



Division 37 of the American Psychological Association: Society for Child and Family Policy and Practice

Volume 35, Number 03

Division launches new publication

Division 37 has signed a contract for a division-sponsored publication with Springer Publications entitled *Advances in Child and Family Policy and Practice*. The publication will consist of a single monograph or a cohesive collection of papers that the publisher will include in its *SpringerBriefs* series. “A mark of a vigorous organization is its development of informational resources to help members do their work,” said Division President Michael Roberts. “For the Society for Child and Family Policy and Practice, we no longer had publication outlets to provide these resources or to publish our work in this field. A primary consideration during the process was to keep the costs minimal to the members while developing a quality product as our hallmark.”

Electronic access to the publication will be free for Division 37 members. “We wanted to have more products and activities for the current members to see value in their membership dues, but also to have benefits to attract new members to sustain the Division in the future,” said Roberts. “Having digital access at no cost to the Division members fulfills our multiple needs. The survey that we conducted over the last year with our members provided input to our deliberations.”

The search for a new editor has begun [see Call for Editor announcement on page 21] and Roberts said he hopes the first issue will be published sometime in 2013.

“There has long been noted a relative lack of publications in the child and family topical areas covered by our Society that are related to policy and practice,” said Roberts. “There are many more journals publishing empirical research and less available on policy in general or implications of psychological research for policy and practice.”

Advances in Child and Family Policy and Practice will serve as a forum for discussion of issues related to social policy and services for children, adolescents, and their families with a particular emphasis on a psychosocial perspective. All briefs will deal with policy analysis and implications at the local, state, national, and/or international level. Articles will include: literature and conceptual review papers; analyses of policy trends; evaluations of programs, policies, and systems; case examples of

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Jennifer Kaminski
voted
President-Elect
of
Section on Child
Maltreatment

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Michael C. Roberts

Of the three million seriously disturbed children in this country, two-thirds are not getting the services they need. Countless others get inappropriate care. These children are “unclaimed” by the public agencies with responsibility to serve them. (Knitzer, 1982, p. ix)

Thirty years ago, psychologist Jane Knitzer prepared the Children’s Defense Fund (CDF) monograph entitled “*Unclaimed Children*.” This treatise was a comprehensive detailing of American failures to meet the mental health needs of children, and their families. Knitzer and CDF called for systemic changes on a comprehensive scale to identify the large numbers of children in need of services or receiving inappropriate services. Although many services were simply unavailable for those in need, she also noted that those services that did exist were fragmented and generally uncoordinated. There was insufficient attention to preparing professionals to meet the needs. Knitzer’s writing was powerful

Presidential Column

Enhancing Services for Children and Families: Policy, Research, Practice, Advocacy, and Education

and had significant impact. Ten years later, she indicated that some progress could be discerned, but many of the concerns raised in *Unclaimed Children* remained (Knitzer, 1993).

Over the years, Knitzer was not alone in her identification of poor mental health services for children; numerous research reports and not just a few governmental reports articulated similar findings (e.g., the report of the Office of Technology Assessment by Saxe et al., 1986; the report of the National Commission on Children in 1991 entitled *Beyond Rhetoric*; the *Healthy People* reports from the Department of Health and Human Services, 2000; and the President’s New Freedom Commission report in 2003).

Thirty years after *Unclaimed Children*, children and families in the United States are still in significant need of mental and physical health services and not receiving what they need. Division 37 was founded in 1978 to reach across all the divisions with their parochial interests and find common cause to advance children’s issues. The need for this Division and activist members has never been greater. Our work in enhancing child and family services remains as a life’s work for us all, in the areas of Policy, Research, Practice, Advocacy, and

Education.

Policy

Unfortunately, over this period of time in the years since Knitzer’s monumental work, the situation has been a mixed bag of some improvements and more back sliding. There are hopeful signs of improvement in some areas while other areas have deteriorated by many markers. Through the years, social policy regarding children might be best categorized as a “work in progress.” Nonetheless, the issues of public and private services for children have evolved as recognition that children are vulnerable has risen in the public consciousness. Milestones of policy progress can be pointed to—and there were outcries of opposition. These are eerily similar to those who wanted things to stay the same when child labor laws



Source: Children’s Defense Fund

continued on page 26...



Mary E. Haskett, Ph.D.
North Carolina State University

Wasn’t it only a few months ago that I was writing my first column as President of the Section on Child Maltreatment? It seems unreal that two years have passed by and I’m preparing my final column. Time really does fly when we are having fun! The Section has accomplished a great deal in the past two years. It has been a pleasure to work with a dedicated group of Board members and active Section members as we celebrated our 15th year, initiated a Student Board, launched an ECP Committee, formed two vital task forces, updated and expanded website content, and developed initiatives to recruit and maintain Section members with a new Membership Committee. All of these efforts will allow professionals in child maltreatment to be more effective advocates, researchers, treatment providers, and educators. The Section also participated in our first community engagement project preceding the convention in Orlando; Section members, led by Antonia Sheel, refurbished several rooms in a

Section President’s Column

shelter for women impacted by domestic violence. I hope we will make service activities an annual Section tradition. We are already in the early stages of planning an event for next year in Hawaii and Division 37 members will be encouraged to join the Section in this activity—stay tuned for details.

One of the events I most enjoy at the APA convention is the announcement of Section award winners. The exceptional group of students and young professionals who received our 2012 Section Awards include two recipients of the dissertation grant award—Stacia Stolzenberg (Claremont College) and Kristin S. Abner (University of Illinois at Chicago). We gave the outstanding student poster award at the Division 37-

sponsored poster session to Sara Stromeier (University of Alabama). The Section Early Career Award for Research winner was Karen Appleyard Carmody (Center for Child and Family Health, Duke University Medical Center), who was present to receive her award at the conclusion of the presidential symposium. These individuals are the next leaders in our field and I look forward to watching their careers blossom. Hopefully this recognition will encourage them to continue to conduct research in the challenging field of child

maltreatment.

As the year winds down, I’d like to thank our outgoing Board members for their incredible service and leadership. Amy Damashek (MAL), Amy Herschell (Treasurer), Kate Cuno (Student Co-Representative), and Lana Beasley (Program Chair) will be leaving the Section board but we hope they will stay involved in the coming years. Past President Cindy Miller-Perrin has given much time and energy to the Section for many years in multiple roles; her wisdom and leadership will be missed.

In closing, I’m thrilled to welcome Jennifer Kaminski as our newly elected President-Elect. Jen is a Health Scientist on the Child Development Studies Team at the

“One of the events I most enjoy at the APA convention is the announcement of Section award winners.”

Centers for Disease Control and Prevention (CDC), where she conducts and consults on prevention research activities related to child development. She has experience providing technical expertise on evaluations of programs to prevent child maltreatment, youth violence, intimate partner violence, and suicide in the Division of Violence Prevention at CDC. Jen brings a wealth of experience, enthusiasm, and energy to this role—watch for great things to happen!!

It has been a pleasure,
Mary

ECP Advice Column: Basic Considerations of Independent Practice for ECPs

By **Samuel T. Gontkovsky**

At the 2012 APA convention, Division 37's Early Career Psychologist Committee hosted an excellent mentoring symposium that featured several senior-level psychologists from a variety of career paths. We've decided to invite some of the presenters to write a summary of their presentations for our ECP Advice Column. For this issue, Dr. Samuel T. Gontkovsky, Director of Neuropsychology for Memory Therapeutics in Palo Alto, provides guidance for those seeking advice about going into private practice.

Early career psychologists (ECPs) often find the idea of independent practice exciting, their thoughts filled with images of making lots of money and being their own boss. Without question, independent practice in psychology has numerous benefits. There exist a multitude of complex issues involved in establishing an independent practice, many of which ECPs are generally unaware. I will briefly discuss several of the key points ECPs should think about before starting down the road to independent practice. First and foremost, all states require psychology practitioners to be licensed. Board requirements vary from state to state, so individuals new to the field must ascertain whether they meet the stipulations for licensure in the location they wish to practice.

Next, ECPs considering inde-

pendent practice must have knowledge of the market for the services they wish to provide as well as their areas of expertise/competence. Some questions to ask oneself include, 1) What kind of practice do I want to establish?; 2) Will my work involve assessment, therapy, or both?; 3) Will my clients consist of children, adolescents, young adults, and/or older adults?; and 4) How are the needs of the community in these areas presently being met? In other words, where are potential target clients currently receiving the services I intend to offer in my practice?

Choosing a suitable physical location for a new practice is critical. Easy accessibility and adequate parking are obvious but important factors. Many clients prefer not to be seen by others (e.g., friends, acquaintances, coworkers, etc.) entering the office of a psychologist, so close proximity to high-traffic public areas could be problematic. Some psychologists practice from a home office, but this presents its own unique set of concerns, including exposing clients to aspects of the practitioner's personal life.

It is generally recommended that individuals considering independent practice develop a formal business plan, which is simply a statement of goals and plan for attaining those goals. It serves as an operational guideline, or decision-making tool, and requires periodic revision depending on such things as the progression of the practice,

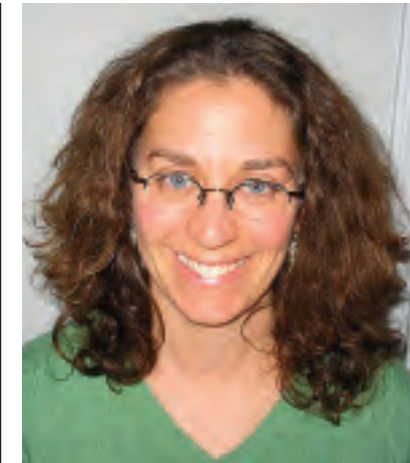
unanticipated changes in the market, etc. If a loan is required in order to get the practice started, potential lenders may ask to see the business plan during the application process. In addition to the cost of procuring physical space, independent practitioners will have to consider expenses associated with furniture, office supplies, utilities, testing materials, books, continuing education, licensure fees, personal salary, and staff. If an administrative assistant is not hired to perform front office functions, the psychologist will be required to answer phone calls, respond to emails, schedule clients, verify insurance, bill, and maintain records. Many new independent practitioners elect to perform these duties until it no longer is cost effective to do so, i.e., they have enough referrals such that continuing to do these activities prevents them from accepting new clients.

Included in the business plan may be whether the practice will be incorporated as well as the manner in which clients will pay for services. Psychologists considering independent practice will need to determine for which insurance panels they will apply as well as whether they will accept Medicare and Medicaid. Those electing to perform forensic work generally will be less reliant upon insurance, as payment for rendered services in most cases will be made by an attorney or court.

Independent practice can be incredibly lucrative, although most

sources suggest anticipating losses for approximately two years. One of the most common complaints I have heard from independent practitioners revolves around feeling isolated from peers. This may be overcome in several ways, including teaching psychology courses as an adjunct faculty member, becoming involved in professional associations, and consulting at local clinics or hospitals which may be short staffed and welcoming of out-side practitioners as consultants.

All of the aforementioned points must be considered by ECPs not only in the context of the various laws, rules, and regulations governing the practice of psychology and business in their geographic area but also in light of professional ethical principles and guidelines. This article highlights only a small number of the issues when considering independent practice. There exist several resources available in print and online to offer guidance to individuals desiring to establish an independent practice in psychology. I also would encourage ECPs weighing this career path to seek information from psychologists with experience in independent practice. Local individuals may be reluctant to share too much information for concerns of competition for clients, but others can always be found through mentors and former professors and through various professional list serves. In addition, before venturing out alone, ECPs may wish to consider joining an existing group practice in order to "learn the ropes" and become familiar with operations in his type of setting.



**Amy Damashek, Division 37
Early Career Psychologist
Member-at-Large
Western Michigan University**

Hello ECPs! This past August we held our first, and very successful, ECP Mentoring Symposium at the APA convention in Orlando. We heard from four panelists who discussed ways to be successful in a variety of career paths. There were more than 40 students and ECP's in attendance! Marc Atkins (Division 53), of the University of Illinois – Chicago, spoke about academic careers. Samuel Gontkovsky (Division 12), Director of Neuropsychology for Memory Therapeutics in Palo Alto, spoke about ways to set up a private practice. Paul Robins (Division 54), from the Perelman School of Medicine at the University of Pennsylvania, discussed issues related to working in hospital medical settings. Finally, Diane Hall, from the Centers for Disease Control and Prevention (CDC), presented information about career opportunities at the CDC. If you missed this event, stay tuned for another one next year in Hawaii! Also, some of our presenters have graciously agreed to turn their

ECP Corner: Updates on Early Career Psychology Activity

presentations into columns for our ECP advice column.

We also held our second Division 37 ECP social hour at the Funky Monkey. Lots of networking occurred, and a fun time was had by all! Look for advertisements for next year's social hour in Honolulu!

As you can see, we are continuing with our ECP advice column. This issue features a recap of Dr. Gontkovsky's presentation from our ECP mentoring symposium. We are in need of more ECP questions for the column, so if you have a question you would like to ask, please send it to Amy.Damashek@wmich.edu. I look forward to hearing from you! Also, if you're interested in becoming active in the ECP Committee or being on our Division 37 ECP listserv, please contact me at Amy.Damashek@wmich.edu.

Finally, if you're interested in subscribing to the Division 37's ECP resource sharing database, send an email to: division37ecps-subscribe@yahoogroups.com. The database includes information about other Division 37 ECPs, sample copies of course syllabi, and other documents relevant to ECPs. We are still in need of more material, so please send items (e.g., copies of course syllabi, funded grant proposals, clinical consent templates) to Miranda Gilmore at drmirandagilmore@hotmail.com.

Profiles in advocacy: Diane Willis

by Sarah E. Beals-Erickson, M.A.

“Use your skills and your knowledge to open doors for others, and take the time to help open those doors.” (Diane J. Willis, 2001)

In the last edition of Profiles in Advocacy, Dr. Nicolas Hobbs was highlighted. One of his students who continued on in a legacy of advocacy is Dr. Diane J. Willis (1937-), who is also widely considered to be an exemplar of advocacy.

According to Dr. Carolyn Schroeder, Dr. Willis’s longtime friend and colleague, in light of Dr. Willis’s significant and long-standing advocacy, a new Division 37 award has been named in her honor. The Diane J. Willis Early Career Psychologist award, established in the American Psychological Foundation, will be presented to an individual who is just starting their career but is following in Dr. Willis’s footsteps. “She is a quintessential psychologist for children and families,” said Dr. Schroeder. “Her work in promoting child health and decreasing child maltreatment is legendary.”

Indeed, Dr. Willis, professor emeritus of pediatrics at the University of Oklahoma Health Sciences Center, has been fundamental in establishing professional organizations to promote psychologists’ role in advocating for healthy child development. For example, she founded the Division 37 Section

on Child Maltreatment, and she has served as the president of Division 37 and the Society of Clinical Psychology (Division 12). She also was president of the Society of Clinical Child and Adolescent Psychology (now Division 53) and the Society for Pediatric Psychology (now Division 54) when they were Sections of Division 12. Dr. Willis was instrumental in establishing these child-focused divisions. She also has been president of the American Orthopsychiatric Association. She was the driving force in turning the Division 54 newsletter into the Journal of Pediatric Psychology (an action for which she has another award named in her honor). She has long encouraged using research to inform practice, and has published numerous articles and book chapters, as well as co-editing several books. Some of Dr. Willis’s other major accolades include the Distinguished Professional Contribution to Clinical Psychology award, the Nicholas Hobbs award, Indian Woman of the Year by the Oklahoma Federation of Indian Woman, and APA Fellow.

Dr. Willis’s career demonstrates her ability to advocate across multiple systemic levels. As a student of Nicolas Hobbs, Dr. Willis began her career with a decidedly developmental focus, which was evident in her work at the University of Oklahoma Health Sciences Center (OUHSC). She initially provided



individual/family-level advocacy and direct services for populations with developmental disabilities, but later Dr. Willis began working in medical settings providing some of the first consultation and liaison services with mentorship from Dr. Logan Wright.

While at OUHSC, Dr. Willis worked to establish the Child Study Center, where she worked for 25 years. Dr. Schroeder stated that when state budgetary concerns threatened the center’s existence, Dr. Willis was a powerful advocate for the Center in both the state legislature and at the University. “Not only did she keep the doors open, but her advocacy efforts helped establish several distinguished professorships in the Center,” said Schroeder.

Dr. Willis credits such efforts with legislators and her willingness to form relationships with them as a primary avenue for her advocacy work, and she readily encourages psychologists to do the same. “So often we don’t think about making friends with legislators,” Dr. Willis

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said. However, Dr. Willis said that sharing research and clinical experiences with legislators (locally and nationally) is an important means of advocacy that can result in broad changes for disadvantaged children and families. For example, Dr. Willis shared that she (with an alliance of child-focused agencies) was able to influence state legislators to amend the Welfare Act to provide better early child care and prevent neglect from parents going to work without adequate child care. This was done by sharing case stories and showing brain scans that evidenced the toll neglect can have on early development. “It really made an impression,” she said.

At the national level, Dr. Willis has also testified to Congress as part of the Child Abuse Advisory Board. Successes like these fit well with Dr. Willis’s advice that psychologists be

Service clinics, and she’s lobbying for more professionals to fill the great need she sees in this population. She has also been integral in establishing Early Head Start and Head Start programs of research and service for American Indian/Alaskan Native youth and families. Dr. Willis is currently advocating locally to establish better multidisciplinary assessment of American Indian youth in foster care as well.

Dr. Willis also states that besides approaching legislators, another key to incorporating more advocacy into one’s career is to be “unselfish” with psychology, which means giving away some portion of one’s expertise. “You need to focus on career, but you can still give away a little,” she said.

Dr. Willis sees future advocacy efforts as being most needed for low income, disadvantaged, and minority children and families, as data show that

these groups are most at-risk for problems and lack of resources. Ways that Dr. Willis sees that early career psychologists can get started in advocacy include getting active at local and state programs for these populations, offering consultation to local Head Start programs or homeless shelters, as well as mentoring students and seeing some patients pro-bono.

Clearly Dr. Willis’s career includes diligent advocacy for groups in need at multiple levels of action. It is indeed fitting that

future psychologists seek to emulate her efforts. “She’s mentored all of us in many ways,” said Dr. Schroeder. “She’s a premiere psychologist for children and families in every venue, especially those who are disadvantaged or maltreated.”

References

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- Willis, D. J. (personal communication, September 30, 2012).

Sarah E. Beals-Erickson, MA is a fifth-year doctoral student in the Clinical Child Psychology Program at the University of Kansas. Her research interests include evaluation of programs for at-risk youth, understanding barriers, gaps, and help-seeking in mental health services, and children’s mental health systems.

“...another key to incorporating more advocacy into one’s career is to be ‘unselfish’ with psychology...”

“civic-minded and politically active” in order to advocate for the needs of children and families.

Dr. Willis, who is a member of the Kiowa tribe, has also focused significant advocacy efforts in supporting child development and decreasing child maltreatment in American Indian/Alaskan Native populations. She has worked tirelessly to consult and provide direct services on reservations, and has been doing so for over 30 years. She continues to see clients weekly through Indian Health

DIANE J. WILLIS EARLY CAREER AWARD

The Diane J. Willis Early Career Award is established with the American Psychological Foundation and supports talented young psychologists, making contributions towards informing, advocating for, and improving the mental health and well-being of children and families particularly through policy and service.

Program Goals

The Diane J. Willis Early Career Award:

Advances public understanding of mental health and improve the well-being of children and families through advocacy, policy, and service

Encourages promising early career psychologists to continue work in this area.

Funding Specifics

One \$2,000 award

Eligibility Requirements

Applicants must be:

- psychologists with an Ed.D., Psy.D., or Ph.D. from an accredited university
- no more than 7 years postdoctoral

Evaluation Criteria

Nominations will be evaluated on conformance with stated program goals and qualifications stated above

Magnitude of professional accomplishment in advancing public understanding of mental health and improves the well-being of children and families through policy and service.

Nomination Requirements

- Nomination letter outlining the nominee’s career contributions
- Current CV
- Two letters of support

Submission Process and Deadline

Submit a completed application online at <http://forms.apa.org/apf/grants/> by January 31, 2013.

Diane J. Willis Early Career Award

This award is named after Dr. Willis to honor her life-long advocacy on behalf of children and families. Dr. Willis’s work cuts across many areas including clinical child, pediatric, developmental and family psychology. Through her publications, clinical work and mentoring/teaching she has changed policy at the local, national and international level. She has advocated for children’s rights at the United Nations, developed programs on prevention and early intervention for Native American children living on reservations, and established services promoting the well-being of children with developmental disabilities, chronic illness, and those who have suffered from maltreatment.

This award is open to all Early Career Psychologists. It was established by Division 37 in APF. Many individuals, including from Division 53 and 54, contributed funds to honor Dr. Willis and make the award in her name.

About the American Psychological Foundation (APF)

APF provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come.

Since 1953, APF has supported a broad range of scholarships and grants for students and early career psychologists as well as research and program grants that use psychology to improve people’s lives.

APF encourages nominations from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

Please be advised that APF does not provide feedback to grant applicants or award nominees on their proposals or nominations.

Please contact Parie Kadir, Program Officer, at pkadir@apa.org with questions.

Voice of the Students: Six Ways for Students to Get Involved in Policy, Practice, and Advocacy

by Emily Kessler, M.A.

Life as a student can feel pretty overwhelming, and addressing the major issues facing children and families in our society is definitely a daunting task. Students still can find ways to get involved and make a difference. At the Division 37 Mentoring Breakfast at the APA National Convention this August, a panel of professionals addressed this issue to a group of graduate and undergraduate students. These tips offer students ways to get involved and make a difference:

• Inform Yourself

Read the paper, watch the news, sign up for that NPR podcast. Keep yourself up-to-date on issues that are important to you. Follow up on policies that interest you. It is not easy to be a part of the solution if you do not know what the problems are. Reading The Wall Street Journal cover-to-cover every day may not be a viable option for most of us, but following a few top stories in an area of interest is not so time-consuming and can help you develop a broader understanding of your field that can help guide your research, clinical work, and teaching.

• Start Local

The big, national issues may get the most media attention and the idea of making a difference at a national or global scale is certainly appealing (and possible), but remember that motto, “Think globally, act locally?” Getting

involved in local issues can offer simpler ways to impact policy. Keep up with local developments. Worried about how the local community mental health services are being portrayed? Write a letter to the editor. Know who your state and national representatives are and do not be afraid to contact them. The website usa.gov makes it easy to find contact information for both state and federal legislators with easy-to-use search tools. Remember, the fact that you write is often more important than what you write when it comes to contacting your representatives; they are here to represent you but can only do so if they know what side of an issue their constituents support.

• Support Your Community

Get involved in small ways with community organizations. Volunteer at a local food pantry or attend that gallery showing of the after-school art program. Shop at local stores that give back to the community. These small acts can make a bigger difference than you might realize. You can also make connections with organizations that may need your help, learn more about issues that are directly affecting your local community, and meet like-minded community members who share your passions. Find volunteer opportunities through websites such as serve.gov that match your interests with local organizations and events that need help.

• Fuel Your Passions

Speaking of passions, know yours. There are always going to be more problems to solve, more organizations to support, and more families that need your help. One of the most difficult parts of getting involved can be prioritizing those issues that are most important to you, but this step is essential. Reading multiple newspaper articles, deciphering complicated legislation, and spending your valuable free time volunteering can be fun and engaging if you are passionate about the topic. It can just as easily become a chore or fall by the wayside if you are not.

• Vote!

With the upcoming election, voting is a topic on everyone’s minds right now, but do not forget that there are more than just presidential elections every four years. In fact, most elected officials are chosen during midterm elections that occur between the presidential elections. Websites like TurboVote.com will send you text message or email reminders about upcoming elections in your area and will even automatically send you absentee ballots when election time arrives. Voter registration can feel confusing for students who may not view their current location as home, but according to a 1979 supreme court ruling (Symm v US, 1979) students can register in either location. Check out organizations like the Fair Elections Legal

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Advocacy in Action

Joann Grayson, Ph.D.

Professor, Dept. of Psychology,
James Madison University

I edit the *Virginia Child Protection Newsletter* which is generally published three times a year. We cover a different topic on child welfare each issue. The publication is sponsored by the Virginia Department of Social Services and is distributed nationally to over 12,000 subscribers. VCPN is a free publication. It has been published since 1981 and we have over 90 back issues available. They are archived at <http://psychweb.cisat.jmu.edu/graysojh/>. Those interested in being added to the mailing list can complete a form on the website.

Carol Falender, Ph.D.

- 2010-2012: Lead Consultant, Department of Mental Health, Los Angeles County, Development of Child and Adolescent Screening and Assessment forms for Substance Abuse and Co-occurring Disorders
- 1999-present: Member Training in Co-occurring Diagnosis and Integrated Care Treatment Committee for Department of Mental Health, Los Angeles County to ensure adequate representation of child, adolescent, and family programming in annual conferences and treatment planning.

Lesley A. Slavin, Ph.D.

Chief Psychologist, Child and Adolescent Mental Health Division, Hawaii State Department of Health

I work in the central office of Hawaii's statewide system of care for Children's mental health. I'm involved in lots of efforts to improve services in our public child-serving system. Some specific activities include:

- A grant-funded initiative to improve care for girls ages 11-18 who have experienced significant trauma;
- A grant-funded initiative to find innovative ways to address the needs of youth with co-occurring Developmental Disabilities and Mental Health needs through collaborative efforts by several agencies of the state government – including child protection, Dept. of Education, and both the Mental Health and DD divisions of the Dept. of Health;
- Re-writing the Performance Standards for agencies that contract with the state to provide mental health services in order to assure that:
 - Trauma screening assessment is done on every youth entering services.
 - Decisions about what level of care to provide are made by qualified psychologists or psychiatrists and responsive to family/youth input.

- Services are individualized and the services available are flexible enough to meet the needs of youth and families.
- Medicaid reimbursement is maximized for our youth.
- Working with our Evidence Based Services committee to promote and expand the use of Evidence-Based practices in our system of care.

Members Making News

Frank R. Ezzo, Ph.D., ABPP

Director of Family Conciliation Services, Cuyahoga County Domestic Relations Court, Cleveland, Ohio

- 1) Pinsoneault, T.B. & Ezzo, F.R. (2012). A comparison of MMPI-2-RF profiles between child maltreatment and non-maltreatment cases. *Journal of Forensic Psychology Practice*, 12:3, 227-237.
- 2) Ezzo, F.R. & Young, K. (2012). Child maltreatment risk inventory: Pilot data for the Cleveland child abuse potential scale. *Journal of Family Violence*, 27:2, 145-155.
- 3) I will be presenting on Child Maltreatment at the Supreme Court of Ohio Roundtable Discussion on October 26, 2012.

2012 Division 37 Dissertation Award Winner:
Jessica Dym Bartlett, M.S.W., Ph.D.



Young Mothers, Infant Neglect, and Discontinuities in Intergenerational Cycles of Maltreatment

Infant neglect is the most common form of child maltreatment and arguably poses the greatest threat to children's well-being, yet it has received limited public attention. In 2010, approximately 754,000 children in the U.S. were victims of abuse and neglect, jointly referred to as child maltreatment. Over three-quarters (78%) of these children suffered neglect, a figure that far exceeded physical abuse, sexual abuse, and psychological abuse combined. Neglect occurs most often during infancy, when children are most vulnerable to its effects, including impairment in physical, cognitive, and socioemotional development. Infant neglect also causes the majority of maltreatment-related deaths, half of which occur within a child's first year of life. Despite its high incidence, research on the etiology of infant neglect is scarce and the evidence base is not yet

adequate to advance prevention efforts. Prior studies suggest that a parental history of childhood maltreatment is an especially potent risk factor for child abuse and neglect in the next generation, but little is known about what factors influence continuity and discontinuity in intergenerational parenting processes associated with early neglect. Although there is scientific consensus that the majority of parents who were abused or neglected as children do not maltreat their own children, additional research is needed to clarify what factors in particular help parents break the cycles of maltreatment that lead to infant neglect.

With the aim of informing child maltreatment prevention, this dissertation study examined moderators and mediators of the relation between a maternal childhood history of maltreatment and risk for neglect among 447 young mothers (<21 years at first birth) and their infants (<30 months). Neglect risk was assessed using four parenting measures: (a) reports of neglect substantiated by state child protective services, (b) maternal self-reports of neglect, (c) maternal sensitivity, and (d) maternal empathy. The results of this investigation supported the theory of intergenerational transmission, but affirmed the findings from previous studies that most mothers who were victims of maltreatment break the cycle with their own children. Patterns of maltreatment

in the sample differed by type (neglect, physical abuse, multiple type maltreatment) and measurement methodology (substantiated reports, maternal self-reports). Substantiated reports suggested that infants were neglected most often (16% of the sample), but self-reports indicated that physical abuse was more common (21% of the sample). Discontinuity was higher for substantiated reports than self-reports (77% versus 67%). Multivariate results controlling for maternal demographic factors revealed significant findings for substantiated reports of neglect and for maternal empathy, but not for self-reported neglect. Maternal age at birth moderated the relation between mothers' childhood history of neglect and infant neglect, and between mothers' childhood history of multiple maltreatment and maternal sensitivity. In addition, social support moderated the relation between childhood neglect and maternal empathy. Access to social support had a greater buffering effect on young mothers' risk for neglecting their infants when they had a childhood history of neglect than when they had no childhood history of maltreatment. That is, levels of maternal empathy were higher among adolescents who had frequent access to social support, an effect that was strongest for adolescents who had been neglected as children. Significant mediation effects were not found. Study findings highlight re-

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2012 Division 37 Student Poster Award Winners

The following students won awards at the 2012 Convention for their posters focusing on research related to children and families.



BRITTANY JORDAN-ARTHUR

“The Differential Health and Mental Health Care Utilization of Adopted Children: Findings From a Nationally Representative Sample”

Brittany Jordan-Arthur, BA, Tony X. Tan, PhD, Gabriela D. Romero, Sergio Santiago University of South Florida

As adoption rates in the United States rise, there is an increased need for research on this population to inform health and policy decision making. The present study examined health and mental health care needs, academic, behavioral and functional outcomes, parent perceptions of pre-adoption adversity, and demographic characteristics of this nationally

representative sample and how these differ by adoption type. For the sub-sample of trans-racially adopted children, parental attempts to incorporate ethnic identity and their association with mental health outcomes were examined.

Data from the NSAP is available for public use and was obtained from the U.S. Centers for Disease Control and Prevention via website <http://www.cdc.gov/nchs/slaitnsap.htm>. The sample included parent ratings of 1,722 children ages 0-17 obtained from the NSAP. Of this sample there were 392 international, 666 foster care and 664 private adoptions. Extensive information on selected demographic and socioeconomic characteristics were presented for the total sample and by adoption type. Frequencies for 40 variables related to health and mental health care needs, academic, behavioral and functional outcomes, parent perceptions of pre-adoption adversity, ethnic identity incorporation and demographic characteristics of the adoptive sample and by adoption type were presented. In comparisons across these groups, several significant findings were reported.



LAURA MILLER

“Child Sex Predicts to Change in Aggressive Behavior Toward a Sibling”

Laura E. Miller, Eric Bermann, Sandra A. Graham-Bermann University of Michigan, Department of Psychology

Objective: The purpose of the current study was to examine how child sex and exposure to violence contributes to increases in aggressive behavior towards a sibling over time. Method: The current study assessed sibling aggression and exposure to violence in a sample of Head Start preschoolers. Mothers reported on their children’s functioning at entry into the study and again one year later. Results: This longitudinal study found that children’s aggressive behavior toward their closest-age sibling generally increased over time, but more for females than for males. After controlling for family, community and television violence exposure, only being female predicted to increases in aggressive behavior

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toward a sibling. Conclusion: These results indicate that while all children are likely to need support for the violence they witness, girls may be at heightened risk of developing aggressive behavior towards a sibling following exposure to violence.



SARA STROMEIER

“Relationships between Multiple-Informant Aggression, Social Problems, and Inconsistent Discipline”

Sara L. Stromeier, M.A. - The University of Alabama
John E. Lochman, Ph.D. - The University of Alabama
Karen C. Wells, Ph.D. - Duke University Medical Center

The current study sought to examine concurrent relationships between children’s aggression and social problems, as well as parental inconsistent discipline. In order to minimize measurement error and reduce bias associated with using

only one informant, the current study used multiple informants for the three latent constructs. The sample consisted of 243 early adolescent boys identified as at-risk for aggression. The Aggression and Social Problems subscales of the Child Behavior Checklist and Teacher Report Form were rated by parents and teachers. Children reported on their social problems using the Interpersonal Problems subscale of the Children’s Depression Inventory and the Inconsistent Discipline subscale of the Alabama Parenting Questionnaire was rated by both parents and children. M-Plus was used to analyze the data. A measurement model was identified, providing support that the constructs of aggression, social problems, and inconsistent discipline are significantly related when comprised of multiple informant indicators. Furthermore, a latent regression model indicated that inconsistent discipline significantly predicted both aggression and social problems and suggested that when the predictive role of inconsistent discipline is accounted for, the relation between aggression and social problems becomes non-significant. These results suggest that treatment of children with aggression and social problems should include parents and focus on consistency of parenting.

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silience in parenting despite risk for infant neglect, but underscore the context specificity of protective processes. In particular, factors that support discontinuity intergenerational transmission are unique to maltreatment type.

Jessica Dym Bartlett, M.S.W., Ph.D. is a researcher, program evaluator, psychotherapist, instructor, and trainer with over 20 years of experience working with and on behalf of young children and their families. She has worked in the fields of infant/early childhood mental health, Early Intervention, child welfare, home visiting, family systems therapy, developmental research, and program evaluation. As an adjunct faculty member at the Boston University School of Social Work and Lasell College, she has taught courses on resilience, human behavior, and clinical work with children and adolescents, and developmental psychology. Dr. Bartlett’s research focuses on resilience in young children who face adversities such as child abuse and neglect, parental mental illness, and poverty. She is currently Project Director of Research and Evaluation at Brazelton Touchpoints Center at Boston Children’s Hospital. She received a Masters degree and Doctoral degree in child development from Tufts University, and a Masters degree in social work from Simmons College.

Welcome to our New Division Fellows!



Mindy S. Rosenberg, Ph.D.
Chair, Fellows Committee

I am delighted to introduce our new Division 37 Fellows for 2012. Each individual, as you can read below, has demonstrated exemplary work in the field of child and family policy and practice. On behalf of the Fellows Committee, I would like to personally congratulate them on their new Fellow status and thank them for their ongoing contributions to our Division, APA, and psychology.

Daniel Dodgen, Ph.D., Director, Division for At Risk Individuals, Behavioral Health, and Community Resilience, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services. Dr. Dodgen's remarkable professional career has focused on the promotion of wellbeing of children, youth, and families through advocacy and policy

development, primarily at the federal level. Through his work with APA, the Substance Abuse Mental Health Administration (SAMHSA), and the Office of the Secretary of the Department of Health and Human Services (HHS), Dr. Dodgen has played a pivotal role in shaping laws, policies, and programs to be inclusive and responsive to the unique needs of children, youth, and families. Perhaps most importantly, he has introduced and integrated psychological science into significant areas of discussion and decision making at the national level, most recently in the area of disaster response.

Examples of Dr. Dodgen's work in disaster response include providing direct services, program development, and consultation (i.e., participating as a child trauma and disaster mental health expert following the Oklahoma City bombing; working at the Pentagon following the September 11 terrorist attack with disaster workers, Pentagon employees, airlines, and children who had lost parents); being named the first Emergency Management Coordinator at SAMHSA (i.e., overseeing the federal government's response to hurricanes, tornadoes, and coordinating SAMHSA's responses in national and international emergencies such as H1N1 and SARS pandemics, Japanese and Haitian earthquakes); and being asked to serve as the Human Services Team Lead to

develop the HHS strategy for responding to the White House Report on the federal response to Katrina. In 2006, Dr. Dodgen founded the Division for At-Risk Individuals, Behavioral Health and Community Resilience, which has worked to fully integrate at-risk/special-needs groups including children and youth into our national response plans. Dr. Dodgen chairs the HHS working group on children and disasters. Currently, the group is developing their 2012 recommendations for the HHS Secretary and focusing this year on children with unique vulnerabilities, pregnant women and neonates. Dr. Dodgen's Division is also developing the first HHS concept of operations for coordination of human services in emergency preparedness, response, and recovery.

Ellen Garrison, Ph.D., Senior Policy Advisor, Executive Office, American Psychological Association. Dr. Garrison was awarded Fellow status based on her outstanding contributions in the areas of policy and advocacy, organizational leadership, and service delivery and program development. Beginning as a SRCDC Congressional Science Fellow placed with the Juvenile Justice Subcommittee of the U.S. Senate Committee on the Judiciary, to holding a series of significant public policy positions within APA's governance structure, Dr. Garrison's rich and impressive career has consistently included a focus on furthering programs and

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policies affecting children, youth, and families. Dr. Garrison's psychological expertise and advocacy skills have contributed to direct, observable efforts, such as founding the AMIGO Program, a school-based mental health program for Latino and other at-risk children and families; and drafting legislation on varied topics including child pornography, aiding families of missing children, and provision of psychological counseling, financial assistance and legal assistance to child victims and their families. In addition, Dr. Garrison has shown extraordinary leadership "behind the scenes" in coordinating with members of Congress and their staff, federal agency officials, and other organizational representatives to translate psychological research to inform federal policies affecting children and families. Examples of Dr. Garrison's accomplishments as APA's Administrative Officer for Children, Youth, and Family Policy included efforts to develop quality standards for child care programs; preserve and expand the Medicaid Early and Periodic Screening, Diagnosis, and Treatment program; increase the availability of psychological services to students with "serious emotional disturbance;" improve aspects of the child welfare system; and ensure access to pro-social and educational children's television programming.

Currently, Dr. Garrison serves as the first chief advisor and representative to the CEO of APA on policy issues, government relations, and inter-organizational

affairs. In recent months, Dr. Garrison has been actively engaged in APA efforts to further the implementation of the Patient Protection and Affordable Care Act (i.e., the new health care reform law). Key provisions of interest to Division 37 include coverage for children's pre-existing conditions and for youth up until age 26 on their parents' policies, as well as certain prevention and wellness services for children and youth without a required copayment. She has also been involved in responding to concerns raised by key Senate offices and the Department of Health and Human Services about the over-prescription of psychotropic medications for children in foster care through the Medicaid program.

Steven Ondersma, Ph.D., Associate Professor, Research-Educator, Merrill Palmer Skillman Institute, Department of Psychiatry and Behavioral Neurosciences, Wayne State University School of Medicine. Dr. Ondersma is widely recognized as one of the most innovative researchers currently working in the field of parent education/substance abuse/child abuse prevention. His "unusual and outstanding" contributions in the areas of research and intervention clearly qualified him for Fellow status. Dr. Ondersma's focus on the use of technology to enhance the extent to which evidence-based approaches can reach at-risk parents is groundbreaking and lauded in the field. He was the first researcher to study the use of computer-delivered brief interventions for

drug use in the perinatal period and proactively sought out at-risk parents through primary care settings. He has found promising effects for computer-delivered brief interventions in four published trials to date. He is designing interventions based on the realities and limitations of community settings, as opposed to trying to change community settings to fit an intervention approach. The software that he developed through this work is in use by over a dozen prominent universities who further expand and build upon his work to disseminate effective programs to at-risk parents on a scale and economic cost that would not have been possible without Dr. Ondersma's contributions.

Currently, Dr. Ondersma is involved with two new research projects. The first is a small clinical trial testing a computer-delivered brief intervention for alcohol use during pregnancy. The software was developed along with a series of videos tailored to participants' current drinking status, motivation, and other factors, and feedback obtained from 30 pregnant women testing positive for alcohol risk. Their feedback was used to further modify the software, which is now being tested in a randomized trial. The second project tests an intervention for post-partum drug use among women who have recently given birth. Women testing positive on an indirect screener were randomly assigned to either a time control intervention or an "indirect intervention" in

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which a range of parenting risks are addressed (one of which is substance abuse) in a general way, and the women are invited to share their thoughts about their infants' risk in that area. The intervention is designed to impart key information regardless of self-report, and to help participants feel comfortable disclosing risk directly or indirectly related to drug use. Dr. Ondersma has also been part of recent expert meetings on illicit drug use during pregnancy, one at the Office of National Drug Control Policy (ONDCP), and the other at the Centers for Disease Control and Prevention (CDC). The goals of these meetings are to help clarify policy and practice (particularly brief intervention practice) regarding prenatal drug use, especially in light of the rise of prescription drug abuse during pregnancy. (Further information can be found at about two minutes into <http://www.youtube.com/watch?v=oCIp6skzv9I> and about 38 minutes into <http://www.youtube.com/watch?v=2WNQVzkOyq8>).

W. Douglas Tynan, Ph.D., ABPP, Program Director, Nemours Health & Prevention Services; Associate Professor of Pediatrics, Jefferson Medical College; Senior Fellow, Jefferson School of Population Health. Dr. Tynan is a Fellow of Division 53 and 54, and was awarded Fellow status in Division 37 based on his outstanding contributions in advocacy, consultation, and teaching. Dr. Tynan's interests are in the provision of effective mental

health and health services for children and adolescents. He is a Board certified clinician in both Clinical Health Psychology and Child and Adolescent Clinical Psychology. In his current position as Program Director of a large, multidisciplinary child health promotion effort, Dr. Tynan provides administrative oversight for all health promotion programs, and psychological consultation regarding prevention of childhood obesity and enhancement of social and emotional development for children within the Nemours health care system in Delaware, New Jersey, Pennsylvania, and Florida.

Dr. Tynan has also served in various capacities at the local, state and national levels including: (1) sponsoring networking meetings between pediatricians and educators to help improve services in special education; (2) testifying before state legislation committees on issues including high rates of stimulant medicine use for children, the advantages of full day kindergarten, the need to limit access to mature rated video games, the advantages of improved developmental screening in primary care and availability of child mental health services; (3) appointments by the Governor to serve on statewide committees relating to early childhood services, and during both Bush Presidential terms as a special advisor to Head Start, and on the Committee for the Evaluation of Head Start; (4) testifying before the House Committee on Education regarding the diagnostic classification process and the need for early intervention in special

education; and (5) meeting with Senators Coons and Carper on issues regarding the Child Nutrition Act, and with then-Senator Biden on Graduate Psychology Education Programs. Currently, Dr. Tynan is serving on the Advisory Committee for the State of Delaware's recently awarded Early Learning Challenge Grant. The grant's goals include improving screening for young children birth to five for developmental and behavioral difficulties by implementing valid screening tools in primary care and in early care and education settings, and connecting families to early intervention services through their new Help Me Grow Delaware program. Over the past summer, Nemours initiated their PEDS screening program in pediatric practices (which serve over 50,000 children), and are now screening over 700 children per month for developmental delay.

Mindy S. Rosenberg is a clinical psychologist, consultant, and neuropsychologist in Sausalito, California, who specializes in working with children, youth, and families. She has previously served on the psychology department faculties of the University of Denver and Yale University. Her research interests include child maltreatment, and the effects of witnessing domestic violence on children's social and emotional development. Dr. Rosenberg was involved originally with Division 37 in 1984 on the Task Force on Child Abuse and Family Violence, and has been a member of the Fellows Committee since 2007.

Report of Highlights from Council Meeting, August 1 and 3, 2012

Carol Falender, Ph.D., Council Representative from Division 37

The most recent Council Meeting included several important actions and resolutions, including a resolution on the recognition of psychotherapy effectiveness; approval of an Intern Stimulus Package to facilitate the creation of more than 500 clinical internship positions; a new open-source journal; and a task force report on educational disparities.

- The Resolution on the Recognition of Psychotherapy Effectiveness was approved. The report includes effectiveness of psychotherapy for the wide range of psychotherapy services from childhood through adulthood. The report concludes that average effects of psychotherapy are greater than those of many medical interventions. Large multi-site and meta-analytic studies have demonstrated that psychotherapy reduces disability, morbidity and mortality; improves work functioning; and decreases psychiatric hospitalization. In addition, the resolution notes that psychotherapy teaches patients life skills that last beyond the course of treatment. The full report is available at: www.apa.org/news/press/releases/2012/08/psychotherapy-effective.aspx
- Intern Stimulus Package was approved—an expenditure of up to \$3 million over a period of three years to provide seed

funding working in collaboration with the Association of Psychology Postdoctoral Internship Centers (APPIC) to identify “shovel ready” programs and to “jump start” new programs. Funds will assist programs in the application process for APA accreditation. In addition to BEA's established criteria, priority will be given to programs presenting a plan to sustain an accredited training program beyond the seed funding period. Only non-profit entities will be considered for funding. Priority will be accorded to expansion of the number of positions, serve historically underserved populations, and prepare psychologists for the 21st century health care system especially integrated primary care. The money will help offset program expenses in such areas as application and site visit fees, program consultation fees and intern stipends and benefits. The typical maximum grant to an individual program will not exceed \$20,000. Funding will be available starting this fall through an application process. The funding is expected to help as many as 150 programs move from non-APA accredited to accredited status and create 520 new accredited internship positions over the next three years. Consider whether you are aware of any programs that might qualify for this funding.

- Council approved funding for

representatives of the four ethnic-minority psychological associations (EMPAs) to continue to attend APA council meetings as delegates/observers. In a related action, the council approved a bylaws amendment to create official council seats for the four EMPAs. The EMPAs are: the Asian American Psychological Association, the Association of Black Psychologists, the National Latina/o Psychological Association and the Society of Indian Psychologists. Please note that since this requires a bylaws amendment you will be voting on this in the fall! There was strong Council support. Watch for the ballot.

- Approved funding for an APA task force that will study the trafficking of women and girls.
- The Good Governance Project proceeded with different models of change for Council and the organization and the results were to move towards moderate to “clean-slate” change. Moving forward, it will be the task of the project and ultimately Council to identify new means of governance that are more nimble, more representative of the membership, and more in keeping with other professional organizations of our size.
- Experiment to set up an open access journal called Archives of Scientific Psychology was approved.
- A new journal on qualitative

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methods was approved for publication.

- **Presidential Task Force on Educational Disparities.** (The report will be available on the APA website later in the year and will be an excellent resource for educators, policy developers, and students.) APA Past-President Melba Vasquez assembled this task force to address questions of what psychology has to say and offer about the impact of educational disparities, especially on poor and racial/ethnic minority students. As Dr. Cynthia Belar described it, all disparities go back to education. Education is a public health issue and psychology has much to contribute and to provide leadership.

Generally, Hispanic males have the highest high school dropout rate, at 23.7%, and are much less likely to graduate from high school than other demographic groups. Generally a pattern emerges in which African American, American Indian, Latino, and Southeast Asian youth underperform academically; racial disparities also exist in socioeconomic status and health outcomes and healthcare. Educational disparities originate in very early childhood and although Head Start and other early intervention programs have tried to close gaps, these are only open to children with family incomes below poverty level. Programs for working poor are generally of lower quality. The cascade of

effects includes lower scores on tests of academic achievement, repeating a grade in school, higher drop-out and lower graduation rates, decreased admission to gifted programs and advancement to higher education, and higher rates of school discipline, suspension, and expulsion.

Another aspect is the accentuation of disparities for immigrants and English language learners. However, the reason for immigration mattered. For example, Asian American children who generally came from families that migrated to fill specific employment shortages in the U.S. and generally had higher education levels had different outcomes than Latino immigrants who often migrated for family reunification and had lower educational levels. These differences may manifest in socioeconomic status differences and result in differential resources to support academic achievement of their children.

Significant data from meta-analyses confirms that children educated in their native language have higher educational achievement. Quality bilingual programs can close the gap. Ethnic and racial minority children are underrepresented in gifted and talented programs.

The task force differentiates between technocratic and transactional reforms. They define technocratic as those that alter school procedures, regulatory practices, and structural factors that are organizational. Transactional reforms are described as specially within the purview of

psychologists. They include reciprocal interactions between teachers and students becoming actively engaged in their schools, schoolwork and their education. Attention to the complexity of transactional analysis and how students and teachers learn and grow through interaction is a promising area for the future.

Attention was devoted to the role of psychological science more specifically in addressing bias expressed towards children and ethnic and racial identity and its impact on schooling and academic achievement, including development of an oppositional cultural orientation to school—i.e., doing well is “selling out.” Psychological science has defined identity as a complex construct in which acculturation, alienation, and racial pride are all factors. Exposing youth to idiographic narratives has shown promise.

The report also addresses the structure of schools and their roles in facilitating and enhancing student engagement. Recommendations include facilitating student elaboration to enhance understanding, promoting classroom discourse, enhanced teacher responsiveness, and generally addressing the macro and micro aspects of schools, leaderships, supports, partnerships, as well as specific recommendations including for advocacy.

Convention Board of Directors Meeting Minutes (Abridged) August 2, 2012, Orlando, FL

In attendance: Michael Roberts, Karen Budd, John Lochman, Bill Rae, Amy Damashek, Mary Haskett, Emily Kessler, Carol Falender, Amy Green, Sara Stromeier, Matt Jarrett, Anita Thomas, Julie Cohen, Jen Kaminski (taking minutes).

Guests: Lauren Fasig (APA), Judy Jones and Bill Tucker (Springer)

Michael Roberts called the meeting to order at 5:00 pm with a welcome, an overview of the agenda and introductions. Lauren Fasig (the new Director of APA’s Office on Children, Youth and Families; CYF) joined us for the first part of the meeting. Lauren began with her own introduction, followed by a summary of the recent CYF activities of the APA Public Interest (APA PI) Directorate. She highlighted the APA President’s Task Force on Immigration, the Information Dissemination project, APA’s co-sponsorship of the 18th National Conference on Child Abuse and Neglect in April and Head Start’s 11th National Research Conference in June, and APA’s participation in Speak Up for Kids events [<http://www.childmind.org/en/speak-up-for-kids/>]. The full APA PI CYF activities report will be available soon at: <http://www.apa.org/pi/families/about/index.aspx>. Lauren closed by encouraging Division 37 to support nominations to the CYF Committee (deadline of August 27).

Jen provided an update on the advocacy textbook being edited by Anne Culp and published by Springer, including chapter titles and authors and the editorial board. The board was enthusiastic about the potential reach and impact of the book, and noted that we need to be forward-thinking about the rollout. We anticipate that Springer will also assist with the rollout.

Michael announced that the Diane Willis Early Career Award fund is now endowed at APF, so that it can be awarded. We and APF will begin advertising and seeking nominations in the near future.

Michael gave an overview of the advocacy training to be held as a preconference event (Thursday, October 18) to the National Conference on Clinical Child and Adolescent Psychology. There is a dedicated website [<http://www.continuinged.ku.edu/programs/clinicalchild/>] for information and registration. The workshop registration is free and separate from the conference. The Board previously voted to spend up to \$1000 to support the event.

Mary reported that the Section on Child Maltreatment started an Early Career Psychologists Committee and already has a Student Board in place. Interested students and ECPs can contact Mary to get involved (mehasket@ncsu.edu). The Section has a book contract with Springer for the product of the

Task Force on Positive Parenting in the Context of Homelessness.

At the Midwinter Meeting, the Division Board voted not to develop our own new journal. Michael has been investigating a SpringerBriefs series as a publication venue for articles on child and family policy and practice. He reported that this series is a new publishing format, primarily electronic with on-demand hardcopy printing for a price. Members would have free electronic access (with the ability to print PDFs for free). The publication would have a Division-appointed editor, and all articles would be peer reviewed. In the future, it might be possible to have an impact factor calculated. After discussion, the Board voted to approve the Springer Briefs series proposal. It was decided that the Publication Committee will suggest one or more series titles to the Board for a vote, and that the Section could be responsible for one (or more) issues per year if they would like. John Lochman volunteered to head the Editor Search Committee, which will also include Michael Roberts, Jen Kaminski, and an additional member not on the Board to be named. Emily Kessler will suggest a student member to be part of the search committee.

John next led discussion about the 2013 Midwinter meeting. Jen will conduct cost comparisons of having the meeting in Tuscaloosa

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versus Atlanta, with the expectation of meeting sometime during the weekend of January 18-21.

Bill circulated a financial update. He reported recently consulting with an accountant to organize the accounts in a more logical manner. [Those services had been previously available to us from APA, but are now not available since we became a non-contract Division.] Bill summarized by saying we have about \$117,000 in the bank (in various forms). His recommendation is that although saving is good, we should not be afraid to spend if we and members get good value.

Next, Judy Jones and Bill Tucker from Springer joined the meeting to discuss details of the SpringerBriefs contract. Judy clarified that if this publication progresses to a regular journal, we might be able to retain the title so we should keep that in mind when selecting one. Judy confirmed that Thomson-Reuters includes citations from other sources than articles that come out serially, so an impact factor is a possibility. She cautioned that impact factors are based on citations in the previous two years, so it would be some time before we could have an impact factor. Judy believes that we can apply to have our articles indexed in the various academic search engines.

The Board next returned to discussion of finances. Bill requested \$700 for this year to get all of the accounting and

bookkeeping straightened out. A motion to approve that \$700 for accounting purposes was seconded and passed (with Bill abstaining).

Michael passed along a request from the Interdivisional Task Force on Child and Adolescent Mental Health (IDTF) for \$1000 for their second Summit (May 6, 2013 at the Bolger conference center in the DC area), which will be more focused on prevention. There was a motion to support the summit at the requested \$1000 level, and potentially contribute the additional \$400 we had previously earmarked for multicultural/diversity issues if we or they can identify a relevant use of those particular funds. The motion was seconded and approved.

The Board (without Michael) discussed the Administrative Officer contract with Karen Roberts to handle Division Affiliate and Section membership processing, which is no longer handled for us by APA. After discussion of the Division and Section needs and Karen's performance, a motion to negotiate a second contract year with her was seconded and approved. There was also a motion to go forward with accepting credit card payments, which was seconded and approved. [Secretary's note – progress on this for 2013 renewals may be held up by us being on the waiting list for APA to revamp the website.] The remaining question about how the Division and Section will split the costs of membership processing was tabled

to the Finance Committee.

Julie brought the issue of publishing the Advocate via *nxtbookmedia* versus PDF. *Nxtbook* costs \$650 per issue, but the PDF is free (Julie has someone with graphic design background formatting on a volunteer basis). *Nxtbook* also takes an additional 5 business days once the PDF is ready. Jen reported receiving only two or three emails regarding problems with the *nxtbookmedia* version, and no complaints about the PDF with this past issue. The board agreed that the PDF version would be fine and no vote is required as it is technically an Editor's decision. Julie next offered the ideas of upcoming themed Advocate issues around state and local advocacy. Members interested in potentially writing about these issues should contact Julie (jcohen@key.org).

Carol provided a brief update from the APA Council meeting (minutes will be available at <http://www.apa.org/about/governance/council/index.aspx>). Her highlights included:

- Internship program seed money to increase the quality of clinical psychology internships (<http://www.apa.org/about/awards/internship-program-grants.aspx>),
- APA's Good Governance Project (<http://www.apa.org/about/governance/good-governance/index.aspx>),
- APA's Task Force on Human Trafficking of Women and Girls (<http://www.apa.org/pi/women/resources/newsletter/2011/09-11/human-trafficking.aspx>),



Susan Limber (left), Nicholas Hobbs Award recipient, with Karen Budd, Past-President of Division 37, at the APA Convention in Orlando.

- APA's Resolution on the Recognition of Psychotherapy Effectiveness (<http://www.apa.org/news/press/releases/2012/08/resolution-psychotherapy.aspx>).

John reported meeting with Marc Atkins and Barb Fiese (incoming presidents for Divisions 53 and 43). With those Divisions and with 37 as the lead, John will apply for CODAPAR funding with a focus on dissemination and training of evidence-based programs (EBPs). The initiative would be to survey and conduct interviews with state and local government representatives to understand perceived needs for training for EBPs, and how to further disseminate EBPs. The initiative would also survey practitioners about needs and barriers they had for getting trained in EBPs.

Michael thanked everyone for their hard work during the year and at the meeting, and adjourned the meeting at 8pm.

Call For Editor

The Society for Child and Family Policy and Practice (Division 37 of the American Psychological Association) is seeking nominations, including self-nominations, for the first Editor of *Advances in Child and Family Policy and Practice*. This new series of monographs will be a peer-reviewed publication of the Society for Child and Family Policy, published by Springer, within the SpringerBriefs series.

Editor nominees for *Advances in Child and Family Policy and Practice* should have stature in the field of psychology or a related discipline, a broad scientific knowledge base, strong writing and editing, and organizational skills, and support for taking on the editorial responsibility. The Editor will provide vision and leadership for the publication. Essential qualifications for the Editor include a record of significant scholarly achievement, and serving as a peer reviewer or Editorial Board Member for a scientific publication. Other essential qualifications include understanding of the international community of scholars, practitioners and policymakers, and strong interpersonal skills.

The Editor will appoint an editorial board to assist in the peer review process of all manuscripts submitted to the journal. The Editor will receive a modest honorarium. The Editor will be an ex-officio member of the Society for Child and Family Policy and Practice Board of Directors and will attend its meetings twice a year.

Nominations are solicited from the membership beginning immediately and until a new Editor is identified. We must act quickly, so do not delay sending in your nominations. The search committee will begin reviewing applications on October 15, 2012. The Journal Editor Selection Committee consists of John Lochman, Ph.D., ABPP (Chair, jlochman@ua.edu), Michael Roberts, Ph.D., ABPP, Sandra Bishop-Josef, Ph.D., Jennifer Kaminski, Ph.D., and Sara Stromeyer.

Applicants should submit a letter of application indicating a willingness to serve if selected and a vision statement about the future of *Advances in Child and Family Policy and Practice* and their curriculum vitae. Two letters of support should be sent directly to Jennifer Kaminski (Div37Advocate@gmail.com). One letter should address the applicant's scholarship, and organizational and people management skills. The second should come from the candidate's section chief, department chair, or similar administrative director, indicating support for the candidate's time and effort devoted to this editorial role. Candidates must be members of SCFPP and APA. The committee will make a recommendation to the Board of Directors of the Society for Child and Family Policy and Practice, who will appoint the Editor. The person selected will serve a five year term as Editor starting immediately upon appointment to develop the initial issues to be published in 2013.

Please send all materials electronically to Jennifer Kaminski (Div37Advocate@gmail.com).

Advocacy in Action: Q & A with Gail S. Goodman

By Julie Cohen, Ph.D.

Gail S. Goodman is Distinguished Professor of Psychology at the University of California, Davis (UC Davis), and Director of the Center for Public Policy Research at UC Davis, which conducts research for the California Department of Social Services and other state and nonprofit agencies. She has received many awards for her research, including the 2012 James McKeen Cattell Fellow Award for Lifetime Contributions to Applied Research from the Association for Psychological Science, the American Psychological Association's 2005 Award for Distinguished Contributions to Research in Public Policy, and the 2004 Division 37 Nicholas Hobbs Award. She is a past President of Division 37 (1991-1992), the Section on Child Maltreatment (1999-2000), and Division 41, American Psychology-Law Society (1996-1997). She is currently President-Elect of Division 7, Developmental Psychology.

When did you begin to do policy-oriented research and how did you become interested in that?

I was trained in graduate school at UCLA to conduct basic cognitive development research. It was theory-oriented, laboratory research, relying on scientifically tight experimental design. That training has served me well. However, I always had this burning desire to do something to

help children in the here and now, especially regarding children and the law. Applied work was not well accepted back then, but I snuck a little bit of that in during my last year in graduate school. Another graduate student (Jack Lipton) and I conducted survey research on adults' attitudes toward children's rights. When I became a postdoctoral fellow at the University of Denver, I was able to pursue those interests more, including on such topics as children's eyewitness memory, trauma and memory, child abuse, and children within the legal and social service systems. I wanted to see the work in my lifetime help the most disadvantaged children. I had been raised by a mother who felt that child advocacy and helping children was the most important thing one could do, especially for maltreated children and children who have suffered trauma generally. That was on my agenda ever since I was in grade school.

When was the Center for Public Policy Research founded, and why?

Several years after I arrived at UC Davis, someone from the state government was looking on the Web to see if a center devoted to public policy could be started close to Sacramento, our state capital. On the Web, she read about my work. I was just sitting here in my office and got a phone call. It turned out that the "someone" was Dr. Nikki Baumrind, who was the Chief of Research for the



California Department of Social Services. (And yes, she is the daughter of the famous developmental psychologist, Dr. Diana Baumrind.) It was really Nikki's inspiration to start the center, not mine. It was her vision for a center that would bring the great resources of the university to aid the state government in a new way. Then we worked together for two years to try to get the contract established and figure out what the new center would be like and get it approved at all levels. We had no idea if it would become a reality. Some people at the university said it would never happen at the state level, but it did on March 29, 2005. At that time, I was also working closely with Dr. Michael Lawler, who was the Director of the Center for Human Services at UC Davis. He holds a Ph.D. in Human Development, which he earned after obtaining an MSW at UC Berkeley. He was a wonderful colleague and resource who knew a great deal about public policy. He is now a Dean and Professor at the University of South Dakota.

And so the Center for Public Policy Research (CPPR) at UC Davis was born. Our goal is to bring science to policy. We usually negotiated with the state on projects that they want performed on topics like foster care, welfare to work, and food stamps. We have written policy reports when they want to know the latest research on a topic. Right now we are developing a screen for learning disabilities in Spanish-speaking adults who apply for welfare (usually poor women with children). This project is headed by Dr. Ingrid Cordon, a developmental psychologist who is the Research Director of CPPR.

In the past, much of our efforts went into state needs concerning children in foster care. For instance, we conducted a huge foster care project for the state for two years. It was to help establish the National Youth in Transition Database. This is a federal initiative that involves surveying all foster youth within 45 days of their 17th birthdays using a questionnaire developed by the federal government. A subset of the youth will be surveyed again at age 19 and 21. California has the largest population of foster youth in the country. We were trying to find and interview over 6000 children within 45 days of their birthdays. A large team of wonderful, dedicated UC Davis undergraduates were helping us locate and interview about 500 youth every month all over the state, and sometimes in other states or even Mexico. It was an immense and high-pressure job,

because federal penalties to the state's foster care funds were at stake. At the end of the first wave of data collection, we and the state realized that the counties needed to take the project over, because the counties are in regular contact with the youth anyway. The data go to the state and from there on to the federal government. It's the first time the federal government has tried to track the outcome of foster youth once they transition out of foster care. The goal also is to determine the services that are most helpful, so it's potentially a quite important project that will contribute to better public policy for foster youth. We were honored to be involved in this pioneering national effort.

We have conducted other work for the state as well. For instance, they have been interested in how they can better use administrative data collected by state agencies and also counties. Is there a way they can combine the data they have to best serve foster youth? Foster care data tend to be "siloes" within agencies. But social workers and foster parents need to know, for example, in that last foster placement, did the child get inoculated? If the doctors feel they can't release such information due to HIPAA laws, then the child may get inoculated again and again, unnecessarily. That's just one example of many. There really has to be a way to combine data across agencies. Several of us at CPPR have been a part of a subcommittee of the Child Welfare Council of California that is working on the issue of data integration. CPPR also wrote a

report on the issue of foster care data integration that has been useful for the state.

In the past, CPPR worked in addition with the California Department of Corrections and Rehabilitation (CDCR). They would approach us with various projects, such as one on the assessment of parent-child attachment for children being raised in prison nurseries. We also wrote a series of literature reviews for CDCR on juvenile delinquency. On behalf of CDCR, CPPR was in a position to fund other researchers, such as at UCLA and UC Irvine, on topics like therapeutic approaches that benefit female prisoners or findings from psychological research relevant to probation and re-entry.

And we have been fortunate to obtain funding from several nonprofit agencies as well. These projects again mostly concerned foster youth and child protection.

Tell me about your leadership work and how you were able to advocate through leadership positions.

So far, I am most proud of the advocacy role I played through my leadership position in the Section on Child Maltreatment. When the Rind et al. controversy hit APA, I was President of the Section at that time. This controversy was about the meta-analysis published in Psychological Bulletin that suggested that adult sex with adolescent boys was not harmful. Dr. Laura, the talk show host, got her hands on the article, and her protests were heard over the

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airwaves. The US Congress took note and was about to sanction the entire APA for publishing the article, which would not have been a good thing. APA came to the Section for help, and one of the things we did was to write an article that was also published in Psychological Bulletin about the problems with that meta-analysis. We entitled it "Sex with Children is Abuse." It was a joint effort of four or five people on behalf of the Section. Steven Ondersma from Wayne State University was the lead author.

Do you think there is any tension or tradeoffs between wanting to conduct rigorous research and doing policy-oriented research?

Most of my research is both applied and theoretical. For instance, if we're looking at children's eyewitness testimony, there are theoretical issues about how trauma affects memory. There are also policy-oriented issues: How do you interview a child? How accurate can a child be? What affects accuracy in the legal context? The research ends up being relevant both to theory and to practice.

There are definitely tradeoffs, though. In regard to CPPR, some of the work is not publishable due to real-world constraints, yet it still may affect policy. We can always refuse to do a certain project, however. And of course it works best if we are able to negotiate with the agency about the scientific merit of the project and how the

research should go. It is really varied how much we have been able to do that. In the work we are conducting now on Spanish-speaking welfare applicants, we had a lot of input. We are basically developing a test, so the project is inherently about psychometrics. We were able to draw on the resources of the University of California and say to the state "This is the way to do it." However, how much say we have really varies a lot depending on the project.

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Sometimes CPPR is helping the state respond to a lawsuit, and we may not be conducting research in the usual sense of the term in psychology. For example, there was a lawsuit that foster parents brought against the state to say that they were being underpaid. We had to research the best methodologies (i.e., payment structure rules) for determining payment in the various states and fit what we discovered to conform to California laws. We found that it would be possible to develop a methodology that was more up to current standards. The issue is important so that foster parents can best care for foster youth. Our report went to the court and presumably influenced their decision.

Sometimes the trade-off is such that we can't get important rigorous research accomplished--research that would greatly benefit children. As one example, in terms of foster care, we need to know a lot more about the whole removal process and how to make that better for children. We need to be focusing on children's well-being and their attachment to their biological parents and foster parents instead of narrowly focusing on safety and permanency. But the child

protection system does not always appreciate the need for rigorous scientific research. They may understand the need for policy-related studies but not the need for careful, controlled scientifically sound, objective investigations (for example, with random assignment to groups) on which policy really should be based. And even for the many who do understand and appreciate this need and would like to be supportive and helpful in this regard, fiscal realities are currently too often quite prohibitive.

What advice do you have for students and early career psychologists?

My advice is to conduct high-quality research that is intellectually interesting while also answering questions that policymakers want to know the answers to. In my case, that's really what I've stuck to as much as possible, promoting science as well as justice and child advocacy. I was lucky because when I first started

my child witness research, the courts were eager for information at that point on children and the legal system. The courts and policy makers started eating up the work very quickly, too quickly really...we wanted time to replicate and make sure it was right. Instead, it went right into the courts and into policy.

I'd also say don't give up. Don't give up on your dreams to make it a better world because there's nothing more important than that, including making children's lives better, especially for traumatized children. When I was first in this field, people said "Oh, it's not important. Children never testify anyway." I was at first not talking to the right audience. Finding the right audience can be crucial. The lawyers, psychiatrists, and social workers thought that child witness work was important, and fortunately so did my postdoctoral mentor, Dr. Marshall Haith. That was encouraging. But really, I was determined in any case. After a few years, psychology as a whole realized the topic was actually of interest. And then suddenly my research was getting more attention from policy makers and psychologists than I ever imagined possible.

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Network (fairelectionsnetwork.com) and vote411.org for more information on registering and staying informed about candidates.

• Keep It Balanced

Considering the connections between your advocacy work and your professional work is important for students. Is one an offshoot of the other? If so, your community involvement can be a great way to make connections and develop new ideas for your research or clinical work. Or do you prefer to keep the two separate? Engaging your passions outside of work can keep you energized and connected with community members outside of the academic bubble that can consume graduate students. Either way, remember to balance your commitments. Panelists at the Mentoring Breakfast had a wide array of experiences with getting involved in advocacy work as a student, but all were quick to remind the audience that as students our top priority is developing the skills that will help us to make the most difference for the most families in the future. Educating yourself is, after all, the first step in enacting meaningful change.

The Division 37 Student board would like to thank all of the panelists for their time and wisdom at this year's mentoring breakfast. Thanks to Amy Damashek, Ph.D., Jennifer Kaminski, Ph.D., Marc Atkins, Ph.D., and Sandra Alexander, M.Ed. for all of their advice!

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public and private policy issues; and advocacy needs, successes and failures, to demonstrate applications where psychological expertise might be applied.

Submissions to *Advances in Child and Family Policy and Practice* can be solicited by the Editor, or initiated by the author. Prospective authors might inquire about the Editor's interest in a potential topic before preparing and submitting a manuscript. All submissions will be peer reviewed by the Editorial Board. Each issue is expected to include literature reviews of the topics, the policy and practice implications of the topic, and a 1-2 page summary to be used for public advocacy.

Topics of interest will include organization of service programs, service delivery through different systems, implementation, impact and evaluation. A variety of youth-related service programs and topics can be the focus of a brief, including but not limited to (1) child mental health programs and policy; (2) mental health screening/service needs in child welfare; (3) child maltreatment; (4) education, early childhood education, evaluation and publicly-funded pre-K; (5) health (e.g., integration of mental health within primary care settings); and (6) juvenile justice.

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and child protection laws were passed, because those governmental actions were considered intrusions on corporate and family rights to do what they wanted to do with little or no regulation and interference from governments.

Many members of this Division might already know of the reports I cited above, but what I find problematic is that there are just too few policy analyses readily available to psychologists through the typical information channels of the profession of psychology, including developmental, school, clinical child, pediatric or any other specialty. For example, there are few policy analyses in the *Journal of Clinical Child and Adolescent Psychology*, *Developmental Psychology*, and *Journal of Pediatric Psychology*. These are high-quality scientific journals, but I suspect policy pieces get triaged out either by editorial action or because authors feel they will not be well received. Some excellent policy analyses from psychologists are published elsewhere (such as the *Social Policy Reports* of the Society for Research in Child Development) and might be found if one searches, but these are not readily available to many who might benefit.

Where do trainees and professionals learn about policy issues, how to study them, and how to advocate on them? Most will not have the opportunity to study at a policy institute or be able to search for easy to use policy

information given the many demands on their time and other needs, such as making a livelihood. As noted on the listserv, the Division website, and *The Advocate* [see full story on Page 1], the Division will be co-publishing a series of policy and literature review briefs with Springer Publishing Corporation under the title of *Advances in Child and Family Policy and Practice* in its *SpringerBriefs* series.

The Division Board approved this venture to become a useful resource for members of the Division in providing information about policy, research, and practice in children's services at no cost for access by Division members.

Research

The discipline of psychology, based on science, needs a convincing database of information and logic to direct decision making. In particular, one purpose of this Division, according to the By-Laws, is "to promote the application of developmental and ecological theory and research as a basis for prevention and intervention efforts with children, youth, and families" and "to stimulate the development of research initiatives on professional and policy issues concerning children, youth, and families by highlighting what is known and what needs to be known about these issues" (Society for Child and Family Policy and Practice, 2010). There has been a strong focus of energy and attention in applied psychology on empirically supported treatments and

evidence-based practice; this is important work but what is missing in this type of research is sufficient attention to the organizational structure of mental health services to be able to effectively deliver psychosocially-based treatments. There are some excellent centers examining mental health systems and service delivery, but most clinical, school, and counseling psychology programs do not train in these forms of research and analysis. In my view, all too often faculty are perpetuating what makes their own careers successful by studying relatively small issues with easily measured variables that lead to statistically significant results. My own vita has examples of this form of academic productivity. Unfortunately, we have diverted attention from real world settings. This is what Cook and Shadish (1986) called "the worldly science" (p. 193), that is, research in applied settings, which can be often messy compared to the cleaner "bench sciences" of some psychological domains. Fortunately, some psychologists are conducting research that is meaningful and relates to the issues of children's services. In the summer of 2012, a superb special section of the *American Journal of Community Psychology* published 15 articles and two commentaries on "Systems of Care" for children, adolescents, and their families (volume 49, issues 3-4). The articles demonstrate how systems of care can be modified to "support more positive child and family outcomes" (Kilmer & Cook, 2012,

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p. 580) and describe implementation research that documents effectiveness. More of this type of work is needed; the new *Advances in Child and Family Policy and Practice* would be an excellent outlet in which to publish it.

Practice

These comments on research lead directly to practice considerations--actual implementation with real people in real settings. These applications can be with individuals with whom psychologists work directly in a clinical practice--although "practice" in the Division terminology does not mean just clinical practice. Our practice definition must include applications of biopsychosocial-educational interventions and programming that serve, support, and optimally develop children and families. The social ecological model is endorsed by many in the Division and emphasized in the Division's stated purposes. This definition of practice includes all settings that surround a child, including family, school, peers, juvenile justice and the courts, social welfare, mental health and behavioral health, physical health and safety, community agencies and youth development activities, and federal/international entities.

Practice at all levels should be guided by research--and decisions should be made, as articulated by Tolan and Dodge (2005) on the basis of "rigorous efficacy trials and tested in community-based effectiveness trials... 'Best practice' without adequate evaluation and

research is in itself an indictment of the inadequate research infrastructure in children's mental health. What is needed is practice that follows scientific evidence..." (p. 603).

Advocacy

This Division is committed to advocacy on behalf of children and families in addition to advancing services and service delivery structures. One of the stated purposes in the Bylaws is to provide for "child, youth, and family advocacy in order to bring about those social changes consistent with psychological knowledge that will promote the well-being of children, youth and families" (Society for Child and Family Policy and Practice, 2010). Advocacy is broadly conceptualized as a process of informing and assisting decision makers...[which] entails developing active 'citizen psychologists' who promote the interests of clients, health care systems, public health and welfare issues, and professional psychology... More specifically, advocacy initiatives may include helping those who are underserved access care, promoting social justice through the recognition of diversity and multicultural issues, securing funding for training and research, and understanding and becoming involved in public policy issues that affect the profession at local, state, and national levels (Lating, Barnett, & Horowitz, 2009, p. 106).

The Division is committed to advocacy, but a question should always be raised when we say we

need to advocate: Advocacy for what? There can be well trained, articulate, and powerful advocates for the direct opposite of what many in the Division might think are the most important issues of the day. So, I urge a careful approach to advocating for advocacy without context. But if one does the proper policy analysis, conducts research and builds an evidence base with objectivity (not ideology), and examines practices of providing services for children and families, then the professional can come to constructive, research-based conclusions and make strong advocacy positions. These might include, for example, advocating for integrated medical and mental health services for children and their families in comprehensive, family-centered, culturally-competent, and evidence-based approaches (such as advocated by Knitzer in 1982 after a careful analysis of data). I firmly believe that these approaches would meet both conservative and liberal agendas--that is, save money in the long-run and reduce misery in the short- and long-term. Advocacy means becoming knowledgeable on the issues and can take many forms as I noted in the summer issue of *The Advocate*. Being an advocate means being a persistent and insistent voice on behalf of children--just as Jane Knitzer would have wanted us to do.

Education

The new competencies listed for education and training in

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professional psychology now explicitly include “Advocacy” preparation. For example, the Competency Benchmarks for Professional Psychology list “Advocacy—Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and/or systems level” (see <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>). Doctoral training programs in professional psychology are being asked to assess using the Competency Benchmarks in Professional Psychology Rating Form (available on the website) how well a trainee at various levels (practicum, internship, and entry to practice) performs on certain characteristics such as “Uses awareness of the social, political, economic or cultural factors that may impact human development in the context of service provision,” and “Intervenes with client to promote action on factors impacting development and functioning.” Further, in terms of Systems Changes, how well the trainee “Understands the differences between individual and institutional level interventions and system’s level change,” “Promotes change to enhance the functioning of individuals,” and “Promotes change at the level of institutions, community, or society.” It will be important to observe how advocacy training is implemented

in professional psychology education over the next few years—I hope this will be invigorating and effective but am not sure that all trainers are



convinced of the need for this training or personally knowledgeable enough to provide the training and experiences necessary.

Division 37 members have an opportunity to provide resources to create new generations of professionals with basic skills in

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advocacy. The Division sponsored handbook entitled *Child and Family Advocacy: Bridging the Gaps Among Research, Practice and Policy* and edited by Anne Culp (in development) will likely be published by Springer in 2013. This will be a remarkable resource for all.

Advocacy training, in the abstract is, at best, a promise, a potential; it requires follow-through and a strong foundation in policy analysis, research, and practice knowledge to make it “real” and powerful. It involves not just having the research to support a position, but learning to shape and manage the message to decision-makers and the public.

At the 2012 APA Convention, there were many Division-sponsored activities devoted to advocacy, including a symposium called “Bridging the Gap Between Research and Policy in Children’s Mental Health: The Importance of Framing.” This symposium built on the Summit of the InterDivisional Task Force on Children’s Mental Health and presented amazing advocacy information developed by the FrameWorks Institute (see <http://www.frameworksinstitute.org/>). The Division also held a “Conversation Hour on Advocating for Children: A

Mentoring Breakfast for Students Interested in Policy.” Other division sponsored programs conveyed significant

information relevant to advocacy. On October 18, the Division sponsored a Workshop on “Becoming a Strong Advocate for Children” (co-sponsored with APA and the Division’s Section on Maltreatment) at the National Conference in Clinical Child and

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Adolescent Psychology (which is co-sponsored by Division 53, Society of Clinical Child and Adolescent Psychology). The workshop leaders were Nina Levitt of the APA Governmental Operations office—and Brian Wilcox of the University of Nebraska Center on Children, Families, and the Law (a renowned child advocate as well as a former President of this Division).

Conclusions

Reflecting back over the 30 years since Jane Knitzer and the Children’s Defense Fund’s Unclaimed Children, there is a consensus that what is needed is a system of mental health care for children that overcomes multiple obstacles to become a comprehensive system of care—finally adequate to meet the needs of children, adolescents, and their families. The need for this Division and individuals, trainees and professionals, as activist members, has never been greater. Clearly, our most important work remains still ahead, in the area of enhancing children’s services through Policy, Research, Practice, Advocacy, and Education—I look forward to working with you.

Footnote

1. As a historical note, Jane Knitzer received the Division’s award for advocacy, the Nicholas Hobbs Award, in 1984 and served as our President in 1996. She died in 2009 and her articulate and insistent voice is missed.

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Calendar of Upcoming Conferences

NOVEMBER	APRIL	MAY
• Association for Behavioral and Cognitive Therapies: November 15-18, National Harbor, MD	• Southwestern Psychological Association Annual Meeting: April 5-7, Fort Worth, Texas	• Midwestern Psychological Association Annual Meeting: May 2-4, Chicago
JANUARY • National Multicultural Summit: January 17-18, Houston	• Rocky Mountain Psychological Association Annual Meeting: April 11-13, Denver	• 16th Annual Welfare Research and Evaluation Conference (sponsored by the Office of Planning, Research and Evaluation in the Administration for Children and Families): May 29 – 31, Washington, DC.
MARCH • Eastern Psychological Association Annual Meeting: March 1-4, New York • Southeastern Psychological Association Annual Meeting: March 13-16, Atlanta	• National Conference in Pediatric Psychology (sponsored by the Society of Pediatric Psychology, Division 54): April 11-13, New Orleans • Society for Research in Child Development Biennial Meeting: April 18-20, Seattle • Western Psychological Association Annual Meeting: April 25-28, Reno, Nevada	