

Society for Child and Family Policy and Practice

The Advocate



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PRESIDENT'S COLUMN

Paula Fite, PhD

President

Dear Division 37 members,

It is hard to believe that fall is here, and winter is just around the corner. It is hoped that folks are enjoying the cooler weather and feeling good about the status of their workloads (which I know is very difficult). Personally, these past few weeks have been a time of gratitude and appreciation. I am so humbled by seeing what members and colleagues are doing to help move the field forward by educating, advocating, researching, and providing direct services to children and families. Watching students engaging in all these activities and growing professionally has been particularly impressive. This gratitude also certainly includes our executive committee members, who have diligently worked throughout the year to provide quality information and programming for our members. We as a committee are always open to suggestions and want to support members in any way that we can - so please reach out. There are also many opportunities to get involved with the Division at all levels and stages of one's career. For example, we are continuing to highlight members and their work. Consider providing us with a brief description of yourself and what you are working on so that that this can be shared with other members and connections and collaborations can be made. Also, please consider running for one of our 2026 executive committee positions (e.g., President Elect, Secretary, Member at Large - Advocacy, Member at Large - Early Career Psychologist, and Representative to APA Council). If you are interested in running for (or learning more about) a position, please reach out (pfite@ku.edu).



I would also like to take a moment to thank the executive committee, awardees, and

presenters for making the annual Convention such a success. A special thank you to Shaquanna Brown and John Cooley for their work as program chairs. Their efforts all year long really paid off, making a seamless Convention for the Division.

As this will be my last article as President of Division 37, I want to thank everyone for their support and efforts this year. The Division is in good hands with Jodi Quas taking over as President of the Division effective January 1. I look forward to continuing my service to the Division as Past President, and I am excited to watch Division 37 and its members continue to grow and flourish.

All the best,

Paula Fite, Ph.D.

2024 President of the Society for Child and Family Policy and Practice, Division 37

Social Media

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COUNCIL OF REPRESENTATIVES REPORT

Cindy Miller-Perrin, PhD

Representative to APA Council

APA's Council of Representatives held a hybrid meeting August 6-7, 2024, with most representatives attending the in-person session, which convened in Seattle, Washington. Below is a Council summary of important policy decisions that impact children and families in particular, along with additional decisions impacting the general APA membership.

Presidential Task Force on Immigration and Health

The Council voted unanimously to receive a report by a presidential task force on immigration and health that underscores the importance of mental health support for immigrants and details the role of psychological science in addressing this issue.

The report, titled "[Psychological Science and Immigration Today](#)," sheds light on the intersection of psychological science and immigration and underscores the importance of mental health support for immigrants and the role of psychological science in addressing this issue.

Based on the findings in the report, the Council also adopted a [policy statement](#) supporting a population health-based approach to working with immigrants, which aims to address the cultural, economic, systemic, historical, environmental, relational and occupational contexts that influence health status, well-being, and functioning across the patient's lifespan. The measure was passed by a vote of 156-6, with 1 abstention.

The resolution condemns policies that harm immigrants and their families, including forced family separation, and calls for federal and state funding for research to understand better immigrants' health needs, including research on topics such as the evaluation of training, curricula, and community-based immigration initiatives that strive to improve immigrants' health and wellness and better understand the effects of trauma.

Statement on Artificial Intelligence and the Field of Psychology

By a vote of 156-2, with one abstention, the Council approved a [policy](#) to recognize the critical role of psychological science and knowledge in guiding the many forms, applications and analyses of AI, and the real and potential impacts of artificial intelligence on psychological research and the training, practice, and application of psychology.

"APA affirms the vital role of the discipline of psychology in addressing societal challenges, the challenges and opportunities related to health and well-being, and the ethical and privacy implications of AI," the policy states. "APA is resolutely committed to identifying, mitigating, and eliminating harmful impacts of AI while ensuring that everyone in society can benefit from AI technologies to the greatest extent possible."

The role of APA and psychology falls into three domains: Shaping AI's societal impact, using AI to promote health and well-being, and addressing and upholding ethics and privacy related to AI.

APA Statement Calling for an Immediate, Permanent, and Comprehensive Ceasefire in the Israel-Gaza Conflict

The Council also passed a [measure](#), by a vote of 106-52, with 8 abstentions, calling for “an immediate, permanent, and comprehensive ceasefire in the Israel-Gaza conflict.”

“APA urges all actors to prioritize the protection of civilians, to adhere to international humanitarian law, and to engage in meaningful dialogue and negotiation toward just and sustainable resolutions, the resolution states. It also calls for “increased access to culturally responsive, contextually relevant, evidence-based psychological resources for those affected by armed conflict and living through humanitarian emergencies.”

Resolution Supporting Girls' and Women's Human Rights Globally

Regarding the global rights of women and girls, the Council approved a [resolution](#) by a vote of 157- 4, with 3 abstentions, calling for national and international educational initiatives to enhance awareness of the issue. The measure commits APA to expanding formal education about girls' and women's rights and promoting research on factors that “enable versus prevent violations of girls' and women's human rights.”

This resolution notes that girls and women are denied numerous human and leg rights, including sexual and reproductive rights; educational, work and economic rights; the right “to choose if, when and who[m] to marry; and the rights of self-expression and self-determination.” The measure also directs APA to work to eliminate research practices that “implicitly but powerfully marginalize girls' and women's experiences and rights.”

Individual, Collective, and Intergenerational Trauma Recovery: Considering the Restorative Roles of Restitution and Reparations

In another action, the Council passed a [resolution](#) committing APA to advocate for restitution and reparations for the survivors of individual and collective trauma and their descendants. The measure, which passed by a vote of 113-52, with 4 abstentions, defines the types of trauma covered, which include gender-based violence and human trafficking; the Holocaust; U.S. internment of Japanese Americans and Unangan people; U.S. enslavement of Africans and their descendants; and the taking of native lands and systematic oppression of Native Hawaiians and other Pacific Islanders, Alaska Natives, American Indians, Puerto Ricans, and other populations.

It also calls on APA to consider convening a task force to initiate, support and disseminate a psychological research report examining the benefits of collective reparations “to understand best practices with regard to the distribution of restitution programs and to facilitate the adoption of distributive justice practices in other global organizations.”

Guidelines Related to Psychological Practice

Council also approved a series of guidelines related to psychological practice. These included:

- o Clinical Practice Guidelines for Psychological and Nonpharmacological Treatment of Chronic Musculoskeletal Pain in Adults, 122-27, with 10 abstentions. Available at: <https://www.apa.org/practice/guidelines/non-pharmacological-treatment-chronic-musculoskeletal-pain.pdf>
- o Guidelines for Working with Adults with Complex Trauma Histories, 153-8, with 3 abstentions. Available at: <https://www.apa.org/practice/guidelines/adults-complex-trauma-histories.pdf>
- o Guidelines on Key Considerations for Working with Adults with PTSD and Traumatic Stress Disorder, 148, 11, 4
- o Guidelines for the Practice of Telepsychology, 157-1, with 3 abstentions. Available at: <https://www.apa.org/about/policy/telepsychology-revisions>.
- o Guidelines for Psychological Evaluations in Child Protection Matters, 158-3, with 5 abstentions. Available at: <https://www.apa.org/practice/guidelines/psychological-evaluations-child-protection-matters.pdf>
- o Guidelines for Behavioral Projects with Nonhuman Animals in Schools (K–12), 150-2, with 4 abstentions. Available at: <https://www.apa.org/about/policy/apa-care-schools-guidelines.pdf>

FEATURED ARTICLE

Paula Fite, PhD

President

One of the more common conversations that I have had with colleagues and former mentees over the years is how to balance (and not become overburdened by) service roles, particularly at the mid-career level. Many have observed that the moment one is promoted to Associate Professor the service requests within the university increase. By this time in one's career, their work within the field is also more known and individuals are now asked to write promotion letters for others, serve on boards, provide talks, hold editorial positions, etc., in addition to the service that you have already been providing. Service at all levels (i.e., one's department, the larger institution, and the field) is important and necessary, but one needs to not let these roles consume their time and effort. However, it is incredibly hard to say "no" when asked to sit on a committee, peer review an article, or take on a leadership role. There is not a set formula for selecting service roles or a particular amount that one is "supposed" to take on. The only thing that is clear is that most of us cannot do all that we are requested to do - we have to say "no" to some asks. Below are some suggestions that I have found helpful in attempting to be strategic in determining what service roles to commit to and which ones to say "no" to.



1. Be mindful of what service commitments you currently have and what the time commitments are for these current service roles. Evaluate whether your service commitments match with your current position and job description. Then determine if and when there is room for additional service (or if you need to drop something in order to take on a new service task). For example, as my service obligation on the university promotion and tenure committee was ending, I agreed to serve on the evaluation of chairs and directors committee.
2. Set time limits/amounts for the service you are willing to provide. For example, outside of my editorial role, I will only peer review 1-2 additional manuscripts per month.
3. Attempt to balance out your service across various levels, knowing that you need to give service to your department, institution, and field of study. Assess the level of the service you are being asked to add and evaluate if this is in balance with current service commitments. For example, I will serve on no more than two university level committees in an academic year, and I limit my service to the field by only holding one office/elected position at a time to make sure I can provide service to my department.

4. When asked to take on a new service role, ask yourself some questions to determine if it is the right role for you, including:



- a. Is it something you want to do?
- b. Would this role be engaging?
- c. Would this role help you or your students in some way?
- d. Is it something that more junior colleagues could do?
- e. Is there a particular reason that you are the right person for this role?
- f. What are the potential consequences for not taking on this service role?

If the service role is not the right fit at this point in time, then politely say “no.” If at all possible, suggest other individuals that could be considered for this role. This can make saying “no” a little easier and less guilt inducing. Note, however, that I attempt to reach out to the other person whenever possible, prior to suggesting them for the service, to determine if this is something they would be interested in.

It is important to remind ourselves that while service work can be taxing, the work can be fulfilling and engaging. It is a terrific way to get to work with colleagues and get to meet new people. You are also impacting and helping shape the future of your institution and the field. So be selective and choose the right service roles for you.

SUICIDE PREVENTION: CHILDREN & TEENS

Charissa D. Pizarro, PsyD, RPT

MAL Task Force Coordinator & Diversity Activities

Suicide is a public health challenge all around the world. In 2024, the top 10 countries with the highest suicide rates per 100,000 individuals in order from highest to lowest were: Lesotho (72.4), Guyana (40.3), Eswatini (29.4), South Korea (28.6), Kiribati (28.3), Micronesia (28.2), Lithuania (26.1), Suriname (25.4), Russia (25.1) and South Africa (23.5). Lesotho has the highest rate of suicide in the world at 72.4 per 100k. The nation with the lowest suicide rate in the world is Antigua and Barbuda at 0.4 per 100k. For reference, the United States (US) has a suicide rate of 14 per 100k. During the Great Depression in 1931, the suicide rate in the US was 21.9.

At present, suicide is one of the leading causes of death in the US (CDC, 2024). Suicide rates vary by age. From the year 2000 to 2022 suicide has increased by 36%. According to the Center for Disease Control and Prevention (CDC) in 2022:

- Suicide was the 11th leading cause of death overall in the US (48,100 people).
- Suicide was the 2nd leading cause of death among youth ages **10-14, 15-24** as well as adults 24-34 year of age.
- Suicide rates range from 15.3 per 100,000 among youth ages 10–14 years while the rate was 79.5 for individuals 15-24 years old.

What places youth at increased risk for suicide?

Suicide risk factors are characteristics or conditions that increase the likelihood that someone may try to take their own life. In children and teens some risk factors to consider are

Mental health factors

- Mood disorders in general
- Depression
- Anxiety Disorders
- Bipolar Disorder
- Conduct Disorder (Antisocial behavior, aggression, impulsivity)
- Alcohol and Substance abuse
- Posttraumatic Stress Disorder (PTSD)
- Personality characteristics of aggression, mood changes, and poor relationships

Environmental Risk Factors

- Social Isolation
- Access to lethal means such as access to firearms and drugs
- Prolonged stress, such as bullying, family discord, undocumented immigrant status
- Stressful life events such as feeling rejected, grief and loss
- Feeling alienated due to actual or perceived discrimination related to race, sexual orientation, disability, gender, or other reason

- Exposure to someone else's suicide in or outside the family
- Change in treatment such as hospital discharge or change in provider

History of

- Previous suicide attempts or self-injurious behavior (i.e., cutting)
- Family history of suicide
- Family history of psychiatric illness requiring hospitalization
- Childhood abuse and/ or neglect and adverse childhood experiences (ACES)
- Trauma
- Domestic violence

Social Determinants of Health

Suicide and suicidal behavior are influenced by negative conditions in which people live, play, work, and learn. These conditions are known as social determinants of health.

Examples of Social Determinants of health

- Racism
- Discrimination
- Financial hardship
- Educational barriers
- Poverty
- Housing insecurity
- Poor access to medical and mental health care

Social determinants of health place certain groups at increased risk for suicide and other negative outcomes. Addressing these negative conditions and factors can help prevent suicide and suicide attempts in children and teens. Addressing these factors requires a comprehensive approach.

Some at risk groups

- American Indian and Alaskan Native people
- Those who live in rural areas
- LGBTQI+ population
- People of color
- Undocumented immigrants
- Veterans and their families

Ways to help someone who is threatening suicide

- Be aware. Learn the warning signs
- Get involved. Become available, show interest and support
- Be direct. Talk openly about suicide
- Be willing to listen. Allow expression of feelings. Accept feelings
- Be non-judgmental. Don't debate whether suicide is right or wrong or feelings are good or bad. Don't lecture about the value of life
- Don't dare the individual to do it
- Don't give advice or tell them to behave differently

- Don't ask why. This encourages defensiveness
- Offer empathy not sympathy
- Don't act shocked. This creates distance
- Don't be sworn to secrecy. Seek support
- Offer hope that alternatives are available

Keep in mind that it is ok to talk about suicide. A discussion about suicide will not plant ideas. If you are concerned about your child, raise the concern. This lets your kids know its ok to talk about suicide This may facilitate an open discussion about their mental health. Remain nonjudgmental. Seek help from a mental health professional if you see signs that your child is considering suicide.

It is never too early to start reducing risk factors for suicide and increasing the protective factors in children's lives. Comprehensive approaches that support mental health, develop life skills, and promote the development of positive relationships with caring adults may help protect children from suicide and support a healthy transition into adulthood.

Protective factors for suicide

- Supportive friends and family,
- Feeling connected to school and the community
- Having a strong sense of cultural identity
- Healthy coping skills
- Involvement in sports and extracurricular activities

Suicide Prevention Resources

Suicide and Crisis lifeline- 988

The 988 Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

National Suicide Prevention Lifeline 1-800-273-TALK (8255)

24 hour, toll- free, confidential suicide prevention hotline. By calling this number the call is routed to the nearest crisis center in a national network of over 150 crisis centers. Local centers provide crisis counseling and mental health referrals day and night.

Helpful Websites

- [National Suicide Prevention Lifeline](#)
- [National Action Alliance for Suicide Prevention](#)
- [National Strategy for Suicide Prevention](#)
- [NIMH Multimedia on Suicide Prevention](#)
- [NIMH Suicide Prevention](#)
- [StopBullying.gov](#)
- [Suicide Prevention Resources \(nationwidechildrens.org\)](#)
- [Children Ages 12 and Younger – Suicide Prevention Resource Center \(sprc.org\)](#)
- [Society for the Prevention of Teen Suicide \(sptsusa.org\)](#)

- [Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth: A Resource Guide for Professionals, Families, and Communities – Suicide Prevention Resource Center \(sprc.org\)](#)
- Youth Line for Teens- 877-968-8491 or text “teen2teen” to 839863

Resources for Parents

- [10 Things Parents Can Do to Prevent Suicide](#)
- [Ask the Pediatrician: What should I do if my child is thinking about suicide?](#)
- [How to Talk About Mental Health With Your Child and Their Pediatrician](#)
- [Teen Mental Health: How to Know When Your Child Needs Help](#)
- [How Telehealth Can Enhance Mental Health Care](#)
- [Teen Suicide Risk: What Parents Need to Know - HealthyChildren.org](#)

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U.S. Department of Health and Human Services (HHS), National Strategy for Suicide Prevention. Washington, DC: HHS, April 2024.

DIVISION 37 AWARDS

Paula Fite, PhD

President

Do you know a colleague who should be recognized? Please participate in this important awards process. **The deadline for each of the nominations is in January 2025.** Details on each award appear below.

[Diane J. Willis Early Career Award](#) (DUE JANUARY 10)

The Diane J. Willis Early Career Award recognizes **a promising early career psychologist who is working to advance public understanding of mental health and improve the well-being of children and families through advocacy, policy, and service.** The Award is named after Dr. Willis to honor her life-long advocacy on behalf of children and families. Dr. Willis' work cuts across many areas including clinical child, pediatric, developmental, and family psychology. Through her publications, clinical work, mentoring, and 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, or a history of maltreatment. Honorarium of \$2,000 award and travel funds for APA Convention.

Psychologists with doctorate earned within the past 10 years are eligible. Managed with the American Psychological Foundation, nomination letters, nominee CV, 2 letters of support, and other pertinent supporting materials can be uploaded [here](#).

[Nicholas Hobbs Award](#) (DUE JANUARY 10)

The Nicholas Hobbs Award is presented to **a Division 37 member and psychologist who exemplifies the ideals and devotion to child advocacy/policy.** Hobbs was a charter member of Division 37 whose life and work represented the values of the Division. He was the first Director of the John F. Kennedy Center for Research on Education and Human Development at George Peabody College, Provost of Vanderbilt University (1967-75), and then Director of the Center for the Study of Families and Children at the Vanderbilt University Institute for Public Policy Studies. He helped develop innovative research and training programs, and subsequent policy changes, for children with intellectual disabilities and children with chronic illness. Hobbs' work also extended to the Peace Corp where he was the first director of selection and research for the Corp. Hobbs' work and contributions led APA to award him the Distinguished Professional Contributions Award and the Distinguished Contributions to Psychology in the Public Interest Award. He also served as President of APA. See prior recipients [here](#). In addition to an honorarium, the awardee receives travel funds for APA Convention. **Division 37 members who are psychologists with a doctorate are eligible.** Please submit a letter of nomination, the nominee's CV, two letters of support, and other pertinent supporting materials as desired via email to Division 37 President Paula Fite: pfite@ku.edu

Child and Family Citizen Psychologist Award (DUE JANUARY 10)

This award is intended to recognize and showcase a **Division 37 member who contributes to their communities outside of their day-to-day professional duties**. In addition to an honorarium, the awardee may have the opportunity to present a webinar discussing their work. See prior recipients [here](#). To nominate someone for this Award, please submit a letter on how the nominee's role as a psychologist has benefited society, the nominee's CV, and two letters of support (with at least one from a community agency or organization that benefited from the psychologist's efforts) to Division 37's Member-at-Large for Advocacy, Sonia Rubens, srubens@scu.edu.

Distinguished Contribution to Child Advocacy Award (DUE JANUARY 10)

The Distinguished Contribution to Child Advocacy Award is presented annually to a **NON-psychologist who has made significant contributions to advocacy on behalf of children, youth, and families**. In addition to an honorarium, the awardee receives travel funds for APA Convention. See prior recipients [here](#). To nominate someone for this award, please submit a letter of nomination, the nominee's CV, two letters of support, and other pertinent supporting materials as desired via email to Division 37 President Paula Fite: pfite@ku.edu

NEWS & ANNOUNCEMENTS

Lisa Berlin, PhD

Member of Division 37 and Lead Editor for the Society for Research in Child Development [*Social Policy Report*](#)

Social Policy Report Call for Submissions



The editors of [Social Policy Report](#) are now accepting topic proposals and submissions on a rolling basis!

Social Policy Report's new [editorial board](#) has developed new [guidelines](#) for proposing report topics and submitting full manuscripts for peer review.

These guidelines reflect an increased emphasis on policy impact and on the interactions between and among, research, policy, and practice.

A case in point: Check out the most recent *Social Policy Report*, [Creating Partnerships among Researchers, Practitioners, and Policymakers to Maximize Evidence Use](#).

Please feel free to share this announcement widely and please direct any/all questions to SPR@srcd.org.

NEWS & ANNOUNCEMENTS (CONT.)

Amy Damashek, PhD

Incoming Fellows Chair for Division 37

Seeking Applications for Fellowship Status!

Become a Fellow of Division 37!

Division members who have earned their PhD, who have at least 5-years of post-PhD experience, and who have made “unusual and outstanding contributions or performance in the field of psychology” are eligible to apply for Fellow status in the Division. Per [APA's Fellows page](#): “Fellow status is an honor bestowed upon APA members who have shown evidence of **unusual and outstanding contributions or performance in the field of psychology**. Fellow status requires that a person's work has had a **national impact** on the field of psychology beyond a local, state or regional level.” Additionally, applicants must have **at least 5 years of experience since earning their doctoral degree** and have been a member of the APA and the nominating division for at least one year. Thus, Fellow status is typically granted to individuals who are **mid-career** (i.e., post-tenure) and beyond. Below is information about the two pathways to becoming a Fellow. There are two pathways to becoming a Fellow of Division 37:

Pathway 1: You are not already an APA Fellow but meet the criteria for Fellow status.

You are invited to apply for Fellow status using the steps below. **Applications are accepted until December 1st** and go through multiple levels of review. The process is:

1. The applicant creates an online application for Fellow status through the portal on the [APA Fellows page](#) and submits a CV and a self-statement.
2. The applicant enters the names of at least 3 APA Fellows (preferably in Division 37) who have agreed to endorse their application (the list of current Fellows can be accessed from the APA Fellows page).
3. The endorsers submit their letters of support.
4. For Division 37, **all materials must be received by December 1st**. Applications are only reviewed once per year, in December.
5. The application is reviewed by the Division 37 Fellows Committee.
6. The Fellows Committee Chair writes a statement in support of applicants the committee recommends for Fellow status by mid-February.
7. The Division's Fellows Committee makes its recommendations to the APA Fellows Committee.
8. The APA Fellows Committee reviews all applications and makes recommendations to the APA Board of Directors and APA Council.
9. Final approval of Fellow status is made by the Board of Directors and Council and announced over the summer.

Pathway 2: You are already an APA Fellow in another Division.

We would love to have you also be a Fellow in Division 37! Just email your CV and a one-page personal statement summarizing your contributions to child and family research, policy, or practice to the Chair of the Fellows Committee. The deadline for consideration is **June 1st**.

If you have any questions about either process, please contact the current Fellows Committee Chair, Amy Damashek, at Amy.Damashek@wmich.edu.

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CONNECT WITH US

MISSION STATEMENT

The Society for Child and Family Policy and Practice (Div. 37 of the American Psychological Association; formerly Div. 37: Child, Youth and Family Services) is committed to the application of psychological knowledge to advocacy, social justice, service delivery and public policies affecting children, youth, and families in a diverse and inclusive society. The society advances research, education, training, and practice through a multidisciplinary and culturally informed perspective. The society is interested in supporting culturally informed, evidence-based practice that promotes health equity with underserved and vulnerable populations.

JOIN THE LISTSERV

Please join us on the [Div. 37 Email List \(apadivisions.org\)](https://apadivisions.org) to communicate with other Division members about upcoming meetings, funding opportunities, research, practice and policy relating to children, youth and families. To subscribe please follow the above link for instructions.

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