science into practice

InBalance

Society of Clinical Child and Adolescent Psychology Newsletter

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President's Message

Substance Use and its Effect on the Treatment of Adolescent Depression

Anthony Spirito, Ph.D., ABPP
President, APA Division 53

My two previous columns have detailed the efforts that the Society of Clinical Child and Adolescent Psychology has made towards disseminating effective treatments. Our APA programming in San Diego was consistent with these efforts with symposia highlighting evidence-based treatment for traumatized children, nonsuicidal self-injury, obesity and eating disorders, and adolescent substance use. These sessions were very well attended. Noticeably lacking were symposia on the treatment of co-occurring conditions. Why? Because our research base is very limited in this area.

I have been particularly interested in how substance use affects outcomes in adolescent depression treatment. I was involved in the multisite study entitled Treatment of Resistant Depression in Adolescents (TORDIA, Brent et al., 2008). In TORDIA, adolescents who had previously failed a trial with an SSRI were randomized either to another SSRI or venlafaxine. Half of the sample also received CBT. TORDIA ruled out adolescents diagnosed with substance use disorders. Nonetheless, more than half the sample reported using substances at least once and 25% reported experimentation three or more times. Goldstein et al (2009) conducted post hoc analyses on the TORDIA data to examine the effects of substance use impairment on depression and found that there was significant improvement in substance-related impairment among MDD responders. Also, MDD response at 12 weeks was greatest for adolescents with low 12 week substance-related impairment regardless of whether they had high or low baseline substance-related impairment at baseline. MDD response was significantly lower among teens with high 12 week substance-related impairment. Although the TORDIA sample was somewhat atypical in that all the adolescents had failed a previous trial of an antidepressant, these findings suggest that it is important to assess substance-related impairment even among teens with MDD who do not have a substance use diagnosis because it may affect their depression treatment.

My impressions from providing psychotherapy supervision to psychology and psychiatry residents and fellows over the last 25 years is that mental health clinicians vary greatly about whether to formally assess and when to treat or ignore substance use in their depressed, adolescent patients. We (Lichtenstein, Zimmerman, & Spirito, in press) conducted a survey of 30 treatment providers from both substance abuse and mental health clinics regarding common practice in the assessment and treatment of co-occurring depression and substance use disorders in adolescence. We found that the use of structured self-report and interview assessment/screening methods is uncommon. Although mental health providers were four times more likely to formally assess for depressed mood in their adolescent patients than substance use providers, still only 30% of the mental health clinic therapists in this sample actually assessed for depressed mood. Even fewer treatment providers (23%) formally screened for substance use, although substance use providers were ten times more likely to do so than mental health providers. It is not surprising that a small number of clinicians reported using formal assessment measures. Standard practice is to conduct an informal or unstructured "clinical interview" to generate diagnostic information and determine a basic treatment plan. Nonetheless, mental health providers may be missing substance use by adolescents who present with behavioral or emotional concerns if they do not systematically assess and reassess substance use over the course of treatment.

> *"Mental health providers may be missing substance use by adolescents who present with behavioral or emotional concerns if they do not systematically assess and reassess substance use over the course of treatment."*

Our survey also found that community therapists are rarely using treatment protocols (evidence-based or otherwise) for their adolescent clients with co-occurring substance use and mood disorders. Nearly all reported that they would use a specific intervention for co-occurring substance use and depression at their clinic if one were available. Very few studies have examined the effects of substance use on the treatment of adolescent depression. Even less common are studies designed to treat both depression and substance use in adolescents. Thus, it is important for the field to develop and test such protocols to help better address the problem of co-occurring depression and substance use which is common in clinical care. Because there are common treatment targets which cut across depression and substance use, such as maladaptive cognitions, maladaptive coping strategies and impaired affect regulation techniques, such protocols are both feasible and, according to our survey, very likely acceptable to clinicians.

References available at www.clinicalshildpsychology.com

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Newsletter Deadline
Articles for the next newsletter are due by January 15, 2011. Please send your submission to newsletter editor Brian Chu at *BrianChu@rci.Rutgers.edu*.

Member at Large Updates

APA Pushes for Psychology Recognized as a STEM Discipline

Kathryn Grant, Member at Large for Science and Practice

Kathryn Grant, Ph.D.

While I was at the APA annual convention in San Diego in August, I represented Division 53 at an APA Task Force session. The APA Task Force presented a recently completed report, "Psychology as a Core Science, Technology, Engineering, and Mathematics (STEM) Discipline." According to Task Force members who were present at the session, the purpose of the report is to make the case that psychology should be considered one of the core STEM disciplines. Task Force member John Dovidio of Yale University argued that psychology contributes to basic and translational research and should be included as part of the science curriculum beginning in elementary school. He and other task force members present (i.e., David Klahr of Carnegie Mellon University and Jennifer Manly of Columbia University Medical Center) suggested that failing to include psychology as a STEM discipline does a disservice not only to our field but also to the broader field of science, which benefits from interdisciplinary gains in knowledge that build upon one another.

The presenters made a convincing case; but, one of the discussants, Cora Marrett of the National Science Foundation suggested the report did not go far enough. Marrett indicated that some sections of the report fall into the trap that has kept psychology from inclusion as a STEM discipline. That trap is defining science based on content rather than method. She argued that all disciplines, which rely upon the scientific method to develop a knowledge base, represent scientific disciplines.

Although APA Council has already approved a final version of the report, Marrett encouraged the Task Force to make additional revisions to ensure it consistently identifies the scientific method as the defining feature of a scientific discipline.

Exclusive Web Content!

Read more exciting news online, including the latest from **Yo Jackson**, *MAL for Membership and Public Interest*. Yo wants your opinion on strengthening membership!

www.clinicalchildpsychology.com

Niagara Conference 2011

Cari McCarty, Member at Large: Education and Standards

Cari McCarty, Ph.D.

Are you looking for professional development opportunities or continuing education credits? The **2011 Niagara Conference on Evidence-Based Treatments for Childhood and Adolescent Mental Health Problems** has been scheduled for February 16 -18, 2011 in Miami, Florida.

Bill Pelham, one of the long-standing organizers of the conference, has relocated to Florida International University and will continue to co-chair the Niagara conference with Charles Cunningham. Many members of the SCCAP board will attend the conference in conjunction with our mid-winter meeting to discuss plans for disseminating knowledge and training in evidence-based treatments.

Division 53 plans to create professional video of many of the conference presentations and make the videos available on the D53 website, bringing evidence-based treatment and practices as taught by the treatment developers to your computer.

When completed, the series will cover a broad array of treatment topics relevant to clinical populations of children and adolescents, including ADHD, disruptive behavior, OCD, anxiety, depression, trauma, eating disorders and more.

This initiative is a very exciting prospect, whether you're seeking to expand your repertoire of treatment options, teach intervention techniques to graduate students, or hone your existing clinical skills.

Stay tuned for more information, if I don't see you in Miami!

Table of Contents

Improving Youth Access to Mental Health Services through Longitudinal Community Research

Greta Winograd, Ph.D.
State University of New York, New Paltz
New York State Psychiatric Institute


Greta Winograd, Ph.D.

Greta Winograd received the postdoctoral grant awarded by Division 53 for the 2007-08 academic year. The grant permitted Winograd to study Hierarchal Linear Modeling (HLM) through the University of Michigan's Interuniversity Consortium for Political and Social Research (ICPSR) and initiate an investigation entitled "Childhood Emotional, Behavioral, & Learning Challenges and Adult Role Function/Attainment: Mental Health & School Service Use" with the longitudinal Children in the Community Study *data set in collaboration with principal investigator Patricia Cohen. Longitudinal studies in community contexts can inform us about the circumstances of mental health treatment underutilization.*

The prevalence of mental disorders in youth is substantial (Wittchen, Nelson, & Lachner, 1998), putting large numbers at risk for educational, occupational, and social impairment as they transition to adulthood. While timely service use for emotional and behavioral issues has the potential to improve functioning, and while in recent years, there has been a trend for more youth to be in contact with mental health services (Sourander, Santalahti, Haavisto, Piha, Ikäheimo, & Helenius, 2004; Cuffe et al., 2001), staggering proportions of youth with serious mental disorders continue to go untreated by specialty providers (see Sourander, Niemelä, Santalahti, Helenius, & Piha, K., 2008).

Help-seeking Barriers & Catalysts

Families of youth who underachieve in school or meet criteria for disorders such as ADHD and CD are more likely to seek professional help than families of youths who struggle in ways that are comparably less disruptive and burdensome to others (e.g., internalizing disorders such as anxiety and depression; Cohen, Kasen, Brook, & Struening, 1991). Many families who recognize the presence of externalizing or internalizing symptoms still do not see these symptoms as mental health problems (they often see this distress as part of a turbulent adolescence; Zachrisson et al., 2006), and thus not severe enough to warrant treatment.

Even when need is acknowledged, structural barriers such as limited availability of services, lack of knowledge, time limitations, transportation difficulties, poor health insurance coverage, and feeling overwhelmed with other life responsibilities can hinder initiation and continuation of formal help (Ford, 2008; Harrison, McKay, & Bannon, 2004; Yu, Adams, Burns, Brindis, & Irwin, 2008). Providers and clinics may inadvertently contribute to client attendance with waiting lists, cumbersome appointment processes, inconvenient hours, or failing to return phone calls (Harrison et al., 2004; Owens et al., 2002).

Expectations that seeking help may make matters worse, mistrust of the mental health profession, negative past experiences, fear of stigma, parental perception of failure, and beliefs that problems should be kept within a family can also serve as barriers to help-seeking (Ford, 2008). Demographic characteristics -- youth age and gender, ethnic and religious background, immigration status, residence in an urban, rural, or suburban setting, and social class -- often make a difference in how salient barriers are to families (Cohen & Hesselbart, 1993; Costello & Janiszewski, 1990; Ford, 2008).

Research Questions

Important questions remain about the relationship between help-seeking, long-term functioning, and quality of life outcomes for youth who suffer from mental health problems. Schools provide extensive formal mental health services, yet outcomes related to school services are rarely examined in prospective longitudinal studies. Enduring benefits of help-seeking from informal sources (friends, family, mentors) have also been understudied (Sourander et al., 2004). Moreover, we know little about: the extent to which youth-parent congruence in problem recognition contribute to service use patterns, how barriers to service use change over time, and about differential outcomes depending on mental health problem, severity, the age at which the disorder first manifest, the age(s) at which formal treatment is obtained (if ever), and the kinds of help received (if any).

Children in the Community Study

The Children in the Community Study (PI: Dr. Patricia Cohen) began over 30 years ago in 1975, when a cohort of 821 children between the ages of 1 and 10 years old were randomly sampled from Albany and Saratoga counties (New York) to develop indicators of physical health and social, emotional, and cognitive functioning in census-based geographic areas. To date, the sample has been followed up at six subsequent time points, between early adolescence (mean age 13.8 years) and middle adulthood (mean age 39 years). Across the seven waves of data collection, information has been collected across informants (youth, mothers, and clinicians) about individual cohort members' mental health problems, perceived need for help for these problems, barriers to receiving professional services, and actual experiences with the mental health system, school-based services, and informal support. Important real-world outcomes from late adolescence through middle adulthood were also assessed, including: role functioning (school, work, home), relationship quality, social support, educational and occupational attainment, attainment of developmental milestones, and life satisfaction. The Children in the Community Study data set is thus well-equipped to allow for an examination of the important questions noted above pertaining to youth mental health and service use over time. My hope is that findings from longitudinal statistical analyses with this data set (currently in progress; stay tuned!) will ultimately inform outreach, education efforts, and clinical practice itself.

References available at www.clinicalchildpsychology.com

2012 APA Candidates for President

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.

Suzanne Bennett Johnson, Ph.D., ABPP

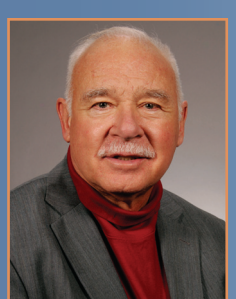
Suzanne Bennett Johnson, Ph.D., ABPP—APA fellow and Distinguished Research Professor at Florida State University College of Medicine. She received her B.A. in psychology from Cornell University and her Ph.D. in clinical psychology from SUNY at Stony Brook. For more information, see *www.SBJforAPA.com*

Paul L. Craig, Ph.D., ABPP

Paul L. Craig, Ph.D., ABPP—board-certified in clinical neuropsychology. He is in full time practice in Alaska serving children, adolescents, and adults. Craig is a clinical professor at the University of Washington School of Medicine through the WWAMI Program. Craig is APA's Treasurer (2008-2010) and has helped keep the APA's financial ship afloat through the recent economic downturn. Visit *www.paulcraigforAPApresident.net*.

Armand Cerbone, Ph.D., ABPP

Armand Cerbone Ph.D., ABPP— practices in Chicago where he has been counseling LGBT individuals and couples since 1978. He is a Fellow of five divisions of APA and is board certified in Clinical Psychology. He co-authored APA's *Guidelines on psychotherapy with LGB Clients* and chaired the working group for APA's *Resolution on sexual orientation and marriage and Resolution on sexual orientation, parents and children.*



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. Wood has authored 34 books and several hundred articles. He is a Fellow in nine APA divisions.

1.What is your position on APA establishing practice guidelines? What criteria would you promote as the basis for such guidelines?

Bersoff: When I took General Psychology 50 years ago the first thing we learned was the definition of psychology—the scientific study of behavior of human beings and other animals. The definition has not changed, only our forgetting of it. Science and behavior are like conjoined twins connected by their brains—impossible to separate and deadly to both if they should be. The scientific underpinnings of clinical work are crucial to its credibility. If clinicians are to survive the transformational changes health care is bringing we must rely on evidence-based interventions, not empirically-unsupportable theoretical orientations. APA's strategic plan clearly contemplates that practice guidelines must be based on empiricism. Goal 3(c) states that psychology must "expand the translation of psychological science to evidence-based practice." As APA president I would unequivocally endorse that goal. In the long term, I would hope to convene a summit with the themes of producing "clinical scientists" who are as comfortable with therapy as they are with analysis of variance and of promoting cohesion toward the development of a unified theory of behavior.

Bennett Johnson: Having worked my entire professional career in medical settings – where the use of practice guidelines is considered the standard of care, I have always been perplexed at psychology's reluctance to embrace such an approach. Consequently, I am pleased to see APA take on this task since I believe that psychology must be willing to join the larger healthcare community if it wants to be a real player in healthcare. That said, I am very much aware that practice guideline development is a time-consuming, resource-intensive enterprise that essentially never ends (since any guideline must be updated in the face of new evidence). Consequently, as APA moves into this arena, it must assure a methodology and process that has credibility within the larger healthcare community. This effort must not be construed as solely a self-promotional enterprise or it will be discounted by healthcare decision-makers. To be credible, APA must select a methodology and process that is transparent, objective, and evidence-based. I am very excited that the leadership for this new APA initiative involves a joint collaboration between APA's Practice and Science Directorates. This is an ideal arrangement because it takes advantage of the scientist-practitioner training that is unique to psychology; no other healthcare profession is trained in this way. APA Practice will assure that practice guideline development proceeds in areas of need and APA Science will assure that the best science is brought to bear on the important mental health problems facing our citizens.

Craig: The National Guideline Clearing House (www.guidelines.gov) already contains 389 references to "psychological" interventions—none of which were developed by the APA. Guidelines to be promulgated by the APA should reflect that psychological evaluation and treatment services for children are evidence-based and cost-effective. However, our guidelines should not be manualized treatment protocols. Guidelines must allow psychologists flexibility and room for creativity when applying psychological science to the complex child and adolescent problems that present in the clinical setting.

Cerbone: Having co-authored Guidelines for psychotherapy with lesbian, gay, and bisexual clients and seen the influence they have had on practice and

seen them translated and promulgated in other countries, I clearly support the development of practice guidelines as a tool to assist practitioners deliver competent and appropriate service to specific populations and situations. I also believe that they can be helpful to consumers in seeking appropriate care.

Having co-authored two documents on the criteria for development of practice guidelines that are now APA policy, I advocate the development of guidelines only when there is demonstrated need and that each guideline in a set of guidelines lay forth both a rationale for the guideline and examples of its application to practice. Finally, each guideline must clearly demonstrate its foundation in research and professional consensus.

Practice guidelines, which are population focused, must be distinguished from treatment guidelines, which are disorder focused. APA has recently committed itself to the development of treatment guidelines. I support psychology's developing treatment guidelines rather than leaving the field to psychiatry alone. The development of treatment guidelines will bind practice and science in collaborative work well into the future. If elected, I will advocate that sufficient resources are provided for the work to meet the highest standards of science by the most qualified and respected psychologists and broad collaboration as central to their development.

Woody: For educational/guidance purposes, I favor practice guidelines. I oppose, however, any notion of "one-size fits all." The 1981 specialty guidelines were helpful, but a bit overly specific in places; they merit reconsideration, but should not be considered prototypes. The scientist-practitioner model should prevail.

All practice guidelines should be produced by teamwork, with consideration of public policies, laws, organizational objectives, and (most definitely) empirical- and evidenced-based ideas. No guideline should reflect "political correctness" per se. My forthcoming book, Helping Children and Adolescents: Evidence-Based Strategies from Developmental and Social Psychology (Hogrefe, 2011), reflects my commitment to scholarship for the Div 53 objectives. Use of scholarly information, blended with humanistic caring, should be fundamental to any guidelines. With children and adolescents, research from developmental/social and family systems certainly should be considered. No theory should be automatically rejected. If eclecticism is accommodated, it should be predicated on a scholarly plan for integration.

To assure that the psychologist is prepared for the onerous task of tailoring services to the particular client, practice guidelines should provide suggestions (not dictates) for individualized decision-making. Logically, professional knowledge, ethics, and standards should shape the message inherent to every practice guideline.

Finally, there should be provision that will assure, much like individualized decision-making, that practice guidelines will be on an evolutionary track. What is seemingly appropriate today should readily adapt to the research and public policy/law considerations that occur in the future.

2. The economic recession has contributed to declines in support for both health services and research initiatives. What role do you see APA playing in re-establishing funding both in the short- and long-term?

Bersoff: I will use my experience as lawyer, educator, and long time APA governance member to seek sources of financial support. For example, the new health care law authorizes extension of the Graduate Psychology Education Program (GPEP) providing training grants to accredited graduate, internship, and postdoctoral programs. But authorizing and appropriating are different matters. I will make securing federal funding for GPEP an essential priority of my tenure.

Psychologists are the best trained of all mental health professionals but we must move out of our institutional offices and traditional roles. If we are to preserve positions for psychologists and expand employment opportunities, we must be innovative and venture outside typical systems and roles. There are federal programs such as the National Health Service Corps that provide financial assistance to psychologists willing to serve in designated underserved rural and urban areas. As Norman Anderson reminded the Presidential Summit in 2009, attention to racial and ethnic diversity represents an opportunity to make a difference in public health and to expand psychological practice in new directions. One of those new directions is health promotion.

As a practitioner said at the Presidential Summit, "If I had to choose just one thing to enhance the practice of psychology in the next year, I would infuse the public with education about how psychology can lead to healthy living in areas such as weight control, stress management, sleep disorders, smoking, and so on."

Bennett Johnson: APA has an impressive history of advocacy for both psychological science and practice. It helped assure passage of mental health parity and continues to work hard to assure that psychology is included in healthcare reform. Considerable resources are spent in advocacy efforts for psychological science across many agencies, e.g., NSF, NIH, DOD, SAMSHA. For the first time in its 117 year history, APA has a strategic plan with three goals: (1) To maximize organizational effectiveness; (2) To expand psychology's role in advancing health; and (3) To increase recognition of psychology as a science. The fact that two of its strategic goals address the issues raised by this question, highlights APA's commitment to both psychological practice and research. As a member of the APA Board of Directors, I participated in the development of APA's strategic plan. I am running for APA President because I want to help make the strategic plan a reality and because I believe I bring a set of experiences and perspectives that may be particularly useful. My clinical work has been in an integrated practice with endocrinologists treating children with diabetes. I spent a year on Senator Hillary Clinton's staff as a Health Legislative Aide. I have a 30+ year funding history at NIH, working on interdisciplinary research teams advocating for psychology as a science. I want to use the APA Presidency to address science and practice issues on a larger scale than I have been able to do in my own clinical and scientific work.

Craig: : During the recent economic boom, healthcare expenditures increased dramatically. However, funding for outpatient behavior health services and research remained stagnant. As described in my APA President-elect ballot statement that you will receive mid-September, I believe that the ongoing implementation of The Wellstone-Domenici Mental Health Parity Act and the emerging impact of The Patient Protection and Affordable Care Act (i.e., healthcare reform bill) places psychology on the brink of a potential renaissance. Evidence of efficacy is front center in healthcare reform. Psychological science must be called upon to assist with determining what constellation of prevention and intervention health services results in the best outcomes for our children and adolescents within the integrated health home promoted under healthcare reform. APA must be at the table, representing the voice of behavioral science, to help public and private policy makers understand the important contributions psychologists can make as primary behavioral healthcare providers.

Cerbone: I believe APA's Practice Directorate and Government Relations Office have been effective in securing psychology a role in national healthcare reform and protecting practice and education, thus far. I believe that with increased

...continued from page 5

resources and personnel they could be more effective by creating a much-needed, stronger, and more visible presence on Capitol Hill. Congress needs to see more of our psychologists presenting more of our science and evidence based recommendations for healthcare services. In a similar vein, I would promote the expansion of the Public Education Campaign to educate the public and policy makers about psychology as a health profession.

I think the state associations have a similar role to play. Educating legislators and policy makers to the value of behavioral research and interventions on a variety of health and social issues to their constituents is critical. (And how many state legislators will be future Congressmen where they influence national healthcare policy?) Having been president of my state association, I understand the importance of working with government and the positive effects on policy that favors psychology. Being gay and having chaired the working group that drafted APA's policies on gay marriage and parenting, I understand personally and professionally the power of our science and advocacy to improve the welfare of many.

I think promoting psychology as a STEM discipline is critical to the future of research as well as for the credibility of evidence-based practice in the eyes government and private funders. This is a high priority for me.

Woody: Within a framework of producing benefits for ALL people through strengthening the profession of psychology, APA should increase its efforts to prove that there is an solid "value-added" rationale for: funding psychology to address the effects of natural disasters, trauma, chronic illnesses, infectious diseases, disabilities, hunger, poverty, unemployment, terrorism, war, and crime; and advancing psychology into education, training, and research for domestic and global human welfare, especially health care.

On the home front, funding can be re-established by persuasive and authoritative communications. The primary message should be that there, regrettably, remain numerous underserved populations in rural or urban areas who are in dire need and deserve improved mental health services. Through well-crafted educational strategies (and technology), governmental and public sources must be taught that psychological knowledge and interventions can help remedy unmet needs.

Also, funding will flow from governmental and public recognition that: in order to assure quality services and care to ALL people, the national health care system unquestionably needs psychology; and psychological research unifies biological and technical ideas, which means that psychology should be a mainstay in the education and training of all health care providers. These two thrusts will justify financial support for new roles for psychologists; certainly primary care, neuropsychology, psychopharmacology, empirically-derived assessment, and interdisciplinary interventions should be prominent.

Related to health care, funding will be garnered by introducing psychological consultation into every health-related issue. That is, the knowledge derived by psychological research and practice wisdom should be imparted in every health care service.

3. DSM is undergoing revision that will change the criteria for certain disorders, may remove certain categories, and possibly expand the number of mental disorders that can be applied to children and to adults. What role and relevance do you see for the DSM-V in the practice of clinical child and adolescent psychology?

Bersoff: Although there are competitors, the DSM will continue to be the gold standard upon which insurance companies and other third-party payors will rely. That is why it is important that Division 53, as well as the leadership of APA, ensure that the diagnostic categories that are relevant to children and adolescents are psychometrically and clinically sound. When I was training school psychologists in the 1960s and 1970s, there seemed to be an epidemic of learning disabled children. More currently, the same phenomenon is occurring with attention deficit disorder. There is the danger of pathologizing and overmedicating otherwise normal, though bothersome, behavior. Thus, I would like to reverse the intent of this question and ask, not what effect DSM will have on the practice of clinical child and adolescent psychology, but what effect Division 53 can have on ensuring that DSM-V criteria are valid and empirically tested. The Division, along with APA, must exercise its considerable influence in shaping DSM's diagnostic criteria.

Bennett Johnson: Many eminent psychologists have played an important role in the DSM and its revision; their efforts and expertise are commendable. Nevertheless, the DSM is an American psychiatric classification system (and a major source of income for the American Psychiatric Association) that has come under increased scrutiny over its close connection to the pharmaceutical industry. The rest of the world uses the ICD (International Classification of Diseases) promulgated for free by WHO (World Health Organization. All countries - including the US - report their health statistics to WHO using the ICD. Because the US uses a separate system for classifying mental disorders – the DSM –it has developed cross-walks, translating DSM codes into ICD codes. In the past, this has been made easier by the large role American psychiatry has played in the development of the mental health codes in the ICD. This process has markedly changed by the placement of a psychologist – Dr. Geoffrey Reed (formerly of the APA Practice Directorate) - in a major leadership role at the WHO in the revision of the mental health ICD codes. APA has provided the necessary funding to WHO- through the International Union of Psychological Science - to support this effort. I believe that the future lies with the ICD, not the DSM. US health statistics must be reported to WHO using the ICD; continued reliance on the DSM is unnecessary and inefficient. Further, HIPAA regulations will require all diagnoses (including mental disorders) to be provided using the ICD by 2013.

Craig: As APA's Treasurer, despite massive budget cuts during 2009, I was a strident advocate for APA to fund the salary of a psychologist to lead the team at the World Health Organization (WHO) currently revising the behavioral disorders section of the ICD-10. In this role, Geoffrey Reed, Ph.D. is assuring that the taxonomy used in the ICD-11 is premised on psychological science, not clinical folklore. Certainly, the DSM has been an interesting and sometimes useful tool to classify emotional and behavioral problems evidence by children and adolescents seeking psychological services. But as epidemiologic and outcome research becomes increasingly global, the ICD-11 will emerge as the gold standard for diagnosis of behavioral and emotional problems evidenced by individuals of all ages, thanks to the financial support provided by the APA.

Cerbone: Because diagnostic categories have obvious relevance to insurance carriers and for the conduct of research into mental health dis-

orders, and because the DSM remains the primary diagnostic tool in the U.S., the DSM-V will have considerable influence on future practice of child and adolescent psychology. Until psychology can play a more central role in the development of the DSM-V, the categories will continue to reflect a medical bias and less a behavioral one.

Personally, I prefer the ICD which is also undergoing revision. For the first time in the history of the ICD, a psychologist is playing a key role in the revision of the ICD. He is Geoffrey Reed, former Associate Director of the Practice Directorate. He is now Senior Project Officer, Revision of ICD-10 Mental and Behavioural Disorders, Department of Mental Health and Substance Abuse, World Health Organization. As such, he sits in the seat previously reserved for psychiatry. It is promising, then, that the ICD may be much more consistent with and friendly to psychological principles of functionality and behavior, for instance, than the DSM has been. Should the ICD gain in usage here in the States, the DSM' influence on clinical practice may shift.

Woody: I consider the DSM to be an authoritative reference source, but nothing more. From my starting as a school psychologist, much of my career has been in service to children, adolescents, and families, as well as teaching related courses (both my PhD and ScD dissertations were on children). Being familiar with the developmental aspects of childhood and adolescents, I am aware that each youth is unique and that change can and will occur.

With the DSM, I have two major issues. First, I am concerned that the "count the symptoms" approach contained in the DSM, along with the expansion of categories, could forecast an illogical tendency to impose conditions that could lead to wrongful "preordained outcomes" or "forgone conclusions." Second, much like attaching labels to children with disabilities, there must safeguards against "type-casting" in education and clinical services. Stated simply, open-mindedness is an essential dimension of professionalism, and parents and professionals of every ilk must not allow an authoritative tome, like the DSM, to accommodate fixed-thinking or dogmatism.

I advocate clear instructions about use of the DSM, with emphasis on developmental and idiosyncratic consideration for use of information about nosology (comparable, perhaps, to the psychometric information and instructions contained in certain objective test manuals). I would also caution against allowing certain conditions or problems (as championed by so-called "advocacy groups") receiving unjustified acceptance or denial. Again, the key seems to be maintaining allegiance to developmental and individualized thinking by the professionals using the DSM. For more information, please see: *www.BobWoodyHelpsPsychology.com*.

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 September 15, and the election will close on November 1.

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 President Tony Spirito, at *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, Education and Standards—Liaison to the APA Education Directorate. Given the Division's current initiatives, this position will primarily focus on best practices for training from predoctoral through professional-level, including continuing education activities and guidelines for best-practice and competent care.

Division 53 Election Results

Division 53 is pleased to announce the results of the Officers Election for 2011.

President-Elect: **Mary Fristad**, Ph.D.
Treasurer: **Dick Abidin**, Ph.D.
Member-at-Large (Science and Practice): **Kathy Grant**, Ph.D.
APA Council Representative: **Martha Wadsworth**, Ph.D.

Congratulations to all elected and on behalf of Division 53, a special thanks to those who chose to run for office but were not elected this year—Drs. Debra Beidel, Frank Ezzo, Jonathan Weinand, and Doug Tynan.

Division 53 Public Relations Initiative

Getting the Word Out: Promoting Effective Therapies for Youth

Anna Van Meter and Mitch Prinstein, Ph.D.
University of North Carolina at Chapel Hill

There is increasing evidence that the mental health of children in the United States is under-served. Recent surveys indicate that at least one in five children and adolescents in America suffer from a mental health disorder. However, in spite of the fact that studies have routinely shown that early intervention is one of the best ways to help kids overcome psychopathology and prevent the perpetuation of mental health problems into adulthood, only about half of these children receive services.

Sadly, even youth who are engaged in treatment may not be getting good care. A recent report in *The Washington Post* stated that many psychotherapists, "tend not to use the most effective types of treatments available; and they admit to little in the way of scientific training" (November 15, 2009). There are numerous psychotherapeutic treatments with solid scientific support, but the majority of therapists do not use them.

As clinicians and researchers dedicated to providing the best possible clinical care to children and adolescents, we believe that SCCAP members have a responsibility to advocate the use of science-based therapies. Keeping with this mission, SCCAP recently launched a joint initiative with the Association for Behavioral and Cognitive Therapies (ABCT) to promote the dissemination of evidence-based therapies for childhood disorders. The cornerstone of this initiative is our website, *www.effectivechildtherapy.com* which provides information for parents and clinicians about child mental health disorders and the most effective psychotherapeutic treatments.

Parents can utilize the site to educate themselves about the symptoms, course, and best treatments for their child's disorder. Information most relevant to their child is easy to find and helps parents feel confident that the treatment they select is based in science and is effective. The site also enables parents to search for a local therapist committed to the practice of scientifically-based therapy.

Clinicians interested in using evidence-based therapies will find a wealth of resources on the site, including links to manuals for select treatments, references for the evidence supporting highlighted therapies, and contact information for the scientists who developed the treatments. Clinicians may also want to refer their patients' parents to the site, to help educate them and gain treatment buy-in.

A great deal of time and effort went into the development of *www.effectivechildtherapy.com*, and SCCAP has now entered the second phase of the initiative, aimed at promoting the site. Anna Van Meter, a third year student in the clinical psychology doctoral program at the University of North Carolina at Chapel Hill, has been selected to serve as the Public Relations Coordinator for the site. The position was created to develop a "grassroots campaign" to reach out to parties that can benefit from the information provided through the website. This campaign will take multiple approaches to reach a diverse audience, including promoting the site through the mainstream and social media outlets, marketing the site at professional conferences, and arranging speaking engagements to advance the site's mission.

In the first few months in her role, Anna has taken a broad approach to raise the profile of *www.effectivechildtherapy.com*.

- Changes were made to the site to make it eligible for the HONcode (Health On the Net). This is a prestigious seal of approval for medical websites that meet high requirements for transparency and scientific rigor of the information posted. The application process is now underway; once approved, the HONcode designation will boost the site profile and legitimacy among other healthcare providers.
- National organizations dedicated to mental health issues were contacted to make them aware of the site and to ask them to link to *www.effectivechildtherapy.com*. Among the organizations that responded positively were NAMI and SAMSHA.
- Therapists who are listed in the site's database for parents seeking treatment were asked to link to the site on their websites. In exchange, their sites are now listed on the "Links" page of *www.effectivechildtherapy.com*. If you have a website and would like to link to *www.effectivechildtherapy.com* contact Anna.
- The Health Editors at several major parenting magazines were contacted and encouraged to report on the importance of science-based therapies for children and adolescents and point out the significant need for greater public awareness about child mental health.
- Stickers—Hopefully you all received (and proudly wore) your *www.effectivechildtherapy.com* sticker at APA in August. We designed the sticker to help remind you of the good work you're doing and to be an advocate for effective therapies among your colleagues.
- A series of podcasts is in the early stages of development with the *Behavior Therapist (http://behaviortherapist.podbean.com)*. The *Behavior Therapist* podcast has over 20,000 subscribers and gets about 200 new subscribers each day.

There are other plans in the works to help promote *www.effectivechildtherapy.com* including contacting parent organizations to increase awareness among parents of children who suffer with psychological disorders, and working to update Wikipedia with accurate information about different therapies.

We are off to a good start and have received positive feedback about the site, but we are faced with a big challenge. There are thousands of websites about childhood mental health and about different types of therapy—unfortunately, much of the information is inaccurate. We need your help to make *www.effectivechildtherapy*.com the go-to place for both parents and clinicians seeking accurate, up-to-date information.

How you can help:

- Promote the site—Whether through word-of-mouth, your blog, listservs, or professional organizations, let your colleagues know about *www.effectivechildtherapy.com*
- Educate your clients. Help parents understand that there is a difference in therapies and that it is important to seek out one that is proven to work. Consider offering fliers in your practice (contact Anna for a template) or promoting the site among your clients in other ways. Parents that understand the treatment can more effectively support your work with their child at home
- Make a suggestion. Anna wants to hear from you—let her know about ideas you have for increasing traffic to the site or otherwise advancing the mission of SCCAP.

Anna Van Meter
University of North Carolina at Chapel Hill
Email: arvm@email.unc.edu
Phone: (401) 378-0209

Division 53 Member Doctoral Degree 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.

Randy P. Auerbach, Ph.D.

McGill University
Advisor: John R.Z. Abela, Ph.D.
Understanding the Etiology of Depression in Adolescents: An Examination of Proximal and Distal Vulnerability Factors

Brandon Aylward, Ph.D.

University of Kansas
Advisor: John Colombo, Ph.D.
The Impact of Risk on the Developmental Course of Visual Attention in Infants Born Prematurely

Steven Behling, Ph.D.

DePaul University
Advisor: Daren S. Budd, Ph.D
The Impact of Religiosity on Parenting Behaviors in Latter-day Saint Families

Rebecca E. Brackett, Ph.D.

Pacific Graduate School of Psychology at Palo Alto University
Advisor: Rebecca L. Jackson, Ph.D.
Further Validation of the Two Factor Model in a Sample of Detained Youths

Robin S. Everhart, Ph.D.

Syracuse University
Advisors: Barbara H. Fiese, Ph.D.
Joshua M. Smyth, Ph.D.
Family functioning and treatment adherence in children and adolescents with cystic fibrosis and Dating Violence

Sara Corbin Gould, Ph.D.

University of Kansas
Advisor: Yo Jackson, Ph.D..
The Impact of Parent and Child Responsiveness on the Association Between Printed Materials in the Home and Child Language Development

Sarah W. Helms, Ph.D.

Virginia Commonwealth University
Advisor: Terri N. Sullivan, Ph.D.
Assessment of perceived positive and negative outcomes in risky adolescent dating and peer situations: A descriptive analysis of risk and benefit perception

Milena Imhof, Psy.D.

Alliant International University
Advisor: John Bakaly, Ph.D.
Affluent Adolescents: The Psychological Impact of a Socioeconomic Extreme - A Booklet for Mental Health Professionals

Rochelle James, Ph.D.

University of Kansas
Advisor: Michael C. Roberts, Ph.D..
The Role of Family Conflict in the Relation Between Exposure to Community Violence and Depressive Symptoms

Matthew Jarrett, Ph.D.

Virginia Polytechnic Institute and State Univ.
Advisor: Thomas Ollendick, Ph.D.
The Treatment of Comorbid Attention-Deficit/Hyperactivity Disorder (ADHD) and Anxiety in Children

Alexis Kahan, Psy.D.

Ferkauf Graduate School of Psychology at Yeshiva University
Advisor: Abraham Givner, Ph.D.
Psychologists' Perceptions of Siblings of the Mentally Ill

Michael J. Kofler, Ph.D.

University of Central Florida
Advisor: Mark D. Rapport, Ph.D.
ADHD and Working Memory: The Impact of Central Executive Deficits and Overwhelming Storage/Rehearsal Capacity on Observed Inattentive Behavior

Christine A. Limbers, Ph.D.

Texas A&M University
Advisors: James W. Varni. Ph.D.
Robert W. Heffer, Ph.D.
Health-Related Quality of Life and Family Impact in Children with Attention-Deficit/Hyperactivity Disorder and Co-Morbid Psychiatric Conditions

Meghan McMurtry, Ph.D.

Dalhousie University
Advisors: Patrick McGrath, Ph.D.
Christine Chambers, Ph.D.
A Multi-Method Examination of Adult Reassurance during Children's Painful Medical Procedures

Linda L. Michaels, Psy.D.

Illinois School of Professional Psychology
Advisor: Neal Rubin, Ph.D.
The Migration Experience: Physical and Psychic Journeys of the Immigrant Therapist

Cameron Neece, Ph.D.

UCLA
Advisor: Bruce L. Baker , Ph.D.
Dual Diagnosis: An examination of the validity of an ADHD diagnosis among children with intellectual disabilities

Roisin M. O'Mara, Ph.D.

University of Michigan
Advisor: Cheryl A. King, Ph.D.
5 Year Outcomes of Suicidal Adolescents: The Role of Sexual Abuse

Mélina Rivard, Ph.D., Psy.D.

Université du Québec à Montréal
Advisors: Jaques Forget, Ph.D.
Normand Giroux, Ph.D.
Changes in the Social and Verbal Behaviors of ASD Children at the Onset of an Early Behavioral Program and Link with Social Attention Sensitivity

Kerry Silvia, Ph.D.

Suffolk University
Advisor: Lisa Coyne, Ph.D.
Self-Disclosure to Friends Versus Self-Disclosure to Parents as a Protective Factor Among Parentally Bereaved Adolescents

Matthew Young, Ph.D.

The Ohio State University
Advisor: Mary Fristad, Ph.D., ABPP
Comparison of Diagnostic Interviews for Children Accessing Outpatient Metal Health Services

Alexandra Zagoloff, Ph.D.

Illinois Institute of Technology
Advisor: Robert Schleser, Ph.D.
The Mediating Effect of Language Skill on Academic Achievement Among African American, Caucasian, and Latino First - Third Grade Students

The Student View

Students' Perspectives on the APA Convention

Rebecca Siegel, Alpert Medical School of Brown University

The APA Convention in San Diego provided many opportunities for students to network, gain career advice, and socialize with other students. Division 53 hosted three events specifically geared towards students interested in clinical child psychology: a student social hour, internships/postdocs on parade, and a career pathways panel. Two Division 53 Student Advisory Board members, Sarah Beals-Erickson from the University of Kansas and Jessica Joseph from the University of Wisconsin-Milwaukee, report their experiences at these student events.

Student Social Hour

SCCAP student members joined with two APA divisions with interests in child psychology, Society of Pediatric Psychology(Division 54) and Society for Child and Family Policy and Practice (Division 37) to host a joint student social hour for student attendees at the APA convention.The social hour allowed students from different stages in their education and from different programs to share their experiences and advice with others.

Approximately 20 students attended the social hour, including graduate and undergraduate students. As a group, attendees discussed applying to graduate school, how to pick a faculty mentor, differences in Ph.D. and Psy.D. programs, and other issues pertaining to graduate education in psychology.

Student representatives also provided more information on their divisions and what membership can provide for students. Members of the Division 53 Student Advisory Board provided information on finding funding resources for graduate student-initiated research and a handout with an overview of evidence-based treatments for psychological disorders in children, as well as resources for finding more evidence-based protocols and treatments. Student representatives from Division 37 provided information on how students can get involved in policy work and where to find policy-related internship experiences. Division 54 student representatives provided information about pediatric psychology and how to join the division.

Overall, the social hour was an informative and successful networking event for students who share interests in different areas of child psychology. Future student events jointly sponsored by these divisions are a great way for students to continue to broaden their interest scope and meet other up-and-coming professionals

Internships/Postdocs on Parade

Co-hosted with Divisions 54 and 37, the Parade provided students with the opportunity to meet, socialize, and ask questions of faculty, interns, and fellows from child clinical and pediatric psychology programs from across the country. This event was well-attended by both trainees and professionals. Many site training directors were present and it was a wonderful opportunity to begin to form connections with these individuals early in the application process. A majority of the programs provided handouts with detailed information about their training opportunities, and many had previous interns or fellows present to share their experiences.

Students preparing to apply in the fall were given a unique chance to make contacts with some of the sites they were interested in and to ask questions in person. Students who attend this event in the future may want to look at the APPIC directory beforehand and come prepared with questions for the sites they would like information about. However, future attendees should also remain open to learning about new sites that they may not have considered before attending this event. Overall, the Internships/Postdocs on Parade is an amazing opportunity for students to begin to network with some of the leading clinical child and pediatric internship and fellowship sites in the country.

Rebecca Siegel, MS

Career Pathways Panel

The Career Pathways event provided students with the opportunity to glean career advice from seasoned professionals in clinical child and adolescent psychology. The professional panel included Jarrod Leffler from Children's Nationwide Hospital; Brian Chu from Rutgers University; Anthony Spirito, from Brown University; William Rae from Texas A&M University; and Richard Abidin from the University of Virginia. Panel members represented a wide array of professional experience and shared their career experiences in academia, private practice, hospital settings, clinical administration, and training future psychologists.

An important take-home message from this discussion was that each of these well-established professionals took a unique path to finding their niche in clinical child and adolescent psychology. They all agreed that remaining flexible and open to new opportunities was the key to finding the right position. Several of the panel members described times when their career paths changed direction either because they switched research interests, clinical populations, or career settings. The panel members encouraged students to be open to the many opportunities that will arise throughout one's career and to keep evolving and adapting to the professional field. Panel members advised students to have goals, but to hold them lightly enough to allow flexibility.

Panel members also discussed the importance of considering practicalities when making career choices, such as considering personal or family needs and salary (though it was not recommended to make decisions based solely on how much money could be earned). They also reassured students that despite pressure to get the best internship spot, what is most important is to complete an internship—students can still be successful in their careers even if they do not get placed at their number one internship site. They also advised students to pick internship sites that provide some familiar experiences, but to also be open to places that will provide well-rounded and novel experiences.

Professionals urged students to follow their interests, and encouraged students to be confident in themselves. Overall, experienced clinical child and adolescent psychology professionals provided student convention attendees with guidance, support and examples of the different paths a professional career in clinical child and adolescent psychology may take.

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

Visit ***www.clinicalchildpsychology.org*** for complete membership information.

2010 Membership Information

Joining Division 53 awards many benefits, including access to:

SCCAP Journal

The *Journal of Clinical Child and Adolescent Psychology* is a leading child psychopathology and treatment journal.

Quest BehavioralPro

Division 53 members are provided behavioral health information for clinical practice, teaching, and research purposes from Quest Health Systems, Inc.

*In*Balance Newsletter

*In***Balance** is published 3 times a year offering topical features, news of interest, and important policy-related information.

Useful Listservs

A members-only listserv provides a forum for scientific and professional topics. The announce-only listserv alerts you to Division developments. Students may join either of these listservs as well as a Student Only listserv.

Convention Activities

We sponsor several APA Convention activities: symposia, workshops, poster sessions, and a social hour that allow you to network, learn, exchange information, and stay abreast of current clinical and research topics in our field.

Continuing Education

CE credits can be obtained at the annual APA Convention and at sponsored regional conferences.

Task Forces

SCCAP task forces investigate issues pertinent to child mental health policy, treatment, and diagnostics.

Free Student Membership

Starting in 2011, students will have their membership fees waived as long as they are students and maintain APA membership (1st year is free for non-APA members).

More Student Benefits

SCCAP is dedicated to encouraging student participation and strives to maintain sensitivity to the needs of people pursuing training in the field. Students are represented on the SCCAP Board of Directors and SCCAP sponsors sessions on finding and securing internships in clinical child psychology at the APA annual convention.

Advocacy for Children's Mental Health

Most importantly, our strength and size offer crucial opportunity for advocacy. Thanks to your membership, SCCAP is able to work toward improving children's mental health care services at local and national levels and offer advocacy to support mental health careers and training. The size of our Division is directly related to our representation on APA's Council of Representatives, and our continued growth has allowed us to obtain seats on APA task forces and committees and to participate in ongoing discussions regarding clinical child specialization and accreditation.

Come join us at *www.clinicalchildpsychology.org*

Apportionment Ballot

About Apportionment

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

As an example, the Division of Psychoanalysis (39) has much more power in the COR than Division 53 despite their much smaller number of members: we have four times as many members! They accomplish this because most of their members cast their ballots for their division. As a result, the issues important to them receive more air time at Council meetings than those of importance to Div53. Div53 could triple the number of its representatives if we, the members, all submitted our ballots, apportioning all votes for Division 53. Doing so will allow our representatives to bring child-related issues to the fore at COR.

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

Society of Clinical Child and Adolescent Psychology
P.O. Box 3968
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Society of Clinical Child and Adolescent Psychology
2010 Board