



# INBALANCE

Spring 2026

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# President's Column

## Relevance, Community, & the Work Ahead

By Adam B. Lewin, PhD, ABPP

I'm writing to you now to introduce myself and, more importantly, to tell you my plans to make participating in SCCAP activities worth your time. My vision is for SCCAP to be **the professional home** for clinical child and adolescent psychologists. My mission is to build relevance across the career span for child and adolescent psychologists. Over the coming year, my focus will be on aligning our programs, meetings, and resources with the realities of contemporary practice, training, leadership, and research — so that SCCAP feels not just important, but a unique professional community for clinical child and adolescent psychology.

**Background & foundations:** By way of introduction, my professional background has been shaped by work at the intersection of clinical practice, academic medicine, leadership, and science. I am a practicing clinician in an academic medical center, where my responsibilities span direct patient care; leadership of interdisciplinary teams of psychologists, advanced practice providers, and physicians; and oversight of training programs, sponsored research, and clinical operations. My work also includes funded research and clinical trials aimed at improving outcomes for children, adolescents, and families. These experiences have strongly informed how I think about systems, sustainability, and the conditions under which high quality work is possible. It also reminds me of the gaps in training and professional development that could have supported me and other clinical child and adolescent psychologists in navigating the systems within which we work.

This perspective shapes how I view SCCAP's mission at this moment.

*Our changing landscape:* The workforce reality for clinical child and adolescent psychology is changing. Career paths are increasingly diverse and rooted in health service delivery rather than traditional academic silos. Most of today's trainees and early career colleagues will work in hospitals and/or medical centers, integrated care settings, schools, community systems, private practice, or telepractice environments—often balancing clinical care, supervision, leadership, and administrative demands.

If SCCAP is to be the professional home for clinical child and adolescent psychologists, we must intentionally build for the current and future workforce.

A central reality underlies this effort: the real competition for engagement is **not** other organizations or meetings—it is time and revenue. For many practicing clinicians, participation means fewer patients seen and less income earned that day. It also competes with family time, rest, and sustainability. That reality raises the bar for us as a Society.

Our standard must therefore be high. Does this help someone do their job better? Does it make their work more sustainable? Does it help them lead more effectively within complex systems of care? In 2026 and beyond, relevance means meeting members where they are—not where we wish they were.

*Creating an experience.* Relevance is practical and transferable. It is content members can use Monday morning, whether they work in a hospital, school system, community clinic, or private practice. Education is widely available, yet people return year after year to the same meetings even when content repeats. They do so not only for information, but for professional community. Content opens the door; community brings people back.

For clinicians to take a pay cut to attend a meeting, SCCAP must offer more than **high quality** lectures. We must offer a professional home – a place to reconnect with colleagues, mentor and recruit, debate ideas, and build lasting professional relationships.

At the same time, many psychologists experience gaps in preparation for the systems that shape whether their work is sustainable. While training is strong in assessment, treatment, and research, there is often limited preparation for productivity expectations, billing and coding, compensation models, organizational metrics such as wRVUs, reimbursement structures, integrated behavioral health models, or the evolving business frameworks of telehealth. Yet these realities define professional life across settings.

If SCCAP is to be the professional home for practicing clinical child and adolescent psychologists, we must help members navigate **how the work actually works**. We must also maintain relevance across the career span.

For this reason, a core theme of my presidency is that 2026 will be a year to boldly experiment. We will pilot new content areas, new formats, and new engagement pathways. This includes programming focused on the business and systems side of practice; exploring formats beyond the traditional lecture webinar, such as complex case discussions and second opinion reviews; and testing ways to better bridge science and practice in applied, meaningful ways.

Roadmap for 2026. This experimentation fits within a broader roadmap: piloting and learning in 2026 via webinars and select programs, refining in a training focused setting in 2027 through an augmented Clinical Practice Institute, and iterating toward a more integrated conference program in 2028. This roadmap will be the focus. Throughout, we will rely on data, experience, and member feedback to guide decisions. The goal is to create content that builds community. We have many choices among our subspecialty and research societies; SCCAP is the true home for Clinical Child and Adolescent Psychology. Let us build the content and community needed to maintain relevance across the career span.

My focus as President is content and program—but the end goal is community and home. There are many paths to that outcome, and this is a shared mission. I invite members to bring ideas, challenge assumptions, and help us prioritize through a simple guiding lens: **SCCAP's relevance for the practicing clinical child and adolescent psychologist.**

With appreciation,

Adam B. Lewin, PhD, ABPP  
Board Certified Child & Adolescent Psychologist  
President, Society of Clinical Child and Adolescent Psychology

# In Focus: Immigration Enforcement, Mass Deportation, & Mental Health

**By Edward Delgado-Romero, PhD**

University of Georgia

**Pauline Anderson, MSW, LCSW**

Children's Healthcare of Atlanta

**Alondra Lopez, MEd**

University of Georgia

The United States has entered an era of mass deportation that is unprecedented in scope, intensity, and public impact. All children, adolescents, and families (as well as mental health providers) potentially face mental health challenges such as stress or anxiety, either due to direct experience with immigration enforcement actions or by vicarious exposure through news and social media, and widespread anti-immigrant rhetoric and actions. The news of deaths, protests, and children being taken into detention can cause severe stress, insecurity, and anxiety for children, adolescents, and families. For example, a photograph of 5-year-old Liam Conejo Ramos being detained by Immigration and Customs Enforcement (ICE) in his driveway while returning home from school quickly went viral and sparked nationwide conversations on the traumatic nature of ICE interactions and the lost sense of safety experienced by children, families, school staff and communities at large.

Previous psychological research (Garcini et al., 2021) has indicated that many undocumented families deal with stressors such as poverty, discrimination, dangerous or precarious living and work conditions and limited access to linguistically and culturally competent mental health care (Delgado-Romero et al., 2018). However, the current socio-political environment represents an unprecedented escalation in the potential to harm mental health for all people in the U.S. (Katuri & Najdowski, 2025). While Congress has not passed a comprehensive path to citizenship since the 1986 Immigration Reform and Control Act, specific immigration policies and enforcement actions have intensified dramatically. Under the presidency of Barack Obama, the U.S. markedly increased deportation activity, a trend that has largely persisted regardless of which political party has been in office since. Nonetheless, with the elections of Donald Trump in 2016 and 2024, U.S. policy has shifted more towards what has been termed mass deportation. This shift in enforcement is coupled with a tripling of the budget for ICE, growth of immigration detention facilities, aggressive (and sometimes deadly) immigration enforcement by masked ICE agents, and enforcement actions taking place in homes, schools, churches, hospitals and even in immigration courts. The meaning and protection offered by legal statuses such as asylum, temporary protected status,

birthright citizenship, dual citizenship, and a green card (permanent resident status) are being challenged by the Trump administration. These immigration actions are highly public and have the potential to erode a sense of safety for everyone in the US, with daily reports of US citizens being detained based on the way they look or sound (racial profiling), allies being killed, and journalists reporting on these actions facing detention and investigation by the federal government.

APA CEO Arthur Evans, Jr. stated: “Psychological science is clear: detention, deportation, family separation, and the constant threat of such actions create chronic stress that increases anxiety, depression, trauma-related symptoms, and long-term health risks. These harms are especially severe for children, whose emotional development depends on stable and secure caregiving relationships...This climate of fear disrupts schools, healthcare access, workplaces, and community life, weakening the social connections that protect mental health for everyone” (Vidal Valero, 2025, p. 32). While literature supports these claims, there is a need for interventions, collaboration, and action to ensure that the psychological impacts of immigration detention, threats of deportation, growing xenophobia, and broadcast violence against immigrant communities are mediated. Psychologists and health professionals are encouraged to use frameworks such as the Collaborative Immigration Advocacy Model to identify ways they can expand their knowledge of the experiences of local immigrant communities, engage with existing activists and community organizations, and identify opportunities for supporting specific community service and advocacy projects (Cadenas et al., 2024)

One example of a community-based initiative brought about through collaboration of community members, mental health providers, and students is the Athens Rides Program. Athens Rides began in February of 2024, following an increase in anti-immigrant rhetoric and policies. These policies continue to negatively impact the mental health of the immigrant community by increasing the ability of local and state governments to collaborate with ICE to detain any undocumented person who becomes involved in the criminal justice system, virtually without bond, including through misdemeanor crimes like shoplifting (Laken Riley Act – federal legislation) or driving without a driver’s license (HB1105 – Georgia state law). The Athens Rides program is a form of mutual aid, aimed at mediating immigration policy vulnerability through the provision of free rides to those from the immigrant community who do not have a driver’s license, with the hope of preventing community members from being put in immigration detention due to minor traffic violations (Salerno, 2025). Not only does this initiative provide material support for the immigrant community (for example, ensuring they have access to secure modes of transportation to go to their medical and legal appointments, work, and the grocery store) but this initiative also provides a counternarrative. Program organizers recognize that the rise in threat of deportation and the increasingly violent and hostile treatment of the immigrant community is psychologically damaging for the community, so this initiative is helping to affirm a sense of safety and collective care.

Given the overwhelming nature of the current state of immigration enforcement in the US, psychologist may struggle to navigate their own feelings and vulnerabilities about

immigration enforcement while simultaneously supporting children, adolescents and families. We offer some suggestions:

- There needs to be a focus on Latinx families, who represent 75% of all undocumented individuals in the US. Latinx communities have a unique history with the US, and the majority (80%) are US citizens. Cultural and linguistic nuances in psychological practice and research with this large and diverse population need to be addressed as does the full inclusion of a Latinx and Spanish-speaking workforce in psychology.
- At the same time, the needs of non-Latinx immigrant communities must also be understood and addressed, especially when specific national or racial groups are targeted (e.g., Somalians in Minnesota, Haitians in Ohio) and when racial profiling occurs.
- In general, the need for culturally and linguistically competent psychological services needs to be addressed through pro-bono training, research, and advocacy programs (Delgado-Romero et al., 2021). Although collaborations with translators and cultural brokers are necessary, it is not sufficient. Building a psychology workforce that can address the needs of a multicultural and multilingual clientele who has been thoroughly traumatized pre, during, and post immigration requires sustained investment and a commitment to learning more about the challenges that these communities face. Psychologists can review resources available [here](#).
- As detention facilities dramatically expand in the US, the impact of these facilities and the lack of timely due process for detainees must be understood and explicated by psychologists, especially the impact on children, adolescents and families. Similarly, the experience of US citizen children who follow deported parents to countries they do not know is a research and practice area that needs to be understood.
- Psychologists must help to ensure routine and preventative healthcare for immigrant youth but also consider the impact of aggressive immigration enforcement on children and families who are medically fragile, chronically ill or dealing with educational and legal systems. Immigrant families may be unable to afford primary and/or preventive care and medications and instead use emergency services as primary care, which can lead to a potential crisis when emergency services are needed by all.
- Psychologists must also be attuned to the unintended side effects of mass deportation on all families. For example, The American Immigration Council (2025) points out that mass deportation has the potential to decimate the childcare industry as immigrants make up a sizeable portion of the childcare workforce.
- With the ubiquity of social media and the often-unsupervised access to information that is available to youth, the impact of social media on mental health during a time of mass deportation needs to be understood and addressed by psychology. For example, after the killing of ICE protestors in early 2026 the killings were immediately available to everyone in multiple angles on social media.

There is a potential for these images to result in widespread feelings of dehumanization and desensitization to the suffering of others.

- Psychologists can play an important role in developing and promoting age-appropriate literature and media that can help children and adolescents process experiences related to immigration and potential family separation. For example, *Something Happened to My Dad* (Hazzard et al., 2022) a book available in both Spanish and English and authored by psychologists, explores family separation in a developmentally and culturally appropriate way.
- Immigration law and process can be incredibly complicated, difficult to navigate, and confusing. Psychologists should seek out ways to learn more about immigration law and identify trusted legal colleagues to consult with, especially when minors are concerned.
- Advocacy for children, adolescents and families is often not addressed in psychology training programs. However, it is increasingly necessary that mental health providers be equipped to advocate for their clients by understanding how sociopolitical contexts impact them, learning how to connect clients to resources, and reflecting on how their professional skillsets uniquely position them to serve as active collaborators and agents of social change within their communities. Psychologists may find productive collaborators and partners in the field of Social Work, whose training and values center on systems-level intervention and advocacy.
- Psychologists should focus on supporting front-line workers such as teachers, principals, school counselors and social workers as they deal with immigrant issues directly in their schools and other clinical settings. Attention should also be given to the importance of religious and spiritual practices, and the possibility of collaborating with religious and spiritual leaders and clergy in order to support individuals facing immigration-related issues.
- Although current research and practice may be based on the immigration policies of deportation prior to the Trump administrations, psychologists need to be aware that the current environment is not simply a continuation of previous deportation policies but represents a major escalation of deportation enforcement. As part of Trump's 2025 funding bill, ICE was allocated a \$75 billion supplement in addition to a base budget of \$10 billion. This increase in funding means ICE has an annual budget higher than all other federal law enforcement agencies combined.
- While other federal agencies are being cut or facing significant reductions, the dramatic growth of ICE promises to dramatically change US society and psychologists are called not only to document the impact on this societal change but to advocate for the mental health and wellbeing of all people affected by immigration policies. While the impact on immigrants might be obvious, there is also a danger that US citizens may experience feelings of depression, desensitization, resignation, hopelessness and powerlessness.

Finally, despite pervasively negative and traumatic impacts on children, adolescents and families, psychologists must be mindful to highlight the strength and resilience of immigrants and to re-center their humanity during a dehumanizing era in US history.

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# Expert Recommendation: EffectiveChildTherapy.org

By Will Leever, PhD  
Editor, EffectiveChildTherapy.org

In an era where mental health information is everywhere, but not always accurate, it is important for our field to have an evidence-based practice map for youth, families, and trainees. I am highlighting [EffectiveChildTherapy.org](https://www.effectivechildtherapy.org), a resource developed for evidence-based practice.

## Why This Resource Matters

EffectiveChildTherapy.org serves as a bridge between rigorous clinical research and the families who need to understand and apply that research. The website tries to describe evidence-based practice in a clear, accessible way. We focus on the treatments that actually work for children's mental health concerns.

## Key Features for Clinicians and Families

The site is structured to support both providers and the public:

1. *Treatment Overviews*: Concise explanations of evidence-based treatments (EBTs), such as CBT for anxiety or Parent-Child Interaction Therapy (PCIT) for disruptive behavior.
2. *Condition-Specific Guides*: Education on symptoms and diagnostic criteria for ADHD, depression, eating disorders, and many more.
3. *Treatment Resources*: For example, we have high-quality content featuring leading experts explaining therapeutic approaches, which can be an excellent psychoeducation tool to share with parents.
4. *How to Find Help*: Practical advice for families on how to vet a therapist and ensure they are receiving science-backed care.

## How to Use It in Your Practice

I recommend incorporating this resource into your clinical workflow in the following ways:

1. *Psychoeducation*: Direct parents to the site's "Specific Problems" section to help them understand their child's diagnosis through a clinical lens.
2. *Training & Supervision*: For trainees, the site provides a roadmap of the best treatments they should be striving to master.
3. *Advocacy*: Use the site's clear language to help stakeholders (schools, pediatricians) understand the importance of referring families to evidence-based

providers.EffectiveChildTherapy.org isn't just a directory; it's a commitment to transparency in mental health. It empowers patients and parents to become informed consumers of psychological services.

We encourage all SCCAP members to bookmark this site and include it in their digital toolbox.

# APA 2026 IS COMING!

## August 6-8 | Washington, D.C.

**Join the SCCAP Division August 6th through 8th in Washington, DC as we celebrate our 27th anniversary as a division!**

We are so excited to see you all at the 2026 APA Convention this summer! We have completed the review of an outstanding and thoughtfully developed set of proposals, and we look forward to celebrating this work and learning together. As in recent years, this year's APA Convention will be offered both in person and virtually. We hope this continued flexibility allows even more participants to engage in convention activities.

This year's programming will reflect an extensive and high quality body of work presented by members of our community and aligned with the programming theme for SCCAP: "Equipping Clinical Child and Adolescent Psychologists for Real World Success and Lifelong Practice." Presentations will also highlight SCCAP's vision to improve the mental health and resilient development of children, adolescents, and families with strong commitment to promoting diversity, equity, and inclusion. Attendees can look forward to engaging poster presentations, symposia, skill building sessions, and critical conversations throughout the convention. Several sessions will also offer APA continuing education credits!

While we are still finalizing the division's specific programming, this year's sessions will showcase high quality, impactful research and clinical work from across our community. No matter which sessions you attend or the format in which you participate, we are confident you will discover valuable opportunities for meaningful learning and engagement. Acceptance notifications will be sent by APA in March, and the program schedule will be finalized by mid-April. Please visit the APA website or the SCCAP website at [www.sccap53.org](http://www.sccap53.org) for additional updates!

Last, we would like to express our sincere gratitude to the reviewers who generously contributed their time and expertise to the proposal review process: Amanda Acevedo, Ed Christophersen, Kristina Conroy, Mariana Davila, Sarah Dickinson, Jenee Edgerton, Eric Hand, Lauren Hansen, Jessica Hawks, Srinidhi Jayakumar, Howard Liddle, Brittany Mathews, Chelsea Mayo, Melanie Morse, Barbara Mowder, Laura Nabors, Amanda Neal, Wei Siong Neo, Mark Reinecke, Samantha Slade, Nicholas Smith, Kimberly Smoots, J'Nelle Stephenson, Syd Velotta, and Eleanor Wu. Their dedication and service made it possible to highlight the important work of our community and shape an engaging and inspiring program.

We look forward to another exciting APA Convention and to connecting with many of you in Washington, DC at APA 2026. We hope you will join us for another exciting convention experience!

# The Student View

## Introducing Student Representative Lauren Milgram & a Focus on Student Mentorship

**By Lauren Milgram, MS**  
SCCAP Student Representative

Members of the Society of Clinical Child and Adolescent Psychology (SCCAP) share the common goal of improving youth mental health through cutting-edge research, direct clinical care, dissemination of evidence-based practices, and training for future generations of child clinical psychologists. I am honored and grateful for the opportunity to serve as SCCAP Student Representative for the 2026-2028 term and support this important mission.

Across nearly ten years of psychology research, I have focused on evidence-based treatments for youth internalizing disorders, with the goal of improving treatment access, quality, and outcomes. My passion for evidence-based psychotherapy emerged during my undergraduate studies at the University of Miami, where I coordinated an NIMH-funded study comparing the effectiveness of cognitive-behavioral therapy (CBT) to treatment as usual in community mental health centers across Miami-Dade County. While community mental health centers may be more accessible to youth and families than specialty clinics, I observed that many youth still experience difficulty with accessing timely care. After this, I completed my post-baccalaureate research training at Brown University Medical School, examining the effectiveness of an alternative home-based therapy model to reduce treatment barriers. While at Brown University, I gained foundational clinical experience delivering CBT in-home to youth with anxiety and obsessive-compulsive related disorders. Addressing treatment access barriers is an important first step toward improving mental health equity, yet even with improved access, I witnessed first-hand that not all youth benefit from a standard course of psychotherapy.

I have since returned to the University of Miami to pursue my PhD in Clinical Psychology under the mentorship of Dr. Jill Ehrenreich-May and Dr. Kiara Timpano. My graduate research focuses on identifying patient, clinician, and socio-contextual factors that predict CBT treatment response. I am particularly interested in understanding factors that determine clinicians' use of and patients' response to exposure therapy, which is a highly effective but underutilized component of CBT for anxiety-related disorders. My dissertation will explore quantitative approaches to measuring how youth with anxiety disorders update their beliefs about safety and danger during exposure therapy, which has direct implications for improving both training and treatment delivery.

Alongside my clinical research, I have engaged in clinical practice in various community settings, including local community centers, pediatric primary care, and partial hospitalization programs. Observing variability in organizational support for evidence-based practice across these settings strengthened my interest in developing clinical trainings that facilitate the dissemination and sustainment of empirically supported interventions in routine care settings. With support from my research and clinical mentors, I have developed and led CBT trainings for clinicians across diverse practice environments that serve a wide range of patient populations. These experiences have offered rich insights into provider perspectives and the importance of equitable access to training and mentorship to support the mental health workforce.

As SCCAP Student Representative, I aim to draw on these experiences to advocate for student needs, expand opportunities for student mentorship, and support students' professional development across training stages and career paths within clinical child and adolescent psychology. I am excited to work towards these goals in collaboration with fellow Student Representative, Jiyoung Sarah Kim, and members of the Student Development Committee, without whom this work would not be possible. We are excited to connect with student members at the APA Convention in August and throughout the year at SCCAP programming events. As always, we encourage students to reach out to student representatives ([students@sccap53.org](mailto:students@sccap53.org)) with any ideas for programming and student initiatives. We look forward to a great year of connection, collaboration, and growth within our SCCAP student community.

# SCCAP Elections

*SCCAP is pleased to present our slate of candidates—as well as their respective statements—for our upcoming 2026 Board elections. For more information about the election please visit our website.*

## President-Elect Candidates

### Susan White, PhD

It is an honor to be considered as a candidate for President-Elect of SCCAP. If elected, I am committed to building upon our organization's important prior initiatives—such as reducing stigma for individuals and families affected by psychological problems—while expanding SCCAP's public reach and impact. The strong foundation established by our prior and current leadership positions us well for meaningful growth. I view SCCAP as the essential bridge between clinical science and practice, and I know many of you turn to SCCAP as the first-line resource for evidence-based assessment and intervention guidance.

### Strengthening Service and Impact

I see clear opportunities to enhance how we serve members, advance our profession, and benefit the public. I am committed to broadening SCCAP's visibility and impact through creative dissemination strategies—from strategic branding and public education to promoting scientifically grounded approaches in practice. Our field faces unprecedented demand that far outstrips current resources in clinical need and direct service provision. Implementation science offers a pathway forward: training and support for non-traditional providers, task-shifting, peer consultation models, and action-based training can help us fulfill SCCAP's mission of advancing children's mental health and resilience. Our organization possesses the history and expertise to meaningfully strengthen public trust in science and mental healthcare.

### Investing in Our Members

I am passionate about supporting early career colleagues and trainees. If elected, I will actively identify and create additional career development opportunities for members at all levels. I am also committed to maintaining the strengths that define SCCAP—our conference excellence, the quality and reach of our journals, and the tangible benefits our organization provides to members.

I am honored by the opportunity to serve SCCAP and look forward to working with this dedicated community to advance our shared mission.

## Full Biography

Dr. Susan White is Professor and Endowed Chair in Clinical Psychology at The University of Alabama, where she directs the Center for Youth Development and Intervention. She is also the Associate Dean of Research for UA's Barefield College of Arts & Sciences. Her research and clinical work focuses on mechanism-driven intervention for co-occurring and core problems in autism. A longstanding SCCAP member, she brings to this candidacy deep expertise bridging clinical science and practice.

As a clinician, mentor, and educator, Susan has dedicated her career to advancing evidence-based treatment and fostering diversity and belonging in psychology. In prior roles in private practice and residential settings, she earned recognition for her commitment to inclusive education and mentorship of underrepresented scholars, including first-generation students, women, and people of color. She was honored with the 2022 ABCT Outstanding Mentor Award. She is a Fellow of the American Psychological Association, SCCAP, and the Association for Behavioral and Cognitive Therapies (ABCT).

Susan is board-certified in Clinical Child and Adolescent Psychology and has served on the ABCCAP National Examiner Board for the past three years. She is former President of the Society for a Science of Clinical Psychology (2023) and former Coordinator of the Publications Committee of ABCT (2021-25). An accomplished scholar, she has authored or co-authored over 170 peer-reviewed articles in high-impact journals, multiple treatment curricula, and several edited volumes, including the *Oxford Handbook of Clinical Child and Adolescent Psychology*. Since 2016, she has served as Associate Editor for *JCCAP* and sits on the editorial board of *EBPCAMH*. She was also the inaugural editor of the Oxford clinical practice series, *ABCT Series on Implementation of Clinical Approaches*. Her work has been externally funded, from the National Institutes of Health as well as other entities, for the past 20 years.

As a clinical scientist, Susan is committed to the strong integration of science and practice. Most of her work carries direct relevance to clinical services or policy. She thrives in team science, as evidenced by her enduring collaborations with colleagues across disciplines—social work, education, biology, physics, computer science, and engineering. Notably, her research consistently involves undergraduate and graduate students as co-authors, advancing the next generation of clinical scientists.

Beyond her professional work, Susan enjoys travel, exercise, reading, and spending time with family.

## Council Representative Candidates

### Sarah Dickinson, PhD, ABPP

I am interested in becoming APA Council Representative due to my commitment to evidence-based practice for all children and families. It is my goal to be supportive of the needs of children and adolescents at primary, secondary, and tertiary levels so I may make change at micro and macro levels. I currently support children at both secondary and tertiary levels through clinical work and research, and I would be honored to be a steward of children at a systems level through APA Council Representative for Division 53.

I have dedicated my career to values espoused by SCCAP: to “promote scientific inquiry, training, professional practice, and public policy in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families in the context of a diverse society.” I have a unique combination of leadership, clinical, and consultative skills that I have applied in diverse school, clinical, and academic settings. As such, I have a comprehensive understanding of the needs of diverse children across settings and the advocacy necessary to push forward initiatives that advance the mission of SCCAP. As Council Representative, I will advocate for diverse, equitable, and inclusive practice policies for children, adolescents, and their families. In addition, I will listen to the priorities of SCCAP members and work with other division Council Representatives to actualize priorities. My current role in Division 53 as convention chair means I have burgeoning experience with SCCAP leadership and understand the role and function of the organization, making me ideally positioned to represent the division as a Council Representative.

### Full Biography

I am a school psychologist by training and graduated from the University of South Florida (USF) with a PhD in 2019. I completed a 2-year fellowship in pediatric psychology at the Rothman Center for Neuropsychiatry from 2019-2021. Since then, I have become a Florida licensed psychologist and a board certified clinical child and adolescent psychologist.

Throughout my graduate training and beyond, I have specialized in early childhood trauma and disruptive behavior disorders. I have particular interest in equitable access to evidence-based care for underserved and underrepresented children and families such as those with developmental delay or low-income and economic marginalization. I currently provide a range of clinical, research, and leadership services as an assistant professor at a large academic medical center. In my role, I am the co-Principal Investigator of a community contract focused on the provision of accessible and affordable parent training groups to any caregiver in the community who has a child ages birth to fifth grade. In addition, I provide a day a week of clinical care wherein I offer comprehensive psychological evaluations as well as individual therapy for children

ages 2-18 years. I am the internship director of the USF Doctoral Internship in Professional Psychology, which is an APA-accredited and APPIC-approved site. Finally, I offer professional service as the 2026 APA Convention chair to Division 53 and as an affiliate to the Florida Institute for Child Welfare, a state-wide agency focused on enhancing the sustainability of child welfare.

## **Elizabeth Vickery, PhD**

I am seeking election as an APA Council Representative to advocate for the needs of children, adolescents and families; as a mid-career psychologist, I bring the perspective of someone who has spent many years deeply engaged in clinical work, while now stepping into advocacy with fresh energy and commitment. A lifelong introvert, I have an inclination toward reading research journals in solitude, honing my practice with a small group of dedicated clinicians, and consulting with a limited circle of trusted colleagues. At this point in my career, the time is right to “practice what I preach” in terms of exposure for my own social anxiety, forgoing the cozy nest of my office, department, and geographical region to engage more actively in politics as a way of living my profession. While I am new to formal advocacy on a national scale, I see it as a natural extension of my clinical work. For years, I have been a voice for my patients and their families, helping them navigate systems that must often feel overwhelming or incomprehensible. Now I am eager to bring that same commitment to a broader stage—ensuring that APA policies and initiatives reflect the importance of accessible, scientifically-grounded treatments for youth and their families.

As APA Council Representative, I would bring expertise to bear on ensuring that APA policies reflect the best evidence-based treatments (such as exposure therapy) and are translated into practical tools for clinicians. Working in a fast-paced medical center gives me insight into how insurance, access, and workforce shortages, along with socio-political pressures, affect both help-seeking families and treatment-providing clinicians. With my experience in designing programs that integrate parents, I am positioned to push prioritization of caregiver involvement into treatment models, emphasizing the importance of changing family dynamics to ensure lasting progress. As both a child psychologist and a single parent, I am uniquely positioned to help ensure that APA policies reflect the realities and address the needs of families from different backgrounds and structures.

## **Full Biography**

My professional identity has been shaped by a dedication to helping young people confront and overcome anxiety through exposure-based interventions. This work has transformed the lives of countless adolescents and their parents, and it has reinforced my belief that psychology must remain firmly grounded in science while responsive to the lived realities of those we serve. I have years of previous experience as a psychologist in inpatient, school-based, and outpatient settings, and I currently practice in a fast-paced children’s medical center affiliated with a university. My

professional experience in a wide range of settings has sharpened my ability to respond quickly to complex needs, collaborate across disciplines, and deliver care that is both efficient and deeply compassionate. Working in a dynamic medical/academic setting has reinforced my belief that psychology must be integrated into broader healthcare systems, ensuring that mental health is treated with the same urgency and importance as physical health. It has also given me a unique perspective on how systemic barriers affect families in real time, and how evidence-based interventions can be scaled to meet diverse needs.

Anxiety disorders are among the most common and easily recognizable mental health challenges faced by children and adolescents, yet many families struggle to access effective care. Exposure therapy, a gold-standard treatment, is underutilized due to limited training opportunities, misconceptions about its application, and systemic barriers in healthcare delivery. My career has been dedicated to addressing these gaps –by providing direct clinical care, training clinicians, and promoting policies that expand access to evidence-based interventions. One of my proudest professional achievements has been the development of an intensive outpatient program (IOP) for school refusal rooted in anxiety treatment. School refusal is a growing crisis, often driven by severe anxiety that disrupts both academic progress and family functioning. By designing and implementing a structured IOP, I created a pathway for adolescents to gradually re-engage with school through exposure -based interventions, while simultaneously supporting parents in reducing accommodation behaviors. In tandem with IOP development, I joined with a local software development team to create a unique virtual-reality-based intervention that will reinforce and extend the work done in treatment. In addition, I developed a step-down (outpatient) social anxiety group with a unique parent component; by integrating parents and providing caregivers their own parallel processing groups with hands-on activities including exposures, the group not only empowers youth to face social fears but also equips caregivers with strategies to reduce accommodation and reinforce progress at home. On a personal note, my own experience as a single parent has further deepened my commitment to advocacy. I understand the challenges families face when balancing caregiving responsibilities, professional demands, and systemic barriers to accessing care. This lived experience has given me empathy for parents navigating complex systems and resilience in the face of adversity.

# SCCAP Listserv: Do's & Don'ts

By Ana Ugueto, PhD, ABPP

Approximately 20 years ago, SCCAP launched a listserv to provide a forum for discussion and the sharing of knowledge and resources relevant to child and adolescent psychology. Today, the SCCAP Listserv is routinely described as one of the most valuable resources of Division 53. In 2025, more than 450 SCCAP members posted over 1300 messages to the listserv to ask questions, seek referrals, announce employment opportunities, and recruit interns, postdoctoral fellows, and faculty. APA encourages all listserv members **“to engage in dialogue based on psychology and psychological science that values a diversity of perspectives and experiences”** to create a respectful and welcoming listserv environment. Listserv members are expected to **“maintain civility, demonstrate respect, and strive to uphold the psychological safety of all members.”** Members should conduct themselves professionally and uphold the APA values of justice, human rights, fairness, and dignity to ensure all members feel safe and accepted. ([lists.apa.org/archives/infopages/APARules.html](https://lists.apa.org/archives/infopages/APARules.html))

**To ensure the listserv remains a valued resource, please review the following questions and answers:**

*What can SCCAP members post to the listserv?*

SCCAP encourages different viewpoints and intellectual contributions to the education, clinical practice, and benefit of its members. Listserv members are encouraged to (1) consult with colleagues, (2) share professional resources, (3) post faculty, staff, internship, and fellowship positions, and (4) announce *free* educational activities.

*What should SCCAP members not post to the listserv?*

The SCCAP Listserv does not allow the following: (1) recruitment of research participants; (2) personal attacks and negative characterizations (i.e., libel and defamation); (3) hate speech or discriminatory content; (4) using the listserv for illegal purposes; (5) posting full published articles without permission of author and/or journal (i.e., copyright violation); (5) discussion of rates charges, salaries, terms of contracts, etc. (i.e., antitrust issues); (6) advertisement of services for professional gain or financial interests; and (7) electioneering of non-SCCAP or APA positions and lobbying elected officials outside of APA “call to actions.”

Any SCCAP member who violates the listserv rules will be sent a private message reminding them of the rules. If the member continues to violate the rules, the member may be removed from the listserv. The listserv may also be switched from “unmoderated” (anyone can post directly to the listserv) to “moderated” (messages are approved by the listserv manager before they are posted) if necessary.

*Why am I not receiving SCCAP Listserv posts?*

This could be for several reasons: (1) not renewing your SCCAP membership (non-renewing members are deleted on February 1); (2) changing your email address and not updating your subscription; and (3) messages going to spam. If messages are being sent to your spam folder in Gmail, you can reconfigure your account by following [these easy steps](#).

*How do I switch from daily posts to a digest?*

Members can manage their own subscription by visiting [this page](#) or by emailing the Listserv Manager at [sccap53list@sccap53.org](mailto:sccap53list@sccap53.org), and asking for their listserv settings to be changed.

If you have additional questions or need any additional assistance, please contact Ana M. Ugueto, PhD, ABPP, SCCAP Listserv Manager, at [sccap53list@sccap53.org](mailto:sccap53list@sccap53.org)

### **Acknowledgements**

Thank you to Lynn Abidin Canty, SCCAP Director of Operations, and Carrie Bai, SCCAP Assistant Director of Operations, for their contributions to this piece and the day-to-day functioning of SCCAP.

# Abidin Early Career Award Update

By Joseph McGuire, PhD  
2022 Abidin Award Winner

The Abidin Award has played a critical role in determining whether virtual reality exposures can be utilized in the treatment of childhood OCD. Exposure and response prevention (ERP) is the frontline treatment for childhood OCD. However, a survey of OCD therapists in clinical practice identified that therapists had difficulty completing exposures for several OCD symptoms within an office setting (Ramsey et al., 2024). Additionally, therapists also reported challenges with patient compliance and/or motivation outside of therapy sessions were barriers to exposure homework completion. While mobile health (mHealth) applications show promise for increasing exposure homework adherence between ERP sessions (Tuerk, McGuire, & Piacentini, 2024), this would not address challenges identified by therapists of completing exposures within session due to access to exposure stimuli.

In response to these identified challenges, we investigated whether virtual reality (VR) exposures could be used in the treatment of childhood OCD. Towards this goal, we conducted a multi-modal examination to compare the behavioral, subjective, and physiological responses between youth with OCD and youth unaffected by any mental health condition—as determined by a structured diagnostic interview—when completing three common OCD exposures.

We used the Oculus Quest 2 and developed three VR exposures that could be paralleled in both the virtual world and real-world settings. We selected common activities of daily living that could be completed in ~3 minutes per exposure: (1) picking up and throwing pieces of “trash” in a room for a contamination exposure; (2) misaligning pictures on the wall for the symmetry exposure; and (3) only checking grade-level math homework once as quickly and as accurately as possible for the checking exposure.

Participants were randomly assigned to complete the VR exposures or *in vivo* exposure first. After completing one set of exposure tasks (VR or *in vivo*), participants had a ~15-minute break in which they completed rating scales before completing the other set of exposure tasks (VR or *in vivo*). Participants returned on another day to complete VR exposures and *in vivo* exposures in the opposite order of the prior visit, with a ~15-minute rest period in between exposure sets to complete any remaining rating scales. Finally, participants were asked to express preference for a specific exposure modality.

While peer-reviewed publications are forthcoming, this Abidin funded project identified that:

- VR exposures are feasible, acceptable, and primarily preferred by children and adolescents with and without OCD.
- Exposures—both VR or *in vivo*—elicited greater behavioral, subjective, and physiological responses among youth with OCD compared to youth without any mental health conditions. This finding demonstrates that VR and *in vivo* exposures served to elicit appropriate responses from youth with OCD.
- The within-subject repeated measure design highlighted that youth with OCD exhibited comparable behavioral and subjective responses to both VR exposures and *in vivo* exposures—with some differences between exposure modalities on physiological outcomes.

This project would not be possible without the support of the Abidin Award.

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# Congratulations to SCCAP's Top Downloaded Journal Articles!

Here's your chance to read the most popular contributions to child and adolescent mental health research and clinical practice published in SCCAP's two journals (Evidence-Based Practice in Child & Adolescent Mental Health (EBPCAMH) and Journal of Clinical Child & Adolescent Psychology). We are pleased to announce that Taylor & Francis has reported a 38% increase in downloads of EBPCAMH compared to 2024. Notably, downloads have more than **doubled** since 2022.

Thank you to all who have submitted, read, reviewed, and CITED articles from EBPCAMH. You are helping EBPCAMH editors achieve our vision of **Being the #1 Clinical Resource for Our Members!**

As a reminder, members of SCCAP are able to download and use EBPCAMPH and JCCAP articles for **free**.

Below are the Top 10 most downloaded articles published in the last 3 years and 10 years, respectively:

## Top 10 Articles Published in EPCAMH in the Last 3 Years (2023-2025)

Isenberg, B. M., Chu, W., Boyd, M. R., Knudsen, K. S., Becker, K. D., Keenan-Miller, D., & Chorpita, B. F. (2025). *A Qualitative Study of School Mental Health Providers' Experiences with Chart Notes: Perceived Utility, Burden, and Areas for Growth*. Evidence-Based Practice in Child and Adolescent Mental Health, 10(1), 136–153. <https://doi.org/10.1080/23794925.2024.2426185>

Comtois, K. A., Salisbury, J., Clifton, R. L., Grumet, J. G., & Adrian, M. (2025). *Partnering with Policymakers to Design Suicide Care Research: Maximizing Impact in Adolescent Mental Health Policy*. Evidence-Based Practice in Child and Adolescent Mental Health. Advance online publication. <https://doi.org/10.1080/23794925.2025.2491061>

George, N., Lee, A. H., Gonzalez-Gaspar, J., & Kwan, M. Y. (2025). *A Systematic Review of Barriers and Facilitators Impacting the Utilization of Mental Health Services Among Asian American Youth*. Evidence-Based Practice in Child and Adolescent Mental Health, 10(1), 187–201. <https://doi.org/10.1080/23794925.2024.2392250>

Lui, J. H. L., Marsh, N. P., Dvorsky, M. R., Ly, D., Oddo, L. E., Garner, A., & Chronis-Tuscano, A. (2025). *Development and Dissemination of Online Evidence-Based*

*Information for Youths with ADHD and Their Adult Supports*. Evidence-Based Practice in Child and Adolescent Mental Health, 1–17. <https://doi.org/10.1080/23794925.2025.2457632>

Schwarz-Torres, J. C., Davis, I. S., Thornburg, M. A., Patel, H., Aks, I. R., Tapert, S. F., ... Pelham, W. E., III. (2025). *How Can Clinicians Improve Parental Monitoring of Adolescents? A Content Review of Manualized Interventions*. Evidence-Based Practice in Child and Adolescent Mental Health, 10(1), 162–174. <https://doi.org/10.1080/23794925.2024.2306626>

Bettis, A. H., Argiros, A., Kittleson, A. R., Sheffer, P., Holladay, M., Cyperski, M. A., Malhotra, M., Moussougan, A., Merritt, J. A., & Clark, K. A. (2025). *Perspectives of Parents of LGBTQ+ Youth with Mental Health Service Needs in the US Southeast: Challenges, Needs, and Recommendations for Improving LGBTQ+ Youth and Family Support*. Evidence-Based Practice in Child and Adolescent Mental Health. Advance online publication. <https://doi.org/10.1080/23794925.2025.2497081>

Choi, K., Morris, E., Bustamante, D., Babajanyan, I., & Mead, M. (2025). *Applying Adverse Childhood Experience (ACE) Screening in Adolescent Inpatient Mental Health*. Evidence-Based Practice in Child and Adolescent Mental Health, 10(1), 175–186. <https://doi.org/10.1080/23794925.2024.2378435>

O’Leary, S., McGill, C. E., Nagar, P. M., Colasanto, M., Trull, G., & Phythian, K. (2024). *Working Together: Interdisciplinary Training within Live-In Treatment*. Evidence-Based Practice in Child and Adolescent Mental Health, 9(3), 429–438. <https://doi.org/10.1080/23794925.2024.2324786>

Steenweg, E. M., Dekkers, T. J., Doffer, D. P. A., van den Hoofdakker, B. J., Groenman, A. P., & Luman, M. (2025). *School-Based Interventions for Children with Behavioral Difficulties: Inconsistent Implementation of Evidence-Based Practices*. Evidence-Based Practice in Child and Adolescent Mental Health, 1–18. <https://doi.org/10.1080/23794925.2025.2509300>

Norlén, A., Bäckman, C., Thorén, A., & Almqvist, K. (2025). *The Effectiveness of Child-Parent Psychotherapy on Traumatized Preschoolers and Their Caregivers: A Swedish Multi-Site Study*. Evidence-Based Practice in Child and Adolescent Mental Health, 10(1), 106–121. <https://doi.org/10.1080/23794925.2024.2358486>

### Top 10 Articles Published in JCCAP in the Last 3 Years (2023-2025):

Hogue, A., Porter, N. P., Henderson, C. E., Ozechowski, T. J., Wenzel, K., Fishman, M., & Becker, S. J. (2025). *Evidence Base on Outpatient Behavioral Treatments for Adolescent Substance Use, Update 2018–2023: Current Status, Best Practices, and Opportunities for Advancing the Science*. Journal of Clinical Child & Adolescent Psychology, 1–25. <https://doi.org/10.1080/15374416.2025.2521855>

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# Update from SCCAP Representatives to APA Council

By Stephen Hupp, PhD, Joaquin Borrego, PhD, and Jarrod  
Leffler, PhD, ABPP

SCCAP Representatives to APA Council

Division 53 Representatives Stephen Hupp, Joaquin Borrego, and Jarrod Leffler attended the APA Council Meeting on February 20-21, 2026, in Washington, D.C. At the meeting, the Council of Representatives voted to approve the following items:

- An updated resolution aimed at promoting global perspectives in psychology.
- An updated resolution on sexual health education for youth.
- An updated resolution on palliative care and end-of-life issues.
- An updated resolution aimed at addressing antisemitism.
- A policy to reaffirm APA's commitment to human rights and freedom of expression.
- A policy for the revised Standards of Accreditation for Programs in Health Service Psychology.
- A policy aimed at improving the coordination of disaster response efforts.
- A policy to acknowledge the challenges experienced by rural communities.
- A revision of the Policies and Procedures Manual for APA Approval of Sponsors of Continuing Education for Psychologists.

For more information on the actions taken at Council meetings, please visit [this APA summary](#).

Our next meeting will be held in Washington, DC, August 4-5, 2026.

# American Board of Clinical Child & Adolescent Psychology Update

By Anna Egan, PhD, ABPP  
President, ABCCAP

## Considering Board Certification?

The *American Board of Clinical Child and Adolescent Psychology's* mission is to recognize, certify, and promote competence in our specialty areas– Pediatric Psychology and Clinical Child/Adolescent Psychology. Becoming a board-certified Specialist through the *ABCCAP* serves as an important professional step for psychologists as it helps demonstrate competence in the field, enhances professional credibility, and signals commitment to high-quality, evidence-based care for children and adolescents.

The process of board certification begins by applying through the *American Board of Professional Psychology (ABPP)*, the parent organization of *ABCCAP*. Candidates must meet specific education and training requirements (stage 1), submit a practice sample (stage 2), and complete an oral examination (stage 3). More details on eligibility and application steps can be found at [www.abpp.org](http://www.abpp.org).

Interested candidates can attend informational presentations which are often scheduled at national conferences, through webinars, or in small group meetings with psychology departments. Individual mentorship from current *ABCCAP* Specialists is also available to provide valuable guidance throughout the process.

## Are you a Current Specialist? Get Involved!

The Board relies on the expertise of its members to conduct essential work. Board-certified Specialists can:

- Serve as mentors for candidates,
- Participate as examiners in the certification process,
- Contribute to advocacy efforts that promote the value of board certification,
- Serve on board committees,
- Attend one of our examiner training sessions, or
- Meet with a board member to learn more about next steps of getting involved

*ABCCAP* is committed to making the process clearer and more supportive for Pediatric and Clinical Child/Adolescent Psychology. Recent revisions to the manual, which increased transparency in the process, and revised the evaluation form to provide more nuanced feedback for candidates, will be available soon.

As we prepare for our upcoming specialty certification, we will have many opportunities for Specialists to serve on committees to help review and update materials as we continue to improve the process for future Specialists. Consider lending your expertise to the Board today.

### **Board Member Update**

The Board is excited to welcome two new Members at Large:

- **Heather Agazzi**, PhD, MS, ABPP, IMH-E, Professor at the University of South Florida
- **Laura Dilly**, PhD, ABPP, Assistant Professor at Children's Healthcare of Atlanta, Emory University School of Medicine.

Two board members recently completed their terms and rotated off the Board at the end of December. We would like to express our great appreciation for their years of service to *ABCCAP*:

- **David Langer**, PhD, ABPP Associate Professor at Suffolk University (8 years on the Board)
- **Sara Gould**, PhD, ABPP, Associate Professor at Children's Mercy Kansas City (6 years on the Board)

# SCCAP Webinar Committee Updates

By **Jamie Micco, PhD, ABPP, LP**  
Webinar Committee Chair

SCCAP is pleased to announce the creation of a new Webinar Committee dedicated to delivering high-quality, compelling webinars for our members. The committee will produce eight webinars annually, with most offering free continuing education credits as a member benefit.

## Committee Members

- Jamie Micco, PhD, ABPP, LP – Committee Chair
- Jenna Strawhun, PhD, LP
- Logan Cummings, PhD, LP
- Allie Gibson, PhD, LP
- Beth Jerskey, PhD, LP
- Nuri Reyes, PhD, LP

## Committee Goals

The committee will prioritize professional development topics, including:

- Starting and maintaining a private practice
- Managing clinical risk
- Navigating a career in academic medicine
- Using technology in practice

In addition to highlighting recent research findings, we will feature clinical techniques through engaging case series demonstrations and panel discussions.

Our primary goal is to create content that is relevant and valuable to clinical child psychologists at every stage of their careers.

## Share Your Ideas

We welcome your suggestions for webinar topics and speakers you have found engaging and knowledgeable. Please send your ideas to [jmicco@concordcenter.com](mailto:jmicco@concordcenter.com).

# Infant & Early Childhood SIG Update

**By Miller Shivers, PhD**  
IEC Special Interest Group Co-Chair

The Infant and Early Childhood (IEC) SIG held a member meeting in January featuring guest speaker, Juliet Vogel, Ph.D. from the Zucker School of Medicine at Hofstra/Northwell. Dr. Vogel's talk, "Addressing Trauma-Related Needs of Young Children with Developmental Delays and Disabilities", highlighted a grant from the National Child Traumatic Stress Network addressing the unique needs of this vulnerable population. Resources shared by Dr. Vogel from the Supporting Trauma Recovery for Youth with Intellectual and Developmental Delays Center (STRYDD) were disseminated to members via email after the presentation, and several other helpful resources and models were also discussed.

The IEC SIG has several active working committees that welcome new members (and students) and those interested in serving as co-chairs on a committee. Additionally, Dr. Miller Shivers will be stepping down as co-chair at the end of the summer after several years of service. The IEC SIG is seeking a member to join Dr. Brooke Yancy Ward as co-chair.

The next IEC SIG meeting will be April 17th at 1pm CST (link to follow via email on the listserv). The SIG invites members with topics, case studies and/or research to present to this national audience in our meetings. If interested in presenting or a leadership position or if you do not receive the zoom link for the IEC SIG meeting, please email [mshivers@luriechildrens.org](mailto:mshivers@luriechildrens.org).

# The Summer Treatment Program SIG Updates

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

Summer is coming! Summer Treatment Programs (STPs) across the country are busy planning, recruiting, and coordinating efforts for this year's programming. If you would like to learn more and connect with those involved in these preparations, we invite you to join us!

The end of 2025 and start of 2026 were very productive for our SIG. During the ADHD SIG pre-conference meeting at the Association for Behavioral and Cognitive Therapies (ABCT) in November in New Orleans, we held our annual meeting of STP directors and those interested in STPs. Our discussions focused on the development of a centralized website for STPs where programs can register, gaining access to important programming resources, updates on new STP innovations, and connecting with other programs. We also explored possible research collaborations and agreed that a quarterly call would be ideal to maintaining support and connection throughout the year.

During a clinical roundtable at the conference, six current and former STP directors (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, formerly Child Mind Institute; and Vasco Lopes, formerly Child Mind Institute) shared their perspectives on navigating accessibility, cultural adaptations, and fidelity in the Summer Treatment Program. Collectively, these directors shared lessons learned from more than 40 summers of implementation and impact. Thank you again to Emi Carpenter, doctoral student at Rutgers, who organized!



Kicking off 2026, we held our inaugural STP SIG Quarterly Support Call on February 6th, with 18 members and STP administrators in attendance. The discussion focused on sustaining STPs year to year, and attendees were encouraged to share resources with one another for building strong financial portfolios to create long-term success. STP developers alongside Dr. Pelham, Beth Gnagy and Andrew Greiner, shared their goal of creating a guide for STP adaptations, as well as their insights on barriers and facilitators to implementation on over 35 years of STP experience. It was determined that the FIU STP, serving as a central STP home and home to STP developers, will be responsible for developing and regularly updating their website to include a database of STP locations across the country and globally, along with other important STP resources and updates. A survey will be distributed this spring for programs to register their STP – so stay tuned! If you or members of your team are interested in joining our next call on May 8th from 3:30-5:00pm EST, please contact Kat Hart at ([khart@fiu.edu](mailto:khart@fiu.edu)).



Also coming up in 2026, we will gather for our annual SIG meeting as part of the ADHD SIG pre-conference convening at ABCT during the 2026 conference in Baltimore, Maryland. We hope you can join us there!

For those of you interested in joining, the primary goal of the STP SIG is to provide a professional forum that supports clinicians, researchers, students/trainees, and

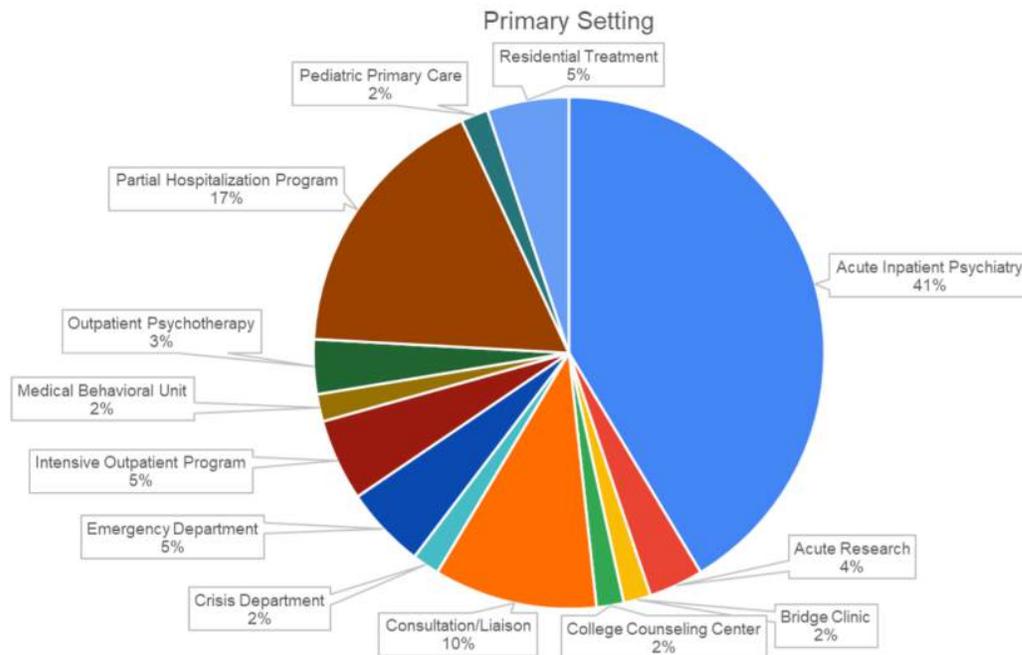
administrators in the successful implementation of STPs. We invite you to join our listserv and share emerging or promising practices and interventions that can enhance the STP by increasing access, promoting equity, increasing diversity, improving training practices for the next generation of child mental health practitioners, and incorporating more family and stakeholder feedback and voice into intervention strategies.

As we have said before, an STP takes a village, and we are here for you! Please join us in connecting with colleagues 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!

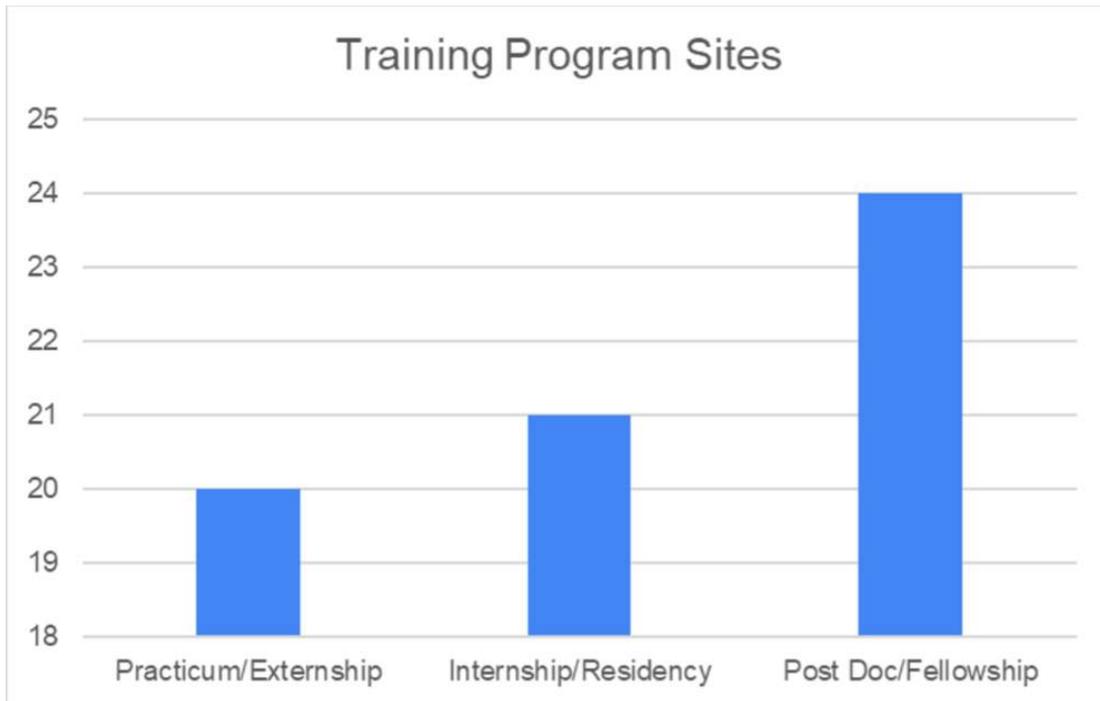
# Acute, Intensive, & Residential Services SIG Update

By Elisabeth Frazier, PhD  
AIRS Special Interest Group Chair

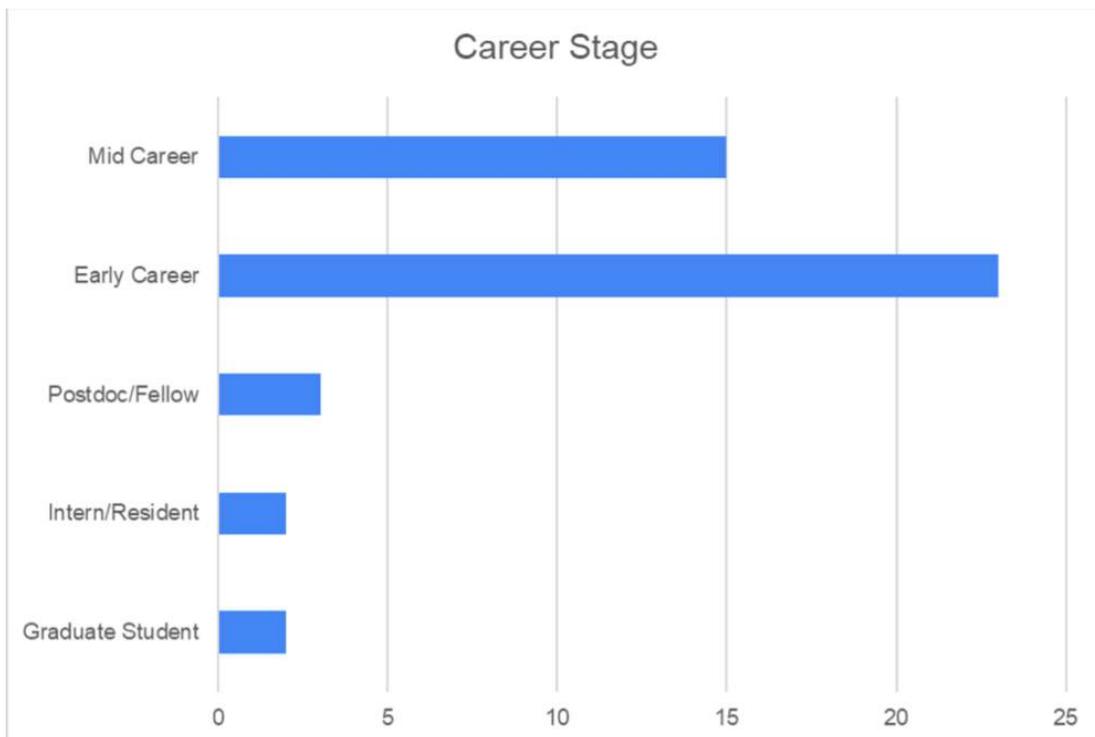
In this season of renewal, we send a sincere thank you to all of our members who have renewed their commitment to AIRS this year, and to all of our new members for joining us in our mission to advance research and clinical care in acute, intensive, and residential treatment settings. Here is a preview of some results from our latest membership survey illustrating various aspects of our AIRS SIG community.



Our total membership currently stands at approximately 140 people, and 45 individuals responded to the membership survey, resulting in a 32% response rate. Based on these data, we see our members practice in a wide range of settings, with the highest rates in acute inpatient psychiatry (41%), partial hospitalization programs (17%), and consultation/liaison (10%).



Those who responded shared 65 unique training site opportunities in AIRS settings throughout the trainee experience, including practicums, internships, and postdoctoral fellowships. While our trainee members continue to grow in numbers, our most common career stage in the AIRS SIG is early-career members followed by mid-career. We also see that nearly half of our members hold leadership positions in their institution (47.4%).



Please keep an eye out on the listserv for a full recap of the results from our membership survey, and let us know if there are additional data you would like to see us collect and share. Many thanks to Jaclyn Aldrich, PhD for conducting the survey this year and analyzing the results!

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** also continues with spring sessions on Screening and Treating Problematic Sexual Behaviors (3/24) and Assessment in Acute Care Settings (4/28).

There are many ways 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 engaging in the invaluable listserv conversations that frequently hit your inbox. Speaking of AIRS awards, a call for nominations went out to the listserv near the start of the year, so please help recognize the incredible people you work with by nominating them or yourself!

**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](mailto: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](mailto:elisabeth.frazier@osumc.edu) .

