

SECTION ON

CHILD MALTREATMENT INSIDER



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President's Column

Jennifer Kaminski, PhD

Past President and Current Acting President

Given the losses and challenges that 2016 has brought, and the battles predicted in 2017, it's admittedly difficult to write about anything positive right now. We've lost some key experts and fighters for children's well-being over the past couple of years. Policies that have supported this important work may take new forms or be repealed altogether in the coming years. Social and political will for efforts to help disadvantaged families may be harder to come by. But while we must acknowledge the realities and cope with our emotional reactions to those realities, we must also remember that *there's never been a more critical time to act on behalf of children and families potentially or already affected by child abuse and neglect.*

As individuals, each of us helps to chip away at the larger problem, which collectively makes an impact. In 2017, I challenge each of us to make new connections, partnerships and collaborations through the Section on Child Maltreatment. Let's share more to the listserv – about your work, relevant articles, job opportunities, and ways to work together. Let's reach out to each other to submit conference symposia rather than individual papers or posters. Let's compile twice as many responses when we get requests from APA or others for our expertise. To borrow a phrase, let's be stronger together.

If it's too intimidating to reach out through the listserv to invite collaboration or co-submissions, I will gladly put out a message without your identifying information and relay the responses back to you. If it feels to self-aggrandizing to post your newest articles, send to me and I will send to the listserv (and to our newsletter editor!) If you worry that you don't have time for new collaborations, think how much more you might be able to accomplish if there were more of us working on the issue you are addressing.

I am thankful to the new set of elected and appointed officers who are already stepping up to this challenge. Brand-new to the Section Board is Jennie Noll, who will begin a two-year term as President. Stephanie Block, who has valiantly served us for three years as Secretary and was our 2006 Dissertation Award winner, will begin a two-year term as President Elect. Angelique Day – who was previously honored with our Dissertation Award (2011) and Early Career Psychologist Award (2015) – will begin a two-year term as Member-at-Large. Anna Westin will transition from her activities as Early Career Psychologist Co-Chair, to begin a three-year term as Secretary. Barbara Oudekerk, also a former ECP Co-Chair, will take the helm as Editor of our Newsletter – which Yvonne Humenay Roberts worked so diligently to re-brand over the past three years. The role of Membership Chair, so capably handled by Jenelle Shanley Chatham since 2014, will transfer to Kelly McWilliams (Division 37's 2016 Program Chair).

The children and families we serve need us fighting for them, now more than ever. And we are up to the challenge. As always, I welcome suggestions for how we as an organization of compassionate professionals can do more or do better, at jkaminski@cdc.gov.



SECTION ON CHILD MALTREATMENT
Society for Child and Family Policy and Practice
Division 37 of the American Psychological Association

Best Practices

Opportunities for Early Head Start to Buffer Infants and Toddlers from Toxic Stress

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Infants and toddlers in low-income families face among the highest risks of experiencing maltreatment, and are at heightened risk for experiencing a wide array of risk factors that in combination represent toxic stress (U.S. Department of Health and Human Services [DHHS], 2013; Wilkins et al., 2014). Specifically, toxic stress “results from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive adult relationship” (Shonkoff et al., 2012). Many low-income families interact with federal programs that aim to reduce the sources of toxic stress and maltreatment risk, including Early Head Start (EHS), which enrolled approximately 4.1% of low-income families with infants and toddlers in the U.S. in 2013. EHS is a two-generation early education program for families with children ages birth to three that aims to promote child development as well as parent and family well-being through home visitation, consultation, and either direct or referred assistance for economic security and health needs. The EHS home visitation model is designated as an evidenced-based program under the federally funded Maternal Infant Early Childhood Home Visitation Program (MIECHV). Additionally, the federal government recently expanded access to EHS through the new Early Head Start - Child Care Partnership grants in 2015 (Office of Early Childhood Development, Administration for Children and Families [ACF], 2016). EHS has demonstrated positive impacts on child development, parenting, and family well-being (Love, Chazan-Cohen, Raikes, & Brooks-Gunn, 2013). However, most research has focused on broad dimensions of well-being and academic preparedness; only recently have researchers, program officers, and policy makers turned their eyes toward EHS as a prevention and intervention strategy for maltreatment and toxic stress.

Recent evidence suggests that children enrolled in EHS in the mid-late 1990s had significantly fewer reports of child maltreatment or out-of-home placements due to maltreatment, were less likely to have multiple encounters with the child welfare system, and had a longer lag time between subsequent encounters (Green et al., 2014). Given that EHS did not set out to be a maltreatment prevention program, the findings were particularly surprising. Why would EHS lead to fewer encounters with the child welfare system? Theoretical and empirical reviews suggest several reasons: (1) EHS participation is associated with reduced maternal harshness (U.S. DHHS, 2002), (2) Children enrolled in EHS display fewer aggressive behaviors during preschool, which leads to later reductions in maternal depressive symptoms (Chazan-Cohen et al., 2007), (3) Early childhood education programs provide additional ‘eye and ears’ on children, increasing their safety (Dinehart, Katz, Manfra, & Ullery, 2013), and (4) Child care and social support provided by EHS reduced parental stress and child-rearing related distress (Waldfogel, 2009; Zhai, Waldfogel, & Brooks-Gunn, 2013). Taken together, these positive impacts indicate that in some ways, EHS may reduce the stressors, but it is more likely that EHS affords children the opportunity to experience the “buffering protection of a supportive adult relationship” in the face of toxic stress.

Recent research and programmatic efforts have focused on enhancing EHS programming to specifically target the sources and consequences of maltreatment and toxic stress. In

2011, the Administration for Children and Families funded 6 University-EHS partnership grantees to comprise the Buffering Toxic Stress Consortium. These partnerships have two purposes: 1) to identify common measures of risk and protective factors, and 2) test the impact of enhancing EHS services with evidenced-based programs specifically designed to target and treat sources of toxic stress and predictors of maltreatment. The evidenced-based enhancements include the Attachment and Biobehavioral Catch-up (ABC), the Playing and Learning Strategies (PALS) intervention, Parent-Child Interaction Therapy (PCIT), video coaching, and intensive group-based parent training. The consortium studies are still ongoing, but previous pilot research indicates that the ABC, PALS, and PCIT effectively reduce children's physiological and behavioral stress responses, even among children who have been exposed to trauma and maltreatment (Harden, 2015).

Other steps are important for ensuring that EHS most appropriately addresses maltreatment and toxic stress. First, service coordination can be strengthened in order to fully realize the "it takes a village" approach to serving children who have experienced maltreatment. Currently, all EHS and Head Start programs prioritize enrollment for child welfare-involved children, although there is inconsistent use of memoranda of understanding and co-located staff (McCrae, Brown, Yang, & Groneman, 2015). Second, EHS teachers and home visitors need trauma-informed training, so they are better equipped to recognize traumatic stress in children and families. Infusing this knowledge into EHS services will ensure that all families have access to trauma-informed practices, and all staff feel competent in meeting the needs of the families they serve (Dinehart, Katz, Manfra & Ullery, 2013).

Early Head Start research, programming, and policy are truly synergistic; each informs the other, driving innovation and refinement in order to provide the highest quality programming for a diverse population of low-income families in the United States. The Buffering Toxic Stress Consortium represents the fruits of these efforts, as their research outputs will not only inform EHS practice, but also policies related to programs for other high-risk families, as well as research relevant to implementation, prevention, developmental, and psychological science. Refining and enhancing currently funded and implemented programs is advantageous, as the returns on this early investment will have far-reaching implications for positive developmental outcomes for young children.

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Public Policy

A View from Washington

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As the APA staff member now covering the children, youth, and families policy portfolio, I am very excited for the opportunity to work on these issues and collaborate with Division 37 and other psychologists working in these areas. Children, youth and family (CYF) issues—in addition to my other policy portfolio, criminal justice—are passion issues for me. My experiences growing up in inner city public schools gave me a strong motivation to work for social justice and public welfare, and my ten years of experience at APA, I hope, will allow me to advance the association's positions and priorities of our expert members effectively.

November's election caused the ground to shift under the feet of all advocates and lobbyists in Washington, regardless of the issues they cover—whether defense, farm subsidies, or child welfare. With the goal of ensuring the best possible outcome on CYF policy issues, what this means for the coming two or four years is starting to come into focus. On many fronts, we will be playing defense, working to stave-off cuts to critical programs that promote healthy development, family cohesion, and the social safety net. At the same time, it remains critical that APA lead on the issues in which psychology has unique and recognized expertise. The pendulum will swing back the other direction, and when it does, psychology and our partners in other fields need to be well-positioned to support new rounds of policy reform and innovation.

What follows is a brief summary of some recent activities related to children, youth, and families policy. Our work together can help improve the federal investment in these areas and create better outcomes for those on whose behalf we serve.

Please do not hesitate to contact me via phone (202.336.5935) or email (mhaskell-hoehl@apa.org) if I can be of support or if you wish to share ideas about improving federal children, youth, and families policy, and join APA's Federal Action Network (FAN) to receive periodic emails asking you to support our legislative activities.



Coalition Urges Congress to Prioritize Funding for Children's Programs

Facing headwinds related to federal funds for domestic programs, the Children's Budget Coalition (CBC) sent a November 14, 2016 letter, signed by APA and 35 additional organizations, to House and Senate leaders outlining CBC priorities. Requests in the letter included:

- Finalizing federal fiscal year (FY) 2017, which began on October 1, 2016, through a regular appropriations process;
- Giving legislation to fund the Departments of Labor, Health and Human Services, and Education the highest possible funding level;
- Providing the highest possible funding level to children's programs, across spending bills; and

- Maintaining agreed-upon parity between defense and non-defense spending.

Days after CBC circulated its letter, majority leadership in the House and Senate announced they would extend current funding levels through March 31, 2017. This will allow the President-Elect to work with Congress, to shape the allocation of federal funds beginning in April 2017.

APA Submits Comments in Support of Executive Branch Rule on Family Planning

In October 2016, the Public Interest Directorate submitted comments on a proposed rule on the Title X Family Planning program that would ensure continued access to family planning funds by clinics that focus on reproductive health. The proposed rule was drafted in response to states that have recently passed laws to restrict distribution of Title X funds to programs that do not focus on reproductive health care. APA supports the proposed rule as it ensures continued access to clinics that primarily serve low-income and low-access populations.



U.S. House Reauthorizes Key Federal Juvenile Justice Law

On Thursday, September 22, the U.S. House of Representatives, with overwhelming bipartisan support, passed H.R. 5963, the Supporting Youth Opportunity and Preventing Delinquency Act of 2016. This bill reauthorizes the Juvenile Justice and Delinquency Prevention Act (JJDP), the main law guiding federal investments in the nation's juvenile justice systems. Psychologists and FAN members have helped this reauthorization effort every step of the way, since last July's committee markup of related Senate legislation. Because of your support, both House and Senate measures contain a provision to ensure appropriate licensure or certification of mental

and behavioral health professionals providing services to justice-involved youth, a critical APA priority for the legislation. Due to ongoing negotiations in the Senate, passage of the legislation this year remains in doubt, and APA will keep FAN members apprised of the situation.

ECP Interview

Spotlight on Early Career Psychologists

Anna Westin, PhD
ECP Committee Chair

The ECP column will continue to spotlight early career psychologists within the field of child maltreatment. The ECP columns will spotlight successful ECPs with a variety of career paths to help graduate students, interns, and early ECPs in making wise training and career choices. Our third spotlighted ECP is a great role model for members interested in a primarily research-oriented career path with a nonprofit organization. This role includes research analysis, technical report writing, supervision, chairing various committees, and informing state policy.



Elizabeth Reichert, PhD, has been a Clinical Instructor at Stanford School of Medicine, Department of Psychiatry and Behavioral Sciences, since October 2014. Since 2015, she also serves as the Director of Clinical Programs in the Early Life Stress and Pediatric Anxiety Program (ELSPAP) Clinic. In her role at Stanford, she provides direct clinical services to children and their families (about 50% of her time), provides training and supervision to a number of trainees (i.e., psychiatry fellows, postdoctoral psychology fellows, practicum students), conducts research, and completes a variety of administrative tasks (e.g., creating weekly didactic schedule, managing the clinic wait list). Her area of focus is anxiety and trauma, but clinically she may also see children with other presentations (e.g., disruptive behaviors). Within the clinical setting,

she utilizes Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), and most recently Cue Centered Therapy (CCT) for youth exposed to chronic trauma.

Dr. Reichert's current research with the ELSPAP team includes a clinical outcome study for families aimed at integrating research-driven assessment practices into clinical care and streamlining the delivery of effective care to children and families that struggle with anxiety, early life stress and trauma. Dr. Reichert also works with the ELSPAP research team on efforts to disseminate Cue-Centered Therapy for Youth Experiencing Posttraumatic Symptoms (CCT). CCT, developed by Dr. Victor Carrión, is an empirically-supported treatment for youth exposed to chronic trauma. More information on CCT can be found [here](#). Currently, in collaboration with Stanford Youth Solutions, the team is involved in a three year RCT examining CCT, TF-CBT and treatment as usual, aimed at determining child characteristics, phases of treatment, and neuro-markers that may be predictors of better treatment outcomes. Dr. Judy Cohen, one of the treatment developers for TF-CBT, is a consultant on this project as well. Dr. Reichert loves the opportunity to conduct research in her role, and has also been excited to bring more outcome research into clinical care at Stanford.

Dr. Reichert graduated with a PhD in Clinical Psychology from the University of Rhode Island in 2013. For students who are considering graduate school, she encourages taking time off after undergraduate to get more experience. This will help students know if psychology, and



Dr. Reichert is a Clinical Instructor at Stanford School of Medicine, Department of Psychiatry and Behavioral Sciences, and the Director of Clinical Programs in the Early Life Stress and Pediatric Anxiety Program (ELSPAP) Clinic.

Source of photographs for this article: Dr. Reichert

their specific interests, are really what they want to do. Getting a PhD is a “huge commitment” of time and money, and it is important to know that it is a career you want. A year off can be spent getting more research experience, for example, as a research assistant or coordinator. A year-long academic sabbatical can also provide the opportunity for other experiences relevant to the student’s interest, such as working in a non-profit. Additional experience may help clarify the type of degree you want (e.g., PhD vs. PsyD). Dr. Reichert worked as a research coordinator in the area of Pediatric Obsessive Compulsive Disorder (OCD) prior to applying for graduate school. This helped solidify that she wanted research to be a part of her career, and that she wanted to focus on children and anxiety. With that in mind, she picked a clinical PhD program with a child track and a mentor focused on anxiety.

Following graduate school, Dr. Reichert completed an APA accredited internship (2012/2013) and postdoctoral fellowship (2013/2014) at the UC Davis CAARE Center in Sacramento. She selected this internship because it had a specialized focus on trauma while also providing some general clinical experiences to help make her a well-rounded clinician. Her post-doctoral fellowship year was spent honing specific child maltreatment skills. For someone interested in a similar career path, Dr. Reichert recommends keeping an open mind in graduate school to get exposure to a variety of clinical populations, especially if the goal is to work in an academic medical center. Whether or not you want to specialize in a certain area (e.g., trauma), it is also important to be “well-rounded.” Children do not usually present with only one need or disorder, and most positions require clinical competency across the range of childhood disorders. Dr. Reichert recalls a strong interest in childhood trauma during graduate school, but few clinical opportunities to work with this population. As access was limited, she gained experience working with adults with a history of trauma and established her line of research examining the effects of childhood maltreatment. This served to inform her clinical work, and she later sought more specialized clinical training working with traumatized youth.

Dr. Reichert encourages students to reevaluate their “story” during graduate school - What have you done so far and why? Where are you now? Where do you want to go? It helps to be open to new experiences, and the time to try new things is during graduate school and internship. She adds that it is “ok to change your mind,” as students may realize they prefer working with other populations they were not drawn to initially. Dr. Reichert looks back at some of her own experiences and believes that she got a lot out of experiences that did not fit perfectly with what she does now. For example, while her focus is children, she had several clinical rotations in graduate school working with adults. She has found these experiences to be integral to her work with parents, both in her ability to understand and connect, as well as her ability to identify any service needs in parents. This experience has been especially helpful when considering intergenerational trauma; something that frequently comes up when she works with traumatized children.

To be competitive for a medical school position, it is important to have “both quality clinical experiences as well as a solid research background.” Dr. Reichert shares that it helps to have an empirical dissertation and experience with the publication process when looking for a job. Given the field’s recent emphasis on evidence based treatments, it is also “competitive to have training or certification in one or more evidence based treatments.” Another key to success is to connect with a number of mentors throughout your training. It helps to identify mentors who have career paths that align with your longer-term goals who can provide support and guidance along the way. Mentors can also help to identify local opportunities and resources, and steer you in the right direction. Having several mentors in graduate school can be a powerful experience, and as an ECP, Dr. Reichert finds her mentors continue to play an integral role.

Student's
Corner

A Student's Perspective: How to Engage in Community-Based Research and Build Sustainable Partnerships

Lindsay Huffhines
Section Student Representative

Community-based participatory research (CBPR) is scientific inquiry that takes place in the community – that is, outside of the laboratory, hospital, or clinical setting, and tends to focus on populations rather than individuals (Blumenthal, Hopkins, & Yancey, 2013). The two main tenants of CBPR are 1) to conduct ethical research that responds to a history of exploitation of communities, particularly minority and low-income communities; and 2) to empower communities to participate in all aspects of the research process. Blumenthal and colleagues (2013) assert that ideally, the community in which the research is to be conducted will participate together with the academic research team in every phase of research: identifying the problem to be investigated, defining the research question, developing the protocol, conducting the study, and analyzing and disseminating results. Although there are various levels of community participation, there is potential for a meaningful relationship between researchers and the community whatever the level of participation. Many students wonder how to go about building such relationships with community members and organizations, thus the focus of this article is on developing relationships, with the goal of eventually conducting research with communities. The following is intended as one student's perspective on the topic, with the goal of engaging others in conversation about methods and strategies for building relationships with communities, particularly communities where there is risk for child maltreatment.

I describe here how my lab has partnered with the community using the steps listed by Blumenthal and colleagues (2013). First, the authors suggest learning the community layout. In my lab's research focusing on pathways to mental and physical health in youth exposed to maltreatment, at risk for maltreatment, or placed in foster care, we identified where we might access these populations. In our community, the Children's Division and Department of Family Services is an important gatekeeper (though not communities themselves), as well as a large community organization devoted to providing numerous resources to low-income families. My supervisor has had longstanding relationships with these organizations, founded on many of the principles described here. For example, she began by meeting with leaders in these organizations, trying to understand what their needs were and how we could help. She tried to understand the problems these organizations felt their communities were facing, and she shared her own concerns and ideas. Our lab has conducted several research studies with these same partners over the years, building up a positive relationship and allowing for future research to take place. Once we begin a research project, we attempt to make the workload for our partners as minimal as possible. For example, we hired a retired CPS caseworker to obtain and redact case files needed for our project to help ensure that case managers did not have to take time from their already overloaded schedules to do this task. Green and colleagues (2015) provide additional tips for accessing administrative child welfare data and navigating this particular community. Finally, bringing snacks or lunch never hurts – everyone enjoys some good food during a typical workday!

Next, learning the community ecology and community entry process is recommended. This means understanding who the community leaders are, where people congregate, and what relationships exist. After identifying and building trust with the directors of organizations, we were able to learn more about how the community we were interested in worked. For example, with the organization serving at-risk families, we learned that all families we wanted to recruit for our research met with a family advocate. We then held a meeting for the family advocates to



Community partnerships are at the heart of Community Based Participatory Research (CBPR).

explain our project and how they could help – we wanted to get their buy-in, as well as their feedback on our recruitment techniques and how to best approach families. We gave them flyers and asked them to speak with their families about our project. We even provided coffee mugs with our project logo – a nice reminder of our project to have on their desk. This is one example of utilizing avenues that already exist within a community. Further, families already feel comfortable with their family advocates and may be more likely to sign up for the project. In addition, the directors and family advocates identified a group of parents who were very involved in the organization and held a lot of influence with other families. We attended their weekly coffee meeting and again explained our project and asked for feedback. These parents helped influence our study protocol and measures, and also told other parents good things about our project.

Building credibility is an important step. In the past we have conducted a program evaluation for the organization. We use the skills we possess as clinical child psychologists to show that we are serious about our work and strive to do a good job. We ask directors, family advocates, therapists, and anyone else involved in the organization what they would like, and we bring water bottles, coffee mugs, and pens with our project name and phone number. We make sure that we have someone available to answer the phone during business hours in case anyone calls with a question, and we have created a phone script so that we are always prepared and professional. We respond within 24-hours to email. We send handwritten thank you notes and holiday cards to all stakeholders, leaders, community-members, and participants. During data collection, we anticipate families' needs to make the process as enjoyable as possible for them.

This means providing child care, bringing snacks and water, having diapers and formula for babies, and making sure our data collection appointments are at accessible times (Saturdays and evenings) and on a bus route and at the community center, rather than the university.

For a recent project we were interested in assessing parent and child trauma exposure via an interview with the parent. We worked with a group of parents in the community of focus to help suggest questions and word items, and to share concerns and recommendations. Because of this, we were more confident that others in the community would feel safe and comfortable while completing the interview.

Once data collection is complete, we make sure to share our results with all interested parties in understandable language. We make colorful charts and graphs to illustrate our findings, and present to stakeholders at community events, such as foster parent meetings. To help keep our relationships with families in the community active, we send out newsletters and parenting handouts with tips for behavior management or other helpful or interesting ideas, such as keeping kids entertained on car rides. In sum, we work extremely hard at building lasting relationships with everyone involved in the research process. We, in turn, are rewarded with extraordinary data that could have only been produced by close partnerships, and the knowledge that we can use this data to inform the community about issues close to their hearts.

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Division 37
Interview

Interview with Dr. Tisha R. A. Wiley

Michelle Brown, MA
Student Advisory Board Newsletter Member



We are excited to follow-up with Section Award winner Dr. Tisha Wiley! Dr. Wiley was awarded the Section Dissertation Award in 2008 for her dissertation titled "The Effects of Child Maltreatment and Environmental Stability on Children's Trajectories of Aggressive Behavior." She earned her PhD in Social Psychology from University of Illinois-Chicago (UIC); her adviser was Dr. Bette Bottoms. She also completed a Psychology and Law minor and a Statistics and Methods minor. Dr. Wiley's is passionate about improving the lives of children and families. Her research initially began with a focus on perceptions of children involved in the legal

system. However, her interests broadened with her involvement with Division 37, and a meeting with Dr. Richard Thompson at an APA annual conference. It was with Dr. Thompson's agency, the Juvenile Protection Association, that she began to work more directly with children. During her time there, she worked on a grant following children who had been victims of early abuse or neglect through adolescence, and on an NIMH-funded study that sought to understand how African-American youth and their caregivers identified behavior problems and sought help for those problems. After successfully defending her dissertation, she was promoted to work with the agency full time as their Assistant Director of Research. A year after finishing her degree, Dr. Wiley began a 2-year Society for Research in Child Development (SRCD) fellowship working with the NIH in the Office of Behavioral and Social Sciences Research. She now works for NIDA where she manages a portfolio of grants that includes a focus on substance use treatment in criminal and juvenile justice settings, implementation science, juvenile/adolescent treatment, and the role of social/media technology in substance use treatment.

Dr. Wiley's dissertation utilized longitudinal data on children from ages 4-12 years who had completed annual interviews as part of the LONGSCAN (Longitudinal Studies of Child Abuse and Neglect) study. The primary goal of her dissertation was to study the interactive effects of child maltreatment and family and environmental stability over time on trajectories of aggression. In order to do this, she created a composite index of family or environmental stability (moves, divorce, homelessness, etc.) to look at patterns of stability over time and used growth mixture modeling to identify aggression trajectories. The main takeaways from her study were that youth who ended up in a stable, highly aggressive subgroup came from two distinct backgrounds: (1) children who had been maltreated early in life for whom starting off in a very stable or unstable environment and changes in the stability of their environment over time were unrelated to changes in aggression over time and (2) non-maltreated children whose level of aggression over time was strongly related to changes in family stability. She also found that children in this second group were reported as being more fussy as infants on average compared to their counterparts, consistent with the



One of Dr. Wiley's current projects is a multi-site project aimed at improving the delivery of substance abuse services and other services to juvenile justice involved youth.

literature that finds some children are generally more sensitive to changes in their environment.

One Dr. Wiley's largest current endeavors at NIDA is a \$25 million project called Juvenile Justice – Translational Research on Adolescents in the Legal System (JJ-TRIALS) a cooperative agreement between NIDA, six universities and a coordinating center. The purpose of the project is to improve the delivery of substance abuse services and other services to juvenile justice involved youth. This project is a 36-site randomized control trial involving a system change to compare two system change strategies for reducing unmet needs for substance use in those systems. As part of the project, the team is conducting a longitudinal survey of around 200 juvenile justice agencies across the country which will assess the practices and services delivered to justice-involved youth. This effort includes judges, behavioral health providers, and community supervisory agencies. A third smaller study is looking at juvenile justice partnerships with public health to address STI/HIV risk behaviors among justice-involved youth. Dr. Wiley's role in this large-scale collaborative project is a Science Officer, which means that she is the lead NIDA scientist on the study and essentially functions as a co-investigator; that is she helped design the study, works on manuscripts, etc. She also has responsibility for making sure that the project meets NIDA's goals.

Aside from her role in NIDA, Dr. Wiley continues to be passionate about the field of child maltreatment and has even been mentoring a boy in the foster care system for nearly five years. She also notes how many of the children in the juvenile justice system come from child welfare backgrounds or never came to the attention of child welfare but still had many traumatic childhood experiences. Additionally, she continues to be involved with APA Div. 37 and SRCD, does a lot of work in the criminal justice area, and serves on her local county's Commission on Juvenile Justice, comprised of citizens and agencies involved with the system that meet monthly to look at how services can involve juvenile justice involved youth in the community.

Given her impressive work in the field of child maltreatment and juvenile justice, we asked Dr. Wiley what advice she would give to graduate students doing research in these areas. She stated that students should do some community service that really brings you into contact with the families you hope to help in your research. This allows you to see the system from multiple perspectives as well as understand and engage with these families, which leads you to ask more interesting and thoughtful questions. Anecdotally, Dr. Wiley has gained a valuable perspective from the boy she mentors and from her own personal history as a first-generation college student who grew up in a very poor family and community. This perspective has led her to be very interested in understanding consumer interests and applying such perspectives to improve the ways increase access to evidenced based treatments in the real world. Dr. Wiley noted that through working with families with these issues, the complexity of the problem at every turn comes to light more and you begin to understand the many ways in which things are limited and difficult for these families. It leads you to want to push and advocate harder while at the same time, having a more nuanced understanding of how hard it is to be in the field. However, Dr. Wiley's passion to want kids to move forward from experiences of maltreatment and trauma to make a stable and healthy life for themselves keeps her going because the more we can do to make that path easier for them, the better the world will be. Thank you Dr. Wiley for the excellent advice and for your contribution to the field of child maltreatment and juvenile justice!

Recent Member Publications

October 2016 - December 2016

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ECP Spotlight continued from p. 7

Some of the things Dr. Reichert loves as a clinical psychologist is the variety of opportunities, tasks, and roles that are available, especially within a medical school setting. She enjoys collaborating with different departments, as well as other community agencies and schools. Dr. Reichert is also passionate about training and mentoring others, and has established a positive relationship with the PsyD program at Palo Alto University. She frequently provides informal mentoring and more formal mentorship, such as serving on dissertation committees. Dr. Reichert believes that the ability to have multiple roles makes it easy to stay passionate about her career path over time. It also helps her to “stay connected” with graduate training, as she finds mentoring and supervising rewarding. Dr. Reichert’s passion for training is also appreciated by students. For example, she earned an award for excellence in clinical supervision in 2016 from the Stanford Psychiatry Fellowship Training Program.

While Dr. Reichert enjoys her multiple roles, it can also be challenging at times to find balance. Dr. Reichert reflects that as a graduate student, she was very focused on getting good training and new experiences, and felt ok waiting until “later” to find a good work-life balance. The transition from student to an ECP has included both excitement to take on new roles, as well as a conscious effort to shift to a more sustainable lifestyle. She also notes that being focused on trauma in particular, where burn-out rates are high, self-care is a priority. It has been helpful to have the ability to vary her caseload and adjust when needed, such that not all her clients are trauma clients (as they were for post doc).

Outside of her professional role at Stanford, Dr. Reichert started a private practice where she is also focused on serving families with concerns about anxiety and trauma. She currently spends about five hours a week in private practice, and has enjoyed the control and flexibility of having her own practice without boundaries of insurance. She shares that it is quite common for faculty in the Bay Area to have a private practice in conjunction with other roles given the high cost of living in the area. Additionally, Dr. Reichert serves as a peer reviewer for several journals, works on multiple manuscripts, and will also start teaching a course on child psychotherapy in the PGSP-Stanford PsyD Consortium program at Palo Alto University.

Dr. Reichert has already made remarkable contributions to the field of child maltreatment via clinical service, training, mentoring, and research. She is passionate about her multiple roles, and gives students and trainees opportunities to benefit from her knowledge. We wish her the best of luck in her future endeavors and thank her for her insights to our students and ECPs!

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MISSION STATEMENT

The Section on Child Maltreatment of the Division of Child, Youth, and Family Services supports and promotes scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment.

PURPOSE

The purpose of the Section on Child Maltreatment is to promote the general objectives of the American Psychological Association and the Division of Child, Youth, and Family Services; to support and encourage the development of the scientific study of child maltreatment and of sound professional practice relevant to child maltreatment; to provide up-to-date information about maltreatment; to encourage networking across Divisions/Sections in the area of maltreatment; and to advance scientific inquiry, training, and professional practice in the area of child maltreatment as a means of promoting the well-being, health, and mental health of children, youth, and families.

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