

President's Message



Elizabeth McCauley,
Ph.D., ABPP
President, APA Division 53

As my term as president draws to a close, I devote this last column to providing an update on what the Society has accomplished over the year and a preview of what to expect in 2008.

Our successes include sponsoring an outstanding program at APA, advancing our strategic planning process, and partnering with other child, adolescent, and family focused APA divisions to advocate for the mental health needs of children and families.

APA San Francisco Convention

Shaped by responses to a membership survey, the annual convention program focused on how well our assessment and intervention approaches fare in the real world. Presentations addressing the needs of minority youth, youth living in poverty, and youth exposed to trauma were included, as were symposia on best practices for youth with conduct, depressive, and eating disorder issues. Programming highlights included a packed house for a student symposium on career options, excellent presentations by both our Distinguished Career Award recipient, Phil Kendall, and our early Career Award recipient, Erik Willcutt, and our closing offering, a terrific symposium on the challenges of using current assessment approaches with culturally diverse youth and families. Many thanks to the hard work and attention to detail of our program committee, Yo Jackson, Martha Wadsworth, Julie Kotler, and Julie Cerel.

Strategic Planning Process

The biggest initiative undertaken by the Society's Board over the last year has been the strategic planning process. From membership input, two complementary, central themes emerged: 1) the need for the Society to further its efforts to advance the development, evaluation, and dissemination of evidence-based practices (EBP) and 2) the need to take an active role in advocacy and public education regarding children's mental health needs, the efficacy of EBPs, and how research findings inform and transform clinical practice. Based on this input a working group met to put together a set of recommendations that the Board approved in August.

- **Revisions to the Society's Mission Statement:** (See p. 6) We look forward to your feedback about this change.
- **Priorities for the next three to five years:**
 - 1) **EBP Professional Education** at the pre- and post-degree levels. Focus on using the Society's fiscal resources to expand current regional training programs (e.g. Niagara and Kansas Conferences) to develop regional EBP training programs that include both for-

mal didactic training and ongoing consultation to ensure ability to effect practice changes.

- 2) **Public Education** to increase awareness of mental health issues as they affect youth and families and to educate the public about EBP.
- 3) **Develop/expand the Website.** Allocate resources to develop website with the idea of creating two paths—one for parents and the general public providing readable summaries regarding EBP, research findings, and fact sheets; and one for professionals including summaries of new research, links to key articles, timely discussions of controversies in the field, and the EBP evidence available for a wide range of presenting problems.
- 4) **Revise Grant Programs.** Devote expendable funds to efforts outlined above. Expand small grant programs and establish a comprehensive system to provide oversight and assure accountability.
- 5) **Work to establish Clinical Child and Adolescent Psychology as an accredited specialty.**

A Task Force has been formed to develop a concrete implementation plan with a clear timeline. This plan will be presented to the Board at the midwinter meeting in early March of 2008 with the expectation that we will begin implementation immediately. The Board is enthusiastic about having a clear and compelling sense of direction for the next three to five years and looks forward to your ongoing input—let us know your thoughts CCPDiv53@aol.com; eliz@u.washington.edu

APA Interdivisional Task Force on Child and Adolescent Mental Health

Under the leadership of Karen Saywitz and Annie Toro, the APA Interdivisional Task Force on Child and Adolescent Mental Health organized a series of Congressional Briefings. Senators Kennedy and Domenici among others served as co-sponsors. Speakers included Jane Knitzer who spoke on the crisis in children's mental health, Kimberly Hoagwood on service systems issues, Pat Tolan on violence prevention, William Pelham on the evidence-based treatments that work, and Mark Weist on school mental health issues and workforce shortage. The Society plans to continue to collaborate actively with this group to advance the needs of youth and families.

In Closing

On behalf of the Society, I would like to thank Marti Hagen, who has served as the Society's Executive Secretary since our inception as an APA division. Marti is the glue that has kept the Society running smoothly. We wish her well as she moves into a new career and thank her for her service, competence, and good humor.

Finally, please accept my thanks for having the opportunity to serve as the Society's President for the past year. It has been a very fulfilling experience as SCCAP is made up of an outstanding group of dedicated professionals. I plan to continue to contribute to our joint efforts next year as past president, and then for years to come as an active member.

In this Issue:

- APA Candidates for President (p. 4)
- Bylaws Changes (p. 6)
- New Division 53 Ph.D.s (p.11)

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Newsletter Deadline

Articles for the next newsletter are due by February 15, 2008. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.

**2007
 APA Convention**



Chair of the Fellows committee and newly elected representatives to APA council Cathy Lord, Ph.D. welcomes of our new Division 53 fellows, Andy Horne, Ph.D.



Early Career Award Recipient Erik Willcutt (r) receives his award from Stephen Shirk.



President Elizabeth McCauley and Marti Hagan (r). Marti is stepping down from her post as executive secretary for the Society. We will miss her!



President McCauley thanking Yo Jackson on behalf of the Division for her APA Program Chair work.



The career options in clinical child/adolescent psychology panel: (from L) Michael Roberts, James McKeever, Barry Anton, and Joel Sherrill, with panel co-chairs Yo Jackson and Julie Kotler

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 (Education and Standards)**
- **Council Representative.**

Please submit nominations electronically to Kris Morgan at CCPDiv53@aol.com.

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APA Council of Representatives Meeting Summary

by Council Representative Marilyn Erickson, Ph.D.

APA calls for government ban on torture. APA's Council of Representatives broke new ground on its long-standing prohibition against torture and other forms of cruel or degrading treatment by passing a resolution that prohibits over a dozen specific techniques associated with torture and abusive interrogations. The resolution calls upon the U.S. government to ban these techniques. In passing the resolution (full text available at www.apa.org/releases/councilres0807.html), APA called on the U.S. government, including the Congress, Department of Defense, and the Central Intelligence Agency, to ban the use of the prohibited techniques. The resolution furthermore calls upon U.S. legal systems to reject testimony that results from torture or cruel, inhuman or degrading treatment.

APA weighs in on prescription privileges. Approved in principle the 2007 revisions to the Recommended Postdoctoral Education and Training Program in Psychopharmacology for Prescription Privileges and the Model Legislation for Prescriptive Authority. These proposed revisions of the 1996 policies retain the model as a postdoctoral program. The 2007 revisions are not yet APA policy, pending future Council action on a proposed designation program to ensure program quality—an important, new element of the 2007 Model Training Program.

APA adopts statement on academic boycotts. Adopted a policy statement condemning academic boycotts as a violation of academic freedom and a disruption of the exchange of scientific and scholarly ideas.

New council seats proposed. Four new council seats were created for: 1) Asian American Psychological Association, 2) the Association of Black Psychologists, 3) the National Latina/o Psychological Association and 4) the Society of Indian Psychologists. This action requires a change to the Bylaws and will be voted on by the full membership later this year.

2008 budget approved with increase in dues. Tied to the cost of living index, a \$9 increase in the APA base member dues and a \$1 increase in the graduate student affiliate fee was recommended. The 2008 preliminary budget has projected surplus of \$381,200.

Council representation task force created. The Task Force on Council Representation's mission is to examine the current apportionment system to determine if changes are needed.

Division 36 will have a journal. Approved the Div. 36 (Religion) request for authorization to publish a divisional journal, to be titled Psychology of Religion and Spirituality.

Principles for health care reform approved. Approved APA Principles for Health Care Reform that promote health-care services for everyone.

Adopted as APA policy: Resolution in Support of Education for Sustainable Development; Resolution on Religious, Religion-Related and/or Religion-Derived Prejudice and the APA Commission on Ethnic Minority Recruitment, Retention and Training in Psychology

Task Force Proposed: Resolution to Enhance Ethnic Minority Recruitment, Retention and Training in Psychology.

Division 53 Board Meeting Summary

The Division 53 board met at the APA convention in San Francisco. Below, you will find a brief summary of the results of that meeting.

Approved Proposals

1. The Division 53 Mission Statement was revised and will be submitted to the membership for approval (see page 6).
2. The Division's Grants and Awards program was reduced in size. Pursuant to the new strategic plan, the board has decided to focus on one or two large initiatives rather than funding several smaller projects and awards. The following grants/awards were **eliminated**:

- Early Career Award
- Mentoring Award
- Distinguished Research Award
- Public Sector Award
- Post-doctoral Award
- Mid-Career Award
- Dissertation Awards

The following were **retained**:

- Outstanding Training Program Award (see page 7)
- Distinguished Career Award
- Ethnic Minority Education Award (see page 7)

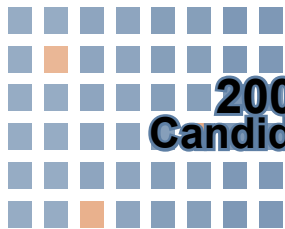
The following was **suspended, to be revisited in one year**

- Ethnic Minority Research Grant

3. Listserv rules were changed (see page 6).
4. The First-Year Free for Students program was approved for one more year (see page 6).
5. The board voted to give \$1000 to support the "Evidence Practices for Ethnic Minorities: Challenges and Solutions" meeting to be held in Washington, D.C. in March 2008, contingent on Elizabeth McCauley's decision that the meeting will address issues relevant to the board.

Other Approved Initiatives

1. Support of the accreditation efforts of clinical child/adolescent psychology.
2. Endorse Strategic Planning Committee's aims from its meeting in July 2007.
3. Appoint a Strategic Planning Task Force to develop a formal written strategic with specification of the first steps to implement short and long term plans.
4. Convene monthly tele-board meetings.
5. Form a workgroup to explore best ways to involve past presidents in Division business.
6. Approve Michele Cooley as liaison to the Committee on Psychology in Schools and Education.

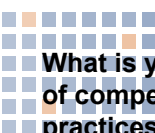


2008 APA Candidates for President

James H. Bray, Ph.D.—Director, Family Counseling Clinic and Associate Professor of Family and Community Medicine and Psychiatry, Baylor College of Medicine. He is a member of Division 53 and has been active in APA governance for over 15 years involved in practice, science, education, and state issues. Visit www.bcm.tmc.edu/familymed/jbray for more information.

Carol Goodheart, Ph.D.—clinical supervisor at Rutgers University. She practices in Princeton, NJ, specializing in the treatment of people with physical diseases. Goodheart has published extensively on health and practice issues. Visit <http://CarolGoodheartForAPAPresident.com> for more information.

Margaret Heldring, Ph.D.—former APA Congressional Science Fellow and former senior health policy advisor to U.S. Senators Bill Bradley and Paul Wellstone, she chaired APA President Levant's presidential initiative, Health Care for the Whole Person. Currently, she chairs the Board for the Advancement of Psychology in the Public Interest and is president-elect of Division 43. Visit www.apa.org/monitor/may07/heldring.html for more information.



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?

Bray: As a member of the APA Council of Representatives, I voted for and strongly supported the APA policy on evidenced-based practices. 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 basic and applied science to enhance practice. For example, research on marital process by John Gottman and others and neuroscience research on attachment provide very 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 we need to conduct outcome studies.

Goodheart: Psychologists have been working actively to identify and assess competencies.

Ronald Rozensky, Ph.D.—Associate Dean for International Programs at the University of Florida. Served as chairperson of the Department of Clinical and Health Psychology for 8 years. Founded the *Journal of Clinical Psychology in Medical Settings*, published five books, numerous journal articles on health psychology. Board Certified in Clinical and Health Psychology. Visit www.RozenskyforAPAPresident.com for more information.

Frank Y. (Frankie) Wong, Ph.D.—associate professor in the department of international health of the School of Nursing and Health Studies at Georgetown University. He holds appointments at two institutions in South Africa. Wong is also a program affiliate of the LGBT Research Center at the Boston University School of Public Health. Visit www.wong4APA.org for more information.

Knowledge of empirically-supported / evidence-based interventions is included as a foundational competency in the report of the 2002 Competencies Conference on future directions in education and credentialing in professional psychology. The recognition of competency-based evaluation over numbers-based evaluation is widespread. The assessment of competency, however, is still a work in progress and must accompany evidence-based training and service. The 2006 APA Benchmarks working group product continues to be instrumental in moving us toward full competency-based evaluation. At that time, competency based training and service should become a mainstay in programmatic design. The APA Task Force on the Revision of the Model Act for State Licensure of Psychologists is updating the Model Act to account for practice developments during the past 20 years; the draft revision is available for comment. Our discipline is evolving toward greater delineation of core and specialized competencies, greater emphasis on the context of culture/communities/systems, greater expansion of service roles, greater use of outcomes measurement, and greater attention to lifelong learning for self-assessment of competencies. I support these efforts wholeheartedly.

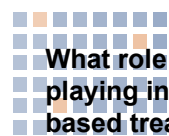
I chaired the 2005 Presidential Task Force on Evidence-Based Practice (EBP), which arrived at consensus on a complex set of concerns for psychology and led to the adoption of a policy

for APA. We concluded that EBP is an overarching conceptual approach to practice. Recently, I was asked to comment on the forthcoming report of the Task Force on EBP with Children and Adolescents. We must all do a better job of addressing our messages about EBP to adherents of different perspectives, and therefore I found the attention paid to multiple epistemologies a heartening example to emulate: "Whether the application of assessment, intervention, and monitoring methods are guided by a theoretical or working model of the clinical problem or disorder being addressed or the specific demands of the child and family, the most helpful models are those that explain the development, maintenance, and trajectory of the child's condition. These dynamic, working models also permit consideration of disorders with relatively little information concerning the etiology and course."

Rozensky: APA must embrace competence in evidence-based practice [EBP] at all points throughout the education and career pipeline. To continue to be the successful, scientific-based discipline Psychology has been, we must have explicit expectations that accredited programs have competency-based education & training curricula. This must include documented measurements of competency for evidenced-based treatments as the core of practice. We must define our expectations of competency within model li-

censing laws before politicians try to do that for us! For those psychologists already in practice, we must encourage continuing education as part of life-long-learning to assure that EBP is incorporated into ongoing psychological services in independent and institutional practices.

I have been involved directly in helping to make this a reality. I was chosen to be a member of the Competency Benchmarks Working Group that met in 2006 and whose work is available for public comment on APA's website. In that document, expectations for EBP-competency are detailed within each developmental stage across the entire education, training and career pipeline. In my own work, as an example, this Fall I began teaching our graduate level course in health psychology completely reshaping it to focus on both competency- and evidenced-based assessment and treatment based on current literature and the work of the Council for Training In Evidence-Based Behavioral Practice. For eight years, as chair of a department with both an APA accredited doctoral program and internship, I recruited faculty role models for our students, interns and post docs whose scholarship as scientist-practitioners focused on evidence-based treatment research.

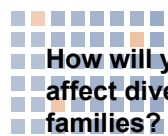


What role do you envision APA playing in advancing evidence-based treatments and evidence-based practices?

Rozenky: APA has defined EBP for psychology within its policies and APA's current Task Force on Evidence-Based Practice with Children and Adolescents, as an example, has taken a lead in defining this area. APA can advance EBP by disseminating guidelines in EBP and the Commission on Accreditation must be encouraged to continue to develop expectations that training in EBP is a core competency and key to accreditation thus assuring the next generation is prepared for EBP. APA's is one of the largest scientific publishing houses in the world. Continuing to add EBP texts to its portfolio will reinforce the importance of this topic. APA's Continuing Education Programs must have EBP workshops and seminars available reflecting its growth and importance to psychology. APA must advocate to assure policy-makers understand effect-sizes for psychological treatments equal those in Medicine and that current scientific findings inform our practices.

Goodheart: Advocacy is the primary role. Psychology needs: (1) funding for research grants that will further the development of effective treatments, (2) funding for training grants to increase the resources for doctoral programs and internships that offer focused training in child and adolescent services and research, and (3) public policy advocacy on Capitol Hill and for public education.

Bray: As the largest psychological association in the world, APA needs to take the lead in advocating for EBP in the US and across the world. APA needs to advocate for more funding for the development and evaluation of EBP, especially in regards to children, youth and families. Less than seven percent of the NIH budget goes to funding behavioral and psychosocial research, yet 50% of problems are caused by these factors. APA needs to join with other organizations to increase funding and develop public policies that support the implementation of EBP. This is an ongoing effort and resources need to be devoted to update and disseminate EBP to the practice community.



How will your plans and initiatives affect diverse children, youth, and families?

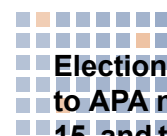
Goodheart: As APA President-elect, I will propose a Practice Summit to take place as soon as possible. The goal is to develop a comprehensive set of recommendations for sharpening our strategies to ensure the future of psychology practice, in all settings and with all populations. I will seek the input of Division 53 for this initiative. My platform calls for advances that are important to members: economic strides, strengthened advocacy, collaborative partnerships, increased diversity, and organizational responsiveness.

Bray: To address the psychological needs of poor children and youth in the 21st century requires that we change our traditional ways of education, practice and research to take advantage of the new possibilities in society. Primary care physicians treat over 60% of mental health problems, 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 and other federal and state funding 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.

Rozenky: My presidential initiative "Building Psychology's Future -- Public Health and Health Policy: Opportunities for Psychologists in Research, Practice, and Public Service" has as a key element the welfare of children, youth and families. This is a central focus for public health and it has been my intention to utilize this future-oriented taskforce to include the practice and science of health promotion, disease prevention, treatment, and health policy across the lifespan. We will have members of the taskforce who are basic and applied scientists working with and studying children, youth, and families.

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



Election ballots will be sent to APA members on October 15, and the election will close on November 29.



News & Announcements

Clarification of Listserv Posting Rules

The previous rules did not address certain categories of postings. The following clarifications were approved at the Division 53 board meeting:

1. **Prohibition of postings calling for political actions.**
2. **Prohibition of postings regarding fundraising efforts**
3. **Allow postings related to the advertisement of research studies or recruitment of research participants for studies related to child and adolescent psychology.**

Revised Listserv Posting Rules

(revisions in bold type)

The list may not be used for electioneering (e.g., campaigning, solicitation of support), **promotion of political actions (e.g., boycotts, letters suggesting legislation), fundraising activities,** actions advancing personal or another's professional gain, advertising professional services, or for any other personal or monetary profit/gain or other commercial purposes. Do not post messages for which the primary purpose is to advance the business or financial interests of any person or entity, or otherwise to promote a financial transaction for the benefit of the author directly or indirectly.

Examples of prohibited communications include advertisements for products or services, notices regarding rental of office space, direct solicitations of listserv members to purchase products or services, **and postings that include links to unapproved sites such as political or commercial sites.**

Examples of messages that may be of financial benefit to listserv members but are not prohibited because they do not inure to the financial benefit of the author include news of job listings or position openings, or discussion of professionally-related products or services where the listserv member conveying the information is not in the business of selling the products or services. Announcements that provide useful professional information to List members but may also have some incidental commercial benefit to the sender (e.g. an author who is a list member merely advising the List of publication of a professional book) typically would not be "commercial" for purposes of this restriction.

Examples of communications that may advance professional gain but are not prohibited because they are largely in the interest of promoting science and practice related to child and adolescent psychology include notices of recruitment for research participants in studies related to child and adolescent psychology (e.g., recruitment for clinician surveys).



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 2008.

Change to Division 53 Bylaws Proposed

At the August 2007 Board meeting, the Board voted to propose a change to the bylaws. According to current bylaws, a change to the bylaws requires a vote of the membership. This notice represents notification of the proposed change. The voting period will be sixty (60) days. An affirmative vote of a majority of the votes cast shall be required to ratify the amendment which shall be effective immediately.

Any questions about the change can be directed to the executive secretary of the division: CCPDiv53@aol.com.

The proposed change is related to wording in the by-laws concerning the mission statement of the division.

Current Mission Statement:

By-laws, Article 1B:

The purpose of this Division shall be to promote the general objectives of the American Psychological Association and to encourage the evolution and development of the specialty of Clinical Child and Adolescent Psychology in both its scientific and professional aspects; and to advance scientific inquiry, training and professional practice in Clinical Child and Adolescent Psychology as a means of furthering knowledge, welfare and mental health of children, youth, and families.

Proposed revision to the Mission Statement (added text in italics):

By-laws, Article 1B:

The purpose of *Division 53 (Society of Clinical Child and Adolescent Psychology)* is to encourage the development *and advancement* of clinical child and adolescent psychology *through integration* of its scientific and professional aspects. *The Division promotes* scientific inquiry, training, professional practice, and *public policy*, in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families. In the service of these goals, the division promotes the general objectives of the American Psychological Association.

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 (2008) honor will be announced at the Division 53 Award Ceremony during the 2008 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 Kris Morgan at CCPDiv53@aol.com by March 1, 2008

**For complete information
Division 53 awards
please visit**

www.clinicalchildpsychology.org/

Second 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 for-



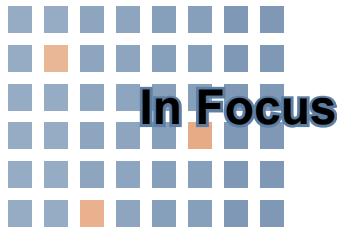
mal training experience in clinical child psychology are eligible. The recipient will be honored at the Division 53 Award Ceremony during the 2008 APA convention in Boston. The recipient will receive \$250 and a commemorative plaque.

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 Kris Morgan at CCPDiv53@aol.com by March 1, 2008.



Public Interest Advocacy

By Annie Toro, J.D., M.P.H.

The Public Interest Government Relations Office (PI-GRO) serves APA's Public Interest Directorate to advance the interest of psychology in federal legislation and policy. PI-GRO actively engages in shaping federal policy to promote psychology in the public interest by informing members of Congress and their staffs about psychology and its relevance to federal policy; advocating for increased support for federally funded psychological research and behavioral and mental health services; strengthening the inclusion of psychological concerns at the regulatory level; enhancing opportunities for education and training psychologists; and utilizing the expertise of psychologists to address our nation's human welfare problems.

Recent Advocacy Efforts on Behalf of Children, Youth, and Families

No Child Left Behind Act (NCLB) Reauthorization. NCLB is the nation's most important law pertaining to elementary and secondary education, and is due to be reauthorized by September 30. While Congress is likely to pass a short-term extension of the law as it continues work beyond that deadline, the House and Senate education committees aim to finish reauthorization before the end of the Congressional session. In early September, the House Committee on Education and Labor released for public comment a draft of their NCLB legislation. Several recommendations developed by APA in its comprehensive, organization-wide recommendations were adopted, including language on the use of growth models, effective strategies to involve parents in schools, and bullying and gang prevention and intervention programs. PI-GRO staff will continue to advocate for the inclusion of recommendations in other areas, including character and civic education, threat assessment, teacher professional development, students with disabilities, ethnic minority students, and research on the sexualization of girls.

Children with Disabilities. PI-GRO staff provided written and oral testimony to the Interagency Committee on Disability Research, covering a broad array of research activities as they relate to disability, including support for research into the maltreatment of children with disabilities. Specifically, the comments stressed the importance of research to help identify risk factors (e.g., anger, depression, and stress) that may lead to abuse and neglect as children with disabilities are a distinct high-risk group for abuse and neglect, and to determine the support service needs of children with disabilities and their families.

State Children's Health Insurance Program (SCHIP) Reauthorization. PI-GRO staff has worked closely with Practice GRO in the reauthorization of SCHIP. In particular, PI-GRO has strongly advocated for the House version, the *Children's Health and Medicare Protection (CHAMP) Act of 2007 (H.R. 3162)* which provided optional coverage for children up to age 25, authorized the provision of adult day health service programs for people with intellectual and developmental disabilities, established coverage of preventive services, provided parity for mental health co-insurance, ensured health care coverage for immigrant children, and a moratorium on proposed Centers for Medicare and Medicaid Services restrictions. While all of these provisions were not included in the final

compromise bill, PI-GRO staff was successful in preserving the disability-specific provisions in the legislation (including mental health parity), coverage for pregnant women, and enhanced funding for translation and interpreter services. PI-GRO staff will continue to work towards adding the other provisions as the bill moves through the legislative process.

Children's Mental Health. PI-GRO staff has actively engaged in advocacy efforts to secure passage of several key legislative proposals impacting children's mental health, including the *Child and Adolescent Mental Health Resiliency Act (S. 1560)*, legislation to improve the quality and availability of mental health services for children and adolescents; and the *Mental Health in Schools Act (S. 1332)*, which emphasizes early interventions and referrals for treatment and includes programs and services that promote positive mental health and prevent mental health problems.

Child Care. PI-GRO continues to monitor several legislative initiatives concerning funding for child care and investment in early childhood education. PI-GRO staff developed and has been distributing a fact sheet on the psychological aspects of child care to key congressional members. In addition, PI-GRO has been actively engaged in advocacy efforts along with other child care advocates in an effort to gain a \$75 million increase in funding for Child Care and Development Block Grant program for the Labor, Health and Human Services and Education FY 2008 appropriations bill.

Juvenile Justice. PI-GRO staff has been involved in advocacy efforts in support for the *Juvenile Crime Reduction Act (H.R. 3411)*. This legislation diverts juveniles from confinement into home- and community-based care; increases early detection of mental health and substance abuse disorders of juveniles in the justice system; and implements programs and services for reducing recidivism. In addition, the bill creates reporting requirements for the Department of Justice to better report the prevalence of mental health and substance abuse disorders in the juvenile justice system. Lastly, it also creates regional technical assistance centers to assist juvenile justice agencies in reforming their practices and in all matters related to juveniles with mental health and substance abuse disorders.

Get Involved

The interest and involvement of APA members is critical to the success of PI-GRO efforts. To receive legislative updates and participate in coordinated outreach to your federal legislators, please sign up for APA's Public Policy Action Network at www.apa.org/ppo/ppan/aboutppan.html.

For additional information on additional legislative initiatives related to children, youth, and families and how you can become involved with advancing the interest of psychology in federal legislation and other policy efforts, please contact Annie Toro, J.D., M.P.H., in APA's Public Interest Government Relations Office at atoro@apa.org or (202) 336-6068.

The Student View

Julie Kotler, Ph.D.
University of Washington

Making The Most Of Your Internship Year

Okay, internship is officially part of your graduate training, but when planning your internship experience, and even when you are finally there, it seems like a world apart. While we spend much of graduate school preparing for this year that culminates our clinical training (and yes, worrying about the match), it often seems that there is little time or opportunity to think about making the most of internship itself. However, having completed my internship over a year ago, when I am asked about it, the first two things that come to mind are “What an amazing experience,” and “That year went incredibly fast!” Thus, I’d like to dedicate this article to a brief discussion of strategies for successfully navigating and fully taking advantage of your internship experience. Most of these ideas were shared with me by fellow students, previous interns, or faculty, so thank you to all of these unnamed folks!

Ask yourself a few questions before the year begins. Part of getting the most out of internship involves asking for what you need, but it is difficult to ask if you don’t know. Here are a few questions to get you started: What new skills do I want to learn? Is there a supervisor in my internship program that might serve as a mentor? Are there training opportunities that I don’t want to miss? What other tasks will I need to complete during my internship year (e.g., finishing dissertation, finding a postdoc or post-internship job)?

Talk to previous interns at your site. Buy them a cup of coffee, pick their brains. Once you’ve armed yourself with questions, they are likely to be your best source for answers. Ask them about the various rotations. What training opportunities did they find the most helpful? What are their tips for success? What are the one or two things that they wish they had known at the beginning of the year? What was their biggest challenge during internship? What did they do to have fun/relax? If they stayed for a postdoc (and you may want to do the same), how did they go about finding a position?

Think outside the box. That is, look for training outside of your comfort zone. It’s tempting to fall back on the skills you are most comfortable with when confronted with the intensive clinical experience that is internship. When you can, push beyond this, as the internship year often affords training opportunities that may be hard to find in the future. Ask for patients or clients with concerns that are new to you. If a supervisor has a specialty, see if he/she is willing to provide training in this area (even if you don’t know how you will use this knowledge or skill in the future). Take opportunities to work with care providers from other fields (e.g., psychiatrists, social workers, physicians). If there are training seminars offered outside of normal internship hours, consider taking one if you can reasonably fit it into your schedule.

Take care of yourself. Yes, internship is intended to be an intensive training experience, but you still need to get through the year on your feet. You may be in a new part of the country. Take some time to explore. Plan or attend social events with other interns (e.g., happy hour, brunch, a weekend hike or trip to a museum). Even a half-hour with a good book (Not work related!) or a cup of coffee (Can you tell I’m from Seattle?) can make a big difference.

Please feel free to contact me at jsayed@u.washington.edu.



Julie Kotler, Ph.D.

Division 53 Member Ph.D. Recipients

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

Raphael Bernier, Ph.D.

University of Washington
Advisor: Geraldine Dawson, Ph.D.
EEG Correlates of Mirror Neuron Activity and Imitation Impairments in Autism

Richard E. Boles, Ph.D.

University of Kansas
Advisor: Michael C. Roberts, Ph.D.
Supervising Children During Parental Distractions

Katherine M. Dryden, Ph.D.

University of South Carolina
Advisor: Scott P. Ardoin, Ph.D.
Management Implementation and Home-to-School Generalization Effects

Beth Hackethorn Garland, Ph.D.

Texas A&M University
Advisor: Robert W. Heffer, Ph.D.
Parenting Techniques and Parent Characteristics Associated with Child Externalizing Behavior Problems

John Grizzle, Ph.D.

Texas A&M University
Advisor: Robert W. Heffer, Ph.D.
Developmental Differences in Relations among Parental Protectiveness, Attachment, Social Skills, Social Anxiety and Social Competence in Juveniles with Asthma or Diabetes.

Gretchen Gudmundsen, Ph.D.

University of Denver
Advisor: Stephen Shirk, Ph.D.
Coping in Cognitive Behavioral Therapy for Adolescent Depression

Stephen R. Lassen, Ph.D.

University of Kansas
Advisor: Michael C. Roberts, Ph.D.
The Impact of School-wide Positive Behavioral Supports on Indicators of Social Development and Academic Performance in an Inner-city Middle School

Tammy A. Lazicki, Ph.D.

University of Kansas
Co-Advisors: Eric M. Vernberg, Ph.D. and Michael C. Roberts, Ph.D.
Consumer and Provider Perceptions of a School-based Intensive Mental Health Program

Sunnye Mayes, Ph.D.

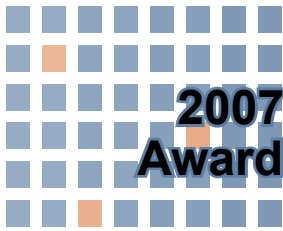
University of Kansas
Advisor: Michael C. Roberts, Ph.D.
Protection Motivation Theory and Knowledge of Household Safety Hazards as Predictors of Parental Home Safety Behaviors

Michael M. Steele, Ph.D.

University of Kansas
Advisor: Ric G. Steele, Ph.D.
Reliability and Validity of the Oral Health Scale of the PedsQL: Measuring the Relationship Between Child Oral Health and Health related Quality of Life

Karen Toth, Ph.D.

University of Washington
Advisor: Geraldine Dawson, Ph.D.
Early Characteristics of Young Siblings of Children with Autism



2007 EMCCAP Award Winners

The mission of the EMCCAP is, "to improve the treatment, research, and policies affecting the mental health of underrepresented ethnic minority youth and their families." As part of this mission, Division 53 funded a \$10,000 grant and an annual award to advance the education and science targets of the EMCCAP.

Ethnic Minority Clinical Child and Adolescent Psychology Task Force 2007 Grant and Award Recipients

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

Noni Gaylord-Harden, M.S., Ph.D.

Dr. Noni Gaylord-Harden is an Assistant Professor in the Department of Psychology at Loyola University in Chicago. She was trained at the University of Memphis and the University of Illinois at Chicago. Dr. Gaylord-Harden's project entitled, "Biopsychosocial Factors as Common and Specific Features of Anxiety and Depression" embodies the Society's intent to recognize a project by a clinical child psychology researcher that advances empirical understanding of child and adolescent psychopathology among ethnic minority youth and/or improves evidence-based clinical assessment, prevention, or treatment practices for ethnic minority children and adolescents. Her exemplary application was designed to explore the biopsychosocial factors that distinguish between the specific and common features of anxiety and depression in referred and non-referred African American adolescents.



EMCCAP Grant on Empirical Advancement winner, Noni Gaylord Harden, M.S., Ph.D. (L)

Using the tripartite model of depression and anxiety as a framework, she focuses on the role of neuropsychological functioning, life stressor domains, and coping behaviors in differentiating between anxiety-, depressive-, anxiety and depressive symptoms, and no symptoms. Testing an existing theoretical framework help advance theoretical and empirical understanding of internalizing psychopathology among African American youth and inform clinical assessment, prevention, and treatment practices.

SCCAP EMCCAP Outstanding Education Award

LaVome Robinson, Ph.D., ABPP

Dr. LaVome Robinson, Professor of Psychology at DePaul University in Chicago and graduate of the University of Georgia, has dedicated her multi-decade career to the promotion of health and well-being for children and adolescents -- particularly low-income, urban African American youth. A Fellow of APA, SCP, and SCRA, she is a clinical child community psychologist specializing in risk and resilience. Dr. Robinson focuses on the assessment and prevention of youth depression and concomitant threats to adjustment and well-being. She has an extensive track record for the development, implementation, and evaluation of cognitive-behavioral community- and school-based interventions for urban African American youth in the areas of pregnancy, HIV, violence, and depression prevention. Dr. Robinson's work is recognized nationally and supported by the NIMH, HUD, and the Spencer Foundation.



EMCCAP Outstanding Education Award Winner, LaVome Robinson (L)

Using a mentorship model that encourages innovation and creativity, Dr. Robinson's evidenced-based services research has facilitated her training of both ethnic minority and majority students in the understanding and intervention of ethnic minority youths. With students as collaborators and co-authors, Dr. Robinson has published theoretical, applied methodological, and outcome works pertaining to intervention development and evaluation that inform ethnic/cultural considerations in the delivery of mental health services. Over her years at DePaul University, Dr. Robinson has developed courses to advance culturally sensitive and evidenced-based interventions (e.g., Minority Mental Health; Principles of Consultation; Fieldwork in Community Settings and Prevention Intervention).



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

Activating Your Online Access to the JCCAP

Did you know your membership includes online access to the *Journal of Clinical Child and Adolescent Psychology*?

Current and back issues of the journal are available online at leaonline.com to all members who supply the division with their e-mail address. Members who have not activated their online access to the journal will receive periodic follow-up e-mails with a link to the journal website. Click on the "register now" button and follow the on-screen instructions. If you have already registered, please log in and follow the on-screen instructions.

We are confident that you will find the functionality of the online journal website very helpful.



If you have questions regarding the status of your 2007 membership dues payment, or are having problems activating your subscription, please contact Division 53 Database Manager Kris Morgan at kris@kmjassociates.com.

Notice to Members—Missing your journal?

If you experience an interruption in your publication service, it may be because you haven't paid your dues. It is Division 53 policy that all members who have not paid their dues by 3/31/07 will be purged from the Division's membership rolls and the list of JCCAP recipients. This action follows the second notice of past due dues mailed to members in late January. Members whose payments are received on or after 4/1/07, but before the final dues deadline on 6/30/07, will have their membership and publication service reinstated. If you have not yet paid dues, please do so today!



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

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

Students only

First-year students receive first year of membership FREE!

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Return this form with payment to:

Richard Abidin, EdD, Treasurer
SCCAP
PO Box 170231
Atlanta, GA 30317

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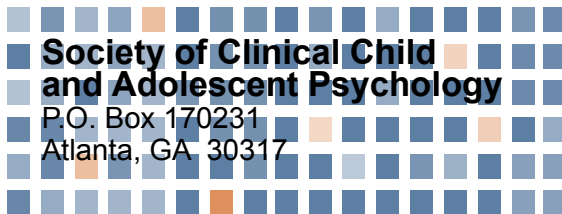
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