President’s Column

Jennifer Kaminski, PhD

At the beginning of my term as Section President, two years seemed like such a long time. Now that it is almost over, I find myself wondering how it could be ending so soon! I am excited to hand over the reins to Penny Trickett, who will serve her two-year term as Section President starting in January 2015. With that turnover, Past President Mary Haskett retires from her six-year stint in the Presidential track on the Section Executive Committee. I will be forever grateful to Mary for serving as a model of leadership both scientifically and professionally. Member at Large Yo Jackson’s three year term also ends in December, though she will continue her initiative on Systems of Mental Health Care for Youth in Foster Care. Her initiative has two primary goals: (1) Create a sub-group of experts who can provide opinions about what is and what is not working in the system to meet the mental health needs of youth in foster care and organize those views into a comprehensive report; and (2) develop a research agenda on the mental health needs of foster youth and policy issues that may work to improve the care of kids in the foster care system. We will certainly alert Section members when those products are available.

Elections will be held soon for a new 2015-2016 President-Elect and Member-at-Large. Please remember to vote…we are a small (but committed!) Section, and every vote really can make a difference. As next year’s Past President, it will be my responsibility to identify candidates for Section Offices. If you have considered running for an office but hesitated, please reach out to me so I can answer any questions you have and give you my best sales pitch. Whether you are earlier or later in your career, more academic or more clinically inclined, the Executive Board and the Section would benefit from your perspective. Be on the lookout for more recruiting propaganda from me next summer.

In addition to our Executive Committee meeting and exciting symposia at Convention, we presented three awards. The Section on Child Maltreatment Early Career Award for Outstanding Contributions to Research was presented to Kristin Valentino, PhD at the University of Notre Dame. The Section on Child Maltreatment Dissertation Grant Award was presented to Helen Masland Milojevich, MA at the University of California, Irvine for her dissertation titled, “The Role of Maltreatment on Adolescents’ Development of Emotional Competence.” Division 37’s Graduate Student Representative, Linda McWhorter, was honored as the Student Poster Award winner, for her poster, “Associations among Caregiver Psychological Factors, Parenting Behavior, and Child Maltreatment.” These awards represent exceptional and diverse contributions to the field, and you can bet on these names popping up more in the future.

In closing out this column and my term as Section President, I would like to thank Section members for their continued commitment to the field of child maltreatment. Although I wear many hats, and work in a variety of child and family areas, this one is closest to my heart. Knowing that we have such a dedicated group of members who are all trying to help children affected by or at risk for maltreatment makes it easier for me to keep forging ahead when obstacles arise.

As always, members should feel free to reach out to me at jkaminski@cdc.gov with any suggestions or concerns they have regarding the Section.
Youths under the age of 18 years account for approximately 17% of all arrests for sexual crimes (Federal Bureau of Investigation, 2013), an arrest statistic that is especially disturbing when one considers that the ratio of self-reported to adjudicated sexual crimes by juveniles is approximately 25:1 (Elliott, 1995). In addition, these crimes have extremely detrimental emotional, physical, and economic effects on victims, their families, and the larger community (Chapman, Dube, & Anda, 2007; Cohen, Miller, & Rossman, 1994). Furthermore, youths who commit sexual offenses experience numerous psychosocial problems in adolescence (Ronis & Borduin, 2007) and adulthood (Ronis & Borduin, 2013). Taken together, the considerable consequences of youth sexual crimes argue for the development of effective treatment approaches.

Research suggests that juvenile sexual offenders have more in common with other delinquent youths than is generally assumed and experience problems in multiple domains (e.g., family, peer, and school contexts; see Ronis & Borduin, 2007; Van Wijk et al., 2005). Thus, it follows that effective, comprehensive treatments for juvenile nonsexual offending hold promise in the treatment of juvenile sexual offending. Multisystemic Therapy (MST; Henggeler & Borduin, 1990) is an intensive family- and community-based treatment that has demonstrated significant effects on violent and chronic criminal behavior in youths in more than a dozen clinical trials (see Henggeler, 2011, for a review). This article provides an overview of the adaptation of MST to the treatment of youths with sexual behavior problems, known as MST for Problem Sexual Behaviors (MST-PSB; Borduin, Letourneau, Henggeler, & Swenson, 2009). The MST-PSB approach is designed to address the multiple factors associated with problem sexual behavior1 for a given youth.

Family systems theory (e.g., Minuchin, 1985) and the theory of social ecology (Bronfenbrenner, 1979) serve as a basis for case conceptualization and treatment planning in MST-PSB. These theories share a focus on understanding how emotional and behavioral problems “fit” within the individual’s social-ecological context and emphasize the reciprocal and circular nature of such relations. In addition, given that MST-PSB is used with complex clinical cases, the treatment does not follow a rigid protocol with session-by-session breakdowns of recommended clinical procedures. Instead, the development and delivery of interventions in MST-PSB is based on 9 treatment principles (see Borduin, Letourneau, et al., 2009). Within the context of these principles and the social-ecological conceptual framework, MST-PSB therapists select and implement well-validated treatment strategies derived from strategic family therapy, structural family therapy, behavioral parent training, and cognitive-behavioral therapy.

MST-PSB is usually delivered by a master’s level therapist carrying a caseload of four to five families, with a typical course of treatment lasting 5 to 7 months. The MST-PSB therapist is a generalist who directly provides most mental health services and coordinates access to other important services (e.g., medical, educational, recreational). To remove barriers to service access for this challenging clinical population, therapists have flexible hours (e.g., evenings, weekends) and deliver treatment in settings convenient for the family.
(e.g., home, school, community). Therapists match intensity of treatment to clinical need, spending more time with families in the initial weeks of therapy (e.g., three to four times per week if indicated) and tapering off during the course of treatment.

MST-PSB focuses on aspects of the youth’s ecology that are functionally related to the problem sexual behavior. At the family level, MST-PSB interventions often aim to (a) reduce caregiver and youth denial about the sexual offenses and their sequelae; (b) remove barriers to effective parenting; (c) help caregivers develop plans for risk reduction, relapse prevention, and victim safety; and (d) promote affection and communication among family members. At the peer level, interventions are conducted by the youth’s caregivers, with the guidance of the therapist, and often consist of active support and encouragement of relationship skills and associations with nonproblem peers, as well as substantive discouragement of associations with deviant peers (e.g., applying significant sanctions). Likewise, at the school level, the therapist helps caregivers to develop strategies for monitoring and promoting the youth’s academic performance (e.g., establishing improved communication between caregivers and teachers, restructuring after-school hours to promote academic efforts).

There are also some circumstances in which MST-PSB therapists engage in short-term individual treatment with a youth and/or the youth’s caregiver (e.g., continued serious aggressive or impulsive behavior after systemic interventions have been consistently implemented). In such instances, factors such as cognitive distortions, comorbid mental health problems (e.g., anxiety, depression), and recent or past victimization are assessed as possible contributing factors to the problem sexual behavior. When relevant, these factors are typically targeted using individual cognitive-behavioral interventions (e.g., role-play and perspective-taking exercises, behavioral contingencies, self-monitoring), although other interventions are also used in some cases (e.g., psychopharmacological treatment for a serious psychiatric disturbance, multicomponent behavior therapy for substance abuse). The MST-PSB therapist makes every effort to implement individual youth interventions in the presence of caregivers to ensure that the cognitive and behavioral changes initiated during these interventions can be reinforced and modeled by caregivers and sustained in the home and other settings (e.g., school, neighborhood).

Three clinical trials of MST-PSB with juvenile sexual offenders are the only randomized trials that have been conducted with this population to date. In the first trial (Borduin, Henggeler, Blaske, & Stein, 1990) with a modest sample \((N = 16)\), results at a 3-year follow-up revealed that MST-PSB was more effective than outpatient individual therapy in reducing rates of rearrest for sexual crimes (12.5% vs. 75.0%) and in reducing the mean frequency of rearrests for both sexual crimes (0.12 vs. 1.62) and nonsexual crimes (0.62 vs. 2.25). In a second clinical trial, Borduin, Schaeffer, and Heiblum (2009) evaluated the efficacy of MST-PSB versus usual community services (UCS; cognitive-behavioral group and individual therapy) with 48 juvenile sexual offenders. Results from multiagent assessment batteries showed that MST-PSB was more effective than UCS in improving youth and caregiver functioning, family relations, peer relations, and academic performance. Moreover, results from an 8.9-year follow-up showed that MST-PSB participants had lower recidivism rates than did UCS participants for sexual (8% vs. 46%, respectively) and nonsexual (29% vs. 58%, respectively) crimes. In the third and largest clinical trial \((N = 127)\) with juvenile sexual offenders (Letourneau et al., 2009), MST-PSB was found to be more effective than treatment as usual (cognitive-behavioral group treatment) in decreasing youths’ deviant sexual interest/risk behaviors, delinquency, externalizing symptoms, and out-of-home placements at a 12-month follow-up. More recently, Letourneau et al. (2013) found that these significant reductions for the MST-PSB group were maintained at a 24-month follow-up.

Taken together, the results from these clinical trials suggest that MST-PSB is a promising approach to the treatment of youth problem sexual behaviors. Indeed, the MST-PSB model has been reviewed favorably by highly respected government agencies (e.g., Substance Abuse and Mental Health Services Administration, 2014) and private organizations (e.g., Blueprints for Healthy Youth Development, 2014). The success of MST-PSB is attributed primarily to the fact that this treatment model directly addresses the multiple determinants of sexual offending in youths’ naturally occurring systems. Treatments that address only a small subset of the multiple risk factors (i.e., individual, family, peer, school) related to sexual offending or that minimize the ecological validity of interventions (e.g., office- or institution-based treatment) are more likely to be ineffective.
An estimated 60% of children in the U.S. are thought to have been exposed to violence, crime, and/or abuse each year (National Task Force on Children Exposed to Violence, 2012), but there is a lack of systematic research within Asian American and Pacific Islander (AAPI) communities. Compared to other racial and ethnic groups, AAPI youth (age 12 and older) have the lowest rates of “non-fatal victimization” (USDoJ, 2012) nonetheless, prevalence rates of violence exposure for AAPI youth yield concerning numbers. Physical abuse among Asian American families has been found to be higher than the general population, though sexual abuse and neglect rates are lower in the AAPI community (Ima & Hohm, 1991; Kenny & McEachem, 2000). Additionally, studies indicate that 77.5% of Southeast Asian American adolescents have witnessed physical aggression and/or community violence, and 43.7% have been victims (Ho, 2008) during their lifetime. These numbers suggest that AAPI children, youth and families are at risk for experiencing trauma associated with violence exposure. Thus, understanding trauma experiences in this population is critical to mitigating negative outcomes associated with trauma.

Trauma prevalence and related symptoms may differ widely and systematically across Asian subgroups; for example, prevalence rates of family violence in AAPI households are higher when studies examine specific Asian subgroups (e.g., Indian, Filipino, Cambodian, Korean, Vietnamese, etc.) as compared to national, aggregate surveys with multiple ethnic groups (as cited in Leong, 2011). Based on a study examining child welfare referrals, Southeast Asian and Samoan families were overrepresented while Chinese, Filipino, and Japanese families were underrepresented relative to these groups’ overall representation in the AAPI community (Pelczarski & Kemp, 2006). Differences in physical abuse prevalence across Asian subgroups have been attributed to predictors such as pre-migration history/post-migration experiences and trauma (for refugee and immigrant families); childrearing differences; acculturative and adjustment stress; availability of social support, and understanding of the child welfare system and policies in the U.S. (Ima & Hohm, 1991). Southeast Asian refugees may have a higher risk for developing post-traumatic stress disorder and depression due to war and forced migration in their home countries (Hinton et al., 1993).

For AAPI immigrants, risk factors for child maltreatment can include respect for authority, family hierarchies, gender socialization, differential acculturation rates between children and parents; traditionally accepted childrearing practices involving shaming and physical punishment; and values related to suffering fatalism. However, no studies have found a causal relationship between these factors and abuse (Larson, Kim-Goh & Nguyen, 2008).
Trauma and violence exposure do not necessarily long-term, negative consequences in all individuals. Multiple factors contribute to the long-term effects of traumatic stress. In one study, exposure to violence was not significantly associated with Asian American adolescents’ psychological functioning (Chen, 2010). Biculturalism, or the ability to negotiate more than one culture’s beliefs, values, and practices, emerged as a protective factor among Southeast Asian teens who had witnessed domestic violence Sirikantraporn, 2013).

Intervening with Trauma-Exposed AAPI Children and Youth

When working with AAPI children and youth who are at risk or have been exposed to trauma and violence experiences, it is essential to consider that trauma symptoms may manifest differently based on cultural practices, socialization, and meaning. Common symptoms of childhood exposure to trauma and violence are:

- Reenactment of trauma or violence in play
- Intrusive/disruptive thoughts about the trauma during various activities
- Recurring nightmares
- Avoidance and/or expressed fear of trauma reminders (situations, places, and people)
- Hypervigilance
- Depressed and/or anxious mood
- Increased aggression and/or withdrawal
- Regression in behaviors/skills that were once mastered

A variety of culturally sensitive trauma treatments are available for AAPI children and youth, including trauma interventions developed for specific AAPI communities:

- Child-parent psychotherapy (Lieberman & VanHorn, 2004): A multi-theoretical treatment model designed specifically for young children under the age of six who have been exposed to trauma and their parents. The intervention is play-based and requires the participation of at least one parent or caregiver of the child to help co-construct a trauma narrative with the child.
- Trauma-focused cognitive Behavioral Therapy: A structured treatment model used especially with children exposed to sexual abuse, terrorism, disasters, and traumatic grief. It is typically used with school age and older children and includes individual and family sessions. Treatment materials are available in Mandarin, Korean, and Japanese.
- Integrative Treatment of Complex Trauma: An intervention for individuals between two and 21 years of age that is particularly useful for children who have experienced multiple and/or chronic trauma.
- Sikh Healing Collective: A community-based mental health response developed following the 2012 shooting in a Sikh gurudwara in Oak Creek, WI. Additional information available at: http://tinyurl.com/lwa8vj9
- Southeast Asian Teen Village (NCTSN, n.d.): A program designed primarily for teenage girls in the Hmong community, and counseling is administered in a group modality that addresses spiritual, immigration, and trauma-related factors.

Case Notes Acknowledgement and References on p. 15
Hello from our ECP (Early Career Psychologist) Co-Chairs, Barbara Oudekerk and Lauren Stokes! We have enjoyed representing our ECPs of the Section for the past three years, but it is time to recruit another ECP (or two co-chairs) to continue ensuring our ECPs have a voice in our Section. If you are interested in applying for this position or have any questions, please feel free to contact us (contact information below).

For our last column, we wanted to take the opportunity to highlight one of our ECP Board members, Dr. Yvonne Humenay Roberts. Dr. Roberts not only has an exemplary career, but also works extremely hard for our Section by coordinating and developing our quarterly newsletter.

Dr. Roberts is a Research Analyst at Casey Family Programs, the nation’s largest operating foundation whose mission is to provide, improve, and ultimately prevent the need for foster care. She received her Masters of Arts and Doctoral Degree from the University of Cincinnati, completed her internship at The May Institute and Fernandes Center for Children and Families, and her postdoctoral training at the Department of Prevention and Community Research, Yale University School of Medicine.

As a result of her rich clinical background working with children, youth, and families (e.g., advocating in the court system for abused children, working with children displaced from their homes), Dr. Roberts has developed a passion for research that has real world application. She has conducted translational/programmatic research with diverse communities, school systems, state-level programs, and nonprofit organizations, including work with youth survivors of Hurricane Katrina, youth with chronic illness, young adults who are homeless, and children in the child welfare system. Throughout her training, Dr. Roberts’ program of research has focused on two related areas: (1) child mental and physical health development in response to trauma exposure; and (2) individual, family, and community risk and protective factors and their relationship to children’s health and development in the face of trauma. Her position at Casey Family Programs provides Dr. Roberts the opportunity to focus her research efforts on improving the lives of children in the foster care system, strengthening families to prevent entry into the system, and evaluating and improving services within child welfare in order to change trajectories and improve outcomes.

Throughout her career, Dr. Roberts has been driven by a dual sense of social justice and the need to facilitate positive change for children and families through long-term, systems level vision. During her postdoctoral fellowship, Dr. Roberts reached out to members of the Section Executive Committee, asking if there were ways to get involved. What began as a smaller commitment as an editor and contributing author for the Case Notes section of the Newsletter, quickly became more, as Dr. Roberts was recruited to
become the new Editor of the Section Newsletter in 2014. Interestingly, she was also the Assistant Editor of the Michiganensian Yearbook at the University of Michigan as an undergraduate. Since her tenure beginning in January, she has worked closely with our Section President, Dr. Jennifer Kaminiski, to re-imagine and re-format the Insider Newsletter. Her success in this venture is readily apparent, as she has rejuvenated us all in our commitment to provide our Section members with quality, well-informed columns that are applicable and interesting to our readers. Dr. Roberts said, “I wanted to create something eye catching for members, to help highlight the amazing work being done in our field while promoting the mission of the Section.”

Dr. Roberts shared her thoughts with us regarding her involvement in the Section and the impact it has had on her already successful career. “Getting involved in the Section has allowed me to help further the child maltreatment field while increasing my network of colleagues. The maltreatment of children is one of the most complex, challenging and compelling areas in psychology, and our Section is home to some of the top researchers and clinicians in the area. As Editor of the Insider, I have the envious opportunity of working with members of the Executive Committee to gather and disseminate information on the most current, exciting research, practice, and policy efforts in our field.”

Dr. Roberts is a remarkable asset and leader in our Section, as she not only recognizes the value of membership, but also the advantages of getting involved. “I would highly recommend researchers, practitioners, and policy makers, and in particular, ECPs get involved in the Section. There are many benefits, including networking and mentoring activities at the APA convention, opportunities to participate in task forces to produce policy on issues relevant to child maltreatment, grant and award programs that recognize excellence in research and practice, and of course subscription to the Insider!”

Thank you, Dr. Roberts, for your continued contributions to our field and the Section on Child Maltreatment. We greatly appreciate your wisdom and service! We would also like to thank the Section and Board members for allowing us to serve as your ECP co-chairs. We have thoroughly enjoyed our tenure and are excited for the Section’s future!

If you would be interested in becoming the ECP chair (or two co-chairs), please let us know. We are looking for passionate psychologists who are within 7 years of their degree to continue the forward movement in our Section and the field at large. Please contact Barbara Oudekerk (boudek1@gmail.com) or Lauren Stokes (laurendstokes@aol.com) to apply or to answer any questions you may have.
Searching for the Perfect Post Doc

Anna Westin
Section Student Representative

While the APPIC internship process is structured and organized, there is less guidance when identifying and applying for a post-doctoral fellowship. Far from all available post docs are listed on the APPIC website, and there are no other formal or comprehensive lists of available post docs. Having completed the search for a post doc last year, I would like to offer some helpful guidance to those of you who will be searching this year, or later in the future. A list of post docs focusing on child maltreatment, created by the Student Advisory Board, is included with this article. The list was created based on postings on a number of websites and listservs along with personal communications with many child maltreatment focused training centers across the country. If you are aware of other post docs focusing on child maltreatment, please let me (aw10@umbc.edu) or Caitlin (caitlin.alka.smith@gmail.com) know, and we will add it to our list, which will be posted on the section website in the near future. Please note that specific dates may change from year to year, and training directors generally did not have updated information with regard to dates and funding for 2015 at the time this list was compiled. Therefore, dates may not be accurate, and students should consult program websites or postings for the most up to date information.

Identifying Appropriate Fellowships
I recommend that you sign up for the APPIC Postdoc-Network listserv to receive up to date information about many post docs (http://www.appic.org/E-Mail-Lists/). It is also helpful to sign up for listservs of relevant APA divisions or other professional organizations. If you are looking for post docs focusing on child maltreatment, the Division 37 general and section listserv and the Division 53 listservs post many relevant post docs. It is also helpful to ask earlier cohorts of your own program, your graduate program director of clinical training, and your internship training director. Finally, it is helpful to look through posted fellowships on the APPIC (www.appic.org) and the National Child Traumatic Stress Network (NCTSN; http://www.nctsn.org/about-us/job-opportunities) websites. APPIC has a new online application system for postdoctoral fellowships this year aimed at streamlining the application process (https://appicpostdoc.liaisoncas.com). I hope that the post doc list included in this newsletter will be an additional helpful resource for those of you looking for a child maltreatment post doc.

Applying
Good news—the application process for post docs is much easier and cheaper than that for internship. You are unlikely to have to submit essays or details of your hours, and it is hopefully easy to update your CV. Most post docs also require you to submit three letters of recommendation (either at time of applying or following the interview), a letter of interest, and relevant work samples. Post docs rarely require an application fee.

Making a Decision
Because the process of applying for post doc fellowships is less standardized, you are likely to receive interviews and offers at different times of the year. You may have to make decisions about whether or not to accept an offer before you have had the opportunity to interview with other sites. This process can be stressful as you may have to make deci-
sions without being fully informed of all your options. Other unique factors to consider when making a post doc decision include a consideration of the licensing process and requirements of the post doc location. Some states will allow you to apply to take the Examination for the Professional Practice in Psychology (EPPP) during post doc, while others will not. If you are planning to work in a particular state later on, it may be wise to select a post doc that will facilitate licensure in that particular state. More generally, it is helpful to think about what type of post doc (e.g., research, clinical, combination) will best set you up for the career you are looking for. For some of us, a post doc may not be necessary to pursue the career we are interested in. Good luck in your search!

More Post Doc opportunities can be found on p. 16

<table>
<thead>
<tr>
<th>Position</th>
<th>City, State</th>
<th>Type</th>
<th>Application Deadline</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casa Pacifica</td>
<td>Camarillo, CA</td>
<td>Clinical</td>
<td>30-Jan</td>
<td><a href="http://www.casapacifica.org/programs_services/clinical_training_supervision">http://www.casapacifica.org/programs_services/clinical_training_supervision</a></td>
</tr>
<tr>
<td>Child and Family Guidance Center</td>
<td>Northridge, CA</td>
<td>Clinical/ Research</td>
<td>Unknown</td>
<td><a href="http://www.childguidance.org/trainingpsychology-postdoctoral-residency/">http://www.childguidance.org/trainingpsychology-postdoctoral-residency/</a></td>
</tr>
<tr>
<td>Children's Crisis Care Center (4Cs)</td>
<td>Houston, TX</td>
<td>Assessment</td>
<td>Unknown</td>
<td><a href="http://www.hc-ps.org/4cs.htm">http://www.hc-ps.org/4cs.htm</a></td>
</tr>
<tr>
<td>Children's Hospital Oakland, Center for the Vulnerable Child</td>
<td>Oakland, CA</td>
<td>Clinical</td>
<td>24-Nov</td>
<td><a href="http://www.childrenshospitolauckland.org/main/child-psychology-internships-cvc.aspx">http://www.childrenshospitolauckland.org/main/child-psychology-internships-cvc.aspx</a></td>
</tr>
<tr>
<td>Children's Hospital of LA, Project Heal track</td>
<td>Los Angeles, CA</td>
<td>Clinical/ Research</td>
<td>15-Feb</td>
<td><a href="http://www.uscuceddtraining.net/">http://www.uscuceddtraining.net/</a></td>
</tr>
<tr>
<td>Emory University School of Medicine</td>
<td>Atlanta, GA</td>
<td>Clinical</td>
<td>1-Jul</td>
<td><a href="http://psychiatry.emory.edu/education/fellowships/professional_psychology/index.html">http://psychiatry.emory.edu/education/fellowships/professional_psychology/index.html</a></td>
</tr>
<tr>
<td>Hackensack University, Audrey Hepburn Children's House</td>
<td>Hackensack, NJ</td>
<td>Clinical/ Forensic</td>
<td>Rolling</td>
<td><a href="http://www.montclair.edu/psychology/graduate-programs/certificate-programs-forensic-psychology/fellowship-opportunities/">http://www.montclair.edu/psychology/graduate-programs/certificate-programs-forensic-psychology/fellowship-opportunities/</a></td>
</tr>
</tbody>
</table>

Note: Please visit program websites or contact program directors for most up to date information.
We are proud to present this year’s dissertation award winner, Helen Milojevich. Helen earned her B.S. in Human Development from University of California, Davis, prior to enrolling in a Ph.D. program in Psychology and Social Behavior with specialties in Developmental Psychology and Quantitative Methods at University of California, Irvine. She has also earned a Masters in Social Ecology. Her research interests include cognitive and emotional development in childhood, particularly among children with developmental disabilities or a history of child maltreatment. Helen wants to better understand the relation between emotion and cognition, as well as how emotion influences memory.

Helen’s dissertation examines how emotion regulation affects behavioral functioning and placement stability among adolescents with a history of child maltreatment. The youth in her study reside in a temporary emergency care facility following removal from their previous placement due to substantiated abuse. The adolescents frequently remain at the facility for many months and have significant behavioral difficulties that present a barrier to more permanent placements. When designing her dissertation, she met regularly with her adviser Dr. Jodi Quas (Section Member), the director of the facility, and other staff members. One of the primary concerns that staff felt needed to be addressed was youths’ ability to understand and regulate emotions.

Helen designed a longitudinal study involving both youth and their caregivers. Given that adolescence is a unique time, Helen wanted to examine whether emotional competence functioned differently in maltreated youth during the transition to adolescence. She is currently in the data collection phase, and we are eager to learn about the results. Study findings have the potential to inform treatment and intervention of maltreated adolescents by determining the precise ways in which they differ from nonmaltreated adolescents in their ability to understand and regulate emotions, and how these emotion processes influence their functioning over time.

Helen has worked with children who have experienced neglect and abuse for 6 years. She started as an undergraduate research assistant in Dr. Gail Goodman’s (Section Member) research lab at UC Davis focusing on maltreated children’s involvement in the legal system. Thereafter, she was a research assistant at the UC Davis Child and Adolescent Abuse, Resource, Evaluation Diagnostic and Treatment Center (CAARE Center). Prior to starting graduate school, she was employed for almost two years as a mental health counselor at a private school and group home for severely emotionally disturbed children, almost all of whom had a history of maltreatment. Since she started graduate school, she has continued serving maltreated children as a researcher. In addition to her interest maltreated children, she also focuses on children with developmental disabilities.

Helen expects to graduate in two years. Her plans are to obtain a postdoctoral fellowship and subsequently a faculty position at a research university. She plans to continue her research on emotional competence among youth with a history of child maltreatment, as well as her work on cognitive development in children with developmental disabilities. Thank you Helen for contributing to the field of child maltreatment! We are also excited to announce that Helen will join us as a member of our Student Advisory Board (SAB) in 2015.
## 2014 Student Poster Award Winner

This year’s Student Poster Award went to Linda McWhorter, a graduate student in Clinical Health Psychology at The University of North Carolina at Charlotte, for her poster presented at the annual meeting of the American Psychological Association. The associations between caregiver psychological disorders, parenting behavior, and severity of child maltreatment among physically abusive caregivers.

## Get Involved!

The Section on Child Maltreatment (Section I of Div. 37 of the APA) was established in 1994 to support and promote scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment. The Section on Child Maltreatment is the only permanent organization within the APA specifically developed to address issues related to child abuse and neglect. There are often many ways to get involved in the Section - see below for the most recent opportunities!

The section will be reaching out to identified APA divisions and external organizations to work out common areas of interest. Members interested in promoting these interactions should contact Christina M. Rodriguez at cmrpsych@uab.edu.

VOTE! VOTE! VOTE! VOTE! VOTE! VOTE! VOTE!

Fall election ballots will arrive in members’ email boxes soon. The election will be for a President Elect and Member at Large to begin their terms on January 1, 2015.

To join our listserv, please go to http://lists.apa.org/
Recent Member Publications


MST-PSB can be successfully disseminated into community settings only when there are specific mechanisms to promote treatment fidelity. The dissemination of MST-PSB is coordinated by MST Associates, which contracts with public (i.e., mental health, juvenile justice, social welfare) or private service organizations that seek to establish an MST-PSB team. Initially, MST Associates supports the provider organization in planning for program implementation and making necessary changes in agency policies and staff members’ work routines (e.g., implementing flex time and comp time policies for staff, providing highly competitive salaries and incentives). Once an MST-PSB program is established, MST Associates employs a number of quality assurance mechanisms (e.g., ongoing training, weekly consultation with an MST-PSB expert, monitoring of therapist and organizational adherence to treatment principles) that ensure fidelity to the MST-PSB model. Strong emphasis on adherence to treatment parameters, practices, and evaluation protocols is imperative if a provider organization expects to achieve treatment outcomes similar to those obtained in MST-PSB clinical trials.

In conclusion, our work indicates that MST-PSB can successfully reduce criminal activity and incarceration in youths with problem sexual behaviors. When considered along with recommendations from national and international organizations (e.g., Center for Sex Offender Management, 2006), our findings suggest that family- and community-based interventions, especially those with an already established evidence base in treating youth antisocial behavior, hold considerable promise in meeting the clinical needs of sexually offending youths. Given the importance of reducing the social and financial consequences of sexual offenses committed by youths, we believe that priority should be placed on the continued evaluation of promising treatment models such as MST-PSB.

Footnotes

1It should be noted that although MST-PSB primarily serves juvenile sexual offenders, we use the term “problem sexual behavior” to describe youths who engage in serious non-normative sexual behaviors, whether formally adjudicated or not, that either victimize others or place others at risk of victimization.

References

Acknowledgement
This publication is based on a factsheet produced by the author under the guidance of her mentor, Pratyusha Tummala-Narra, Ph.D., for the 2014-15 Asian American Psychological Association (AAPA) Leadership Fellows Program. The factsheet is part of a series of AAPA factsheets on mental health topics on AAPI populations. The series can be found at http://aapaonline.org/publications/fact-sheets/.

References
## Post-Doctoral Fellowships in Child Maltreatment

*Note: Please visit program websites or contact program directors for most up to date information*

<table>
<thead>
<tr>
<th>Position</th>
<th>City, State</th>
<th>Type</th>
<th>Application Deadline</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judge Baker’s Children’s Center, Center for Effective Child Therapy</td>
<td>Boston, MA</td>
<td>Clinical</td>
<td>31-Jan</td>
<td><a href="http://jbcc.harvard.edu/">http://jbcc.harvard.edu/</a></td>
</tr>
<tr>
<td>La Rabida Children’s Hospital</td>
<td>Chicago, IL</td>
<td>Clinical</td>
<td>December</td>
<td><a href="http://www.larabida.org/page-postdoctoral-fellowship-program">http://www.larabida.org/page-postdoctoral-fellowship-program</a></td>
</tr>
<tr>
<td>Trauma Center at Justice Resource Institute</td>
<td>Brookline, MA</td>
<td>Clinical/Research</td>
<td>15-Jan</td>
<td><a href="http://www.traumacenter.org/training/postdoc_program.php">http://www.traumacenter.org/training/postdoc_program.php</a></td>
</tr>
<tr>
<td>Tree House Child Assessment Center</td>
<td>Rockville, MD</td>
<td>Clinical</td>
<td>10-Jan</td>
<td><a href="http://treehouseemd.org/">http://treehouseemd.org/</a></td>
</tr>
</tbody>
</table>
One of the most difficult tasks in obtaining a postdoctoral position is finding ones to apply to. Our wonderful student representatives have started a list of clinical and research post doctoral programs focused on child maltreatment for you!

<table>
<thead>
<tr>
<th>Post-Doctoral Fellowships in Child Maltreatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Davis, CAARE Center</td>
</tr>
<tr>
<td>Sacramento, CA</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>February</td>
</tr>
<tr>
<td><a href="http://www.ucdmc.ucdavis.edu/childorclinical_services/CAARE/internships.html">http://www.ucdmc.ucdavis.edu/childorclinical_services/CAARE/internships.html</a></td>
</tr>
<tr>
<td>UC Davis, Developmental Research Center</td>
</tr>
<tr>
<td>Davis, CA</td>
</tr>
<tr>
<td>TBD</td>
</tr>
<tr>
<td>TBD</td>
</tr>
<tr>
<td>Dr. Gail Goodman <a href="mailto:goodman.gail@gmail.com">goodman.gail@gmail.com</a></td>
</tr>
<tr>
<td>UCLA Harbor, Child and Adolescent Psychiatry</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>15-Jan</td>
</tr>
<tr>
<td><a href="http://psychology.labiomed.org/childadolescent.htm">http://psychology.labiomed.org/childadolescent.htm</a></td>
</tr>
<tr>
<td>UCLA Harbor, Ties for Families track</td>
</tr>
<tr>
<td>Los Angeles, CA</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>15-Jan</td>
</tr>
<tr>
<td><a href="http://psychology.labiomed.org/TIES%20for%20Adoption.htm">http://psychology.labiomed.org/TIES%20for%20Adoption.htm</a></td>
</tr>
<tr>
<td>UCSF Child and Adolescent Services Program</td>
</tr>
<tr>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>14-Feb</td>
</tr>
<tr>
<td><a href="http://psych.ucsf.edu/sfgh.aspx?id=468#Child_Adolescent_Services">http://psych.ucsf.edu/sfgh.aspx?id=468#Child_Adolescent_Services</a> (CAS)</td>
</tr>
<tr>
<td>UCSF Child Trauma Research Program</td>
</tr>
<tr>
<td>San Francisco, CA</td>
</tr>
<tr>
<td>Clinical/Research</td>
</tr>
<tr>
<td>14-Feb</td>
</tr>
<tr>
<td><a href="http://childtrauma.ucsf.edu/training/internships.aspx">http://childtrauma.ucsf.edu/training/internships.aspx</a></td>
</tr>
<tr>
<td>University of Missouri, Children’s Advocacy Services</td>
</tr>
<tr>
<td>St. Louis, MO</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>1-Feb</td>
</tr>
<tr>
<td><a href="http://www.stlouiscac.org/postdoc.html">http://www.stlouiscac.org/postdoc.html</a></td>
</tr>
<tr>
<td>University of Tennessee</td>
</tr>
<tr>
<td>Memphis, TN</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>7-Jan</td>
</tr>
<tr>
<td><a href="http://www.uthsc.edu/bcdd/training/prof_programs/traumafellowships.php">http://www.uthsc.edu/bcdd/training/prof_programs/traumafellowships.php</a></td>
</tr>
<tr>
<td>Westchester Institute for Human Development</td>
</tr>
<tr>
<td>Valhalla, NY</td>
</tr>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>Rolling</td>
</tr>
<tr>
<td><a href="http://www.wihd.org">www.wihd.org</a></td>
</tr>
</tbody>
</table>
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 90275
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 Street, 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 Chatham
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

Section 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