



INBALANCE

Fall 2023

Editor: Anthony Puliafico, PhD
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President's Message

By Yo Jackson, PhD, ABPP

Hello members of SCCAP! Yo Jackson here – your 2023 President. I hope this edition of the newsletter finds you well and rested after a very successful APA convention. It was great to see and hear so many fantastic presentations on innovation and impact in our field and to reconnect with so many amazing members of our Division and learn about their work.

If you were not able to make it to convention this year – it is not too late for you to set your sights on APA in 2024 in Seattle, WA. The theme will be focused on the 25th anniversary of SCCAP – we are already a quarter of a century old and that is definitely worth a celebration! You can expect to see a who's who of past presidents and a lot of other SCCAP dignitaries who have been foundational in the creation of the Division. I will not give away all that is in the works – but attendance next year is a must! It is going to be filled with the requisite terrific science but also time to meet those who made it possible for us to have such a thriving division for members and to celebrate.

On that note, be sure to consider submitting your work for presentation at APA next year. Now is the perfect time to find that project or study that would make an excellent contribution to the shared and unique dissemination opportunities that APA brings.

As we are in the latter half of the year, I wanted to remind each of you that it is important that you stay connected with SCCAP and all of the great programming throughout the year. I will be giving a webinar on trauma and children later in the year, not to mention the myriad of other webinars we will sponsor. We are also hosting the Clinical Practice Institute again – a must for any clinician wanting to stay on the cutting edge of clinical practice. We also have many opportunities for awards for members so we can highlight their work such as the Routh Award for outstanding graduate student dissertations and the Abidin Award and grant for outstanding contributions to science by early career professionals. You should check SCCAP's [Resources](#) tab on our webpage for more information. Your membership has privileges, and it is important that you stay abreast of all SCCAP is doing for you.

In closing, if you have ideas or work that you would like to share – drop me an email at yjackson@psu.edu and let me know how we can make SCCAP more helpful and relevant to your work and your growth as a professional.

In Focus: A Selective Mutism Primer

What It Is, How It's Diagnosed, and Approaches to Treatment

By Rachel Merson, Psy.D.

Boston University Center for Anxiety and Related Disorders

What is Selective Mutism?

Although anxiety disorder diagnoses in youth have become increasingly common (Racine et al., 2021), selective mutism (SM) is an anxiety disorder that remains understudied and is often misunderstood. Individuals with SM are consistently unable to speak in certain social contexts (e.g., at school, with new people), despite generally demonstrating age-appropriate verbal communication abilities in environments in which they are comfortable (e.g., with a best friend, at home). A relatively uncommon disorder, data suggest that SM affects less than 1% of youth (Muris & Ollendick, 2015). In a large sample of elementary school children in the United States, Bergman and colleagues (2002) identified SM in approximately 1 out of 133 students (0.75%). SM typically first emerges in early childhood, but often is not identified and diagnosed until formal schooling begins (Kristensen, 2000). If untreated, it can persist into adolescence and even adulthood. Given the significant functional impairment associated with SM, the persistence of this disorder is associated with a range of negative sequelae including social isolation, academic and occupational underachievement, and increased risk of future psychopathology, including depression and other anxiety disorders (Steinhausen, 2006).

Correcting Misperceptions

Myths and misperceptions about SM abound. A frequent assumption is that a child's lack of speech is due to trauma or maltreatment; however, the rates of trauma amongst youth with SM are comparable to that of the general population. SM also is commonly erroneously attributed to oppositionality and viewed as a behavior problem or matter of discipline. Though SM and externalizing disorders can co-occur, the comorbidity rate is relatively low, at only 10-15%. In fact, youth with SM often report *wanting* to be able to speak but feel unable to do so. It has been suggested that most oppositional behavior in SM can be conceptualized as a response to anxiety producing environmental demands, rather than reflecting a distinct disorder (Cohan et al., 2008). Furthermore, SM is not "just shyness" nor is it an extreme variant of social anxiety disorder. Whereas shyness is a normal personality trait, SM is a mental health condition that causes distress and impairment. When in situations in which they are comfortable, some

individuals with SM do not present as shy at all – in contrast, they can be quite outgoing and socially engaged. That said, SM and social anxiety disorder are highly comorbid (60-80% of youth with SM also meet criteria for social anxiety disorder; Driessen et al., 2020), and many individuals with SM express cognitions related to negative evaluation and judgement (e.g., “I don’t speak because others might laugh at me,” and “I don’t speak because others might not understand me,” Vogel et al., 2019). However, despite this overlap, SM and social anxiety disorder have repeatedly been differentiated as distinct conditions (Keeton & Budinger, 2012; Milic et al., 2020; Poole et al., 2020). Finally, SM should not be viewed as something that a child will “outgrow.” While this may be the case for a subset of youth, in most treatment outcome studies, age (and by proxy, number of years symptomatic) is correlated with increased symptom severity and is a predictor of worse treatment outcomes (Oerbeck et al., 2014).

Assessing for Selective Mutism

A thorough SM assessment is multimodal, requiring the synthesis of information from various sources. Given both the young age at which many children seeking services for SM present, as well as the nature of their symptoms, conducting a child-focused clinical interview is generally not advised and even may be contraindicated. Instead, assessment should focus on gathering data from caretakers, teachers and school personnel, behavioral observations, and a review of previous evaluation reports, when available.

Clinical Interview

Using a caregiver-report semi-structured diagnostic interview like the Anxiety Disorders Interview Schedule for Children (Albano & Silverman, 1996) will allow a clinician to assess for the symptoms of SM, assist in differential diagnosis, and determine whether comorbid conditions are present. The Social Communication Anxiety Inventory (SCAI; Shipon-Blum, 2023) can provide a more nuanced understanding of communication abilities (e.g., non-verbally responsive; verbally initiative) in a range of contexts (e.g., school with primary teacher, school with peers, in a store with parents, in a store when addressed by an unfamiliar person).

Questionnaire Data

A clinical interview should be accompanied by a review of data gathered through objective assessment measures. Whereas questionnaires like the Child Behavior Checklist (CBCL) and the Behavior Assessment System for Children (BASC) can provide a helpful big picture overview of a child’s social-emotional functioning, these should be complemented with SM-specific assessment. The most widely used SM questionnaire is aptly named the Selective Mutism Questionnaire (SMQ; Bergman et al. 2008). This 23-item tool assesses a child’s speech in three settings: at school, at home/with family, and in the community, and allows for a comparison of speech between a target child and other children with SM as well as with typically developing peers.

Bergman and colleagues also developed the School Speech Questionnaire (SSQ), which can easily be completed by a child's teachers for further assessment of speech in the classroom setting. More recently published, the Frankfurt Scales of Selective Mutism (FSSM; Gensthaler et al., 2020), includes both a diagnostic scale and a severity scale as well as cut-offs to distinguish SM from social anxiety. There are three versions of the FSSM, for youth of different ages. The SMQ, SSQ, and FSSM are all available within the public domain (see links below).

Behavior Observations

Direct observation of a child's speech and engagement in different contexts is critical in informing diagnostic decision making and developing an individualized treatment plan. The Selective Mutism Baseline Observation Task (SM-BOT; Kurtz, 2023), provides a systematic framework for assessing speech when a child is 1) one-on-one with a caregiver; 2) with a caregiver, in the presence of a new person; 3) prompted to speak by a new person in front of a caregiver; and 4) alone with a new person. Variables of interest include the frequency of a child's response to different types of questions (e.g., open ended versus forced choice), rate of spontaneous speech (i.e., how often a child speaks without direct questioning or prompting), speech volume, response latency (i.e., how long it takes for the child to respond), eye contact, and use of non-verbal communication strategies. In addition, clinicians are encouraged to have caregivers share a video sample of the child speaking comfortably (e.g., a video taken at home) to provide a more thorough understanding of the child "at their best."

Evidence-Based Treatment

The preponderance of data suggests that treatment approaches that combine behavioral therapy techniques (e.g., shaping, fading, exposure, contingency management) and systems interventions (e.g., involvement of caregivers, school consultation) lead to the most robust treatment outcomes (Zakszeski & Paul, 2017). Specific SM treatment packages include integrated behavior therapy (Bergman et al., 2013), defocused communication and behavioral therapy (Oerbeck et al., 2014; Oerbeck, et al., 2018), social communication anxiety therapy (SCAT; Klein, et al., 2017), parent-child interaction therapy for selective mutism (PCIT-SM; Catchpole et al., 2019), and intensive group behavioral therapy (IGBT; Cornacchio et al., 2020). A 2021 meta-analysis (Steains et al., 2021) found a large effect for psychological treatment versus control at post-treatment (Hedges $g = 0.87$). Across studies, diagnostic remission rates have ranged from 45-70%, clinically significant increases in speech on the SMQ have been consistently documented, and treatment response rates, based on the CGI-I, reached 50-88% of participants. That said, RCTs for SM have been limited in number, have included relatively small sample sizes, and typically have only utilized waitlist control groups. Thus, there remains a need for larger treatment outcome studies, particularly those comparing the relative efficacy of active treatments, in order to allow mental health professionals to optimally support these youth and their families.

For more information about Selective Mutism including resources for families, professionals, and educators, please visit: <https://www.selectivemutism.org/>

Links:

<https://www.selectivemutism.org/resources/archive/online-library/selective-mutism-questionnaire/>

<https://www.selectivemutism.org/resources/archive/online-library/school-speech-questionnaire/>

<https://www.selectivemutism.org/resources/archive/online-library/frankfurt-scale-selective-mutism/>

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Election Results

Please join us in congratulating the newly elected 2023 SCCAP Board members:

- President-Elect: **Regine Galanti**
- Council Representative: **Steve Hupp**
- Member-at-Large – Diversity: **Juventino Hernandez Rodriguez**
- Member-at-Large – Education: **Meghan Miller**

As a volunteer-run society, SCCAP could not operate without the support and involvement of its many members. We are appreciative of our dedicated volunteers and encourage members to participate by running for the board or joining one of the many SCCAP committees.

SCCAP is Seeking Nominations for Upcoming Board Positions

All positions assume responsibility on January 1, 2025

SCCAP is seeking nominations for the following board positions:

President-Elect: The President-Elect has a term of three (3) years sequentially serving as President-Elect (2025), President(2026), and Past President(2027). The President-Elect shall be a member of the Board of Directors, shall appoint a Program Co-Chair and Student Representative, and perform duties traditionally assigned to a Vice-President to assist with steering the society. The President-elect will work with the APA programming Committee to develop the Convention programming for their Presidential year. During the president-elect year an optional presidential initiative may be selected. The President-Elect must be a member of BOTH SCCAP and APA.

Secretary: The Secretary is a member and the secretary of the Board of Directors. The secretary is responsible for keeping the minutes of the meetings of SCCAP Board of Directors and Executive Committee, ensuring the use of Robert's Rules of Order, and performing all other duties of a Secretary as required. The Secretary co-chairs the Child Mental Health in Action Funding Committee. If the Treasurer is incapacitated, the Secretary will assume the check signing responsibilities.

Member at Large – Membership: The Member at Large appoints members and chairs the Membership Committee. The Committee shall encourage, facilitate, and oversee membership recruitment efforts and monitor membership trends. The MAL will encourage the participation and encourage programming to support ECP members, and oversee the functioning of Special Interest Groups. The chair will maintain the information relevant to Membership on the SCCAP websites and see that SCCAP sponsored events have recruitment opportunities.

Candidates must have a strong commitment to the SCCAP mission and have the available time to successfully accomplish the tasks defined for the specific position.

- All positions assume responsibility on January 1, 2025.
- Each term runs for three years (2025-2027). In addition to the responsibilities listed below each board member is expected to participate in monthly conference calls and attend two Board of Directors meetings per year.
- Each board member should identify best practices for implementing evidence-based and culturally informed practices to support mental health professionals that work with children and adolescents as it relates to their board position.

- All candidates must be a member of the Society of Clinical Child and Adolescent Psychology (Division 53). Some positions require membership in APA. See specific position descriptions.
- All candidate must agree to and sign the Board Conduct, Confidentiality and Conflict of Interest Agreement
- Personal Statements, CVs, and headshots of the official slate will be posted to the SCCAP53.org Elections page.
- Read the full position descriptions on SCCAP53.org under the [Events and News](#) tab.

Email the application information listed below to SCCAP@SCCAP53.org:

1. Vita
2. Headshot
3. Signed SCCAP Conduct, Confidentiality, and Conflict of Interest Agreement
4. Personal statement

Personal statements should be divided into two sections: (1) a bio describing your background, and (2) a statement describing your interest in the position and SCCAP. The full statement should not exceed 500 words. Self-nominations are accepted.

After the review of all nominations, the Elections Committee will present the slate of candidates to the Board of Directors to be voted on and approved during the January Board of Directors meeting. Candidates will be notified in late January about the official slate of candidates.

The Coalition for Psychology in Schools and Education: An Interview with Dr. George DuPaul

The Coalition for Psychology in Schools and Education, or CPSE, was initially formed in 2002 to help promote psychological principles and ideas in education and school settings. SCCAP joined CPSE as a coalition member in 2003 and George DuPaul, Ph.D., began serving as SCCAP's liaison to CPSE in 2011. In his role as SCCAP liaison, Dr. DuPaul has worked on numerous initiatives to inform education based on psychological knowledge and to provide resources to educators and parents regarding mental health. Dr. DuPaul ended his tenure as CPSE liaison this past summer and Dr. Andres de los Reyes has taken on SCCAP liaison duties. SCCAP is extremely grateful to Dr. DuPaul for his contributions to CPSE and SCCAP, and we interviewed Dr. DuPaul to help share with SCCAP members more about CPSE's important work:

How did your professional path lead you to serve as liaison for CPSE?

Throughout my career, I have tried to design and carry out assessment and intervention research that would directly lead to implementation in applied settings, schools in particular. Unfortunately, I've consistently experienced the oft-lamented gap between research and practice that has plagued our field for decades. When I was offered the opportunity to serve as Division 53 (SCCAP) representative on the coalition in 2011, I jumped at the chance because the mission and activities of the CPSE directly address the need to connect psychological research to educational practice in schools (<https://www.apa.org/ed/schools/coalition>).

For SCCAP members who may not be familiar with CPSE, do you mind describing CPSE's mission and aims?

The mission of the coalition is to bring together psychologists from a variety of relevant subdisciplines to promote and make publicly accessible applications of psychological research to improve the quality of public and private pre-K to 12 education. The coalition further endeavors to influence APA's involvement in policymaking and legislation associated with the US educational agenda. In addition, the mission of this coalition is to encourage cooperation among those APA entities and affiliates whose focus is on children and youth, and the teaching and learning processes. Specific aims include to improve the quality of psychology instruction offered in teacher preparation and professional development; to collaborate with other professions (e.g., special education, counseling) to address the needs of children in schools; and to make education and schooling more central to APA's agenda.

In what ways have you observed CPSE's initiatives impact students and teachers in our schools? Are there specific initiatives that have been most meaningful to you?

Teachers, parents, and ultimately students have been positively impacted by the multiple products that the CPSE has disseminated since its inception in 2002. Chief among these products include the Top 20 Psychological Principles for K-12 Education which has been translated into multiple languages and used in teacher preparation programs across the world (<https://www.apa.org/ed/schools/teaching-learning/top-twenty>). These principles have been applied to specific student populations including young children, youth with disabilities, and students identified as gifted and talented. Most of the coalition's products have focused on K-12 students; however, in recent years the CPSE has expanded its focus to early childhood and pre-K education. These have included the Early Learning Guidelines Educator Toolkit (<https://www.apa.org/education-career/k12/early-learning-guidelines>) and the High Five: Searching for the Best Early Childhood Program brochure for parents (<https://www.apa.org/education-career/k12/high-five>). The latter is an example of how the CPSE has added parents and caregivers as a target population in recognition of the important role that parents play in children's education. Probably the most meaningful product from the perspective of clinical child and adolescent psychology is the development and dissemination of Mental Health Primers (<https://www.apa.org/ed/schools/primer>). These primers are designed to help educators identify classroom behaviors that may be symptomatic of mental health and psychological challenges (e.g., inattention and distractibility, sadness, low perceptions of competence).

What are some highlights from your time serving as SCCAP's liaison to CPSE?

In addition to the publication and dissemination of Top 20 Psychology Principles for Education and its variants across multiple languages and cultures, the Mental Health Primers, and the expansion of products to Pre-K education, one of the highlights was an educator needs survey that we conducted a few years ago. We surveyed a national sample of pre-K to 12 educators regarding their perceived understanding of psychological principles and the degree to which they confidently applied those principles in their classrooms. The CPSE has used results of this survey to guide identification and development of materials and products that are highly relevant to educators. I'm also proud of the coalition's contributions to APA's public service efforts during the height of the pandemic (see for example, <https://www.apa.org/topics/covid-19/education-behavior-management>). Finally, I am thankful for the opportunity to collaborate with psychologists from a variety of subdisciplines on this coalition as this experience has given me a greater appreciation for the many areas of psychological research that can inform educational practice and policy.

Which trends or future directions do you see for the role of psychology in education?

There are many possible future directions for our field's contributions to pre-K-12 education; however, the area that I am most excited (and anxious) about involves the leveraging of emerging technology tools (e.g., generative artificial intelligence, immersive virtual reality) to improve the educational and mental health functioning of all children. In particular, there is the potential for us to use these technologies to prompt and deliver evidence-based psychological supports and interventions to students, teachers, and caregivers at the point of performance (i.e., at the time and in the setting where those supports and interventions are needed). Of course, we also need to ensure that these technologies are deployed equitably while being designed to accommodate the varied contexts of children, schools, and families.

In closing, I want to thank the Division 53 leadership for supporting my collaboration with the CPSE over the past 12 years. It has truly been one of the most valuable experiences of my professional career. I wish our new Division representative, Andres De Los Reyes, all the best in taking over this important role.

Thank you Dr. DuPaul for all of your efforts!

Evidence Base Update for Disruptive Behavior Problems

The website effectivechildtherapy.org (aka ECT.org), one of SCCAP's initiatives and curated by SCCAP member John Guerry, PhD, offers up-to-date information to providers and families on the range of pediatric mental health concerns and the evidence-based assessments and interventions that exist for these concerns. ECT.org helpfully provides tiered lists of interventions for a given condition based on the level of research support for the intervention. The treatment tables appearing on ECT.org are drawn directly from the latest articles published in the [Journal of Clinical Child and Adolescent Psychology \(JCCAP\)](#), currently edited by Andres De Los Reyes, Ph.D. For more information, please see the Evidence Based Updates series regularly appearing in JCCAP. Moving forward, *InBalance* will highlight these evidence base updates to keep SCCAP members informed and up to date.

[Click here](#) to find a ECT.org's newly updated Tables of Evidence-Based Interventions for youth with disruptive behavior problems (separate tables for children and adolescents).

Evidence-Based Therapies for Keeping Families Together

By **Alana L. Riso & Michael A. Southam-Gerow, Ph.D.**

Center for Evidence Based Partnerships in Virginia/Department of Psychology, Virginia Commonwealth University

Evidence-based practice (EBP) was strongly promoted by the American Psychological Association nearly two decades ago (see APA Presidential Task Force on Evidence-Based Practice, 2006). The EBP concept is now an integral part of a recent federal initiative for children and families in need, known as the Federal Family First Prevention Services Act (“Family First;” NCSL, 2022). Our Center for Evidence Based Partnerships in Virginia (CEP-Va) is the state’s technical assistance center for Family First. Family First has the potential to have an enormous impact on families in need. This article presents the background and purpose of Family First and outlines the selection process for its list of EBPs. We provide resources to assist providers and agencies in identifying child and family EBPs for the purpose of referrals, to pursue training, or to apply for state funding through the Family First Act. Finally, we briefly describe the EBPs that were chosen and are administered by our center in Virginia, one of the most active of the 28 states participating in Family First.

The major purpose of Family First is to prevent children from traumatic separations from their family and/or entry into foster care. A federal law, Family First provides states with funding for training practitioners and providing services under specific EBP interventions. The Department of Health and Human Services (HHS), in fulfillment of Family First, created a massive “clearinghouse” (known as the Title IV-E Prevention Services Clearinghouse; NCSL, 2022) which provides transparent reviews of the evidence base for programs and services. The interventions are rated on the quality of evidence supporting their use with child welfare populations. Interventions are rated on a four-point scale: (1) *well-supported*, favorable effects in two separate comparisons and evidence of an enduring effect, (2) *supported*, favorable effects in one comparison and evidence of an enduring effect, (3) *promising*, favorable effects in one comparison, and (4) *does not meet criteria*, no statistically favorable effects have been demonstrated. States choosing to participate in Family First are required to specify which EBPs from the clearinghouse they will include in their service array. To be eligible for funding for training and services, the EBPs chosen needed to be rated as well-supported, supported, or promising by the clearinghouse. On the clearinghouse website (see <https://preventionservices.acf.hhs.gov/program>) service providers can find an extensive list of interventions, their level of empirical support, a review of their support, and citations for the major clinical trials for each modality.

Our center (CEP-Va) was selected by the Virginia Department of Social Services (VDSS) to coordinate training and recommend allocation of funding for training in the EBPs

from VDSS's Family First Prevention Plan. Collectively, the EBPs chosen aim to keep families together, given the importance of keeping children out of foster care if at all possible (McIntyre & Keesler, 1986; Miller et al., 2000). Of the eight EBPs chosen by Virginia, we will discuss the six well supported EBPs with a strong emphasis on family-focused interventions: Functional Family Therapy (FFT), Brief Strategic Family Therapy (BSFT), Homebuilders, Multisystemic Therapy (MST), Parent-Child Interaction Therapy (PCIT), and Family Check-Up (FCU).

Functional Family Therapy (FFT)

FFT is an in-home program designed for children and adolescents ages 11 to 18 with change-resistant disruptive behaviors and parents or caregivers who are experiencing hopelessness (Robbins et al., 2016). FFT uses cognitive-behavioral and systems approaches to target behavioral problems in the entire family. The therapy examines the functions of maladaptive behaviors which are viewed as attempts to get relational needs met. Instead of attempting to alter these existing relational needs, each dyad in the family is taught more adaptive means of getting their needs met (Robbins et al., 2016).

FFT typically involves 12-14 weekly one-hour sessions and consists of five phases – engagement, motivation, relational assessment, behavior change, and generalization (Robbins et al., 2016). The engagement phase is focused on establishing high expectations for the program to promote attendance. In the motivation phase, the therapist works to reduce conflict and shifts the family's attention toward improving their relationships with each other. In the relational assessment phase, the family examines how their behaviors and feelings shape interactions with each other. In the behavior change phase, they are taught behavioral interventions such as listening and anger management skills that reduce maladaptive behaviors. The generalization phase prepares the family to maintain these new adaptive behaviors after the program ends. There is evidence that FFT improves overall family functioning (Hansson et al., 2004) and parental involvement (Stanton & Shadish, 1997).

Brief Strategic Family Therapy (BSFT)

BSFT is a strategic, problem-focused family therapy that targets children and adolescents, ages 6 to 17, with behavior problems such as substance use, minor criminality, and unsafe sexual activity (Horigian & Szapocznik, 2015). Although problematic behaviors, such as substance abuse, may have many causes, BSFT posits that changes in the family unit will have the greatest influence on behavior and development. The program aims to alter maladaptive family interaction patterns contributing to child/adolescent problem behaviors. For instance, BSFT may address oppositional behavior in the child and the failure of parents to set clear boundaries for their children.

BSFT is typically delivered once a week for 60 – 90 minutes over 12-16 sessions in many settings, including at residential treatment facilities, in homes, or in a mental

health clinic (Horigian & Szapocznik, 2015). The BSFT structure consists of four intervention techniques: (a) joining, (b) tracking and diagnostic enactments, (c) reframing, and (d) restructuring. Joining involves creating unity among family members and between the family and the therapist. During tracking and diagnostic enactments, the family converses in their typical manner and the therapist studies the family dynamics, identifying adaptive and maladaptive interaction patterns. Reframing involves the therapist taking a more active approach, altering expressions of negative affect in a way that helps the family members understand each other's intentions more sincerely. For example, an angry statement may be reframed as an expression of concern or hurt. Last, the family will learn to restructure their interactions through skills such as communication redirection, conflict resolution, and behavioral control. Ultimately, BSFT improves family functioning and reduces child and adolescent behavior problems by allowing families to create adaptive interaction patterns.

Homebuilders (HB)

HB is an intensive, in-home program designed for families experiencing significant relational challenges. HB targets families with children ages 0 to 18 in which there is imminent risk of one or more children being removed from the home for placement in foster care, psychiatric hospitals, or correctional settings (Kinney et al., 2017). Therapists are on-call 24 hours a day, for up to six weeks. For example, it is common for HB therapists to come to a family home during times of crisis and work to defuse the situation. Given the intensity of the approach, each HB therapist serves only one or two families at a time.

Although the course of HB can be variable, often a course of treatment begins with individual work with family members for intensive one-on-one therapy (Kinney et al., 1977). As each family member develops some skills, HB moves to family sessions where problems are defined in specific and concrete ways. In this context, the family receives problem-solving and communication training. In addition, the HB therapist connects the family with community resources to help prevent future crises. For example, such work may include providing basic needs such as food, clothing, and shelter. After the family's crisis has subsided, an HB therapist may refer the family to a long-term treatment program.

Multisystemic Therapy (MST)

MST is a short-term treatment for families of adolescents ages 10 to 17 who exhibit delinquency and severe behavioral problems (Littell, 2005). MST's strategies stem from strategic family therapy, structural family therapy, and behavioral parent training (van der Stouwe et al., 2014). It is designed to increase family functioning, decrease behavioral problems, and keep children in the home.

MST typically runs for four-to-six months and sessions range from once a week to daily. It is delivered either in-home or in the community through treatment teams consisting of therapists, caseworkers, and clinical psychologists (Littell, 2005). During

MST, an assessment is conducted of the child's behavior, the child's interactions with the rest of the family, and the family's interactions with friends and community members. Therapists draft clear, individualized treatment goals, and the family is assigned various tasks to help them accomplish these goals. Tasks may involve collaboration with school personnel, peers, and neighbors. For instance, if a therapist were to discover their client's passion for soccer, the therapist might prompt the client to ask their high school soccer coach if they can try out for the team. MST is an intensive approach, generally involving multiple contacts with each client during a week. As such, MST therapists hold relatively small caseloads (4-6 cases).

Parent-Child Interaction Therapy (PCIT)

PCIT is a behavioral approach for parents with young children (ages 2-7) who are exhibiting social, emotional, or behavioral problems (Warren et al., 2022). PCIT aims to help the caregiver develop an effective, authoritative parenting style to improve the caregiver-child relationship and help the child develop emotion regulation and other behavioral skills.

PCIT is typically delivered once a week for 14-16 weeks and consists of two phases: Child-Directed Interaction and Parent-Directed Interaction (Warren et al., 2022). PCIT involves live coaching where the caregiver wears an audio device permitting the therapist to offer real-time guidance. During Child-Directed Interaction, the caregiver learns to follow the child's lead in play, focusing on maximizing positive attention and decreasing negative attention. Such a skill helps families where behavioral problems have been inadvertently reinforced through negative attention. This phase seeks to reverse that problematic contingency. In Parent-Directed Interaction, the caregiver is taught to use direct and positive commands to address remaining problem behaviors, improving compliance of the child and confidence of the caregiver (Warren et al., 2022).

Family Check-Up (FCU)

FCU is a skills-based intervention in which therapists collaborate with caregivers to improve parenting skills and child behavior (Stormshak & Dishion, 2009). Tested with children ages 2 to 17, FCU involves three sessions: (a) interview, (b) assessment, and (c) feedback. During the interview, the therapist and parents review problem areas, discuss motivation for change, and draft specific treatment goals. The assessment consists of questionnaires and a video of the family executing several interaction tasks which are assessed by the therapist. During feedback, the therapist discusses strengths and challenge areas, employs motivational interviewing, and provides constructive criticism on the video-recorded interaction task. Finally, the therapist recommends specific follow-up services for the family. FCU is linked to improvements in parenting, which decreases child mental illness and problem behavior (Stormshak et al, 2020).

Conclusion

Virginia provider agencies can apply for funds for training of their staff in these six well-supported EBPs through CEP-Va. Through the awards, hundreds of practitioners will be trained in Virginia. The six EBPs cover a wide range of problem areas and ages, together building a sturdy service array for families with children at risk for out of home placement. In addition to Virginia, prevention plans and funding opportunities for training in EBPs are available in many other states (see <https://www.acf.hhs.gov/cb/data/status-submitted-title-iv-e-prevention-program-five-year-plans>). Practitioners can also purchase training to become certified in Family First identified treatments with self-paced, virtual, and in-person options. Providers and provider agencies are encouraged to examine their state's prevention plan for training, referrals, and possible reimbursement for services. These efforts hold the potential to have an enormous impact on family functioning and to prevent traumatic separations of children from their families.

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A WONDERFUL TIME OF LEARNING AND CONNECTION IN DC!

2023 APA Convention Recap

We would like to extend our gratitude to all the APA Convention 2023 presenters and attendees. What an inspiring time we had together in Washington, D.C. for the 2023 APA Convention! It was a wonderful experience to be able to come together in person to share knowledge and experience in our nation's capital. The Social Hour and Award Ceremony were special highlights, with time for friends and colleagues to reconnect and new relationships to form!

The program through SCCAP was remarkable. We had the opportunity to learn about "wicked problems" from our SCCAP President, Dr. Yo Jackson. Dr. Stephen Hinshaw, our Distinguished Career Award winner, provided us with a broad view on developmental psychopathology, stigma in mental health, and the need for science and humanization to address youth/young adult mental health. We also were inspired towards identifying a path for innovation and progress through a talk given by our Keynote Speaker, Dr. Bruce Chorpita.

Our student and early career members expressed excitement over the new knowledge they had gained through listening to presentations from our speakers and interacting at social and mentoring events through the SCCAP suite programming as well. If you were not able to attend the Main Stage and Feature Stage programming, you can still access presentations at <https://convention.apa.org/> on demand if you registered for APA. We are hopeful that these presentations and the knowledge you gained at APA 2023 will help you stay intellectually engaged until next year's convention!

2024: Looking forward to Seattle and looking back over 25 years as a unique Division!

APA 2024 is planned for August 8-10 next year in Seattle, Washington. In 2024, we are thrilled to add Co-Chair, Kelsie Okamura, Ph.D., to the convention programming team! Dr. Okamura is an implementation researcher at the Baker Center for Children and Families and has expertise in the areas of youth internalizing disorders, evidence-based innovations, and dissemination and implementation science. We appreciate the tremendous contributions her unique perspective will bring to the team.

The 2024 APA Annual Convention will be a very special year for SCCAP as we will celebrate our 25th year as a unique division in APA! Conference programming for 2024 will include historical perspectives on the impact of work that has come from our

division as well as opportunities to come together to envision a path for the future. We look forward to a special panel of past SCCAP presidents who will offer us a unique developmental perspective on the division and its growth over time. We also welcome submissions of proposals that align with division themes and provide perspectives on translational science, developmental psychopathology, innovative clinical or therapeutic approaches, or prioritize the needs of underrepresented populations.

Posters, Symposia, Discussions, and Skill-Building Sessions: Due Date TBA (early 2024)

We look forward to receiving proposals for a range of presentation types, including posters, symposia, discussions, and skill-building sessions. Our community benefits greatly from perspectives from BIPOC and members of underrepresented groups, and proposals that represent the unique need of underserved and/or underrepresented populations. Individuals across settings and degree status (i.e., trainees, early career professionals, practicing psychologists, researchers, and academics) are all welcomed to participate through proposal submission—your contributions to learning within our community is truly important!

Be on the lookout for the 2024 Call for Proposals portal on the APA website in late October/early November. Please feel free to reach out to us at our SCCAP conference email address: APAConvention@sccap53.org. We are happy to give feedback and provide more information as you prepare your proposals.

Question, comments or hopes about APA 2023?

Email us at apaconvention@sccap53.org!

The Future Directions Forum: Learn to Live a Balanced Academic Life

July 25-27, 2024 | Nationwide Children's Hospital
(Columbus, Ohio)

In Partnership With: Society of Clinical Child and Adolescent
Psychology & Taylor and Francis

Overview of Our Programming

Learning how to do great science requires a toolbox of skills. Skills for effectively communicating science. To secure funding for scientific work. To identify where and when job opportunities arise. To get the offers to start your first job and build the record to keep that job. No one takes a class to acquire this toolbox, who has the time? Yet, we still need these tools, so where do we find them? We launched the *Future Directions Forum* to help you build your scientific toolbox. At the *Forum*, we offer professional development workshops, as well as small group and one-on-one expert consultations on all aspects of academic work. In keeping with our focus on the future of science, we also dedicate time to learning about innovative areas of mental health research, based on featured content from a leading mental health journal, the *Journal of Clinical Child and Adolescent Psychology (JCCAP)*. Our 2024 addresses will be delivered by recent authors of articles in *JCCAP's Future Directions* series with expertise in:

- Mentoring (Tim Cavell, University of Arkansas)
- Culturally Responsive mHealth (Henry Willis, University of Maryland)

An academic's toolbox of skills is not limited to those tools that facilitate producing impactful work. These tools must also help you address a perennial challenge with working in academic settings. In particular, to lead a healthy, balanced academic life, we at the *Forum* are mindful of the need to disengage from your work on a regular basis, in an effort to reduce the effects of job-related stressors as well as the risk of burnout. However, how often do we have a platform for learning strategies to lead a balanced academic life? How do we stay productive in our work and at the same time, *stay human* and find time to unwind? In an effort to help you build these skills, our programming literally strikes a balance between academic skills and skills for balancing work and life. Our 2024 *Professional Development Team* includes scholars with a wealth of knowledge across all of these areas of professional development and work-life balance:

- Donte Bernard, University of Missouri
- Sophia Choukas-Bradley, University of Pittsburgh
- Andres De Los Reyes, University of Maryland
- Mary Fristad, Nationwide Children's Hospital
- Kristina Gordon, University of Tennessee
- Kathryn Humphreys, Vanderbilt University
- Sarah Racz, University of Denver
- Zoe Smith, Loyola University Chicago
- Elizabeth Talbott, William and Mary
- Amanda Venta, University of Houston

-Andres De Los Reyes

Editor of *JCCAP* & Program Chair for the *Future Directions Forum*

Stay Tuned for Our Call for Abstracts

SCCAP Conference Planning Update: Fall 2023

We hope to host our first official SCCAP conference in 2025 and are moving forward with planning. We would appreciate it if you would please take approximately 5-10 minutes to answer the following questions. Your feedback and recommendations will be very helpful for informing our planning process.

[Please click here to access the survey.](#)

Please contact either Mary Louise Cashel (mcashel@siu.edu) or Tim Cavell (timcavell@gmail.com) if you are interested.

Thank you!

Announcing SCCAP Award Opportunities

To advance its mission and support the professional development of its members, SCCAP has developed a series of awards to recognize and promote excellence across specific child and adolescent focused domains, as well as across the career span.

These awards are a members-only benefit and are part of SCCAP's mission to promote psychologists' work and advance the profession. SCCAP encourages and welcomes applicants with diverse backgrounds with respect to age, ethnicity, disability, gender, geography, nationality, race, religion, and sexual orientation.

Our awards program has the ability to help support developing professionals and students or acknowledge valuable contributions by our members. We need your assistance to seek candidates throughout our diverse fields of educators, researchers, and practitioners who are worthy of recognition.

The SCCAP nomination process is straightforward and self-nominations are accepted. Nominations can be submitted online through the specific award pages listed below.

Please visit the [Awards tab](#) on SCCAP53.org for a full listing of opportunities and specific requirements.

Questions may be emailed to SCCAP@sccap53.org.

Distinguished Career Award

[Nominations Due by January 10, 2024](#)

Although there are no simple defining criteria for this award, major research or theoretical contributions to the field or other contributions in terms of public policy or scientific practice may be considered. The awardee must be prominent or eminent in clinical child and adolescent psychology. We especially encourage our members to nominate stellar candidates within any area of clinical expertise who have made contributions to equity, diversity, and inclusion in the field. The recipient will receive a \$2,000 honorarium to be used for travel to the APA Convention to present an invited address. A list of past Distinguished Career Recipients is posted on the SCCAP53.org website.

[Learn more and apply here.](#)

R. Bob Smith Award for Excellence in Psychological Assessment

[Applications Due by January 10, 2024](#)

The R. Bob Smith Award was created to recognize Bob Smith, Ph.D. for his many years of service to the psychological profession by upholding the highest standards when creating and publishing evidence based psychological assessments. The award is given to an individual, or organization that has made a major contribution to the field of psychological assessment broadly defined. Awardees will receive a \$500 honorarium and up to \$1500 toward travel to the American Psychological Association Convention. They will be recognized at the Society of Clinical Child and Adolescent Psychology (SCCAP) business meeting at the convention.

[Learn more and apply here.](#)

Abidin Early Career Award

[Applications Due by December 16, 2023](#)

The Richard “Dick” Abidin Early Career Award and Grant (\$20,000) recognizes an early career psychologist who has established a program of empirical research that has had a major impact on the field’s understanding of psychopathology, prevention, assessment, treatment, or public policy. The grant is provided to enhance the awardee’s research program and/or to enable the awardee to initiate a new effort that extends their work.

[Learn more and apply here.](#)

Early Career Contributions to Diversity Science Award

[Applications Due by June 1, 2024](#)

The Early Career Contributions to Diversity Science award recognizes early career psychologists (fewer than 10 years post-graduate degree) who have made important contributions to equity, diversity, and inclusion through their research in clinical child and adolescent psychology. Contributions considered include scientific impact as well as public impact of research. The recipient will receive a \$1,500 award and up to \$1,500 toward travel expenses for the APA convention. Award winners may also be invited to present their work in one of the many venues SCCAP has for providing education to members.

[Learn more and apply here.](#)

SCCAP Award for Clinicians Promoting Evidence-Based Mental Health Services for Children and Adolescents

[Applications Due by January 13, 2024](#)

This award recognizes a practitioner who has made a significant and enduring impact to promoting awareness, accessibility, and/or implementation of evidence-based mental health services for children and adolescents. This recognition is designed to highlight the outstanding work of currently practicing clinicians who take scientifically derived clinical knowledge and promote, provide, or share it on a broader scale (i.e. state, national, or international), in particular with members of diverse, vulnerable, or underserved groups. Note that the focus here is not on scientific productivity (e.g., publications, grants received) but on efforts that facilitate and improve the quality of evidence-based services for children and adolescents more broadly and to the general public's access to those services.

[Learn more and apply here.](#)

Routh Dissertation Grant

[Applications Due by January 13, 2024](#)

The Routh Dissertation grant provides support for student research with potential to make significant contributions in the area of clinical child and adolescent psychology. Up to four \$2,500 grants will be awarded annually. The student's dissertation project must be approved by an advisor and program faculty at the time of submission. The applicant must be a student member of SCCAP and enrolled in an APA-PCSAS and/or CPA-approved doctoral program at the time of application.

[Learn more and apply here.](#)

Diversity Professional Development Award

[Applications Due by December 20, 2023](#)

The goal of this award is to provide graduate students and early career professionals (ECP's) from diverse groups (e.g., ethnic and racial, sexual and gender diversity, individuals with a disability) the opportunity to gain new skills and promote their professional development by attending or presenting at professional conferences (online or in person). The Diversity Professional Development Award is designed to promote attendance at the annual APA conference or an SCCAP- sponsored

conference (e.g., Future Directions Forum, Miami International Child and Adolescent Mental Health conference). Conferences will be considered with a written justification of how the proposed conference will enhance your professional career. These funds may cover enrollment fees for webinars, classes or conference.

[Learn more and apply here.](#)

Student Development Committee Professional Development Awards

[Applications Due by March 1, 2024](#)

These awards are designed to support the professional development of undergraduate and graduate students in APA- PCSAS and/or CPA-accredited programs. Up to six \$375 professional development awards are available to support student conference attendance, online educational opportunities, and/or purchase of printed materials that relate to the student's work. Preference will be given to students presenting posters at conferences. Applicants must be a member of SCCAP to apply for this award, and priority will be given to students with long standing membership. SCCAP is [free to join](#) for students.

[Learn more and apply here.](#)

Student Achievement Awards in Research

[Applications Due by April 1, 2024](#)

The Student Development Committee invites applications for its annual Student Achievement Awards in Research. The research awards will recognize one undergraduate student, one early-stage graduate student (for students in the first three years of doctoral training or in Master's programs), and 1-2 late-stage graduate students. We seek to recognize students who have made a significant contribution to the field of clinical child and adolescent psychology, primarily through work on a recent research project but also through teaching, mentoring, clinical work, and other forms of community engagement. Undergraduates will also be evaluated based on their academic achievement.

[Learn more and apply here.](#)

Graduate Student Achievement Award in Clinical Practice

[Applications Due by April 1, 2024](#)

The Student Development Committee invites applications for its Graduate Student Achievement Award in Clinical Practice. The clinical practice award will recognize 1 graduate student of any stage who demonstrates innovative clinical service, clinical skill, and commitment to *evidence-based practice*. We seek to recognize students who have made a significant contribution to the field of clinical child and adolescent psychology, primarily through pioneering clinical work but also through research, teaching, mentoring, and other forms of community engagement. In addition, we seek to recognize students who have demonstrated exceptional clinical skills in *evidence-based practice*. Students are asked to submit a case conceptualization as an example of this skill set, with an emphasis on the course of treatment. This award is open to graduate students in APA, PCSAS, or CPA-accredited master- and doctoral-level programs.

[Learn more and apply here.](#)

[Learn More About These Awards Here](#)

Journal Update:

Evidence-Based Practice in Child and Adolescent Mental Health

By Mary Fristad, PhD
Editor, *EPCAMH*

EPCAMH welcomes Andres Viana, PhD, ABPP, as our interim Associate Editor while Jill Ehrenreich-May, PhD, takes a well-deserved sabbatical during the remainder of her ABCT presidential year. Dr. Viana is a professor in the Department of Psychiatry at Texas A & M. Previously, he led the Child Temperament, Thoughts and Emotions Laboratory in the Department of Psychology at the University of Houston. His expertise includes temperamental and cognitive-affective mechanisms implicated in anxiety, trauma, and substance use comorbidity.

In July 2023, EPCAMH received a 2022 CiteScore of 2.1 from Scopus (these scores come after the cumulative data for the prior year are available). CiteScores reflect the average number of citations received by articles in the journal over a four-year period. Our young journal is still growing but clearly is on an upward trajectory. Stay tuned for more good news in the coming year!

As always, I encourage our members to **read, cite, and submit** EPCAMH articles, as we strive to become the #1 clinical resource for our practitioner members.

American Board of Clinical Child & Adolescent Psychology Update

By Adam B. Lewin, PhD, ABPP
President, ABCCAP

How do I pick a doctor?

As a patient where do I start? Do I ask my friends, use social media or look at commercial web reviews? Word-of-mouth referrals are great; however, I do not know if psychologists are being rated on their waiting room furniture, the friendliness of their office staff, or their actual competence! I was recently reassured by some of my team's research (unpublished – spoiler alert): patients rated psychologist expertise to be far more important than convenience variables (and even cost) when making decisions about their care. When looking to make a referral, I often struggle to find expert child and adolescent psychologists. So how do parents/pediatricians find expert child and adolescent psychologists without knowing their training/experience? How do they know the psychologist is truly a specialist? Answer: Board certification – a boarded child and adolescent psychologist underwent a peer review of their training experience and professional competencies. Unfortunately, unlike physicians for whom boarding is very common, board certification remains rare in child and pediatric psychology.

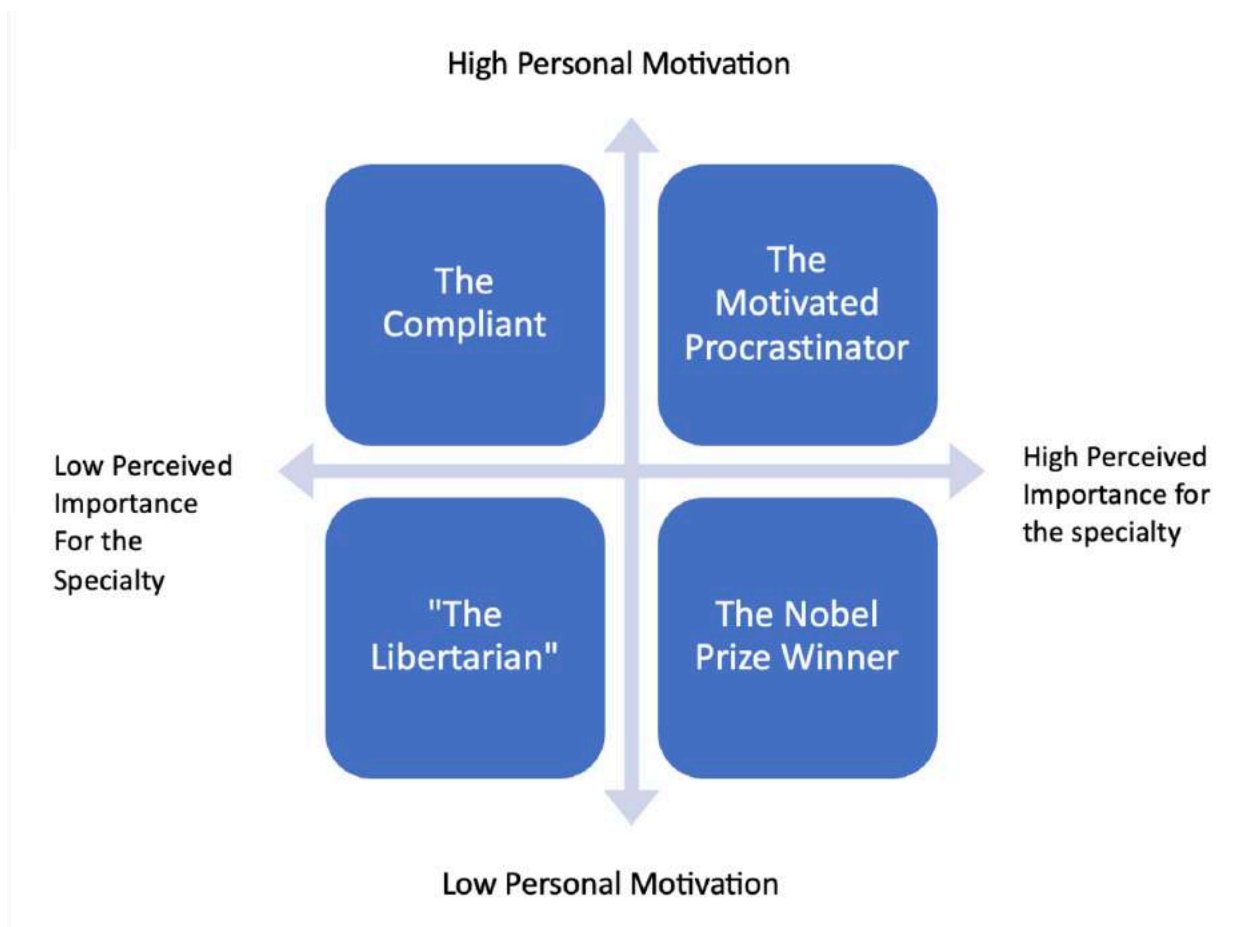
The public prefers clinicians who are certified.

An in-press study in the *American Psychologist* found that the public views professional certification to be important! In the study, clinicians with a specialty certification were preferred over those who were not certified. Moreover, certified Masters Level clinicians were rated **more favorably** than non-certified Doctoral Level therapists. Let that sink in. Considering the two studies together (and no, I don't expect my study to be published in APA's flagship journal): clinician expertise outweighed cost and convenience. Professional certification was deemed more important than terminal degree. As I've written in previous pieces, board certification is critical for claiming our specialty as child and adolescent psychologists. This research indicates the public agrees.

The 2x2

Board Certification is critical for claiming our specialty. The public looks for professional certification. However, many pediatric and child psychologists are not board certified. How do I make sense of this discrepancy? Even before becoming President of the Board, I wondered "why are more child and adolescent psychologists not getting boarded?" In an intentionally simplified manner, I present a 2x2 explanation:

High and Low levels of Perceived Importance of Board Certification for the Specialty vs. High and Low levels of Personal Motivation to Seek Board Certification:



The Motivated Procrastinator: “It’s important for the field and I know I should get board certified.” This psychologist believes board certification is important to advance the specialty field. They plan to do it...sometime soon. This is the easy case for ABCCAP: Start your application and contact us for a mentor/support. The first step is submitting a short online application – our team will help guide you through the process.

The Nobel Prize Winner: “I think it’s important, but I’m not planning to get boarded.” This psychologist clearly sees the importance of board certification to the specialty field, but finds little personal motivation to go through the process. Maybe these are psychologists who are senior career (or who are very well established). For example, psychologists in academic or administrative roles with little patient contact. Maybe they own/manage a successful practice. I’d urge these psychologists to consider the ABCCAP Senior Examination Option – it was designed for this purpose. Senior Board-Certified Psychologists might find personal fulfillment through mentorship, service and role modeling. Even if boarding is not part of their future personally, they can still advocate for the process and advance the field with strong support.

The Compliant: “I don’t really think about the bigger picture but I am required to get board certified for my employment.” This psychologist has high motivation (perhaps for hire or promotion) but is not focused on advancing the Pediatric Psychology Specialty Identity. This could be a function of perspective. Early in my career, I didn’t see the need for my graduate program’s Ph.D. Qualifying Examination. In hindsight, I found the process formative in my development. I now have added perspective: I see the value as a program director/educator (vs. only as a student). Many people find the prospect of an examination to be daunting: it biases our ability to see the personal and professional value-added of undergoing the process. (Ironically, I’m an exposure therapist – selling kids on doing really hard with the hope of feeling better... in the future.) After the exam, most individuals give me feedback that the board examination process is reflective, collegial, and helped with their professional growth. It’s more than just earning a certificate. The value-add from board certification may not be readily apparent at all career stages.

The Libertarian: “I don’t think there’s a need to require board certification and I don’t plan on seeking it myself.” These psychologists espouse that child and adolescent psychologists should not be required to demonstrate their competence, training and upkeep of credentials to their peers via board certification. I find it doubtful that these are the SCCAP newsletter readers. For professionals in this square, I think a good dialogue is important. I would look for common ground: understanding of how board certification can advance our specialty even if it does not seem personally relevant to them.

Summary

If you are already board certified, thank you for helping us advance our field! If you’re not board certified, why not? Which square are you in? Do you fit into one of these facetious categories? What factors are keeping you from undergoing a peer review of specialty competence? Fact: examiners are your peers. Fact: criteria are tied to competency (3 years post licensure – not an ivory tower level). Based on the research, the public’s voice seems clear: professional certification matters. Help us own our collective specialty. Please join us at informational workshops throughout the year or message us with any questions. The ABCCAP Board and many other volunteers are here to help.

Please visit our site at www.clinicalchildpsychology.com for more information.

Update from Division 53

Representatives to APA Council

By Mary Louise Cashel, PhD & Timothy Cavell, PhD
SCCAP Representatives to APA Council

Mary Louise Cashel and Tim Cavell serve as APA Council Representatives for SCCAP. The Council met in Washington, DC, on August 1-3, 2023. We voted to adopt as policy these statements and guidelines:

- *APA Policy Statement on the Developmental Risks and Opportunities of Adolescent Employment.* The purpose of this statement is to advocate for safe labor practices for adolescents, to prevent exploitation and abuse, to protect educational attainment and opportunities for future earnings, and to strengthen families.
- *APA Guidelines for Operational Psychology.* The purpose of these guidelines is to standardize and enhance the professional delivery of services of psychologists working within the areas of national security, national defense and public safety, and other related consultation.
- *APA Policy Statement on Equitable and Inclusive Student Admissions in Higher Education.* The intent of this document is to express support for equity and inclusion in higher education and provide options for addressing the underrepresentation of students of color with the goal of achieving diverse student bodies at educational institutions across the country, creating pathways to expanded career opportunities, and strengthening U.S. society overall.
- A resolution was also passed on the consent agenda to Oppose Mental Health Screening Questions on Character and Fitness Examinations for Licensure to Practice Law.

Council voted to receive (accept) the following reports:

- *Board of Educational Affairs (BEA) Racial Disparities Task Force Report: Racism and Bias.* The focus of this report was a review of published studies on educational disparities, interventions that have demonstrated success in addressing these gaps, and recommendations for practice, policy and research.
- Council Leadership Team Evaluation Report*
- Council Effectiveness Implementation Oversight Task Force (CEIO) Task Force Report and Recommendations*

**The latter two reports were internally focused on Council policy, procedures and by-laws, which comprised much of COR discussion at this meeting.*

Mary Louise Cashel is a member of the APA Committee on Rural Health (CRH), which met on August 3rd. We discussed aligning our efforts with the Rural Health Section of

Division 31 (State, Provincial and Territorial Psychological Association Affairs) and the COR Rural Health Interest Group and Caucus. Mary Louise was appointed as Secretary for the Rural Health Caucus. We hope to lead the way for a national needs assessment of rural health practitioners.

The Child, Adolescent and Family (CAF) Caucus, for which Mary Louise Cashel serves as Chair, also met prior to the COR meeting in July. Mary Ann McCabe, PhD, ABPP spoke in support of the APA Policy Statement on Adolescent Employment. We welcomed the new Director for the APA Center for Psychology in Schools and Education, Nicole Barnes, PhD, who gave updates on the APA taskforce for safety of schools and the BEA Racial Disparities Task Force. Also, representatives from APA Advocacy and the Office on Children, Youth and Families (CYF) discussed current priorities focused on school-based mental health, youth mental health research, and Equity, Diversity, and Inclusion initiatives. APA is partnering with Sesame Street (Sesame Workshop) to provide resources for supporting children in learning about race and racial justice, emotional development, mental health, and well-being. Cookie Monster attended the APA Convention and took photos with attendees (see photo).

Also, Tim Cavell chaired APA's Council's Education & Training Caucus meeting. Attendees heard reports from Cathi Grus, PhD, APA's Chief Education Officer, including updates on APA's efforts regarding the Master's Initiative. APA's Commission on Accreditation (COA) will soon begin accrediting master's training programs and a recent APA Task Force on a likely title and scope for those with a master's in health service psychology. Dr. Grus also shared that her office will soon be engaging in efforts to issue more broadly updated communications about these efforts, including plans to draft a Model Licensure Act for states considering licensure of providers with a master's in health service psychology.

Acute, Intensive, & Residential Services SIG Update

By Alysha Thompson, PhD
AIRS Special Interest Group Chair

Four years after initially conceptualizing the AIRS SIG, our co-founders finally were able to meet all together in person at APA, instead of just over Zoom. See attached for a photo of the AIRS SIG co-founders, Drs. Jarrod Leffler, Aaron Vaughn, and Alysha Thompson. We enjoyed seeing so many folks at APA in August and had some great conversations both at our panel discussion, as well as during our social hour. We are looking forward to next August to see many folks again, and continue to be grateful for the community of psychologists we have built working in acute and intensive settings.

In July, we published our most recent newsletter. See the [AIRS SIG Webpage](#) for our most recent updates, including details of our upcoming coffee hours, information on our early career consultation group, and a research roundup of recent publications by AIRS SIG members, or research relevant to AIRS SIG interests.

Infant & Early Childhood SIG Update

By Caroline Kerns, PhD & Miller Shivers, PhD
IEC Special Interest Group Co-Chairs

The IEC SIG continues to be busy. We held a virtual meeting on Friday, September 29. The meeting featured a presentation by the Clinical Practice subcommittee, during which a panel of clinicians including Mindy Kronenberg, PhD, Chandra Ghosh Ippen, PhD and Dana Riley, Psy D reviewed a sample early childhood/infant mental health case with various levels of difficulty and complicating factors, and discussed interventions from the lens of PCIT and CPP. Thank you to Elizabeth Fisher, PhD, Marnie Axelrad, PhD and the Clinical Practice subcommittee for organizing this event! And, a big thank you to all those who attended and contributed to a thoughtful discussion!

If you would like more information about the IEC SIG, please visit our [webpage](#) or contact the co-chairs, Caroline Kerns at ckerns@luriechildrens.org or Miller Shivers at mshivers@luriechildrens.org.

Membership Committee Update

By **Chrissy Cammaratta, PhD, ABPP**

Member-At-Large: Membership and Public Interest

We recently finished another successful APA convention in Washington DC celebrating the belonging and diversity of our profession. We continue to have a strong group and it's clear how wide our membership's reach really is when we all come together in one place.

I am very excited to welcome our newest SIG the Summer Treatment Program (STP) SIG , led by Sarah Tannenbaum and Katie Hart. The goal of the STP SIG is to provide a professional forum to share emerging or promising practices and interventions that can enhance STPs by increasing access, promoting equity, increasing diversity, improving training practices for the next generation of child mental health practitioners, and incorporating more family/shareholder feedback and voice into intervention strategies. If you are interested in this evidence-based treatment for kids with ADHD or want to learn more, please visit our [website](#) or reach out to co-chairs Sarah (stannenbaum@bakercenter.org) or Katie (khart@fiu.edu).

Our SIGs are growing. If you haven't already, please check out our other Special Interest Group list. See below for our current groups which are free to all members- join now at www.SCCAP53.org.

- The Acute Intensive and Residential Services (AIRS) SIG
- Infancy and Early Childhood SIG
- Emerging Adulthood SIG
- Clinical Child and Adolescent Practitioner SIG
- Bilingual SIG

While you're there, remember to visit www.SCCAP53.org to renew your SCCAP membership by December 31, 2023 so you can stay connected and continue to receive all the benefits that are free to you as an SCCAP member!

Join/renew via:

1. Our website (www.SCCAP53.org) and select join/renew your membership.
2. You can also renew when you renew your APA membership.

****APA membership is not necessary to join SCCAP.**

Remember: **Student and Post-Bac Student Memberships are ALWAYS free but you do need to renew each year.** Don't miss out on the student listserv and mentorship opportunities free to students/trainees (including postdoctoral trainees!)

I wish you all a wonderful rest of the year and hope to hear from you on the listserv!!

Science & Practice Committee Update

By Jennifer L. Hughes, PhD, MPH
Member-at-Large: Science & Practice

Our second SCCAP Clinical Practice Institute (CPI) is scheduled! CPI is an exciting series of three 3-hour interactive seminars, with a focus on tangible, evidence-based practices and recommendations to take straight to clinical practice. The sessions are a combination of presentation, handouts, recommended readings, and break-out sessions (with small group discussion and/or role play).

The recently released 2023 APA *Health Advisory on Social Media Use in Adolescents* examined the potential beneficial and harmful effects of social media use on adolescents' social, educational, psychological, and neurological development, through the lens of psychological science. The Expert Advisory Panel published 10 recommendations to support healthy social media use in youth. This year's CPI, **“Navigating Technology and Social Media Use with Children, Adolescents, and Families: Clinical Implications of APA Guidance on Social Media Use”** aims to support SCCAP members in taking these recommendations to practice – helping children, adolescents, and families take these psychological science recommendations into their homes and daily lives.

Based on feedback from our membership, we moved CPI from summer to fall for 2023. Our first seminar by Sophia Choukas-Bradley, PhD, entitled “Navigating Social Media Use in Adolescents and Families: Evidence-Based Strategies for Clinicians in an Ever Changing Digital World” was a great success. Thank you, Dr. Choukas-Bradley, for sharing valuable information and strategies with our attendees! Please mark your calendars for the next two seminars: November 3, and December 1. CPI sessions will be held virtually from 12:00-3:00 pm ET. Please see the CPI ad in this newsletter for additional information on our fabulous speakers and how to register.

I would like to thank the SCCAP 2023 CPI Sub-Committee members for their ongoing contributions to these sessions: Marilyn Sampilo, PhD, Sherelle Harmon, PhD, LCSW, Regine Galanti, PhD, Omar Guidino, PhD, Jen Reese, PhD, Aleksandra Foxwell, PhD, and Lucas Zullo, PhD! If you would like to become more involved in SCCAP and are interested in contributing to the Science or Practice Committees, please contact me at Jennifer.Hughes@nationwidechildrens.org

SCCAP Fellows Committee Update

By Martha C. (Marcy) Tompson, PhD
Chair, SCCAP Fellows Committee

We had much to celebrate at the APA Convention, and our new Fellows were announced and acknowledged.

As noted in our June InBalance newsletter, eight previous APA Fellows (Fellows already in other Divisions) also earned SCCAP Fellow status. These new SCCAP Fellows are:

Alice Carter, PhD
Paula Fite, PhD
Lyn Greenberg, PhD, ABPP
Charles Guyer II, PhD, ABPP
George M. Kapalka, PhD, MS, ABPP
Patricia Kerig, PhD
Chad Shenk, PhD
Terry Stancin, PhD, ABPP

In addition, during the APA Convention this August, the APA Council of Representatives voted on approving six new initial APA Fellows. These Initial APA Fellows are sponsored by SCCAP and concurrently achieved both APA and SCCAP Fellow status. We are very pleased to welcome our new Fellows:

Kenneth Barish, PhD
Rhonda Boyd, PhD, ABPP
Richard Liu, PhD
Cheryl McNeil, PhD
Randall Salekin, PhD, ABPP
Carl Weems, PhD

Congratulations to all our new Fellows!

If you are interested in becoming an SCCAP Fellow, you are encouraged to apply! Applications for the 2024 cycle are not due until December 1, 2023, so you have time. For information on requirements, please visit [the SCCAP website](#). If you are a current Fellow, please support our potential applicants during this process.

I would like to acknowledge the important role and excellent service of the committee members – Joaquin Borrego, PhD and Barney Greenspan, PhD. Dr. Greenspan will complete his service this year, and a new member will join our committee.

Updates From the SCCAP Student Development Committee

By Ayotola Onipede & Amanda Bennett
Student Development Committee Co-Chairs

The SCCAP Student Development Committee (SDC) was formed in 2010 to provide students with an opportunity to become involved in SCCAP's governing activities. The SDC is responsible for initiatives geared toward supporting student development for individuals at all stages in their career trajectories. Discover current SDC projects to help you take advantage of everything we offer and let us know what you would like to see more of!

What We've Been Up To:

- **SDC at APA:** It was wonderful to meet some of our fellow SCCAP student members at APA this past August. The SDC hosted a networking hour for student members, and many new connections were formed. We also celebrated our impressive Student Achievement and Professional Development Award winners at the SCCAP Awards Ceremony. We look forward to seeing you again next year!

What To Expect:

- **Annual Joint Webinar:** The SDC collaborates with the student committees of Division 37 and Division 54 every year to organize a webinar focused on an area of graduate student development. This year's webinar will be hosted in December. Keep your eyes on the lookout for a special panel this winter! We always welcome feedback to ensure we are best serving you, if there are any topics you would appreciate being discussed on the panel please feel free to email us: studentlistserv@sccap53.org! Past recordings of our webinars are available [here](#).

Emerging Adulthood SIG Update: Restating The Case for Emerging Adults

**By Chelsea K. VanderWoude, PhD (EA SIG Chair)
& Hana-May Eadeh, PhD (EA SIG DIA Member-at-Large)**

Arnett (2000) defined emerging adulthood as the period between adolescence and mid to late twenties. This stage of life is characterized by psychological, interpersonal, social, and economic developmental milestones that young people must successfully navigate before reaching adulthood. It is inherently a time of high risk and high reward. Individuals often learn to live independently, pursue an education, trade and/or career, and are responsible for overseeing and managing their own time and money (Arnett, 2007; Arnett et al., 2014). These experiences can be positive due to the newfound autonomy and changes in social context, or, as is the case for many, a series of stressors consisting of a lack of clear guidelines, limited support, and risky decisions with long-term consequences. The results of this timeframe can have a lasting and sometimes detrimental influence on a person's life. In his initial call to action, Arnett (2000) argued that emerging adulthood warranted clinical and academic attention. This age group should have the opportunity to explore endless possibilities about their identity and future; however, this is heavily influenced by culture and the opportunity to engage with these milestones. Arnett suggested that the focus on emerging adults would become increasingly more important over time with changes in societal and economic norms.

As predicted, there are a plethora of barriers to living independently as a young person today, making the topic of emerging adults more important than ever before. Financial, social, and political stressors that were unheard of prior to the 21st century are now commonplace. While older generations have the opportunity to adjust to changes over time, those entering into adulthood are faced with increasingly complex barriers to many life landmarks before having a chance to adapt. This makes the transition into adulthood inherently more difficult and interferes with developmentally appropriate risk taking.

Young people today must graduate high school and immediately enter into a time defined by tumultuous politics and prolonged uncertainty about the future, while at the same time, taking risks regarding their personal future and trying out different life trajectories. For example, the current cohort of emerging adults were confronted with evolving reproductive and civil rights, mounting pressure for solutions to the climate crisis, limited access to affordable housing (Aurand et al., 2023), increasing rates of substance use (Merikangas & McClair, 2012), the rise and evolution of white

nationalism (Reyna, Bellovary, Harris, 2022), and a recent global pandemic. The results of these societal pressures are not completely understood but appear to have detrimental effects on the wellbeing of young people (Cowie & Meyers, 2020; Monaco, 2021).

In order to support both current and future generations of young adults, it is critical that clinicians and researchers focus their attention and research on this population. The emerging adulthood special interest group (EA SIG) was re-initiated this year due to interest from members of the division. The leadership team is sincerely grateful for the opportunity to grow awareness and continue to drive academic and clinical efforts. In the future, we hope to increase our membership, present research, host events through APA and the division, and define best practices for clinicians. Our goal is to do this work while centering the influence of systemic factors on emerging adult well-being and using intersectional perspectives in the service of promoting equity and justice across emerging adulthood research and practice. Anyone interested in joining the SIG can complete the new member interest form on our website. We would love to include you in our mission.

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