

Clinical Child and Adolescent Psychology

NEWSLETTER

Volume 19, Number 2

Summer 2004

President's Message

Division 53's Goals in the APA Program in Hawaii

Benjamin B. Lahey, Ph.D., University of Chicago



Benjamin B. Lahey, Ph.D.
President, Division 53

meeting. Our part of the APA program is shaped both by selecting presentations from the large number of unsolicited submissions and by inviting addresses and symposia. Until this year, I had no idea how much work goes into the shaping of the division program. The leaders of this year's Program Committee, Charlotte Johnston and John Piacentini, have done an absolutely superb job of crafting a program around three themes that are central to Division 53. It was a tremendous amount of work for them, but the Division 53 program that they created is well worth all of time that you will spend in planes, trains, and automobiles to get to Honolulu!

face of evidence that there are far more effective alternatives available. The primary goal of Division 53, then, is to provide research-based information to challenge our assumptions about the best way to help youth.

Several presentations address the treatments-that-work theme this year. Two of these presentations address the disruptive behavior disorders. Stephen Leff will lead a symposium on preventive interventions to reduce levels of physical and relational aggression in both girls and boys, with Marc Atkins serving as discussant. John Watkins will lead a blue-ribbon group of researchers who will

...continued on page 2

There are few things in life as bewildering as the program of an annual meeting of the American Psychological Association. The size of the program book is boggling and using the index to find relevant presentations requires uncommon levels of conscientiousness (the paper program does not come equipped with a mouse and a search engine...). Because this year's program for the Hawaii meeting includes many terrific presentations relevant to the members of Division 53, I thought it might help to share with you the goals and themes behind our program. My hope is that this overview, the separate listing of Division 53 events, and the pull-out schedule for Divisions 53 and 54 in this edition of the newsletter, will help you navigate the APA program. In addition, it is only fair for you to know what message your division is trying to send to the members of APA.

Like the other divisions, Division 53 is allocated a number hours at each annual

"The first organizing theme for the Hawaii program is treatments that work. Methods of assessment and treatment should not be selected based on the traditions and philosophical models of our field, but on the basis of the best-available data on what actually works."

1. The first organizing theme for the Hawaii program is treatments that *work*. The leaders of Division 53 believe strongly in the proposition that methods of assessment and treatment should not be selected based on the traditions and philosophical models of our field, but on the basis of the best-available data on what actually works. This principle seems self-evident, but many psychologists are more comfortable doing what they were trained to do, even in the

In this issue...

President's Message	1
The Student View	3
Expanded Division 53 APA	
Programming Listing	4
Candidates for APA President 2005	6
IN FOCUS: Student Research Award	
Program Winners Feature Articles ...	8
Student Research Award Information	
and Application Instructions	11
Non D53 APA Programming	
Highlights	12
SPECIAL PULLOUT—Division 53	
and 54's APA Programming	15
Society News and Announcements	17
2004 Membership Application	18
Society of Clinical Child and	
Adolescent Psychology	
Executive Committee 2004	19
Change of Address/	
Request for Back Issues.....	back cover

continued from page 1...

discuss methods of assessment and the key issues involved making decisions about medication for preschool children with ADHD, with Jim Swanson leading the discussion.

Other presentations will discuss recent advances in the treatment of anxiety in children and adolescents. John Piacentini will chair a symposium on recent developments in the psychosocial treatment of OCD and trichotillomania. Similarly, Donna Pincus will chair a symposium on intensive short-term treatments for child and adolescent anxiety disorders, with presentations by Tom Ollendick and Jill Ehrenreich. Both symposia offer important new findings, and the latter symposium is timely because of recent misrepresentations of these intensive methods in the popular media. Anne Marie Albano leads the discussion in both of these symposia on anxiety. In addition, presentations on evidence-based treatment for anxiety disorders will be made by Sam Turner and Armando Pina in Stan Huey's symposium described below.

There are two very important sub-themes that are intimately related to the treatments-that-work theme in this year's program. First, it is essential that we focus on treatments that work for the children and adolescents *who most need them*. There is abundant evidence that children and adolescents who live in poverty are far more likely to meet criteria for a wide range of mental disorders than children from more affluent families. Unfortunately, although there is growing evidence that effective psychosocial interventions have been developed for many psychological disorders, the current evidence suggests that they work better for families of higher socioeconomic status. This means that evidence-based practices work best for the segment of the population that needs them least. There are many possible reasons for this untenable state of affairs, but one possibility is that we have focused on

testing interventions that are designed for office-based fee-for-services settings. These settings are important, of course, but they may not be the optimal settings for delivering the most effective treatments to children and adolescents living in poverty. To improve our understanding of this issue, Bruce Chorpita will give an invited address on the application of evidence-based practices in Hawaii's state-wide system for youth. In addition, Marc Atkins will chair a symposium on the delivery of effective mental health services to children and families living in poverty, that will include presentations by Bruce Chorpita and Nadine Kaslow. Stephen Leff's symposium on aggression is also directly relevant to this subtheme.

The second subtheme to the treatments-that-work theme is developing and delivering effective services to the diverse range of communities of U.S. children and adolescents. Success in this effort will often require adaptations of interventions for different cultures. Stan Huey will chair a symposium on empirically-based interventions children and adolescents from a range of ethnic groups, with Stanley Sue serving as discussant. In addition, LeShawndra Price and Belinda Sims of the National Institute of Mental Health will chair a symposium on the role of culture in effective interventions for youth.

2. The second theme of the 2004 Division 53 program is research on developmental psychopathology. It is likely that today's research on the fundamental nature of mental health problems in developing children and adolescents will provide insights that will lead to future improvements in assessment and intervention. I first taught a graduate-level course on developmental psychopathology in the mid-1980s. All of my lectures took the form of "we know X, but we don't know Y and Z," with Y and Z being *much* longer lists than X. A tremendous amount has been learned in the last 20 years, but the ratio of

what we know to what we don't know is still appalling. Three presentations in Hawaii will address current efforts to improve our understanding of child and adolescent psychopathology. Connie Hammen will receive this year's Distinguished Research Contribution Award and will deliver an invited address on the interpersonal causes and consequences of adolescent depression. Michael Rutter will receive a special Career Research Contributions Award this year and will give an invited address on the innovative use of genetically-informative designs and other natural experiments to investigate *environmental* influences on development and psychopathology. My perquisite for serving on the Executive Board for three years will be the opportunity to deliver the Division 53 presidential address. I will offer a new approach to conceptualizing child and adolescent psychopathology that may simplify the task of identifying causal influences for your empirical scrutiny.

3. The third theme for the Hawaii meeting is the future! Consistent with the several new initiatives of Division 53 to support graduate students and new faculty announced in the last edition of this newsletter, Steve Lee and Candice Alfano will host a conversation hour on careers for new researchers and practitioners in clinical child and adolescent psychology. The current president and president-elect of the division will discuss practical issues and career moves to consider (and avoid).

One of the strongest aspects of the Division 53 program in Hawaii will be the poster sessions. These sessions address the first two themes in a range of remarkable presentations, including new data on the appropriateness of DSM-IV criteria for girls and the first evidence on a successful psychosocial intervention for the predominantly inattentive type of ADHD. Enjoy the opportunity to discuss these presentations directly with the authors.

**Please Give All 10 of Your
Apportionment Votes to Division 53**

The Student View

The Pros and Cons of Joint Internship/Postdoc Programs: Interview With Dr. Amori Mikami

by Steven S. Lee, M.A., University of California, Berkeley



Steven S. Lee
Student Representative

For this edition of the student newsletter, I interviewed Amori Mikami, Ph.D., a recent graduate from the clinical psychology and science training program at the University of California, Berkeley. Dr. Mikami is currently completing the first year of her two-year tenure at the University of California, San Francisco's combined predoctoral internship and postdoctoral fellowship program. Given the relatively few combined training programs across the country, some students may be less familiar with the characteristics of these training institutions.

I hope this column will be helpful for those students who plan on applying for internship later this year and particularly for applicants who are contemplating the unique training opportunities available in a joint predoctoral-postdoctoral program.

Steve: Initially, what attracted you to the two-year training programs that combined the predoctoral internship with the postdoctoral research training? What, if any, concerns did you have about this modality versus a traditional year-long internship?

Amori: I am primarily interested in research and I knew I would be seeking an academic job. Therefore, I anticipated applying for a postdoctoral position anyway after internship. The idea of applying again exactly one year after having gone through the internship application process sounded terrible to me.

Also, I liked the idea of having two years to see a program of research from start to finish; this seemed very difficult to do in only one year.

I personally did not have significant concerns about this placement. However, I can imagine that many prospective applicants would need to weigh the pros and cons of doing a two year versus a one year program. As I see it, the pros are:

1. If you believe you would be seeking a postdoctoral position anyway, you won't have to go through another timely and costly application process.

"The idea of applying again [for postdoc] exactly one year after having gone through the internship application process sounded terrible to me. Also, I liked the idea of having two years to see a program of research from start to finish; this seemed very difficult to do in only one year."

2. If you are research oriented, the joint program allows for more time to see a research project through to completion.

3. If you are research oriented, it also gives you more mentoring assistance as (at least at UCSF) your mentor meets with you beginning in the first year, so you have help in setting up your project.

4. If you are coordinating your career with your partner's career or have other family considerations (e.g., children), a two year placement offers greater stability.

As I see it, some cons to consider are:

1. If you are not completely convinced that you would want to pursue further postdoctoral training, or if you are not sure that you would want to do the type of postdoctoral position offered at that particular training institution, then you could end up stuck in something that doesn't fit your career goals.

2. If your research mentor or the training environment ends up not being a good match, then you will be stuck working with these people for two years. It is very similar to the selection of graduate school; selecting a mentor that ends up being a poor match for you makes the experience that much more difficult.

3. Again, if you are coordinating your career with your partner's but in this case it would be good for you to be flexible about where you go at the end of one year, the advantages of a two year program might be less compelling.

4. Something else important to consider is that one-year internships frequently have postdoc options at the same site; in many cases these positions are not guaranteed but it ends up that the vast majority of current interns who want them end up getting them. Although this may feel less secure at the time you are applying for internship, it will actually give you more flexibility later on.

Steve: In your opinion, what are some of the differences between combined training programs relative to a single year spent in clinical internship and what should prospective applicants consider when selecting potential training sites?

Amori: In addition to the points outlined previously, I would just emphasize selecting a site as you would select a graduate program and graduate mentor. It is important to determine if there is a good research and personality match between you and your prospective mentor. You should also consider if the site has the resources and support necessary for you to do the project that you want. Identifying your career goals and determining whether other students in the program are on the same career trajectory that you want for yourself is crucial. Have previous students met their goals? Finally, you might consider how well integrated the research and clinical work is at the site, and if they are not integrated well, consider how well you can manage that situation.

...continued on page 11

APA Convention—Division 53 Program

Honolulu, Hawaii, July 28–August 1, 2004

All locations are in Hawai'i Convention Center unless otherwise indicated.

WEDNESDAY, JULY 28, 2004

Poster Session 9:00 AM–9:50 AM
Kamehameha Exh. Hall
Assessment and Treatment of Childhood Disorders

Symposium 10:00 AM–11:50 AM
Meeting Room 313A
Using Partnerships to Design, Implement, and Evaluate Aggression Prevention Programs

Chair
Stephen S. Leff, Ph.D., Children's Hospital of Philadelphia, PA

Participants
Coping Power Prevention Program for Preadolescent Children: One-Year Follow-Up Effects
John E. Lochman, Ph.D., University of Alabama
Karen C. Wells, Ph.D., Duke University Medical Center

Collaboratively Designing and Evaluating an Intervention for Relationally Aggressive Girls
Stephen S. Leff, Ph.D., Children's Hospital of Philadelphia, PA
Jennifer G. Angelucci, M.A., Children's Hospital of Philadelphia, PA
Letitia Grabowski, M.S.W., Children's Hospital of Philadelphia, PA
Jennifer Weil, M.A., Drexel University

Johns Hopkins Prevention Intervention Research: A Public Health Prevention Approach
Nicholas Ialongo, Ph.D., Johns Hopkins Bloomberg School of Public Health

Community Collaborations: Preventing Long-Term Anger and Aggression in Youth (PLAAY)
Howard C. Stevenson, Ph.D., University of Pennsylvania

Discussant
Marc S. Atkins, Ph.D., University of Illinois at Chicago

Symposium 12:00 PM–1:50 PM
Meeting Room 318A
Treatment of Childhood OCD and Trichotillomania—New Findings

Chair
John Piacentini, Ph.D., University of California—Los Angeles

Participants
Controlled Comparison of CBT and Relaxation Training for Childhood OCD
John Piacentini, Ph.D., University of California—Los Angeles

Neurocognitive Correlates of Response to Treatment for Childhood OCD
Susanna Chang, Ph.D., University of California—Los Angeles

Sample Description and Outcome of Acute Treatment for Pediatric OCD
Lori A. Zoellner, Ph.D., University of Washington—Seattle

Cognitive—Behavioral Therapy for Pediatric Trichotillomania: An Open Trial
David Tolin, Ph.D., The Institute of Living, Hartford, CT
Martin E. Franklin, Ph.D., University of Pennsylvania
Gretchen Diefenbach, Ph.D., The Institute of Living, Hartford, CT

Discussant
Anne Marie Albano, Ph.D., New York University School of Medicine

THURSDAY, JULY 29, 2004

Conversation Hour 8:00 AM–8:50 AM
Hilton Hawaiian Village Beach Resort and Spa
South Pacific Ballroom II
Research, Funding, and Career Trends for the Next Generation of Child-Focused Researchers and Practitioners

Cochairs
Steve S. Lee, M.A., University of California—Berkeley
Candice A. Alfano, M.S., University of Maryland College Park

Participants
Deborah C. Beidel, Ph.D., University of Maryland College Park
Benjamin B. Lahey, Ph.D., University of Chicago

Poster Session 9:00 AM–9:50 AM
Kamehameha Exhibit Hall
Externalizing Disorders in Children

Symposium 10:00 AM–11:50 AM
Meeting Room 320
Intensive Treatments for Child and Adolescent Anxiety—New Findings

Chair
Donna B. Pincus, Ph.D., Boston University

Participants
One-Session Treatment for Specific Phobias in Youth: The Blacksburg/Stockholm Project
Thomas H. Ollendick, Ph.D., Virginia Polytechnic Institute and State University and Lars-Goran Ost, Ph.D., Stockholm University, NONE, Sweden

Eight-Day Intensive Treatment for Panic Disorder and Agoraphobia in Adolescents
Donna B. Pincus, Ph.D., Boston University, David H. Barlow, Ph.D., Boston University

Intensive Treatment for OCD in Adolescence: A Case Report
Jill Ehrenreich, Ph.D., Boston University and David H. Barlow, Ph.D., Boston University

Discussant
Anne Marie Albano, Ph.D., New York University School of Medicine

FRIDAY, JULY 30, 2004

Invited Address 8:00 AM–8:50 AM
Hilton Hawaiian Village Beach Resort and Spa
Coral Ballroom I
Distinguished Research Contribution Award

Adolescent Depression: Interpersonal Causes and Consequences
Constance Hammen, Ph.D., University of California—Los Angeles

Poster Session 9:00 AM–9:50 AM
Kamehameha Exh. Hall
Internalizing Disorders in Children

Symposium 12:00 PM–1:50 PM
Meeting Room 317A
Empirically Supported Interventions for Ethnic Minority Children and Adolescents

Chair
Stan J. Huey, Ph.D., University of Southern California

Participants
Toward a Science of Psychotherapy Hispanic Populations
Guillermo Bernal, Ph.D., University of Puerto Rico, San Juan, PR
Jeannette Rossello, Ph.D., University of Puerto Rico, San Juan, PR

BrainPower Program as Preventative Intervention for High-Risk African American Youth
Cynthia Hudley, Ph.D., University of California—Santa Barbara

Cognitive—Behavioral Treatment for Anxiety Disorders in Latino Youths
Armando A. Pina, M.S., Florida International University
Wendy K. Silverman, Ph.D., Florida International University

Effectiveness of Psychotherapy With Ethnic Minority Youth: A Preliminary Meta-Analysis
Stan J. Huey, Ph.D., University of Southern California

Social Phobia and Its Treatment in Caucasian and African American Youth
Samuel M. Turner, Ph.D., University of Maryland College Park
Deborah C. Beidel, Ph.D., University of Maryland, College Park, MD

Discussant
Stanley Sue, Ph.D., University of California—Davis

SATURDAY, JULY 31, 2004

Symposium 8:00 AM–9:50 AM
Meeting Room 313B
Role of Culture in Culturally Based Child and Adolescent Interventions

Cochairs
LeShawndra N. Price, Ph.D., National Institute of Mental Health, Bethesda, MD
Belinda E. Sims, Ph.D., National Institute of Mental Health, Bethesda, MD

Participants
Adapting Evidence-Based Treatments to Be Culturally and Socially Valid
Anna S. Lau, Ph.D., University of California—Los Angeles

Culturally Modified, Trauma-Focused Treatment for Hispanic Sexual Abuse Victims
Michael A. de Arellano, Ph.D., Medical University of South Carolina
Carla K. Danielson, Ph.D., Medical University of South Carolina

Considering Culturally Relevant Parenting Practices in Intervention Development and Adaptation
Stephanie I. Coard, Ph.D., Duke University

Cultural Adaptation of a Parenting EBT for Implementation With Latina Mothers
Elizabeth Wieling, Ph.D., University of Minnesota—Twin Cities

Intervention Strategies for African American Males: Considering Culture
Vanessa Nyborg, Ph.D., University of California—Santa Barbara

Developing Culturally Based CBT Intervention for Black Adolescent Suicide Attempters
Sean Joe, Ph.D., University of Pennsylvania

Discussant
Belinda E. Sims, Ph.D., National Institute of Mental Health, Bethesda, MD

Symposium 12:00 PM–1:50 PM
Meeting Room 313B
Preschool Children At-Risk for ADHD Approaches to Diagnosis and Treatment

Chair
John M. Watkins, PhD, Children's Hospital of Orange County, NONE, CA

Participants
Laboratory School Protocol in the Study of Preschool ADHD
Sharon B. Wigal, Ph.D., University of California—Irvine
Kelly Posner, Ph.D., Columbia University in the City of New York

Parental Decisions About Placing Children With ADHD on Medication
Scott H. Kollins, Ph.D., Duke University School of Medicine
Howard Abikoff, Ph.D., New York University

Assessment of ADHD in Preschool Children
Tim Wigal, Ph.D., University of California—Irvine
James J. McGough, M.D., University of California—Los Angeles
Mark S. Riddle, Ph.D., Johns Hopkins University

Growth Suppression by Stimulant Medication in School-Aged and Preschool-Aged Children
Laurence L. Greenhill, M.D., New York State Psychiatric Institute, New York, NY
James M. Swanson, Ph.D., University of California—Irvine
James T. McCracken, M.D., University of California—Los Angeles

Discussant
James M. Swanson, Ph.D., University of California—Irvine

Presidential Address 3:00 PM–3:50 PM
Hilton Hawaiian Village Beach Resort and Spa
South Pacific Ballroom III

Underlying Causal Structure of Child and Adolescent Psychopathology
Benjamin B. Lahey, Ph.D., University of Chicago

Business Meeting 4:00 PM–4:50 PM
Hilton Hawaiian Village Beach Resort and Spa
South Pacific Ballroom III

SUNDAY, AUGUST 1, 2004

Invited Address 8:00 AM–8:50 AM
Meeting Room 316A

Evidence-Based Decision Making in Practice: Hawai'i's Identification, Organization, Integration, and Dissemination of Evidence-Based Strategies in a Statewide System for Youth
Bruce F. Chorpita, Ph.D., University of Hawai'i at Manoa
Eric L. Daleiden, Ph.D., Hawai'i Department of Health, Honolulu, HI

Invited Address 9:00 AM–9:50 AM
Hilton Hawaiian Village Beach Resort and Spa
South Pacific Ballroom IV
Career Research Contributions Award

Using Genetic Designs and Other Natural Experiments to Investigate Environmental Influences Upon Development and Psychopathology
Sir Michael Rutter, M.D., Institute of Psychiatry, London, England, United Kingdom

Symposium 10:00 AM–11:50 AM
Children Meeting Room 313B
Health Service Delivery for and Families Living in Poverty

Chair
Marc S. Atkins, Ph.D., University of Illinois at Chicago

Participants
Practice Adaptations and Innovations for Youth in a State Mental Health System
Bruce F. Chorpita, Ph.D., University of Hawai'i at Manoa

Toward a Model for Accessible, Effective, and Sustainable Mental Health Services for Inner-City Children and Families
Marc S. Atkins, Ph.D., University of Illinois at Chicago
Stacy Frazier, Ph.D., University of Illinois at Chicago

Supporting African American Families Empowering Their Youth (SAFETY Project)
Nadine J. Kaslow, Ph.D., Emory University
Sigrid Y. Kennebrew, Ph.D., Emory University
Debbie Roberts, Ph.D., Kids on the Move, LLC, Atlanta, GA
Theresa Sparks, Ph.D., Emory University
Sheridan Thorn, M.A., Georgia State University
Duane House, B.A., Georgia State University
Omar Gueussous, B.A., Georgia State University
Martie Thompson, Ph.D., Clemson University
Gabrielle Hargrove, B.A., Emory University

Discussant
Marc S. Atkins, Ph.D., University of Illinois at Chicago

APA 2005 Presidential Candidates Address Issues Related to Division 53's Mission

As we approach the APA presidential election, Division 53 members may be poring over the recent APA Monitor piece containing the statements from the five candidates: Sharon Brehm, Ph.D., Gerald Koocher, Ph.D., Katherine Nordal, Ph.D., Stephen Ragusea, Psy.D., and Lawrence Ritt, Ph.D.: (<http://www.apa.org/monitor/candidates.html>). However, given the paucity of space in the Monitor, not all issues of importance to D53 members were addressed. As a result, members of the D53 Board suggested that we request that the candidates for president respond to a small number of questions of most relevance to D53 members. All five candidates were contacted by email three times with requests to respond to any or all of the three questions. Of the five candidates, three provided responses and these are published below. Before the responses, brief biographical information is provided. For complete biographical information, the reader is referred to the APA Monitor article in the May 2004 issue (<http://www.apa.org/monitor/candidates.html>).

Biographical Information:



Gerald P. Koocher, Ph.D. is a founding member and Fellow of Division 53, as well as a Past President and Distinguished Contribution Award winner of Division 53's precursor, the Section on Clinical Child Psychology. He holds an ABPP in Child and Adolescent Psychology (and in four other specialties). More information about his career may be found at www.koocher.com.



Katherine Nordal, Ph.D. has been in full-time independent practice for 24 years with a primary focus on youth. Her specialties include TBI, learning, behavioral, and emotional disorders, special education law (IDEA Due Process Hearing Officer). She is a Fellow of APA, the APA Board of Directors liaison to CYF and currently on CAPP. More information about her career is at her website: www.DrNordal.com.



Sharon Stephens Brehm, Ph.D. is senior adviser to the president of Indiana University and professor of psychology in the clinical and social programs. She has been active in APA and is a member of Divs. 1, 2, 7, 8, 9, 12, 35, 52 and 53. Her multi-authored textbooks on *Intimate Relationships* and *Social Psychology* are highly regarded and widely adopted.

1. What is your position on the role of competency in evidence-based practices in APA accreditation of clinical training programs, internships, and continuing education programs, and in model state licensing laws?

Brehm: All accredited doctoral-level clinical training programs require all students to be able to understand the relevant research methodologies and to be up-to-date on the existing research evidence. These students also receive careful supervision as they learn how to utilize various treatment modalities and work with patients who vary on a number of dimensions. This combination of knowledge and experience prepares the student to be what Lee Sechrest (1999) called "a science-based practitioner" who "is obliged to be familiar with and to apply . . . what is known and,

beyond the limits of what is known, to apply the best theory that is supported by the science of the field." Thus, all programs, internships, and licensing laws should regard the practicing psychologist as one who knows, evaluates, utilizes, and sometimes produces scientific findings and who has expertise in general relationship-building skills as well as in the implementation of specific treatment approaches.

Koocher: I strongly believe that behavioral science constitutes the essential foundation of clinical practice. I have developed and conducted clinical trials on two manual-driven treatment programs while serving as principal investigator on several NIH and foundation grants. I have, however, watched with considerable frustration as some colleagues arrogantly assert that such

treatments should be taught exclusively or to the exclusion of other approaches that integrate the data from such research with the skilled clinician's knowledge of individual differences, culture, values, and client preferences. Slavish obedience to treatment manuals does not serve clients well, nor does it require the skills of doctoral level professionals.

The officers of APA must maintain an arm's length separation from the Committee on Accreditation and not seek to impose new standards, apart from the normal revision policies specified by the Committee's rules and procedures. I would not seek to undermine the Committee's independence in any way.

Having served on a state licensing board and having assisted in the defense of many psychologists wrongly charged by

overzealous non-psychologist prosecutors, I would caution against inserting mention of any specific therapeutic techniques or orientations in any state licensing statute. Imagine what would have happened if the therapies in vogue during the 1970s were written into licensing laws the majority of which were enacted about that time.

Nordal: I support evidence-based practice as broadly defined by the IOM. Effective clinical practice is based on our best research evidence, good clinical judgment, and attention to patient values. While specific techniques account for only 15% of variance in treatment outcome, the therapy relationship and patient characteristics together account for 70%. Rigid adherence to narrowly defined empirically validated treatments is not sufficient to address client needs. EVTs should not be the major decision-making criterion in program accreditation, CE sponsor approval, or provider reimbursement. Furthermore, having served on both ethics committees and a licensing board, I believe that legislating EVTs as the standard of care for the profession is a very myopic strategy that will endanger and not protect the consumers of psychological services.

2. What practical steps would you take as APA president to improve mental health services for children and adolescents living in poverty?

Koocher: A centerpiece of my programming as APA President would involve focusing on under served children and families, with special attention to the needs of economically and ethnically disadvantaged groups. I hope to do so by promoting a child and family alliance with other APA Divisions (e.g., 7, 9, 12, 37, 43, 45, and 54) and with the ethnic minority psychological associations. I will also work closely with the APA Practice and Public Interest Directorates and the Public Policy Office to take advantage of strategic opportunities related to these important under served populations.

Nordal: A critical issue for poor youth, especially youth of color, is access to services. We must take mental health services to youth where they are...in schools, primary care settings, and juvenile justice settings. To address financial access issues we must advocate for expansion of the Children's Health Insurance Program and lobby actively at the state level for stability in Medicaid funding for mental health services. Medicaid rates are problematic. Ridiculously low rates of reimbursement and delayed payment are huge provider disincentives. I support

expansion of the NHSC loan repayment programs to provide incentives to attract psychologists into community health centers and rural health clinics, the primary care centers for most poor youth. APA should advocate for funding for child/adolescent programs that train psychologists to work with youth in multiple settings across disciplines. We must lobby at the state level to fund more psychologists in schools and our juvenile justice system. APA, through its Public Policy Office and Governance Relations Office, must provide guidance/model legislation for advocacy at the state level where these issues are determined.

Brehm: Working with APA staff and members to establish strong collaborations with other individuals and organizations committed to the well-being of children and adolescents living in poverty, I would focus on developing a broad-based national agenda including financial assistance, prevention programs, partnerships with the schools and other critical community organizations, and access to physical and psychological healthcare. Initial costs for such an agenda would be considerable. However, the cost-benefits could be enormous. For example, an early treatment program for at-risk children, costing \$40,000 per child, can pay for itself by offsetting the lifetime costs of career criminals (estimated at over \$1.3 million per person) if it diverts as few as 3% of the treated children from chronic criminality (Dodge et al., 2002). We can already make a strong case for a proactive agenda on behalf of children and adolescents. As prevention and treatment programs improve, that case will become even stronger. Early interventions to benefit children and adolescents are the best possible investments any society can make.

3. The National Academies of Science are the most powerful groups affecting national policies regarding mental health in the United States. Several experimental psychologists are members of the academy and many psychiatrists are represented through the Institute of Medicine, but there are no clinical psychologists with an interest in mental health in the NAS. What would you do to bring clinical psychology to this policymaking table?

Nordal: As a former AAAS/APA Congressional Science Fellow, I am aware of the importance of national think tanks like the NAS and IOM and the importance of psychology's commitment to public policy process. I understand that election into the NAS and IOM is a very "closed door" process. Service on committees is a very important first step. Positioning

clinical psychologists on IOM and NAS committees and study groups will be a very high priority. I will work closely with our Science Directorate to ensure that qualified psychologists are nominated for committee openings. As President of APA I will meet with the IOM and NAS presidents to emphasize our interest in having clinical psychologists included. The APA is establishing a Task Force on Psychoactive Medications for Children and Adolescents. This is the type of project IOM is very interested in. I will strongly urge APA to lobby for funding of a special IOM study of this issue. By taking the lead in this issue I am confident that APA will have a significant voice in who gets appointed to that panel. By participating in the committee process, our colleagues have a greater chance of eventually being elected.

Brehm: There are three National Academies: the National Academy of Sciences, National Academy of Engineering (restricted to engineers), and Institute of Medicine. The members of NAS and IOM are distinguished researchers in science and potentially could have a significant influence on health policies if they chose to become actively involved. The NAS has 1949 active members; at least 58 are psychologists, 3% of NAS active members. The IOM has 1364 active members; at least 13 are psychologists, 1% of IOM active members. It's important to note that research conducted by some of the NAS and IOM psychologists is highly relevant for clinical practice. Nevertheless, the lack of clinical psychologists is a matter of great concern. The larger context is also quite dismaying: too few psychologists, regardless of specialization, are members of these highly prestigious organizations. APA must focus on both issues: increasing the number of psychologists and helping to ensure that members of the NAS and IOM are aware of highly qualified clinical psychologists who merit consideration for membership. As APA president, I would personally initiate and participate in these conversations.

Koocher: Many clinical psychologists have served on NAS/IOM committees and task forces; I have done so twice. If elected, I would initiate dialogue with current psychologists who are members and staff at the NAS about how to invite better consideration of clinical psychologists in the nomination process.



Does negative self-imagery play a causal role in social phobia among adolescents?

Candice A. Alfano, M.S., University of Maryland



As is the case with many psychiatric disorders of childhood, it is generally theorized that the core features of social phobia in children closely mirror those seen among adults. Specifically, most adult models of social phobia characterize the disorder in terms of intense physiological reactions, avoidant behaviors, and cognitive factors (such as negative self-thoughts and beliefs). Currently, many cognitive-behavioral treatment protocols used with anxious child populations aim to produce clinically-significant change across each of these three domains. However, some theorists propose that cognitive factors in particular, represent a central feature in both generating and maintaining social phobia over time. For example, Clark and Wells (1995) posit that within social contexts, socially-phobic individuals are excessively self-focused and flooded with negative self-images thoughts of their behavior. Such images are particularly problematic because they lead to the inaccurate belief that others see the individual in the same negative fashion. Over time, this process is believed to result in continued feelings of excessive anxiety and compromised social functioning by preventing the socially-phobic individual from accurately assessing social situations.

While there is some evidence to support a cognitive model of social phobia, other theorists have highlighted the role of biological influences and social avoidance/withdrawal as key factors that serve to

generate and maintain social anxiety over time (e.g., Hudson & Rapee, 2000). Despite some conceptual overlap, each model proposes theoretically distinct origins of the disorder's specific features. For example, while both models acknowledge decreased social performance among adult social phobics, it remains unclear whether ineffectual social performance may be the result of an excessive self-focus and interfering negative self-imagery during social interactions or a fundamental lack of social skills based on a history of continued

“Alfano’s study applies an experimental design to clarify the potential role of negative self-imagery during the period of the greatest onset of social phobia, adolescence.”

social avoidance. Based on retrospective report, several studies have found social phobics to experience greater amounts of negative self-imagery than non-anxious persons within social settings. In fact, such images are commonly reported to be elaborations of previously traumatic social events. In many cases, the occurrence of these traumatic social experiences has been associated with the onset of social phobia. On the other hand, empirical evidence also indicates social skill deficits are commonly found among both adult as well as child social phobia samples, including children as young as 7 years of age.

In order to fully understand the relationship between social anxiety, social performance, and negative self-imagery/thoughts, experimental control over these variables is necessary. Surprisingly however, there has been only one study that has experimentally manipulated self-imagery among a sample of socially-anxious adults. In a recent study by Hirsch and colleagues

(2003), negative or neutral self-imagery was manipulated during two social interaction tasks. Focusing on negative self-images was found to result in significantly higher ratings of anxiety and fewer positive behaviors (such as appearing confident and self-assured) as judged by both participants and blind observers. Interestingly however, observers did not report any differences in terms of negative behaviors (such as appearing uncomfortable and awkward) across the two conditions.

Although findings reported by Hirsh et al. (2003) offer preliminary support for negative self-imagery as an important factor in increasing social anxiety, some methodological limitations preclude a causal explanation. Specifically, manipulation of negative self-imagery among clinical patients already presumed to experience such imagery does not allow for a true determination of whether such phenomena may be a consequence rather than an origin of the disorder. Indeed, given that the average age of onset of social phobia is in adolescence, it is reasonable to assume that many adult social phobics have suffered from the disorder for several years. Therefore, one might expect negative self-images to be well developed in adults based on a long history of negative social experiences. As such, it is important to examine self-imagery during adolescence, the period when onset of social phobia is most likely.

Based on existing gaps in the literature, the current investigation is the first to utilize a methodological approach aimed at clarifying the potential role of negative self-imagery in social phobia. To elucidate the unique role of self-imagery during the period of the greatest onset of social phobia, we will manipulate self-imagery among a group of non-anxious adolescents during two social interaction tasks. Further, because previous reports have indicated that self-images commonly experienced by socially-phobic individuals are actually elaborations of previously-embarrassing social experiences, we will employ self-imagery manipulations that are specific to each adolescent's social history in order to ensure personal meaning. The investigation will also include a group of socially-phobic

adolescents and normal control group of adolescents for whom self-imagery will not be manipulated. We will examine levels of anxiety, specific thoughts, expected and self-rated performance, and observer-rated social skill during two interactions with a same-aged peer. Findings from this investigation may provide a better understanding of the development of social phobia by identifying core aspects of the syndrome, as well as those factors most germane to the maintenance of social anxiety over time. More importantly, the findings may have implications for both researchers and clinicians in understanding the specific mechanisms of change following cognitive-behavioral treatment for social anxiety in youth.

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NOTE: Candice Alfano's research advisor is Deborah C. Beidel, University of Maryland

Comparison of cognitive-behavioral, interpersonal, and assessment only conditions in the prevention of depression in adolescents.

Jason Horowitz, Vanderbilt University



Depression is a common psychological disorder during adolescence that is associated with many negative outcomes, including substance abuse, academic problems, cigarette smoking, high-risk sexual behavior, physical health problems, impaired social relationships, and a 30-fold increased risk of suicide (Birmaher et al., 1996; Harrington et al., 1990; Le, Munoz, Ippen, & Stoddard, 2000; Rohde, Lewinsohn, & Seeley, 1994; Stolberg, Clark, & Bongar, 2002). Because of the high costs associated with depressive symptoms and disorders in children and adolescents, and as a result of a mandate issued by the Institute of Medicine (IOM; Mrazek & Haggerty, 1994), the last ten years has seen a growing emphasis on depression prevention.

There is disagreement in the field as to whether to focus our attention on universal, selective, or indicated prevention programs. Selective and indicated prevention programs have in general produced larger effect sizes than universal prevention programs (Horowitz, 2003). However, universal programs have several advantages. First, universal programs avoid participant stigma and the labeling effects of being singled out for such a program. This makes universal programs more attractive both to participants and schools. Universal programs can reach individuals with a wide range of risk factors rather than being limited to those who are influenced by only one or two risk factors (Offord, 2000). Also, universal programs have been associated with greater rates of

participation and lower rates of dropout than selective and indicated programs. Finally, universal samples encompass individuals for whom treatment is indicated, and analyses can be conducted to answer questions about the relative utility of programs for populations with varying levels of risk.

Individual differences can play a large role in moderating the effectiveness of a prevention program. For example, there is some evidence of differential effects of prevention programs for girls versus boys. Programs with a cognitive-behavioral orientation have been found to be more effective for boys than girls (Reivich, 1996; Shatté, 1996) and there is initial support for the effectiveness of an interpersonal intervention with girls (Forsyth, 2000). In addition, personality dimensions may be important in moderating the effectiveness of preventive interventions. The personality orientation of sociotropy is particularly relevant to interpersonal approaches to depression. According to the specific vulnerability hypothesis (Beck, 1982), individuals vary in the extent to which they are affiliative or achievement oriented. It is possible that highly affiliative or sociotropic individuals, regardless of gender, will benefit more from interpersonal approaches to prevention.

“Horowitz’s study tests two prevention programs based on treatment programs with strong empirical support, CBT and IPT, in a sample of 9th graders.”

The current study will evaluate two universal prevention programs for depression among adolescents. We will examine whether a cognitive-behavioral prevention program and an interpersonal

prevention program are effective in preventing depressive symptoms compared to an assessment only control condition. Further, we will compare the relative effectiveness of each active intervention. We also will examine whether girls and boys respond differently to each program. Finally, we will test whether individual differences in sociotropy are associated with differential response to each program.

Participants in the study will be 9th grade students from area high schools. They will be randomly assigned to one of three groups, a cognitive-behavioral intervention (CB), an interpersonal intervention (IP), or a no intervention control condition. Both interventions will be delivered in group format to groups of about 12 students. The CB intervention is based on a program implemented by Clarke et al. (2001). The IP intervention is based on a program developed by Mufson, Weissman, Moreau, and Garfinkel (1999). The control group will be an assessment only condition. The study will run 12 groups of 12 for each intervention, yielding 144 participants per cell (CB, IP, control). Participants will be assessed before and after the intervention and every six months for 30 months.

This study holds the promise of advancing the field of depression prevention research in a number of ways. First, it will provide further evidence of the efficacy of an already established cognitive-behavioral intervention. Second, it will provide some of the first evidence for an interpersonal approach to preventing depression in adolescents. Third, this will be the first study to directly compare these approaches in a prevention trial with adolescents. Fourth, this study also will address questions of differential effectiveness for adolescents as a function of gender and personality. The results of this study will serve as a guide for schools and clinicians for future implementation of depression prevention programs.

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NOTE: Jason Horowitz's research advisor is Judy Garber, Vanderbilt University

The Student View,
continued from page 3...

Steve: Are the two years formally separated into clinical training (Year 1) and research training (Year 2) or are they integrated from the beginning (e.g., do you attend lab meetings or run subjects in Year 1 or *only* after Year 2 begins)?

Amori: At UCSF, the two years are integrated. From the beginning of year 1 you are meeting with your research mentor and are encouraged to be thinking about your research project and to apply for grants, get human subjects approval, and begin recruiting/running participants. In the beginning, you have more required clinical duties, and these duties gradually phase out over Year 1 and further diminish in Year 2.

Steve: Should applicants have a predetermined research mentor prior to applying? If so, did you contact your current mentor during the application process?

Amori: At UCSF, it is similar to applying to graduate school in that you pick a research mentor, meet with him/her during the application process, and are admitted into his/her lab. This system works well as it is a fairly research-intensive internship and postdoctoral experience. Thus, it is important for the student and the mentor to be a good match. I found it helpful to think of it like working with your graduate school mentor, but only for two years. You should make sure when applying that your mentor is someone who is well-suited to your needs.

Steve: In your current training program, what are the various positions trainees have obtained following their two-year tenure?

Amori: After the one-year postdoctoral training, people generally go on the academic job market. Some end up accepting assistant professor positions in psychology departments or in medical schools whereas others take additional postdoctoral positions at UCSF or at other places.

SCCAP Student Research Award 2005

Information and Application Instructions

DEADLINE: 10/1/2004

The Society of Clinical Child and Adolescent Psychology sponsors an annual student research award. The purpose of the award is to assist science-oriented doctoral students in clinical child and adolescent psychology with respect to costs related to their dissertation or master's thesis research. In 2005, the Society will offer up to two awards of \$750 each.

DEADLINE: OCTOBER 1, 2004

ELIGIBILITY

1. Students must be enrolled full-time and be in good standing in graduate programs in clinical psychology. The doctoral program must be in U.S. or Canada.
2. Applicants must be student members of the Society (D53) at the time of their application for the award, or they must submit the membership materials with their application.
3. The faculty committee at a student's university must have approved the complete research proposal prior to application for this award. For masters' theses, written verification from the student's faculty advisor will satisfy this criterion.

4. Proposals may be submitted for already-defended doctoral dissertations, provided that the student has not graduated by the application deadline (i.e., 10/1/2004).

APPLICATION PROCESS

Applicants **must** submit their application **electronically**. The application must include the following:

- **1-page maximum typed cover letter:** describing research interests, experience and career plans.
- **Research Proposal:** A summary of the original proposal (2500 words or less) that must include an explanation of the research design and other important aspects of the project and a brief explanation of the proposed use of the funds (i.e., a budget). The award must be used to support expenses that are directly related to the research (e.g., supplies, equipment, participant fees); it may not be used for tuition, travel, or personal expenses.
- **Curriculum Vitae**
- **1-page maximum letter of recommendation from academic advisor or professor.** Academic advisor may submit this letter separately from the other times.

Send application materials via email to:
Marti Hagan CCPDiv53@aol.com.

Highlights of Non-D53 APA Programming

Thanks to my fellow Newsletter editors, Martin Antony (D12), Lori Camparo (D37), Daniel Clay (D54), and Linda Reddy (D16), for sharing their Divisional APA Programming. D53 and D54 programs are included in the insert. Please note that all times and locations are subject to change. All were current when the newsletter went to press.

WEDNESDAY, JULY 28, 2004

DIVISION 12: SOCIETY OF CLINICAL PSYCHOLOGY

8:00 AM–8:50AM

Symposium: Developing Emerging Scholars Through Community-Based Participatory Research

Gary Bennett, Shani H. Peterson, Derek M. Griffith, Michael A. Lindsey, Michele Cooley
Hawai'i Convention Center, Meeting Room 323C

8:00 AM–8:50AM

Symposium: Training Ethnic Minority Transplant Psychologists—A Vital Service for Minorities

John D. Robinson, Clive O. Callender, Jeffery A. Harvey, Larry C. James
Hawai'i Convention Center, Meeting Room 325A

8:00 AM–8:50AM

Symposium: Eating Disorders, Obesity, and Disordered Eating Among Minority Adolescents—Diagnosis and Treatment Issues

Helen D. Pratt, Delores D. Walcott, Elaine L. Phillips, Brandy M. Pratt
Hawai'i Convention Center, Meeting Room 306B

8:00 AM–9:50AM

Poster Session: Child and Adolescent Eating Disorders, Social Behavior, and Personality Disorders

Hawai'i Convention Center, Kamehameha Exhibit Hall

9:00 AM–9:50AM

Invited Address: Florence Halpern Award for Distinguished Professional Contributions in Clinical Psychology

Lynn P. Rehm
Hilton Hawaiian Village Beach Resort and Spa, South Pacific Ballroom II

10:00 AM–10:50AM

Paper Session: Issues in Providing Services to Families and Adolescents

Leslie A. Sim, Carlos M. Grilo, Rebecca J. Cobb,
Hawai'i Convention Center, Meeting Room 307B

12:00 PM–1:50PM

Symposium: Integrating Interventions and Services Research—Progress and Prospects

Michael A. Southam-Gerow, Celia E. Wills, Anthony L. Hemmelgarn, Ann Garland, Heather L. Ringeisen, Joel T. Sherrill
Hawai'i Convention Center, Meeting Room 325A

DIVISION 16: SCHOOL PSYCHOLOGY

8:00 AM–9:50 AM

Symposium: Psychologists Consulting to School Psychologists—Enhancing Capacities and Facilitating Change

Chair: Rona M. Novick, Ph.D.
Hawai'i Convention Center, Meeting Room 307B

10:00 AM–10:50 AM

Poster Session: Consultation, Collaboration, and the Field of School Psychology
Hawai'i Convention Center, Kamehameha Exhibit Hall

11:00 AM–11:50 AM

Invited Address: Stephen J. Bagnato, Ed.D.

Hawai'i Convention Center, Meeting Room 301B

12:00 PM–1:50 PM

Symposium: Consultation Model Used to Train and Conduct Bilingual Assessment

Chair: Bradley O. Hudson, PsyD
Hawai'i Convention Center, Meeting Room 304A

DIVISION 37: CHILD, YOUTH, AND FAMILY SERVICES

8:00 AM–8:50AM

Symposium: Online Counseling With Latino Adolescents in a Rural Community

Chair: Collie W. Conoley
Hawai'i Convention Center, Meeting Room 309

9:00 AM–10:50AM

Symposium: Systems Perspective for Meeting the Needs of Immigrant Youth

Chairs: Artemio D. Bramila and Luis A. Vargas
Hawai'i Convention Center, Meeting Room 321A

11:00 AM–12:50PM

Poster Session

Hawai'i Convention Center, Kamehameha Exhibit Hall

12:00 PM–12:50PM

Nicholas Hobbs Award

John R. Weisz
My ESP on EBP: The Future of Evidence-Based Youth Practice
Hawai'i Convention Center, Meeting Room 321A

12:00 PM–12:50PM

Child Advocacy Award

Virginia G. Weisz
Law: A Tool for Improving Children's Mental Health
Hawai'i Convention Center, Meeting Room 321A

OTHER DIVISIONS

10:00 AM–11:50 AM

Symposium: Poisons, People and Public Policy Current Issues Regarding Toxic Chemicals and Neural Development

Sue Koger and Deborah Du Nann Winter
Hawai'i Convention Center, Meeting Room 317B

THURSDAY, JULY 29, 2004

DIVISION 12: SOCIETY OF CLINICAL PSYCHOLOGY

8:00 AM–8:50AM

Symposium: Trauma and Mental Health Issues for Diverse Populations

Cheryl A. Boyce, Charlene LeFauve, Michael DeArellano, Sean Joe, Michele Cooley
Hawai'i Convention Center, Meeting Room 304A

10:00 AM–10:50AM

Symposium: Diversity's Disruptions: Complications in Clinical Research With Communities of Color

Donna K. Nagata, Joseph P. Gone, Rosario Ceballo, Laura P. Kohn-Wood, Nnamdi Pole
Hawai'i Convention Center, Meeting Room 302B

12:00 PM–1:50PM

Symposium: Predictors of Parent—Child Interaction Therapy Outcome

Melanie D. McDiarmid, Sheila M. Eyberg, Stephen R. Boggs, Michelle D. Harwood, Laura Schoenfield, Daniel M. Bagner, Donna B. Pincus
Hawai'i Convention Center, Meeting Room 304A

DIVISION 16: SCHOOL PSYCHOLOGY

8:00 AM–9:50 AM

Symposium: Interventions for Comorbid Anxiety and Depression in Adolescent Girls

Chair: Thomas J. Huberty, Ph.D.
Hawai'i Convention Center, Meeting Room 305B

9:00 AM–9:50 AM

Poster Session: Measurement and Assessment Procedures

Hawai'i Convention Center, Kamehameha Exhibit Hall

10:00 AM–10:50 AM

Poster Session: Behavioral Health and Interventions

Hawai'i Convention Center, Kamehameha Exhibit Hall

11:00 AM–11:50 AM

Invited Address: Alan Kaufman, Ph.D.
Hawai'i Convention Center, Meeting Room 316C

2:00 PM–2:50 PM

Presidential Address: Cecil Reynolds, Ph.D.

Hilton Hawaiian Village Beach Resort and Spa, South Pacific Ballroom IV

DIVISION 37: CHILD, YOUTH, AND FAMILY SERVICES

8:00 AM–9:50 AM

Symposium: Omissions, Commissions, and Credibility—The Plight of the Child Witness

Chairs: Angela M. Crossman & Victoria Talwar
Hawai'i Convention Center—Meeting Room 323C

12:00 PM–1:50 PM

Symposium: Tripartite Resilience Model—Applications and Implications for Underserved Youth

Chair: Colanda R. Howard
Hilton Hawaiian Village Beach Resort and Spa—South Pacific Ballroom III

12:00 PM–1:50 PM

Symposium: Improving the Community Response to Child Abuse Victims

Chairs: Lisa M. Jones and Theodore P. Cross
Hawai'i Convention Center—Meeting Room 307A

FRIDAY, JULY 30, 2004

DIVISION 12: SOCIETY OF CLINICAL PSYCHOLOGY

9:00 AM–9:50AM

Division 12 Presidential Address: Embracing the Diversity of Clinical Psychology

Nadine J. Kaslow
Hawai'i Convention Center, Meeting Room 316C

9:00 AM–9:50AM

Section III (Society for a Science of Clinical Psychology) Discussion: Do Predoctoral Internships Value Clinical Science? Results From the 2004 SSCP Internship Directory Survey

Kenneth J. Sher, Jack J. Blanchard
Hilton Hawaiian Village Beach Resort and Spa, Nautilus Suite I

DIVISION 16: SCHOOL PSYCHOLOGY

8:00 AM–9:50 AM

Symposium: RTI for LD Eligibility Determination—Does Science Support Policy?

Chair: Michael L. Vanderwood, Ph.D.
Hawai'i Convention Center, Meeting Room 321B

9:00 AM–9:50 AM

Poster Session: Health and Well-Being Studies and Interventions

Hawai'i Convention Center, Kamehameha Exhibit Hall

12:00 PM–1:50 PM

Symposium: Evidence-Supported Parent and Family Intervention in School Psychology

Chair: Cindy I. Carlson, Ph.D.
Hawai'i Convention Center, Meeting Room 307A

DIVISION 37: CHILD, YOUTH, AND FAMILY SERVICES

8:00 AM–9:50 AM

Symposium: Delivery of Mental Health Services for Youth Who Are Deaf and Hard of Hearing and Their Families

Chair: Robin E. Dock
Hawai'i Convention Center, Meeting Room 303A

12:00 PM–1:50 PM

Poster Session: Child, Youth and Family Services and Child Maltreatment

Hawai'i Convention Center, Kamehameha Exhibit Hall

2:00 PM–2:50 PM

Presidential Address: Elusive Concept of Culture: Implications to Psychology Practice and Policy

Luis A. Vargas
Hilton Hawaiian Village Beach Resort and Spa—Nautilus Suite I

SATURDAY, JULY 31, 2004

**DIVISION 12: SOCIETY OF
CLINICAL PSYCHOLOGY**

8:00 AM–8:50AM

Symposium: Building a Firewall Between Marketing and Science

William G. Danton, David O. Antonuccio, David Healy, Morgan Sammons, Barbara Kohlenberg
Hawai'i Convention Center, Meeting Room 316B

8:00 AM–9:50AM

Symposium: Effectiveness Studies of Treatments for the Anxiety Disorders

Norah C. Feeny, Lori A. Zoellner, Richard A. Bryant, Raphael Rose, David Tolin, Michelle Craske
Hawai'i Convention Center, Meeting Room 327

9:00 AM–9:50AM

Section III (Society for a Science of Clinical Psychology) Presidential Address

Don C. Fowles
Hawai'i Convention Center, Meeting Room 321B

10:00 AM–11:50 AM

President's Freedom Commission on Mental Health Report: Implications for Psychology. A Cross-cutting Symposium submitted by Divisions 12, 18 and 20

Nadine J. Kaslow, Larke Nahme Huang, Frederick J. Frese III, Mary A. Jansen, Jane Pearson, Barry Anton, Paul Wohlford
Hawaii Convention Center, Meeting Room 323B

12:00 PM–1:50PM

Symposium: Tribute to Leonard Eron—Clinical Implications of Aggression Research

L. Rowell Huesmann, Brad J. Bushman, Eric F. Dubow, Nancy G. Guerra, Leonard D. Eron
Hawai'i Convention Center, Meeting Room 321A

1:00 PM–1:50PM

Symposium: Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology—Forging Diversity in Clinical Psychology: Recruitment, Retention, and Training

A. Toy Caldwell-Colbert, Joseph E. Trimble, Gail Wyatt, Frederick T.L. Leong, Guillermo Bernal
Hilton Hawaiian Village Beach Resort and Spa, Coral Ballroom I

**DIVISION 16:
SCHOOL PSYCHOLOGY**

8:00 AM–9:50 AM

Symposium: Violence Prevention for Children—United States and New Zealand

Chair: Stephen A. Rollin, EdD
Hawai'i Convention Center, Meeting Room 308B

9:00 AM–9:50 AM

Poster Session: Factors and Interventions in Academic Achievement

Hawai'i Convention Center, Kamehameha Exhibit Hall

12:00 PM–1:50 PM

Symposium: Division 16's Year 2003 Award Recipients Discuss Research and Practice

Chair: Frank C. Worrell, Ph.D.
Hawai'i Convention Center, Meeting Room 319A

**DIVISION 37: CHILD, YOUTH,
AND FAMILY SERVICES**

8:00 AM–9:50 AM

Symposium: Trauma Assessment and Intervention With Culturally Diverse Women and Children

Chair: Sandra A. Graham-Bermann
Hawai'i Convention Center, Meeting Room 325B

12:00 PM–12:50 PM

Presidential Address: Controversies in Interviewing Children About Violence and Abuse

Thomas D. Lyon
Hawai'i Convention Center, Meeting Room 319B

SUNDAY, AUGUST 1, 2004

**DIVISION 16
SCHOOL PSYCHOLOGY**

8:00 AM–9:50 AM

Symposium: Training and Research in Multicultural School Psychology—21st Century Challenges

Hawai'i Convention Center, Meeting Room 302A
Cochairs: Cecil R. Reynolds and Craig L. Frisby

10:00 AM–11:50 AM

Symposium: Instruction-Based Assessment (IBA)—Rethinking Identification and Prevention of Learning Disability

Chair: Stephen T. Peverly, Ph.D.
Hawai'i Convention Center, Meeting Room 322A

11:00 AM–12:50 PM

Symposium: Lesbian, Gay, Bisexual Youth—Integrating Research, Theory, Policy, and Practice

Chair: Jon S. Lasser, Ph.D.
Hawai'i Convention Center, Meeting Room 303B

**DIVISION 37: CHILD, YOUTH,
AND FAMILY SERVICES**

10:00 AM–11:50 AM

Symposium: Application of an Empirically Supported Treatment, Parent—Child Interaction Therapy, With Diverse Groups

Chair: Katherine A. G. Elliott
Hilton Hawaiian Village Beach Resort and Spa—South Pacific Ballroom IV

Division 53 Programming Guide

Division 53 For additional details, see
Programming Guide pages 4 and 5

Time	Wed July 28	Thurs July 29	Fri July 30	Sat July 31	Sun Aug 1
8–9 AM		Conversation Hour: Research and Career Trends for Next Generation (Beidel and Lahey) [Hilton, South Pacific Ballroom II]	Distinguished Research Contribution Award (Hammen) [Hilton, Coral Ballroom I]	Symposium: Culturally-Based Child/adolescent interventions (Price and Sims) [Meeting Room 313B]	Address: Evidence-based Decision-making in Practice (Chorpita) [Meeting Room 316A]
9–10 AM	Poster Session: Assessment and treatment [Kamehameha Exh. Hall]	Poster Session: Externalizing disorders [Kamehameha Exh. Hall]	Poster Session: Internalizing disorders [Kamehameha Exh. Hall]	Symposium (cont.)	Career Research Contributions Award (Rutter) [Hilton, South Pacific Ballroom IV]
10–11 AM	Symposium: Partnerships and Prevention of Aggression (Leff) [Meeting Room 313A]	Symposium: Intensive treatment for adolescent anxiety (Pincus) [Meeting Room 320]			Symposium: Health Service Delivery to Families Living in Poverty (Atkins) [Meeting Room 313B]
11–12 PM	Symposium (cont.)	Symposium (cont.)			Symposium (cont.)
12–1 PM	Symposium: Childhood OCD and trichotillomania (Piacentini) [Meeting Room 318A]		Symposium: ESTs for Ethnic Minority Children/adolescents (Huey) [Meeting Room 317A]	Symposium: Preschool ADHD Diagnosis and Treatment (Watkins) [Meeting Room 313B]	
1–2 PM	Symposium (cont.)		Symposium (cont.)	Symposium (cont.)	
2–3 PM					
3–4 PM				D53 Presidential Address (Lahey) [Hilton, South Pacific Ballroom III]	
4–5 PM				D53 Business Meeting [Hilton, South Pacific Ballroom III]	
5–6 PM			Social Hour/Internships on Parade		
6–7 PM			Social Hour/Internships on Parade		

Division 54 Programming Guide

**Division 54
Programming Guide**

For locations and details,
see APA Program or
D54 Newsletter

Time	Wed July 28	Thurs July 29	Fri July 30	Sat July 31	Sun Aug 1
8-9 AM			Presidential Address	Symposium: Pre-teens and adolescents with HIV/AIDS (Koenig)	Student Discussion: Meredith Lutz
9-10 AM	Invited Address: Peer relationships, emotional well being, and behavior of children with chronic illness (Noll)	Invited Address: Neurocognitive deficits and their remediation in pediatric oncology (Butler)	Business Meeting	Symposium (cont.)	Panel Discussion: Issues in pediatric consultation and liaison services (Mullins)
10-11 AM	Symposium: Adolescent Health-It's a Family Affair (Bruzzese & Quittner)	APA Pres. Candidates Forum			Panel Discussion (cont.)
11-12 PM	Symposium (cont.)	Paper Session: Well-being in maternal caregivers of HIV+ or chronically ill children (Moskowitz)			Poster session
12-1 PM	Conversation Session: Pediatric Pain Rounds to Improve Education and Patient Care (Walco)		Poster Session	Paper Session: Innovative assessment pediatric research/practice (Mitchell)	
1-2 PM	Paper Session Psychosocial profiles of children with abdominal pain (Danda)		Poster Session	APA Presidential Address	
2-3 PM		Executive Committee Mtg			
3-4 PM					
4-5 PM					
5-6 PM			Social Hour/Internships on Parade	APA/APF Awards	
6-7 PM			Social Hour/Internships	APA/APF Awards	

Society News and Announcements

MEMBER HONORS AND RECOGNITION

SOCIETY NEWSLETTER TO PUBLISH NAMES OF STUDENT MEMBERS RECEIVING DOCTORATES

APA's Division 53, the Society of Clinical Child and Adolescent Psychology, seeks to publish the names of its student members who are receiving their doctoral degree in an issue of the Division's Newsletter. Please submit the name of the student, the institution from which s/he will receive their doctoral degree, the advisor's name, and the date of conferment. You may also submit the title of the dissertation, which will be listed, space permitting. The list will be published in the **Fall** issue whose deadline this year is **Sept. 15, 2004**. Submissions in advance of the deadline are encouraged. Faculty advisors and/or student members may submit students' names to the Newsletter Editor, Michael A. Southam-Gerow (masouthamger@vcu.edu).

NOMINATIONS FOR FELLOW STATUS BEING ACCEPTED

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. If you think you qualify we encourage you to apply. The minimum qualifications are: membership in the Division and APA for at least one year; 10 years of experience subsequent to earning the doctoral degree; supporting letters from three APA Fellows (they need not be Fellows in Division 53), and a self-statement identifying your specific contributions to the field.

For more information on the requirement for Fellow status contact Rich Milich at milich@uky.edu. For an application packet, contact Marti Hagan at CCPDiv53@aol.com. The deadline for applying this year is November 15, 2004.

THE AMERICAN BOARD OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY

We are pleased to announce that the American Board of Clinical Child and Adolescent Psychology is now fully affiliated with the American Board of Professional Psychology (ABPP). As a result, the American Board of Clinical Child and Adolescent Psychology, in association with the American Board of Professional Psychology (ABPP), is currently accepting applications from those interested in pursuing Board Certification in the area of Clinical Child and Adolescent Psychology.

For information regarding the benefits of board specialty certification, eligibility requirements, examination procedures, and application instructions, please visit the American Board of Clinical Child and Adolescent Psychology website at www.ClinicalChildPsychology.com. Also, see a description at <http://www.abpp.org/clinicalchild.htm>.

Members of Division 53 and 54 are eligible for an application fee discount.

If you have questions, contact Al Finch, Ph.D. at 843-953-7477 or fincha@citadel.edu.

The Society is also pleased to publish a list of our members who have attained ABPP status in Clinical Child and Adolescent Psychology.

NOTICES

COUNCIL REAPPORTIONMENT

In November 2004 APA will mail ballots to its members for council reapportionment. The Council of Representatives is the primary governing body within APA. We can help to advocate for more attention to clinical child and adolescent psychology issues by having more Division 53 representatives on the Council. On the ballot you will be asked to assign votes to the Divisions of your choice.

PLEASE HELP DIVISION 53 GROW STRONGER TO SERVE YOU BETTER BY GIVING ALL 10 OF YOUR APPORTIONMENT VOTES TO D53.

POSITION OPENING

CLINICAL COORDINATOR/CHILD AND ADOLESCENT CLINICAL PSYCHOLOGIST

The NYU Child Study Center is seeking a licensed child and adolescent psychologist with expertise in cognitive behavioral and related therapies. Primary duties are to coordinate and supervise the clinical, outreach, and training activities of the anxiety and mood disorders specialty service. Administrative duties will consist of the management and promotion of the anxiety and mood disorders service. Clinical duties involve treatment of children, adolescents, and young adults. The psychologist will actively participate in the training and supervision of psychology interns in our APA-approved predoctoral internship track and post-docs, in addition to overseeing the CBT training of our fellows and residents in psychiatry. Please send a CV along with cover letter of interest to Rachel Klein, Ph.D, NYU Child Study Center, 215 Lexington Avenue, New York, NY 10016. NYU is an equal opportunity/affirmative action employer.

NEWS AND ANNOUNCEMENTS FROM OTHER APA DIVISIONS

CHILD AND PEDIATRIC INTERNSHIPS AND POST-DOCS ON PARADE

This extremely popular and valuable event, sponsored by Division 54, is back again at APA this year. In the past, the event has attracted many excellent prospective trainees and training programs. Both clinical child/adolescent and pediatric internship or postdoctoral programs will be represented. This year, the "parade" will be held Friday, July 30, from 6-8 p.m. in the main conference hotel.

26th ANNUAL RUNNING PSYCHOLOGISTS' APA 5K "RAY'S RACE AND WALK"

Sponsored by APA Division 47 (Sport and Exercise Psychology), this annual race and walk will be held on **Saturday** morning, July 31, at 7 a.m. during the 2004 Honolulu Convention of APA. The race will be held on the Kapliani Trail near Waikiki Beach, walking distance from the major hotels. More details will appear in the APA Monitor on Psychology, the Division 47 web site (<http://www.APA47.org>), and in your convention packet. You can pre-register using a form available on the Division 47 website (<http://www.APA47.org>).

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

2004 MEMBERSHIP APPLICATION FORM

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

STUDENTS ONLY

Degree expected
Year expected
Field of study
Institution

2004 DUES

Category (Check one box) Rate
Full member (not student or foreign affiliate) of American Psychological Association
Membership number: \$40.00
Allied professional or non-APA psychologist \$40.00
Actively enrolled psychology student (undergraduate, graduate, or post-doctoral training) \$20.00
Faculty Advisor's Signature
Plus foreign member assessment (except Canada) \$5.00
TOTAL DUES PAID IN U.S. FUNDS \$

Please make checks payable to SCCAP

RETURN THIS FORM WITH PAYMENT TO:
Richard Abidin, Ed.D., Treasurer
SCCAP
P. O. Box 170231
Atlanta, Georgia 30317

PAYMENT METHOD [] Check enclosed [] Money Order

Society of Clinical Child and Adolescent Psychology Executive Committee 2004

PAST PRESIDENT

Thomas H. Ollendick, Ph.D.
Department of Psychology
Child Study Center
460 Turner Street, Suite 207
Virginia Tech
Blacksburg, VA 24060
540-231-6451 (phone)
540-231-8193 (fax)
tho@vt.edu

PRESIDENT

Benjamin B. Lahey, Ph.D.
Professor of Psychiatry
and Chief of Psychology
Department of Psychology
University of Chicago
5841 S. Maryland Ave.
Chicago, IL 60637
blahey@yoda.bsd.uchicago.edu

PRESIDENT-ELECT

Deborah C. Beidel, Ph.D.
Department of Psychology
1147 Biology/Psychology Building
University of Maryland
College Park, MD 20742
301-405-0232 (office)
301-405-8154 (fax)
beidel@psyc.umd.edu

SECRETARY (2004-2006)

Anne Marie Albano, Ph.D.
Columbia University
Division of Child Psychiatry
1051 Riverside Drive, Unit 74
New York, NY 10032-2626
albanoa@childpsych.columbia.edu

TREASURER (2004-2006)

Richard Abidin, Ed.D.
Curry Program in Clinical
and School Psychology
405 Emmet St., Ruffner Hall
Charlottesville, VA 22903-2495
434-924-7472 (office)
434-924-1433 (fax)
RRA@Virginia.edu

MEMBER AT LARGE, SCIENTIFIC AND PROFESSIONAL AFFAIRS (2002-2004)

Marc Atkins, Ph.D.
University of Illinois at Chicago
Dept Psychiatry, Institute of
Juvenile Research (M/C 747)
1747 W. Roosevelt Rd.
Chicago, IL 60612
312-413-1048 (office)
312-413-4516 (fax)
matkins@psych.uic.edu

MEMBER AT LARGE, EDUCATION AND STANDARDS (2003-2005)

Elizabeth McCauley, Ph.D.
University of Washington/CHRC
Child Psychiatry
Children's Hospital and
Regional Medical Center
4800 Sand Point Way NE
Seattle WA 98105
206-987-2579 (office)
206-987-3858 (fax)
eliz@u.washington.edu

MEMBER AT LARGE, MEMBERSHIP AND PRACTICE (2004-2006)

Mitchell J. Prinstein, Ph.D.
Department of Psychology
Yale University
Box 208205
New Haven, CT 06520-8205
203-432-2118 (office)
203-432-7172 (fax)
Mitchell.Prinstein@yale.edu,

APA COUNCIL REPRESENTATIVE (2002-2004)

William Pelham, Ph.D.
State University of New York, Buffalo
318 Dietendorf Hall
Center for Children & Families
Buffalo, NY 14214
716-829-2244 ext. 29 (office)
716-829-3692 (fax)
pelham@acsu.buffalo.edu

APA COUNCIL REPRESENTATIVE (2004-2006)

Cheryl King, Ph.D.
Departments of Psychiatry and Psychology
University of Michigan
1500 E. Medical Center Drive
Ann Arbor, MI 48109-0295
734-764-3168 (office)
734-936-9761 (fax)
kingca@umich.edu

STUDENT REPRESENTATIVE

Steven Lee, MA
Department of Psychology
2205 Torman Hall
University of California, Berkeley
Berkeley, CA 94720
510-642-2055 (office)
510-643-1922 (fax)
stevelee@socrates.berkeley.edu

STUDENT REPRESENTATIVE

Candice Alfano, MS
Department of Psychology
University of Maryland
College Park, MD 20742
301-405-0377 (office)
301-405-8154 (fax)
calfano@psyc.umd.edu

JOURNAL EDITOR (2002-2005)

Wendy K. Silverman, Ph.D.
Florida International University
Child and Family Psychosocial
Research Center
University Park
Miami, FL 33199
305-348-2064 (office)
305-348-3879 (fax)
silverw@fiu.edu

NEWSLETTER EDITOR (2004-2006)

Michael A. Southam-Gerow, Ph.D.
Department of Psychology
Virginia Commonwealth University
808 W. Franklin St.
Richmond, VA 23284-2018
804-827-0585 (office)
804-828-2237 (fax)
masouthamger@vcu.edu

2004 APA CONVENTION PROGRAM CHAIR

Charlotte Johnston, Ph.D.
University of British Columbia
Department of Psychology
2136 West Mall
Vancouver, B.C. V6T 1Z4
604-822-6771 (office)
604-822-6923 (fax)
cjohnston@psych.ubc.ca

2005 APA CONVENTION PROGRAM CHAIR

John C. Piacentini, Ph.D.
Neuropsychiatric Institute
University of California, Los Angeles
760 Westwood Plaza, Room 68-251A
Los Angeles, CA 90024
310-206-6649 (office)

EXECUTIVE SECRETARY

Marti Hagan
PO Box 170231
Atlanta, GA 30317
404-377-5824 (office)
CCPDiv53@aol.com

DATA BASE MANAGER

Kris Morgan
2886 Umberland Drive
Atlanta, GA 30340
770-493-7880 (office)
770-493-3523 (fax)
Kris@KMJAssociates.com

LISTSERVE MANAGER

Mary Louise Cashell
APADiv53@hotmail.com

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Changes of Address Notice & Requests for Back Issues

The Journal publisher, Lawrence Erlbaum Associates, will honor requests for missing issues of the *Journal of Clinical Child and Adolescent Psychology* which go back no longer than six months prior to the publication date of the most recent journal issue. A problem has arisen as a result of members who failed to notify us of an address change, or who had waited six months to a year before notifying us that they had failed to receive journal issues. It has been our experience that members frequently report that they had sent a change of address, but we never received it; consequently, the member's old address was used on journal labels, and the issues were not forwarded.

We would like to remind members to send us an address change as soon as possible. If you have mailed a change of address and

missed receiving a journal issue, please notify us immediately, so that we can check on your current address and request the missed journal issue from the publisher. If you are requesting journals which exceed this 6-month limit, they are available at a cost of \$9.95 each through the Journal Subscription Department, Lawrence Erlbaum Associates, Inc., 10 Industrial Avenue, Mahwah, NJ 07430-2262.

Please direct address changes and requests for back journal issues to:

Richard Abidin, Ed.D.

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SCCAP

P.O. Box 170231

Atlanta, GA 30317

e-mail: Kris@KMJAssociates.com

404-377-5824 (office)

404-373-8251 (fax)

Editorial Board

Editor:

Michael A. Southam-Gerow

Virginia Commonwealth University

Department of Psychology

808 W. Franklin St.

Richmond, VA 23284-2018

Associate Editor:

Anna S. Lau

University of California-Los Angeles

Department of Psychology

Franz Hall

Los Angeles, CA 90095-1563

**Society of Clinical Child
and Adolescent Psychology**

P.O. Box 170231

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