

President's Message

Dialogue and Persistent Polarities between Research and Practice



Stephen R. Shirk, Ph.D.
President, APA Division 53

Let me begin by thanking all those who made our recent program at the APA convention in Washington, D.C., such a success, especially program chair John Piacentini, co-chair Vicky Phares, Robin Weersing who organized Internships on Parade, and Candice Alfano who mobilized fellow graduate students to represent Division 53. Here's to a job well done, and to a program that captured the mission of our Society—to provide the highest quality clinical care for children and adolescents through psychological science.

Yet, the annual meeting of APA also revealed an enduring gap between clinical researchers and many clinical practitioners. My impression is that the meeting splits the field such that there is relatively limited interaction between groups, and unfortunately, little opportunity to benefit from each others' perspectives. For those of us involved in the development, evaluation, and dissemination of evidence-based practices, there is a clear need to make our research more relevant and accessible to the practice community. In this connection, we might want to take some leads from other meetings that include case presentations from varied evidence-based perspectives, demonstrations of evidence-based treatment components, and presentations on applications of evidence-based methods in clinical service settings. By no means is such programming intended to create a cadre of evidence-based practitioners using nothing but empirically-supported treatments—other training models currently under investigation by one of our task forces are needed—but sessions that bring together researchers and practitioners are likely to reduce the gap between research and practice, in part, by finding common ground in areas that seem to elicit polarized perspectives. A number of these merit consideration.

Polarity #1

ESTs are fine for youth with single problems, but not for the seriously troubled kids in practice.

There is no doubt that the prevailing paradigm of developing specific treatments for different disorders has contributed to this view. There is ample evidence showing that youngsters referred to clinics present with multiple problems and that co-morbidity predominates in practice. Yet, this gap is not as wide as it seems. Most youth in clinical trials meet criteria for multiple disorders and present with multiple problems; in fact, in some studies youth present with higher symptom scores than is found

in clinical practice. This is not to say that youth in clinical trials are fully representative of referred youth. Youth in clinics appear to have more collateral conduct and substance use problems, are more likely to have a history of physical or sexual abuse, and are more likely to come from less advantaged backgrounds than youth in clinical trials. Ironically, youth in clinical trials may be more representative of those seen in private practice than those seen in public clinics. If we are to dispel this myth, we need to present complicated cases that have benefited from ESTs. We also need to ensure that our samples include, and that we assess, contextual factors such as parents' with serious psychopathology, families with limited resources, and youth who have traumatic childhood histories.

Polarity #2

EST manuals undermine the therapeutic relationship and that's what really produces change.

Some early evidence in the adult literature suggested that the use of manuals by some therapists could interfere with relationship processes. And certainly therapists who are unfamiliar with manualized treatment components are likely to find it difficult to split attention between procedures and process. Yet, initial evidence from the child treatment literature does not support the view that manuals are incompatible with building a strong therapy relationship. In our review of the association between relationship variables and treatment outcomes with youth (Shirk & Karver, 2003), relationship markers, like the therapeutic alliance, were equally associated with outcomes across manualized and non-manualized treatments. In their long-term follow-up of anxious youth treated with manual-guided CBT, Kendall and Southam-Gerow (1996) found that a majority of youth mentioned the therapeutic relationship as the "most important" part of therapy with a substantial number of youth indicating it was what they liked best about treatment. Interestingly, youth self-reports of the relationship showed limited associations with outcomes, in large part due to low variability in relationship scores; most were highly positive!

Most certainly, the development of ESTs has focused on assembling coherent sequences of treatment procedures with relatively less attention to processes aimed at engaging youth in treatment. Obviously successful treatment involves more than exposure to a therapy protocol. Emerging evidence indicates that active youth involvement in treatment is predictive of better outcomes, and that involvement depends on a positive relationship with the therapist. As researchers we need to move from "controlling" for relationship factors to understanding how these factors contribute to successful outcomes in our ESTs. Relationships and specific procedures likely contribute to good outcomes in rather complex ways.

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Newsletter Deadline

Articles for the next newsletter are due by February 1, 2006. Please send your submission to newsletter editor Michael A. Southam-Gerow at masouthamger@vcu.edu.

Polarity #3

Manuals are incompatible with therapist flexibility and creativity, and interfere with process.

There is no doubt that manuals provide guidelines for implementing treatment. However, manuals are quite varied in their level of structure, some providing a scripted set of procedures and others organizing treatment according to a core set of principles. Clinical researchers and practitioners are likely to find common ground in the rejection of therapy as a “paint-by-numbers” process. Although manuals spell out specific treatment tasks, framing these tasks in the language and metaphors that fit with a specific client demands a high degree of flexibility and creativity (Kendall, 1998). Although novice therapists may take some solace in a highly structured protocol, seasoned clinicians who understand the underlying principles of a manual use the protocol as a guide. In essence, delivering manual-guided treatments is a bit like figure skating. There are moves that need to be executed with great finesse, but performances falter when delivered mechanically.

It is not clear if manuals, in their current form, represent the best of what clinical research has to offer. We don’t know the limits of flexibility at this point, nor do we know if following a standard protocol produces better results than customizing treatments, e.g., selecting or emphasizing different modules or procedures for clients with the same disorder but different underlying problems. What may be important for the rigors of a clinical trial may not be as critical for improving outcomes in clinical service settings, but this issue needs to be carefully assessed. Of equal importance, we don’t know if manuals that contain a detailed set of procedures and a template for delivery produce better results than treatment manuals that emphasize the flexible application of treatment principles with known efficacy. But one thing is certain, we need input from practitioners about what type of treatment protocols are most useful, and are most likely to be used.

Finally, as researchers we need to distinguish fixed versus flexible components of efficacious treatments. This requires a new commitment to looking inside our therapies and linking specific treatment processes with treatment outcomes.

Polarity #4

ESTs mostly have been tested with European-Americans and are less relevant for minority youth.

Clearly, more majority youth have been in clinical trials than minority youth – but not in all trials. In some studies, such as evaluations of Multisystemic Therapy, minority youth make up a large portion of the samples. And while sub-sample sizes often make it difficult to evaluate treatment response by race or ethnicity, treatment effects have not been found to vary as a function of the percentage of mi-

nority youth in samples (Weisz, Huey, & Weersing, 1998).

In addition, emerging evidence suggests that for many ESTs, minority youth attain comparable beneficial effects (Huey, 2003). Of course, this does not mean that culture plays a limited role in treatment response. It is highly likely that ESTs will be optimized by developing culturally specific treatment variations, and by ensuring that therapists are sensitive to cultural factors. But it does not mean that the core components of ESTs need to be abandoned because of cultural differences. ESTs are likely to fail or be minimally useful when delivered to minority youth by therapists with limited cultural competence, but equally culturally competent therapists who fail to utilize treatments with demonstrated efficacy are unlikely to maximize treatment response.

Like many of the foregoing examples this one is based on a polarization of perspectives. The issue is not cultural competence versus EST competence, but rather their conjunction. Fortunately, a new generation of treatment researchers is taking this issue to the next level and is beginning to address the impact of specific cultural modifications of ESTs on treatment outcomes with minority youth. I urge our Society to support this important line of work through our grant and mentorship programs, and with time in our conference program.

It is likely that there are other persistent polarities about ESTs. They are characterized by dichotomous thinking—relationships versus techniques, structure versus creativity, cultural competence versus skill competence. In reality, most are complex “ands” that will require dialogue between researchers and practitioners to discover new integrations. It is my hope that our Society finds new ways to promote this important exchange so that together we can better serve children, adolescents, and families.



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Div. 53 Symposium presenters (from L): Stan Huey, Ph.D., Philip Kendall, Ph.D., Marc Karver, Ph.D., Stephen Shirk, Ph.D., V. Robin Weersing, Ph.D., and Brian Chu, Ph.D.



Div. 53 symposium presenters back row (from L) Ivor Horn, M.D., Joel Sherrill, Ph.D., Kimberly Hoagwood, Ph.D., James Rodriguez, Ph.D. Front Row (from L) Heather Ringeisen, Ph.D., Kristen McCabe, Ph.D., May Yeh, Ph.D.



Div. 53 Board members (from L): Robert McMahon, Ph.D., Anne Marie Albano, Ph.D., John Piacentini, Ph.D., and Stephen Shirk, Ph.D.



Call for Nominations

PRESIDENT-ELECT, MEMBER AT LARGE, COUNCIL REPRESENTATIVE, AND SECRETARY

The Society of Clinical Child and Adolescent Psychology Board of Directors is seeking nominations from the membership for four (4) elected officer positions:

- **President-Elect**
- **Member at Large (Membership and Practice)**
- **Council Representative**
- **Secretary**

Please submit nominations to Dr. Stephen Shirk, President, at SShirk@DU.edu. Nominations can also be sent by mail to: Stephen Shirk, Ph.D., Professor, Department of Psychology, Child Study Center, University of Denver, Denver, CO 80208.



Past-President Ben Lahey presents the Distinguished Research Contribution Award to John Weisz, Ph.D.

The Why's, When's, What's, and How's of Cultural Adaptation of Evidence-based Treatments

By Anna Lau, Ph.D., University of California–Los Angeles



Anna Lau, Ph.D.

The topic of cultural adaptation of evidence based treatments (EBTs) is gaining visibility in children's mental health services. The work of emerging scholars in this

area has been highlighted in recent APA Division 53 conference programs. These investigators are motivated by the concern that many EBTs have primarily been developed for and evaluated with majority group children and families (Southam-Gerow, Weisz & Kendall, 2004; Weisz, Huey & Weersing, 1998). Thus, there is room to question whether this evidence base applies across diverse groups. Indeed, there is limited evidence supporting the effectiveness of EBTs with minorities (Chambless et al., 1996; Hall, 2001; USDHHS, 2001). On the other hand, there is also little evidence to suggest that EBTs are less effective with minorities compared to Whites (Miranda et al., 2005; Weisz, Huey & Weersing, 1998). So, in the absence of compelling data on disparities in outcome, it can be argued that we should prioritize deployment in diverse communities rather than adaptation. Inclusive effectiveness trials would enable us to evaluate parity in outcomes, and may simultaneously help identify modifications that can ensure robust effects across settings and groups (Shirk, 2004). At the same time, a compelling case can also be made for treatment adaptation prior to the conduct of costly standard EBT trials.

Why adapt?

It is not difficult to imagine that the specific treatment needs of ethnic minority families

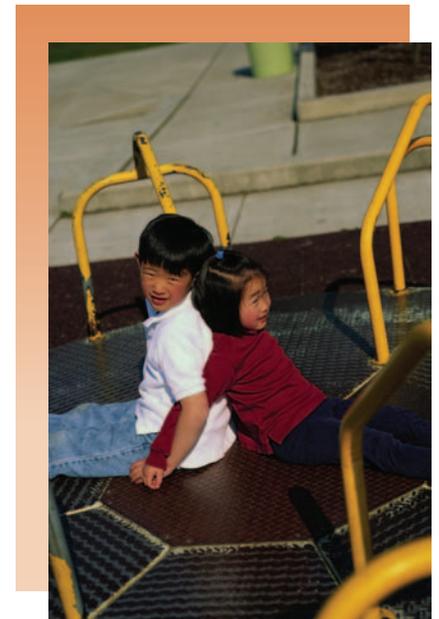
may differ from their majority group counterparts for a variety of reasons. EBTs developed based on work with mainstream samples “may not take into account the language, values, customs, child-rearing traditions, expectancies for child and parent behavior, and distinctive stressors and resources associated with different cultural groups,” (p. 70, Weisz, Huey & Weersing, 1998) thus compromising both engagement and outcomes. Certain efficacious EBTs may not generalize to improve specific presenting problems in certain ethnic communities. A lack of generalization might mean inequity in clinical outcomes when the EBT is administered with fidelity and at the optimal dose. Alternately, generalization may fail when there is differential engagement of minorities in treatment such that it becomes difficult to deliver what would otherwise be an effective dose. Cultural adaptation is warranted in both situations. The impact of adaptation efforts will be greatest when focused on those presenting problem–intervention–target community combinations that are most likely to yield generalization failures.

When is adaptation indicated?

There are two types of research findings that can help to isolate target problems in target communities that would benefit from adapted treatment approaches. First is data suggesting that community-specific processes contextualize the clinical presentation of a given mental health problem. Treatment gains are achieved when therapeutic procedures impact important mechanisms that cause or maintain problem behavior. Therefore, if there is evidence to suggest that a clinical problem emerges within a distinct set of contextual processes in a target ethnic community, adaptation can ensure that the treatment addresses the key processes likely to mediate change in that context. Treatment effectiveness would be limited if key risk processes were not adequately targeted by the standard EBT. Likewise, data on unique pro-

cesses that protect against the development of problems in specific communities can also inform adaptation. In this case, adaptation would focus on mobilizing naturally occurring community-specific protective factors (Bernal, Bonilla & Bellido, 1995).

Second, adaptation is indicated when



data suggests that certain communities may respond poorly to certain EBT components. Poor response, in this sense, refers to factors that constrain engagement in the intervention, rather than factors that would limit effectiveness when adequate treatment dose is received. Shirk (2004) observed that a major threat to the successful dissemination of EBTs is the potential for dilution of treatment strength owing to increased attrition or marginal participation in usual practice contexts. Clients who view treatment procedures as acceptable, relevant, and manageable are more likely to seek out, adhere to, persist and improve in treatment (Cross Calvert & McMahon, 1987; Kazdin, 2000; Kazdin, Holland & Crowley, 1997; Kazdin &

Wassell, 1999). Adaptation is indicated when results from inclusive effectiveness trials yield differential rates of attrition or participation by ethnicity. In addition, analogue studies of attitudes among untreated samples can be helpful when the communities of interest have not been represented in clinical trials. Treatment adaptation may be guided by data suggesting that members of ethnic minority communities view key treatment strategies as irrelevant, unhelpful, or unacceptable.

What adaptations should be considered?

Investigators have noted that surface level modifications of EBTs (e.g., including community relevant examples, modifying graphic material to depict ethnically similar families, acknowledging and respecting cultural values) do not by themselves improve outcomes over standard EBTs (Castro et al., 2004; Kumpfer et al., 2002). While these adaptations demonstrate sensitivity, they may be therapeutically inert. When adaptations of this type effectively reduce the dosage of core EBT components, positive outcomes are likewise reduced (Castro et al., 2004; Kumpfer et al., 2002).

Two types of active treatment adaptations can be contemplated to meet the needs of the target community, while also maintaining fidelity to the EBT model. The first type of adaptation involves Contextualizing Content, such that the adapted intervention accommodates the distinctive contextual factors related to the presenting problem in the target community. This may involve the addition of novel treatment components to target these group-specific risk processes, or the addition of components to mobilize group-specific protective factors. The second thrust of adaptation involves Enhancing Engagement in EBT strategies with demonstrably low treatment acceptability. The main challenge is to design adaptations that increase engagement in a standard EBT approach without undermining the



therapeutic value of the original intervention (Castro et al., 2004).

How is this being carried out? Examples in the field.

Contextualizing Content: Stephanie Coard has developed the Black Parenting Strength and Strategies (BPSS) a cultural adaptation of Parenting the Strong-Willed Child parent training program (Forehand & Long, 2002). BPSS teaches key behavioral parent management skills, while also mobilizing unique processes found to be protective among Black families. Previous research indicates that racial socialization practices are associated with outcomes including positive parent-child relations and child behavioral competence. Coard and colleagues reported the qualitative methods and findings used to design program components to integrate racial socialization strategies into their adapted parent training EBT (Coard, Wallace, Stevenson & Brotman, 2004).

Enhancing Engagement: Kristen McCabe has developed a culturally modified version of Parent Child Interaction Therapy (PCIT) called Guiando a Niños Activos (GANA) for use with

Mexican Americans. Through her clinical literature integration on Mexican American families, empirical studies of barriers to treatment, and original qualitative research, McCabe generated a set of adaptations designed to reduce cultural barriers to treatment engagement (McCabe, Yeh, Garland, Lau, Chavez, 2005). These modifications include: (a) a comprehensive initial assessment used to provide the therapist with an individualized plan for tailoring the program elements for the target family, (b) a manualized engagement protocol for mothers, fathers and extended family members, and (c) an increased orientation to treatment.

Controlled trials are now ongoing to determine whether these adapted EBTs result in improved engagement or clinical outcomes relative to standard versions. Work thus far indicates that cultural adaptation research promotes community-interventionist collaboration. We await findings to learn whether adaptation holds promise as an essential strategy in narrowing the efficacy-effectiveness gap in children's mental health.

Proposed Bylaws Change

At the August 2005 Board meeting, the Board voted to propose a change to the bylaws.



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

The change is listed below and is highlighted in **bold print**.

Current Bylaws

Article V.A.5.

The Committee on Awards shall consist of the immediate Past President as Chair **and the two previous Chairs of the Committee**. The Committee shall be responsible for recommending the Distinguished Contribution Award nominee to the Board of Directors, which shall take final action on all awards. This award shall require a two-thirds (2/3) majority of those eligible to vote.

Proposed Change

Article V.A.5.

The Committee on Awards shall consist of the **President Elect, President**, and immediate Past President (chair). The Committee shall be responsible for recommending the Distinguished Contribution Award nominee to the Board of Directors, which shall take final action on all awards. This award shall require a two-thirds (2/3) majority of those eligible to vote.



Awards and Fellowships Available from APA, APF, AND SRCD

APA's Public Policy Office is issuing a call for applicants to several fellowship programs for 2005-06.

Details on the following fellowships are available at their websites:

Congressional Fellowship

www.apa.org/ppo/funding/congfell

Catherine Acuff

Congressional Fellowship

www.apa.org/ppo/funding/cathfell

William Bailey AIDS Policy Fellowship

www.apa.org/ppo/funding/baileyfell

Educational Assessment Fellowship

www.apa.org/ppo/funding/educassessfellow

APA Science Policy Fellowship

www.apa.org/ppo/funding/scifell.html

**Deadline for these fellowships
January 2, 2006.**

Apply for Fellow Status

Fellow status is one of the highest honors bestowed by APA, and the Division 53 Fellows represent a most distinguished group of clinical child and adolescent psychologists. To achieve Fellow status, individuals must be recognized by their peers as having made outstanding contributions to the discipline of clinical child and adolescent psychology, and their work must have had a national impact on the field. There are many ways an individual can document such an impact: a continued and strong research record; service at the state or national level; the development of

empirically validated treatments; service on editorial boards; or authoring influential chapters or textbooks in the field.

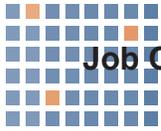
The Division is interested in having all of its deserving members earn Fellow status. The minimum qualifications are: membership in the Division and APA for at least one year; 10 years of experience subsequent to earning a doctoral degree; supporting letters from three APA Fellows (they need not be Fellows in Division 53), and a self statement identifying specific contributions to the field.



The Society for Research on Child Development has a fellowship available. Due date: 12/15/2005. Details available at www.srkd.org/policyfellowships.html.

The American Psychological Foundation has several awards available, including the **APF Gold Medal Awards** and **APF Charles L. Brewer Distinguished Teaching of Psychology Award**. Deadline: 12/31/2005. Information available at www.apa.org/apf/awards.html.

For more information on the requirement for Fellow status contact Catherine Lord at CELord@Umich.edu. For an application packet, contact Marti Hagan at CCPDiv53@aol.com. Application deadline is November 15, 2005.



Job Opportunities

Assistant Professor in Developmental Psychology

The Department of Psychology at Virginia Commonwealth University is seeking applicants for a tenure-track assistant professor to join its Developmental Psychology program (position contingent upon the availability of funding).

The general area of specialty is Applied Developmental Psychology. The age of emphasis within the lifespan and the particular specialty area are both open. High-quality teaching (at both graduate and undergraduate levels) and research are expected. Applicants must have a Ph.D. in Developmental Psychology or a related discipline.

The Department has three core areas of research concentration: (1) health psychology, behavior medicine, substance abuse, and pharmacology; (2) community interventions, prevention efforts, and group dynamics, especially in urban environments; and (3) children, youth, couples, and families. The candidate should contribute to area (3), and preference will be given to candidates who also contribute to a second area.

The Department has 30 tenure-track faculty members, 120 doctoral students, and 1,100 undergraduate majors. For a detailed job description and the application process please visit VCU's faculty vacancy website located at www.pubinfo.vcu.edu/facjobs. The position is listed under the College of Humanities and Sciences.

Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities and persons with disabilities are encouraged to apply.



Postdoctoral Research Fellow in the Institute of Anxiety and Mood Disorders at the NYU Child Study Center

An NIMH-funded postdoctoral research fellowship is available starting August 2006 in the Institute of Anxiety and Mood Disorders at the New York University Child Study Center. This two-year postdoctoral position is available to Ph.D. psychologists who are interested in pursuing a career in childhood anxiety disorders or childhood depression. Fellows will have the opportunity to work with expert faculty at the Child Study Center. The applicant should be interested in pursuing independent research with the goal of becoming an independent investigator.

Please send a letter of interest, curriculum vitae and three references to Dr. Carrie Masia, Associate Director of the Institute for Anxiety and Mood Disorders, NYU Child Study Center, 215 Lexington Avenue, 13th floor, New York, NY, 10016. Ph: (212) 263-8919; e-mail: carrie.masia@med.nyu.edu

NYU is an equal opportunity employer.



Summit on Immigration

Global Realities: Intersections and Transitions

Through his "focus on family" platform, APA President-Elect Dr. Gerry Koocher plans to spotlight three areas that span all of psychology's constituencies, one of which is: Diversity in Psychology.

"Our society is becoming diverse in ways that couldn't have been imagined 20 years ago," says Koocher, noting that not only are minority populations growing, but so are transracial marriages and international adoptions. "Psychology has the potential to help to move America in greater acceptance of multiculturalism."

Co-Chairs: Toy Caldwell-Colbert, PhD, President of Division 45 and Cynthia de las Fuentes, PhD, President of Division 35.



Confirmed Speakers

Dr. Mary Pipher Clinical psychologist and an adjunct clinical professor at the University of Nebraska; *New York Times*-bestselling author of *Reviving Ophelia* and *In the Middle of Everywhere*.

Dr. Donald J. Hernandez Professor in the Department of Sociology at the University at Albany (SUNY); had overall responsibility for the National Research Council reports titled "From Generation to Generation: The Health and Well-Being of Children in Immigrant Families" and "Children of Immigrants: Health, Adjustment, and Public Assistance."

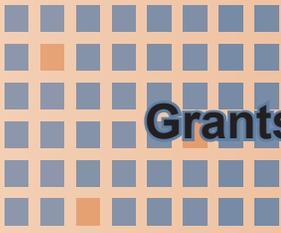
Dr. Carola Suarez-Orozco Co-director of Immigration Studies at NYU and co-author of *Children of Immigration and Transformations: Migration, Family Life, and Achievement Motivation Among Latino Adolescents*. She is also a co-editor of the award-winning six-volume series, *Interdisciplinary Perspectives on the New Immigration*.

Continuing Education

Div 17 – Society of Counseling Psychology – is approved by the American Psychological Association to offer continuing education for psychologists. Div 17 maintains responsibility for the program.

**February 2, 2006
St. Anthony Hotel
San Antonio, Texas**

More information available at www.apa.org/about/division/dialogue/so05divnews.html#summit



Grants & Awards

The Society of Clinical Child and Adolescent Psychology (SCCAP: Division 53, American Psychological Association) seeks applicants for several grants and awards.

Faculty Programs and Awards

Research Awards

SCCAP will award two research awards. The awards will be given to a college or university faculty member whose research exemplifies the mission of Division 53.

The **Early-career Research Award** will be given to an individual in academia below the rank of associate professor at the time of nomination.

The **Mid-career Research Award** will be given to an individual in academia at the rank of associate professor at the time of nomination.

Both award recipients will receive \$750 to help pay the cost of travel to the next APA meeting. Award winners will be invited to give an award address and to receive their award during that meeting. These awards are in addition to the existing SCCAP Distinguished Research Contribution Award, which ordinarily goes to senior faculty.

Nomination Process

Persons who wish to nominate an individual for one of the faculty research awards should submit the following: (a) letter of nomination and (b) a biosketch or curriculum vitae of the nominee. Please include the nominee's name and a description of his or her major contributions to research on child and adolescent psychopathology, assessment, prevention, or treatment. Please include the nominee's name in the header of all pages. Nomination letters are limited to 2,500 words. No set outline is required but the submission should provide sufficient details so that the nominee's contributions can be evaluated by the review committee. Nominees must be Division 53 members in good standing.

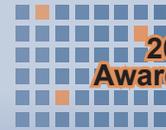
Jr. Faculty Mentoring Program

In 2006, up to three clinical child psychologists who are in their first three years of full-time work in an academic setting at the time of application will be selected to participate in the mentoring program. Mentees will be selected on the basis of high promise for successful academic careers in graduate training and research. The mentors will be active and successful researchers in the field of clinical child and adolescent psychology. The selected mentors and mentees will meet once in person as a group with the president of SCCAP, probably at an APA meeting. SCCAP will pay most expenses. Each mentor and mentee would continue active dialogue and correspondence via email and telephone for a minimum of three years to provide ongoing support and guidance.

How to apply

Applicants must submit the following: (a) a personal statement describing career goals and outlining mentorship needs, and (b) a bio sketch or curriculum vitae. Please include your name and the phrase "Faculty Mentoring Program" in the header of all pages. Personal statements are limited to 2,500 words. The format of NIH's K-award Candidate section provides a good model. See http://grants.nih.gov/grants/funding/phs398/section_4.html.

Deadline for research awards is March 1, 2006



2005 Award Winners

The Society is pleased to announce the winners of the Division 53, 2005 awards.

Early Career Research Award:
Sara Jaffee, Ph.D.

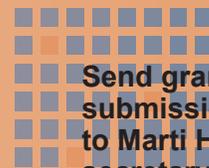
Mid Career Research Award:
Joel Nigg, Ph.D.

Graduate Student Research Training Awards

Nina Kaiser, Purdue University
Veronica Raggi, University of Maryland, College Park
Brian Wymbs University at Buffalo, State Univ. of New York

Junior Faculty Mentoring Award
Amori Yee Mikami, Ph.D.

Public Sector Award
Elizabeth Hamilton



Send grant and award submissions electronically to Marti Hagan, executive secretary, Division 53, at CCPDiv53@aol.com.



Research Training Grants

Graduate Students

Doctoral students enrolled in APA-approved clinical psychology training programs who plan academic careers focused on child and adolescent mental health are encouraged to apply for up to two grants to fund empirical studies conducted by the graduate student on methods of assessment, prevention, or treatment, or on issues related to the psychopathology of children or adolescents. Studies that address issues related to poverty, race, or culture are especially welcome. The supported studies would ordinarily be thesis or dissertation studies, but need not be. Up to two grants to pre-doctoral graduate students (\$2,500 total costs each) will be awarded in 2006, depending on number of applications with high merit.

Postdoc Fellows

Postdoctoral fellows who plan academic careers focused on child and adolescent mental health are encouraged to apply for one grant to fund empirical studies conducted by the postdoctoral fellow on methods of assessment, prevention, or treatment, or on issues related to the psychopathology of children or adolescents. Studies that address issues related to poverty, race, or culture are especially welcome. One grant (\$5,000) to a post-doctoral fellow is available in 2006.

How to apply:

Applicants must submit the following:

(a) proposal, (b) an itemized budget, and (c) a biosketch or curriculum vitae. Please include the PI's name and the title, "Research Training Grant Application," in the header of all pages. Proposals are limited to 2,500 words. All applicants must be Division 53 members in good standing. In any publications resulting from this grant, grantees are requested to acknowledge the Society of Clinical Child and Adolescent Psychology (APA Division 53).

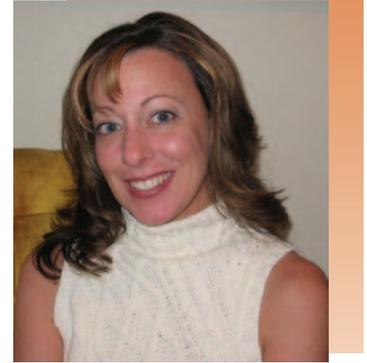
Research Training Grant application deadline is March 1, 2006

Second Annual Outstanding Training Program in Clinical Child and Adolescent Psychology

Nominations for SCCAP's annual Outstanding Training Program award are open. The award, presented annually to recognize excellence in the education of clinical child and adolescent psychology, specifically recognizes programs with a demonstrated commitment to training in developmental psychopathology and the creation, evaluation, and practice of evidence-based treatments for psychopathology in childhood and adolescence.

Doctoral programs, pre-doctoral internships, and postdoctoral programs with a formal training curriculum in clinical child and adolescent psychology are welcome to apply. The program selected for this year's (2006) honor will be announced at the Division 53 Award Ceremony during the convention of the American Psychological Association in August 2006.

Nominations for this award should include a brief letter (no longer than three pages) describing the training goals, techniques, and outcomes relevant for this award as well as any additional information about the program that would be useful to the selection committee in making its decision. This letter should also include the number of faculty and students involved in the clinical child and adolescent training program as well as the number who are currently active members of Division 53. Please email the nomination letter to Marti Hagan at CCPDiv53@aol.com by March 1, 2006.



Candice Alfano, Ph.D.

Funding Research through NIMH

by Candice Alfano, Ph.D.
Student Representative

For those of you able to attend the Division 53 student discussion hour at this year's APA conference, I am sure you are already busy writing up your grant proposals. For those unable to attend, Joel Sherrill, Ph.D., chief of Psychosocial Treatment Research in the Division of Services and Intervention Research at National Institute of Mental Health (NIMH) offered students sage advice for navigating the grant development process and getting research funded. Dr. Sherrill was gracious enough to share this information with the *InBalance* audience.

Where can students find information on the types of grants NIMH offers?

Students and others who are interested in learning more about potential grant opportunities are encouraged to check the NIMH website at www.nimh.gov to learn about opportunities and priority areas. The page on "Research Training, Career Development, and Related Programs" is particularly relevant to students. This page includes an "Overview and Time Table of NIMH Training and Career Development Programs," and it includes information about specific training mechanisms.

Does NIMH offer grant programs that support doctoral dissertation research?

Yes! The "Research Training" page of the website includes links to funding announcements for mechanisms that are of interest to students, including Institutional Training Grants (T32), Individual Fellowships (F30, F31, F32), and Dissertation Research Grants to Increase Diversity in Mental Health Research (R36).

What is the difference between a Request for Applications and a Program Announcement?

An RFA (Request for Applications) is an official statement that invites grant or cooperative agreement applications to accomplish a specific program purpose. RFAs indicate the amount of funds set aside for the competition and generally identify a single application receipt date.

PAs (Program Announcements) are announcements by one or more NIH Institutes or Centers requesting applications in a specific scientific area(s). Generally, funds are not set aside to pay for these. A PAS is a PA that includes specific set-aside funds, as described in the PAS announcement. A PAR is a PA for which special referral guidelines apply, as described in the PAR.

How can students stay informed on an ongoing basis?

Potential applicants can access the website and sign up for periodic NIMH website email updates. Two listserves are currently available:

NIMH E-NEWS— Updates on the latest mental health news, research advances, upcoming events, publications, clinical trials, meeting summaries, and more.

NIMH FundingOpps — The latest information about research funding opportunities as well as administrative updates on grant policies and procedures.

Once a student develops an idea for a grant proposal, what is the next step?

Potential applicants are encouraged to contact NIMH program staff before applying to verify if their project is consistent with the NIMH mission and current priorities. See the website for an "Overview of the NIMH Organization" and descriptions of the Program Division's priorities and structure. Each NIMH program division contains several branches that focus on specific areas of the division's mission. Each application is assigned (according to content area) to a specific program official in one of the branches for funding and administrative purposes. Contact the program official whose area seems closest to your proposed research topic; if it appears that your proposed work is a better match elsewhere, he or she will refer you to another program officer.

With regard to pre- and post-doctoral grant proposals, what are some of the more common criticisms/suggestions made by reviewers?

The NIMH website includes a section on "Assistance with the Grant Writing Process" with links to topics including "Writing an NIH Grant Application: A Technical Checklist," "Common Mistakes in NIH Grant Applications," and "Grant Writing Tips."

**Get more information by visiting
www.nimh.gov**



**Division 53 Member
Ph.D. Recipients**

Division 53, the Society of Clinical Child and Adolescent Psychology, is proud to announce the names of its student members conferred with a Ph.D. in 2005.



Joanna Ball, Ph.D.

Clinical Psychology
Georgia State University
Advisor: Lisa Armistead, Ph.D.
The Moderating Effect of Family Variables on the Relationship between Trauma and Delinquency in Incarcerated Male Juvenile Offenders
August 2005



Mary Macaluso, Ph.D.

University of Kansas
Clinical Child Psychology
Advisor: Yo Jackson, Ph.D.
The Role of Culture in Parental Perceptions of Psychological Disorders in Children and Help-Seeking Behaviors
May 2005



Lisa J. Merlo, Ph.D.

Wayne State University
Advisor: Brian Lake, Ph.D.
The Relative Contribution of Trait and Social Influences to the Links Among Adolescent Attachment, Coping, and Depressive Symptoms
May 2005



Edward Dill, Ph.D.

University of Kansas
Clinical Child Psychology
Advisor: Eric Vernberg, Ph.D.
An Extensive Validation of a Comprehensive Multidimensional Measure of Internalizing Symptoms in Adolescents (The IFEEL Questionnaire) and an Integrated Action-Control Model of Depression
August 2005



Bridget Biggs, Ph.D.

University of Kansas
Clinical Child Psychology
Advisor: Eric Vernberg, Ph.D.
Children's Peer Victimization Trajectories: Associations with Children's Interpersonal Behavior, Classmates' Bystander Behavior, and Internalizing Problems
August 2005



Rebecca J. Johnson, Ph.D.

University of Kansas
Clinical Child Psychology
Advisor: Andrea Greenhoot, Ph.D.
A Short-Term Longitudinal Study of the Relations Among Depression, Stressful Life Events, and Autobiographical Memory
August 2005



Eve Herrera, Ph.D.

University of Kansas
Clinical Child Psychology
Advisor: Ric Steele, Ph.D.
The Relationship of Parental Psychosocial Factors, Adherence, and Outcomes in the Treatment of Pediatric Obesity
May 2005



Gainesville 2006
"Back to the Future"

**2006 National Conference
on Child Health Psychology**

The 2006 National Conference on Child Health Psychology will be held in Gainesville, Florida, on April 19 – 22, 2006. As in previous years, the conference will feature both paper and poster presentations highlighting recent research in pediatric psychology, discussion hours on important topics, a featured keynote address, and social activities that provide opportunities to interact and network with others working in the area.

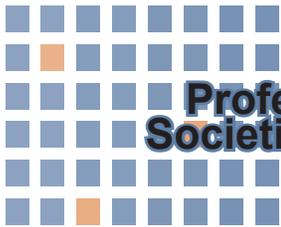
Featured Paper Session topics include:

- Family Systems Issues in Child Health/Pediatric Psychology
- Health Promotion, Prevention, & Obesity
- Emerging Areas in Pediatric Psychology
- Pediatric HIV/AIDS
- Treatment Outcome Research and Randomized Clinical Trials in Pediatric Psychology

Deadline for submitting abstracts for paper and poster presentations is **November 15, 2005**. The advance registration deadline is March 1, 2006. The deadline for hotel registration at the UF/Hilton convention hotel is March 17, 2006.

For more detailed information, visit the 2006 National Conference website at www.ChildHealthPsychology.com.





Professional Societies in Psychology

By Mitch Prinstein, Ph.D.

Division 53 Member at Large (Membership and Practice)



Mitch Prinstein, Ph.D.

Data from the past decade have revealed a notable decline in student membership across most professional psychology societies. This disturbing trend has implications not only for the vitality of these psychology societies, but perhaps more importantly, the types of activities and services that professional organizations can undertake to benefit our field at local and national levels. Professional societies serve a crucial function in the training and education of psychologists, the dissemination of psychological science, and advocacy for the field of psychology and its consumers.

Why Should You Join a Professional Society?

Graduate students typically do not have much money. If lucky, a student stipend will offer enough support to cover living expenses, books, travel, Starbucks coffee, and perhaps some occasional food. Students understandably must be conservative when electing to join professional societies, and need to carefully consider the direct benefits of their financial investment.

Students who have joined professional societies typically report high levels of satisfaction with their decision. Listed below are some factors that students cite as important benefits of membership as well as some specific information regarding professional societies in psychology.



Identity

Most students who join a professional society state that the primary reason inspiring membership was to “enhance their professional identity.” Psychology is indeed a diverse and fragmented field, and affiliation with a particular group (e.g., in adult clinical, health, child clinical) often helps to define yourself, and for others to define you. There is a reason why psychologists list their professional memberships on their CV; the groups you affiliate with can offer some clues regarding your areas of expertise, theoretical orientations, and professional interests. Having said this, at \$20-\$80 each, an identity can get a little pricy! Here are some other reasons that also may be worthwhile.



Advocacy

Although most do not realize it, professional societies serve a major function in advocating for the field and profession of psychology. At the national level, the advocacy of our professional societies was largely responsible for the inclusion of psychology students in graduate education legislation, providing subsidy to doctoral and internship training programs, and increasing the number of training slots available

for students. Professional societies were instrumental in increasing the federal allocation to NIH to support research. Our societies are forerunners in the fight for mental health care parity, and to safeguard state and local licensing laws. Professional societies routinely call upon their members to testify before congress and its subcommittees regarding bills with significant potential impact on the field or consumers of psychology. And unlike most other disciplines with the resources to employ or hire professional lobbyists, psychology relies almost exclusively on its members to help support this advocacy. By joining a professional society, you are literally making it possible for the field to advocate for these, and many more issues that are critical for our field.



Networking

It would be virtually impossible to meet professionals outside of your own (or local) training programs without professional societies. Conventions offer unique and important opportunities for students, as well as vita-building presentation experiences. Networking is useful not only for increasing the potential impact and visibility of your work, but also for establishing connections with professionals who will likely be reviewing your applications for internship and postdocs, reviewing your manuscript and grant proposals, and offering you opportunities for collaboration. Convention fees alone do not cover the cost required to organize these networking opportunities; membership dues are the backbone of many societies' annual budget.



Information

Most professional societies have several outlets, such as newsletters, listservs, and websites to help keep abreast of important developments in the field. Many societies also fund their own journal for the dissemination of scientific findings. Again, membership dues are needed to support these functions.



Discounts

Of course, membership in a professional society also can offer you some direct financial benefit. Many societies offer free or discounted journal subscriptions, which still remains a more convenient way to organize your library while sparing your toner cartridges and downloading bandwidth. Members also typically receive substantial discounts on convention registration fees as well as continuing education, which will be helpful as you progress in the field. Many associations also offer discounts for non-psychology related items, such as magazines, rental cars, or car insurance.



Eligibility for Awards and Grants

Membership in a professional societies typically allows eligibility for student awards, travel grants, and mentoring fellowships. These awards are made possible through membership dues.

Which Society to Join?

There are many professional societies in psychology, including several national organizations (some listed below) as well as regional and state psychological associations. This list offers a quick review of some groups you may want to consider.

American Psychological Association (APA)

The largest psychology organization, APA is actively involved in advocacy for the science and practice of psychology. Student dues (**\$43/annually**) automatically confer membership in APAGS, the graduate student organization within APA, governed by students, advocating specifically for student issues, with substantial benefits for student members (e.g., subscription to gradPsych). APA has one of the largest conventions in the field (approximately 15,000 attendees each year). APA offers major discounts on APA journals and APA books. More info can be found at www.apa.org/membership/students and www.apa.org/apags. Free journal: *American Psychologist*. Free newsletters: *The Monitor* and *gradPsych*.

American Psychological Society (APS)

The American Psychological Society (www.psychologicalscience.org) emerged about 15 years ago as a response to the perception that APA was not dedicating enough attention to the science of psychology. APS dedicates many resources to advocacy of psychological science, and its membership is more representative of the various subdisciplines of psychology (i.e., cognitive, experimental) than is APA (which has a higher percentage of clinical psychologists). APS has a student section as well www.psychologicalscience.org/apssc and current membership dues are **\$56/annually**. Free journals: *Psychological Science*, *Current Directions in Psychological Science*, and *Psychological Science in the Public Interest*.

Association for Behavioral and Cognitive Therapies (ABCT/Formerly AABT)

Specifically focused on evidence-based treatments, including predominantly cognitive and behavioral approaches to psychopathology and treatment, ABCT's (www.aabt.org) membership is comprised of a network of faculty and students from some of the best doctoral and internship programs. Although adult focused, many believe ABCT holds "the" conference to attend because of its small size. The ABCT conference also is known to provide some of the most valuable continuing education experiences, as well as high profile statistical institutes and "Master Clinician" training experiences. ABCT has many special interest groups related to specific areas of research and clinical interest. Membership dues are currently **\$40/annually**. Free newsletter: *The Behavior Therapist*.

Society of Behavioral Medicine

The Society of Behavioral Medicine (www.sbm.org) is "the" organization to join if you are interested in health psychology. The Society and its convention is to health psychology what AABT and its convention are to adult clinical. Membership dues are **\$80/annually**. Free Journal: *Annals of Behavioral Medicine*.

Society for Research in Child Development (SRCD)

The main society for developmental psychologists, SRCD (www.srcd.org) is a large association with a significant proportion of its work dedicated to the study of developmental psychopathology. Accordingly, many clinical child psychologists are members of SRCD and benefit from its active advocacy initiatives. SRCD's biennial convention attracts approximately 7,000 registrants each year and the programs are typically high quality (the acceptance rate for submitted programs is one of the lowest). Current dues for students are **\$75/annually**. Free journals: *Child Development*, *Monographs of the Society for Research on Child Development*. Free Newsletters: *Social Policy Report*, and *SRCD Developments*.

Society for Research on Adolescence (SRA)

The Society for Research on Adolescence (www.s-r-a.org) is one of the "break-out" groups of SRCD, comprised of many of the same members and holding its convention on the alternate years of SRCD's convention. The Society is focused specifically on research and policy relevant to adolescence. Membership dues are currently **\$53/annually**. Free Journal: *Journal of Research on Adolescence*. Also offers a free newsletter.

Society of Clinical Child and Adolescent Psychology (Division 53)

SCCAP is the only child clinical association open to student membership. The society (www.clinicalchild.org) is strongly invested in the development and promotion of evidence-based treatments for child and adolescent psychopathology as well as developmental psychopathology research. SCCAP offers several student awards, outstanding convention program at the APA convention, and excellent opportunities to network with the leaders in clinical child. It is considered a "must" for child psychology students (**\$20/annually**). Free Journal: *Journal of Clinical Child and Adolescent Psychology*. Free Newsletter: *In Balance*.

Society of Clinical Psychology (Division 12)

The Society of Clinical Psychology (www.apa.org/divisions/div12/homepage.htm) has a strong foothold in advocacy both within and outside the larger American Psychological Association. Representing clinical practice and science across the lifespan, the society has several sections related to different specialty areas and several student awards. Membership dues are **\$30/annually**. Free Journal: *Clinical Psychology: Science and Practice*. Free Newsletter: *The Clinical Psychologist*.

Society of Pediatric Psychology (Division 54)

Pediatric psychology is a small field, so membership in SPP is a "must" for anyone interested in this area of practice or research. Division leaders are extremely accessible and friendly, with an active listserv and excellent newsletter. This is a very active division with many opportunities for students (www.apa.org/divisions/div54). Dues are **\$20/annually**. Free Journal: *Journal of Pediatric Psychology*. Free Newsletter: *Progress Notes*.

APA Coalition for Psychology in Schools and Education (CPSE)

Over the past several years, a coalition of APA divisions has formed to gather psychologists interested in promoting and making accessible psychological research in education for the purpose of contributing to the quality of pre-K-12 education. Consistent with the APA mission to improve education at every level, the APA Coalition for Psychology in Schools and Education (CPSE), although focused on all of education, is particularly concerned with the life of children and youth in schools. Dr. Marilyn Erickson represented Division 53 in the inaugural meetings. Dr. Marc Atkins has represented the Division since 2002.

A recent project of the Coalition is to create professional development programs for teachers in K-12 schools. The medical community has been employing an instructional and assessment technique called “the standardized patient” in order to improve clinical skills for over 20 years. The standardized patient refers to using actors to simulate patients needing physicals, check ups, or other consultations. Medical students and candidates for medical licenses are filmed interacting with the standardized patient. This technique benefits medical candidates in the following ways:

- All candidates encounter the same stimulus and their responses can be compared.
- Supervisors can observe the encounters unobtrusively and provide feedback.
- After the encounter, the “patients” provide feedback to the candidates with regard to how the candidates performed.
- Most importantly, the candidates get to practice clinical skills in simulated high-stakes situations without the possibility of harming patients.

Members of the Coalition are interested in employing the standardized patient methodology in teacher education and professional development. The most appropriate clinical application would be in the realm of teacher–parent/guardian communication because the standardized patient methodology works best in dyadic situations and also because teachers note communicating productively with parents a serious concern. Three psychologists are in communication with their local medical facilities to establish the basis for our work: Marc Atkins at University of Illinois Chicago; Mary Brabeck at New York University; and Cindy Carlson at University of Texas.



APA Council Approves Presidential Task Force Report On Evidence-based Practice

In August 2005, APA Council voted to receive the 2005 Presidential Task Force on Evidence-based Practice report and adopt the following statement as APA policy. The opening statement is provided below. The full text can be found at www.apa.org/practice/ebpstatement.pdf

Evidence-based Practice in Psychology

Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. This definition of EBPP closely parallels the definition of evidence-based practice adopted by the Institute of Medicine (2001, p. 147) as adapted from Sackett and colleagues (2000): “Evidence-based practice is the integration of best research evidence with clinical expertise and patient values.” The purpose of EBPP is to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention.

APA Accreditation Changes Proposed

There are several possible changes being considered to the accreditation process for training programs. Details about possible changes as well as opportunities for public comment are available at the APA Board of Educational Affairs (BEA) website (www.apa.org/ed/, www.apa.org/ed/accreditation/new_comment.html and www.apa.org/ed/summit_accred.pdf).

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 D53.

D53 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 Division 53, American Psychological Association

2006 Membership Application Form

Name _____
 Address _____
 City, State _____
 Province, Country _____
 Zip or Postal Code _____
 Office telephone _____
 Home telephone _____
 E-mail address _____
 Fax number _____

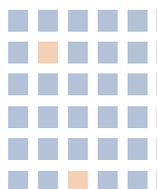
New Membership Renewal

Listservs

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

Students only

Degree expected _____ Year expected _____
 Field of study _____
 Institution _____
 Major advisor _____



Return this form with payment to:

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

Category (Check one box)	Rate
<input type="checkbox"/> Full member (not student or foreign affiliate) of American Psychological Association APA Membership No. _____	\$40.00
<input type="checkbox"/> Associate Member (non-APA member or allied professional at or below doctoral level), confers same benefits of membership except voting privileges	\$40.00
<input type="checkbox"/> Foreign affiliate member (except Canada)	\$45.00
<input type="checkbox"/> Student affiliate member of APA or actively enrolled psychology student (undergraduate, graduate, or post-doctoral training)	\$20.00
Faculty Advisor's Signature _____	

Payment Method

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

Name on Card _____
 Card Number _____
 Exp. Date _____
 Signature _____

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

Thank you for supporting Division 53



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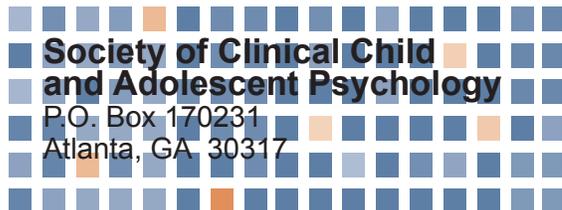
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