

## President's Message

### Looking Forward to 2010



Mary Fristad, Ph.D.  
President, APA Division 53

**P**roving that time indeed flies, this is my final presidential column for the members of the *Society of Clinical Child and Adolescent Psychology*, keeping you up-to-date on the work we are doing as a Board on your behalf.

I write this column the day after returning from the APA Annual Meeting in Toronto. Wow, was that an action-packed five days for our division. We had excellent programming, with a particular emphasis on the Best Practices series in autism, ADHD, disruptive behavior disorders, anxiety/OCD, depression/suicide and bipolar disorders. Turnout

for our division events was extremely strong, even in this year of economic difficulty. I was pleased to have an opportunity to meet a host of D53 members—thanks for introducing yourselves—and a special thanks to those who volunteered to assist with the Hospitality Suite. We hope to meet even more of our members there next year.

We held our annual board meeting in Toronto, and there are several really exciting developments I would like to share with you. First, our new website is nearly ready to launch. We decided to make it available before it is “perfect”, because as you might anticipate, waiting for perfection is a slow slog. We think you will like its new look and functionality. A huge thanks is owed to Mandy Jensen-Doss, who is coordinating this effort. Look for her column in this newsletter that will fully describe all the new bells and whistles available on the new and improved website, and please shoot her an e-mail if you have ideas to further improve the site once it is up and running.

### Looking Forward to 2010

In 2010 we will be starting Phase I of our Dissemination of Training (DOT) Project. William “Bill” E. Pelham, who was our Distinguished Career Award recipient this year and gave a standing-room only address in Toronto on his impressive body of research on psychosocial treatments for youth with ADHD), is spearheading the DOT Task Force. While D53 will continue to sponsor regional conferences (you heard it here first—both the Niagara Conference and the Kansas Conference are on tap for July and October 2010, respectively—reserve your spot now), we are going to add continuing education online opportunities at low-cost to members. Stay tuned to the newsletter, website, and listserv for upcoming announcements about these high quality, low cost CE opportunities.

[www.apa.org/pi/cyf](http://www.apa.org/pi/cyf)

It is always impressive to me whenever dealing with APA to be reminded of what a wealth of resources it can offer clinical practitioners, educators and researchers. The Members-at-Large will be writing about some of

these details in their newsletter columns, but let me highlight just a few for you.

- Dr. Kazdin’s (Past) Presidential Task Force on Post-Traumatic Stress Disorder (PTSD) and Trauma in Children and Adolescents has many useful publications available at [www.apa.org/pi/cyf/child-trauma/](http://www.apa.org/pi/cyf/child-trauma/)
- The Task Force on Resilience and Strength in Black Children and Adolescents at [www.apa.org/pi/cyf/resilience.html](http://www.apa.org/pi/cyf/resilience.html)
- The Task Force on Evidence-Based Practice with Children and Adolescents at [www.apa.org/pi/cyf/evidence.html](http://www.apa.org/pi/cyf/evidence.html)
- APA Policy Statements on Children, Youth and Families (these have very helpful reference sections as well as summary statements embedded in the resolutions)

You may notice that all these resources came from the Office of Children, Youth and Families, directed by Mary Campbell. Campbell has worked tirelessly on behalf of children since her appointment 20+ years ago when the office was opened. She was bestowed an inter-divisional award, sponsored in part by D53, in Toronto for her vision and leadership on behalf of children.

I would like to acknowledge other D53 members honored in Toronto. Marilyn Erickson completed decades of service to D53 and its previous incarnation, Section I of Division 12. She is the proud “midwife” of D53, having presented the petition for the formation of D53 to the Council of Representatives and witnessed its approval, and most recently, has been a Council Representative for D53. Cheryl King, is rotating off the Board after serving a 3-year presidential term (president-elect, president, past-president). Luis Vargas is similarly rotating off the Board after 3-years as Member-at-Large for Membership and Public Interest. Anne Marie Albano is trading in her 9-year stint as secretary of D53 to become its President-Elect. Martha Wadsworth, is completing a commanding 3-year performance as Program Chair (usually a 2-year position, we lucked out by getting Martha an extra year). Michael Southam-Gerow is turning in his keyboard as Newsletter Editor after this edition. Anna Lau completed a term as Listserv Manager, and Roisin O’Mara finished her term as Student Representative. Lastly, Ed Christophersen was named a Fellow of Division 53.

Finally, we have a new column in the newsletter from the President of the American Board of Professional Psychology-Clinical Child & Adolescent Psychology. I encourage you to consider board certification for yourself and, if you are trainee, take advantage of the cost-discount for participating in the Early Enrollment Option.

Please encourage your colleagues to join Division 53. You will find a membership form on page 11 to share.

In closing, feel free to contact me regarding any D53 matters (614-293-4572; [mary.fristad@osumc.edu](mailto:mary.fristad@osumc.edu)). I speak for the Board in saying it is our goal to have the Society do all it can to meet your professional needs. Best wishes to you in all that you do.

## In this Issue:

- APA Candidates for President (p. 4)
- Important Bylaws Changes (p. 8)
- New Division 53 Ph.D.s (p.7)

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#### Newsletter Deadline

Articles for the next newsletter  
are due by January 15, 2010.  
Please send your submission to  
newsletter editor Brian C. Chu at  
BrianChu@rci.rutgers.edu.



## Board Certification in Clinical Child & Adolescent Psychology: New ABPPs and Why the ABPP Might Be for You

By Kathleen Hart, Ph.D., ABPP

Board Certified Clinical Child and Adolescent Psychologist and President, American Academy of Clinical Child and Adolescent Psychology



Kathleen Hart, Ph.D., ABPP

**C**linical Child and Adolescent Psychology (CCAP) is now one of the 13 Specialty Boards of the American Board of Professional Psychology (ABPP). On behalf of the American Board of

Clinical Child and Adolescent Psychology, I'd like to begin by publicly acknowledging the following colleagues who, over the course of the last 18 months, have achieved Board Certification in our Specialty: **Cindy Nichols Anderson, Jarrod Leffler, Daniel Bagner, Michael Mellon, Ann Davis, Elaine Moor, Frank Ezzo, Brenda Payne, Rogiros Flevotomas, Margaret Richards, Greta Francis, Kathleen Sullivan, Yolanda Jackson, Barbara Tylenda, and David Kolko.**

Recognize anyone you know? Ask him or her to explain the benefits of Board Certification, and why you should consider seeking the recognition of training and competence that Board Certification provides.

#### Why consider Board Certification?

- Do you interact with or accept referrals from pediatricians or other physicians?
- Do you work in a hospital, or would you like to earn hospital privileges so you can provide services?
- Would it be helpful to list a credential to document your special skills in working with children and adolescents?

If you answered 'yes' to *any* of these questions, then you should consider pursuing Board Certification through ABPP in our specialty. Most of us have found that the term "Board Certification" quickly communicates our skill and competence, especially to the medical community. Furthermore,

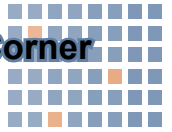
an ABPP is an important way to let mental health consumers know that you are specially trained to work with children, adolescents, and families.

For more information, contact ABPP Central Office at [www.abpp.org](http://www.abpp.org) or contact me at [hartk@xavier.edu](mailto:hartk@xavier.edu).

One last thing: there has been an important update concerning the administrative structure of ABPP. For many years, each specialty Board was served by a Board of Trustees, charged to administer exams and maintain an Academy. The Academy was comprised of the group of Board Certified Psychologists and these individuals served to recruit and mentor examinees, among other activities. The presence of a Board and Academy has been confusing for many of our members, and has proved challenging from a management perspective. After considerable discussion, ABPP has decided that each specialty should choose its own administrative structure, and the members of the CCAP Board of Trustees and Academy recently elected to merge to perform the duties of our organizations better and more efficiently. At this point, we anticipate that the newly merged organization will retain the name used by the Board: American Board of Clinical Child and Adolescent Psychology.

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## How the Division 53 Board Spent Their Summer

By Kathryn Grant, Member at Large for Science and Practice

This summer, Division 53 was busy with activities relevant to the integration of science and practice. Martha Wadsworth developed a program for APA's annual convention that featured a series of invited talks on best practice for a variety of disorders affecting children and adolescents.

Also at the APA convention, the Division 53 board conducted its annual meeting, and APA's Executive Director of Practice, Katherine Nordal, visited this board meeting. She informed us of a new initiative her office is pursuing that is relevant to our division. Assistant Executive Director of Governance Operations of the Practice Directorate, which now covers child/ adolescent/ school areas (Ron Palomares) provided me with additional information about this initiative by phone. In a nutshell, APA has entered into a partnership with the YMCA, which will allow psychologists to provide trainings at local YMCAs across the country. Public education materials that can be used to provide these trainings have been developed by APA and are available through their website. Materials include coverage of topics related to stress, obesity, and heart disease. If you are interested in learning more about this initiative,

go to [www.apapractice.org/apo/in\\_the\\_news/apa\\_apa-ymca\\_partnership.html](http://www.apapractice.org/apo/in_the_news/apa_apa-ymca_partnership.html).

Nordal also reported that the YMCA has indicated an interest in partnering with psychologists who have the capacity to implement community level interventions. If you would be interested in helping the YMCA develop community level interventions, please contact me, and I will help you make the needed connections.

The primary agenda item for our board meeting was consideration of a proposal developed by Bill Pelham, Chair of the Task Force on Disseminating Evidence-based Treatments. Bill's proposal laid out the first step in a long-term plan to disseminate evidence-based treatments through web-based trainings that would be available at no (or low) cost to Division 53 members.

To turn this vision into reality, experts in the field will be invited to make generic versions of empirically-supported treatments available as a service to the field. In addition, links to copyrighted materials will be provided so that these approaches can also be widely disseminated. A continuum of training options will be devel-

oped for each of a series of disorders ranging from one-hour overviews of recommended treatment methods to in-depth training sufficient for implementation of the treatment approach. Experts will be invited to serve as supervisors using video-conferencing, telephone, and chat room technologies. The board approved the first step of this initiative. Bill Pelham will proceed with my assistance.

We are very grateful to those of you who have already volunteered to help with this initiative, but we could still use more help. Please contact me by phone (773-325-4241) or by e-mail [kgrant@depaul.edu](mailto:kgrant@depaul.edu) if you would like to become involved with moving this exciting initiative forward.



Kathryn Grant, Ph.D.

## Updated Listing of Graduate Programs in Child and Pediatric Clinical Psychology

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

Just in time for the fall, the listing update of graduate programs offering training in child clinical, adolescent, or pediatric psychology is complete. This resource is used by undergraduate students who are interested in pursuing careers in child clinical or pediatric psychology. They can use it to locate appropriate programs that offer a Ph.D. degree and are APA-approved. Sixty programs are currently included, with information about the numbers of faculty, students, coursework, and clinical training. From here, students can find out how to access more detailed information through individual program websites or by researching programs in other media, such as *The Insider's Guide to Graduate Programs in Clinical and Counseling Psychology*.

Please tell your institution's psychology advising office about the listing, and share the web site with your undergraduate students who are seeking information about graduate school in child and pediatric clinical psychology. [www.unc.edu/%7Emjp1970/Directory/index.htm](http://www.unc.edu/%7Emjp1970/Directory/index.htm)

Once the new Division 53 website is up and running, we will be sure to maintain a link from

there. We appreciate the time and effort that those surveyed took in providing us with current information, and plan to update the information every 3 years. If we are missing programs that have a child clinical or pediatric clinical emphasis, if there is particular information that would be helpful to add to the spreadsheet for future iterations, or if there are inaccuracies please email me at [cmccarty@u.washington.edu](mailto:cmccarty@u.washington.edu).

Many thanks to our student volunteer, Michelle Roley, for her excellent work on getting this project organized, and also to Mitch Prinstein who was the founding father for this resource. My next project will be to do a similar listing of child clinical and pediatric internship programs... so stay tuned!



Cari McCarty, Ph.D.

### Save the Date: October 7-9, 2010 Kansas Conference on Clinical Child and Adolescent Psychology

The Kansas Conference is one year away! This terrific clinical child/adolescent conference is held in Lawrence, KS on the University of Kansas campus. Co-sponsored by the Society of Clinical Child and Adolescent Psychology (Division 53), the conference includes some of the world's leading experts in clinical child/adolescent psychology in an intimate venue.

Announcement and Call for Papers will be distributed to Division 53 listserv and by mail to all members in early 2010. Due date for paper submissions will be in early June, 2010.





Donald N. Bersoff,  
Ph.D., J.D.

**Donald N. Bersoff, Ph.D., J.D.**—Director of the J.D./Ph.D. program in Law and Psychology at Drexel University. He served as APA’s first general counsel and is the author of the APA-published, *Ethical Conflicts in Psychology*. He received his Ph.D. from NYU and his J.D. from Yale Law School.



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.



Ronald Rozensky,  
Ph.D., ABPP

**Ronald Rozensky, Ph.D., ABPP**—Professor and Associate Dean for International Programs in the College of Public Health and Health Professions at the University of Florida. Past Member of the APA Board of Directors and Current Chair of a HRSA Advisory Committee actively involved in writing healthcare reform recommendations. [www.RozenskyforAPAPresident.com](http://www.RozenskyforAPAPresident.com)



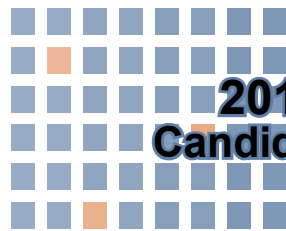
Melba Vasquez, Ph.D.,  
ABPP

**Melba Vasquez, Ph.D., ABPP**—Vasquez practices in Austin, Texas. She publishes widely about ethics, multicultural issues, supervision and counseling and psychotherapy. She is a past president of the Texas Psychological Association, of APA Divisions 35 and 17 and is a member of the APA Board of Directors. [www.melbavasquez-forapapresident.com](http://www.melbavasquez-forapapresident.com)

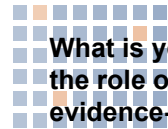


Robert “Bob” Woody,  
Ph.D., Sc.D., J.D.

**Robert “Bob” Woody, Ph.D., Sc.D., J.D.**—Professor of Psychology (and former Dean of Graduate Studies) at the University of Nebraska—Omaha. Woody is also an APA Fellow (Divisions 12, 16, 17, 18, 38, 40, 41, 42, 43). For more details, see: [www.Bob-WoodyHelpsPsychology.com](http://www.Bob-WoodyHelpsPsychology.com)



## 2011 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?

**Bersoff:** As the APA Task Force on the Assessment of Competencies in Professional Psychology (2006) acknowledged, the “assessment of competence requires a major culture shift (p. 97).” If the assessment of competence generally will require significant change in how our profession thinks, it may require a revolution for us to agree that we should be promoting the use of evidence-based practices throughout our professional lifespan—from graduate training through internship, licensure, and continuing education. The reality is that there is going to be some kind of transformational change in how health care is distributed and paid for. Professional psychologists who wish to be part of this transformation will, of necessity, need to show that their assessment and intervention methods are grounded in empirically-supported practices. There is beginning to be acknowledgement of this reality. For example, although there are controversial provisions in the Model Licensure Act, the current revision does define one aspect of a developed practice area as “an accumulated body of knowledge . . . that provides a scientific basis for the practice area including empirical support for the effectiveness of services provided (emphasis added).” The Competency Task Force (cited above), stresses that “it is important to assess a training program’s efforts . . . [regarding] individual differences and diversity and to evidence-based practices (p. 99).” It would be helpful, as well, for internships to require trainees to demonstrate competence in the assessments and interventions they propose to use by evaluating their famil-

ilarity with not only the theoretical literature but with their empirical support. As one can tell from this response, I am an enthusiastic supporter of evidence-based practice. We cannot hope to survive as profession merely on the basis of “clinical experience.”

**Rozensky:** APA must embrace competence in evidence-based practice [EBP] at all points throughout the education and career pipeline. For Psychology to continue to be the successful, scientific-based discipline it 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 for competency within our model licensing law 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 EBP is incorporated into ongoing psychological services.

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 whose work has received public comment via APA’s website and 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 utilizing 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 mod-

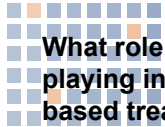
els for our students, interns and post docs whose scholarship as scientist-practitioners focuses on evidence-based treatment research.

**Vasquez:** I was on the organizing committee for the 2002 Competencies Conference on Future Directions in Education and Credentialing in Professional Psychology. One outcome was that a foundational competency is knowledge of empirically supported and evidence based interventions. We are at a developmental place in our discipline where the recognition of competency-based evaluation is growing. The 2005 Presidential Task Force on Evidence Based Practice (EBP) provided us with a broad definition of evidence-based practice, that included: “the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences” (APA Task Force, 2006, p. 272). As a former internship director and supervisor, I know how challenging it is for counseling and clinical training programs and internships to stay on top of the evolving research on treatment outcomes. Most effects of psychological treatments are caused by common, nonspecific factors (therapeutic alliance, belief in the treatment, and a clear rationale explaining why the client has developed the problems) and particular treatments may enhance outcome depending on multiple factors. We must ensure that training programs, internships, and providers of services have access to the best and most current evidence of treatment outcome studies. Continuing education about competencies in working with particular populations such as children, adolescents, older adults, multicultural and other groups must be continuously available as well. I am Chair of the Task Force to Revise the APA Model Licensing Act, and we are grappling with suggestions that licensing boards include some form of testing/assessment (oral or written exam) to ensure competency

**Woody:** In my teaching, publications, and real-world practice, I have long been a staunch advocate of the scientist-practitioner model. Indeed, in dealing with children, adolescents, and families (regardless of context), my publications (34 books and a couple of hundred articles) have consistently recognized the need for underpinnings from behavioral science. For example, my first book (1969) was on behavior modification in the schools, and although the terminology was different then, I supported what would now be deemed evidence-based practices. As the terms “evidence-based” and “empirically based” emerged, I embraced their acceptance. [For more details, see: [www.BobWoodyHelpsPsychology.com](http://www.BobWoodyHelpsPsychology.com)] Professionalism requires safeguards for society.

Accreditation of training programs must reflect current public policy, law, ethics, standards, and scholarly analysis. Nowadays, accreditation should evaluate adequate reliance on evidence-based ideas. That said, as a member of the APA Council of Representatives (2002 -2007), I endorsed that there are potentially several appropriate and useful definitions of the term “evidence-based.” By definition, professionalism also supports being open to ongoing scholarly research results and methodology. Accreditation should address how training programs define and approach evidence-based practices.

In my role with the Education Committee for the Florida Psychological Association (2001-Present), I have guided continuing education experiences, such as reviewing proposals for seminars and conferences. In every instance, I have endorsed having a well-defined scholarly framework (preferably with supportive empirical research). Even “experiential” offerings should rely on an authoritative basis.



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

**Bersoff:** There are at least two avenues that APA may pursue in advancing evidence-based practices. The first is through the APA Convention. I would advocate dedicating two two-hour symposia to “Best Practices in Assessment” and “Best Practices in Intervention.” I would also initiate a new award, given to the psychologist who that year demonstrated the best use of an innovative evidence-based practice. That psychologist would then present that innovation at an hour’s presentation at the convention. The second is through the journals. I would recommend the preparation of a special issue of AP containing articles that articulated evidence-based assessments and treatment.

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

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

APA’s Commission on Accreditation must be encouraged to continue to develop expectations that training in EBP be a “core competency” 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-based textbooks to its portfolio will reinforce EBP’s importance.

APA’s Continuing Education Programs must provide EBP workshops and seminar opportunities 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.

**Vasquez:** : APA’s support of our Science Directorate, and its initiatives to support and promote evidence-based research is one strategy. In addition, we must continue strong advocacy to influence the new White House Administration, Congress, and research granting institutions to promote behavioral health research for continued identification of effective treatments, and to promote funding programs for Graduate Psychology Education especially focused on child and adolescent services and research in underserved areas. It helps that the mission of Division 53 is to serve children, adolescents, and families with the best possible clinical care based on psychological science. I believe that we are ready to develop psychological treatment guidelines based on our evolved psychological evidence.

**Woody:** APA should continue to: support the research, innovations in the empirical study of efficacy, and dialogue about meanings of evidence-based treatments; assure that research on treatment encompasses a wide range of diverse clients and community settings; and disseminate evidence-based practices globally.

Recognizing there should be deference to state-level determinations, APA should set forth model state licensing laws, professional ethics and standards, and guidelines for dealing with critical issues. There are two important objectives: to assure high quality psychological services for ALL people (free from bias, prejudice, and discrimination of any kind); and to upgrade the quality of the profession. The bottom line is that APA must advance competency and assure availability of services, such as for underserved people. Certainly evidence-based practices are essential for achieving those objectives

*continued on page 8*

## New Editor for the Society Newsletter Starts in 2010

by Michael Southam-Gerow, Ph.D.



Brian C. Chu, Ph.D.

The Society of Clinical Child & Adolescent Psychology (SCCAP) has appointed Brian C. Chu to be its next newsletter editor. Chu has a Ph.D. in clinical psychology from Temple University and is currently an assistant professor at Rutgers University. His research focuses on childhood anxiety and depressive disorders, and particularly on process factors associated with treatment outcomes with CBT approaches. Chu has served as associate editor of the newsletter for the past several years and the transition should be seamless.

It has been my pleasure to serve as Newsletter Editor these past six years. During that time, we have moved to a glossy color newsletter and increased our presence on the web with PDFs of the newsletter posted immediately after their completion. I have benefited from working with the incredible group of child/adolescent

psychologists who serve SCCAP on the board. I will miss those interactions most.

The Board is considering how best to publish the newsletter: online only or both online and paper copies. The Board is also seeking even better integration of the newsletter with the new SCCAP website (see Dr. Jensen-Doss' article in this issue for a preview). Brian will have the pleasure of overseeing the newsletter in this coming transition. Please email Brian at [brianchu@rci.rutgers.edu](mailto:brianchu@rci.rutgers.edu) with your thoughts on these and any other newsletter related issues.

### Open Position: Associate Editor of InBalance

With Brian C. Chu at the helm of InBalance, a new Associate Editor for is needed. Interested individuals should contact Brian directly at [brianchu@RCI.RUTGERS.EDU](mailto:brianchu@RCI.RUTGERS.EDU).

## Nominate a Colleague for \$50,000 Cummings PSYCHE Prize

The 2010 Cummings PSYCHE Prize will recognize an individual whose career has expanded the role of the psychologist as a primary care provider working side-by-side with primary care physicians in organized systems of healthcare delivery.

Nominees for the \$50,000 prize must be licensed practicing psychologists with a minimum of ten years of experience. They must work in an integrated primary care setting and be involved in a comprehensive medical setting rather than in a specialized program dealing with one disease or issue. Nominees must demonstrate a record of past accomplishment as well as future plans to expand the acceptance of psychologists as behavioral care providers working directly with physicians in primary healthcare systems.

Deadline for nominations is December 1, 2009. For more information, visit [www.apa.org/apf/cummings.html](http://www.apa.org/apf/cummings.html).

## Call for Nominations Editor, JCCAP

The *Journal of Clinical Child and Adolescent Psychology*, (JCCAP), the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53 is seeking a new editor.

JCCAP publishes original empirical contributions on psychopathology, treatment, training, and professional practice in clinical child and adolescent psychology as well as child advocacy.

The Editor's term is five years, 2012-16. The successful candidate will overlap with the current editor in 2011 as Editor-Elect and assume the Editor's role in 2012. Nominees must be members of Division 53 with a comprehensive knowledge and broad perspective on the field of clinical child and adolescent psychology as well as demonstrated research, writing, reviewing, and editing skills.

Self-nominations and nominations of members of underrepresented groups in psychology are encouraged. Please provide name and contact information for the nominee by May 1, 2010, as well as a CV, brief statement of interest or support, and three names and contact information for letters of recommendation. Send nominations and inquiries to: Anthony Spirito at [anthony\\_spirito@Brown.edu](mailto:anthony_spirito@Brown.edu).

## New Division 53 Fellows

Division 53 encourages members to apply for Fellow status. Fellow status is an honor bestowed upon APA members who have shown evidence of unusual and outstanding contributions or performance in the field of psychology. Fellow status requires that a person's work has had a national impact on the field of psychology.

**Initial Fellows** are APA members who have **not** achieved Fellow status in any other division. For each nominee, the Division 53 Fellows Committee conducts an initial review and then makes recommendations to the APA's Board of Directors and Council of Representatives. The APA Council of Representatives ultimately elects the nominees to Fellow status during the annual APA convention.

**Current Fellows** are APA Members who are already Fellows in other divisions, and may become a Fellow in Division 53. Once an APA Member has been approved by the Fellows Committee, Board of Directors, and Council of Representatives for Fellow status in one division, no further approval from APA is needed to become a Fellow in additional divisions. The Division 53 Fellows Committee determines the eligibility of current Fellows and notifies APA of their decision.

Applications for Fellow Status in Division 53 are available from Karen Roberts, the Executive Secretary of Division 53 (e-mail: [apadiv53@gmail.com](mailto:apadiv53@gmail.com)). The deadline for submission of application materials is November 15.

For a complete list of Division 53 Fellows, visit [www.clinicalchild-psychology.org](http://www.clinicalchild-psychology.org)

## Fellowships for Child Psychology Research

APF is pleased to offer up to four \$25,000 fellowships for graduate students conducting research in child psychology. The Elizabeth Munsterberg Koppitz Fellowship program seeks to support scholarly work that contributes to the advancement of knowledge and learning in child psychology. Qualified applicants must have achieved doctoral candidacy. In addition to the four fellowships, up to two \$5,000 scholarships will be awarded to runners-up.

Deadline is November 15, 2009. For more information, visit [www.apa.org/apf/koppitz.html](http://www.apa.org/apf/koppitz.html).



## The SCCAP Listserv: Source for News, Information, and Networking

By Jarrod M. Leffler, Ph.D., ABPP

**W**ant to bounce ideas off colleagues and find the latest news about clinical child and adolescent psychology? Look no further: Division 53's listserv is your answer. The listserv is a tool that can provide the answers to many questions you have, from issues of science to issues of professional development, and more. For example, in one day you could receive information about job opportunities, funding sources, the latest treatment or assessment strategies, and updates related to the division and APA. As members we have a great opportunity to contribute to this tool and make it everything **WE** want it to be. How you might ask? By subscribing, being an active participant and being cognizant of the divisions posting rules.

Division 53 maintains two listservs. One is the General Division 53 listserv (all registered listserv members may post and reply to this). The other is the Announce-Only listserv which is used for communicating Division 53 business to members (no reply posts are accepted). Members can sign up for one or both and can choose to unsubscribe from either at any time.

### To subscribe to the general listserv:

Send an email to [div53list@gmail.com](mailto:div53list@gmail.com). In the body of the message enter the text: ADD DIV53

<your email address> <First Name> <Last Name> Do not put anything in the subject line.

### To subscribe to the Announce only listserv:

Send an email to [div53announce@gmail.com](mailto:div53announce@gmail.com). In the body of the message enter the text: ADD DIV53ANNOUNCE <your email address> <First Name> <Last Name> Do not put anything in the subject line

### To post to the general listserv:

Email the text to [DIV53@LISTS.APA.ORG](mailto:DIV53@LISTS.APA.ORG). Please do not send attachments with your text as they are not stored and sent with the messages. Messages are sent in a digest format to members once a day. However, members can choose to receive individual messages throughout the day by sending a message to [LISTSERV@LISTS.APA.ORG](mailto:LISTSERV@LISTS.APA.ORG) and type SET DIV53 NODIGEST in the body of the message. Do not put anything in the subject line.

Rules for participation in the listserv are important to maintain the goal of the listserv, which is to provide a forum for a discussion and sharing of knowledge relevant to clinical child and adolescent psychology. The purpose of the rules is to minimize the occurrence of events or situations that would distract from or

disrupt the overall goal of the listserv. Some rules include avoiding messages or posts that contain abusive, offensive, or illegal information. Rules are also in place to prevent the promotion of personal financial gains or electioneering as well as messages that pose risks to members such as chain letters or viruses. Additionally, when posting messages regarding clinical concerns please take precautions to protect the confidentiality of clients. When posting messages requesting participation in research projects please comply with guidelines on the division's webpage. Detailed guidelines and instructions are available on the division's listserv webpage at [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org).

As members we decide how successful of a tool the listserv will be. Please feel free to contact me at [jarrodleffler@nationwidechildrens.org](mailto:jarrodleffler@nationwidechildrens.org) with any thoughts, questions or concerns.



Jarrod M. Leffler, Ph.D.,  
ABPP

## Changes are Coming to the Division Website

By Amanda Jensen Doss, Ph.D.

**O**ver the coming months, you will see changes to the Division's website, [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org), that we hope will make the site, and your membership experience, more user-friendly. The site is very much a work in progress and we welcome your feedback as we roll out several new features.

### Look and Layout

The new website has a more streamlined look making the site easier to navigate. On the main page, there are news items and items of interest highlighting new additions to the website. The new layout is more flexible in regards to adding new pages to the site, so please contact me at [\[doss@miami.edu\]\(mailto:doss@miami.edu\) if you have suggestions for new content.](mailto:ajensen-</a></p></div><div data-bbox=)

### Evidence-Based Treatment Website

Division 53 has partnered with the Association for Behavioral and Cognitive Therapies (ABCT) to create a new website on evidence-based mental health treatment for children and adolescents. Designed by John Guerry and Mitch Prinstein, it provides the public and professionals up-to-date information about mental health treatments for youths. The site can be accessed by clicking on the Evidence Based Treatments link in the division site or at [www.effectivechildtherapy.com](http://www.effectivechildtherapy.com). Please look for a more detailed piece about this site in the Spring 2010 newsletter.

### Members Only Section and Online Membership

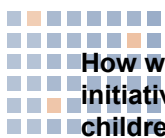
The most significant change to the site is a new Members Only section that will allow membership renewal and contact information updates online, and will provide direct access to membership benefits, including the online version of the *Journal of Clinical Child and Adolescent Psychology* and Behavioral Pro.

I welcome your feedback about the site at [ajensendoss@miami.edu](mailto:ajensendoss@miami.edu)



Amanda Jensen Doss, Ph.D.

...continued from page 5



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

**Bersoff:** It is quite clear that no single intervention is valid for all sectors of the population. For example, what works for a four-year old probably will not be effective with a fourteen-year old. Thus, as part of my recommendations in Part 2 above, I would encourage presentations and publications that focused on evidence-based practices for specific clientele. That is, what works best for preadolescents, adolescents, couples, and families and within those groups, what works best based on gender, race, and ethnic and sexual identity.

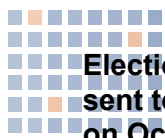
**Rozensky:** My presidential initiative “Building Psychology’s Future – Psychology and Public Health: Opportunities for Psychologists in Research, Practice, and Public Service” has as a key element the welfare of children, youth and families. It is my intention to utilize this future-oriented taskforce to include the practice and science of individual and population-based health promotion, disease prevention, treatment, and health policy across the lifespan. Members of the taskforce will include basic and applied scientists working with children, youth, and families to assure that those populations receive proper attention within this public health initiative.

**Vasquez:** I am interested in addressing such issues as poverty and health disparities among members of society. Children and adolescents with disabilities from poor families, who are ethnic minority, who are from LGBT families often do not receive the same quality of health and mental health services as the general public, and it is my goal that my platform will address these issues. We must attend to how health care and health insurance reform will protect and even strengthen coverage for our young people. In addition, I am interested in addressing educational disparities among ethnic minority and other children as well. We have psychological models of education that work, and we must work harder to bridge the gap between theoretical knowledge and educational practice.

**Woody:** I plan to increase professional awareness of the needs for effective services. Children, youth, and families from diverse backgrounds are among the most vulnerable members of society. There is a great need for services, especially those with empirical support. Service models should include a continuum of care and the “wrap-around” approach that uses or develops resources from all systems that impact families and children.

My career-long effort has spanned an array of diversity, with emphasis on children, youth, and families. As a school, clinical, and family psychologist, I have worked in rural and urban poverty-prone areas (including with Appalachian and inner-city folks). In practice and as a professor (director of school psychology training programs), I have focused on individuals with disabilities and those from disenfranchised cultural situations. I have taught and written about an array of childhood, adolescent, and family issues.

**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.

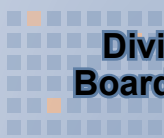


**Election ballots will be sent to APA members on October 14, and the election will close on November 28.**

**Important—Division 53 By-Law Update**

Division 53 is updating its By-Laws. An e-mail ballot will be sent to all members with an email on file with APA/Division 53.

If you wish to vote but do not have an e-mail address on file with APA or have indicated your e-mail address should not be released, please contact APA via [www.apa.org](http://www.apa.org), sign onto the “Members” section, and go to the “Update my profile” link to update your e-mail address. You may also contact Karen Roberts at [APAdiv53@gmail.com](mailto:APAdiv53@gmail.com) to be added to the email ballot list.



## Division 53 Board Openings

### Thinking of Running for Division 53 Office? Go For It!

Candidates are sought for three positions on the D53 Board of Directors. All three are three-year terms, including participation in monthly conference calls and attendance at one or two Board of Directors Meetings per year. E-mail nominations to Tony Spirito, President-Elect at [Anthony\\_Spirito@brown.edu](mailto:Anthony_Spirito@brown.edu).

**President-Elect**—helps steer the direction of the division. One year each is spent as President Elect, President, and Past President.

**Member-at-Large, Science & Practice**—liaison to the APA Science and Practice Directorates. Given the Division’s current initiatives, this position will primarily focus on dissemination of evidence-based assessment and treatment through innovative means (e.g., web-site courses and ongoing clinical supervision opportunities).

**Council Representative**—liaison between APA and D53 membership. Attends two meetings (one at APA headquarters, one at the APA Convention) and works actively with the D53 Board of Directors.



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.

**Sara J. Becker, Ph.D.**

Duke University  
Advisor: John F. Curry, Ph.D.  
*Longitudinal Association between Frequency of Substance Use and Quality of Life among Adolescents Receiving a Brief Outpatient Intervention*

**Eric Benson, Ph.D.**

University of Kansas  
Advisor: Ric Steele, Ph.D.  
*Physical Activity as a Mediator of the Relationship Between Self Efficacy and Body Mass Index in a Non-Clinical Sample of Children*

**Ann Chu, Ph.D.**

University of Denver  
Advisor: Michael C. Roberts, Ph.D.  
*Physical Activity as a Mediator of the Relationship Between Self Efficacy and Body Mass Index in a Non-Clinical Sample of Children*

**Sara Denise Glennon, Ph.D.**

University of Arizona  
Advisor: Richard J. Morris, Ph.D.  
*Juvenile Delinquency, IDEA Disability, and School Drop Out in High School Students*

**Paulo A. Graziano, Ph.D.**

University of North Carolina at Greensboro  
Advisors: Susan P. Keane, Ph.D.  
Susan D. Calkins, Ph.D.  
*Developmental Trajectories of "Hot" Executive Functions across Early Childhood: Contributions of Maternal Behavior and Temperament*

**Amanda Marie Heins, Ph.D.**

Midwestern University  
Advisor: Gloria Workman, Ph.D.  
*Refined integrative treatment approach for adult ADHD: The efficacy of pharmacotherapy combined with cognitive-behavior therapy and/or psychosocial treatment interventions.*

**Heather Hunter, Ph.D.**

University of Kansas  
Advisor: Ric Steele, Ph.D.  
*Family Factors and Risk Behavior in Adolescent Dating Relationships: Heterosocial Competence as a Mediator Between Interparental Conflict and Dating Violence*

**Rachel H. Jacobs, Ph.D.**

Northwestern University  
Advisor: Mark A. Reinecke, Ph.D..  
*The Role of Change in Dysfunctional Attitudes and Extreme Thinking in Failure to Maintain Remission among Adolescents Treated for Depression*

**Kerri Kim, Ph.D.**

University of Kansas  
Advisor: Yo Jackson, Ph.D.  
*Examining the Context-Specificity and Multidimensionality of Social Support for Children Experiencing Interpersonal Stress*

**Robert D. Latzman, Ph.D.**

University of Iowa  
Advisor: Lee Anna Clark, Ph.D.  
*Interrelations Among Youth Temperament, Executive Functions, and Externalizing Behaviors*

**Timothy M. Luis, Ph.D.**

Tulane University  
Advisor: R. Enrique Varela, Ph.D.  
*Social Cognitive Mechanisms of Separation Anxiety Symptoms in Children*

**Aaron Lyon, Ph.D.**

DePaul University  
Advisor: Sheldon Cotler, Ph.D.  
*School refusal behavior in ecological context: Broadening sample demographics and methods of assessment*

**Samantha Pia Miller, Ph.D.**

City University of New York  
Advisor: Cathy Spatz Widom, Ph.D..  
*Childhood Victimization and Childlessness*

**Radha B. Nadkarni-DeAngelis, Ph.D.**

The Ohio State University  
Advisor: Mary A. Fristad, Ph.D., ABPP  
*Clinical Course of Children with a Depressive Spectrum Disorder and Transient Manic Symptoms*

**Jennifer Mize Nelson, Ph.D.**

University of Kansas  
Advisors: Eric Vernberg, Ph.D., ABPP,  
Todd Little, Ph.D.  
*Adolescent Peer-Related Social Stress and Vulnerabilities for Underage Drinking*

**Gretchen S. Noble, Psy.D.**

Indiana State University  
Advisor: Liz O'Laughlin, Ph.D.  
*Attention-Deficit/Hyperactivity Disorder and Sleep Disturbances: Consideration of Familial Influences*

**John Powell, Ph.D.**

University of Kansas  
Advisor: Eric Vernberg, Ph.D.  
*The Relation between Children's Early Exposure to Communication Promoting Strategies and Later Behavioral Adjustment and Adaptive Skills*

**Hannah-Lise Tirado Schofield, Ph.D.**

The Pennsylvania State University  
Advisor: Karen L. Bierman, Ph.D.  
*Predicting Change in Conduct Problems During Middle School: The Utility of Risk and Protective Factors Assessed During Middle School*

**Laurie Stern, Psy.D.**

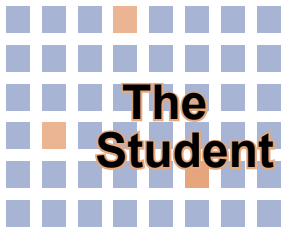
University of Hartford  
Advisor: Lourdes Dale, Ph.D.  
*Grandparents raising grandchildren: Potential for reducing parenting stress through the step parent training program*

**Erlanger A Turner, Ph.D.**

Texas A&M University  
Advisors: Robert W. Heffer, Ph.D.,  
Amanda Jensen Doss, Ph.D.  
*Parental Attitudes Toward Child Mental Health: The Influence of Ethnicity and Child Characteristics on Help-Seeking Intentions*

**Brian C. Wolff, Ph.D.**

University of Denver  
Advisor: Martha Wadsworth, Ph.D.  
*Mitigating Risk for Anxiety Among Preschool-age Children Living in Poverty: Evaluating the Impact of Adult-provided Social Support on Autonomic Stress Reactivity*



## The Student View

### Finding Your Feet:

#### Advice on Adjusting to Graduate Student Life

by Elisabeth Frazier, The Ohio State University



Elisabeth Frazier

you survive your program and maybe even enjoy it!

#### Use Your Resources

When you enter graduate school you may have way more questions than answers. Don't be afraid to reach out to your peers for support or simply to commiserate. Talk to more advanced graduate students in your research lab or program. These are the people who will provide honest and valuable information about courses, requirements, professors, and mentors. They are a great resource for research and clinical advice as well. You may think advanced grad students look too busy and should not be bothered, but most new students are surprised by how helpful advanced grad students can be. They know what you are going through.

In addition to grad student mentors, you should maintain a close working relationship with your faculty advisor. This will help keep you informed of opportunities for research and publications in your lab. You can also find a professional mentor who is not a faculty member by tapping regional and national resources like Division 53.

Realize that everyone will have his/her own opinion, whether you are deciding which faculty members should be on your thesis committee, what clinical techniques will work best for your clients, or which theoretical orientation will guide your future work as a psychologist. Soak it all up and leave as many doors open as you can. You will learn to value some opinions and disregard others while you figure out what works best for you.

#### Stay Organized

First, buy a planner and use it everyday. The more responsibilities you are given, the more you will need to write things down to accomplish them. It is especially helpful to buy an appointment book planner once you begin seeing clients.

Be aware that clinical psychology graduate programs have many steps to keep track of from class work to practica, master's thesis, doctoral candidacy exams, dissertation, and internship. Check with your graduate school ahead of time regarding paperwork and prerequisites that may need to be completed prior to finishing each milestone.

Try your best to stay on top of readings and be prepared for class. Unlike undergrad, graduate school focuses on critical thinking and discussion. Having said that, there are times when you simply will not be able to finish all of your assignments. This is where you will learn time management in a "trial by fire" experience and figure out which readings you can put off and which items you must finish first. Forming study groups may help you manage these tasks using a "divide and conquer" method.

#### Be Proactive

Grad school is not a spectator sport. Many opportunities can pass you by if you are not an active participant in your graduate school life. Get involved in your lab as much as possible and seek out opportunities to collaborate on publications. Always be on the lookout for funding opportunities, whether they are travel awards to present your research at a conference or grants to help fund new research projects. Many funding opportunities are posted on the Division 53 student listserv throughout the year.

Also, although you may have just started your graduate career, it is never too soon to start thinking about your master's thesis. After you have settled into your routine, sit down with your mentor to discuss possible research projects. It is wise to write your master's proposal the summer after your first year before you start seeing clients and filling your schedule to the max.

Take advantage of conferences. They are a great way to get your research out into the psychology world and lengthen your CV, but these are also the perfect places to network and meet famous, influential psychologists. It is important to interact with others in the field and get your name out there. You can also become more involved in the field by joining local, regional, or national psychological associations and volunteering your time.

#### Find Balance

This may sound contradictory to everything else in this article, but learn your limits. If you take on too many responsibilities at the same time, you will likely become overwhelmed and frustrated, making it difficult to complete everything and produce quality work. Sometimes you will not have a choice in the matter, but when you do, choose projects that are related to your research and clinical interests or have multiple uses. For example, if you have to write a research paper for class, pick a topic related to your research that you may be able to use as part of a literature review in your thesis. Leveraging such effective overlap is strongly encouraged.

It may seem impossible to have a social life after hearing all the requirements and expectations of graduate school. However, finding a balance between work and play is critical for keeping you from burning out. Find a way to enjoy your life during graduate school whether it's maintaining a hobby, grabbing coffee or a meal with friends, or joining a local recreational sports team. Look to your family, friends, and classmates for support when you are feeling overwhelmed. Take care of yourself by eating healthy (as healthy as you can on a grad student budget), exercising, and making time for sleep. You may feel guilty when going out with friends instead of working on a manuscript, but try to remember that you deserve a life outside of your office.

Thank you to everyone who submitted advice for this article. Please send comments and questions to [division53studentlistserv@gmail.com](mailto:division53studentlistserv@gmail.com).

### 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](http://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](mailto: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.

### 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 3/31/10 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 4/1/10, but before the final dues deadline on 6/30/10, will have their membership and publication service reinstated. If you have not yet paid dues, please do so today!



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](mailto:APAdiv53@gmail.com).



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

# Membership Application Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Province, Country \_\_\_\_\_  
 Office telephone \_\_\_\_\_  
 Home telephone \_\_\_\_\_  
 Fax number \_\_\_\_\_  
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Category (Check one box)	Rate
<input type="checkbox"/> Full member (not student or foreign affiliate) of APA (APA Membership No. _____)	\$40
<input type="checkbox"/> Associate Member of APA, confers same benefits of membership except voting privileges.	\$40
<input type="checkbox"/> Non-APA member or allied professional at or below the doctoral level	\$60
<input type="checkbox"/> Foreign affiliate member (except Canada)	\$50
<input type="checkbox"/> Student member of APA*	\$25/FREE
<input type="checkbox"/> Student but not a member of APA*	\$35/FREE

\*Membership is free for the first year for all students. Please have faculty advisor sign certifying enrollment in a psychology program (undergraduate, graduate, or post-doctoral).

Faculty signature \_\_\_\_\_

#### Listserves

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

#### Payment Method

- Check enclosed     Money Order
- Visa     Master Card     Discover     American Exp.

Name on Card \_\_\_\_\_  
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 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL U.S. FUNDS (Checks payable to SCCAP)

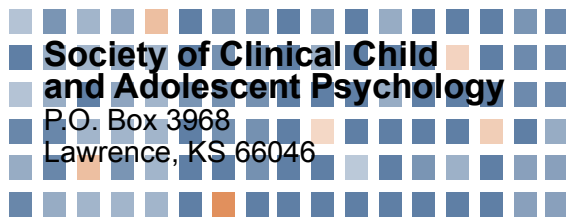


#### Return this form with payment to:

APA Division 53 Treasurer  
 c/o Karen Roberts  
 P.O. Box 3968  
 Lawrence, KS 66046

**Encourage a colleague to join!**





**Society of Clinical Child  
and Adolescent Psychology**

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