



INBALANCE

Fall 2025

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President's Message

Sustaining What We've Built Together

By Regine Galanti, PhD

When I began my term as SCCAP president, I asked you to get involved: to bring your voice, your service, and your energy into our society. At our inaugural conference in June, I called on us to broaden our scope and ensure that all of the voices that make up clinical child and adolescent psychology have a place in leadership. Now, as I write my final column as president, I'll ask us to consider how we sustain this momentum. How do we help our society, and the field, continue to grow?

One of the things I've learned as president is that big visions only matter if we have the structure to support them. This kind of work isn't flashy, and it rarely grabs attention. But a conference doesn't organize itself, a budget doesn't magically balance, and inclusion doesn't happen by accident. All of it requires deliberate work — including the unglamorous work of changing bylaws, establishing committees, and managing transitions.

Much of the Board of Directors' work this year has been about building a foundation that allows for SCCAP to flexibly meet the needs of its membership and society, more broadly. We've been rethinking our structure to make sure it reflects the society we want to be. To that end, we'll be proposing some changes to our society's bylaws. These proposed changes include:

- Creating a new **Diversity Officer** position (elevating the Diversity Member-at-Large)
- Changing the portfolio of responsibility for the **Members-at-Large**. While these are currently named, we will propose leaving them undefined so that future boards can pivot as SCCAP's needs evolve
- Streamlining the **board's hierarchy** to give committees more autonomy while ensuring the full board remains informed and engaged

These changes may look technical on paper, but they're about building flexibility, responsiveness, and sustainability into our organization.

All of these ideas come back to the same principles I've focused on over this year: belonging and power. If we want SCCAP to represent the full spectrum of clinical child and adolescent psychology — researchers, practitioners, students, educators, community providers — then we need leadership pathways that make space for everyone. That means creating structures where new voices don't just enter, but rise.

In the coming weeks, you'll be asked to vote on the bylaws changes. I encourage you to take the time to read them carefully and to cast your vote. Because this is how we move from ideas to action, and from action to lasting change.

I want to take a moment to thank both the SCCAP board and our membership. This year has been an extraordinary opportunity for me, and it has been a privilege to serve as your president. I've been constantly inspired by the dedication, creativity, and care you bring to this field and to this organization. While my role is shifting, I'll continue to serve as past president, and I look forward to working closely with our incoming president, Adam Lewin, to keep building on this forward momentum.

We've accomplished a lot together. I know we can continue to build – and sustain – a society that serves and strengthens our field, as well as prepares it for whatever comes next.

In Focus

Youth Suicide: 988, Suicide Exposure and Safety Planning

By Julie Cerel, PhD

University of Kentucky, College of Social Work

Youth Suicide and Risk

Suicide is the second leading cause of death for young people in the United States. Every year, almost 500 U.S. youth under the age of 15 die by suicide. That number climbs to nearly 6,000 suicides annually for youth ages 15-24. This equates to approximately one youth who dies by suicide every 1 hour and 21.8 minutes (Drapeau & McIntosh, 2024). Increases in the youth suicide rate between 2007 and 2021 were substantial, with rates for ages 10-24 increasing by more than 50% (6.8 deaths per 100,000 to 11.0 deaths per 100,000) and rates for ages 10-14 tripling during this time period (Curtin & Garnett, 2023). There are, however, some indications that the rapid increase observed during this time has leveled off (McIntosh & Drapeau, n.d.).

Consistent with these data, research shows that suicidal ideation is common among youth with about 20% of high school students reporting they have seriously considered suicide and about 10% reporting having made an attempt (Verlenden et al., 2024). An even greater percentage of students, up to one-third, report persistent feelings of sadness. Despite this, many youth who die by suicide are never brought to the attention of mental health professionals. In fact, in a study of more than 40,000 youth suicide decedents in the National Violent Death Reporting System, almost 60% had no documented mental health diagnosis (Chaudhary et al., 2024). Furthermore, suicide risk is not distributed equally; it is well established that suicide attempts (Verlenden et al., 2024) and deaths occur disproportionately among LGBTQIA+ youth, in youth from rural areas, and in a number of other specific demographic groups (Hua et al., 2023).

Our work shows that half of adults know someone personally who has died by suicide (Cerel et al., 2016) and that each person who dies by suicide leaves behind about 135 people who knew them personally (Cerel et al., 2019). Notably, a large national longitudinal study (Project Lift Up; NIH # R01MH128269 PIs Mitchell & Banyard <https://project-liftup.org/>) found that almost 80 percent of 13 to 22-year-olds reported they knew at least one person who had experienced suicidal thoughts or behaviors. The experience of knowing someone with suicidal thoughts was associated with self-reported suicidal thoughts. Moreover, the risk of personal suicidal thoughts was compounded with each additional personal contact. Specifically, youth who knew one person with suicidal thoughts were 1.75 times more likely than those without such exposure to self-report recent thoughts of suicide, those who knew between two and

four people were 1.81 times more likely, and those who knew five or more people with thoughts of suicide were 3.47 times more likely to have suicidal thoughts. These findings show it is important for child psychologists to ask about peer and family suicide exposure.

988 Suicide and Crisis Lifeline

In July 2022, the 988 Suicide and Crisis Lifeline replaced the National Suicide Prevention Lifeline 1-800 number. The 988 Lifeline is made up of a network of more than 200 independent centers who answer calls, texts and chat messages, each with their own criteria for employment and/or volunteering and training. Since the inception of the 3-digit line, over 17 million contacts have been made including 12 million calls and 3 million texts (*988 Lifeline Performance Metrics*, 2023). While this resource is available for anyone who is in crisis or concerned about a crisis in someone they care about, there are a number of current concerns about 988 which are relevant for child clinical psychologists to consider.

Our team examined awareness of 988 and likelihood of use in a sample of 2970 adolescents and young adults ages 13 to 22 years old (Colburn, D et al., under review). Most young people were aware of 988 and many reported it was helpful because it is free and confidential. Despite this, sexual and gender minority (SGM) youth were less likely to than youth who do not identify as SGM both to report they would use 988 and refer a friend. Participants reported a fear that 988 is not friendly to SGM young people and a concern about police or other official involvement as a result of their call. Rothman, et al., (2025), examined autistic individuals' opinions about 988 Lifeline using the Project Lift Up data set and found some participants who had experience with 988 reported problems such as long wait times or feeling like the counselor was not able to communicate with an autistic person in an appropriate way.

Despite these perceptions, data from July 2025 shows that it took, on average, 33 seconds for a call to be answered with an average call length of 13 minutes. Texts took longer to be answered – four minutes – but had a conversation length of 55 minutes. Only four percent of 988 contacts result in what is termed “active rescue”, an in-person police or mobile crisis presence as a result of the call. In fact, half of these active rescues were a result of the caller asking for a visit due to an already in-progress suicide attempt or caller request for in-person presence (Drapeau, n.d.).

In October 2022, the 988 Lifeline initiated a “press 3” option that gave LGBTQIA+ youth, by pressing #3 at the start of their call, access to call takers with training on issues relevant to LGBTQIA+ youth. According to CNN, the “press 3” line received 1.6 million calls, texts, or online chats since its creation (*The National Suicide Hotline for LGBTQ+ Youth Shut down. States Are Scrambling to Help* | CNN, n.d.). On July 17, 2025, the “press 3” option for lifeline was eliminated. With the elimination of this option, all contacts are instead routed to the closest crisis center, which may or may not result in youth talking to a call taker with specialized training for LGBTQIA+ youth. Given the concerns about 988 found in our work, it is important to think about other individual or

upstream interventions that could help suicidal youth who identify as LGBTQIA+ in addition to the continued recommendation of the 988 Lifeline.

How to Help Someone at Risk of Suicide: Safety Planning

Safety planning interventions such as Stanley & Brown (Stanley & Brown, 2012) are widely utilized for people who have been suicidal or are in crisis. Of note, safety planning is different from no-suicide contracts which are discouraged as they do not decrease risk. Safety planning interventions involve recognizing warning signs, identifying usual coping strategies, and identifying resources to use in a future crisis (Drapeau, 2019). While these interventions have empirical support for adults, there is less data on usage of safety planning interventions with youth (Ferguson et al., 2022). In addition, there is growing evidence that psychiatric hospitalization is associated with repeat attempts in youth and often does not decrease risk of suicide death (Safer, 2021). Upstream approaches like gatekeeper training appear to be useful in decreasing youth suicide rates (Walrath et al., 2015). Thus, there is a need for research to determine both clinical approaches as well as upstream approaches to address youth suicide.

A new approach from our team, CODE RED (Cerel et al., 2024), shifts the focus to universal prevention *prior to* when a crisis arises. We discuss this as planning for a “worst day” before it happens. CODE RED is intended to be implemented proactively and universally, rather than reactively and individually. Initial research with 201 school personnel (Cerel et al., 2024) and 541 youth (Cerel, et al., in submission) demonstrated that participants found CODE RED to be highly acceptable, appropriate, and feasible. At the end of completing their safety plans, over sixty percent of youth stated they had 988 in their phones.

Conclusion

Child psychologists need to be aware that suicide and suicidal behavior is a significant concern for youth. Exposure to suicidal behavior is a risk factor for personal suicidal thoughts and behaviors so clinicians should screen suicide in peer networks and not just families. The 988 Lifeline should be widely promoted as it is free and available. However, there is some concern for specific groups such as LGBTQIA+ youth as well as the loss of funding for the specific press 3 option. Clinical safety planning is an important clinical skill for clinicians working with youth who are at risk of suicide or who have made an attempt. Universal safety planning, a new approach, shows promise for everyone to have a safety plan before they become suicidal.

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Expert Recommendations: Perinatal Mental Health

By Colleen Fields, PhD

Licensed Clinical Psychologist (VA, AZ), PSYPACT Provider

Dr. Colleen Fields is a clinical psychologist and the founder of a virtual private practice (<https://www.colleenfieldsphd.com>) serving adults and couples across PSYPACT states. She is certified in perinatal mental health through Postpartum Support International (PSI) and specializes in supporting parents through pregnancy, postpartum, and early parenthood. Her work focuses on helping individuals and families navigate anxiety, depression, OCD, relationship changes, and identity shifts that might accompany the perinatal period.

Resources for Providers and Parents

1. [Postpartum Support International \(PSI\)](#) – Includes a Find a Provider directory, a helpline, access to various virtual support groups, and extensive educational materials.
2. [Interpersonal Psychotherapy \(IPT\) for Postpartum Depression: Clinician Manual](#) – Evidence-based treatment guidance for providers.
3. [The Postpartum Stress Center](#) (Karen Kleiman, founder) – Resources and training for clinicians and accessible materials for parents.
4. [The Edinburgh Postnatal Depression Scale \(EPDS\)](#) – A validated screening tool available for free online. The gold standard for assessing for postpartum depression.
5. [The Pregnancy Workbook: Manage Anxiety and Worry with CBT and Mindfulness Techniques](#) by Katayune Kaeni – Evidence-based tools for clients to manage perinatal anxiety.
6. [“Good Moms Have Scary Thoughts”](#) by Karen Kleiman – A widely recommended, illustrated book normalizing intrusive thoughts and providing practical coping strategies.

Tips for Clinicians

- Build Your Competence
 - If you're interested in working with this population, consider advanced training (e.g., through PSI) and consultation.
 - There are various subspecialties related to this area that offer distinct training opportunities: perinatal mood and anxiety disorders (PMADs), infertility and assisted reproductive technology support, trauma and loss, perinatal psychosis, and more.
- Screen Early and Often

- Use tools such as the EPDS, GAD-7, Mood Disorders Questionnaire (MDQ), and Patient Health Questionnaire (PHQ-9) during pregnancy and postpartum sessions.
- Normalize screening by framing it as a routine check-in on emotional health.
- Incorporate Partners and Support Systems
 - Ask about partner involvement, sleep distribution, and social supports.
 - Encourage communication around roles and expectations.
- Integrate Psychoeducation
 - Teach parents about the “4th trimester” and the biological/psychological transitions.
 - Teach parents about intrusive thinking, experienced by more than 4 out of 5 postpartum moms.
 - Provide anticipatory guidance for sleep, identity shifts, and relationship changes.
- Use Collaborative Treatment Planning
 - Discuss options ranging from psychotherapy to peer support groups to medication management.
 - Coordinate with psychiatrists, OB/GYNs, midwives, and pediatricians when possible.
- Model Openness and Reduce Stigma
 - Invite parents to reflect on how they would talk with a friend experiencing postpartum distress.
 - Use strengths-based language that emphasizes resilience and recovery.

APA 2025

Giant Bear, Distinguished Career, & More!

It was our honor to have shared the experience of APA 2025 with wonderful presenters, attendees, and the SCCAP community. We were pleased to see so many applied, practice-oriented sessions presented in Denver, CO for the 2025 APA convention! It was lovely convening with our colleagues to share expertise, practice insights, and passion about the field of clinical child and adolescent psychology. The Distinguished Career Contributions to Science award was a special highlight where Dr. Mitch Prinstein shared about his research with a presentation entitled *Peers, Life, Teens, Tech, and Impact!*

Our SCCAP program at the 2025 APA convention highlighted the importance of our work with children, adolescents, and their families as we face the youth mental health crisis. We had many programming hours dedicated to systems change and implementation science across inpatient and outpatient settings. It is critical to learn from our colleagues enacting this work so that effective, evidence-based intervention may be more accessible to children, adolescents, and their families across the country. The importance of this work was especially notable, as several sessions were left with standing room only. We are proud of our SCCAP members for showcasing their work at APA!

Our members also engaged with our programming at the Embassy Suites, where we had an informal suite that included events held by the Leadership Education to Advance Diversity (LEAD) program and our Special Interest Groups (SIGs). We hope this type of programming provided an opportunity to learn more about SCCAP, network with our members, and share within the SCCAP community. If you were not able to attend the Main Stage and Feature Stage programming, you can still access presentations at <https://convention.apa.org/> if you registered for APA.

We are hopeful the presentations at APA 2025 inspired you to stay engaged with SCCAP until next year's convention!

2026 will be an exciting year for SCCAP!

APA in Washington D.C.

APA 2026 will be held in Washington D.C. from August 6-8. We are thrilled to add Co-Chair, Samantha Gregus Slade, Ph.D., to the convention programming team! Dr. Slade is an Associate Professor of Psychology at Wichita State University. She has expertise in interventions that reduce risk and promote healthy relationships in underserved youth, with a special interest in school bullying prevention. We appreciate the tremendous contributions her unique perspective will bring to the team!

Posters, Symposia, Critical Conversations, and Skill-Building Sessions: Expected Due Date January 2026

The SCCAP programming at APA provides you with the opportunity to dive into clinical child and adolescent psychology within the larger APA program. We look forward to receiving submissions for posters, symposia, critical conversations, and skill-building sessions. As always, we encourage individuals from marginalized and underrepresented groups to apply and share their unique perspectives. We also encourage proposals that represent the unique needs of underserved and/or underrepresented populations. Lastly, we value our members across settings and degree status (i.e., trainees, early career professionals, practicing psychologists, researchers, and academics) and encourage you to contribute and participate in the proposal submission process!

Be on the lookout for the 2026 Call for Proposals portal on the APA website and on our listserv in late October/early November.

The Student View

Updates From the SCCAP Programming Committee

By **Katie Moskowitz, Will Morgan, & Annika Quam**
SCCAP Programming Committee

The SCCAP Programming Committee aims to bring together students in the Division through engaging educational and training opportunities for student members. These events foster community and provide valuable insight and professional development for the attendees.

Our recent webinar on pre-doctoral internships featured an exceptional panel who shared their insights on navigating the internship application process. **Dr. Amanda Jensen-Doss**, Professor and Director of Clinical Training at the University of Miami's Department of Psychology, brought her extensive experience in clinical training to the discussion. **Dr. Jason Jent**, Associate Professor of Clinical Pediatrics at the University of Miami Miller School of Medicine, offered valuable perspectives from his role as Director of Training for the Mailman Center for Child Development's clinical child and pediatric psychology internship and postdoctoral programs. His dual roles as Assistant Director of the Mailman Center and training director provided unique insights into what programs seek in internship candidates. We also had two doctoral trainees on our panel: **Nicholas Marsh**, a doctoral candidate at the University of Maryland, College Park, shared his fresh perspective as someone who recently secured an internship position. Nick will be completing both his internship and postdoctoral fellowship at UCSF, where he will continue his research on ADHD interventions. **Dr. Zohaib Jessani**, a recent graduate who earned his PhD from The Catholic University of America, rounded out our panel with his experience completing his predoctoral internship in Pediatric Psychology at Mt. Washington Pediatric Hospital, affiliated with Johns Hopkins Medicine and the University of Maryland Medical System. Dr. Jessani provided valuable insights regarding common interview questions from his recent journey through the internship process.

Key Insights and Takeaways

Together, these panelists offered attendees a comprehensive view of the internship landscape from multiple perspectives as training directors, recent applicants, and newly minted psychologists, making for an informative and engaging discussion. They emphasized the importance of beginning the application process early and allowing ample time for multiple rounds of revision. Applicants were encouraged to start drafting materials in the summer of their application year and to carefully tailor each application to the unique characteristics of the individual programs, highlighting both relevant prior

experiences and future career goals. Because timelines and interview processes can vary greatly across sites, applicants should remain flexible and organized. Information on timelines, brochures, and application materials can be found on the [APPIC Directory](#).

For interviews, applicants should be prepared to discuss salient clinical examples, answer case conceptualization questions, and share how the site is uniquely suited to meet their career goals. Previous interns can serve as a valuable resource for learning more about a site's culture and training experience. For those who do not match in the initial round, there are still many excellent opportunities available in the second match.

Some additional insights* include:

“An adjustment for students is [students] are so used to applying with this focus... ‘I’m awesome and you want me’, and that is true here, but [internship] is also a learning experience. It’s this **balance of what you bring to the table, but also what you’re hoping to learn**. That doesn’t mean that you have to have had this exact thing, but you do need to make a case as to why you’re a fit.” -Dr. Jensen-Doss

“Make sure that you take the time to take a **look at those minimum requirements for internships**. If an [internship] site is receiving hundreds of applications they may have automatic rule-outs. If for some reason by the time you’re applying, you’re close to meeting that requirement, and you would in the subsequent months, **it might be worth reaching out to that training director** just to see if you would still be considered [as an applicant for that site].” – Dr. Jent

“**Before each interview a few days before I would brush up on the brochure and the program**, and really try to tailor as much as I could...there’s always a balance of... [you don’t need to] perfectly overlap 100% with them, because you want to learn and have new experiences that they have something to offer you, but you should be a comfortable fit with them, where your foundation is a really strong overlapping foundation with them. **And so showing that you’ve done that homework and that you fit there [is important]**.” – Nicholas

“Two questions that often came up in the interviews were: **explain the background and theoretical orientation of the case** that you are presenting, for example, why you chose this treatment approach. Pick a case or two that you think are some of the best things that you’ve worked on or learned through supervision. The second thing was to describe **how you handled an ethical dilemma**.” – Dr. Jessani

We are thankful to these panelists for taking the time to share their perspectives. All of the panelists are confident that the attendees will be able to successfully navigate the process and wish everyone the best of luck on their journey!

If you were unable to join us for the event, or you would like to re-watch the session, a recording of this webinar is available on [the SCCAP website](#).

**Quotations edited for length and clarity.*

Congratulations!

SCCAP would like to congratulate all of our student members who recently celebrated graduation! We are pleased to acknowledge this accomplishment and look forward to watching your careers develop.

Name	Degree	Year	Institution
Aanya Jajoo	BS in Psychobiology	2025	UCLA
Abayomi Israel Oloafe	MEd Early Childhood Education	Not Provided	Lagos State University, Ojo, Lagos
Abigail Linhardt	BA in Psychology	2025	Miami University
Adriana Cibrales	PhD in Clinical Psychology	2025	University of Texas Southwestern Medical Center
Aline K. Szenczy	PhD in Clinical Psychology	2025	Stony Brook University
Allison Torres	BA in Psychology	2024	Rutgers University
Alondra Rubi Alamillo	BS in Psychology	2025	The University of Texas at El Paso
Alyna Shae Er Lim	BS in Biopsychology, Cognition, & Neuroscience	2024	University of Michigan—Ann Arbor
Amanda Acevedo-Morales	PsyD in Clinical Psychology	2025	Northern Arizona University
Ana Luisa Barbosa Torrealao Dau	PhD in Clinical Psychology	2025	University of Connecticut
Anna Fong	BS in Psychology	2025	University of Washington
Arielle Snow	PhD in Clinical Psychology	2025	Hofstra University
Ariyah Robinson	Master of Clinical Psychology	2025	Wright State University
Brianna A. Baker	PhD in Counseling Psychology	2025	Teachers College, Columbia University
Brianna Herold	PhD in School Psychology	2025	University of North Carolina at Chapel Hill
Cal Mahoney	BS in Clinical Psychology	2025	Tufts University
Carla Navarrete	MS in Clinical Mental Health Counseling	2025	University of North Carolina Chapel Hill
Caroline Whitmarsh	BA in Psychology	2025	University of Texas at Austin
Chaela Tutor	PhD in Clinical Psychology	2025	Emory University
Colin Jarratt	BS in Neuroscience and Psychology	2025	Syracuse University
Danielle Myers Frierson	MA School Counseling	2021	New York University
Elizabeth R. Halliday	PhD in Clinical Psychology	2025	University of Miami
Erah Ali	PhD in Clinical Psychology	2025	Wichita State University
Gabriel (Gabby) Yanez	PhD in Counseling Psychology	2025	The University of Iowa
Gabrielle Green	BS in Psychology	2025	Old Dominion University
Geetha Weerakoon	MPS in Clinical Psychology	2024	University of Maryland
Geraldine Rose DeBlanchi	PsyD in Clinical Psychology	2025	Albizu University
Gretchen Perhamus	PhD in Clinical Psychology	2025	University at Buffalo, SUNY
Gus Salazar	PhD in Clinical Psychology	2025	Brigham Young University
Hakima Hussaini	Master of Public Health	2025	University of Maryland
Hannah Cooper	PhD in Clinical Psychology	2025	Palo Alto University
Hannahise Wang	BS in Psychology	2025	University of Maryland
Heather Elahi	PsyD in Clinical Psychology	2025	Alliant International University
Irene Ahyun Kim	BA in Psychology	2025	University of Southern California
Jack Andrews	PhD in Clinical Psychology	2025	University of Missouri – Columbia
Janel Pedlar	BS Psychology	2025	The University of the West Indies
Jazmin Morris	BA in Liberal Arts and Science Honors with a Concentration in Psychology	2025	Florida Atlantic University
Jenna Russo	PhD in Clinical Psychology	2025	Mississippi State University
Kacey Short	MS in Clinical Psychology	2025	Teachers College at Columbia University
Kaitlynn Carter	PhD in Health Psychology, Pediatric School Psychology Concentration	2025	East Carolina University
Kassandra Martinez	PhD in Clinical Psychology	2025	SDSU/UCSD Joint Doctoral Program in Clinical Psychology
Kat Leil Wright	MA in Clinical Child Psychology	2025	University of Kansas
Kelly M. Kohler	PsyD in Clinical Psychology	Not Provided	Pepperdine University
Kerri Bump	BA in Psychology	2025	University of South Florida
Kristin Mahan	PhD in Clinical Psychology	2025	East Tennessee State University
LAI DANG HIU	MS in Clinical Psychology	2025	USSH

Lewis Wilson Evans	BA in Psychology	2022	University of South Florida
Lluvia Arana Sanchez	BA in Psychology	2025	University of California, Riverside
Maaïke van der Veer	MPS in Clinical Psychological Science	2025	University of Maryland, College Park
Madison Pappous	PsyD in Clinical Psychology	2025	California Lutheran University
Madison Saidano	BS in Psychology	2025	Arizona State University
Maheen Mukhtar	BS in Psychology	2025	Syracuse University
Manyam Daya	BS in Psychology and Certificate in Family Communication	2024	Arizona State University
Matthew Nguyen	PsyD	2025	Divine Mercy University
Megan Bidgood	BA in Psychology, BA in Human Development	2025	Connecticut College
Mehdi Felji	MS Clinical Psychology and Psychopathology	2025	International University of Casablanca
Melanie Maldonado	BS in Behavioral Neuroscience	2025	Northeastern University
Mikayla Pollard	PsyD in Clinical Psychology	2025	The Chicago School
Miriam C. Woodruff	PhD in Clinical Psychology	2025	The Graduate Center, City University of New York
Moazima Ahmed	MA in Clinical Psychology	2025	Teachers College, Columbia University
Monica Trevino	PhD in Clinical Psychology	2025	University of Missouri – St. Louis
Monique Harris	PhD in Counseling Psychology	2025	Oklahoma State University
Rebecca Fang	BA in Psychology	2025	University of Rochester
Robert William Morgan	MA in Clinical Child Psychology	2025	University of Kansas
Sabrina Mohamed Rafi	PsyD in Clinical Psychology	2025	The Wright Institute
Sarah Alsaif	BS in Psychology with an emphasis in Biology	2025	University of California, Davis
Simi Brooke Keli	BA in Cognitive Science	2025	University of Southern California
Sophia Pifilio	BS Psychology, concentration in Cognitive Neuroscience	2025	DePaul University
Srinidhi Jayakumar	MA Psychology	2024	Stony Brook University
Stephanie Hernandez	BS in clinical psychology	2025	University of California, San Diego
Stevie Levite	BS in Psychology	2025	University of North Carolina at Chapel Hill
Sydney Charles Kwaku	BS in Clinical Psychology and Child Studies & Human Development	2025	Tufts University
Victoria Paane	BS in Psychology	2025	University of Maryland, College Park
Yadira Diaz Romero	PsyD in Clinical Psychology	2025	Eastern Kentucky University
Youness Robert-Tahiri	BS in Psychology Research	2025	University of Toronto

(All information is self-reported.)

**Note: If you are a student member who missed this year's call to have your name included above, it's not too late to be recognized! Please email your name and graduation information to Michelle Roley-Roberts at InBalanceEditor@SCCAP53.org if you would like to be included in the Fall 2026 announcement!*

LEADing into the Future with SCCAP LEAD Institute

By Erlanger “Earl” Turner, PhD & Marilyn Sampilo, PhD, MPH
Co-Chairs, Leadership Education to Advance
Diversity (LEAD) Institute

In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association jointly declared a National State of Emergency in children’s mental health. U.S. Surgeon General, Vivek Murthy, also issued an advisory urging action to address the growing mental health crisis among youth (OSG, 2021). While these actions certainly brought increased awareness of the youth mental health crisis and steps towards addressing it, the crisis continues.

Recent data trends indicate that teens continue to report increasing mental health challenges, experiences of violence, and suicidal thoughts and behaviors, with notable increases among girls and LGBTQ+ youth (CDC, 2023). In 2023, 40% of U.S. high school students reported persistent feelings of sadness or hopelessness in the past year and 20% reported seriously considering suicide in the past year (CDC, 2024). Data also shows that youth of color experienced heightened risks for mental health difficulties. Risks may be due to racialized violence towards Black youth, anti-Asian hate, and politicization of immigration for Latinx families (Prichett et al., 2024). Furthermore, only 58.5% of high school students report they always or usually receive the social and emotional support they need (CDC, 2025). Given the recent attention on the epidemic of loneliness and social isolation and the particular importance of social support during this critical developmental period, this finding is particularly concerning.

Challenges and Opportunities to Support Youth Mental Health

There are various challenges facing psychology in supporting today’s youth. Historically, psychology has examined and documented disparities in the prevalence of mental health conditions and in treatment engagement among marginalized youth (Metzger et al., 2023). Recent changes in the national landscape have limited funding for research in many of these areas and have limited relevant diversity, equity and inclusion initiatives. This will substantially impact psychology’s ability to address these critical issues and to maintain the progress that has been achieved over the last decade. For emerging and young professionals, in particular, those who have envisioned a career path focused on addressing disparities and promoting equity, this shift in the landscape and national priorities has been wildly disorienting and challenging to navigate. With a dearth of supportive pathways forward, ECPs focused on DEI are called to lead. Additionally, with the increasing proliferation of health information available through social media and health influencers, psychology is tasked with disseminating information in increasingly more creative and innovative ways to

ensure that evidence-based information is more readily available and accessible to the masses.

As a profession, we can use our scientific knowledge to advocate for inclusive policies and utilize clinical best practices to meet the needs of the most vulnerable. It is critical that we leverage opportunities from a population health lens to support communities. This will allow us as a field to address the needs of many communities while minimizing the focus only on those with a diagnosis (Abrams, 2025). Many youth are not formally diagnosed or able to access care due to barriers, so this is particularly important. We also have to move beyond disseminating our research only in academic journals. This limits access to relevant scholarly resources for practicing clinicians who may not have access to articles and research that is behind a paywall. It is necessary that we begin to use social media and technology in various ways to reach professionals and support communities (Turner et al., 2021).

SCCAP LEAD Institute Meets a Crucial Gap

In 2019, SCCAP made an important investment in diversifying child and adolescent psychology. The [Leadership Education to Advance Diversity \(LEAD\) Institute](#) held its inaugural conference to support students and ECP's from under-represented and marginalized backgrounds. Since the LEAD institute was founded, its mission has been to provide professional development, networking, and leadership skills to help advance the professional and leadership pipeline. To date, more than 100 LEAD fellows have completed the program. Many of them have also served on SCCAP committees, state psychological associations, and ethnic psychological associations.

Most recently, the 2025 LEAD Institute was held in Chicago and welcomed thought leaders, researchers, and innovative psychologists including Drs. Roberto Abreu, Raquel Martin, Ali Mattu, Robyn Gobin, and Olivia Moorehead-Slaughter who shared their expertise with the new cohort. Participants in the program had an opportunity to learn about topics such as translating science into the community, finding your why and engaging in social media as a psychologist, exploring non-traditional careers, and advancing DEI in psychology during challenging times.

Call to Action

The psychology profession has made substantial strides in inclusivity and diversity. However, we must recognize that we are at a critical moment in the profession. There are several ways in which SCCAP and the profession can play a vital role in navigating professional issues in times of crisis:

- **Remain mission focused.** While there may be difficulties navigating the current landscape, it is critical that we remain focused on supporting the membership and the workforce. In particular, it is important to highlight diverse perspectives and inclusive social identities in science and practice.
- **Foster spaces for critical reflection.** In times of crisis, it can be easy to avoid difficult conversations due to the emotional labor required to navigate strong

emotions. It is more important than ever to have healthy dialogues around diversity and inclusion. Not only to improve the communities that we serve but also to provide spaces where emerging professionals can be supported and feel a sense of belonging.

- **Expand our approaches to training.** Prepare the next generation of psychologists to navigate shifting landscapes. Create intentional dialogue in the classroom on diversity and inclusion, integrate innovative approaches to disseminating knowledge beyond journals, and equip trainees to lead with equity, creativity, and resilience in practice and research.

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Election Results

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

- President-Elect: **Tim Cavell, PhD**
- Treasurer: David Langer, PhD, ABPP
- Member-at-Large – Science and Practice: **Tamara Del Vecchio, PhD**
- APA Council Representatives: Joaquín Borrego, PhD and Jarrod Leffler, PhD, ABPP
-

All terms will start in January 2026.

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, 2027

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 (2027), President (2028) and Past President (2029). The President-Elect shall be a member of the Board of Directors, shall appoint a Program Co-Chair and Student Representative, and performs 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.

APA Council Representative

Representatives to APA Council serve on the SCCAP Board of Directors and must be a Member or Fellow of SCCAP, and a member of APA. The Representative to APA Council is elected for three (3) year terms. The Representative to APA Council shall perform those duties required of Representatives to APA Council as specified in the Bylaws of APA. They shall be responsible for advising the Board of Directors about significant matters of business scheduled to come before APA Council and collecting input on these issues from the Board of Directors. Representatives to Council are to represent the best interests of children and adolescents during Council discussions. Representatives to Council are also responsible for informing the Board of Directors and the SCCAP membership of significant actions taken by APA Council. APA Council Representatives will sit on committees as appointed by the SCCAP president. SCCAP has multiple Representatives to Council. On a rotating basis, a Council Representative may be elevated to serve on the SCCAP Executive Committee with voting rights.

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, 2027.
- Each term runs for three years (2027-2029). 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 candidates 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 the SCCAP website here:

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 encouraged.

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 2026 Board of Directors meeting. Candidates will be notified in late January about the official slate of candidates.

2025 Highlights of the Journal of Clinical Child and Adolescent Psychology

By Andres De Los Reyes, PhD
Editor-in-Chief, JCCAP

I am excited to report highlights of content from the 2025 volume of the *Journal of Clinical Child and Adolescent Psychology*.

Evidence Base Updates

We opened this year with an article from our invited series, *Evidence Base Updates*, that covers the states of the science about psychosocial treatments for youth depression by Weersing and colleagues (<https://doi.org/10.1080/15374416.2024.2384022>), the abstract of which appears below:

Evidence-Base Update of Psychosocial and Combination Treatments for Child and Adolescent Depression

Weersing, Goger, Schwartz, Baca, Angulo, & Kado-Walton

Objective

This evidence-based update (EBU) builds on three previous reviews (1998, 2008, 2017) sponsored by the Society of Clinical Child and Adolescent Psychology with the aim of evaluating the empirical support for psychosocial interventions for depression in youth.

Method

In the current review period (2014–2022), 25 randomized controlled trials (RCT) were identified: four in children and 21 in adolescents. Descriptive effect sizes and number-needed-to-treat (NNT) ratios were calculated for primary outcomes. Results were integrated with prior reviews, and cumulative evidence used to classify treatments as well-established, probably efficacious, possibly efficacious, or experimental. Published secondary analyses of predictors, moderators, and mediators were examined.

Results

For adolescents, cognitive behavioral therapy (CBT), interpersonal psychotherapy (IPT-A), CBT in combination with antidepressant medication, and collaborative care programs were all classified as well-established. The evidence was considerably weaker for children, with no treatments achieving well-established or probably

efficacious status. New developments include greater exploration of parent- and family-mediated treatment models and increasing evidence on technology-assisted interventions. Data on predictors, moderators, and mediators continued to be focused on adolescent depression samples and drawn from a limited number of RCT datasets.

Conclusion

Since the prior EBU, there has been incremental progress in youth depression treatment research. There is an urgent need to: (a) develop innovative approaches to substantially improve on the modest effects seen in most RCTs, (b) expand the evidence base for children and other underserved groups, (c) craft evidence-based guidelines for choosing between interventions when multiple efficacious treatments do exist, and (d) address issues of treatment effectiveness and scalability to ameliorate the wide prevalence and high impact of depression in youth.

Future Directions

This year, we also published articles in our second invited article series, *Future Directions*, including an insightful piece on next steps of research about youth conduct disorder and psychopathic traits from Salekin and colleagues (<https://doi.org/10.1080/15374416.2024.2447240>). The abstract appears below:

Future Directions for Conduct Disorder and Psychopathic Trait Specifiers

Salekin, Bellamy, DeGroot, Avellan, Butler, & Grant

Conduct disorder (CD) is a psychiatric diagnosis characterized by a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate social norms or rules are violated. This article presents information on CD with an emphasis on a new multispecifier personality model that could offer a valuable new perspective on CD by refining the way we specify CD. The multispecifier model may have the potential to clarify the considerable confusion that has occurred over past decades and improve our understanding of prevalence, etiology, course, and treatment of youth with conduct problems. In this paper, we present a new structure for CD designed to inspire new lines of research that may be needed to help the field more fully capitalize on this innovation. With additional research, it is hoped that the new multispecifier model will eventually buy clinicians additional information that cannot be gleaned from current diagnostic criteria and will help clinicians and researchers further uncover the factors that promote or protect against the development of CD. This paper delineates the areas of research that will be needed to fully realize the potential of a multispecifier model and ultimately to improve clinical care for children and adolescents with CD.

New Editorial Policy on Measurement Invariance

Lastly, earlier this year we released an editorial highlighting issues surrounding the use (and misuse) of measurement invariance techniques in research about youth mental

health, along with a new editorial policy linked to its use (<https://doi.org/10.1080/15374416.2025.2484813>). A brief synopsis appears below:

Editorial: Fairness, Validity, and Transparency in What Researchers Assume When Testing for Measurement Invariance

De Los Reyes, Oswald, Racz, Pina, McLeod, Wang, & Charamut

Measurement invariance is like any other technique. It carries assumptions: Things you must accept to be true about your data when you apply the technique. If your data meet the technique's assumptions, then proceed with your measurement invariance tests. Alternatively, if your data violate the assumptions underlying use of measurement invariance, then dire consequences may unfold if you nonetheless proceed with the tests, namely in the loss of validity evidence produced by use of your instrumentation. To address this problem, this editorial frames misuse of measurement invariance as a questionable research practice, akin to p-hacking or HARKing. This facilitates treating this misuse using open science tools, namely a new table that we at *JCCAP* will require authors to use if they implement measurement invariance tests to address their study aims. Very simple: A transparent statement of the assumptions you made when you applied measurement invariance to your data. Beyond this new tool, the editorial provides a straightforward description of the “who, what, where, when, and why” of measurement invariance.

You can find these and other articles from the journal on [our page at Taylor and Francis](#).

Update from SCCAP Representatives to APA Council

By Stephen Hupp, PhD & Mary Louise Cashel, PhD
SCCAP Representatives to APA Council

SCCAP Representatives Mary Louise Cashel and Stephen Hupp attended the APA Council Meeting (just prior to the APA annual convention) on August 5-6, 2025, in Denver, Colorado. At the meeting, the Council of Representatives voted to approve the following items:

- **Licensed Practice for Master's Health Service Psychology Professionals: Operational Principles.** According to the APA, these principles are “intended to provide needed parameters to inform current and future actions related to inclusion of master’s professionals in the practice of health service psychology. These actions include the development of a defined title and scope of practice and licensure pathway for master’s-trained psychology professionals to be included in APA’s Model Act for State Licensure of Psychologists. The principles state that M-HSP practitioners should have a scope of practice that ensures they are competitive in the marketplace with other behavioral health master’s level practitioners outside of psychology. M-HSP practitioners should be able to provide some services, independently without supervision and within a defined standard appropriate to the master’s level of education, training and supervision, including psychotherapy and diagnostic intake” (Council of Representatives: Actions Taken in August 2025).
- **Policy Statement on the Benefits of Inclusivity to Psychology and Higher Education.** This statement highlighted challenges caused by recent federal reductions in funding research, recent attempts to stifle academic freedom, and other inclusivity-related challenges facing higher education.
- **Policy Statement on Disability Inclusion: Combating the Stigma and Discrimination of Ableism.** This statement recognizes disability as part of diversity, discourages use of the deficit-based model, and serves as a call-to-action for psychologists to promote inclusivity.
- **Policy Statement on Reconciling Traditional Wisdom and Psychological Science.** According to the APA, “this statement encourages the integration of traditional wisdom from around the world (e.g., spirituality among Native Americans, Confucian philosophy among some Asian cultures, cosmology among First Nation Canadians and Africans) with psychological research to create a more inclusive, culturally relevant approach to understanding human behavior and well-being” (Council of Representatives: Actions Taken in August 2025).

- The council also updated its **Resolution on Psychological Needs of Children Exposed to Disasters** and its **Guidelines for Psychology's Role in Pediatric to Adult Health Care Transition**.

Our next meeting will be held in Washington, DC, February 20-21, 2026.

SCCAP Fellows Committee Update

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

Our Initial Fellows were announced in Denver at the APA Convention in August. This exemplary group was recommended by the SCCAP Fellows Committee, was positively reviewed by the APA Fellows Committee, and will officially be Fellows of APA/SCCAP in January 2026. Congratulations to this outstanding group of Initial Fellows: **Kevin Antshel, PhD, Amanda Jensen-Doss, PhD, and Amy West, PhD**. In addition, we have one SCCAP Fellow (already an APA Fellow in another Division): **James H. Bray, PhD**. The Fellows Committee unanimously agreed that each of these Initial and SCCAP Fellows had made outstanding and extraordinary contributions to the field of child and adolescent mental health. Congratulations to all our new Fellows!

Fellow status is a valued honor and recognizes outstanding contributions, with national impact, to Psychology overall and to SCCAP specifically. As Fellows Chair I am taking opportunities to showcase some of our wonderful SCCAP Fellows. This issue we introduce (or re-introduce to the many who know her and her stellar work) Dr. Martha Wadsworth, who became a Fellow on January 1, 2025.

If you are interested in becoming an SCCAP Fellow, you are encouraged to apply! Applications for the 2026 cycle are not due until December 1, 2025, so you have time. Please be aware that your APA dues must be up-to-date and membership in both APA and SCCAP must be current at the time of application. For information on requirements, please visit [the SCCAP website](#).

Featured Fellow: Dr. Martha E. Wadsworth

Dr. Martha E. Wadsworth is a Professor of Psychology and core member of the Child Clinical Psychology doctoral program at the Pennsylvania State University. She is a licensed psychologist who provides clinical supervision of doctoral students and consultation to local schools. She has held numerous leadership roles at Penn State, including Director of Clinical Training, Interim Co-director of the Psychological Clinic, Co-director of the CTSI Community Engagement Core, and the Associate Director of the PACT University-Community collaborative. Dr. Wadsworth has been actively involved in APA governance and other service to the field. She served as a Council Representative for SCCAP, chaired the APA Committee on Socioeconomic Status, served various editorial roles on numerous journals, and reviews grants for multiple foundations and institutes, including National Science Foundation and National Institutes of Health (NCI, NIAAA, NIMH).

Her research focused on improving understanding of and developing strength-based interventions for youth exposed to chronic stress, trauma, and poverty, has been

supported by the National Institute of Mental Health, National Institute of Child Health and Development, National Science Foundation, and the Administration of Children and Families. Dr. Wadsworth's early studies revealed the functional utility of poverty-related stress-adapted ways of being, highlighting how chronic stress shapes coping, self-regulation, stress physiology, and many other behaviors in ways that are effective and useful for survival in difficult developmental contexts, but which look like deficits when considered out of context. Wadsworth's Adaptation to Poverty-related Stress (APRS) framework was borne of these early studies and describes this cohesive, malleable, reflexive system of biological, cognitive, behavioral, and affective adaptations that occur in response to chronic uncontrollable stress, and which can be leveraged in interventions. The APRS serves as the guiding theoretical framework for one of the first biologically potent preventive mental health interventions for adolescents in poverty, the Building a Strong Identity and Coping Skills (BaSICS) program. Having demonstrated the early efficacy of BaSICS in a 5-year NIMH-funded experimental therapeutics clinical trial, Dr. Wadsworth is currently further evaluating the efficacy and effectiveness of BaSICS in several studies. This includes conducting a NIMH-funded confirmatory efficacy trial aimed at treating adolescent depression, anxiety, and post-traumatic stress via coping skills, identity development, collaborative action, and biological stress response recalibration, as well as collaborating with investigators in the Netherlands to develop and evaluate a culturally and linguistically adapted Dutch version of BaSICS.

Join Us in Shaping the Future of Membership!

By Nicole Lorenzo, PhD

Member-At-Large: Membership and Public Interest

The **Membership and Public Interest Committee** is launching exciting new initiatives to grow and sustain our vibrant community—and we need passionate members and leaders to help make it happen!

We're forming **subcommittees and leadership teams** to drive three key efforts:

1. Annual Member Survey Team

Help us design and conduct a yearly survey to better understand what our members value most—and what they need more of. Your insights will directly shape future member benefits.

2. Graduate & Internship Outreach Team

Build a sustainable system to connect with graduate and internship programs. This team will create pathways for students to transition smoothly into professional membership.

3. Recruitment & Engagement Team

Lead the charge in planning social events and networking opportunities—from convention socials to virtual coffee hours. We're looking for creative thinkers to brainstorm and implement new ways to boost member engagement.

Leadership Opportunities: Become a Subcommittee Chair!

Each subcommittee will be led by a **Chair**, who will:

- Coordinate meetings and guide the team's work
- Set goals and timelines for the initiative
- Create protocols for sustainable procedures
- Serve as the main point of contact with the MAL for Membership and Public Interest
- Consult with the MAL for Membership and Public Interest on budget proposals
- Report progress and share outcomes with the broader community

Along with support from the MAL for Membership and Public Interest, SCCAP will provide administrative support for these committees including assistance with logistics and purchasing.

Whether you're interested in leading a subcommittee as a Chair or simply contributing your ideas as a committee member, **we welcome your involvement**. This is a great

opportunity to make a meaningful impact, connect with peers, and help grow our community.

Ready to get involved?

Reach out to nlorenzo@american.edu today to express your interest or ask questions. We'd love to have you on board!

New Procedures for Joining or Renewing SCCAP Membership!

SCCAP has transitioned away from internally managing membership renewals and new applications to having **APA manage the process for both APA and Non-APA members**. This is simply an administrative shift. There are no changes to membership other than the platform used to renew and/or apply.

- **You do not need to be a member of APA to join SCCAP or use the APA registration platform.**
- Non-APA members and APA members may begin the process on SCCAP53.org. Under the Membership tab, you will find a description of the different membership levels and if appropriate, the Free Membership Code. The Registration/Renew button will take you to the APA website to officially register. All registrations will be done on the APA website.
- Renewal does NOT change for current APA members. You can renew your division memberships with your usual APA membership.
- SCCAP Dues are still \$40.
- FREE Membership is offered for students, post bacs, post docs, members from low-income countries, APA-defined disabled members, life members, for those taking gap years, and for first time members.
- Student Membership is FREE, but you must renew every year.
- **FREE, FREE, FREE:**
 - To receive your free membership, you must **use a code** that will be provided on the [SCCAP membership website](https://SCCAP53.org). Do NOT PAY if you think your membership should be free. [Contact APA Membership](#).
 - APA closes membership registration for the current year in July of that year. Those who join after July 1 will have their membership applied to the following year.
- Help us grow SCCAP by sharing this information with your colleagues, students, and friends! First time members can use the FREE CODE: **Div53New**

Why join SCCAP?

Are you new to the child and adolescent mental health profession and looking for networking opportunities? Are you a seasoned professional looking for continuing education opportunities and to stay current on the latest research and practice in the field? Membership with SCCAP provides child mental health professionals with a wealth of resources and professional support including webinars with FREE CEs, Special Interest Groups, mentoring, and more. Please explore all the benefits of membership to SCCAP on our website SCCAP53.org

For questions or to change membership levels, please contact the APA Service Center at 1-800-374-2721 or email Membership@APA.org

Acute, Intensive, & Residential Services SIG Update

By Elisabeth Frazier, PhD
AIRS Special Interest Group Chair

Happy Fall from the AIRS SIG!

Thank you to everyone who stopped by the AIRS social hour at the SCCAP suite during the recent APA Convention. It was a wonderful opportunity to network and spend time with colleagues. Also, congratulations to all AIRS members who presented in Denver!

I continued to be impressed by not only the breadth and depth of knowledge of our members, but also by the genuine collaborative and supportive nature of this group of talented professionals. It is through this approach that we continue to advance the science and practice of acute care and residential services and inspire trainees to pursue these rewarding career pathways.

If you were unable to attend APA in Denver, don't worry, you have another opportunity to further your AIRS knowledge and meet incredible colleagues at ABCT in New Orleans! Here are a few presentations that may be of interest to you. Please make sure to check out the full program for additional opportunities as this is not an exhaustive list.

- Clinical Round Table 1 – Enhancing Caregiver Skills and Support in Acute Care Treatment Settings – Friday, November 21, 2025 3:00 PM – 4:30 PM CST
- Clinical Round Table 3 – Asian Americans with Serious Mental Illness: Cultural Considerations for Case Conceptualization and Treatment in the Inpatient Context – Friday, November 21, 2025 3:00 PM – 4:30 PM CST
- (PS8-26) Can Sleep Disturbances Be a Treatment Target in Adolescent Psychiatric Inpatient Units? Examining Severity, Clinical Correlates Including Suicide Risk, and Informant Discrepancies – Saturday, November 22, 2025 4:30 PM – 5:30 PM CST
- (PS9-1) Factor Structure and Validity of the Difficulties in Emotion Regulation Scale Parent Report Version in a High Acuity Adolescent Inpatient Sample – Sunday, November 23, 2025 10:00 AM – 11:00 AM CST

For those who are not traveling, the AIRS SIG continues to offer educational and supportive programming year-round. Keep an eye out on the listserv for our ongoing **Early Career Consultation Group** meetings for a casual opportunity to connect and share. Our **Coffee Hour Series** started off on August 19th in collaboration with SCCAP with Dr. Jennifer Hellmuth's presentation, "Supporting Patients with School Avoidance in Higher Levels of Care". We also hosted an **AIRS Internship and**

Postdoctoral Fellowship Panel on October 7th—a big thank you to all our panelists! Please keep an eye out for future Coffee Hour sessions on engaging parents/caregivers in treatment and re-entry into schools following acute care admissions.

As we move into Fall, I encourage you to get involved in the AIRS SIG whether through attending some of the activities outlined above, applying for or nominating a colleague for an AIRS award or board position coming out this winter, or engaging in the invaluable listserv conversations that frequently hit your inbox.

Quick reminder, if you do not renew your SCCAP membership on time, you will automatically be removed from the AIRS listserv. If you think this may have happened to you, please reach out to Jaclyn Aldrich, PhD at jaclyn.aldrich@nationwidechildrens.org. We wouldn't want you to miss out!

If you are not yet a member of the AIRS SIG, we would love for you to join us! Simply log in to the SCCAP website and sign up on our webpage [here](#).

If you have any questions about the AIRS SIG, please reach out to Elisabeth Frazier, PhD at elisabeth.frazier@osumc.edu.

Clinical Child & Adolescent Practice SIG Update

By Megan Lawson, PsyD, ABPP
Chair, Clinical Child and Adolescent Practice SIG

We're excited to share a Fall update from the Special Interest Group (SIG) on Clinical Child and Adolescent Practice. We have several upcoming offerings. We also want to remind you that our LISTSERV is a great way to connect with members, ask questions, get or share resources, or dialogue around relevant issues. This is an excellent tool and we have hundreds of members. Please use this!

Looking ahead, we're planning even more ways to connect and learn:

- **Clinical Conversation on 11/18 from 10:30-11:30 am CT**
 - How to Talk with Parents About Sensitive Topics When There Isn't a Script with Alecia Zalot, PhD, and Priscilla Morrison, PsyD
 - This is a free, casual virtual call facilitated by a pediatric neuropsychologist and a clinical psychologist. All are welcome to join and participate. [Linked Here.](#)
- **Clinical Conversations (Dates TBD):**
 - *The Business Side of Practice* with Jacqueline Herrera, PsyD, and Mary Collins, PsyD
- **Formal CEU Offerings:**
 - Dialectical Behavioral Therapy for Youth – Presented by Dr. Kate Odom, PsyD on **December 12, 2025 from 11:00-12:00 CT**
 - Official listserv flyer to come

We're also still welcoming new leadership to join our SIG! If you're interested in getting more involved and building community with others in the field of child and adolescent psychology, please reach out to [Megan Lawson](#).

Current SIG Leadership Team:

- Chair: Megan Lawson, PsyD, ABPP
- Secretary: Mary Collins, PsyD
- Student Representative: Leslie Musgrove, PsyD
- Members at Large: Priscilla Morrison, PsyD & Alecia Zalot, PhD

Liaison to SCCAP Practice Committee: Jacqueline Herrera, PsyD

The Summer Treatment Program SIG Updates

By Katie Hart, PhD & Sarah Tannenbaum, PsyD, ABPP
Co-Chairs, STP SIG

Happy Fall! We hope those of you who ran an STP had a successful season and are adjusting to the school-year routine. Before you know it, we will all be back to summer planning. If you are like us, you think about summer all year long.

Our goals for this fall are to continue increasing subscribers to our listserv and nurture connections between STP communities. We hope you take advantage of the rich exchange of information between our members about best ways to prepare for your STP. If you have a question or have opportunities to share, please feel welcome to post them. We also will organize quarterly outreach to members around common topics that come up in preparation for summer.

We plan to gather again at the annual ADHD SIG meeting at ABCT, which will be held in New Orleans this year. The pre-conference meeting is scheduled for Thursday, November 20th, 9am-4:30pm. Additionally, several current and former STP directors will be participating in a Clinical Round Table at the conference on Friday, November 21st, from 10:15-11:45am titled, *"Navigating Accessibility, Cultural Adaptations, and Fidelity in the Summer Treatment Program (STP): Perspectives from Current Program Directors,"* organized by Emi Carpenter, doctoral student at Rutgers, The State University of New Jersey. Drs. Alexa Matlack (University of Washington, Camp APEX), Gregory Fabiano (FIU Center for Children and Families, Western New York), Katie Hart (FIU Center for Children and Families, Miami), Kelli Lupas (Cincinnati Children's), Leah Guterman-Sugarman (Child Mind Institute), Sarah Tannenbaum (Judge Baker Center, Camp Baker), and Vasco Lopes (Child Mind Institute) will be the panelists. We hope you can join us there!

For those of you interested in joining us, the primary goal of the STP SIG is to provide a professional forum that supports clinicians, researchers, students/trainees, and administrators in the successful implementation of STPs. We invite you to join our listserv and share emerging or promising practices and interventions that can enhance the STP by increasing access, promoting equity, increasing diversity, improving training practices for the next generation of child mental health practitioners, and incorporating more family/stakeholder feedback and voice into intervention strategies. For more information, visit [our website](#).

As we have said before, an STP takes a village, and we are here for you! Please join us in connecting around the world through this program that has changed our lives and so

many others. We welcome all your feedback, questions, comments, and insights about STPs. Let's keep STPs and Dr. Pelham's legacy going!

