

President's Message

Dissemination of Evidence-Based Practice



Cheryl King, Ph.D.
President, APA Division 53

Division 53 has established the dissemination and implementation of evidence-based practice as its primary focus during the next several years. You may wonder what impact this is having or will have, particularly as our member benefits already emphasize evidence-based practice (e.g. *Journal of Clinical Child and Adolescent Psychology*, website, APA conference program, *InBalance* newsletter, and the Division's financial support for selected conferences). The difference is that we are now aiming for more widespread impact.

The goal is to impact the implementation of children's mental health services across mental health disciplines and across private and public service sectors! Although this initiative will surely gain momentum over time, we have already launched several initiatives.

Task Force for Dissemination and Implementation of Evidence-Based Practice

This Task Force is chaired by Bill Pelham, Ph.D., distinguished professor of Psychology, Pediatrics and Psychiatry at the State University of New York at Buffalo. After a series of consultations with people engaged in developing and disseminating evidence-based practices, Dr. Pelham spearheaded a planning meeting in Washington D.C. The meeting was attended by representatives from Division 53 as well as its partnership group, the Children's EBP Consortium, and pertinent federal agencies. It quickly became clear to attendees that we need to learn more about how to facilitate the initial and ongoing implementation of evidence-based practices. We also need to consider how to make use of implementation organizations and experts to assist in establishing the administrative infrastructures and provider support mechanisms needed to maximize use of EBPs. As you may be aware, the number of efficacy trials in support of a specific practice is not a strong indicator of its level of implementation within communities.

Meeting attendees discussed next steps and agreed that several issues could be addressed at a series of meetings. These include: 1) methods to improve the practice of dissemination and implementation, 2) position papers and information forums to help policy makers understand the need for implementation capacity at state and federal levels; and 3) methods to advance the science of implementation. We are also considering development of an EBP graduate training curricula and an EBP trainers' clearinghouse.

Comprehensive Website Update and Expansion

We are working on a major overhaul of the evidence-based treatment section of our website. One of Division 53's members, Mitch Prinstein, Ph.D., is providing leadership for this effort. We have also funded a graduate student, John Guerry, to assist him. Moreover, we are exploring the possibility of collaborating with the Association for Behavioral and Cognitive Therapies for this section of our website. This could be mutually beneficial given our joint focus on evidence-based practices. We hope to unveil a new design and updated content this next year.

Collaboration with APA's Public Interest Directorate

We are working with Mary Campbell and others in the Children, Youth, and Families Office to develop public information pieces about ADHD, Autism Spectrum Disorder, and depression. These are based on the report of the Working Group on Psychotropic Medications for Children and Adolescents (APA Task Force with strong SCCAP/Division 53 representation), and will provide information about evidence-based treatment options including psychosocial interventions and medications. The information is geared toward parents and caregivers. Distribution will be primarily web based, with printed copies available upon request.

New Member Benefit

Division 53 has entered into a three-year licensing agreement with Quest Health Systems, Inc., to make their internet service, *Quest BehavioralPro*, available to the membership. This is a single portal through which you can obtain behavioral health information for clinical practice, teaching, and research purposes. Members will have access to thousands of journals, psychological and medical textbooks, government and open data bases, prescreened peer-reviewed articles, and online databases. Quest is a new company and we expect the features and services will expand over the next year. Eventually, we believe this site will offer you the option to take part in likeminded user groups, store selected articles and other information in a personal file, obtain consultations from other members, receive and exchange online information with SCCAP, participate in online continuing education activities, and interact with behavioral health practitioners throughout the world. By signing on early, we were able to position ourselves to help shape the site and its content.

I invite you to visit www.behavioralpro.com/signup/division53 and register for your account now. The system is evolving daily and will continue to improve as our members provide feedback. We look forward to providing you with access to an ever growing body of evidence-based behavioral health information!

I thank you for the honor of serving as your president. It's been an action-packed and rewarding year.

In this Issue:

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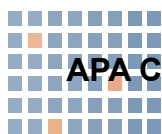
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Newsletter Deadline

Articles for the next newsletter are due by February 15, 2009. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.



APA Council of Representatives Meeting

Marilyn Erickson and Catherine Lord are Division 53's elected members to APA Council of Representatives (COR). The COR includes APA members approximately one-half of whom are elected from APA divisions and the other half elected from state and Canadian province associations. The approximately 160 COR members meet twice a year, in February for two-and-a-half days, and in August during the annual APA meeting, for one day before the meeting begins and one-half day at the meeting's end. The COR is responsible for all decisions establishing APA policy and financial matters.

The late afternoon and evening before the full day's pre-APA meeting was devoted to a plenary session (in which general issues and procedures were presented and candidates for president-elect were given small amounts of time to introduce themselves and their qualifications) and caucus (interest groups of COR members) meetings. Division 53 COR members usually attend the Child, Youth, and Family (CYF) caucus meeting. At caucus meetings, the COR agenda items related to our interest group are reviewed and plans are made for moving projects and programs forward.

The CYF caucus is particularly important because representatives from the APA's Public Interest Directorate are present to provide an update on APA activities involving children, youth, and families as well as to inform us about upcoming proposals and plans. This directorate provides staff to the APA Committee on Children, Youth, and Families, which is a primary source of proposals to COR for new child-related projects.

At the August 2008 CYF caucus meeting, Karen Saywitz presented a draft proposal for Healthy Children: A Summit on Children's Mental Health scheduled for April 1, 2009, which will include a broad spectrum of stakeholders including a diversity of disciplines and communications experts. Several Division 53 members have been involved in developing the proposal and will be attendees.

At the August 2008 COR meeting, several agenda items of particular interest to Division 53 members were presented, including COR's voting to receive two task force reports that offer psychological knowledge on relevant public health and policy issues. The report of the Task Force on Evidence-Based Practice with Children and Adolescents reiterates the fact that children's mental health needs are often not met and suggests that the deficiencies will get worse without a more



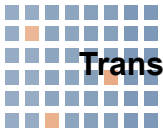
evidence-based approach. The report of the Task Force on Resilience and Strength in Black Children and Adolescents called for less research focus on risk factors and more attention to factors that enhance resilience. These reports will be added to APA's website.

For the first time, a psychologist has been asked to be a primary consultant to the revision of the mental health chapter of the International Classification of Diseases and Related Disorders (ICD-10). COR approved funding for support of this project.



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Translating Research and Policy for the Real World Conference

Eduardo Morales, Ph.D.

California School of Professional Psychology – San Francisco
Alliant International University

The first national conference on evidenced-based practices and ethnic minorities was held in Bethesda, Maryland, March 13 and 14. The conference entitled “Culturally Informed Evidence-Based Practices: Translating Research and Policy for the Real World” was the first attempt to bring scientists, policy makers, and practitioners together to examine a broad set of issues and challenges.

The first day focused on methodological and research issues in developing evidence with these populations that are linguistically and culturally appropriate and efficacious. While traditional research models have helped to develop some theoretical paradigms in the field, when applied to real settings many times the efficacy is reduced or nonexistent for various reasons. It takes about 17 years for research findings to get translated into practice according to Dr. Clark, the conference keynote speaker and director of the Center for Substance Abuse Treatment of SAMSHA. Having research efforts brought into the field through collaborations as in program evaluation may speed up this translation process and through its implementation incorporate the challenges of practice in the research methods.

The second day focused on specific examples on how research can use collaborative models in an approach for developing efficacious interventions with ethnic minorities. Research efforts for different ethnic groups were presented in the plenary session as well as breakout session that focused on specific evidence-based practices for ethnic minorities in great depth.

There were over 200 people attending the conference that included federal NIH workers, APA members, scientists, directors of intervention programs, and graduate students. More than 30 presenters were invited to share their expertise in generating data for efficacious interventions with ethnic minorities. The focus of the conference had five themes.

- 1) **Asking the right question in research and practice:** How do we know evidence-based practices apply to various ethnic minority groups? What are the complications involved in generating evidence for ethnic minority groups and within these groups across the age span?
- 2) **Transfer of Training Models:** Do adaptations work? What are the strengths and weaknesses in using this approach? Are the assumptions generalizable to different cultural/age groups?
- 3) **Proper Assessments:** Are current assessment strategies valid and appropriate for ethnic minorities? How do we match treatment with diagnosis?
- 4) **From Practice-Based Evidence to Evidence-Based Practice:** How do we best capture and investigate interventions that were created from the ground up? How do researchers and service providers link up to empirically test practices that appear qualitatively effective? What procedures and strategies are needed to maintain fidelity when conducting interventions that are generated from the ground up? What theories and conceptual models can be generated to capture and elucidate the change processes that are operant in the new, effective approaches that may be developed?
- 5) **Is Policy Jumping the Gun:** What are the consequences of establishing policy without evidence of effectiveness with ethnic minority populations? What are the current problems and struggles in implementing evidence-based practices and current policies? What are the needs for moving ahead in creating more evidence-based practices for ethnic minorities? For example, targeting funding for increasing research in this area, providing technical assistance to existing programs to develop the ground up efforts, having clinical trial studies with ethnic minority populations, and addressing the issues of retention with hard-to-reach populations when conducting longitudinal designs may be some of the priorities needed in the field. Some of the workshop topics included: Measurement and Conceptual Approaches to Ethnically Diverse Populations, Depression and Affective Disorders: Diagnosis and Treatment, Family Interventions, Multicultural Assessment, Interventions with Children, Doing Evidence-Based Practices with Ethnic Minority Populations in Community-Based Addiction Treatment, Ethical and Culturally Congruent Research and Interventions with Communities and IRB in Community Settings, and Incorporating Qualitative Research Methods into Clinical Research with Diverse Populations.

This conference was historic in that it had 25 APA divisions, the largest number sponsoring a conference aside from the APA annual national conference. APA divisions 45, 17, 42, 12, and 37 organized the conference. This group, lead by Division 45, was convened as a Task Force in April 2006 to plan the conference and seek funding resources. Funding was obtained through grants from SAMSHA, NIMH, the sponsoring APA divisions, and the sponsoring psychological organizations. Conference sponsors were the National Latino Psychological Association, Asian American Psychological Association, American Psychological Association, Division 12 Section 6, the Clinical Psychology of Ethnic Minorities, Alliant International University—who provided CE for this conference, and the Asian American Center on Disparities Research of UC Davis. The additional APA divisions sponsoring were: Divisions 13, 15, 18, 20, 22, 27, 28, 29, 35, 38, 39, 40, 43, 44, 48, 50, 51, 53, 54, and 56.

The conference committee plans to have the presentations published in a special journal issue, monographs, and books. The power point presentations of the conference presenters and the conference agenda are located now online at <http://psychology.ucdavis.edu/aacdr/ciebp08.htm>. The conference was dedicated to A. Toy Caldwell-Colbert, Ph.D., who helped launch this conference and was instrumental in advancing the issues of psychology and ethnic minorities in her career and her leadership of many organizations. Dr. Caldwell-Colbert lost her battle with cancer and passed away on March 12, 2008, the day before the conference.



Carol Goodheart, Ph.D.

Carol Goodheart, Ed.D.— Clinical Supervisor at Rutgers University. She practices in Princeton, New Jersey, specializing in treatment of people with physical diseases. Goodheart has published extensively on health and practice issues. Visit <http://CarolGoodheartForAPAPresident.com>.



Jack Kitaeff, Ph.D., J.D.

Jack Kitaeff, Ph.D., J.D.— Licensed Clinical Psychologist in Virginia. He also holds a law degree from the George Mason University School of Law. www.apa.org/monitor/2008/06/kitaeff.html



Robert McGrath, Ph.D.

Robert McGrath, Ph.D.— Director of the Ph.D. in Clinical Psychology and M.S. in Clinical Psychopharmacology programs at Fairleigh Dickinson University. His background includes clinical work, research, and legislative advocacy.



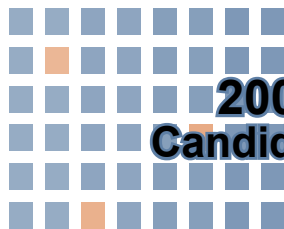
Steven Reisner, Ph.D.

Steven Reisner, Ph.D.— Practitioner, Supervisor, Teacher and Consultant, specializing in trauma. He has trained Iraqi clinicians working with survivors of Saddam Hussein's torture program, and has worked to stop American psychologists from participating in detainee abuses. www.reisnerforpresident.org/

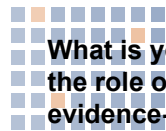


Ronald Rozensky, Ph.D.

Ronald Rozensky, Ph.D.— Professor and Associate Dean for International Programs in the College of Public Health and Health Professions at the University of Florida. He is board certified in both clinical and clinical health psychology by the American Board of Professional Psychology. Rozensky is the founding editor of the *Journal of Clinical Psychology in Medical Settings* and served on APA's Board of Directors.



2008 APA Candidates for President



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?

Goodheart: Psychologists have been working actively to identify and assess competencies. 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. APA is working to update the Model Act for State Licensure of Psychologists to account for practice developments during the past 20 years. 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 affirmed EBP as an overarching approach to practice. Subsequently, I was invited to comment on the report of the Task Force

on EBP with Children and Adolescents, when it was under development. Given that we must all do a better job of addressing our messages about EBP to adherents of different perspectives, I found the attention paid to multiple epistemologies in that report 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."

Kitaeff: The term "practitioner-scholar" probably best describes my view of the appropriate training and supervisory model in professional psychology. Practice must be based on scholarly inquiry. Students should be encouraged to use the scientific method in clinical thinking and to critically assess their work. This should include the capacity to grasp psychological inquiry and research methodology via qualitative, quantitative or theoretical study of psychological phenomena. Students must be able to assume a psychological and scientific approach to problem solving and self-assessment.

Training in professional psychology must embrace competence in evidence-based practice in order to assure that psychology remains a scientific-based discipline. Students must be trained to apply analytic, problem-solving skills of scientific thinking to their clinical practice, and to utilize intervention techniques which have empirical support. All in all, psychologists must cultivate a life-long commitment to ongoing learning and scholarship, which is relevant to clinical practice and professional service.

This should be addressed to the myriad of psychological problems affecting children and adolescents such as anxiety disorders (e.g. agoraphobia, GAD, OCD, panic, posttraumatic stress, separation anxiety, and social and other phobias); depressive disorders (e.g. major depression and adjustment disorders); and oppositional and conduct disorders. Evidence-based practices can include stimulant medication, behavioral parent training and classroom interventions, social skills training, summer treatment programs, among others. As psychologists, we are obliged to translate research into policy, develop new programs and improve existing ones, and perform advocacy at the local, state, and federal levels regarding licensing laws and allocation of funds.

McGrath: The definition of evidence-based practice promulgated in APA documents is a broad one. It recognizes the central importance of basing practice on “the best available research and clinical expertise.” In fact, while I like the breadth this definition permits, I consider it too lax in not at least acknowledging that, when it represents a possibility, the well-controlled RCT provides the gold standard for efficacy. Given how broad a term you are referencing in your question, I have no problem with the proposition that competency in evidence-based practices should play a role in APA accreditation and CE sponsor approval, and would support such a change in policy so long as all stakeholders are made aware of what the term means. My position is quite different on state licensing laws, as I am reticent to cede any authority to the state concerning the content of our training. That is for us to determine as a discipline. Though the central importance of empirical justification for one’s clinical choices would seem to be a basic tenet of acceptable preparation for practice, once incorporated into law it becomes etched in stone regardless of what later develops.

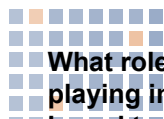
Reisner: In all of psychology, but particularly in the treatment of children and adolescents, education and licensure should require familiarity with and demonstrated competency in evidence-based practices. The APA Task Force on EBPP offered a robust and useful model: “Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.” We still have a great deal of work to figure out exactly how to best combine empirical, clinical, and theoretical literatures, and I will support the development of the best possible curricula and standards. With our more intentional use of the scientific literature, it will also be our challenge, particularly with children and adolescents, to integrate contextual factors,

scientific rigor, and the empathy and wisdom of the experienced clinician.

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 outcome measurements of competency for evidenced-based treatments as the core of practice.

We must define our expectations of competency within model licensing 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 selected to be a member of APA’s Competency Benchmarks Working Group that met in 2006 and whose work has received public comment via APA’s website and soon in peer reviewed publications. In my own work at the University of Florida, I teach a graduate course in health psychology that is focused on both competency- and evidenced-based assessment and treatment based on current literature, the work of the Council for Training In Evidence-Based Behavioral Practice, and Division 38’s document on competencies in health psychology. My advanced psychotherapy seminar similarly focuses on a competency-based model of supervision and treatment. 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?

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.

Kitaeff: APA is the ideal venue for cooperative efforts with other child and family-relevant divisions to attain our shared goals of improving the lives of children and young adults. As APA president I would insure such cooperative activities between the relevant Divisions. Whether it be the schoolroom or the courtroom, I will press for the presentation of cutting-edge research in developmental, clinical, school, community psychology, and others, which will help change public policy, services, and the law. As president I will insure that our recommendations are not based on social activism which is disguised as psychological science. As a lawyer myself, I would be especially sensitive to issues which directly affect the legal and criminal justice system such as children’s eyewitness testimony, victims of abuse, and the capacity to stand trial.

McGrath: Better translational materials will require input from those seasoned providers, including the many who focus primarily or heavily on the relationship between therapist and patient in the course of the treatment (I consider this more of an obstacle to the implementation of EBPs among therapists who specialize in the treatment of adults than children, but the question did not ask me to be specific).

Reisner: To put it simply, psychologists -- as scientists, researchers, teachers, and clinicians – combine training, scientific rigor, and experiential expertise, in a way that uniquely reflects the combination of skills and knowledge that constitutes “evidence-based practice”. The APA must play an educative role, and disseminate that fact, particularly to policy makers. As APA President, I would resist pressure from managed care and government and their frequent attempts to narrowly define “competence” and “evidence.” Indeed, I will strongly advocate for a primary role of psychologists in the ways the health care system defines evidence-based practice, and how we as psychologists can best integrate our knowledge, research, experience, wisdom and compassion in our communities, institutions and with our clients.

Rozensky: APA has defined EBP for psychology within its policies and APA’s Task Force on Evidence-Based Practice with Children & Adolescents, as an example, has taken a lead in defining this area.

APA can advance EBP by disseminating research and practice guidelines in EBP. APA should encourage all specialty areas and divisions to develop and promulgate evidenced-based guidelines and competencies.

continued on page 8...



News & Announcements

Call for Papers

Special Section on Posttraumatic Stress Disorder and Trauma in Children and Adolescents

The *Journal of Consulting and Clinical Psychology (JCCP)* invites submission of empirical papers and scholarly reviews that focus on research pertaining to posttraumatic stress disorder (PTSD) and trauma reactions in children and adolescents.

Stress reactions resulting from different types of trauma (e.g., natural disasters, terrorism, child sexual abuse, community violence, medical trauma/injury) will be considered.

Papers may focus on:

- risk and resilience factors, including potential variations among groups (e.g., sex, ethnicity/culture, socioeconomic status, age/developmental stage)
- issues of comorbidity and related trauma reactions
- impact on adaptive functioning in children, youths, and families
- effective prevention and treatment interventions.

Preference will be given to papers that provide clear articulation of the conceptual or theoretical basis for the variables that are selected for evaluation in the research.

It is essential that papers directly discuss:

- areas of research need and important “next steps” that will help guide future research, prevention, and treatment efforts, and
- recommendations for disseminating information to stakeholders interested in helping children and their families in the aftermath of trauma, such as parents/caregivers, health-care providers, practitioners, policy makers, and government agencies.

Findings are intended to help inform the next generation of studies for PTSD and trauma reactions in children and adolescents, as well as the practice of psychologists working with children, adolescents, and families.



Division 53 Free Membership

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: APAdiv53@gmail.com.

Student memberships will begin at the start of 2009.

APA Testing Changes

A committee of educational and psychological testing researchers and experts has been appointed to revise the *Standards for Educational and Psychological Testing*—long considered to be the definitive source for information concerning sound test development and use.

Designed to establish criteria for appropriate development, use, and interpretation of tests, the *Standards* have been widely cited by states, federal agencies, private organizations, legislative bodies, and even the U.S. Supreme Court. They are based on the premise that effective testing and assessment requires test developers and users to be knowledgeable about validity, reliability, and other measurement issues.

Co-chairs of the Joint Committee for the Revision of the *Standards for Educational and Psychological Testing* are Barbara Plake, Ph.D., distinguished professor emerita at the University of Nebraska, and Laress Wise, Ph.D., principal scientist at the Human Resources Research Organization, Monterey, Calif. They, along with 13 additional members, are charged with revising and updating the *Standards* to reflect current research and best practices.

“The *Standards* are more important than ever given the current demand for educational accountability, the increase of testing in the workplace, and the popularity of computer-based testing,” Wise said.

“We believe that we have assembled the right committee to achieve the goal of bringing the *Standards* up to date” Plake said.

Revision of the *Standards* will continue a long collaboration among the American Educational Research Association, the American Psychological Association and the National Council on Measurement in Education. The three associations have been responsible for developing, publishing, selling, and revising the standards since 1966, when the first edition was published. The *Standards* were revised in 1974, 1985 and 1999. The popularity of the *Standards* remains strong to this day, with nearly one million copies sold since 1985.

The Joint Committee plans to hold its initial meeting in early 2009. The APA will provide staff support for the committee. Questions about the committee and its work should be addressed to Marianne Ernesto at mernesto@apa.org.

For complete information:
www.apa.org/journals/ccp/papercall-ptsd.html

Deadline: January 15, 2009

Free D53 Memberships for
First-Year Graduate Students

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.

In Memoriam

Charles Wenar, 85, died on Thursday, June 19, 2008.

Wenar was a strong advocate for a developmentally based approach to the study of psychopathology in children and adolescents and in training clinical child psychologists. These interests were evident early in his career at The University of Iowa where he earned a Ph.D. in Clinical Psychology with experimental and child psychology as minors, then at the Michael Reese Hospital in Chicago where he collaborated with Ann M. Garner in ground-breaking research on mother-child interaction in children with psychosomatic disorders.

In 1957, he joined the University of Pennsylvania as assistant professor of psychiatry and launched methodological studies on the reliability of developmental histories and collaborated in constructing a measure of developmental and therapeutic changes in children with autism. Subsequent research focused on socioemotional development during infancy and early childhood.

In 1967 Wenar moved to establish a developmentally based clinical child psychology program in the Department of Psychology at The Ohio State University. He served as head of this program and, starting in 1980, simultaneously as Developmental Area Head until his retirement in 1988.

Recognized for his scholarly research journal publications, Wenar was also well known as a writer of textbooks, notably *Developmental Psychopathology from Infancy through Adolescence*. An ABEPP Diplomate, APA and SRCF Fellow, he received the 1986 Award for Distinguished Professional Contribution to Clinical Child Psychology from Section 1 of Division 12 (now Division 53), American Psychological Association.

Terri Landon Bacow, Ph.D.

Boston University
Advisor: Donna Pincus, Ph.D.
Metacognitive Processes in Anxious Youth: Associations with Diagnostic Status

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

Sandy Bowersox, Ph.D.

Saint Louis University
Advisor: Jillon Vander Wal, Ph.D.
Children's Body Image and Eating Concerns: The Impact of Teasing as Reported by Multiple Sources

Jacqueline B. Brown, Ph.D.

University of Southern Mississippi
Advisor: Sara S. Jordan, Ph.D.
Religious Orientation and Religious Coping in Adolescents With and Without a Chronic Illness

Tricia D. Doud, Psy.D.

Nova Southeastern University
Advisor: Sarah Valley-Gray, Psy.D.
A Protective Shield: Fostering Resilience in Youth

Katherine M. Dryden, Ph.D.

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

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

Beth HackethornGarland, Ph.D.

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

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

...continued from page 5

APA's Commission on Accreditation must be encouraged to continue to develop expectations that training in EBP be defined as 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 textbooks to its portfolio will reinforce the importance of this topic.

APA's Continuing Education Programs must provide EBP workshops and seminar opportunities thus reflecting EBP's growth and importance to psychology and APA-approved CE programming must focus on EBP techniques.

APA's advocacy efforts should inform and educate policy-makers that effect-sizes for evidence-based psychological treatments equal those in Medicine and that current scientific findings inform our practices.

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

Goodheart: As APA President-elect, I will build on my proposal last year for a Practice Summit, and co-chair the 2009 Presidential Summit on the Future of Psychology Practice. The goal is to develop recommendations for sharpening our strategies to ensure the future of psychology practice, in all settings and with all populations. My presidential platform calls for advances that are important to members: economic strides, strengthened advocacy, effective partnerships, increased diversity, and organizational responsiveness. To read more about my position on this issue, visit www.CarolGoodheartForAPAPresident.com.

Kitaeff: We need to work more with primary care physicians. This is especially true since people of color and the poor are more likely to receive psychological services in these settings. We must address the needs of homeless children and the victims of trauma and poverty. As APA president I will call for a symposium to examine how best to integrate research and evidence-based treatment in the primary care and emergency room setting to treat children and adolescents with specific cultural and language barriers. Lastly, and most regrettably, I would call for the development of efforts to help identify young girls who are the victims of international slavery and sexual exploitation.

McGrath: I am very committed to increasing psychologists' involvement in primary care, through the development of internships, acquisition of prescriptive authority, and marketing of our profession as experts in both behavioral and emotional problems. One important consequence of such involvement would be improved identification of child abuse in primary care settings, as well as efforts to reduce the frequency of risk behaviors for the development of chronic disorders in children and adolescents. I am also very supportive of prescriptive authority for psychologists. If we train psychologists appropriately, our prescribing practices can have important implications for the troubling use of medications in children without sufficient information about their long-term developmental effects, as well as the excessive reliance on polypharmacy in residential settings.


Reisner: The APA has a proud history of social justice advocacy, and has frequently weighed in on progressive legislation and judicial decisions. As APA President, I will dedicate myself to collaborate closely with members of your division working with issues related to children and adolescents within disenfranchised groups, such as minority, immigrant, and LGBT families. I look forward to building coalitions of psychologists and the Council of Representatives to encourage US policymakers to ratify the UN Conventions for the Rights of the Child, for the Elimination of All Forms of Discrimination against Women, and on the Rights of People with Disabilities, all of which affect the health and well-being of children and families. Psychologists are uniquely positioned to offer the clinical, research, and policy data to support these and other initiatives aimed at offering support and protection for the world's children and their families.

Rozensky: My presidential initiative "Building Psychology's Future – Psychology and Public Health: 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 is 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 to assure that those populations receive proper attention within this initiative.

I invite you to visit www.RozenskyforAPAPresident.com for more 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. 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.

Division 53 Officer Slate for 2010 Election

Below is the slate for the open Division 53 officer positions. Statements will be available in the Spring 2009 *InBalance* newsletter.

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Luis Vargas

**Member at Large
(Membership and Practice)**

Yo Jackson
Martha Wadsworth

Self-Efficacy Beliefs and Depression: The Potential Role of Cultural Orientation

Jessie J. Lundquist and Walter D. Scott
University of Wyoming

Depression is a serious and common source of distress for many youth around the world (Andrade et al., 2003; World Health Organization, 2001). Given the alarmingly high prevalence rates and profound effects of depression on diverse communities, knowledge of risk and preventive factors is paramount.

Self-efficacy has been cited as a strong predictor of youth depression in both concurrent and longitudinal studies, and it is often a target for intervention among clinicians (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999; Holden, Moncher, Schinke, & Barker, 1990; Kraag, Zeegers, Kok, Hosman, & Abu-Saad, 2006; Multon, Brown & Lent, 1991; Scott & Cervone, 2004, in press; Scott et al., 2008; Stajkovic & Luthans, 1998; Yarcheski, Mahon, Yarcheski, & Carnella 2004). Self-efficacy is at the root of social cognitive theory, which posits that one's belief in his or her ability to obtain a desired goal is more central to human functioning than any other self-regulatory mechanism (Bandura, 1977, 1986, 1997).

Accordingly, when people perceive their abilities as commensurate or exceeding the demands facing them, they are able to effectively develop, adapt, and change to meet their environmental circumstances (Bandura, 2001; see Caprera & Cervone, 2000). Although psychologists typically assume that the health-promoting properties of self-efficacy hold true across cultures, the empirical findings are mixed (e.g. Chen, Chan, Bond, & Stewart, 2006; Klasen, 2004; Oyserman, Coon, & Kimmelman, 2002; Scott et al., 2008; Stewart et al., 2004).

Self-Referent Processes and Cultural Orientation

Some have suggested that self-referent processes (e.g. self-efficacy) play a central role in the well-being of only those persons from individualistic cultures (Heine & Lehman, 1997; Heine, Lehman, Markus, & Kitayama, 1999; Hoshino-Brown et al., 2005; Kitayama, Markus, & Kurokawa, 2000; Kitayama, Mesquita, & Karasawa, 2006; Kwan, Bond, & Singelis, 1997; Markus and Kitayama, 1991,

1994, 2003; Uchida, Norasakkunkit, & Kitayama, 2004). In individualistic cultures, people are exposed to practices and beliefs that view the self as autonomous and defined by a specific set of attributes, and it is deemed adaptive to view these attributes in a positive light (e.g. Heine et al., 1999, 2001; Markus & Kitayama, 1991; Uchida et al.).

In contrast, persons from collectivistic cultures are exposed to practices and beliefs that view the self as interdependent and encompassed within a set of group-based or social relationships. In these contexts, it is deemed adaptive to attend to group-based roles and obligations as opposed to focusing on the self (e.g. Heine et al., 2001; Markus & Kitayama, 1991).

Others counter this position and adopt a more universalistic perspective (Bandura, 1997, 2002), suggesting that one's orientation toward an individualistic or collectivistic culture is irrelevant because "a high sense of personal efficacy is just as important to group-directedness as to self-directedness" (Bandura, 2002, p.273; Fernandez-Ballesteros, Diez-Nicolas, Caprara, Barbaranelli, & Bandura, 2002). In other words, persons motivated by group pursuits also need to assess their ability to contribute to group-based needs. To demonstrate this effect, Bandura (2002) cites historical figures such as Ghandi, Mandela, and King as individuals who exercised tenacious self-efficacy in order to affect social change.

Due to limitations in the empirical literature, the impact of cultural orientation on the relationship between self-efficacy and depression has not yet been clearly established (e.g. Diener & Lucas, 2000; Kang, Shaver, Sue, Min, & Jin, 2003; Kitayama et al., 2000, Kitayama, Mesquita, et al., 2006; Kwan et al., 1997; Scott et al., 2008; Uchida et al., 2004). In order to address this important relationship, we are currently conducting a study to assess the impact of cultural orientation on the relationship between self-efficacy and depression in a sample of American Indian youth from a Northern Plains tribe. Our findings will have important implications for clinicians working

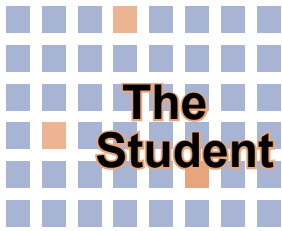
with culturally diverse youth.

If we find that self-efficacy is universally implicated in depression across cultural orientations (Bandura, 2002), then efficacy-promoting interventions (e.g. Scott & Cervone, 1994, in press) may be liberally introduced to culturally diverse youth harboring individualistic *and* collectivistic values and beliefs. However, if self-efficacy is implicated in depression only amongst those harboring individualistic values and beliefs, then interventions must be more thoughtfully applied. In the latter case, clinicians must be sure to recognize the within-group variance in cultural orientation within a given culture (Hermans & Kempen, 1998; Kitayama, Ishii, Imada, Takemura, & Ramaswamy, 2006; Vadello & Cohen, 1999; Whitesell, Mitchell, Kaufman, Spicer, and the Voices of Indian Teens Project Team, 2006), and be able to accurately assess the cultural orientation of their clients (e.g. Schwartz, 1992; Schwartz & Bardi, 2001; Schwartz & Sagiv, 1995).

Complete references available online at www.clinicalchildpsychology.com.



Jessie J. Lundquist



The Student View

An Interview with William Pelham, Ph.D.

by Roison O'Mara
University of Michigan



Roison O'Mara

For this column I interviewed Bill Pelham, Ph.D., distinguished professor of Psychology, Pediatrics and Psychiatry, and the director of the Center for Children and Families at State University of

New York at Buffalo. Dr. Pelham is also the Division 53 Task Force on Dissemination and Implementation of Evidence-Based Practice chairman. As the development, dissemination, and education of evidence-based practice becomes ever more important in our field, I hope that this interview will help students to become more aware of the main issues and think about how they can become better trained and more involved in the evidence-based movement.



What does it take for a treatment to be considered evidence based?

There are a wide variety of criteria that have been employed for a treatment to be considered as evidence based. There are a number of different lists and criteria, which is one of the problems in the area now in that there are so many different versions. For example, the Institute for Education Sciences has the What Works Clearinghouse website, SAMHSA has their National Registry of Effective and Promising Programs, and Division 53 recently published a special issue of *The Journal of Clinical Child and Adolescent Psychology (JCCAP)* in April 2008 (Volume 37, Issue 2) that reviewed and listed evidence-based programs. Their criteria are all different.

Basically what everyone is trying to do is come up with a list of programs that have at least some scientific evidence in support of them in comparison to no treatment or an already established treatment. Usually this means at least two good studies, which is what the FDA requires for drug companies.



Can you comment on the current state of training in evidence-based treatments in graduate programs?

We have the sense that there are not a lot of clinical doctoral training programs that do a good job in training their students in evidence-based treatment. We don't have survey data showing that is the case, but that is our impression. In addition, the vast majority of mental health services are not provided by psychologists. For example, social workers provide many more services in children's mental health problems than psychologists, and in schools of social work there is little focus on evidence-based practice.



How does Division 53 hope to improve this situation?

One of the ideas that the Division 53 Task Force on Dissemination of Evidence-Based Treatments has come up with is to have individuals in the Division with expertise in different disorders develop courses on evidence-based practices that could be available online for universities to use to teach their professional students--not only schools of clinical psychology but also schools of social work, counseling, school psychology programs, and so forth. So that's one way we are thinking about how to enhance training in evidence-based practice.



How would you suggest graduate students advocate for themselves to receive classes and clinical training opportunities in evidenced-based treatments?

The best way for students to tell whether they are receiving adequate training in evidence-based treatments is to read the 2008 special issue in *JCCAP*. If they are not being taught what is in that special issue they should go to their training directors and say "These are the evidence-based treatments in child mental health, why are these not being taught?" If the

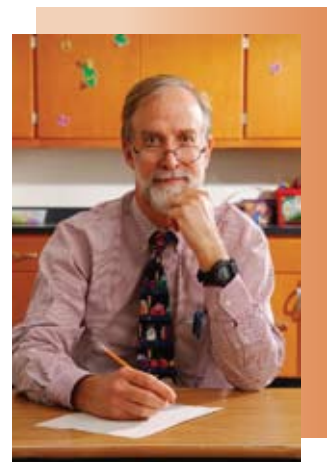
director of clinical training responds that they don't have anyone with expertise in that area, well that's where this online course would come in--if we can get it set up.



How do you suggest graduate students go about receiving training outside of their program?

Firstly they should read the Division 53 special issue. Then they could look around for when the various authors of the interventions reviewed as evidence-based in that special issue are doing workshops in their geographical area and then attend those workshops. Workshops are offered often and across the country, and they typically have a student rate.

Students can also come to the Division 53 sponsored Biennial Niagara Conference on Evidence-based Practice, which provides three days of presentations and training workshops on evidence-based treatments for



William Pelham, Ph.D.

child and adolescent mental health problems. The next one is planned for July 2009. The other conference that would be useful for graduate students to attend is the Kansas Conference in Clinical Child and Adolescent Psychology.

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 www.informaworld.com, Taylor & Francis' new online journal platform to all members who supply the division with their e-mail address. Members who have not activated their online access to the journal should contact Division 53 Executive Secretary Karen Roberts at APAdiv53@gmail.com. If you have already registered, please log in to the informaworld site and follow the on-screen instructions.

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



If you have questions regarding the status of your membership dues payment, or are having problems activating your subscription, please contact Division 53 Executive Secretary Karen Roberts at APAdiv53@gmail.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 3/31/09 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 4/1/09, but before the final dues deadline on 6/30/09, will have their membership and publication service reinstated. If you have not yet paid dues, please do so today!



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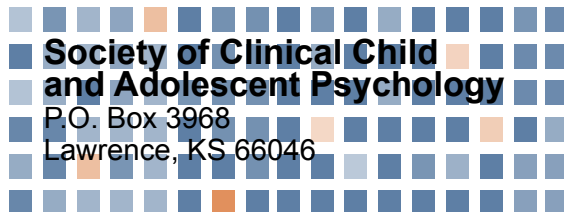
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