joel Nigg, Ph.D.



2007 APA Candidates for President

Rosie Phillips Bingham, Ph.D., is currently on the APA Council of Representatives, vice president and full professor at the University of Memphis. <http://saweb.memphis.edu/binghamforapapresident/>

Alan E. Kazdin, Ph.D. is the John M. Musser Professor of Psychology and Child Psychiatry at Yale University and director of the Yale Parenting Center and Child Conduct Clinic, an outpatient service for children and families. <http://votekazdinapa.yale.edu>

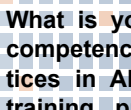
Stephen A. Ragusea, Psy.D., ABPP, a family and forensic psychologist. Ragusea was past-president of the Pennsylvania Psychological Association, past chair of PPA's Practice Research Network, and is currently on the Board of Directors of the Florida Psychological Association. <http://raguseaforapa.com/prn.htm>

James H. Bray, Ph.D. is director of the Family Counseling Clinic and an associate professor of Family and Community Medicine and Psychiatry, Baylor College of Medicine. A member of Division 53, he has been active in APA governance for over 15 years. www.bcm.tmc.edu/familymed/jbray

Nora Newcombe, Ph.D. is a professor at Temple University. Her research concerns cognitive development, including spatial development, autobiographical memory, and how cognitive research can be used in education.

Please visit the candidates' websites, listed above, for complete information.

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



What is your position on the role of competency in evidence-based practices in APA accreditation of clinical training programs, internships, and continuing education programs, and in model state licensing laws?

Bingham - We are fortunate to have had a full team of psychologists look at the entire issue of evidence-based practice. The consensus is that we do need to use those interventions for which we have the best evidence. We need to educate and train psychologists to use evidenced-based assessments that get us to evidenced-based practices.

As part of the development of our accredited internship, I insisted that interns become competent in assessments even though there are agencies where such training is not required. I do believe that we must now move to understanding the differences in competencies between psychologists. The evidence does indicate that the issue of evidence-based practice is complicated by the competence of the intervening psychologists and the training supervisors. We must continue to work on such issues as we determine how to fold evidence-based practice into licensing laws.

Kazdin - I am deeply committed to EBPs and have been involved in disseminating these in psychology, child psychiatry, and social work. Also, I provide practicum training in clinical psychology to develop competency in EBPs for children and families. I am eager to foster dissemination and competency-based training

and to complement these with related emphases. First, public education is central. Clinical care would improve if the public knew more about and requested treatments that have an evidence base. For example, in the treatment of conduct disorder, the focus of my clinic, the public is not aware of, does not ask for, and rarely receives one of a handful of available EBPs.

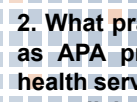
Second, I believe we ought to train individuals to evaluate patient care; an EBP may not always be effective or sufficiently effective. Valid and user-friendly measures are available and permit evaluation of patient progress and informed clinical decision making. Competence in EBPs and evaluation are essential for training and practice.

Ragusea - Answering this question is easy. I'm basing my daily practice on evidenced-based interventions whenever possible. And I support our APA accreditation teams considering the issue of competency-based training when visiting training centers. Who wouldn't be for these things? But, that's not what this question is really about, is it?

The question is really about infighting among academics regarding how to define evidenced based practice and how much to focus on competency. Frankly, I think it's a silly argument and a waste of our precious time and energy. We have more important things to focus on. I think our academic and research psychologists should be doing more clinically meaningful, practical research. When that happens, discussions about what constitutes evidence-

based practice will likely be reduced markedly. That's why I support the development of Practice-Research Networks. See my webpage or, take a look at Borkovec, T.D., Echemendia, R.J., Ragusea, S.A., and Ruiz, M. (2001). The Pennsylvania Practice Research Network and possibilities for clinically meaningful and scientifically rigorous psychotherapy effectiveness research. *Clinical Psychology: Science and Practice*, V8 N2, pp 155-167

Bray - As a member of the APA Council of Representatives, I voted for and strongly supported the APA policy on evidenced-based practices adopted during Ron Levant's presidency. It was critical that APA develop its own policies regarding EBP and not let other groups impose their views on psychology. As APA president, I will work to implement those policies at all levels of training and practice. In addition, we need to expand our use of science to enhance practice. For example, recent research on marital process by John Gottman and others and neuro-science research on attachment provide useful information for treating marriage and family problems. This type of process research supports many of our psychological theories, challenges some long-held views on effective interventions, and points to areas that need outcome studies conducted.



2. What practical steps would you take as APA president to improve mental health services for children and adolescents living in poverty?

Bingham - The best thing that an APA president can do to improve mental health services for children and adolescents living in poverty is to call together a team of our best scientists and practitioners and ask them to make recommendations around this issue and then carry the message to critical stakeholders. We already have some resolutions around this issue, but we need to do more. It would also behoove us to form coalitions with K-12 educators to work toward improving prevention models on poverty. We must influence political and legislative actions around children living in poverty.

Kazdin - I am involved in developing abbreviated, stepped care, and computer-based treatments for low-income families and lobbying for greater access to treatment. As president, I would:

- Make mental health services for children and families central to the APA agenda;
- Mobilize and provide additional resources for our APA directorates to increase our advocacy efforts;
- Convey in documents and congressional testimony the huge economic costs in mental and physical health associated with *not* providing such services to individuals living in poverty;
- Recommend that clinical programs offer practicum training to provide services to underserved populations; and
- Partner with national and international organizations to redress the plight of disadvantaged children worldwide.

Ragusea - Throughout my career, as both a public school teacher and psychologist, I have done a good deal of work with those living in poverty and I was born in the South Bronx, so I have some first-hand experience with the subject. What we really need is to funnel more tax dollars into food distribution, law enforcement, and after-school activity programs. They address the fundamental steps of Maslow's Hierarchy of Needs. Past that, we need a renaissance in our provision of community mental health services and we need to stop using our jails as first line mental health centers for our youth. APA may address some of these issues and some not, but I can guarantee to voice my position on these priorities wherever I travel as APA president.

Please see my website for more specific information.

Bray - To address the psychological needs of poor children in the 21st century requires that we change our traditional ways of education, practice and research to take advantage of the new possibilities in society. Two excellent opportunities are to expand our practice into pri-

mary care and gain prescriptive authority. Over 60 percent of mental health problems are treated by primary care physicians, without assistance from psychologists. PCPs are the de facto mental health system due to managed care policies and over reliance on medications. Psychologists are often not involved in the prevention and treatment of these problems because we are not seen as an integral part of the healthcare team. We need to work more in primary care, since people of color and the poor are more likely to receive psychological services in these settings. APA needs to secure more funding for community health psychology and increase rates for Medicaid so that practitioners have adequate reimbursements and can provide needed services. Homeless children and adolescents are also on the rise and experience multiple traumas and exposure to risk situations. Through past experiences in this area, it is critical that we expand our services to help change the cycle of poverty and trauma and abuse.

3. The National Academies of Science are the most powerful groups affecting national policies regarding mental health in the United States. Several experimental psychologists are members of the academy and many psychiatrists are represented through the Institute of Medicine, but there are no clinical psychologists with an interest in mental health in the NAS. What would you do to bring clinical psychology to this policy-making table?

Bingham - Psychologists need to be involved in the National Academies of Science because the Academies are groups that influence policy on a variety of major issues. We need to have a podium from which our voices can be more effectively heard on matters of poverty and war. We need to bring the entirety of psychology to the policymaking table and the way to do that is a problem to be resolved by the bright minds of our practitioners and our scientists. We must first help psychologists to understand that this is an important matter and then we must find those willing to help us determine the best approach to finding a seat at the table. The Science Directorate has begun work in this area, but this will take far more than just that directorate. We need more willing minds and bodies ready to take up this issue. I am willing to raise awareness as president and then seek recommendations for a solution.

Kazdin - I have been directly involved with NAS panels and commissions for a period spanning 30 years including developing the child and adolescent psychopathology and treatment

research agenda. I believe our best strategy is making children and families and their care a salient theme in APA, developing science-based recommendations, and lobbying for these. Making children and adolescents a central priority and theme, as I intend, will position us better to influence and be called on for all policy-making bodies including, but well beyond, the NAS.

I have been working with children and families for over 25 years. This has included directing an inpatient service, overseeing the largest outpatient child service in Connecticut, and directing my own outpatient service (>20 years) for children. I have worked with managed-care agencies and the legislature to improve reimbursement and services and to disseminate EBPs. Children and families are central to my priorities as a candidate. I am eager to work with the Division to make child and adolescent care APA's central agenda in relation to research, practice, and training, and to address the needs of children and families internationally. I am a vigorous and credible advocate for children and adolescents, but I will be more effective if I have your vote, and if we work together.

Ragusea - We need to work much harder to get psychologists placed in these positions. I'd suggest that Ron Levant, for example, is a perfect person for such a job. As APA president, I would meet with the president and work with professionals within the Institute of Medicine, such as Angie McBride, who is a nurse psychologist. In this manner, I would work to position our colleagues in these critically important groups.

Bray - Through my extensive experience within APA, established working relationships with governance and APA staff, broad experience in the public policy arena and media exposure, we can do this and much more. To get psychology to the NAS table requires a commitment for: 1) advocacy specifically directed at the U.S. Congress and Institute of Medicine; 2) building bridges with other health and science organizations so that they understand and ask for psychology to be at the table, and 3) public education to increase the public's understanding of psychological science and services. The National Academies of Practice are groups of distinguished practitioners from all of the health professions. NAP was created to provide policy recommendations regarding healthcare to the Congress. However, the Congress has not yet given NAP a federal charter to be official policy-makers. As there are over 150 clinical psychologists in NAP, gaining a national charter would provide another opportunity to influence public policy.

Input Needed

**APA Convention 2007
A Quick Poll**

The programming chairs for the 2007 APA convention would appreciate your help. If you plan to attend the 2007 convention, please take a moment to let us know what kinds of programming you would like to see.

1. I plan to attend APA 2007 in San Francisco:

- YES NO

2. I would definitely attend talks at APA in 2007 on the following topics.

3. I attended APA 2006 in New Orleans:

- YES NO

If yes, please proceed.

4. Please provide a few comments on the invited speakers.

5. Please provide a few comments on the symposia.

6. How would you rate the breadth of the symposia topics? Sufficiently related to clinical child psychology? (1=low, 10=high)

7. How would you rate the depth of information presented at symposia? (1=low, 10=high)

8. Were there any topics that were over-represented or under-represented?

Please send responses to Yo Jackson (yjackson@ku.edu) or Martha Wadsworth (mwadswor@du.edu) APA 2007 Division 53 programming chairs.

Thanks for helping make APA 2007 a great program!

**Top Division 53
Student Recruiters Recognized**

Division 53, the Society of Clinical Child and Adolescent Psychology, would like to acknowledge the student recruitment efforts of their members.

Beginning with this current issue, the names of the three members who have recruited the most student members will be published in every Spring issue of *InBalance*.

The top three members who recruited the most students for Division membership from September 2005 to August 2006 are:

1. **Robert McMahon**, University of Washington—9 students
2. **Tracey Morris**, West Virginia University—6 students
3. **Candice Alfano**, Johns Hopkins—3 students
Cynthia Hartung, Oklahoma State University—3 students

Apply for Fellow Status

Fellow status is one of the highest honors bestowed by APA, and the Division 53 Fellows represent a most distinguished group of clinical child and adolescent psychologists. To achieve Fellow status, individuals must be recognized by their peers as having made outstanding contributions to the discipline of clinical child and adolescent psychology, and their work must have had a national impact on the field. There are many ways an individual can document such an impact: a continued and strong research record; service at the state or national level; the development of



Wendy Silverman, Florida International University—3 students

Michael Southam-Gerow, Virginia Commonwealth University—3 students

Phillip Kendall, Temple University—3 students

A big thank you to our active student recruiters. The future of SCCAP depends on a strong and active student membership so we hope to see even more student recruits in the Spring 2007 issue of *InBalance*.

empirically validated treatments; service on editorial boards; or authoring influential chapters or textbooks in the field.

Division 53 is interested in having all of its deserving members earn Fellow status. The minimum qualifications are: membership in the Division and APA for at least one year; 10 years of experience subsequent to earning a doctoral degree; supporting letters from three APA Fellows (they need not be Fellows in Division 53), and a self statement identifying specific contributions to the field.

For more information on the 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, 2006.

Free Division 53 Memberships for First Year Graduate Students

The Society of Clinical Child and Adolescent Psychology (SCCAP) is pleased to announce a special opportunity for child-oriented students entering graduate programs in clinical psychology.

All first year graduate students may join SCCAP for one year FREE!!

SCCAP offers an excellent opportunity for students to become acquainted with the field, including research and practice in clinical child and adolescent psychology. Membership includes a free subscription to our journal, *The Journal of Clinical Child and Adolescent Psychology*, our newsletter, **InBalance**, the division's listserv, and opportunities to apply for numerous grants and awards.

Division 53 is pleased to be able to offer this unique opportunity as a way to welcome new students into the field. To join for free, visit www.clinicalchildpsychology.org, click on "Membership," and complete the membership application linked at the bottom of the webpage. Students can type the name of the director of clinical training where the "Faculty Advisor's Signature is requested" and for the payment section, simply write, "Free - First Year Student." Email the completed application to: CCPDiv53@aol.com.

That's it! Student memberships will begin at the start of 2007.

2006 Award Winners

The Society is pleased to announce the winners of the Division 53 2006 awards.

Student Research Grants

Jonathan Comer, Temple University
Abbey Eisenhower, UCLA

Outstanding Training Program Award

DePaul University
Kathryn Grant, Ph.D., Training Director
see story page 14

Faculty Mentoring Awards

Julie Cerel, Ph.D. and Terry Chi, Ph.D.

Call for Papers

Youth Violence as Adaptation

Special Issue of The Journal of Community Psychology

Exposure to community violence is associated with a wide range of negative consequences for youth, including youths' own violence. Of particular interest is recent research suggesting that youth violence may represent an adaptation to community violence, and other contextual factors associated with poverty. Violence as adaptation raises many theoretical, conceptual, and methodological questions that have been largely unexamined to date.

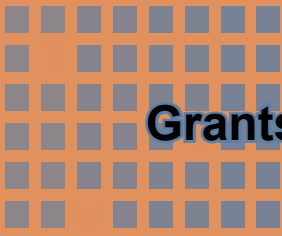
The concept of adaptation has theoretical roots in a variety of social science disciplines. The guest editors thus encourage contributions from across the social sciences, including psychology, sociology, social psychology, economics, and other disciplines, and from interdisciplinary fields such as the life course, human development, and social policy. Illustrative research questions include, but are not limited to, the following:

- How is adaptive violence conceptually and methodologically distinguished from maladaptive, pathogenic, and evocative violence, as selection effects and other forms of unobserved heterogeneity?
- What are the consequences of adaptive violence for outcomes across other psycho-social domains or contexts, and at other stages in the life course?
- Under what circumstances do youth adapt with violence, psychological numbing, withdrawal, or other accommodative or assimilative adaptations?
- What schema do youth bring, and modify, with violent contexts?
- What individual, contextual, and social/cultural factors are associated with these adaptations to community violence?
- Do these processes vary by personality, past behavioral trajectories, stage of development/age, gender, race and ethnicity, parenting practices, family socioeconomic status, or community characteristics?
- Is adaptive violence evoked by other contextual characteristics (poverty, perceived opportunities, inter-group relations, etc.)?
- What are the programmatic or policy implications of violence as adaptation?

Deadline for manuscript submission is February 1st 2007. The guest editors are happy to advise authors in advance about the potential appropriateness of paper topics. Please direct all correspondence to either of the guest editors:

Raymond R. Swisher, Department of Policy Analysis and Management, Cornell University. Email: rs263@cornell.edu.

Robert D. Latzman, Department of Psychology, The University of Iowa. Email: robert-latzman@uiowa.edu.



Grants & Awards

The Society of Clinical Child and Adolescent Psychology seeks applicants for several grants and awards.

Outstanding Training Program in Clinical Child and Adolescent Psychology

Nominations for SCCAP's annual Outstanding Training Program award are open. The award, presented annually to recognize excellence in the education of clinical child and adolescent psychology, specifically recognizes 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.

Doctoral programs, pre-doctoral internships, and postdoctoral programs with a formal training curriculum in clinical child and adolescent psychology are welcome to apply. The program selected for next year's (2007) honor will be announced at the Division 53 Award Ceremony during the 2007 APA convention.

Nominations for this award should include a letter no longer than six pages (including attachments) describing the training goals, techniques, and outcomes relevant for this award as well as any additional information about the program that would be useful to the selection committee in making its decision. This letter should also include the number of faculty and students involved in the clinical child and adolescent training program, ethnic minority representation, as well as the number who are currently active Division 53 members. Please email the nomination letter to Marti Hagan at CCPDiv53@aol.com by March 1, 2007.

For complete information on all Division 53 grants and awards please visit www.clinicalchildpsychology.org/

First Annual SCCAP Outstanding Education Award for Ethnic Minority Clinical Child and Adolescent Psychology

The Society for Clinical Child and Adolescent Psychology will present an annual award to recognize excellence in the education and training of ethnic minority clinical child and adolescent psychologists. Specifically, applications are encouraged from:

- 1) Instructors who teach an exemplary course on ethnic minority clinical child and adolescent psychology and/or assessment, prevention, or treatment practices for ethnic minority children and adolescents; or
- 2) Clinical supervisors who provide exemplary supervisory experiences to their predoctoral interns or postdoctoral trainees related to the provision of evidence-based treatment and/or preventive interventions for ethnic minority children or adolescents.

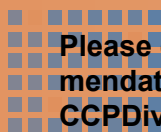
For the purpose of this award, "ethnic minority" children and adolescents are those who are from under-represented racial/ethnic groups including: American Indians, Alaskan Natives, Asian Americans, Black or African Americans, Hispanic or Latino Americans, Native Hawaiian or other Pacific Island Americans, and multiracial populations.

Applicants who are members in good standing of Division 53 and are affiliated with doctoral programs, pre-doctoral internships, and post-doctoral programs with a formal training experience in clinical child psychology are eligible. This inaugural year's recipient will be honored at the Division 53 Award Ceremony during the 2007 APA convention in San Francisco. The recipient will receive \$250 and a commemorative plaque.

Although there is no application form, applicants should submit a letter (no longer than three pages) describing the training goals, techniques, and outcomes relevant for this award, as well as additional information about the course/supervision that highlights its warranting outstanding recognition by Division 53.

Two independent letters of recommendation from prior or current students/supervisees should be sent that support the applicant's submission, as well as one letter from the program's director or administrator. Exemplary course submissions should include the course syllabus.

Applications will be reviewed and selected by the Ethnic Minority Clinical Child and Adolescent Psychology (EMCCAP) Task Force with the approval of the Division's Executive Board.



Please email the application and recommendation letters to Marti Hagan at CCPDiv53@aol.com by March 1, 2007.

First Annual SCCAP Grant on Empirical Advancement of Ethnic Minority Clinical Child and Adolescent Psychology

The Society for Clinical Child and Adolescent Psychology will annually award one 12-to-24 month grant to foster advances in our theoretical and empirical understanding of child and adolescent psychopathology among ethnic minority youth and/or to improve evidence-based clinical assessment, prevention, or treatment practices for ethnic minority children and adolescents. Up to \$10,000 will be awarded.

Applicants currently enrolled in doctoral programs or pre-doctoral internships, or post-doctoral fellowships with a formal training experience in clinical child psychology are eligible to apply, as are clinical child psychologists in academia, public service, or private practice. For the purpose of this award, "ethnic minority" children and adolescents are those who are from under-represented racial/ethnic groups including: American Indians, Alaskan Natives, Asian Americans, Black or African Americans, Hispanic or Latino Americans, Native Hawaiian or other Pacific Island Americans, and multiracial populations.

Applicants must be Division 53 members in good standing. This inaugural year's recipient will be honored at the Division 53 Award Ceremony during the 2007 APA Convention.

Evaluation Criteria

- The intellectual quality and scientific merit of the proposed study.
- The study's potential impact on the field and likelihood of leading to external funding and/or evidence-based prevention, treatment, or dissemination project that advances the field's empirical understanding of child and adolescent psychopathology among ethnic minority youth.
- The validity of the hypotheses and logic of the aims, with evidence supporting both.
- The appropriateness, adequacy, and feasibility of the methods, data analyses, and investigators. The investigator(s) should submit a biographical sketch or curriculum vitae.



- The availability of facilities and institutional support necessary to conduct the proposed project (submit a letter from the director of the applicant's organization attesting to their support).
- The appropriateness of the budget for the proposed project (an itemized budget should be submitted with a start date of October 1, 2007 and end date as late as September 31, 2009). Applicants should declare the availability of other sources of funding for the proposed project and clearly state how Division 53's funding would yield added value.

Although there is no application format, applicants are encouraged to follow the outline of a NIH grant application's research plan (sections A-E). Proposals are limited to 10 pages (pages in excess of 10 will not be read).

Applications will be reviewed, selected, and monitored by the Ethnic Minority Clinical Child and Adolescent Psychology Task Force with approval of the Division's Executive Board.

The grantee is required to submit the research results that emanate from this funding to be presented at an upcoming APA Convention and/or for publication in the *Journal of Clinical Child and Adolescent Psychology*, which would include an acknowledgement of the Division's support of the research.



Please email the application (with the applicant's name, email address, and header: GEA-EMCCAP), biosketch, budget, and director's letter to Marti Hagan at CCPDiv53@aol.com by March 1, 2007.

Jr. Faculty Mentoring Program

In 2007, up to three clinical child psychologists who are in their first three years of full-time work in an academic (university or medical) setting at the time of application will be selected to participate in the mentoring program. Mentees will be selected on the basis of high promise for successful academic careers in graduate training and research. The mentors will be active and successful researchers in the field of clinical child and adolescent psychology. SCCAP will provide reasonable expenses up to \$1000 to the mentee to facilitate contact with the mentor during the year of the award. Each mentor and mentee would continue active dialogue and correspondence via email and telephone for a minimum of three years to provide ongoing support and guidance.


For complete details visit www.clinical-childpsychology.org

Research Training Grants for Students and Post Docs

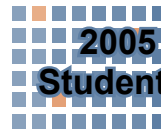
Doctoral and postdoctoral fellows who plan academic careers focused on child and adolescent mental health are encouraged to apply for grants offered by Division 53.

Grant for Research in the Public Sector

SCCAP will award one 12-month grant to fund a pilot study of an innovative clinical application by a clinical child psychologist who does not work in academia.

 For complete information on all grants and awards, visit Division 53 online at www.clinicalchildpsychology.org.

Deadline for research and public sector grants is March 1, 2007



2005 Student Research Award Winners

Division 53 offers awards to outstanding doctoral student members to support their research. The 2005 award winners each provided a brief description of the work that resulted from the Division's support.

A Homework Intervention for Adolescents with ADHD

**Veronica Raggi, M.A.
University of Maryland-College Park**



My experience as a special education teacher and my work in an after-school treatment program for adolescents with ADHD has led to a strong interest in school-based mental health. In particular, I have focused on the treatment of social and academic impairment in children and adolescents with ADHD.

Children and adolescents with ADHD are at higher risk for grade retention, placement in special education, and school dropout and expulsion than their peers. The transition to middle school is especially challenging for youth with ADHD, as they must now switch classes, keep a locker, complete long-term assignments, and manage increased workload, all with less supervision from parents and teachers. The academic problems of adolescents with ADHD typically include difficulty planning ahead and completing tasks, rushing through and not paying careful attention to work, coming to class unprepared, failing to read directions, being disorganized, arguing with parents and teachers, and demonstrating lower motivation and productivity.

Furthermore, it has been found that time spent on homework is a strong predictor of student grades and achievement, and that parent involvement in supporting homework activities results in academic improvement. However, no study to date has specifically tested an intervention targeting the homework problems of adolescents with ADHD. With these goals in mind, I had a strong interest in developing a homework intervention program that is evidence-based, uses behavioral techniques, would be easily transportable to real-world clinical practice, and is novel and developmentally sensitive in its modification for adolescents with ADHD at a critical developmental crossroad—the transition to middle school. The Division 53 Research Training Award allowed me the opportunity and resources to achieve these goals.

I developed a treatment manual and am currently testing this homework intervention with middle school students who have ADHD and their parents, using a multiple baseline design across participants. This intervention program involves psycho-education, functional analysis, individual parent training in structuring the homework environment, goal setting and contingency contracting, time management and organizational strategies, and parent-teacher consultation. I expect that the homework intervention program will result in clinically significant improvement across a number of relevant outcome measures, including report card grades. Post-graduation, I plan to continue research that attempts to address the social and academic needs of adolescents with ADHD, and to use pilot data from my dissertation to refine my intervention for future between-groups treatment outcome studies.

Does Disruptive Child Behavior Cause Interparental Discord?

An Experimental Manipulation

Bryan Wymbs, M.A.
University of Buffalo,
SUNY



Evidence indicates that a transactional, reciprocal relationship exists between interparental conflict and child externalizing behavior. Researchers have validated the parent-to-child direction of this relationship by experimentally manipulating levels of interparental conflict and finding that children are more noncompliant during interactions with discordant parents than children with nondiscordant parents. Conversely, no studies have experimentally manipulated child behavior and examined whether parents interacting with disruptive children are more likely to engage in interparental conflict. Given the potentially deleterious effects of interparental discord on the treatment outcomes of children with chronic externalizing behavior problems (e.g., ADHD), the dearth of studies examining whether disruptive child behavior causes interparental conflict is noteworthy. Relatedly, parents of children with ADHD, especially those with comorbid disruptive behavior disorders, experience more interparental discord than parents of children without ADHD. However, evidence remains limited in at least one respect: Researchers have not determined whether interparental discord in families of children with ADHD is caused by the behavior of their children or other stressors commonly present in these families (e.g., parental psychopathology).

Using components of a well-validated laboratory paradigm (Pelham et al., 1997, 1998), this study seeks to examine whether interacting with disruptive children causes interparental discord among parents of children with and without ADHD. Parent couples will be randomly assigned to interact with a child confederate trained to act: either “normal” (i.e. relaxed, friendly, compliant) or “disruptive” (i.e., fidgety, irritable, noncompliant) behavior. Following the analog triadic interaction, couples will be asked to discuss how they can be better co-parents with the confederate child and their own children at home. The triadic interaction and subsequent co-parenting discussion will be videotaped and coded for supportive and aversive interparental communication behaviors. Research assistants will also code interparental communication online.

Preliminary results, based on parent and observer report, indicate large effects ($d > 1.00$) of the manipulation. Specifically, parents of children with and without ADHD communicate more negatively and less supportively during interactions with “disruptive” children than during interactions with “normal” children. Findings also reveal that deleterious effects of interacting with disruptive children continue to surface during subsequent discussions between parents. Taken together, data suggests that child misbehavior causes interparental discord. Future analyses will examine whether parenting practices and parental distress mediates this relationship, and the degree to which select individual (e.g., psychopathology) and couple characteristics (e.g., relationship satisfaction) predict interparental communication quality during the triadic interaction and co-parenting discussion beyond the behavior of the child with whom they interacted. Results of this study will likely have important implications for enhancing evidence-based treatments for children with ADHD and marital stability of their parents.

Externalizing Psychopathology in Childhood:

Self-Perceptual Accuracy, Perceptions About Others, and Response to Treatment

Nina Kaiser, M.S.
Purdue University



Past literature generally has demonstrated that externalizing psychopathology in childhood appears to be associated with self-views that are more positive than these children’s competencies actually warrant (i.e., “positive illusions,” Taylor, 1986). Past researchers have hypothesized that positive illusions may have several serious implications for children who possess them. First, it seems possible that positive illusions may alter the manner in which children perceive and respond to their peers. If a positive illusory child receives negative feedback from a peer, he or she may believe that this negative feedback is unjust and consequently develop negative views about the peer and perhaps even respond in an aggressive or violent manner (see Baumeister et al., 1996, for an explanation of this mechanism in adults). It thus seems possible that children’s perceptions about their peers may mediate the relation between positive illusions and social impairment.

Second, positive illusions also may prevent children from developing their skills and perpetuate negative or impaired behavior by diminishing children’s motivation to alter their behavior (e.g., Gresham et al., 1998). If this is the case, children with positive illusions about their own competence may be less responsive to treatment, relative to children with more accurate perceptions regarding their own impairment. Indeed, it is of note that child-focused interventions such as social skills training generally are less effective with children exhibiting externalizing behavior, relative to children displaying other types of psychopathology, unless parents and teachers make a concerted effort to reinforce these skills outside of the skill training context (see Mrug et al., 2001). It may be the case that distortedly positive self-perceptions on the part of children with externalizing problems can explain the limited efficacy of child-targeted interventions with this particular population.

Past research unfortunately has neglected to examine either of these questions, and this project thus attempts to address both these gaps in the literature by collecting data on perceived competence, actual ability, and externalizing psychopathology from a sample of third and fourth grade children and from these children’s parents, teachers, and peers. A subset of children identified as being at-risk of long term negative outcomes (based on peer nominations for aggressive behavior and disliking) were offered the opportunity to participate in an 8 week-long weekly social skills training program free of charge. Results of this project should improve our understanding of children’s peer relations and perhaps suggest ways in which existing social skills training programs might be modified in order to increase the likelihood of treatment gains on the part of children demonstrating externalizing behavior problems.

The Student View

By Yasmin Rey, M.A.

Florida International University, Miami

For this column, I interviewed Michele Cooley, Ph. D., Associate Professor at Johns Hopkins University in Baltimore, Maryland. Dr. Cooley is the chairperson of the Ethnic Minority Clinical Child and Adolescent (EMCCAP) Task Force, which was commissioned by Division 53 to investigate issues pertinent to the mental health needs of ethnic minority children and their families. I hope this interview shows students different ways that the Division and its members are contributing to the field, especially with respect to ethnic minority issues; and that students can also get involved in such activities.

What is the mission of the EMCCAP task force?

The Ethnic Minority Clinical Child and Adolescent Psychology (EMCCAP) Task Force membership is comprised of Drs. Michele Cooley (Chair), Mark Atkins, Stan Huey, Ben Lahey, Tom Ollendick, and Mitch Prinstein. An initial report was made to Division 53's executive board at the April, 2006 Executive Committee teleconference. The MISSION was stated, "to improve the treatment, research, and policies affecting the behavioral health of underrepresented ethnic minority youth and their families."

EMCCAP will endeavor to address all four of the American Psychological Association's (APA) directorate areas, with one short-term (less than 12 months) and one long-term (less than 3 years) target for each area. Specifically, the EMCCAP Task Force will work to advance the education, training, practice, and science of clinical psychologists who serve ethnic minority youth and their families.

What activities have been proposed and/or are currently being undertaken to fulfill the mission of the EMCCAP task force?

It was proposed in April, 2006 that annual awards from Division 53 were provided to advance the education and science targets of the EMCCAP task force. To advance the education targets, it was proposed that Division 53 present an award to recognize excellence in the education and training of ethnic minority clinical child and adolescent psychology. This award is relevant for instructors who teach an exemplary course on ethnic minority clinical child and adolescent psychology and/or assessment, prevention, or treatment practices for ethnic minority children and adolescents; and clinical supervisors who provide exemplary supervisory experiences to their interns or



Yasmin Rey, M.A.

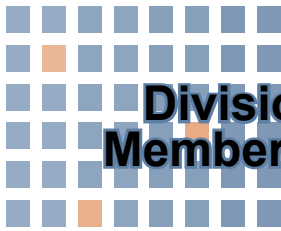
postdoctoral trainees related to the provision of evidence-based treatment and/or preventive interventions for ethnic minority children or adolescents. To advance the science target, it was proposed that Division 53 award a one to two year grant to foster advances in our empirical understanding of child and adolescent psychopathology among ethnic minority youth and/or to improve evidence-based clinical assessment, prevention, or treatment practices for ethnic minority children and adolescents.

To address the training target, it was proposed in April, 2006 that Division 53 sponsor a symposium on training ethnic minority clinical child psychologists and/or clinical child and adolescent psychologists who serve ethnic minority youth. Such a symposium was held on August 9, 2006 at the APA Convention. It was entitled, "Tips and Resources for Graduate Students from Diverse Backgrounds" and was co-chaired by Yasmin Rey, Division's 53 student representative, and Dr. Yo Jackson, associate professor and faculty member of the clinical child psychology program at the University of Kansas.

Further, the EMCCAP task force is proposing a Special Issue in the Journal of Clinical Child and Adolescent Psychology (JCCAP) that includes articles that evaluate evidence-based treatments of childhood psychiatric disorders with demonstrated efficacy for ethnic minority youth. Paul Frick, the incoming editor of JCCAP, is supportive of this issue and we look forward to circulating a detailed announcement. In the interim, we would like potential contributors to think about preparing manuscripts appropriate for this important special issue.

Are there any opportunities for graduate students to contribute to the mission of the EMCCAP task force?

As previously mentioned, it was proposed that Division 53 award a grant to advance the empirical knowledge of child and adolescent psychopathology among ethnic minority youth and/or to improve evidence-based clinical assessment, prevention, or treatment practices for ethnic minority children and adolescents. Eligibility applies to students currently enrolled in doctoral programs or pre-doctoral internships, as well as applicants in post-doctoral fellowships with a formal training experience in clinical child psychology and clinical child psychologists in academia, public service, or private practice. This is a great opportunity for students to be an active participant in the dissemination of knowledge regarding issues pertaining to ethnic minority child and adolescent psychopathology.



Division 53 Member Ph.D. Recipients

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



Trisha T. Miller

The University of South Dakota
Major Professor: Gemma D. Skillman, Ph.D. *An Examination of Factors that Influence Maternal Caregivers' Decisions to Intervene in School Bullying Situations*



Renee Schneider, Ph.D.

University of Georgia
Major Professor: Steven R. H. Beach, Ph.D. *Child Abuse, Intimate Partner Violence, Divorce/Separation, and Adult Mental Health Problems: A Comparison of Two Models*



Julie Maikranz, Ph.D.

University of Kansas
Major Professor: Ric Steele, Ph.D. *The Relationship of Hope and Illness-Related Uncertainty to Emotional Adjustment and Adherence Among Pediatric Renal and Liver Transplant Recipients*



Janet Miller Stier

St. John's University
Major Professor: Andrea Bergman, Ph.D. *The Associations Between Psychological Symptoms and Gender with Suicidal and Non-suicidal Self-injurious Behaviors in Minority Adolescents*



Mark J. Bowers, Ph.D.

University of Kansas
Major Professor: Yo Jackson, Ph.D. *The Relation Between Performance Tests and Parent Reports of Working Memory, Executive, and Behavioral Functioning Following Childhood Traumatic Brain Injury*



Margaret M. Richards, Ph.D.

University of Kansas
Major Professor: Ric G. Steele, Ph.D. *Are Self-Report Measures Valid Among Children With Repressive Adaptive Style?*



Laura E. Simons, Ph.D.

University of Georgia
Major Professor: Ronald L. Blount, Ph.D. *Identifying Barriers to Adherence in Pediatric Transplantation*



Anabella Pavon Wilson, Ph.D.

University of Kansas
Major Professor: Eric Vernberg, Ph.D. *Acculturation and Transgenerational Transmission of Attribution Among Latino Mothers*



Lisa G. Hayutin, Ph.D.

University of Georgia
Major Professor: Ronald L. Blount, Ph.D. *Screening for Psychosocial Problems in Children: Effects on Communication, Satisfaction, and Motivation*



Richard W. Puddy, Ph.D., MPH

University of Kansas
Major Professor: Michael C. Roberts, Ph.D., ABPP *The Role of Service Coordination in an Innovative Intensive Mental Health Program*



DePaul University Clinical Psychology Program

SCCAP offered an award to outstanding doctoral training programs for 2006. The award recognizes 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 winner was DePaul University. The following article provides information about this outstanding program. Division 53 is committed to providing guidance for applicants to clinical child/adolescent PhD programs and will not only continue with this award (see page 9) but will soon offer a list of programs offering excellent training in clinical child/adolescent psychology.

DePaul University is a private, Catholic, urban educational institution. The Catholic influence does not manifest itself in the teaching of Catholic doctrine but is represented in the University's commitment to service. The University's mission is: *"to strengthen the dignity of each individual and to impact societal systems for the betterment of a just and humane community..."*

DePaul's Clinical Psychology Program was first accredited by the American Psychological Association (APA) in 1976, and it has held continuous APA accreditation since then. The primary focus of the program is applied research with underserved populations, with a particular emphasis on low-income urban children and adolescents of color. Two areas of specialization are offered: Community and Child. The Community track focuses on prevention, consultation, program development, empowerment, and health promotion. The Child track emphasizes training in more traditional outpatient services with a focus on developing effective treatment for African American and Latino families living in urban poverty.

In 2003, DePaul's Clinical Psychology Program was reviewed by APA, and the program's accreditation was again renewed for the maximum allowable time period (seven years). At this most recent accreditation review, APA site visitors stated that they had not seen a program that better embodied its mission, and they highlighted the congruence of the broader university mission with that of the Clinical Psychology Program. They noted that the program's emphasis on training Clinical Psychologists to work with families of color living in urban poverty embodies the university's Vincentian mission and its urban priority. The site visitors also stated that they had not seen a program with greater strength in the area of diversity. Diversity issues are emphasized in all clinical courses and in the DePaul University Community Mental Health Center, where students receive much of their clinical training.

The DePaul University Community Mental Health Center (MHC) has provided psychotherapy and case-management to economically disadvantaged children, adolescents, and families for 30 years. The MHC is nationally progressive in its hiring of residents of surrounding housing projects to provide case-management and linkage with psychological services. In addition to serving as a clinical training ground for students, the MHC serves as a research training ground. Clinical Psychology



faculty and students are currently working to evaluate the effectiveness of empirically-supported treatments with low-income urban children, adolescents, and families served by the MHC.

DePaul's Clinical Psychology Program has 13 full-time faculty members. All of the faculty conduct applied research that either focuses exclusively on children or adolescents of color or includes youth in research focused on broader populations. Faculty are productive scholars, who have, combined, published more than 1,000 articles in peer-reviewed journals and received over 100 external grants to support their work.

The research programs of the Clinical faculty and the training provided in the Mental Health Center, in the context of strong university support for research on underserved populations of color, combine to create a program uniquely equipped to train scientists in applied research on effective prevention and intervention programs for low-income urban African American and Latino youth.

About Your Apportionment Ballot

Most of us throw away the ballot that we receive from APA that tells how we wish to apportion our ballots to the various divisions to which we belong. We (your Executive Committee) urge you not to do that this year. The number of representatives in the APA Council of Representatives (COR), the governing body of APA, is directly determined by these ballots.

As an example, the Division of Psychoanalysis (39) has much more power in the COR than Division 53 despite their much smaller number of members: we have four times as many members! They accomplish this because most of their members cast their ballots

for their division. As a result, the issues important to them receive more air time at Council meetings than those of importance to Division 53.

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

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



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

2006 Membership Application Form

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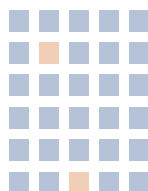
New Membership Renewal

Listserves

- Add me to the General listserv (D53 discussion forum)
 Add me to the Announce-Only listserv (bulletins only, no reply feature)

Students only

Degree expected _____ Year expected _____
 Field of study _____
 Institution _____
 Major advisor _____



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Richard Abidin, EdD, Treasurer
SCCAP
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<input type="checkbox"/> Student affiliate member of APA or actively enrolled psychology student (undergraduate, graduate, or post-doctoral training)	\$20.00

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Thank you for supporting Division 53



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President

Wendy K. Silverman, Ph.D.
Florida International University
Child and Family Psychosocial
Research Center
University Park
Miami, FL 33199
silverw@fiu.edu

Past President

Stephen Shirk, Ph.D.
Department of Psychology
Child Study Center
University of Denver
Denver, CO 80208
sshirk@du.edu

President Elect

Elizabeth McCauley, Ph.D.
University of Washington/CHRMC
Child Psychiatry
Children's Hospital and Regional
Medical Center
4800 Sand Point Way NE
Seattle WA 98105
eliz@u.washington.edu

Secretary (2004-2009)

Anne Marie Albano, Ph.D.
Columbia University
Division of Child and Adolescent
Psychiatry
1051 Riverside Drive, Unit 74
New York, NY 10032-2626
albanoa@childpsych.columbia.edu

Treasurer (2003-2008)

Richard Abidin, Ed.D.
Curry Program in Clinical and School
Psychology
405 Emmet St., Ruffner Hall
Charlottesville, VA 22903-2495
RRA@Virginia.edu

Member at Large, Scientific and Professional Affairs (2005-2007)

Robert McMahon, Ph.D.
University of Washington
Department of Psychology
Box 351525
Seattle, WA 98195-1525
mcmahon@u.washington.edu

Member at Large, Education and Standards (2006-2008)

Michele Cooley, PhD
Johns Hopkins University
624 North Broadway, 8th Floor
Baltimore, MD 21205-1900
Mcooley@JHSPH.edu

Member at Large, Membership and Practice (2004-2006)

Mitchell J. Prinstein, Ph.D.
Department of Psychology
University of North Carolina-Chapel Hill
Davie Hall CB 3270
Chapel Hill, NC 27599-3270
mitch.prinstein@unc.edu

APA Council Representative (2004-2006)

Cheryl King, Ph.D.
Departments of Psychiatry
University of Michigan
1500 E. Medical Center Drive
Ann Arbor, Michigan 48109
kingca@umich.edu

APA Council Representative (2005-2007)

William E. Pelham, Jr., Ph.D.
State University of New York, Buffalo
Center for Children & Families
318 Diefendorf Hall
Buffalo, NY 14214
dw22@acsu.buffalo.edu

Student Representative

Yasmin Rey (2006-2007)
3504 NW 4 Street
Miami, FL 33125
Yasminy359@AOL.com

Journal Editor (2002-2006)

Wendy K. Silverman, Ph.D.
Florida International University
Child and Family Psychosocial
Research Center
University Park
Miami, FL 33199
silverw@fiu.edu

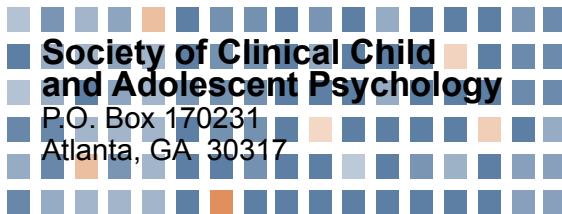
Newsletter Editor (2004-2006)

Michael A. Southam-Gerow, Ph.D.
Department of Psychology
Virginia Commonwealth University
808 W. Franklin St.
Richmond, VA 23284-2018
masouthamger@vcu.edu

2006 APA Convention Program Co-Chairs

Vicky Phares, Ph.D.
Psychology Department
University of South Florida
ACD 4118G, 4202 E. Fowler Ave.
Tampa, FL 33620-8200
phares@luna.cas.usf.edu

Yo Kaye Jackson, PhD
Clinical Child Psychology Program
University of Kansas
1000 Sunnyside Avenue, Room 201
Lawrence, KS 66045
Yjackson@KU.edu



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