See you in Toronto, August 6-9! Division 37 is sponsoring a series of activities intended to promote the sharing of new developments in policy and practice, encourage discussion and debate, and create opportunities to make new friendships as well as renew old relationships. The formal program offers symposia on behavioral health policy, career opportunities, the latest issues in prevention, evidence based practices, physical punishment, and more.

All of the symposia and posters were reviewed and approved by the program committee and were of great interest to many other divisions and APA Committees/Offices which is evidenced by the number of co-sponsorships! They will all be of interest to you but I would like to draw your attention to just a few. Barbara Fiese, Professor of Human and Community Development, University of Illinois at Urbana-Champaign, is chairing a symposium on “What’s Cooking in Eating Disorders and Childhood Obesity? Community Evidence” which shares evidence that promotes healthy eating habits that decrease eating disorders and obesity. The discussant, Joslyn Smith, is a Senior Legislative Assistant in APA’s Government Relations Office who is responsible for legislative initiatives related to eating disorders and obesity. In addition to an integrative discussion, she will share briefing sheets that may be utilized by APA members. Obesity is a national epi-
The symposium on “Healthcare Career Opportunities: Treating rural and other underserved populations” chaired by John O’Brien, Mental Health Associates of Maine and Co-Chair of the APA Rural Health Committee, provides a variety of interesting opportunities for professionals to diversify their professional skills beyond traditional psychotherapy and assessment. Working in rural areas and with underserved populations presents many challenges leading to innovative practices that often are cutting edge for work with other populations. This symposium highlights integrated primary care, telepsychology, ways to adapt traditional approaches to rural communities, and how educational systems can influence young minority students to choose a career in health care. Dr. Parinda Khatri, Director of Integrated Care, Cherokee Health Systems, will present an overview of a clinical model of integrated primary behavioral care within a multi-site comprehensive community health organization in Tennessee. Integrated care is currently the “buzz” word in APA practice, and this is an opportunity to hear “how it actually works!” Dr. Eve-Lyn Nelson, Assistant Director, Kansas University Center for Telemedicine and Telehealth, will focus on how telemental health extends the reach of mental health providers to underserved populations in both urban and rural areas. Members will have the opportunity to talk further with all the presenters following this 2-hour symposium in the Division Hospitality Suite from 10:00-11:00 - plan to join us there!

Two symposia will focus on interdivisional task forces/work groups where Division 37 has been the lead division. “Healthy Children: A Report on a Summit on Children’s Mental Health” chaired by Patrick Tolan, Director, Institute for Juvenile Research, University of Illinois at Chicago and Past President of Division 37, and “Behavioral Health Contributions to Child Maltreatment Prevention in Primary Care” chaired by Karen Saywitz, Professor of Pediatrics, UCLA David Geffen School of Medicine and Division 37 Council Representative, will present compelling arguments for evidence-based approaches to the critical role that prevention can play in the promotion of healthy development in early childhood. Primary care settings, particularly as found in community health centers, offer unique intervention opportunities for promoting safe, stable, and nurturing parenting practices for underserved populations. Dr. Saywitz and members of her working group have written two excellent reports: “Effective Strategies to Support Positive Parenting in Community Health Centers” and an “Executive Summary” of the report; both are available through The Children, Youth, and Families Office website at http://www.apa.org/pi/cyf.

Cindy Perrin-Miller, Chair of Social Science Division, Pepperdine University and President of the Section on Maltreatment, will devote her Presidential address hour to a symposium on “Physical Punishment of Children: Evidence and Controversies” which is also an outgrowth of a Division task force. It is sure to provide a rich opportunity for further debate and discussion. Finally, I want to bring to your attention an invited address by Rodney Hammond, Director of the Division of Violence Prevention, Center for Disease Control and Prevention, entitled ”Preventing Violence: A view through the public health looking glass”. He will be outlining the strategic plan for the Division of Violence Prevention which is sure to provide interesting information and future plans on the important topic of preventing violence.

APA President James Bray developed a “Convention within a Convention” series of hour-long presentations by noted speakers that give in-depth information on a topic. The idea was to give members the opportunity to learn about cutting edge work both in science and practice areas and receive continuing education credit for attendance (without charge). Divisions 16 (School), 43 (Family), and 54 (Pediatric) and our Division collaborated to develop a 4-hour “track” called “Translating Research into Practice to Promote Innovations in the Practice of Child and Family Psychology”. Some of the Division’s symposium/poster sessions run concurrently with these talks but I encourage you to go to as many as possible.
The presentations are on **Friday, August 7, in Room 713B** in the Metro Centre and are scheduled as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 - 9:50 a.m.</td>
<td>Levels of Evidence: Making Evidence Clinically Relevant in Family Psychology</td>
<td>Thomas S. Sexton, Ph.D.</td>
</tr>
<tr>
<td>10:00 - 10:50 a.m.</td>
<td>Generating culturally and Contextually Relevant Evidence-Based Practices in Schools and Communities: Application of Mixed Methods Research Design</td>
<td>Bonnie K. Nastasi, Ph.D.</td>
</tr>
<tr>
<td>11:00 - 11:50 a.m.</td>
<td>How to Improve Outcomes with Feedback from Clients</td>
<td>Len B. Bickman, Ph.D.</td>
</tr>
<tr>
<td>12:00 - 12:50 a.m.</td>
<td>Translating psychological research into practice in pediatrics</td>
<td>Anne E. Kazak, Ph.D. and Lamia P. Barakat</td>
</tr>
</tbody>
</table>

We will also sponsor the 2nd annual “Meet a Mentor: Connecting with Mentors in Practice and Policy” which is immediately following the Friday Social Hour. This program is geared to early career psychologists and students and is a wonderful opportunity to talk with experienced people in the division about career plans and/or ways to meet your career goals. It was a great success last year with many of the attendees stating that “it had changed their careers!”

We will also be co-sponsoring a number of social hours: “Internships on Parade” Thursday, August 6, 5:00-7:00PM (with Division 53, Society of Clinical Child and Adolescent Psychology and Division 54, Society of Pediatric Psychology); “Networking to Advance Children’s Mental Health” Friday, August 7, 6:00-7:00PM in Fairmont Royal York Hotel, Quebec Room (with APA Committee on Children and Families and Division 43, Society of Family Psychology) and; Student Social Hour, Saturday, August 8, 6:00-7:00PM, Division 37 Hospitality Suite. The highlighted social hour on Friday will follow the Division 37 Awards presentation and honors the awardees. Please mark your calendars for these opportunities to network with others, particularly our early career psychologists and students. The Hospitality Suite will be in the Intercontinental Hotel which makes it easy to stop in for a break and meet with a friend – Amy Damashek, Program Chair for the Section on Maltreatment, is hosting the Suite and has a list of meetings/activities scheduled for it in this issue.

After reading this it is hoped that the program will increase your interest in heading for Toronto, August 6-9! I am looking forward to being part of this exciting program!

**Carolyn S. Schroeder, Ph.D., ABPP** is a retired clinical child and pediatric psychologist who currently is an Adjunct Professor at the University of Kansas in the Clinical Child Program. She previously held appointments in the Departments of Pediatrics, Psychiatry and Psychology at the University of North Carolina at Chapel Hill.

Dr. Schroeder is recognized for the establishment of a model for psychologists’ integration into private pediatric primary care. Her clinical and research interests have focused on the types of psychological services, training and research that can be done in primary health care settings. Throughout her career she has trained psychology graduate students, interns and post-doctoral fellows as well as other health care professionals including pediatric and psychiatry residents and medical students. Publications include three authored books (including two which focused on assessment and treatment protocols for the primary health care setting), one edited book, and numerous book chapters and articles.

She is a Fellow of APA (Divisions 12, 33, 37, 53, and 54) and is currently a member of the APA Committee on Rural Health. She is also President of the Society of Child and Family Policy and Practice (Division 37). She was instrumental in establishing Division 37 and has served previously as its secretary-treasurer, president, council representative and chaired various committees. She has also been an officer of Division 12, and its former Section’s I and IV, now Divisions 53 and 54.
APA Division 47: Exercise and Sport Psychology

Presents

The 31st Annual Running Psychologists’
APA 5K Ray’s Race and 3K Walk

REMEMBERING ART AARONSON

Coronation Park
Toronto, Ontario
Saturday, August 8, 2009 at 7:00 AM

Sponsors: American Psychological Association; APA Insurance Trust; Blackwell Publishing, Pearson Assessments; Worth Books; Psi Chi; Divisions 47, 19, 20, & 50; Running Free

(Please check all that apply)

APA Member ___ Student ___ Guest ___ Exhibitor ___ Psi Chi ___ Division 47 Member ___

NAME:

______________________________
(Please Print)

ADDRESS: ____________________________________________________________________________

CITY: ______________________ STATE: __________________ ZIP: __________________

EMAIL: _______________________ TELEPHONE: ______________________

(Please Print)

5k Run ____ 3k Walk ____ Age on Race Day: _____ Date of Birth: __________ M ___ F ___

Please check age group: Under 20 ___ 20-29 ___ 30-39 ___ 40-49 ___ 50-59 ___ 60-69 ___ 70+ ___

Shirt Size: S   M   L   XL  Check here if first-time participant ____ if address has changed _____

Registration fee includes race entry, bus to and from race; t-shirt, refreshments, awards & raffle entry.

Pre-Registration: Regular entry: $25; Students or Division 47 members, $20. Convention site registration: $30

If you are an APA member and wish to apply for Division 47 membership with this entry, check below. Include $15 for membership fee for Division 47. If you join Division 47, your registration fee will be reduced. I wish to apply for Division 47 membership. _____

APA Status: Member ___ Fellow ___ Assoc ___ Student Affiliate ___ APA Membership # ______

WAIVER: I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Running Psychologists, Division 47 and the American Psychological Association, the City of Toronto, and Marathon Dynamics, Inc., subcontractors, sponsors, and volunteers, and their respective representatives and successors, from any and all claims or liabilities of any kind arising out of my participation in the APA 5k Ray’s Race and Walk event on Saturday, August 8, 2009 at Coronation Park, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures and recording or any other record of this event for any legitimate purpose. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature: __________________________________________ Date: __________________

(Guardian must sign if applicant is under age 18)

Pre-registration is strongly recommended. T-shirts guaranteed only to pre-registrants.

Check, payable to Running Psychologists, must be received by August 1st, 2009. Circle amounts enclosed:

Mail Registration received by 8/1/09 $25.00 Division 47 Members or Student $20.00
Division 47 Membership Fee (Add'l)-For APA members $24.00 Division 47 Fee Student members (Add'l) $10.00
Convention Site Registration $30.00

Total Amount enclosed ______

Send to: Janet Cain, Ph. D., Treasurer, Running Psychologists; 935 Trancas St., 1-B, Napa, CA, 95476

Questions? Email: Lucinda Seares-Monica, Psy. D., psydmd@optonline.net, or Janet Cain, Ph. D. at drjcain@earthlink.net.

Note: Participants will be able to make a donation to the American Cancer Society or the United States Holocaust Museum in memory of Art Aaronson. Please use a separate check for donations.
American Psychological Association 117th Annual Convention
Division 37 Society for Child and Family Policy and Practice
Program Pull-Out Sheet

Thursday, August 6, 2009
12:00 PM - 1:50 PM Symposium: What's Cooking in Eating Disorders and Childhood Obesity? Community Evidence; Metro Toronto Convention Centre, Reception Hall 104B
2:00 PM - 2:50 PM Symposium: Behavioral Health Policy, Practice, and Politics---Practitioners in the Trenches; Metro Toronto Convention Centre, Meeting Room 206E

Friday, August 7, 2009
8:00 AM - 9:50 AM Symposium: Health Care Career Opportunities---Treating Rural and Other Underserved Populations; Metro Toronto Convention Centre, Meeting Room 205B
11:00 AM - 11:50 AM Poster Session I; Metro Toronto Convention Centre, Exhibit Halls D and E
3:00 PM - 3:50 PM Business Meeting and Division Presidential Address: Psychologists in Primary Care: Past and Future; Metro Toronto Convention Centre, Meeting Room 206C
4:00 PM - 4:50 PM Section Presidential Address: Physical Punishment of Children---Evidence and Controversies; Metro Toronto Convention Centre, Meeting Room 206C
5:00 PM - 5:50 PM Invited Address: Nicholas Hobbs Award; Distinguished Contribution to Child Advocacy Award; Division Exemplary Service Award; Metro Toronto Convention Centre, Meeting Room 206C
6:00 PM - 6:50 PM Social Hour: Networking Together to Advance Children's Mental Health; Fairmont Royal York Hotel, Quebec Room
7:00 PM - 7:50 PM Social Hour: Meet a Mentor---Connecting With Mentors in Practice and Policy; Fairmont Royal York Hotel, Alberta Room
9:00 AM - 9:50 AM Invited Address: Preventing Violence: A View Through the Public Health Looking Glass; Metro Toronto Convention Centre, Meeting Room 206F

Saturday, August 8, 2009
10:00 AM - 10:50 AM Convention Within the Convention: Generating Culturally and Contextually Relevant Evidence-Based Practices in Schools and Communities: Application of Mixed-Methods Research Designs; Metro Toronto Convention Centre, Meeting Room 713B
11:00 AM - 12:50 PM Symposium: Behavioral Health Contributions to Child Maltreatment Prevention in Primary Care; Metro Toronto Convention Centre, Meeting Room 206F
4:00 PM - 4:50 PM Poster Session II; Metro Toronto Convention Centre, Exhibit Halls D and E

Sunday, August 9, 2009
9:00 AM - 10:50 AM Symposium: New Institute of Medicine Report on Prevention---Conclusions and Recommendations; Metro Toronto Convention Centre, Meeting Room 205B
12:00 PM - 12:50 PM Symposium: Healthy Children---A Summit Report on Children’s Mental Health; Metro Toronto Convention Centre, Meeting Room 712

Note: Please check convention program book as locations and times are subject to change.
Hospitality Suite Schedule

The Division 37 and Section on Child Maltreatment Hospitality Suite is at the Intercontinental Toronto Center Hotel (225 Front Street West) in Room 304.

Please feel free to stop by and/or let Amy Damashek (amy-damashek@ouhsc.edu) know if there are other meetings you would like to schedule!

Friday, August 7, 2009
10:00 - 11:00 am  Meeting on rural health issues - Intercontinental room 304
12:00 - 2:00 pm  Division 37 Executive Committee Meeting

Saturday, August 8, 2009
9:00 - 11:00 am  Taskforce on children’s health
1:30 - 3:30 pm  Section on Child Maltreatment Executive Committee Meeting
5:00 - 6:00 pm  Division 37 Publicity Committee Meeting
6:00 - 7:00 pm  Student social hour: Division 37 & Division 53

Sunday, August 9, 2009
8:00 - 9:00 am  Division 37 Past President’s Lunch

Two New Division 37 Bylaws Passed

Division 37 recently voted to approve two new Division bylaws. On Thursday, May 7, 2009, the APA announced the two bylaws passed with a large majority. A two-thirds majority is required for passing the bylaws.

Bylaw 1 passed with 176 votes in favor and just one dissenting vote. Bylaw 1 allows an option for electronic and email voting. This change will result in substantial cost savings to the division and will still allow ballots to be sent by mail if a member has not given the division an e-mail address.

Bylaw 2 passed with 170 votes in favor and 7 dissenting votes. The second bylaw will increase the number of Member-at-Large representatives from three to four. The additional elected member, the Early Career Psychologist Chair, will be in charge of recruiting and maintaining early career psychologist members within the division and will give a voice to the unique strengths and needs of early career psychologists both within the division and APA.
No - I’m not talking about concern over the economy. It’s buzzing with people trying to address the mental health needs of our country’s military service members and their families. I visited D.C. for the first time last month (and loved it!). As I left the city, I accidentally got on the wrong metro-train. Luckily, I realized my mistake and exited immediately. At that stop, a man helped me figure out how to fix my mistake, and as we waited for the next train, we began to talk. It started off as small talk – we were both from Florida. I mentioned that I was in graduate school for psychology; surprisingly, he was a psychologist. He stated that he worked as a consultant for military mental health. At that moment, the world seemed as small as ever. I had just left an APA task force meeting focused on the same issue!

The meeting I attended was the second and final meeting of this particular task force, the APA Presidential Task Force on the Psychological Needs of U.S. Service Members and their Families. This task force was formed in response to a recommendation from a previous task force, the Task Force on Military Deployment Services for Youth, Families and Service Members, which was developed in 2006 and released its report in February 2007 (see http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf). The report outlined the effects of military deployments on service members and their families, barriers to receiving mental health services, and the effectiveness of programs already in existence. One recommendation specifically called for the creation of a subsequent task force to use the findings from the report and develop a long-term plan of action for APA that would further address the psychological needs of service members and their families.

Thus, in 2007 the APA Presidential Task Force on the Psychological Needs of U.S. Service Members and their Families was established. The Task Force (TF) is chaired by Robin Gurwitch, Ph.D., and Christopher Gates, Ph.D. (a former Army psychologist) and is composed of five other members. There is also one liaison each to the TF from the APA Board of Directors, the Department of Defense, and the VA; APA Past-President Sharon Brehm, who created this TF, observes its work but was unable to attend this meeting. In addition to the TF members, a representative from each of the APA Directorates is in observance to provide necessary information on various projects and perspectives relevant to all of the work APA does in this area. The TF has been working hard over the last year, communicating by email and conference calls during 2007 and meeting twice in-person in 2008.

The final result of the TF’s hard work will be a report that is projected to be released sometime in 2009. Before that time, however, the report will make its way through a long process. First, a round of reviews will be made by each of APA’s directorates, boards and committees, during what is called a “public comment period.” The TF will consider all of the suggestions made by outside parties, make its edits, and send the revised version to the Board of Directors. The Board can either send the report back for further edits or vote to allow it to move to the Council for final consideration. In the past, reports had to be roundly adopted or rejected by Council; however, the current procedure is for Council to receive the report and distribute it to the appropriate people. From there, each specific recommendation in the report will undergo a process where it is adopted or rejected by APA. Any policy implications or other changes affecting APA will result from this process.

There is a lot of work and dedication that is involved in translating one’s understanding of the needs of military personnel and their families into a plan of action. As a student, attending the meeting as Division 19’s student monitor was an incredible experience, and I was so excited to be able to get a “behind-the-scenes” look at this process. First of all, it was an honor to be there, listening to discussions that are on the cutting edge of my interests. But what I took from the meeting reached beyond my interests; I left with a new perspective on both the field of psychology and APA’s role within it. I think
that as a student it can be difficult to integrate the various facets of psychology into a cohesive whole. We obtain bits and pieces from our classes, practica, and research, but each of us risk getting “stuck” in the narrow foci of our programs. As we strive to specialize we can neglect to step back and see the whole picture. The TF meeting forced me to take that necessary step back.

Upon starting at the University of Florida two years ago, I decided I would focus on the mental health needs of military children. My interest then expanded to include families, which then spread to include the mental health of military service members. As a clinical psychology graduate student, I tended to view the world through my scientist-practitioner lens. I research and I provide therapy – simple. After the TF meeting, though, I see my specific interests as APA does, through a scientist-practitioner-educator-advocate lens. I had never realized how the separate directorates of APA, education, science, practice, and public policy fit together to really make things happen. The TF meeting integrated these four areas for me.

The education facet of psychology was something I’d already been doing over the last year – I just had not labeled it as such until the TF meeting. I’d given several presentations about military children and families to mental health professionals. I’d also reached out to UF’s NROTC program to talk about combat stress reactions. I did it because I thought it was important information and because it was fun; I see now that it is also my duty as a psychologist to educate other professionals about my area of growing expertise.

But advocacy…that was an area of psychology I just had not fully grasped until the TF meeting. I knew it was related to public policy and “legal stuff,” yet I had completely underestimated the power that APA’s Public Policy directorate has shown. They have been instrumental in lobbying Congress for a number of mental health initiatives, like increasing PTSD research money and obtaining funding for the Center for Deployment Psychology, which strives to train civilian and military psychologists on issues related to working with military personnel. Much of the recent increases in research and services for military personnel and their families can be attributed to the advocacy by APA over the last several years.

I feel I am coming full circle in my interests and training. By learning how these areas of psychology have worked together to advance services for military personnel and their families, I can better appreciate the direction in which both my career and my interests are headed. I look forward to continuing on this path.

Corissa Callahan, M.S., is a third year doctoral student in the Department of Clinical and Health Psychology at the University of Florida. At Florida, she is a graduate research assistant for Sheila Eyberg, Ph.D., on an NIMH-funded study examining group versus individual parent-child interaction therapy for preschoolers with attention deficit hyperactivity disorder. In 2004, Corissa obtained a Bachelor of Science degree in human development from Cornell University, where she completed an honors thesis under the mentorship of Gary Evans, Ph.D. After graduation from Cornell, Corissa worked at the University of California–Los Angeles as a research assistant for Michelle Craske, Ph.D., in the Anxiety Disorders Behavioral Research Program.

Corissa plans to focus her research and clinical work on the psychological needs of United States military personnel and their families, a passion she has already begun to pursue. She has given multiple university presentations and two conference presentations on this topic, and in October 2008 she was funded by Division 19 of the American Psychological Association to attend the APA Presidential Task Force on the Psychological Needs of U.S. Service Members and their Families as a student monitor. She is planning to complete her dissertation examining mental health and family environments in active duty Marines and their families.
The 2009 APA convention to be held in Toronto is quickly approaching! Even if you are not presenting a poster or paper this year, APA is a great way to meet other psychology students and professionals interested in child and family policy and practice. This year we are organizing a student social hour in conjunction with Division 53 (Society for Clinical Child and Adolescent Psychology) in an attempt to share information and interests and possibly build the framework for future collaborations. While the term “networking” can often be daunting, I have found that looking outside one’s own program and learning about different schools of thought can be fun and energizing. I encourage you to attend this year’s social hour to be held on August 8th from 6-7 pm in the hospitality suite – as an added bonus, food and drink will be provided!

Another activity to look forward to is the Second Annual Speed Mentoring. This venue gives students a chance to ask questions about policy and practice, and its relationship to children and families, directly from the individuals who have seen the field evolve over the years. These individuals have contributed to the growth in this area and have a lot to offer in terms of knowledge and expertise. Please take advantage of this great opportunity.

Finally, if you have not already, please join the growing ranks of students participating in Division 37’s student listserv. The listserv is a good way to stay connected and provides a forum for students to get advice from each other and ask about opportunities in various parts of the country. To join the listserv simply go to Division 37’s website (http://www.apa.org/divisions/div37/) and follow the link to join.

Thanks for reading and I look forward to meeting you in August! If you have any questions or would like to contribute to ideas on ways that students can stay connected, please don’t hesitate to email me at Sangeeta@ku.edu.

Sangeeta Parikshak, M.S., is a third year doctoral student in the Clinical Child Psychology Program at the University of Kansas. She received her B.A. from Brown University and her M.S. in Psychology from DePaul University where she completed her master’s thesis examining court officials training in child maltreatment cases. Her research interests include child abuse and neglect, protective factors in children, parenting across cultures, and cultural differences in psychological development. She has received travel grants from APA and is the recipient of a fellowship from APA’s Minority Fellowship Program. She is the Graduate Student Representative for the APA Society for Child and Family Policy and Practice.

Fellows Applications: Division 37

Applications for new Fellow status are now being accepted from individuals who are members of Division 37.

Applications must be completed and submitted by November 15, 2009.

Those who are Fellows in another Division, but who would like to apply for Fellow status in Division 37, can e-mail the Fellows Chair before October 1, 2009.

Send all nominations, applications, and requests for applications to:

Diane J. Willis, Ph.D.
Professor Emeritus, OUHSC
4520 Ridgeline Drive
Norman, OK 73072
Diane-Willis@ouhsc.edu
(405) 364-9091
As I write this column, winter has faded and spring is in full swing. April, the first month of spring, has a very special designation for those of us interested in the topic of child maltreatment. Since 1983, the President of the United States issues a proclamation every April announcing National Child Abuse Prevention Month, encouraging public awareness of child abuse and neglect and promoting community involvement to address the problem. The U.S. Department of Health and Human Services’ Administration for Children and Families has recently released the most current U.S. statistics on child abuse and neglect in its annual report “Child Maltreatment 2006” which can be found at: http://www.acf.hhs.gov/programs/cb/pubs/cm06/index.htm. Current statistics indicate that an estimated 905,000 children in the United States were determined to be victims of abuse or neglect during the year 2006. These figures help to remind us of The Section’s obligation to support and promote scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment in order to improve the lives of children and their families.

In an effort to meet this obligation, various members of the Section have been engaged in a number of laudable activities over the last several months. For example, Sharon Portwood and Mary Haskett, co-Chairs of the Interdivisional Task Force on Child Maltreatment Prevention (Division 37 and 41), lead the task force in sponsoring last year’s Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions. At the Summit, Mary Haskett moderated two panels and Task Force member Mark Chaffin presented a paper on child maltreatment. The Task Force also worked with the APA Public Interest Directorate to provide input to Congressional Committees involved in the reauthorization of both the Child Abuse Prevention and Treatment Act (CAPTA) and the Juvenile Justice and Delinquency Prevention Act (JJDPA).

Preston A. Britner, Member-at-Large for the Section, participated in the activities of the APA Working Group on Child Maltreatment Prevention through Community Health Centers (CHCs). CDC contracted with the APA Public Interest Directorate Violence Prevention Program to create this working group. The objective of the project was to explore the integration of behavioral health professionals, particularly psychologists, into CHCs as a means to prevent child maltreatment and to recommend public health strategies to promote safe, stable, nurturing relationships for children and positive parenting practice within this context. The working group recently submitted their final report to the CDC.

Our current APA Program Chair, Amy L. Damashek, has been busy planning Section activities for the 2009 APA Convention to be held in Toronto, Ontario, Canada (August 6-9). Included in this issue of the Advocate is a complete agenda of the Hospitality Suite and Division 37/Section program schedule for the convention. There will be a number of presentations of interest to child maltreatment professionals, and I would like to extend an open invitation to anyone interested in the activities of the Section to participate in the Hospitality Suite and Program events. Highlights include two symposia that the Section helped to organize. The first is the Section’s Presidential symposium entitled Physical Punishment of Children: Evidence and Controversies. The symposium will focus on the findings of the Section’s Task Force on the Physical Punishment of Children. Presenters will focus on the potential negative effects as well as potential benefits of physical punishment, a contentious area of research that has produced some interesting debates among researchers who share the goal of promoting well-being of children. The symposium will feature presentations by Elizabeth Gershoff, Murray Straus, Robert Larzelere, and Sandra Graham-Bermann.

The second symposium is entitled Empirically Supported Treatments for Childhood Trauma: Commonalities and Contrasts and is being sponsored jointly by the Section and a relatively new Division (56) within APA called Trauma Psychology.
In closing, I would like to welcome our new graduate student representative, Randy Simon. Randy is currently a student at Fielding and works for the Regional Child Abuse Diagnostic and Treatment Center of Newark Beth Israel Hospital. In addition, I am pleased to welcome Jenelle Shanley who has joined the leadership of the Section as the new APA Program Co-Chair. Jenelle is currently engaged in a postdoctoral fellowship at the University of Oklahoma Health Sciences Center. If you are interested in becoming more involved in the Section and its activities, please send me a note at cindy.perrin@pepperdine.edu. I would be pleased for you to join the Section in its efforts to promote safer families and communities.

Cindy Miller-Perrin, Ph.D., is the Chair of the Social Science Division at Pepperdine University, Malibu, California. She is also Professor of Psychology and Blanche E. Seaver Professor of Social Science at Pepperdine. A clinical child psychologist, Dr. Miller-Perrin has been a leader in the field of child maltreatment and family violence for the past 20 years. She has coauthored three books including Child Sexual Abuse: Sharing the Responsibility (with S. Wurtele, University of Nebraska Press, 1992), Child Maltreatment: An Introduction (with R. Perrin, 1999, 2007) and Family Violence Across the Lifespan (with O. Barnett and R. Perrin, 1999, 2005). She is also the author or coauthor of a number of articles and book chapters on topics including child sexual abuse prevention, perceptions associated with child maltreatment, family violence, and psychology and religion. She enjoys teaching and researching with undergraduates and is the recipient of the 2008 Howard A. White Award for Teaching Excellence. She has also received honors for her research, including the 2008 Pro Humanitate for a paper published in Child Maltreatment. She is currently serving as the President of the Section on Child Maltreatment of the Division 37 Society for Child and Family Policy and Practice.

Division 37 Call for Submissions: 2010 Convention in San Diego

It’s time to submit symposia and posters for the August 12-15, 2010 APA Convention in San Diego, CA!

The major theme for the Division’s 2010 APA Convention will be on Closing the Gaps Among Research, Practice & Policy to Improve the Well-Being of Children and Families.

This is a broad theme that encourages papers on a variety of important areas. We are particularly interested in:

- dissemination of policy-relevant research and knowledge derived from practice;
- advocacy efforts by psychologists and psychologists in training; and
- caregiving, for and by children.

Research and program evaluations pertinent to these three themes, child maltreatment, and child, adolescent and family mental health are encouraged. For symposia, indicate whether the presenter(s) would also consider poster or roundtable discussion formats.

Student Poster Awards

Poster presentations are a wonderful way to share research and program evaluations. Awards are made for best student posters. To be eligible for these awards the student must be the first author.

Directions for submissions and on-line submission are available at www.apa.org

We look forward to your submissions!

Sandra J. Bishop-Josef, PhD
President-Elect, Division 37
Washington, DC, and its attendant news-cycle never slow down. However, in non-election years such as this one, policy discussions manage to break through the frequently relentless political din coming from the city. Indeed, with general elections for the House and Senate still a year and a half away, many in DC expect a continuation of big policy movement following on the heels of SCHIP, the stimulus package, TARP II, the auto industry shake-up, and issues related to the war—at least, through September 30, which marks the end of the 2009 fiscal year.

Specifically, on the domestic policy front, all major players hope to wrap up national Health Care Reform (HCR) by the end of this year, before election-cycle politics reenters the equation. To this end, both chambers of Congress anticipate marking-up and bringing to the floor by August their version of this critical legislation. The committees of jurisdiction over HCR have been working at a feverish pace to craft bills that address the major concerns of universal coverage, cost reduction, prevention and wellness, quality of care, and budget neutrality, and the President and Democratic Congressional leadership fully intend to shepherd these bills quickly into the law. Please see the below section of this article on APA Health Care Reform Activities for an update on APA’s actions on this front, particularly those related to children, youth, and families.

Beyond HCR, Congress, the Administration, professional associations, and advocacy groups continue to push priorities on many fronts. While the majority of these issues fail to rise to the level of national media attention, debates over such high-profile issues provide reasonable cover for other efforts to move forward more quickly or gain in strength. What follows is a brief summary of activities related to children and families undertaken in recent months by APA’s Public Interest Government Relations Office (PI-GRO).

**APA Health Care Reform Activities**

**Background:** APA believes that health care reform provides a critical opportunity to ensure that our nation has the appropriate infrastructure to meet the mental and behavioral health needs of individuals across the lifespan. As part of a coordinated, APA-wide effort, the Public Interest Government Relations Office worked diligently over the last several months in collaboration with other APA Directorates to develop a variety of legislative resources that articulate and reflect APA’s policy recommendations for HCR. To view these products, please visit PI-GRO’s Resources for National Health Care Reform at http://www.apa.org/ppo/pi/reform-resources.html.

**Senate Finance Committee:** Furthermore, On May 22, 2009, APA sent comments to Chairman Baucus (D-MT) and Ranking Member Grassley (R-IA) of the Senate Finance Committee in response to a Committee document concerning health care reform, titled *Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans*. APA’s recommendations emphasized the importance of:

- Including mental health, substance use, and psychological services as mandatory Medicaid benefits;
- Promoting integrated care in primary care and other health care settings;
- Recognizing the unique service needs of special populations, such as children; older adults; ethnic minorities; lesbian, gay, bisexual, and transgender persons; women; and individuals with disabilities;
- Increasing access to a range of preventive and wellness services; and
- Conducting comprehensive data collection.

**Children’s Mental Health:** PI-GRO spearheaded outreach to the White House to advance the cause of children’s mental health in HCR. In collaboration with the Carter Center and the National Center for Children in Poverty, PI-GRO crafted a letter, signed
by 61 organizations, calling for HCR to focus on this issue and include specific provisions for:

- Family-centered infant and early childhood mental health services;
- A comprehensive financing strategy; a public health approach to children’s mental health;
- Enhancing service delivery to transition age youth;
- Eliminating health disparities in mental health status and mental health care; and
- Investing in health professions training and education.

**Children’s Mental Health Awareness Day**

APA provided official support for this year’s Children’s Mental Health Awareness Day on May 7. Activities for the day included a Congressional briefing to highlight critical issues impacting children’s mental health, including the system of care model for service delivery. Academy award winner Goldie Hawn attended and delivered remarks during this widely attended event. This year’s theme was *Thriving in the Community*, with a special emphasis on how youth who receive needed services are more likely to have positive outcomes. An evening event, *Hear Me Now*, highlighted the performance talents of youth who have received treatment in systems of care.

**Annie Toro, J.D.,** is the Associate Executive Director for Public Interest Government Relations. In this capacity, she provides overall direction for public interest policy initiatives at APA. Annie also represents APA on policy issues affecting children, youth, and families, including children and adolescent mental health and welfare, and child abuse and neglect.

Prior to this position, Annie held the position of Senior Legislative and Federal Affairs Officer at APA’s Public Interest Government Relations Office working on policy matters impacting children, youth, and families; and ethnic minority affairs. She also served as Co-Director of the APA Congressional Fellowship Program for five years.

Before coming to APA, Annie spent over four years as senior legislative counsel and professional staff for Rep. Luis V. Gutierrez (D-Ill), where she worked on a range of issues, including children and women’s rights, health care, ethnic minorities, appropriations, welfare reform, foreign affairs, labor, and transportation. She was also the Minority Staff Director for the Oversight and Investigations subcommittee of the House Financial Services committee working on issues within the jurisdiction of the committee, including banking and consumer credit, housing, insurance, and securities. Annie earned her law degree from Syracuse University and her master’s degree in public health from The George Washington University.

**Diane J. Willis Early Career Award**

This award is to be given annually to an early career psychologist whose work promotes advocacy and policy on behalf of children and families. The award, named after Diane J. Willis, has been established through the American Psychological Foundation (APF). Dr. Willis was instrumental in establishing Division 37, is the consummate advocate for children and families, has been instrumental in many of our careers, and continues to influence young psychologists to act on behalf of children and families.

To give the award we must have a minimum of $50,000 in our APF fund. Past presidents have contributed $34,000 in cash and pledges but we are needing further donations which are tax exempt. Checks can be made out to APF with a notion for the Willis Career Award and mailed to:

Carolyn S. Schroeder, Ph.D.
862 E 900 Road
Lawrence, KS 66047
2009 Society for Child and Family Policy Awards

Each year Division 37 makes two awards: The Nicholas Hobbs Award which is given to recognize a psychologist who exemplifies the ideals and devotion to child advocacy/policy characterized by Nicholas Hobbs, Ph.D. The Distinguished Child Advocacy Award is given to recognize non-psychologist who has made significant contributions to advocacy on behalf of children, youth and families. In addition, the Section on Child Maltreatment also makes two awards including the Dissertation Award Grant and the Early Career Award.

2009 Nicholas Hobbs Award: Donald Wertlieb
Dr. Wertlieb has dedicated his career to advocating for public policies based on the best available science that fosters growth promoting experiences for children at the state, national, and international levels. He is Professor in the Eliot-Pearson Department of Child Development, Tufts University, founder of Tufts' Center for Applied Child Development.

Distinguished Child Advocacy Award: Olivia Golden, Ph.D., 2009
Dr. Golden, an Institute Fellow at the Urban Institute, has consistently worked in the local, state and federal governments (and private sector) to promote effective service programs and to deliver these services in the most efficient/effective manner. This has lead to the improvement of policy and practice in the child welfare systems.

The Section on Child Maltreatment’s 2009 Dissertation Award Grant
The Dissertation Award recognizes the outstanding dissertation work of one graduate student and includes a $400 prize to assist with expenses in conducting dissertation research on the topic of child maltreatment.

The Section on Child Maltreatment’s Early Career Award for Outstanding Research
This Early Career Award is recognizes the outstanding contributions of one professional, within eight years of receiving the terminal degree, to the field of child maltreatment. The focus of the award alternates each year between practice and research.

In addition, this year a special award is being made of the Interdivisional Exemplary Service Award to Mary Campbell, Director of the APA Children, Youth, and Families Office. This is being given by Divisions 7, 16, 37, 43, 53 and 54 in recognition of Mary’s more than 30 years of exemplary service in advocating for children, youth, and families.

The Award Ceremony: is scheduled for 5:00-5:50 PM and held in the Metro Toronto Convention Centre, Meeting Room 206C; Social Hour to follow, 6:00-6:50, Fairmont Royal York Hotel, Quebec Room. Please put this in your schedule and come join us to celebrate the important contributions of these three professionals.
Nicholas Hobbs Award

Division 37 is soliciting nominees for the two major awards of the Division: the Nicholas Hobbs Award and the Distinguished Contribution to Child Advocacy Award. All interested parties are invited to submit nominations.

The Nicholas Hobbs Award can be presented annually to a psychologist who exemplifies the ideals and devotion to child advocacy/policy characterized by Nicholas Hobbs. Past recipients of this award were:

2008    Sheila Eyberg
2007    Brian Wilcox
2006    Karen Saywitz
2005    Robert Friedman
2004    John Weisz
2003    Gail Goodman
2002    Joy Osofsky
2001    Barbara Bonner
2000    Aletha Huston
1999    Dante Cicchetti
1998    J. Lawrence Aber

The Distinguished Contribution to Child Advocacy Award can be presented annually to a nonpsychologist who has made significant contributions to advocacy on behalf of children, youth, and families. Past recipients of this award were:

2008    Shay Bilchik
2007    Laurie Mulvey
2006    Robin Kimbrough-Melton
2005    Beth Stroul
2004    Virginia Weisz
2003    Tom Birch
2001    John E. B. Myers
2000    Beatrice Hamburg
1999    T. Berry Brazelton
1997    Deborah Prothrow-Stith
1996    Howard Davidson

Please participate in this important awards process by submitting materials for persons whom you think would be deserving awards recipients for Division 37. Current members of the Division 37 Board of Directors are ineligible. For all nominees, please submit a letter of nomination, Curriculum Vitae, two letters of support, and other pertinent supporting materials as desired.

All materials should be received by December 1, 2009 and mailed to:

Carolyn S. Schroeder, Ph.D.
862 E 900 Road
Lawrence, KS 66047
cschroeder@ku.edu
Hello and Greetings from the current Diversity and Task Forces member at large.

The past year has been an active one for task forces with some completing their initial missions. Currently, Division 37 has two task forces: Task Force on Physical Punishment of Children and the Task Force on Education and Training in Social Policy at the Graduate and Undergraduate Level. We have liaisons to the following interdivisional task forces: Interdivisional Task Force on Disaster, Community Readiness, and Recovery; Interdivisional Coalition on Psychology in Schools and Education (ICPSE); Early Career Psychologist Network; Committee on International Relations in Psychology (CIRP); Committee on Women in Psychology; Future of Psychology and the Task Force on the Military.

Division 37 is also the lead on two interdivisional task forces of APA. The Interdivisional Task Force on Child Maltreatment Prevention was co-chaired by Sharon Portwood and Mary Haskett and was completed in 2008. The Interdivisional Task Force on Child and Adolescent Mental Health will meet at the APA Convention in Toronto in the Division 37 hospitality suite on Saturday, August 8, 9-11:00am. The future of the task force as well as a report of the summit held in Denver this past Spring will be presented at that time.

In efforts to stay informed and connected to activities of other divisions within APA, Division 37 historically has had liaisons to the following Divisions:

- Division 2: Teaching of Psychology
- Division 16: School Psychology
- Division 17: Counseling Psychology
- Division 27: SCRA
- Division 35: Society for the Psychology of Women
- Division 41: APLS
- Division 43: Family
- Division 53: Clinical Child & Adolescent
- Division 54: Pediatric Psychology

Thanks to everyone for their commitment and hard work over the past year, we are currently seeking interested persons to serve as liaisons for the following Divisions or Task Forces: Division 2, Division 35, Division 54, Interdivisional Task Force on Disaster, Community Readiness and Recovery; and the Committee on Women in Psychology.

As member at large for Diversity and Task Forces, I had the opportunity to attend the Educational Leadership and Advocacy Conference sponsored by APA in September of 2008. The topic of the conference was “Internationalizing Psychology” and there was a wealth of resources and articles shared on research and training around cultural competency issues as they relate to global psychology. While the primary focus of the conference was on strategies to address education and training needs around International Psychology as a field, it did generate many ideas about how division could actively support and encourage cultural competency training and enhanced service delivery for global and local communities. Some specific ideas that I brought back to the board were to:

1) Expand representation on board or division by including or inviting other related disciplines and areas of study from academic programs into the division (e.g. International Studies, African American studies, Women Studies, Undergraduate Education in Psychology, Nursing);

2) Explore ways to encourage and promote international psychology (and in a broader sense issues of cultural competency) into academic curricula, research or training sites across all levels of training (undergraduate, graduate, predoctoral, postdoctoral, mid career);

3) consider ways to enhance training and education to address domestic and internationally diverse populations; and

4) Explore ways to encourage and support faculty exchange programs to gain increased exposure and experience with other cultures and other culturally relevant mental health treatments.
LaTonya Wood, Ph.D., is currently Director of Training for the Psychology Program with the Los Angeles County Department of Mental Health. In this capacity she supervises and teaches practicum students and pre-doctoral interns. She is also Assistant Clinical Professor of UCLA in the Department of Psychiatry in the David Geffen School of Medicine and adjunct faculty at Pepperdine University. As an adjunct faculty member at Pepperdine University, she has taught “Clinical Interventions with Children and Adolescents” and “LifeSpan Development.” Her clinical experience is comprised of psychotherapy and psychological testing with children and adolescents with an emphasis on conduct problems and learning disorders. She has worked in a variety of community settings including the schools and correctional facilities.

Most recently, the Resources Page has been updated with links to the division’s Guide to Advocacy: Legislative Support for Children, Youth, and Families and information on evidence-based practice, including the 2006 report of the APSAC/APA Division 37 Task Force on Attachment Therapy, Reactive Attachment Disorder, and Attachment Problems. While there, visit the News for Members page to learn about Division 37 Member Interest Groups and how to become more involved in advocacy.

Lorinda Camparo received her Ph.D. in Developmental Psychology from UCLA and is an Associate Professor in the Psychology Department at Whittier College. Her research focuses on two areas: the efficacy and developmental appropriateness of various techniques for interviewing children about forensically relevant information and the development of prejudice and 2008, that had the purpose of connecting agendas across stereotypes.

Dr. Camparo is a member of the Executive Committee for American Psychological Association’s Division 37, Society for Child and Family Policy and Practice. She has served Division 37 as Program Chair and Editor of Division 37’s newsletter, The Advocate (three three-year appointments). She began a three-year term as Member-at-Large for Communication and Technology for Division 37 in January, 2009. Beyond her teaching and scholarship activities, Dr. Camparo also provides seminars on child development and child forensic interviewing for lawyers, judges, police officers, and social workers, and has served as an expert witness on cases involving children alleging sexual abuse.

**Report from Member-at-Large: Communications & Technology**

Lorinda B. Camparo, Ph.D.
Whittier College

**Division 37 Listserv**

Join the 427 other Division 37 members who already subscribe to the Division 37 listserv. The listserv is a quick and easy way to share information and learn about upcoming funding opportunities, meetings, research, practice, and policy related to children, youth, and families. Subscribing is easy: send an e-mail to div37request@lists.apa.org. In the message field (not the subject line), type “subscribe div37.” If you have any questions or difficulties, please contact Lori Camparo at apa_div37@yahoo.com.

**Division 37 Website**

Be sure to bookmark Division 37’s website, www.apa.org/divisions/div37 and visit it (often) for important information about Division 37 and Section 1 activities and opportunities. We are in the process of updating many pages on the site.
REQUEST FOR PROPOSALS  
*Elizabeth Munsterberg Koppitz Fellowship*

The American Psychological Foundation (APF) provides financial support of innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come.

APF is requesting applications for the Elizabeth Munsterberg Koppitz Graduate Student Fellowship. The Koppitz Fellowships support graduate students in child psychology. Up to four fellowships and up to two runner-up scholarships will be awarded.

**Amount:** Up to four fellowships of up to $25,000 for graduate work; up to two $5,000 scholarships for runners-up.

**Goals:** The program seeks to facilitate:

- Nurturance of excellent scholars in the broad area of child psychology (e.g., developmental, child-clinical, pediatric, school psychology, educational psychology, and developmental psychopathology)
- Support for scholarly work that contributes to the advancement of knowledge and learning in child psychology

**Eligibility:** To qualify for the fellowship, applicants must have achieved doctoral candidacy. Students can apply before having passed their qualifying exams, but proof of having advanced to doctoral candidacy will be required before funds are released.

The home institution of the applicant must provide a tuition waiver. Only one application can be received from any one institution in any one year. Applications are for one year.

**Proposal Content (Not to exceed 7 pages (1 inch margins, no smaller than 11 point font)):** Describe specifically how the program is based on and applies current psychological research and knowledge and answer the following questions:

- What is the project’s goal? Please give an overview of the proposed program and how it fulfills the goals of the Koppitz Fellowship program, as well as the goals of its author.
- What is the potential impact of the program on child psychology?
- Briefly discuss prior research in the field and plans for future development of the research program.
- What is the timeline for accomplishing the activities associated with the proposed project?
- What is the total cost of the project? Please provide a full budget and justification. Indirect costs (e.g., overhead) are not permitted.

**To Apply:** Submit a proposal, brief CV, two recommendations (one from a graduate advisor and the other from the department chair or Director of Graduate Studies), and a copy of the IRB approval online at [http://forms.apa.org/apf/grants/](http://forms.apa.org/apf/grants/) by midnight on November 16, 2009.

Questions about this program should be directed to APF at foundation@apa.org or (202) 336-5843
BREATHE LIFE is a trauma-informed model for working with runaway and homeless youth (RHY). When an organization decides to use a trauma-informed approach, they choose to work towards two separate but related goals: they seek to understand the individual traumatic history of each person in their care, and they design their services with an understanding of the role that trauma plays in the lives of all persons in order to avoid retraumatization (Harris & Fallot, 2001). The BREATHE LIFE model incorporates trauma-informed skills along with skills needed for working with RHY. BREATHE LIFE is an acronym for each of the components of the program, as described within this article.

A trauma-informed approach is needed for RHY because they run away for a reason. Most youth are running from dangerous family dynamics including: “abuse, neglect, drug or alcohol abuse, changing family structure”, “behavior problems; alcohol abuse; truancy; desire to live elsewhere; exerting control over an intolerable situation at home; or immediate relief from home” (Molino, 2008). Homeless youth have endured an average of six acute traumatic experiences throughout their lifetime, in comparison with the average of three acute traumatic experiences for non-homeless adults (Habib, 2008). Homeless youth have elevated risks for mood disorders, suicide attempts, posttraumatic stress disorder, conduct disorder, oppositional defiant disorder, and substance use disorder, especially in relation to trauma. Once on the street, youth are exposed to increased sexual activity, stealing, trespassing, prostitution, and drug dealing. Goodman, Saxe, and Harvey (1991) postulate that homelessness in itself is a traumatizing experience. They discuss how “living in shelters with such attendant stressors as the possible loss of safety, predictability, and control” can create such difficulty with typical coping strategies that these efforts may evade the individual altogether (Goodman, Saxe, & Harvey, 1991). Many youth recover from initial homelessness over time, but are “not fully part of ‘mainstream society,’ at risk for future homelessness and/or other poor life outcomes” (Toro, Dworsky, & Fowler, 2008: p.6-8). Homelessness is widespread among youth aging out of foster care; in addition, youth exiting the juvenile justice system are at even greater risk because they are less educated, unlikely to have ever had a job, and may be excluded from former housing options due to family conflict or legal policies (Toro, Dworsky, & Fowler, 2008).

Because RHY have most likely been exposed to trauma, programming that can respond to their special needs is necessary. The BREATHE LIFE model is constructed specifically to meet the needs of this population. The concept of BREATHE LIFE was inspired by a group of RHY working towards becoming successfully independent young adults. Staff and youth work together from a strengths-based perspective, allowing all participating individuals to grow, develop, and be empowered. BREATHE LIFE is a parallel process model, meaning that both staff and youth are working with the same model, but each population may use different methods for meeting their goal. The parallel processes allow for consistency in care-giving. Also, since working with traumatized youth can be traumatizing for staff, the parallel process provides support for staff persons by giving them tools to manage their personal traumas. Trauma-informed care is not meant to replace behavioral intervention, but rather to act as a complement.

Be Attentive: RHY seek help in a number of different ways, so it is important for staff to be attentive to the needs that youth express and the possible underlying causes for those needs. Being attentive in communication means “being present, to give heed to, it’s when you listen and gather information” (Able-Peterson & Hooks Wayman, 2006, p. 53). When staff focus attention on youth, it demonstrates interest in youth. Staff use this skill when they: attend to verbal and nonverbal communications of youth; use active listening; relate to youth on the youth’s level by using their language; and are aware of how their actions may be interpreted.
by youth. Attention to possible cultural biases and differences plays an important role here as well.

**Relationship Building:** Youth may have difficulty forming healthy relationships with adults, and for good reason. Many RHY have had experiences with adults who were abusive and exploitive. Building attachment with a “hypocritical and sleazy” adult is therefore seen as dangerous (Fest, 1998). One way to establish attachment involves “creating a structured and predictable environment by establishing rituals and routine” (Kinniburgh, Blaustein, & Spinazzola, 2005, p. 426). In recognition that traumatized youth have difficulty forming attachments, staff can help build relationships by maintaining consistent behavior while applying attentive skills.

**Emotional First-aid:** Emotional first-aid is psychoeducation for staff and youth. Trauma affects the adolescent brain, so the mind needs to heal in addition to the body. Research describes neurobiological changes that occur when an adolescent is exposed to trauma. These changes include alterations in release of cortisol, serotonin, epinephrine, and norepinephrine. Memories of the event, in combination with altered brain chemistry, can interfere with the adolescent’s ability to learn new associations about stressful events (Fletcher, 2003). Emotional first-aid can help “retrain” the brain to recover from trauma (Embry, 2005). Staff and youth can learn to be attentive to signs of dissociation and hyperarousal, in order to respond to these coping mechanisms in a healthy way. When staff maintain professional boundaries during emotional first-aid they model healthy relationships.

**Affect Regulation:** Traumatized youth have difficulty identifying and managing their feelings. Youth may react to good intentions in unpredictable ways, especially if staff are not being attentive to the information from a youth’s traumatic history. Traumatized youth can be disconnected from their own feelings (Kinniburgh, Blaustein, & Spinazzola, 2005). Youth need to be educated about how to name and respond to feelings. Some youth have not learned to manage emotions appropriately and may need guidance in this area. Affect regulation of staff is a model for youth. Recovering from trauma is an emotional process, but everyone needs to continue in daily life in the midst of it; managing the emotions of recovery may be difficult. Affect regulation can help staff work with traumatized youth, to help protect them from secondary trauma.

**Top Coping Skills:** Research has identified coping behaviors that young people use and categorized them in the following manner: “behaviors that (1) focus on the self, environment, or other; (2) serve to solve problems or manage emotion; or (3) are examples of the following coping styles: information seeking, support seeking, direct action, inhibition of action, or intrapsychic coping” (Fletcher, 2003, p. 357). Unhealthy means of coping can grow into serious problems (e.g., substance abuse, self-mutilation). Running away is a coping mechanism in and of itself; youth need to learn to cope in a healthy way to decrease the development of chronic running. Staff who use healthy coping skills are better equipped to model skills for youth and are knowledgeable to practice healthy coping skills themselves.

**Help Resolve Crisis:** Youth who have been traumatized respond to even non-crisis problems as if they were traumatic, so they need to learn to differentiate between past and present crises. In these cases, “remember that this is a time in a youth’s development stage where drama is normal. Youth who have been traumatized feel the height of drama even more keenly” (Able-Peterson & Hooks Wayman, 2006, p. 59). Youth should not be dependent on staff to solve their problems and must develop their own skills for problem solving and decision making. Trauma survivors should have a Safety Plan to use in the case that staff or other helpful persons are not available. Therefore, youth are taught problem-solving and decision-making strategies.

**Encouragement and Praise:** Staff persons who exhibit “increasing use of praise and reinforcement, to facilitate the child’s ability to identify with competencies rather than deficits” (Kinniburgh, Blaustein, & Spinazzola, 2005, p. 426) are creating a strong bond with youth. Encouragement and praise is also supported by positive youth development, which emphasizes “comprehensive views of youth as assets, as individuals with resources and capabilities that deserve full support and development” (Costello et al., 2001, p. 195 in Collins, Hill, & Miranda, 2008).
cusing on a youth’s strengths and talents functions as a model for how youth may learn to view themselves in a positive way. When staff provide encouragement and praise for each other they also help to build a positive, healthy working environment.

**Leadership:** Leadership is an area highly encouraged by positive youth development, that states: “goals are that society comes to view youth as community resources rather than community problems and that adults take an active role in seeing that youth become community leaders so youth can advocate for youth” (Amodeo & Collins, 2007, p. 78). Leadership allows youth to build on their strengths and skills. It gives them the opportunity to be an asset within the community. Leadership skills help youth identify who may be good role models for them. Because a proportion of RHY are young parents, providing resources and education can help youth be positive leaders and role models for their own children.

**Identify Strengths:** Research demonstrates that youth are shaped by what others say about them; “people become more conscious of and responsive to the subset of their behavior or feelings that are most emphasized by parents, teachers, or other authority figures” (Amodeo & Collins, 2007, p. 77). When adults identify strengths in youth, the youth learn to see strengths in themselves. Surviving trauma is a strength in itself. Identifying strengths helps to provide encouragement and praise and also with relationship building. Staff should identify a strength in youth every time they interact with youth. Focusing on a youth’s strengths helps fight against feelings of negativity and hopelessness among staff.

**Find Support Networks:** RHY need quality support from both individuals and organizations. Research shows that “stress-resistant children have found to have close, positive relationships with their caregivers and to receive more support from both within and outside of the family” (Fletcher, 2003, p. 359). If RHY are to be stress-resistant, they need help finding support networks. Positive support networks help in healthy relationship building between staff and youth as well as amongst coworkers. The more skills youth have in maintaining healthy support networks, the less they will need to rely on staff and programs; this is important when working with a transient population like RHY and also with working young people in general, who are forced to exit some systems of care as they get older.

**Exercise Control:** To empower youth is to invest in them, helping them to realize their individual resources so they can exercise control over their own lives. The process of empowerment is quite involved; it may include all of the other areas of BREATHE LIFE. Working from the perspective of positive youth development, this “approach offers an alternative to the societal ageism that can limit the opportunities available to youth… that includes self-advocacy in all decisions affecting the individual’s future” (Amodeo & Collins, 2007, p. 77). Staff can aid youth in taking on self-advocacy by helping them identify what in their life they have control over, use skills to responsibly manage the things they can control, and deal with the things in their life they do not have control over. Staff know the strengths and positive qualities RHY possess and communicate that knowledge to the wider community in their attitude, speech, and behavior in the workplace and abroad.

**Future Directions**

BREATHE LIFE is, for the first time, being implemented at Street Outreach Services of the Wichita Children’s Home located in Wichita, Kansas. The target population includes young people ages 16-22. This model is an attempt to provide services specific to the needs of youth both as runaway or homeless individuals and as trauma survivors. A Staff Manual and an accompanying Youth Manual were developed for fidelity in training and implementation. An additional 12-week group curriculum was created for use with the target population.

Street Outreach Services intends to continue implementation of the BREATHE LIFE model in their work with RHY. In its current form, BREATHE LIFE serves as an educational tool for both staff and youth about trauma and safety, assists in maintaining consistency in service provisions, and provides stability within the program. Future opportunities for growth include creating a Parent Manual for foster parents of RHY and parents whose children are at risk for becoming runaway or homeless. This step would provide training for all facets of services provided by Street Outreach Services. There are plans to
evaluate the model in the future, to investigate how well BREATHE LIFE is achieving its intended goals.

Acknowledgments

BREATHE LIFE was made possible by the continuous efforts of Risa Rehmert, Coordinator of the Street Outreach Services program at the Wichita Children’s Home. Those interested in applying BREATHE LIFE to different populations or participating in further research should contact Risa Rehmert, risa@wch.org. The model was created with input from youth who are currently invested in the program. Support for this research was provided by the Wichita Children’s Home and the Department of Psychology at Wichita State University.

References


Susannah K. Brown is a doctoral student in the Community Psychology Ph.D. Program at Wichita State University (WSU) in Wichita, Kansas. She holds a Master and Bachelor of Arts in Psychology from WSU and an Associate in Arts for Humanities and Social Science from the State University of New York. At WSU she participates in the Community Research and Methodology (CRAM) Lab under the supervision of Dr. Charles Burdsal. Susannah created the BREATHE LIFE model in cooperation with Risa Rehmert and other staff and youth at the Wichita Children’s Home as part of her Community Practicum experience. Currently, Susannah is an instructor of Research Methods in Psychology and a Graduate Research Assistant at WSU.

Charles A. Burdsal earned his Ph.D. from Texas Tech University in 1971. He spent a year in Raymond Cattell’s Laboratory for Personality and Group Analysis at the University of Illinois, Champaign-Urbana. He has been on the Psychology Faculty at Wichita State University since 1972 and department chair since 1982. His research interests include program evaluation, research methods, teaching evaluation, and applied research in general.
SRCD Seeks New Director of Office for Policy & Communications in Washington, DC

Director: SRCD Office of Policy and Communications
Salary Range: $93,000 - $110,000

The Society for Research in Child Development (SRCD) has two offices—the Executive Office in Ann Arbor, MI and the Office for Policy and Communications in Washington, DC. This position is based in the DC office but frequent contact with the Ann Arbor office, which handles membership, publications and meetings, is also necessary.

The Director, Office of Policy and Communication (OPC) of SRCD develops, implements, and coordinates the policy and communications agendas of the Society for Research in Child Development. The Director reports to the Executive Director of SRCD and works in close collaboration with SRCD governing groups and the Ann Arbor Executive office. The Director works through close associations with Federal agencies and Congressional offices (and oversees similar outreach to organizations of state policymakers) to assure that relevant, research-based knowledge about child development is utilized in the formulation of policy for a broad range of science and social policy issues affecting children and their families. The Director also works with these federal and congressional entities to support funding for research relevant to child development.

The Director manages the Washington D.C. office of SRCD, including hiring and supervising staff. There are currently 3 staff including the Director in the OPC. Because of the small size of the office, and the extensive number of activities, issues, and organizations relevant to SRCD, the Director must thoroughly evaluate each opportunity, balancing the potential benefits of and investments required for each, to determine the level of involvement for each activity. The Director must establish regular contact with the federal organizations (and oversee similar outreach to state organizations) relevant to issues of child development. To achieve this goal, the Director must develop collaborative projects and initiatives that benefit or support the federal organizations and further the goals of SRCD.

Major Duties:
- Develop, implement, and coordinate all SRCD policy activities, including both science and social policy activities. (40% time)
- Direct and manage the SRCD Policy Fellowship Program, including the Congressional Fellowships and the Executive Branch Fellowships. (30% time)
- Coordinate the dissemination of information and communication of messages consistent with the purposes of SRCD, in collaboration with SRCD governing groups, including press releases for SRCD's flagship journal, Child Development. Plan and coordinate legislative and other briefings and written materials to disseminate policy-relevant, research-based information to federal policymakers. (30% time)
- Supervise and run small office with staff of three, including managing the office budget.
- Fund raising as necessary.

Application process:
Applicants must email materials to opcsearch@srcd.org. This e-mail address is being protected from spam bots, you need JavaScript enabled to view it. Please include a cover letter, a full CV, and three letters of recommendation.

Applications will be reviewed by a search committee and interviews will be held with finalists. Since SRCD employees are leased employees of the University of Michigan, applicants must also apply for the position at http://www.umich.edu/~jobs/, Posting 31145.

Requirements:
Doctorate in a field of Developmental Science. A commitment to and understanding of applied developmental science. At least five years’ experience related to public policy, dissemination and/or science policy.
As our country prepares to engage in health care reform and faces economic change, the APA is preparing to move the practice of psychology forward in the 21st century. James Bray, APA President, held a Summit on the Future of Psychology Practice on May 14-17, 2009 in San Antonio, Texas. Delegates from diverse areas of psychology met with leaders from national organizations outside the field, representatives of governmental agencies, and consumer groups to forge new collaborations and innovative initiatives. I was honored to represent Division 37 at the summit.

The summit began with a presentation by Ian Morrison, futurist and consultant to nonprofit organizations around the world as well as Fortune 500 companies. He spoke about long-term forecasting of demographic, technological, and economic trends with an emphasis on health care and the changing business environment. Norman Anderson, CEO of APA, presented on trends of racial and ethnic health disparities and the implications for psychology practice. Janet Reingold, strategic communications consultant, spoke on capturing new markets, shaping public opinion, and “branding” psychology for the future. Several national experts highlighted trends in integrative health care and urged expanding the role of psychology in primary care settings. The nearly 150 delegates participated in small group discussions and below are a few of the themes that emerged:

- Expanded role of digital technology, anchoring psychology in electronic streams of revenue (e.g., e-health, online self-help programs);
- Increased need for psychologists of the future to wear multiple hats (e.g., entrepreneur, consultant, therapist, administrator, program evaluator, etc.,) and to partner with groups outside the field;
- Expanded role for psychologists in a more efficient system of collaborative integrative behavioral health care to provide consultation, triage, assessment, intervention, administration, for example, through multi-disciplinary teams in primary care;
- Increased need to redesign psychology training to include cross-training with other disciplines in order to function nimbly in diverse new settings;
- Greater need for psychologists to be culturally competent to practice with an increasingly diverse population and to speak languages other than English;
- Greater emphasis on mental health metrics that demonstrate improvements in outcomes and on the implementation, diffusion, and adoption of evidence-based interventions;
- Increased role for psychologists in prevention, early intervention, and health promotion (e.g., healthy lifestyles that reduce costs associated with health risks, like obesity or smoking);
- Need for legislative changes to reallocate resources, realign funding streams, and address fragmentation in financing infrastructure to fund behavioral health services in primary care;
- Greater need for psychologists to become involved in policy making at multiple levels in order to expand their reach, including volunteer positions on hospital governing boards, school boards, and city councils, public service in elected offices, and positions at government agencies, such as the CDC or NIH.

What are the next steps? The APA Task Force on the Future of Psychology Practice will be summarizing the proceedings - distilling the priorities, pathways, partnerships, and plans for follow up. Findings will be incorporated into APA’s ongoing long-range strategic planning. To learn more, go to www.summitonpsychologypractice.com.

Karen J. Saywitz, Ph.D., is on the faculty of the University of California, Los Angeles, School of Medicine, Center for Healthier Children, Families and Communities, Department of Pediatrics. For 20 years she has directed programs at UCLA providing mental health services to children and families in the public sector and trained students in medicine, psychology, social work, nursing, and law to do the same. Currently, she serves as the Associate Director of UCLA TIES for Families, a program that provides multi-disciplinary services to families adopting children with special needs from the foster care system. Her research focuses on the capabilities, limitations, and needs of children involved in the legal system, especially in the areas of interviewing, court preparation, mental health services, and adoption. She is a past president of Division 37 and the current Division 37 representative to the APA Council of Representatives. Dr. Saywitz received the Nicholas Hobbs Award for Child Advocacy from Division 37, the Outstanding Teacher of the Year Award from the California Psychological Association., and the Research Career Achievement Award from the
American Professional Society on the Abuse of Children. She currently chairs a working group funded by the CDC to identify public health strategies for child maltreatment prevention in primary care settings through the promotion of evidence-based positive parenting programs and behavioral integration in community health.

Child maltreatment is a serious but potentially preventable public health problem that victimizes way too many children in this country every year and costs billions of dollars to our society. Child maltreatment prevention is about strengthening the capacities of parents and societies to care for children’s health and well-being. Community health centers (CHCs) are the largest network of primary care for millions of mostly poor and underserved families; CHCs present an excellent opportunity to reach out to them and provide preventive services addressing the multiple complex issues families face.

The U.S. government has recognized the potential for public health strategies to prevent child maltreatment. In 2000, funds were allocated to the Centers for Disease Control and Prevention (CDC) to study the possibilities. The CDC convened a panel of experts to help establish national priorities and a common conceptualization of prevention as an effort to promote safe, stable nurturing relationships for children and positive parenting practices. In September 2007, the CDC requested that the American Psychological Association (APA) convene a panel of experts to identify and recommend public health strategies based on the best available science to prevent child maltreatment by promoting positive parenting practices within the context of behavioral integration at CHCs.

The seven member working group met in March and July of 2008 to review the relevant body of knowledge and issued its final report at the start of 2009. The report summarizes the extent of the problem, the need for prevention, the effectiveness of parenting programs as child maltreatment prevention strategies, the value of Community Health Centers as a venue for prevention initiatives, and the framework of behavioral health integration as a strategy for accomplishing that goal. The report concludes with recommendations, highlighting key factors necessary for their successful implementation. Several of the working group members are now collaborating with APA staff on dissemination of findings and legislative language to implement some of the report recommendations.

The Problem of Child Maltreatment
Child maltreatment is a serious public health problem that is potentially preventable. A growing body of scientific research indicates that child abuse and neglect has pervasive, long term physical and mental health consequences. Not only are there adverse consequences to the health of the maltreated individual, but costs to society are estimated to be in the billions of dollars annually. The working group report describes a promising pathway to the prevention of child maltreatment through the integration of behavioral health care into primary care settings. The group recommends addressing the problem from a public health perspective and a community-centered model, with a focus on prevention (i.e., before any maltreatment) and promotion of healthy functioning universally (i.e., to the entire population), but also with focused efforts in selective settings, in this instance, poor neighborhoods served by Community Health Centers, given the additional risks present in such communities. The strategies highlighted in the report center around universal skill-based parent training programs, well grounded in science, offered to all families in the high risk environment served by Community Health Centers---strategies that may enhance parenting broadly, with maltreatment prevention being one indicator of broad improvement.

Why focus prevention strategies on parents? Parents, caregivers, and other relatives are responsible for a clear majority of child maltreatment; patterns of abuse take root when children are infants or young children; and ineffective and harsh parenting is one of the strongest risk factors associated with disproportionately higher rates of child abuse and neglect, in addition to other negative child outcomes. Hence, from a prevention perspective, caregiver focused strategies that address parenting skills, especially but not limited to when children are young, seems a promising mode of intervention to impact child maltreatment. Although there is no single solution to maltreatment prevention, parenting practices are a facet of behavior that is amenable to change given reasonable efforts, and is a behavior change target about which we have accumulated considerable scientific evidence.

Child Maltreatment Prevention and Behavioral Health Integration in Primary Care Settings
Primary health care is an existing and widely accessed
setting in which need, identification, and a range of prevention strategies can be implemented. Parents and children attend regularly scheduled checkups at each stage of a child’s development in primary care settings. Psychosocial concerns are raised in the vast majority of visits. Health care professionals are ideally positioned to promote healthy parent-child interaction, strengthen childrearing practices, and to intervene before precursors escalate into abuse or neglect. Further, the empirical evidence for child maltreatment prevention in primary care settings is mounting. Finally, calls to action from leaders in science, practice, and policy have promoted transformations in the health care system that create fertile ground for this approach.

Community Health Centers (CHCs) are the largest national network of primary care safety net providers in the U.S., annually serving over 15 million Americans across all fifty states. This existing network is a fitting venue for launching family-centered initiatives to prevent child maltreatment. They provide family orientated, comprehensive primary and preventive health care to inner city and rural communities regardless of the patient’s ability to pay.

The integration of behavioral health workers and services into primary care settings is a promising framework for promoting a family-centered approach to preventing child maltreatment. Behavioral health integration is a holistic approach that aims to provide seamless, cost-effective care, as well as prevention and better management of problems through immediate access to mental health care.

When integrated into primary care settings, behavioral health care workers (including psychologists) can implement evidence-based positive parenting initiatives adapted to the needs of a local diverse population. In addition, as members of multidisciplinary teams, they can provide the triage, curbside consultation, screening, crisis counseling, assessment, treatment, and referral. This infrastructure will be necessary to create the sustainable, collaborative health care system in which to embed preventive parenting initiatives in primary care settings.

It is important to integrate behavioral health into primary care because it is necessary to identify parental mental health risk factors for child maltreatment, such as maternal depression, substance abuse and intimate partner violence. An integrated care model that includes mechanisms for identification of parental risk factors in primary care could help allocate limited resources and meet the specific needs of individual families.

Effectiveness of Parent Training Programs for Preventing Child Maltreatment

Evidence-based parent training is a promising strategy for preventing child maltreatment. Programs vary dramatically in terms of the scientific evidence for their effectiveness. Effective programs tend to focus on parents, provide skills training, parent education, social support, and/or crisis intervention, and to use standardized curricula delivered by trained professionals and others with strong quality control mechanisms. There are a number of promising parenting programs described and reviewed in the report that could be incorporated into Community Health Centers. No single program is a panacea. Nonetheless, there are both center-based programs and home visitation programs with a sufficient evidence base to warrant being tested in demonstration projects within the CHC model.

Keys to Successful Implementation of Recommendations

The working group identified a number of critical factors to be considered if parenting programs are to succeed in primary care settings that serve diverse at-risk populations: cultural compatibility; community participation; use of technology; multi-level research and evaluation of new program effectiveness; workforce development plan; collaborative networks of centers; engagement and retention strategies; and, fidelity, quality control, accountability, and evaluation.

The APA Convention and the Working Group Report

Those interested in the topic might consider attending the session "Behavioral Health Contributions to Child Maltreatment Prevention in Primary Care," on Aug. 8, 11 a.m. - 12:50 p.m., at APA’s Annual Convention in Toronto. The session will provide an overview of child maltreatment research and the challenges to integrating positive parenting into primary-care settings.

For a copy of the report or the executive summary, please see: http://www.apa.org/pi/preventviolence/working-group.html

*Members of the APA Working Group on Child Maltreatment Prevention in Community Health Centers were Karen Saywitz, PhD, chair; Preston A. Britner, PhD; Jessica Henderson Daniel, PhD; Howard Dubowitz, MD; John R. Lutzker, PhD; Neena Malik, PhD; and, Joseph Stone, PhD. Julia M. Silva, Director of APA’s Violence Prevention Office, was instrumental in coordinating the activities of the group.
## Child and Family Policy and Practice
### 2009 Division 37 Officers

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Membership Application
APA Division 37: Child, Youth, and Family Services

I am interested in joining APA Division 37.

Name_________________________________________________________________________________________________________
Address _______________________________________________________________________________________________________

Membership Status in APA (circle one) Fellow Associate Member Student Affiliate

APA Member Number, if applicable (8-digit number on mailing label) ____________________________________________

Fees for Div37 Membership only: [ ] $35.00 for Members/Affiliates [ ] $15.00 for Students

I would like to join Div37’s Section 1: Child Maltreatment (Note: Membership/affiliation in Div37 is encouraged but not required to join Section 1)

Fees for Section 1: Child Maltreatment Membership only: [ ] $30.00 for Members/Affiliates [ ] $20.00 for Students

Fees for Membership in both Div37 and Section 1: [ ] $65.00 for Members/Affiliates [ ] $35 for Students

Please send Application and Membership Fee (U.S. only) made payable to APA Division 37 to:
Division 37 Administrative Office
American Psychological Association
750 First Street, NE
Washington, D.C. 20002-4242

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Membership Application
APA Division 53: Clinical Child Psychology

I am interested in joining APA Division 53.

Name_________________________________________________________________________________________________________
Address _______________________________________________________________________________________________________

Membership status for which I am applying (check one):
[ ] Full member (I am a member of APA) [ ] Student (I am a student) Describe program ________________________________________
[ ] Associate member (I am an Associate member of APA or have corresponding credentials from another field)

Dues are U.S. $40.00 for Full/Associate memberships and U.S. $25 for students. Dues include subscription to the Journal of Clinical Child Psychology and the Division Newsletter, the right to hold office, and voting privileges (according to category).

Include check for dues and mail to:
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c/o Marti Hagan
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