I will admit to having complained in previous years about the Convention program being light on child maltreatment sessions – not so this year! The final program should be available on the APA website in the very near future, so make sure to double-check these sessions once that happens. The days/times here are correct as of this writing, but could still be changed by APA. I sincerely hope that most members will be attending this year, and encourage each of you to introduce yourself to me as a member if you get the opportunity.

A Collaborative Symposium titled, Cross-Cultural Adaptation of a Violence Prevention Project – ACT Parents Raising Safe Kids is slated to kick things off at 8am Thursday. ACT Parent Raising Safe Kids is a program that APA created and launched to educate parents and other adults who raise and care for young children to create early environments that protect them from violence (http://www.apa.org/pi/prevent-violence/programs/act.aspx). The Section’s Executive Committee Meeting is scheduled for 10am that morning. It is our only in-person meeting all year to discuss the business of the Section. If you have discussion or action items you would like placed on the agenda, please let me know. Division President Sharon Portwood’s symposium (Innovative Approaches to Building and Sustaining Child Maltreatment Prevention Programs) is set for 1pm Thursday. Section members and anyone else interested in child, youth and family issues are invited to a Joint Social Hour with Divisions 7, 16, 37 & 53 along with CYF, from 5-7pm Thursday. This is typically a great networking and membership recruitment event. Please come, and bring friends!

Friday at noon is the only Division 37 poster session, during which Division and Section award committee members will be reviewing student posters for awards. At 4pm, plan to head over to Sara Maltzman’s Interdivisional Task Force on Youth in Transition Symposium, showcasing the work of the efforts related to foster youth that she started while Member-at-Large for the Section Executive Committee. Later that evening please plan to join us for a Social Hour & Service Event: Jointly hosted by Division 37 ECP and Section on Child Maltreatment, and later the Student Social Hour from 7-9pm. More information on the community service event will come via email to members. Please join us in supporting children and families in the communities that host the APA Convention.

Section Past President Mary Haskett’s task force will present on their efforts in a symposium titled, Promoting the Well Being of Children and Parents Who Are Experiencing Homelessness on Saturday at 1pm. Division 37 will be presenting the Distinguished Contribution to Child Advocacy Award to Des Runyon in a session Saturday at 2pm. Immediately following that is the 37th Anniversary Celebration of Division 37, at 4pm - another great networking opportunity.

You will want to get up early on Sunday to catch a Collaborative Symposium on Integrating Multiple Systems of Care for Youth in Foster Care at 8am. From 11am-1pm Sunday, I am chairing an innovative panel on Contextual and Environmental Approaches to Preventing Child Maltreatment, which unfortunately overlaps with another interesting symposium at noon titled, Pressing Issues in Child Custody Cases — Supporting Goats, Supporting Kids. Although I hate that members and others interested in child maltreatment will have to choose between them, it is nice that we have so many relevant programs of interest to our members this year.

Safe travels to all who will be attending Convention. To those who cannot attend, we will miss you!
Supervising children is a key aspect of effective parenting. Supervision is critical for preventing a host of negative child and adolescent outcomes including: unintentional injuries, sexual assault during adolescence, and delinquent behavior (Damashek & Kuhn, 2013; Hoeve et al., 2008; Livingston, Hequembourg, Testa, & Vanzile-Tamsen, 2007). Within the area of child maltreatment, a large percentage of maltreated children experience supervisory neglect (Pears, Kim, & Fisher, 2008). Moreover, research suggests that inadequate caregiver supervision plays a significant role in slightly less than half of child maltreatment as well as non-maltreated child injury deaths (Damashek, Drass, & Bonner, 2014; Landen, Bauer, & Kohn, 2003; Truba & Damashek, 2013). Research on the types of injury that are related to inadequate caregiver supervision among young children indicates that such injuries are most commonly related to drowning, fire, and pedestrian activity (Landen et al., 2003; Damashek et al., in press). Moreover, injury data from the Centers for Disease Control and Prevention indicate that the leading causes of death for children ages 1-4 include drowning, burns, and pedestrian injuries (Borse et al., 2008). Thus, adequate caregiver supervision is a crucial means for preventing deaths among young children.

Given the important role of caregiver supervision in preventing serious injuries among young children, effective interventions are needed to educate and train caregivers in providing appropriate levels of supervision. Developing educational materials may be challenging because it is difficult to reach professional consensus about appropriate guidelines for supervising young children. Part of this lack of consensus is related to the fact that supervision needs change as a result of environmental hazard levels and children’s developmental status (Peterson, Ewigman, & Kivlahan, 1993). Despite these challenges, evidence based interventions in this area are needed.

Interventions for improving supervision should include information about risks to children’s safety and the importance of supervision in preventing injury. Interventions should also address barriers to parents’ provision of close supervision. Research has found that younger caregivers, those of lower socioeconomic status, and those with a less positive relationship with their child may provide lower levels of supervision than other caregivers (Damashek & Borduin 2007; Soori & Bhopal, 2002). Moreover, research on child maltreatment fatalities indicates that having more children in the home is related to increased risk for dying as a result of inadequate supervision (Damashek et al., 2014). Other barriers to supervising closely may include caregiver psychopathology, substance abuse, stress, or marital discord, all of which may make it challenging for caregivers to focus their attention on their young children. Moreover, lack of financial resources and social support may make it difficult to find appropriate substitute care when caregivers need to work or attend to other life responsibilities.

It may also be important to operationalize supervision into concrete behaviors in order to provide clear instruction to caregivers in terms of how to supervise appropriately. In other words, it may not be adequate to tell caregivers that they need to watch their children more closely. Saluja and colleagues (2004) suggest that supervision is comprised of three main aspects, including proximity, attention, and continuity (i.e., intermittent or constant). Although these dimensions are helpful in terms of defining supervision, they might not be easily translated to clear instructions for caregivers. Caregivers are likely to also need instruction in terms of how to weigh factors such as child age, temperament,
and environmental hazard level to determine how closely they need to supervise their child to keep her/him safe.

Morrongiello and colleagues (2013) recently developed and rigorously evaluated an intervention (‘‘Supervising for Home Safety’’) designed to prevent unintentional child injuries among 2-5 year-olds by increasing caregiver supervision. The intervention includes presentation of a video to parents that is designed to raise their awareness about the importance of supervision for injury prevention. The video also contains information about the relation of children’s developmental level and their risk for injury and strategies for providing appropriate supervision. After viewing the video parents engage in a structured discussion with an interventionist in which they create a radio ad about the importance of close supervision for young children. Parents also then identify barriers to providing close supervision to their children and use a structured problem solving approach to generate realistic solutions to these barriers. Before leaving the session, parents sign a behavioral contract indicating that they will use the strategies that they identified. They also are sent home with a card that lists their strategies for supervising their children more closely.

Initial evidence for Supervising for Home Safety is promising. In a randomized controlled trial, Morrongiello and colleagues (2013) found that caregivers in the intervention group showed significant increases in the amount of supervision (both self-reported and observed) that they provided to their children; such increases were not found in the control condition. Although this intervention holds promise, an important limitation is that participants were largely middle- to upper income families. Families who are at risk for supervisory neglect are often low-income families with significant stressors (Drake & Pandey, 1996). Thus, it’s unclear whether the intervention would generalize to such families. For example, it is unknown whether the video would be perceived as culturally appropriate to lower income families. It is also possible that families at risk for neglect may need more concrete instruction in methods for supervising appropriately. Moreover, it may be necessary to deliver such an intervention in families’ homes to reduce barriers to attendance and to more effectively problem-solve barriers to close supervision.

In summary, inadequate caregiver supervision is a significant risk factor for serious child injury. Although supervisory neglect is common among maltreated children, little progress has been made in the area of intervention. Interventions that adequately address the needs of families at risk for supervisory neglect and severe unintentional child injuries are needed. Such interventions should be culturally appropriate and should provide clear instruction in strategies for supervising young children. Such programs also should address barriers that low-income families may face, such as lack of financial resources and social support.

References
Amalia Corby-Edwards
Senior Legislative and Federal Affairs Officer
APA Public Interest Government Relations Office

Public Interest Government Relations Office (PI-GRO) Welcome New Staff Member
Amalia Corby-Edwards joined PI-GRO in February as a Senior Legislative and Federal Affairs Officer. Prior to joining APA, she was a health policy analyst at the Congressional Research Service (CRS), the non-partisan research and analysis division of the Library of Congress, which provides expert analysis to members of Congress and staff. Before joining CRS, Amalia worked at the Department of the Treasury, where she administered studies of taxpayer behavior. Her past experience also includes coordinating with local law enforcement, coroners and medical examiners in the state of Wisconsin for the pilot phase of the National Violent Death Reporting System, and as a clinical research coordinator at BloodCenter of Wisconsin. She completed her MS in epidemiology at the Medical College of Wisconsin, and holds a Bachelor of Arts from the University of Wisconsin.

Testimony for Senate HELP on Children’s Mental Health Treatment Options
PI-GRO, in collaboration with the APA’s Children, Youth and Families Office and Education GRO, submitted testimony to the Senate Health, Education, Labor and Pensions Committee for their Feb. 25 hearing on mental health treatment options and trends for children and adolescents. The testimony
- Described the needs of low-income children and adolescents;
- Called for federal action to ensure that all children and adolescents have access to evidence-based, culturally competent care;
- Urged Congress to invest in programs that support the behavioral health workforce; and
- Expressed APA’s continued concern regarding the use of anti-psychotic medications as a substitute for behavioral health interventions, a concern shared by the committee.

Renewing Focus on Juvenile Justice
APA recently signed on to coalition letters supporting reforms to federal juvenile justice policy. One urged a key Senate Republican to cosponsor the Youth PROMISE Act (S. 1307). This legislation seeks to create funding for community planning, implementation, and evaluation of evidence-based and promising practices that prevent and intervene in youth violence and delinquency. The other letter urged members of the U.S. House to support the Prohibiting Detention of Youth Status Offenders Act (H.R. 4123). This bill would create a penalty for states that fail to eliminate the valid court order (VCO) exception for status offenders—youth who commit acts that amount to crimes only because of their status as a minor (e.g., possession of tobacco or alcohol, truancy violations, running away).

Continuing Efforts around Psychotropic Medications
APA joined other national organizations in urging U.S. House and Senate leadership to support federal efforts to reduce the use of psychotropic medications among foster youth. Recent data for those using Medicaid show foster care youth prescribed psychotropic medications at higher rates and greater dosage than their non-foster care peers. The
President’s budget for the upcoming fiscal year asks Congress to provide $100 million to the Centers for Medicare and Medicaid Services and $50 million to Administration on Children and Families to begin addressing the problem. The joint effort aims to build capacity to provide these young people with evidence-based mental health screening, assessment, and psychosocial interventions.

APA’s longstanding priority on these issues stem from the 2006 Report of the Working Group on Psychotropic Medications for Children and Adolescents, as well as the association’s numerous policies on children’s mental health.

Support for CCDBG Reauthorization

APA joined national partners in supporting reauthorization of the Child Care and Development Block Grant (CCDBG). The Child Care and Development Block Grant Act of 2014 (S. 1086) would reauthorize the program and make changes to better protect the health and safety of children in child care settings across America. More information on this bill is available on the APA website. S. 1086 passed the Senate on March 13 and awaits further action in the House. APA will continue to work with APA members and experts, key partners, and coalitions, to advocate for the successful enactment of this important piece of legislation.

Advocacy for Perinatal Depression Screening

On March 19, PI-GRO held an advocacy day for participants in the Leadership Institute for Women in Psychology. Participants led advocacy visits to more than 40 Congressional offices to discuss paycheck fairness and perinatal depression screening. APA also submitted comments in April to a government-led review of depression screening guidelines; in our comments, we encouraged reviewers to design their research to allow adequate consideration of perinatal depression screening.

FY2015 Appropriations

The FY2015 appropriations cycle is underway. APA joined with a number of national partners to support funding for programs that affect children, youth, and families, including: the Child Abuse Prevention and Treatment Act; Head Start and Early Head Start, the Child Care and Development Block Grant; the Individuals with Disabilities Education Act (IDEA); and 21st Century Community Learning Centers. PI also submitted report language supporting appropriations for postpartum depression screening.

Re-Launch of APA Grassroots Advocacy Tool

The Public Interest Government Relations Office, in collaboration with the Education and Science GRO’s, recently re-launched its grassroots advocacy network. Please consider signing-up to receive alerts from the brand new Federal Advocacy Network. If you join, you will receive emails every few weeks asking you to take action on issues of critical importance to psychologists and the people they serve. Please go to the following link to sign up: http://www.apa.org/pubs/newsletters/access/2014/02-11/federal-action.aspx
Preventing Maltreatment of Young Children of Adolescent Mothers

Cindy Y. Huang  
Postdoctoral Scholar, UC Davis

Joy S. Kaufman  
Department of Psychiatry, Yale University

Adolescent mothers are at increased risk for experiencing parenting stress (Emery, Paquette, & Bigras, 2008) and depression (Barnet et al., 1996; Lanzi, Bert, & Jacobs, 2009) compared to adult mothers and non-parenting adolescents. As a result, the children of adolescent mothers are at increased risk for experiencing negative outcomes such as poor development, difficulties in school, and psychological distress. Children of mothers age 17 and younger are more likely than those born to mothers age 20-21 to be impulsive or overactive, and to suffer from anxiety, loneliness, low self-esteem, or sadness (Terry-Humen, Manlove, & Moore, 2005). Given the increased risk for parenting stress and depression, adolescent mothers are at risk for engaging in behaviors that result in child maltreatment. In fact, research has shown that the children of adolescent mothers are two times more likely to experience abuse and neglect (Hoffman, 2006). Thus, working with adolescent mothers on promoting their mental health and parenting supports can mitigate these potentially harmful behaviors, and is critical in the prevention of maltreatment for these children.

Prevention of teenage pregnancy is a central component of eliminating the potential difficulties and negative outcomes for adolescent mothers and their children. Recent studies have attempted to examine the impact of protective factors for adolescent mothers with the goal of preventing negative outcomes such as child maltreatment. Factors such as high self-esteem and more social support have been associated with positive outcomes, including higher education attainment goals (Woodward, Fergusson, & Horwood, 2001), lower levels of maternal depression (Huang et al., 2014), positive child development (Huang et al., 2014), and lower parenting stress over time (Huang et al., under review). These studies provide crucial information on how preventive programs can target specific aspects of maternal mental health in adolescents. For example, since self-esteem is critical in coping with the stressors of adolescent parenthood, this needs to be assessed. Service providers could talk with young mothers about the resources they have available (both individual and social) that help them cope. In this way, services and supports could ensure that individual needs are being met and that appropriate services are being provided.

An Example of a Community-based, Pregnancy Prevention Program

The Bridgeport Pregnancy Prevention Program (BPPP), a collaborative effort between Bridgeport Public Schools and the Greater Bridgeport Adolescent Pregnancy Prevention Program, aimed to maximize positive outcomes for adolescent mothers and their children through psychoeducation on parenting and providing home visitation services to pregnant/parenting adolescent mothers. Using an adapted version of the Prenatal and Infancy Home Visitation by Nurses model (Olds, 1998), parent aides visited the homes of the pregnant/parenting adolescents and worked to improve them improve their prenatal health, provide information on infant and toddler care knowledge (e.g., developmental milestones), improve adolescent development (e.g., self-esteem, stress, mental health functioning), and educational and employment goals and achievement.
An evaluation of this program yielded positive results. Adolescent mothers who participated in BPPP were more likely to stay in school and less likely to have a repeat pregnancy compared to a comparable sample of adolescent mothers who did not receive the intervention. Furthermore, focus group results indicate that adolescents who received BPPP felt more skilled at parenting their babies and developed more skills through the aide of the program staff, which supported their ability to stay in school. These findings suggest that a social support, psychoeducational program such as BPPP has the potential to promote positive mental health for adolescent mothers and in turn, prevent negative outcomes for their children.

References


Hello from your ECP (Early Career Psychologist) Co-Chairs, Barbara Oudekerk and Lauren Stokes! We are thrilled to introduce the recipient for the 2014 Early Career Award for Outstanding Contributions to Research, Kristin Valentino. Dr. Valentino is truly deserving of this prestigious award. In the last six years as an ECP, she has clearly established a strong program of research and interventions for child maltreatment.

Dr. Valentino is an Assistant Professor of Psychology at the University of Notre Dame. She received her Masters of Arts and Doctoral Degree from the University of Rochester and completed her internship (Zigler Fellow) and postdoctoral training at the Yale Child Study Center. Dr. Valentino received extensive training in child maltreatment and developmental psychopathology from two leading experts and pioneers in our field, Drs. Dante Cicchetti and Sheree Toth. Under their mentorship, Dr. Valentino began solidifying her program of research that includes basic science, theoretical, and translational science components. She is interested in the transactions between a child with a history of maltreatment, his/her family, the community, and the child’s culture. Particularly, she is interested in how the integration of biological, psychological, and environment factors can inform our understanding of the development of children’s self, memory, and psychopathology. Dr. Valentino’s specific research questions include, “(1) How does maltreatment affect self and cognitive development? (2) What factors affect the typical and atypical development of autobiographical memory? (3) How does maternal trauma affect child development? (4) How can developmental research be translated into clinical interventions for maltreated children?”

In addition to her specialized area of research, Dr. Valentino received training at the National Center for Children Exposed to Violence in the development of empirically supported treatments for child traumatic stress and is motivated to develop effective interventions for maltreated children and their families. Her passion and commitment is evidenced by her recent RO1 award from the Eunice Kennedy Shriver National Institute of Child Health and Development to evaluate a brief, in-home intervention for maltreated preschool-aged children and their mothers. Her longitudinal, randomized clinical trial will examine the intervention’s efficacy in training mothers in elaborative and emotionally supportive reminiscing to support maltreated children’s cognitive and emotional development.

Dr. Valentino is also active in mentorship of undergraduate and graduate students, professional community activities including many invited talks, and most recently was appointed to the Editorial Board of the journal Child Maltreatment. Her future career plans
are to utilize her expertise in developmental psychopathology towards a better understanding of the development of self and of memory in relation to psychopathology and early parent-child interactions, and to continue developing intervention and prevention programs for maltreated children.

Dr. Valentino kindly shared with us her advice for new ECP’s as they embark on their career:

“\textit{I think the best advice I ever received was to always aim high and keep moving forward. If you spend your time on high-quality work, why not submit it to the best journals or apply for the most competitive grants? If it doesn’t get accepted, you’ll at least get useful feedback (most of the time) that you can use to turn it around into a new submission elsewhere. We all receive negative feedback, but it’s how you respond to it that differentiates those who are successful from those who are not. I think the most successful people believe in the importance of their work and persevere by using peer critique to keep learning and improving.}”

Thank you, Dr. Valentino, for sharing your experience, insight, and advice with the Section on Child Maltreatment. We appreciate your support and leadership!

The Early Career Award for Outstanding Contributions to Research/Practice in the Field of Child Maltreatment

Beginning in 2002, Section I of Div. 37 instituted a new award to recognize researchers and practitioners who have made substantial contributions to the field within eight years of receiving a terminal degree and who have demonstrated the potential to continue such contributions.

The award rotates annually between an outstanding new practitioner, and an outstanding new researcher.

We are always interested in learning more about our Section ECPs. If you would like to nominate an ECP for our ECP Spotlight, please contact Barbara Oudekerk (bao2b@virginia.edu) or Lauren Stokes (laurendstokes@aol.com).
As Spring changes into Summer, psychology graduate students often have to bring several kinds of relationships to an end. We are leaving practicum placements, terminating with therapy clients, saying goodbye to supervisors, and some of us are even leaving our graduate institutions for pre-doctoral internships or post-doctoral fellowships—bidding classmates, committee members, and mentors adieu. This month, our Student Corner column is dedicated to offering advice on how to use “goodbyes” as a time for growth.

One of the most difficult challenges clinical psychology doctoral students face in their psychotherapy training is learning to carefully, appropriately, and effectively terminate with clients. Sometimes, you will be transferring your client to another therapist in the same agency. In that case, it can be helpful to meet with the new therapist to summarize your work and suggest next steps, with your client’s permission and according to laws protecting patient privacy. When the case is ending, we have three recommendations culled from the literature and consistent with our own experiences.

- **Plan for the ending at the beginning:** In her book on therapy termination, Denise Davis (2008) argues that termination actually begins during the intake interview. It can be difficult to keep termination in mind during the diagnosis and treatment planning stage, but once a student therapist has learned to work toward the goal of termination from day one, it becomes much easier to focus on interventions that really work in the client’s environment and to keep a focus on generalization throughout treatment.

- **Reflect together:** Arthur Freeman called termination a time to discuss “what has been gained, changed, improved, reduced, and made better” and “not a single moment in time, but a culmination and synthesis” in his introduction to Davis’s (2008) book. These remarks highlight that the sessions taking place at the end of a therapy relationship should not look like sessions from the beginning or middle of treatment. The student therapist should structure these sessions to be reflective on the progress made so far and to connect different achievements and barriers into a comprehensive whole. The therapist and client should be constructing a collaborative narrative of what therapy has meant and how the skills and lessons learned will help the client moving forward.

- **Understand that you should not be indispensable:** Many psychology students have entered this field because they want to help children and families with maltreatment histories, and because our personalities make connecting with others easy and fulfilling. It can be difficult to keep in mind that, in therapy, our goal is help our clients get to a point where they no longer need us. When clients state that they are terminating therapy because they need more independence or because they have become involved in new meaningful relationships, this is predictive of positive outcomes (Roe, Dekel, Harel, & Fennig, 2006). Expect your clients to reorient away from their relationship with you and toward other important people in their lives as they make therapeutic gains.
Whereas terminating therapy with clients is often a permanent “goodbye,” ending official relationships with supervisors, colleagues, and mentors does not preclude an enduring meaningful connection going forward. Both of us have had a lot of experience with ending relationships like these as we near the completion of our graduate training, and want to share three tips that might help you make the most of end-of-the-year transitions.

- Make time to formally say good-bye: It is easy to get caught up in taking care of business at the end of the year, but it is helpful to schedule time together that is protected from work. This can be a formal event (especially with some food served!) that involves recognizing achievements and talking about what’s next. Expect to feel mixed emotions—both satisfaction and sadness mark that you’ve been part of a successful collaboration (Driscoll, 2007).

- Keep in touch: Be sure to get contact information, such as email addresses and phone numbers. You may be able to keep up with other professionals through websites like LinkedIn (www.linkedin.com), ResearchGate (www.researchgate.net), or Google Scholar (scholar.google.com), for instance.

- Transition to new roles within your relationship: It may also be important to your future academic success to stop writing papers with a mentor or advisor, in order to demonstrate independence and open yourself to new collaborative experiences. This does not mean you end your relationship, but the way you interact with a mentor should change as you progress in your career. You will still want to go to your past mentor for advice, but you should begin to come into your own as a colleague instead of a mentee (Detsky & Baerlocher, 2007).

Regardless of the type of ending a student is facing at the end of the academic year, it is important to keep in mind the “recency effect” (Murdock, 1962). That is, our memories are improved for events occurring at the end of a series. We encourage you all to put effort and purpose into the final weeks of Spring, as those last moments may define how those you have worked with this year remember you in the future.

References
Section Elections

The Section on Child Maltreatment will hold an election for two positions on the Executive Committee, with terms to begin January 1, 2015. Nominations are now being sought for these positions:

President-Elect
Member-at-Large

- **President-Elect**: The President-Elect serves a 2-year term, performing the duties traditionally performed by a vice president. The term is followed by a 2-year term as President of the Section on Child Maltreatment.

- **Member-at-Large**: Each of the Section’s three Members-at-Large provide direction to the Executive Committee and, in consultation with the other members of the Executive Committee, create and carry out at least one project over his or her 3-year term.

Participation on the Section Executive Committee helps to promote the mission of the Section and is an effective way of starting or expanding participation in a range of Section, Division, and APA activities. Previous experience in Section or Division activities is not required, and people who have never held an office in APA and who are eager to participate in Section activities are encouraged to apply. To run for and to serve in office, membership in the Section is required.

All terms begin January 1, 2015

Self-nominations are encouraged. Self-nominations may be made by sending a vitae and letter of interest. Those wishing to nominate someone else should check to see that he or she would be willing to accept the nomination, and then submit a letter of nomination and the candidate’s CV.

Nominations must be received by October 15, 2014 so that candidates will have sufficient time to submit a brief statement that will be printed with the ballot.

All nominations should be sent to:
Mary E. Haskett
Past-President, Section on Child Maltreatment
Mary_haskett@ncsu.edu
Recent Member Publications


Section Executive Committee

**President**
Jennifer Kaminski  
Child Development Studies Team  
National Center on Birth Defects and Developmental Disabilities  
Centers for Disease Control and Prevention  
1600 Clifton Road, MS-E88  
Atlanta, GA 30333  
Email: anu1@cdc.gov

**President-Elect**
Penelope Trickett  
David Lawrence Stein/Violet Goldberg Sachs Professor of Mental Health  
School of Social Work and Professor of Psychology  
Dornsife College of Letters, Arts, and Sciences  
University of Southern California, Los Angeles, CA  
Plumtree Road, Rancho Palos Verdes, CA, 90275  
Email: pennyt@usc.edu

**Past-President**
Mary Haskett  
Department of Psychology  
North Carolina State University  
Poe Hall 640, Box 7650  
Raleigh, NC 27695-7650  
Email: Mary_Haskett@ncsu.edu

**Secretary**
Stephanie Block  
Assistant Professor  
University of Massachusetts Lowell  
113 Wilder Streer, Suite 300  
Lowell, MA 01854-3059  
Email: Stephanie_Block@uml.edu

**Treasurer**
Susan Hall  
Associate Professor of Psychology  
Pepperdine University Graduate School of Education and Psychology  
24255 Pacific Coast Hwy, Malibu, CA 90263-4608  
Email: shall@pepperdine.edu

**Member-at-Large**
Steve Ondersma  
Associate Professor  
Merrill-Palmer Skillman Institute  
Wayne State University  
71 E. Ferry Avenue  
Detroit, MI 48202  
Email: sondersm@med.wayne.edu

**Member-at-Large**
Yo Jackson  
Associate Professor  
Clinical Child Psychology Program.  
University of Kansas  
1000 Sunnyside Ave., Room 2013  
Lawrence, KS 66045  
Email: yjackson@ku.edu

**Member-at-Large**
Christina M. Rodriguez  
Associate Professor  
Dept. of Psychology  
The University of Alabama at Birmingham  
231F Campbell Hall, 1720 2nd Avenue South  
Birmingham, AB 35294-1170  
Email: cmrpsych@uab.edu

**Membership Chair**
Jenelle Shanley  
Associate Director of Training  
National SafeCare Training & Research  
Assistant Professor  
Georgia State University  
PO Box 3995  
Atlanta, GA 30302-3995  
Email: jshanley@gsu.edu

**Newsletter Editor**
Yvonne Humenay Roberts  
Research Analyst  
Casey Family Programs  
2001 Eighth Avenue, Suite 2700  
Seattle, WA 98121  
Email: yroberts@casey.org
Section Program Chair
Tisha Wiley
Health Scientist Administrator
National Institutes of Health
6001 Executive Boulevard, Room 5194, MSC 9589
Bethesda, MD 20892
Email: tisha.wiley@nih.gov

Chair of Communications and Technology Committee
Kimberly Burkhart
Postdoctoral Clinical Child Psychology Fellow
Nationwide Children’s Hospital
495 East Main Street, Suite A
Columbus, OH 43215
Email: Kimberly.Burkhart@nationwidechildrens.org

ECP Committee Co-Chair
Lauren Drerup Stokes
Postdoctoral Fellow in Clinical Psychology
1016 Calais Circle
Alexandria, LA 71303
Email: laurendstokes@aol.com

ECP Committee Co-Chair
Barbara A. Oudekerk
University of Virginia
Department of Psychology
102 Gilmer Hall
P.O. Box 400400
Charlottesville, VA 22903
Email: bao2b@virginia.edu

Graduate Student Co-Representative
Anna Westin
Doctoral Student
University of Maryland, Baltimore County
UMBC Psychology Department M/P 313, 1000 Hilltop Circle
Baltimore, MD 21250
Email: aw10@umbc.edu

Graduate Student Co-Representative
Caitlin Smith
Doctoral Student
University of Southern California
3620 McClintock Avenue/SGM 501
Los Angeles, CA 90089
Email: caitlias@usc.edu