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PRESIDENT’S MESSAGE

2014: A WONDERFUL YEAR WITH DIVISION 53

What a year it has been! In my last message as president of Division 53, I want to share what a joy it has been to work with the outstanding Division 53 team and members. We are a wonderful society, with energy, wisdom, and a commitment to improving the lives of kids and families. I will also update the membership on our initiative to mobilize science and practice to enhance the success of health care reform.

Why Integrated Care is Important

Many of us have personal experiences that motivate the work we do. I want to share one such personal experience, which I believe highlights the need for integrated health and mental health care—an area emphasized in current efforts to improve health and mental health care in our nation.

Emily, a young girl whose memory I will always treasure, was suffering from an autoimmune disorder. She was treated by a surgical specialist in one of our nation’s finest children’s hospitals. Her treatment involved a high dose of steroids, which had some benefits. However, as Emily’s physician reduced her steroid dose, she began to suffer from depressive symptoms. In a message to her physician, Emily described these symptoms as severe and “unbearable.” Although aware of the severity of Emily’s depression, the physician never sent Emily for a mental health evaluation or treatment. Within a few days of her last physician visit, Emily took her own life by suffocation. It appears that the physician was aware of Emily’s severe depression, he failed to recognize the potentially life-threatening nature of depression. A strong integrated health and mental health team might have led to recognition of Emily’s risk level and effective evaluation and treatment. It is my sincere hope that the work we are doing to enhance the success of health care reform will help to make these critical mental health resources available to medical teams and prevent such tragedies in the future. Now, let’s turn to the work.

Health Care Forum: Georgetown University, Washington, DC

On August 5, 2014, in an effort to mobilize our science and practice to enhance the success of health care reform for youths and families, Division 53 held a health care forum in Washington DC. Funded by a grant from the Committee on Division/APA Relations, plus additional funding from Division 53, Divisions 54 (Society of Pediatric Psychology) and Division 37 (Society for Child & Family Policy & Practice), we brought a small group together composed of scientists and clinicians from diverse disciplines, representatives from federal agencies charged with providing care and services to children and families, and insurance companies that cover the costs of care. Following a brief introduction and clarification of forum goals, Jeanne Miranda, Ph.D., kicked off a discussion of the opportunities provided by the Patient Protection and Affordable Care Act (ACA) & parity legislation for youths and families, highlighting the increased access to health and mental health care that this legislation provides. Trina Anglin, M.D., Chief of the Adolescent Health Branch, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, spoke about HRSA initiatives and the needs of children and adolescents. She noted that the ACA presents unprecedented opportunity, with insurance coverage available for all youths up to age 18 and the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit leading to increased screening for health and mental health problems and increased access to treatment (http://mchb.hrsa.gov/epsdt/overview.html). Representatives from the Substance Abuse & Mental Health Services Administration (SAMHSA) included Larke Nahme Huang, Ph.D., Senior Advisor to Children, Youth and Families Director of the Office of Behavioral Health Equity, and Lead of the Trauma and Justice Strategic Initiative, who spoke about SAMHSA initiatives for youths and families and the importance of increased efforts to improve care for children and adolescents through health homes, integrated care, and prevention programs. Richard McKeon, Ph.D., Chief of the Suicide Prevention Branch, SAMHSA, emphasized the importance of strategies for preventing the over 38,000 lives lost to suicide each year in the United States, reminding us of the need to focus on care transitions such as hospital or emergency department discharge, when risk is elevated and there are known problems with linkage to outpatient community care.

The current president of the American Academy of Child & Adolescent Psychiatry (AACAP), Gregory Fritz, M.D., and Thomas McNemery, M.D., the immediate past-president of the American Academy of Pediatrics (AAP) and member of the AAP Mental Health Task Force, added perspectives from their disciplines and organizations and emphasized the commitment of AACAP & AAP to attending to the behavioral and mental health care needs of youths. Francisco Azocar, Ph.D., a psychologist representing Optum Health (previously United Healthcare), which currently insures over 60,000,000 people with $3,000 providers, described a number of exciting initiatives aimed at improving care and patient outcomes. These initiatives emphasize developing infrastructure to enhance accountability, outcomes monitoring, transparency, and payment reform to move towards an outcomes driven payment system that pays for value vs. volume.

Jeanne Miranda, Ph.D., discussed the critical question of health and mental health care disparities in our nation, highlighting data indicating that minority populations tend to have poorer access to care and when they do receive care, quality of care tends to be poorer than that for non-minority populations. Statistics showing a lack of diversity in our mental health care workforce were also presented and discussed as a potential barrier to engagement in care for some minority youths and families.
I presented preliminary results of a meta-analysis conducted by a Division 53 team, including Michelle Rozenman, Ph.D., our current student representative, showing that integrating care for mental health and substance abuse problems within primary care leads to significant improvements in outcomes for children and adolescents, particularly when the integration builds on the resources of the primary care practice setting through team-based collaborative care programs. Sharon Portwood, J.D., Ph.D., and John Lochman, Ph.D., from Division 37 highlighted issues related to prevention and promotion of population health. Terry Stuncic, Ph.D., from Division 53 and Division 54, reviewed issues related to workforce development, underscoring the shortage of clinical child and adolescent and pediatric psychologists, and the critical need to move beyond traditional mental health care models to provide integrated health and behavioral/mental health care, and addressed training and quality improvement strategies for providing a competent workforce for integrated care models. The need for a transformation in education and training for physicians as well as psychologists and other allied professions to promote integrated health and mental health teams was emphasized by Michael Wilkes, M.D., an internationally recognized innovator in medical education and Director of Education at University of California, Davis.

APA initiatives aimed at addressing the unique role of psychology in health care reform were discussed. Anne Kazak, Ph.D., Co-chair of the Task Force on Patient Centered Medical Homes (PCMH), an APA Presidential Initiative developed by current APA President Nadine Kaslow, Ph.D., discussed the work of this task force (I am also a member of this PCMH task force, representing the needs of children and adolescents). Douglas Tynan, Ph.D., Director of the newly established Office of Integrated Mental Health Care within the APA Center for Psychology and Health, spoke about the exciting work planned to promote the role of psychologists in providing integrated mental and behavioral health services in primary care and other health care settings.

The unique needs of adolescents were highlighted by Joanna Brown, M.D., from Brown University School of Medicine and Director of the Rhode Island Adolescent Patient Centered Medical Home Initiative as well as Michael Wilkes, M.D. They emphasized the value of integrated care and patient centered medical homes during this critical developmental period. This point is supported by data indicating that modifiable risk factors such as depression and substance use problems are major contributors to the three leading causes of death in adolescents and young adults: accidents, suicide, and assaults/homicide (Hoyert & Xu, 2012; CDC, 2014).

Other participants made thoughtful and wise contributions and this column would be too long if I shared all that occurred that day. These other participants included: Bonnie Green, Ph.D.; Kimberly Eaton Hoagwood, Ph.D.; Jennifer Hughes, Ph.D.; David Janike, Ph.D.; Paul Kettlewell, Ph.D.; Cheryl King, Ph.D.; Sherry Peters, MSW; John Piacentini, Ph.D.; Ashley Trudnak, MSPH; and Timothy Wysocki, Ph.D.

The day concluded with an exciting commitment to continue collaborative work and provide an example of diverse disciplines and stakeholder groups coming together to improve care and outcomes for our kids. So, stay tuned for future developments. We hope to make a real difference!

Moving Forward
In January, I will pass the presidential baton to John Piacentini, 2015 President. I want to thank you for your support and participation during 2014. It has been an honor to serve as your president. I look forward to continuing to work with Division 53 to improve lives and prevent tragic preventable suffering and deaths through improving care for kids and families. In honor of kids like Emily, we move forward and use our knowledge and creativity to advance health and mental health care and the field of clinical child and adolescent psychology.

Check out our website in honor of Emily, developed as a place for kids to find support in building wellness and coping with the stresses and strains of daily life: www.ucla-em.org/Home.php.

We welcome comments, suggestions, and collaborations. Feel free to contact me at: jasarnow@mednet.ucla.edu.

References available from the editor, hawleyk@missouri.edu.
Adam Bryant Miller is a doctoral candidate in clinical psychology at George Mason University and currently a pre-doctoral clinical psychology intern at Seattle Children’s Hospital in the University of Washington School of Medicine. Adam completed his dissertation, “Test of the Interpersonal-Psychological Theory of Suicide in a Clinical Adolescent Sample” under the mentorship of Dr. Christianne Esposito-Smythers. Miller’s dissertation examines whether the Interpersonal-Psychological Theory of Suicide, a theoretical model developed for adults, also predicts suicide risk in adolescents. This important work bridges research on adolescent self-harm and clinical practice with at-risk youths. Additionally, one of his first-authored publications on childhood trauma and suicide risk was recently featured on a website, dugdug.com, that translates academic research for use within lay communities. During doctoral training, Miller was awarded two research grants. The first from Inova Kellar Foundation, a non-profit child and adolescent mental health center where Miller has worked as a research coordinator. The second from the American Psychological Foundation (APF) Graduate Research Scholarship Council of Graduate Departments of Psychology.

In addition to research, Miller has demonstrated a commitment to mentoring students, by serving as a mentor for the Division 53 Student Mentor Program. Miller’s work thus far has made important contributions to both science and clinical practice in adolescent clinical psychology, and we look forward to his future successes in our field.

Justin Parent is a third-year Clinical Psychology graduate student at the University of Vermont. In his first three years of graduate school, he has put forth an impressive number of conference presentations and peer-reviewed publications. His research has focused on parenting and familial influences on children’s psychosocial development, and a selection of his work also examines these topics in ethnic minority samples. Parent has received a research supplement from the National Institute of Child Health and Human Development along with other intramural research support. As part of his research, Parent recently presented preliminary results from a study examining the moderating role of parents’ dispositional mindfulness on change in negative parenting over the course of an 18-month follow-up after a 12-session family-based cognitive-behavioral intervention. Parent’s results suggest that parents with low levels of dispositional mindfulness may especially benefit from the parenting component of the intervention by reducing negative parenting. In addition to his productive research efforts, Parent also has been involved in clinical activities in his program’s community-based clinic. Further, Parent has given guest lectures, taught two undergraduate courses with outstanding reviews, served as a graduate teaching assistant, and provided research mentorship to various undergraduate students. Congratulations to Justin on his remarkable accomplishments.

Sarah Thomas is a fifth-year doctoral student in the Clinical Psychology Program at the University of Maryland at College Park. Thomas’ research has focused on how environmental and biological factors contribute to psychosocial outcomes in adolescents. Thomas recently completed a project examining how genetic allele variations affect the relationship between safety behaviors and social anxiety symptoms. Her results indicated that relative to adolescents with no allelic risk, those with allelic risk for one or both of two genetic polymorphisms demonstrated a significant and stronger positive relationship between social anxiety symptoms and safety behaviors. For her dissertation research, Thomas is conducting an experimental study using electroencephalography to examine how parent–adolescent conflict and a neurobiological marker influence risk-taking behavior as measured by a behavioral risk task. Sarah has received a National Research Service Award from the National Institute on Drug Abuse to fund this project. She has also received additional support from a Graduate Student Grant from the Psi Chi National Honor Study and an Elizabeth Munsterberg Koppitz Child Psychology Graduate Student Fellowship from the American Psychological Foundation. Aside from her research accomplishments, Thomas has devoted her time to various clinical and service activities. In addition to providing therapy and assessment services to youth and families as part of her clinical training, Thomas serves on her graduate program’s Internship and Externship committees. Congratulations to Sarah on her impressive accomplishments!

Carlos Yeguez is an undergraduate student majoring in psychology at the University of Michigan. Carlos has been an active research assistant in four research labs at the University of Michigan since 2012. Additionally, he has worked as a research assistant at the Center for Children and Families at Florida International University under the mentorship of Dr. Maggie Sibley. His research and clinical interests stem from his experiences working on Sibley’s Summer Treatment Project for Adolescents with ADHD (STP-A; R34 MH09246). Under the mentorship of Sibley, Yeguez’s independent research project examines parental stress and ADHD symptoms as predictors of parental over-reporting of youth ADHD symptoms. As an undergraduate, Yezque already has one second-authored, peer-reviewed publication in press, a poster presentation, and two invited colloquia presentations. Yezque plans to apply to doctoral programs in clinical psychology to pursue a career in improving the assessment and evidence-based treatment of adolescent behavioral problems. In addition to research, Yeguez has demonstrated a commitment to service. He has served as a vice chair, then Chair of the Disability Affairs Commission at the University of Michigan, and is currently a council member for the Council for Disability Concerns. Yeguez has accomplished a great deal in his undergraduate career, and we look forward to his future contributions to the field.
The two of us have traveled similar paths, having met in Houston when Susan was a postdoc in family therapy and Nadine was a practicum student in child psychology. Since then, we’ve both taken on leadership roles in academic health centers: Susan as a division chief in psychiatry and an associate chair of Family Medicine, Nadine as Vice Chair of Psychiatry and Behavioral Sciences and Chief Psychologist at Grady Hospital. Both did national leadership training: Nadine following Susan in the HHS Primary Care Policy Fellowship, and Susan following Nadine in the Executive Leadership program for women in Academic Medicine. We have both been active for years in APA governance: Nadine is now the President of APA, Susan is on the Board of Directors and running for President. Susan has built a career developing primary care psychology, Nadine has focused on suicide and family violence research, psychology education and training, and family psychology. Both are experienced journal editors. Both have much experience with the internal and external barriers to women in leadership roles of all kinds.

Answering the phone:
“Dr McDaniel.”
“Can I leave a message for Dr McDaniel?”
“No, this is SHE. How can I help you?”

How many of us have had this experience? When we started working in our respective academic health centers in the 80s, there were few women, and we were almost always assumed to be secretaries. How do we move from there to here—an era when many women want to “lean in,” step up to the plate, and provide leadership to their organizations?

Women often have good interpersonal skills and high emotional intelligence. That’s how we were raised. These are VERY helpful in leadership roles. However, there are plenty of other skills we must learn to be good leaders. Many women can come to the work world expecting that, like in their childhood, they will be rewarded for being good girls and not causing trouble. Unfortunately, at least in academic health centers, this behavior often results in taking the woman’s skills for granted rather than developing her abilities and maximizing her contributions.

We will address some of these challenges in this article, starting with assessing the alignment of the system with the woman’s goals, then reviewing issues of power and dependency in leadership, and concluding with conflict management skills. This treatment is only an appetizer in reviewing issues of power and dependency in leadership, and concluding with assessing the alignment of the system with the woman’s goals, then making sense of your experiences in collaborative respect.

**Alignment**
Opportunities for leadership can arise in planful or unexpected ways. One key consideration is the alignment of the mission, values, and culture of the institution with your own. We find it very useful, as a first task, to write a personal mission statement. Most of us have participated in writing mission statements for our department or organization. Spend 20-30 minutes writing one for yourself. Whenever we’re making difficult decisions about priorities, we return to our personal mission statements and ask what is most important in achieving our personal goals. Don’t who will we please, or will we be good for the job, but is it in line with what we care about most? Is it how we want to spend our energy, our precious time? Personal mission statements are also useful to read just before going into a difficult meeting. They ground us in our commitments, and help to quell the reactivity so common to our species. They also evolve over time, and are worthy of rewriting annually.

After writing a personal mission statement, the next step is to assess the psychological health of the organization for which you may become a leader (McDaniel, Bogdewic, Holloway, & Hepworth, 2008). Does it have a clear mission and identified goals? How do these match with your own?

More generally, do its leaders communicate clear expectations for its workers? Does it have a mentoring system and foster career success? Are its resources aligned with its stated priorities? Does it conduct formative reviews? Does it acknowledge employee value and contributions? Do leaders have strategies to help individuals having difficulty? Does it afford latitude for employees with changing life events? Does it have fair and systematic mechanisms for dealing with disruptive behavior?

**Power and Dependency**
Leadership, by definition, means confronting issues of power and dependency. The American Heritage Dictionary lists four definitions of power, the first being “the ability or capacity to act or perform effectively.” Not until the 4th definition do we get to “the ability or official capacity to exercise control or authority.” It is this definition that implies domination, and can be problematic for clinicians in relation to patients and other team members. The antidote to power as domination is shared power, or caring. Caring consists of being present, listening, demonstrating a willingness to help, and an ability to understand—people talking with each other rather than to each other, interactions based on a foundation of respect and empowerment (McDaniel & Hepworth, 2003). Sometimes that means finding out the behaviors that the other person experiences as respectful or empowering, or reporting on behaviors we appreciate.

The sociology of superordinates tells us that there are predictable feelings and behaviors experienced by those higher in the hierarchy, as well as by those perceived as lower (Goode, 1980). In particular, those higher tend to experience their position in terms of feeling burdened and responsible rather than powerful, blessed or lucky. Those lower can feel that their talents or accomplishments go unrecognized. They can be vulnerable to feeling invisible, unappreciated, disrespected, and eventually, resentful. Understanding these dynamics can help to provide appropriate support to leaders or followers, and move the culture towards one of collaborative respect.

**Conflict Management**
Effectively managed conflict promotes cooperation and builds healthier and more positive relationships (Coleman, Deutsch, & Marcus, 2014). Conflict management refers to using strategies that moves the conflict toward resolution without escalation or destruction of relationships. A strong overall approach to conflict management includes an appreciation that conflicts are complex and thus require differential tactics of management based upon the people involved, the situation, and the style of the parties. It entails thoughtful consideration of the myriad
sources of conflict (e.g., misunderstandings and miscommunications, fear, failure to establish boundaries, negligence, need to be right, mishandling differences in the past, hidden agendas, and the intention to harm or retaliate). Conflict management efforts must involve a detailed analysis (i.e., scientific approach) of the facts of the situation and attention to the feelings and perceptions of the parties.

The first step to managing a conflict is identifying the critical issues related to the situation, as well as associated organizational, personal, and cultural factors. Encourage each party to ask him/herself a series of questions, such as “how does my behavior contribute to the dynamics? What elements of the situation am I able and willing to change? What matters most to me/to the other party in the situation?”. If you are a party to the conflict ask yourself these questions.

Finally, take a clear and direct, but respectful and caring approach to addressing a conflict. It is critical that you define the situation in terms of a problem that calls for a solution (Fisher, Ury, & Patton, 2011). All parties must acknowledge their feelings and acknowledge the feelings of the other(s). Then ask for specific behavior change and hear the behavior change requests of the other party(ies). This involves being clear about the outcome you want, accepting what you can get, giving up on having to be right, and demonstrating your willingness to hear the other party’s perspective and to work collaboratively. Following this, share what you are willing to do to improve the situation and strive to do your best to make these changes.

In conclusion, women bring many talents to leadership. Like other important decisions in life, it takes courage to “step up to the plate” but it is also a rewarding opportunity to serve. We need ongoing coaching and feedback regarding challenges related to defining our personal mission; ensuring its alignment with the institution, agency or organization; and managing issues of power, dependency, and conflict. We need your talents in this time of transition!

Note: This piece was first published in the summer 2014 California Psychological Association magazine.

References available from the editor, hawleyk@missouri.edu.

“As we look ahead into the next century, leaders will be those who empower others.”

–Bill Gates
CONVENTION HIGHLIGHTS
by Elise Cappella, Ph.D. and Jennifer Hughes, Ph.D.,
APA Division 53 Program Co-Chairs

Thank you to all of our symposia and poster presenters for the fantastic program at this year’s APA Convention in Washington DC. We had Division 53 sponsored symposia, as well as APA sponsored collaborative sessions. We are happy to report that interest and attendance was high for our programs! We thank our members for supporting terrific programs about the science and practice of clinical child and adolescent psychology. Please begin planning ahead for the 2015 APA Convention in Toronto, Ontario, Canada! The Call for Proposals will be released soon. And remember—you will need a passport!

Joan Asarnow’s Division 53 Presidential Address
Summary by Davielle Lakind, M.A.

Dr. Joan Asarnow’s Division 53 Presidential Address addressed two interrelated features of the mental health care landscape that will continue to alter service provision dramatically: health care redesign and technology. In a discussion that highlighted Dr. Asarnow’s research, Division 53 projects, and a number of other exciting initiatives, Dr. Asarnow discussed the current state of the field and exciting new directions.

As she noted, evolution and adaptation in our service delivery models are critical given the scope of the problems we face. The Affordable Care Act is intended to increase access to health care for millions of Americans. In addition to improved access, certain changes in the conceptualization of health care may have a profound impact on mental health services, such as mental health care parity and a shift toward health promotion and illness prevention.

The dissemination and implementation of interventions with established evidence will be key to fulfilling the Affordable Care Act’s mandate for expanded access to high quality care. Dr. Asarnow used examples from her own research on treating depressed and suicidal youth to illustrate the push for dissemination of evidence-based practices. Dr. Asarnow also highlighted Division 53’s dissemination efforts through the Division-sponsored website www.effectivechildtherapy.com. Effective Child Therapy provides information for parents and practitioners on evidence-based treatments (EBTs) for common child and adolescent mental health problems. The site educates individuals on what evidence-informed treatment is on the most fundamental level, as well as on specific EBTs for a number of symptoms and disorders. This resource has already received over 8,000 site visits since launching.

Simply increasing access to information on EBTs, however, may not lead to widespread uptake of such practices. Alternative treatment development models such as those that involve community stakeholders in all stages of development may better inform treatment designs that meet communities’ needs, that can be implemented feasibly and effectively, and that engage both treatment providers and consumers. In developing these models, integrating features that draw on extant and developing technologies can boost accessibility and usability. Integrating technology into services also presents us with unique challenges, though: figuring out optimum delivery formats; designing engaging content; finding ways to incorporate the relationship-building and person-to-person connections that can also be important. Yet the promise of broadening the reach and lowering the cost of service delivery, of enhancing uptake of effective treatments and improving outcomes, demand that we face these new challenges.

It will be fascinating to trace the progress of legislative enactment and technological innovation over time; no doubt even by next year’s APA Convention we will find the landscape to be dramatically different.

Annette LaGreca’s Division 53 Distinguished Career Award Address
Summary by Michelle Rozenman, Ph.D.

Dr. Annette LaGreca received the 2014 Distinguished Career Award from the Society of Clinical Child and Adolescent Psychology. Dr. LaGreca is a Distinguished Professor of Psychology and Pediatrics and Director of Clinical Training at the University of Miami. Her research focuses on children’s reactions to trauma, including natural disasters and peer victimization. In her address, she tracked her career trajectory from undergraduate training in Psychology and Mathematics at Fordham University, to graduate studies in Clinical Psychology at Purdue University, and through her faculty position at the University of Miami, during which time she conducted an impressive number of research studies. Dr. LaGreca’s research focuses primarily on understanding risk and resilience factors related to traumatic responses to natural disasters and peer victimization in child and adolescent populations. She passionately described that the ultimate goal of her research is to provide services to at-risk and traumatized youth and their communities (e.g., parents, schools).

Dr. LaGreca presented the methodology and findings from several studies on youth reactions to natural disasters, the development of a treatment protocol for youths experiencing distress following hurricanes, peer relationships and responses to peer victimization. Of note, her findings suggest that though most youths do not meet diagnostic criteria for post-traumatic stress disorder following a traumatic event, many youths experience symptoms of post-traumatic stress, depression, anxiety, and inattention that may persist for many months following the event. This work is of high impact and significance, given the links between experience of traumatic events in childhood and subsequent post-traumatic stress and other mental health problems over the course of a youth’s development and into adulthood.

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Summary by Michelle Rozenman, Ph.D.
Division 53 now offers two platforms for online video resources on evidence-based practices: www.effectivechild-therapy.fiu.edu and the recently launched YouTube Channel: Effective Child Therapy Resource Library. Both the website and YouTube channel feature more than 40 free videos for parents and professionals on a variety of topics relevant to evidence-based practices in child and adolescent mental health such as:

- Abuse
- Adherence to Treatment
- Aggression/Conduct Problems
- Anxiety Disorders
- ADHD
- Autism
- Bipolar Disorder
- Depression
- Divorce
- Learning
- Problems with Eating
- Risky Behavior
- Substance Use Problems
- Suicide Risk
- Tourette Syndrome

For parents, the website and channel offer brief interviews with experts that describe what parents need to know about (1) recognizing mental health problems (i.e., how to decide whether their child might have a problem that needs intervention) and (2) best practices for common mental health concerns (i.e., what they should look for in treating their child). For professionals, the website and channel offer hour-long overview talks summarizing evidence-based practices for a particular disorder or problem area. New materials are uploaded periodically, so subscribe to our channel to receive notifications about new postings.

In addition to the free keynotes and parent videos, www.effective-childtherapy.fiu.edu continues to host a number of intensive workshops on specific treatment techniques for purchase. Some of our most popular workshops include Dr. Wendy Silverman’s workshop on cognitive behavioral strategies for treating anxiety problems, Dr. Charles Cunningham’s workshop on his Coping Power Program for aggressive children, and Dr. George DuPaul’s workshop on school-based behavioral and academic strategies for children with ADHD.

Professionals may also purchase continuing education credits for watching overview talks and intensive workshops, with Division 53 members receiving a 25% discount. We also offer discounted group training packages, ideally suited for mental health agencies and graduate training programs. For more information regarding continuing education, please visit http://effectivechildtherapy.fiu.edu/professionals/continuing_education.

As more agencies and universities incorporate these videos into their training, we welcome feedback and suggestions. Please contact Amy Altszuler at aalts001@fiu.edu with your comments.

Many members are not aware that APA has an Interdivisional Task Force for Child and Adolescent Mental Health (IDTF). It is an ongoing collaboration across divisions that are concerned with child and adolescent mental health that was formed through a Memorandum of Understanding in 2005. It originated from APA’s response to the 2001 Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda. Division 53 was one of the eight original member divisions and has had a continuing presence. Mary Fristad is the current representative to the task force; others who participate are also members of this division. There are now twelve divisions in the task force, including 7, 12, 15, 16, 27, 33, 37, 39, 41, 43, 53, and 54. Division 37 serves as the lead division for coordination and organization of task force activities. Karen Saywitz was the original Chair, succeeded by Michael Roberts, and I am privileged to serve as the current chair.

Michael Roberts conducted a Delphi Poll of stakeholders for strategic planning for the IDTF in 2011 (Odar, Canter & Roberts, 2013). The following four problems/topics achieved the greatest consensus as priorities for psychologists’ expertise: prevention and early intervention; access to mental health care; evidence-based practice; and public awareness and attitudes toward children. The following activity achieved the greatest consensus as a priority for the IDTF: advocacy (including education for psychologists regarding effective advocacy). And the following additional recommendations for the IDTF were offered by a majority of respondents: collaborating within and outside APA; increasing the visibility and impact of the IDTF; and educating the public about issues of access to mental health care for underserved groups.

The IDTF meets annually at the APA convention to exchange information on priorities and new initiatives – both in the divisions and across APA – and to explore opportunities for collaboration. The mission of the IDTF spawned national summits on child mental health in 2009 (www.apa.org/pi/families/summit-report.pdf) and 2013 (www.apa.org/pi/families/healthy-development.pdf). Other activities in recent years have included collaborating in programs at the APA convention, circulating sign-on letters to division leadership to support federal legislation, and working closely with the APA Office for Children, Youth and Families office. Each division is free to participate or decline participation in specific activities.

At the recent meeting of the IDTF, members renewed their interest in collaborating on activities related to advocacy, revision of APA resolutions related to child mental health, and public education. The IDTF greatly benefits from strong participation from Division 53.
Most graduate students in clinical psychology work closely with a faculty mentor or advisor who helps them to formulate independent research questions, select clinical training experiences, and eventually transition from the role of student to early career psychologist. Mentorship is viewed as “critical for the development of young scholars” (Forehand, 2008) and is supported by empirical evidence. Studies show that graduate students in clinical psychology and other mental health-related fields who receive mentorship from a faculty advisor, as compared to those students without a mentor, report greater satisfaction with their graduate training experience (e.g., Clark, Harden, & Johnson, 2000), more research productivity, and higher levels of socioemotional support (e.g., Taylor & Neimeyer, 2009).

However, as students transition to early career psychologists and move away from their graduate training “homes,” mentorship may decline substantially. This is concerning, given the issues that advanced graduate students and early career psychologists face as they complete predoctoral psychology internship and apply for either postdoctoral fellowship positions or first jobs. Mentorship during this critical transitional period can significantly shape professional and personal trajectories for graduate students moving towards early career psychologist status (Green & Hawley, 2009).

In addition, at all stages of training, there may be some psychosocial aspects of mentorship that faculty mentors are unable or less suited to provide because of the hierarchical nature of the faculty mentor–student mentee relationship but which are still important: namely, peer guidance, validation and support, and friendship (e.g., Johnson, 2002). Studies of peer mentorship in undergraduate students (Chester, Burton, Zenos, & Elgar, 2013), medical students (e.g., Sambunjak, Straus, & Marusic, 2006) and junior faculty (e.g., Landsberger, Scott, Hulvershorn, Chapleau, Diaz, & McDougle, 2013) have demonstrated increased rates of satisfaction, academic achievement, and scientific productivity, respectively. Indeed, many doctoral programs in clinical psychology have developed peer mentorship programs so that early stage graduate students are mentored by advanced students.

Division 53 is committed to supporting graduate students interested in child and adolescent clinical psychology. One of the ways in which we have encouraged students’ professional development is through our Student Mentorship Program. In the last few years, the Student Mentorship Program has recruited doctoral students to serve as mentors to undergraduate students interested in child and adolescent clinical psychology. Mentors and mentees receive monthly emails prompting discussion questions that range from undergraduate psychology coursework, to getting involved in research, to applying to graduate programs. Mentors and mentees have also reported that they have met at local and national conferences and even facilitated cross-lab collaborations.

This year, we have expanded the Student Mentorship Program further. We are currently recruiting post-doctoral trainees and early career psychologists to serve as mentors to graduate students. This program expansion serves two purposes: first, to respond to graduate student requests to receive ongoing mentorship from a peer member of Division 53, and second, as part of an initiative to increase early career psychologist involvement in our Division by providing opportunities to mentor doctoral students. If you are an early career psychologist (i.e., within 7 years of your doctorate) in the area of child and adolescent psychology and are interested in mentoring a graduate student, OR if you are a graduate student interested in receiving mentorship from an early career psychologist, please contact us at division53studentlistserv@gmail.com. We hope to have you join the Student Mentorship Program.

References available from the editor, hawleyk@missouri.edu.
The Society of Clinical Child and Adolescent Psychology is proud to announce the names of Society student members having recently received their doctoral degree.

**Daryaneh Badaly**  
University of Southern California  
Advisor: David Schwartz  
*Actual and Perceived Social Reinforcements of Weight-Related Cognitions and Behaviors in Adolescent Peer Groups*

**Stephanie Davis**  
University of Pittsburgh  
Advisor: Jennifer Silk  
*Distinguishing between Pediatric Anxiety and Depression: The Experience of Emotion and Emotion Regulation*

**Laura Schaffner Gray**  
The George Washington University  
Advisor: Cynthia Rohrbeck  
*Family Functioning and Coping: Mediators and Moderators between Severity and Internalizing Disorders for Children with NF1*

**Miya Barnett**  
Central Michigan University  
Advisor: Larissa Niec  
*Successful Coaching Strategies: How In Vivo Feedback Styles Relate to Parent Engagement in Parent-Child Interaction Therapy*

**Jacqueline R. Dunkelman**  
Pace University  
Advisor: Beth Hart  
*Understanding the “Manic Defense”: An Examination of the Use of Defense Mechanisms among Depressed and Manic Outpatients*

**Sophia C. Edukere**  
Emory University  
Advisor: Eugene K. Emory  
*The Role of Maternal Depression, Anxiety, Stress, and Psychosocial Factors on Neonatal Outcomes using a Resilience Framework*

**Allison Harris Elledge**  
University of Kansas  
Advisor: Ric Steele  
*Weight-Related Teasing and Body Dissatisfaction in Adolescents: Moderated-Mediation by Self-Perceived Size and Weight Status*

**Sarah Beals Erickson**  
University of Kansas  
Advisor: Michael Roberts  
*Shifting Attitudes towards Seeking Help in a Youth Development Program: A Program Evaluation*

**Rachel D Freed**  
Boston University  
Advisor: Martha Tompson  
*Offspring of Parents with Bipolar Disorder: Three Studies Exploring Environmental Risk*

**Corey L. Heath**  
University of Houston  
Advisor: Robert McPherson  
*Improvements in Parenting Stress and Self-Efficacy Following Behavioral Parent Training for Children with ADHD*

**Rachel Battaglia**  
Carlow University  
Advisor: Robert Reed  
*Behavioral Symptoms of Homeless Children as a Function of Parental Stress and Parent-Child Interactions*

**Bridgid Mariko Conn**  
Suffolk University  
Advisor: Amy Marks  
*A Cross-Sectional and Mixed Methods Investigation of Non-Medical Use of Prescription Drugs among Adolescents*

**Lucia Ciciolla**  
Arizona State University  
Co-Advisors: Keith A. Crnic and Stephen G. West  
*Stress, Depression, and the Mother-Infant Relationship across the First Year*

**Sophia C. Edukere**  
Stanford University  
Advisor: Eugene K. Emory  
*The Role of Maternal Depression, Anxiety, Stress, and Psychosocial Factors on Neonatal Outcomes using a Resilience Framework*

**Janine Hernandez**  
Ponce School of Medicine and Health Sciences, Puerto Rico  
Advisor: Eida Castro  
*Neurophysiological and Behavioral Dynamics of Emotion in Mothers of Young Children*

**Laura Beals Erickson**  
University of Kansas  
Advisor: Michael Roberts  
*Shifting Attitudes towards Seeking Help in a Youth Development Program: A Program Evaluation*

**Nastassia J. Hajal**  
Pennsylvania State University  
Advisor: Pamela M. Cole  
*Neurophysiological and Behavioral Dynamics of Emotion in Mothers of Young Children*

**Shalena Heard**  
Lehigh University  
Advisor: Cirleen DeBlaere  
*The Relationship of Community Factors and Self-Efficacy with Adjustment and Well-Being of First-Generation College Students*

**Sarah L. Kelly**  
Wheaton College  
Advisor: Kelly S. Flanagan  
*A Contribution to Cultural Research on Stress, Trauma, and Coping: An Exploratory Study with Guatemalan Children and Adolescents*

**Jennifer Ly**  
University of California, Berkeley  
Advisor: Qing Zhou  
*Bidirectional Associations between Behavior Problems and Teacher-Child Relationship Quality in Chinese American Immigrant Children*

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**ATTENTION GRADS: RECEIVING YOUR PH.D. OR PSY.D. IN 2015?**

*In*BALANCE publishes the names of Division 53 student members receiving their doctoral degree in its Fall issue. Faculty advisors and/or students should submit name, institution, advisor, and dissertation title to the newsletter editor, Kristin Hawley at hawleyk@missouri.edu. 2015 graduates will be published in the Fall 2015 issue. Submissions before the September 15, 2015 deadline are encouraged.
Diana Morelen
University of Georgia
Adviser: Cynthia Suveg
Maternal Emotion Regulation: Links to Emotion Parenting and Child Emotion Regulation

Edwin Morris
University of Kansas
Advisor: Eric Vernberg
Exploring the Behavioral and Psychological Differences between Male and Female Youth with a History of Fire Involvement

Laura A. Niditch
Tulane University
Advisor: R. Enrique Varela
Temperament, Parenting, and the Development of Anxiety in Early Childhood

Sarah O’Rourke
University of North Carolina Greensboro
Advisor: Arthur Anastopoulos
Anxiety in College Students with ADHD

Natalie Passanante
Baylor University
Advisor: Christine Limbers
Associations between Sleep and Memory in a Clinical Sample of Obese Children and Adolescents

Anne Reagan
Wright State University-School of Professional Psychology
Advisor: Janece Warfield
The Efficacy of Parents Early Childhood Education-Positive Action Choices Training (PECE-PACT) as an Early Childhood Prevention Program

Jennifer Regan
University of California, Los Angeles
Advisor: Bruce Chorpita
Client Report of Session Content in an Effectiveness Trial: In Search of Efficient Fidelity Measurement

Katrina Roundfield
DePaul University
Advisor: Bernadette Sanchez
Preventive Mental Health as an Approach to Improving School Outcomes among Youth: A Meta-Analytic Review

Sonia Schwartz Rubens
University of Kansas
Co-advisors: Eric Vernberg and Paula Fite
An Examination of the Role of Health Behaviors in the Relation between Neighborhood Disadvantage and Internalizing Symptoms among Latino Adolescents

Sara L. Stromeyer
University of Alabama
Advisor: John E. Lochman
Relationships between the Hostile Attribution Bias and the Positive Illusory Bias in Aggressive Children and their Mothers: The Role of Schemas and Intergenerational Influences

Lisa Wilcox Swails
University of Kansas
Advisor: Eric Vernberg
Associations between Aggression and Loneliness: An Examination of the Mediating Role of Social Preference

Patrick Michael Szafra
Roosevelt University
Advisor: Steven A. Kvaal
Unmasking Male Depression: Relatedness and Self-Definition as Factors Contributing to Internalizing and Externalizing Behaviors in Adolescent Outpatients

Anna Westin
University of Maryland, Baltimore County
Advisor: Kenneth Maton
Youth Adjustment in the Context of Neighborhood

Nicholas D. Young
University of Nebraska - Lincoln
Advisor: Edward J. Daly III
An Examination of Prompting and Reinforcement Procedures for Training Visual Inspection Skills

NEWS FROM THE AMERICAN BOARD OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY
by Lynne M. Covitz, Ph.D., ABPP
President, American Board of Clinical Child and Adolescent Psychology

The American Board of Clinical Child and Adolescent Psychology (ABCCAP) continues to have great growth in the number of psychologists achieving board certification, with the most recent board certified professionals including:
• Nneka Onyezia
• Terry Stancin
• Virginia Cline
• Sol Rappaport
• Jordan Gilleland
• Sharon Berry
• Mary Anne McCabe
• Emily Graze
• Kevin O’Connor

There are many professional benefits of board certification offered through ABPP, and those interested in this process can contact the Board for more information, by going to the website of the American Board of Clinical Child and Adolescent Psychology (http://www.clinicalchildpsychology.com/) or the American Board of Professional Psychology (http://www.abpp.org/), or by communicating via e-mail to ABCCAP@abpp.org.

In the coming year, we plan to hold exams at several national meetings, including: the National Conference in Clinical Child and Adolescent Psychology in Lawrence, KS in October, 2014; the Society of Pediatric Psychology Annual Conference in San Diego in April, 2015; the ABPP Workshops in San Diego in May, 2015; APA in Toronto in August, 2015. We will hold “Learn about ABCCAP and ABPP” workshops at these conferences to continue to spread the word about the importance of Board Certification and will have board members available to answer questions. In addition to holding exams at conferences, we routinely arrange for exams to be conducted within regions to make travel as convenient as possible for candidates. For that reason, we have developed pods of examiners in several locations across the country, including Florida, South Carolina, the Northeast Corridor, Ohio, Kansas City/Lawrence, Minneapolis, Los Angeles and Seattle. We are actively working to develop examination pods in other regions of the country.

In our effort to increase the number of examiners we have, we are planning on conducting an examiner training workshop at the Division 53 Conference in Lawrence in October. Please contact Dr. Covitz (ABCCAP@abpp.org or lcmovitz@cmh.edu) if you currently hold ABCCAP certification and are interested in participating in this workshop!
Joining Division 53 awards many benefits, including access to:

**SCCAP WEBSITES**

Clinicalchildpsychology.org is a great place for members to keep up-to-date with activities in the Division and the field. Effective-childtherapy.com is a service to families and mental health professionals to help ensure that children and adolescents benefit from the most up-to-date information about mental health treatment.

**SCCAP JOURNAL**

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

**MEDICUSXCHANGE HEALTHPRO**

Division 53 members are provided behavioral health information for clinical practice, teaching, and research purposes from MedicusXChange

**INBALANCE NEWSLETTER**

INBALANCE 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. 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.

**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.
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2014 EXECUTIVE BOARD

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