In August 2009, APA Council approved three strategic priorities, one of which was to “expand psychology’s role in advancing health” (Strategic Goal 2). In achieving this goal, psychology could be more fully incorporated into clinical health care delivery and health research to ensure innovation, efficiency, education, advocacy, inclusion/diversity, improvement in health disparities, and ultimately improvements in health care quality. Strategic Goal 2 is also timely given the recent passage of health care reform in March of this year.

For this newsletter, CYF is dedicating four articles to the topic of “Psychology’s Role in Advancing Pediatric Health.” The first article, written by Dr. Lori Stark, focuses on “The Integration of Psychology in Pediatric Settings.” This article also highlights the various roles that psychologists play to improve child and pediatric health. The second article, “The Role of Psychologists in Improving Chronic Health Care,” written by Drs. Crosby, Lynch-Jordan, and Slater describe their use of quality improvement methods in headache and pain to ensure patient oriented and evidenced-based care. This article discusses how best practices and lessons learned have been applied to multi-disciplinary treatment approaches. In, “Improving Child Health through Community-Participatory and Community-Engaged Research,” Drs. Valenzuela and Lescano discuss how psychologists can work collaboratively with schools, non-profit agencies and others in communities to improve health. Finally, in, “U.S. Health Reform: Opportunities for Psychologists to Advance Child Health,” Yvonne Roberts and Sarah Theodore summarize key points of the recently passed Health Reform Bill, including opportunities that reform will offer for psychologists to advance mental and physical health.

About the author:
Monica Mitchell, PhD, (CYF Member—2009-2011) is an Associate Professor at Cincinnati Children’s Hospital Medical Center (CCHMC). She holds joint appointments in the Child Policy Center and the Dept. of Psychology at the University of Cincinnati. At CCHMC, Dr. Mitchell is the co-director of INNOVATIONS in Community Research and Program Evaluation, a program that consults with schools and other non-profit community agencies to improve behavioral and health outcomes in underserved and at-risk youth. Dr. Mitchell is also principal investigator on a study to promote adherence and quality of life in children with sickle cell disease and their parents/caregivers. Dr. Mitchell is also CYF’s co-chair elect for 2011.
THE INTEGRATION OF PSYCHOLOGISTS IN PEDIATRIC SETTINGS

Pediatric psychology is a child psychology subspecialty defined as "an interdisciplinary field addressing physical, cognitive, social, and emotional functioning and development as related to health and illness issues in children, adolescents, and families" (APA, 1999). In a recent commentary written by noted psychologist Dennis Drotar, PhD, he stated that the "integration of research and practice in the field of pediatric psychology remains an important but an elusive one" (Drotar, 2010). Perhaps this is why the integration of psychologists in health settings, including pediatric, primary care, rehabilitation, and other similar settings is one of APA’s top strategic priorities. If the goal of clinical-research integration in psychology, and ultimately the success of our interventions and our integration on multi-disciplinary teams are to be achieved, Drotar elaborates, it is necessary to ensure that research emphasizes intervention as a science, that clinical significance is valued and that the findings of empirically supported treatments are documented and disseminated (Drotar, 2010). Though at times elusive, these principles have been the basis of our work at Cincinnati Children’s Hospital Medical Center (CCHMC).

Integration of Psychologists across a Number of Services

The number of psychology faculty at CHHMC has grown from 4 since my arrival in 1998 to 35 in 2010 and the number of staff psychologists grew from 3 to 22 during this same time period. Currently, there are 170 people within the Division of Behavioral Medicine and Clinical Psychology, if you count support personnel, research personnel and administrative positions in addition to psychologists. This growth was unexpected, but due to the wide respect psychologists garnered through their clinical care and research expertise. In fact, hardly a clinical program starts up that does not want a psychologist to be part of the multidisciplinary team. We have a 4 member Inpatient-Consultation Liaison team dedicated to children seen on the medical floors and supported by the hospital. Psychologists direct or co-direct the Attention Deficit Hyperactivity Disorder (ADHD), Headache Center, and the Center for Adherence and Self Management. We have an active outpatient care service that spans across 7 sites. Most of our psychologists are an integral part of multidisciplinary clinics in diabetes, pain, sleep, liver transplant, sickle cell, bariatric surgery, epidermolysis bullosa, and inflammatory bowel disease. We have successfully utilized the Health and Behavior codes for these multidisciplinary care team services. Our staff psychologists are located in community settings and work closely with pediatricians in those communities.

Clinical-Research Integration and Information Dissemination

Each year, we have had to think creatively about how to integrate clinical and research operations. We have achieved integration in a number of ways. We have Quality Improvement Collaboratives specific to high frequency disorders where we are improving care by measuring our outcomes and applying evidence-based treatments across our entire division. Often we are utilizing evidence generated by our research teams, and thus are constantly translating research into clinical care. Currently, we have quality improvement teams in ADHD, OCD, and Pain. We have also developed a small internal grants program within our division so that psychologists can do smaller initiatives related to specific disorders. For example, an investigator recently received an award to conduct a quality improvement study in sleep. As we learn from the literature, our own best practices, and translate our research directly to patient care we are using our electronic medical records to collect and chart our clinical outcomes. These initiatives have
THE INTEGRATION OF PSYCHOLOGISTS IN PEDIATRIC SETTINGS

contributed to our success both clinically and with grant funding. Our prominence as a Division has risen in the hospital as we are the fifth largest grant funded Division (out of 36 Divisions) in a Children’s Hospital that is ranked second in NIH funding. We have been able to achieve both research success and clinical success as our budget is evenly split between clinical and grant revenues and we are able to operate in the black.

Training Important at CCHMC and for the Field

Like many other sites, there is no reimbursement for the training of interns at our site and very little of supervisors’ time or effort is supported by salary. Fellowships are only made possible because of funded grants. None the less, if APA is to achieve its goal of integrating psychologists in pediatric and other health settings, training in such settings will be essential. The American Psychological Association (APA) Practice Directorate Task Force on Professional Child and Adolescent Psychology identified five key competencies for clinical and child psychologists that emerged from the NIMH training work group (Spirito et al, 2003; La Greca & Hughes, 1999; Roberts et al., 1998): (1) multicultural competencies; (2) delivery and evaluation of comprehensive and coordinated systems of care; (3) collaborative and interprofessional skills; (4) empirically supported assessments and treatments for promoting behavioral change in children, families, and other systems; and (5) entrepreneurial and supervisory skills. Additional recommendations were that trainees use a developmental framework, have exposure to interdisciplinary and comprehensive models of care, and understand clinical care from a multicultural perspective (La Greca & Hughes, 1999). It was suggested that the guidelines be adapted to child and pediatric subspecialties. Specifically, pediatric psychologists should be competent in general child, adolescent and family clinical psychological services; however, trainees will need to receive training regarding health and illness and other areas related to pediatric populations (LaGreca & Hughes, 1999).

Intervention as a Science and Next Steps

In my 25 years as a pediatric psychologist and in my 12 years at CCHMC, I have observed the field evolve over time. Certainly, the field has transitioned from less process to more metrics. This has been true among clinicians who are both inspired and challenged to ensure evidenced based practice and the best outcomes for their patients (Pai & Drotar, 2009; Mental Health Committee, 2009). This is true as researchers strive to develop innovative and culturally appropriate approaches to intervention (Nelson & Steele, 2009; Clay, 2009; Kazak, Simms, & Rourke, 2002) and as we aim to achieve efficiency and integration of clinical care in research (Blount, 2007). This is also true as we establish benchmarks to establish for our own performance both as psychologists and as mentors (Opipari-Arrigan, Stark, Drotar, 2006; Rosenthal, 2006). Finally, in light of health reform, there are likely to be increasing opportunities for psychologists to integrate in health settings. As this happens, it will be essential that as a profession we are poised to integrate practice, research, and training.

References

The Institute of Medicine (IOM) reports "To Err is Human," and "Crossing the Quality Chasm" called for a redesign of the healthcare system in the U.S. (Institute of Medicine Committee on Quality of Health Care in America, 2001; Kohn, Corrigan, Donaldson, & Institute of Medicine Committee on Quality of Health Care in America, 1999). Specifically, these reports noted that it can take several years (e.g. up to 17 years in some cases) for evidence-based health care interventions to become standard clinical practice (Balas & Boren, 2000). One reason for this delay is that there is limited research available on how evidence-based interventions can be efficiently and reliably integrated into busy "real world" clinical practice settings (Haynes & Haines, 1998). Thus, decision making about patient progress in treatment or ending treatment is often arbitrary, differs among clinicians, and occurs without using a systematic approach to defining or measuring the outcomes that are the target of interventions. This problem is compounded for psychologists in health settings who interact with multiple providers and diverse patient populations. Developing ways to implement evidence-based assessments to track clinical outcomes is a first step towards decreasing the gap between the "bench" and "bedside" for youth with chronic health conditions.

Psychologists are in a unique position to be leaders in health care reform as their training in individual assessment, designing outcomes-based interventions and understanding the change process (i.e. why and how people change) provides them with the necessary tools to identify meaningful health outcomes and develop ways to implement evidence-based interventions. A case in point is the work that the Pain Team has begun using improvement science methodology to track health outcomes for youth receiving behavioral treatment for chronic and recurrent pain. The Division of Behavioral Medicine and Clinical Psychology (BMCP) has six pediatric psychologists that provide outpatient behavioral pain management treatment within a large, urban pediatric medical center, Cincinnati Children's Hospital Medical Center (CCHMC). Treatment referrals for pain management primarily come from interdisciplinary clinics (i.e. the Headache Center and the Pain Management Clinic) or other specialists (e.g. gastroenterology, rheumatology). Our service receives an average of 12.5 ($SD = 6.4$) new pain

About the authors:
The authors are faculty and members of the Pain Academic Collaborative at Cincinnati Children's Hospital Medical Center, which uses quality improvement (QI) methods to improve outcomes for youth with chronic pain. They have worked on several projects aimed at improving the functional outcomes for youth with chronic pain, migraines, and sickle cell disease. Dr. Crosby is also a member of APA's Presidential Task Force on Advancing Practice.
program development/ intervention, and is better able to discern what is meaningful to youth and families. These skills provide psychologists with an advantage over other researchers and practitioners who may have the scientific background but lack knowledge about behavior change or skills in implementing program development and evaluation. As health care moves towards a focus on “pay for performance,” (The American Board of Pediatrics, 2007) it is essential that psychologists utilize their skills to identify and monitor patient progress and treatment outcomes. Especially since some third parties (e.g. insurance companies) have asked that psychologists utilize outcomes that may not be clinically-relevant. In the arena of adapting clinical research to clinical practice, psychologists are natural leaders in implementing interventions in the “real world,” particularly settings serving complex and diverse populations.

References


In recent years there has been a growing interest in research focused on addressing health equity in our communities. Gaps in the healthcare access and outcomes of high risk populations, especially underserved and racial/ethnic minority groups, have been identified consistently across disciplines. Researchers are increasingly turning to community engaged and participatory research paradigms in an attempt to examine and translate evidence based practice in ways that will benefit communities and result in greater impact. Community based participatory research (CBPR) is defined by collaboration that equitably involves multiple partners. According to the W.K. Kellogg Foundation definition (2001), CBPR “begins with a research topic of interest to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.” While CBPR is often confused with a particular research methodology, it is actually better understood as an orientation to research that requires that community needs be addressed through community participation across all aspects of a research endeavor.

CBPR proponents argue that the traditional research paradigm, which did not include community engagement and participation, has several weaknesses. One of the most cited challenges of traditional research paradigms is a slow dissemination of findings into practice. In fact, findings from the Institute of Medicine’s “Crossing the Quality Chasm” (2001) found that it takes approximately 17 years to integrate only 30% of recommendations into practice. In “Re-engineering the Clinical Research Enterprise” initiatives, the National Institutes of Health (NIH) have recommended that we address the existing challenge for greater speed and impact in translating science by “developing new partnerships among organized patient communities, community-based health providers, and academic researchers.” Other challenges of traditional research without community participation include poor community participation in research and existing distrust of academic institutions and research (Freimuth et al., 2001; Yancey, Ortega, & Kumanyika, 2006). Alternatively, research conducted using CBPR principles is based on the assumption that community needs and priorities will be addressed, that partners will have equal power in the relationship and develop rapport/trust, and that there is a commitment to improve outcomes in the community through the partnership (Wallerstein & Duran, 2006).

Examples of successful collaborations that have improved child health outcomes include large, longstanding partnerships like the Detroit Community-Academic Urban Research Center established in 1995 with eight community-based organizations and several schools at the University of Michigan (Israel et al., 2001), as well as small burgeoning partnerships like the relationship that one or two faculty members develop with a local school or community health center. Other collaborative research partners for improving child health may

About the authors:
Jessica Valenzuela, PhD, is a research instructor in Behavioral Medicine and Clinical Psychology at Cincinnati Children’s Hospital Medical Center. Her research interests are to engage in community based participatory research and to address child health disparities.

Celia Lescano, PhD, is an Assistant Professor at Brown University and a Staff Psychologist at Bradley/Hasbro Children’s Research Center. Her current research interests focus on adolescent risk behaviors, specifically sexual risk behaviors that predispose adolescents to HIV infection, particularly among Hispanic populations.
Improving Child Health through Community-Participatory and Community-Engaged Research

include community service providers, faith based community organizations, policy makers, schools, community residents, public health agencies, and other community based organizations (CBOs). There is some existing evidence that this collaborative work can result in more efficient research and improved and sustained outcomes, especially in work with vulnerable populations. As an example, collaboration has resulted in improvements in HIV prevention research and community services (Sanstad, et al., 1999) as well as improvements in asthma education and asthma-related health (Parker et al., 2008). CBPR studies have also been shown to improve community advocacy, as was the example with the Youth YES! Program which campaigned against smoking, drugs, and alcohol in their community (Wilson et al., 2008). CBPR initiatives have also led to changes in policy, as was the case with the Tribal Efforts Against Lead (TEAL) Project, which successfully campaigned to implement policies to ensure lead reduction among Native American populations (Petersen, 2007).

There are growing opportunities and resources for this work, as well as increasing potential for its impact on child health. There is evidence of increasing federal funding for community partnerships with rigorous research methods (Viswanathan et al., 2004) including opportunities through the Office of Behavioral and Social Sciences Research (OBSSR) and from the National Center on Minority Health and Health Disparities (NCMHD). In addition, Community-Campus Partnerships in Health (CCPH; www.ccph.info) is an organization with a mentorship network that provides opportunities for students, community partners, and researchers (both those who are new and those who are more experienced with the CBPR paradigm).

With funding and resources, it is hoped that psychologists will be able to develop research that is “community driven” and which includes those whose voice has traditionally been excluded from academic research. Time and “cultural humility” are required to ensure that research conducted in partnership with the community is “true of, by, and for the community, however it is defined” (Minkler, 2005). In addition, Minkler and others note the importance of devoting time to building community capacity and “co-learning” as part of collaborative research. Although establishing relationships with communities and members may take time, the rewards can be significant (Moreno et al., 2009). The potential to improve the health of children, particularly those who are underserved and at risk for disparate health outcomes, is great and demonstrated by the examples below.

Examples of Child/Pediatric Community-Based Participatory Research Studies:


*Also see references below

References:


IMPROVING CHILD HEALTH THROUGH COMMUNITY-PARTICIPATORY AND COMMUNITY-ENGAGED RESEARCH


U.S. HEALTH REFORM: OPPORTUNITIES FOR PSYCHOLOGISTS TO ADVANCE CHILD HEALTH

About the authors:

Yvonne Humenay Roberts is a 5th year doctoral student at the University of Cincinnati who will be starting an internship at the May Institute in September, 2010. Ms. Roberts goals include integrating interests in community, pediatric and policy issues that impact child health.

Sarah Theodore is a law student specializing in Policy at Catholic University. She is interested in promoting health and educational child policy issues.

Mental health is essential for healthy development; however, approximately 80% of children with mental health problems do not receive services (Kataoka, Zhang, & Wells, 2002). Further, mental disorders, as a group, are the most common chronic conditions among pediatric patients (Costello, Mustillo, Erkanli, Keeler, & Angold 2003; Kramer & Gerrald, 1998; Roberts, Attkinsson, & Rosenblatt, 1998).

With the enactment of the Patient Protection and Affordable Care Act (P.L. 111-148) into law on March 23, 2010, and subsequently the Health Care and Education Reconciliation Act (P.L. 111-152) on March 30, of this same year, the mental health needs of children have become a recognized national priority.

The new law provides health coverage for all children regardless of pre-existing health conditions (including mental health conditions), and maintains coverage for young adults under parental plans until age 26. It also preserves the CHIP (Children’s Health Insurance Program) program through 2019. This increase in number of children covered will heighten the need for health service providers, particularly those who focus on both the physical and mental health needs of children. To meet this need, the law includes loan repayment and scholarship programs to incentivize more health professionals (including psychologists) to join the pediatric workforce providing pediatric care (including mental and behavioral health care) and work with underserved populations, in underserved communities, or in areas
where there is a shortage of health professionals. This pediatric workforce provision was based on the Child Health Care Crisis Relief Act, a longstanding APA legislative priority.

As part of the new law, psychologists are able to participate in community-based interdisciplinary teams that promote primary care practices, be members of a consortia of health providers that deliver comprehensive and integrated care services for low-income populations, and fully participate in health homes as part of health teams or designated providers of health home services to individuals with chronic physical or mental health conditions (APA, 2010a). The inclusion of mental and behavioral health professionals as part of the interdisciplinary health team is a result of significant APA advocacy efforts and recognizes the importance of caring for both physical and mental health needs of individuals across the lifespan. Children with chronic medical conditions oftentimes experience psychosocial problems generated by the interaction between the illness, the child, and his/her environment. Work with chronic medical conditions, including juvenile rheumatoid arthritis, sickle cell disease, diabetes and epilepsy requires more interdisciplinary work, long term follow-ups, and a stronger community focus (Power, 2003). Therefore, the psychologist has a role in supporting and educating ill children and their families, and in informing other professionals and the public about the complex relationship between physical and mental health in children. The psychologist may also have specialized consultation/liaison skills that allow them to play a large role in facilitating relationships within communities between hospitals, primary care offices, schools, and community mental health settings in order to improve referral and consultation practices among child health providers.

With the new health reform package comes a national focus on prevention, health promotion, and public health, including mental health and substance abuse treatment programs. As part of the law, a not-for-profit corporation will be established to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing quality and evidence-based research, known as the Patient-Centered Outcomes Research Institute. The Institute is required to identify research priorities by taking into account various factors, including health disparities. The health reform law also provides grant money to help reduce the incidence of chronic disease and develop strategies to reduce health disparities, including social, economic and geographic determinants of health, areas frequently studied by psychologists. These newly authorized provisions provide potential funding opportunities to health professionals, including psychologists, to address and improve such mental health disparities in children and their families.

School-Based Health Centers and comprehensive primary health services (including mental health) are also included as part of the reform package. Such initiatives may facilitate better wrap-around services for pediatric patients who are discharged from an inpatient setting to outpatient services, a process currently complicated by limited availability of qualified clinicians in outpatient settings (Kronenberger, 2006). Moreover, having a pediatric psychologist on-staff or as a consultant to schools would benefit complex issues such as self-care and adherence during the school day, barriers to care in school, and social competence and peer support of ill children.

More services have also been authorized under early childhood home visitation programs to promote improvements in maternal and prenatal health, infant health, child health and development. Many psychological and health outcomes can be affected by family and neighborhood influences, thus, family-based and home-based research studies are an important next step in promoting the physical and mental well-being of children. Past in-home randomized controlled treatment trials by pediatric and health psychologists have yielded positive effects on medication adherence (e.g., Ellis, Frey, Naar-King, Cunningham, & Cakan, 2005), health outcomes (e.g., Ellis, Naar-King, Cunningham, & Secord, 2006), as well as a reduction in health care utilization (e.g., Dougherty, Schiffrin, White, Soderstrom, & Sufrategui, 1999).

Specific programs for pain, including an Institute of Medicine Conference on Pain will provide the opportunity for an aggressive program of basic and clinical research on causes and treatments for pain in children and adults. Education and training for health care professionals in pain care will also be offered.
Much of the research on pediatric pain has been conducted by, or in conjunction with pediatric psychologists (e.g., Kashikar-Zuck, Goldschneider, Powers, Vaught, & Hershey, 2001). This will continue to be an avenue for psychologists to make an impact in child health.

According to APA President Carol D. Goodheart, EdD, the new health reform law provides opportunities to integrate mental health services into primary care, preventive services, and benefit packages, recognizing that true health care treats the whole person; both mind and body (APA, 2010b). The programs and clinical services, research initiatives, and educational opportunities authorized as part of the health reform law will continue to create a myriad of opportunities for psychologists to advance child health.

References


CONGRATULATIONS!

John Hagen, PhD, (2009 CYF Chair) wins APA Award for Distinguished Service to Psychological Science

Dr. Hagen is being honored for his service to the Department of Psychology at the University of Michigan, Ann Arbor; his mentorship of numerous students, especially those from disadvantaged educational backgrounds; his exemplary leadership roles in several important psychological science organizations, particularly as Executive Director of the Society for Research on Child Development; and his involvement in the biennial National Head Start Conferences which influence policymakers by demonstrating the importance of research and its application to the health and education of young children. Dr. Hagen will be formally presented his award at the APA Science Leadership Conference (November 12-13, 2010).
On May 6, 2010, APA was proud to join 80 other organizations and the Substance Abuse and Mental Health Services Administration (SAMHSA) as an official supporter of National Children's Mental Health Awareness Day (NCMHAD). NCMHAD puts the spotlight on the importance of promoting positive social and emotional development in children and the need for early identification of mental health challenges.

The day began with a congressional briefing on the importance of programs that address mental health needs in early childhood that was jointly hosted by National Federation of Families for Children's Mental Health, Mental Health America, the National Alliance on Mental Illness, and the Bazelon Center for Mental Health Law. Speakers included Janice Cooper, PhD (National Center for Children in Poverty), Joy Kaufman, PhD (Building Blocks), Avnien Serkin-Ahmed, (a youth advocate) and Kathryn Power, Director of the Center for Mental Health Services at SAMHSA.

In the afternoon, the “Awareness Day Turns 5” celebration featured activities for young children and their parents/caregivers to express emotions through music, dance, and visual arts. The event was part of the ongoing NCMHAD activity, “My Feelings Are a Work of Art.” Caregivers at Head Start sites, military bases, child care programs, local museums, and children’s mental health programs nationwide had helped children create art to spark conversations about having and expressing feelings.

The final event of the day was the Early Childhood Forum, which featured presentations by SAMHSA Administrator Pamela Hyde, JD, and Joan Lombardi, PhD, from the Administration for Children and Families. The event included two discussion panels with Sherri Shepherd from ABC’s “The View,” as well as well known family, child development, and early childhood mental health experts, who discussed why positive social and emotional development in children as early as birth is essential to their overall healthy development. Pediatrician and author Dr. T. Berry Brazelton also received the SAMHSA Special Recognition Award at the forum for his pioneering work in pediatric and early childhood development over the past six decades.

Kathryn Power, MEd, and Ross Thompson, PhD, (UC-Davis) speak at the Early Childhood Forum

On May 3, 2010, APA also co-sponsored a congressional briefing held by the Society for Research in Child Development on the report of Healthy Development: A Summit on Young Children’s Mental Health. The Summit, held in April 2009, brought top experts on early childhood mental health together with leading communications scientists to produce a work that outlines what the public and policymakers need to know about children’s mental health issues. The full report is available online at: http://www.apa.org/pi/families/summit-report.aspx.

Marty Zaslow, PhD, (Director, SRCD Office for Policy and Communications and Senior Scholar, Child Trends) provided opening remarks after which, Mary Campbell (Director, APA’s Children, Youth and Families Office) proceeded to moderate the panel of speakers.

Jean C. Smith, MD, (Developmental & Behavioral Pediatrician, Wake County Human Services, North Carolina) who discussed the context of young children’s mental health today.

Karen Saywitz, PhD, (Associate Director, UCLA TIES for Families) covered the reasons why young children’s mental health deserves focus now. Donald Wertlieb, PhD (Eliot-Pearson Department of Child Development Tufts University) outlined what the public needs to know about children’s mental health. Carol Brunson Day, PhD (President and CEO, National Black Child Development Institute) emphasized the importance of supporting the mental health of young children of color. Mary Ann McCabe, PhD (Associate Clinical Professor of Pediatrics, George Washington University) presented the policy implications from the summit on young children’s mental health. Drs. Saywitz, McCabe, and Wertlieb are all APA members and serve on the Interdivisional Task Force on Child and Adolescent Mental Health.

Further commentary was provided by Joan Lombardi, PhD, (Administration for Children and Families) and Corina Barrow, RN, MSN (Military Nurse Fellow for Senator Daniel K. Inouye).
2011 CALL FOR NOMINATIONS

The Committee on Children, Youth, and Families (CYF) is anticipating two vacancies in 2011. CYF welcomes nominations from individuals interested in linking research and policy for children and families within APA and the profession. The Committee is particularly interested in candidates with substantial expertise and demonstrated experience in applying psychological knowledge to the well being and optimal development of children, youth, and families; and in issues advancing psychology as a science and profession in the area of promoting health and human welfare. Candidates are sought who have particular expertise in contemporary issues facing children, youth, and families in the context of their socioemotional and cognitive development and mental health. Candidates who have particular interest in culturally and linguistically diverse, understudied, underserved and diverse populations are especially encouraged to apply.

Members are expected to participate in a targeted project directly related to CYF's work and mission and to APA as a whole. The project is to be completed during their three-year term on the Committee. Some examples of projects previously implemented include immigrant children, youth, and families; school dropout prevention; psychological implications of disasters; early mental health interventions; violence against children in the family and community; cultural competence; the mental health needs of children and adolescents in the juvenile justice system; bullying and violence in the media; homeless youth and families; spirituality and resilience; and promotion of healthy active lifestyles and prevention of obesity in children and youth. Areas of interest to the Committee at present include education as a developmental continuum, military families, mental health and health disparities, suicide prevention, and cultural diversity. Potential candidates are encouraged to visit the CYF website (http://www.apa.org/pi/families/committee) to learn more about CYF’s mission and prior initiatives.

The Committee places a priority on maintaining representation within the Committee’s membership that reflects the diversity of psychology and society (e.g., ethnicity, culture, gender, age, disability, sexual orientation, geographic location, and those who are employed less than full time). The candidates selected to serve on the Committee will serve for three years and will be required to attend two Committee meetings a year in Washington, DC, with expenses reimbursed by APA, and to participate in conference calls. The successful candidate is expected to attend, if possible, the informal CYF meeting held during the APA convention at the member's own expense. In addition, members are expected to work on projects and Committee business between meetings.

Each candidate is asked to submit: (1) a letter indicating his/her willingness to serve; (2) a brief statement describing the applicant’s expertise and interest in one or two contemporary issues facing children, adolescents and families that they would bring to the Committee; and (3) a current curriculum vita.

Nomination material including a letter from the candidate indicating a willingness to serve, an issues statement, and a current CV must be received by Monday, August 30, 2010. Nomination materials received after August 30 will be held for consideration the following year. Although it is not required, candidates are encouraged to have letters (not more than three) supporting their nomination submitted to the Committee. Material may be sent to CYF Nominations, c/o Efua Andoh, Public Interest Directorate, American Psychological Association, 750 First Street, NE, Washington, DC, 20002-4242, by email eandoh@apa.org or fax (202) 336-6040.

Nomination materials including a letter indicating willingness to serve, an issues statement, and a current CV must be received by Monday, August 30, 2010.
The 2010 APA Convention will take place August 12-15 in San Diego. The Convention will feature internationally known presenters on topics that matter to you and programs highlighting the latest research findings. We are happy to highlight the following sessions related to children’s mental health.

Engaging Schools and Communities to Advance Behavioral, Physical, and Public Health
- Friday, August 13, 2010
- 10:00-11:50 AM
- Room 29B, San Diego Convention Center
- Sponsors: BAPPI, CYF, CSES, CWP, Division 54

The symposium features presentations on partnerships in schools and communities that address HIV/AIDS prevention and intervention, obesity, post-disaster coping, work with homeless youth, and early intervention programs. CYF is heavily involved in the event. John Hagen, PhD, (2009 Chair) will provide opening remarks and Anita Thomas, PhD, (2010 Chair) will provide closing remarks. Monica Mitchell, PhD (2011 Co-Chair Elect) will chair the symposium.

Refugee Child and Family Resilience: An APA Task Force Symposium
- Thursday, August 12, 2010
- 3:00 PM - 3:50 PM
- Room 29B, San Diego Convention Center
- Sponsors: Divisions 37 and 48

Three members of the APA Task Force on the Psychosocial Effects of War on Children and Families who are Refugees from Armed Conflict residing in the United States will provide an opportunity for attendees to hear about the work and conclusions of their report which is slated for release in August 2010. The symposium will include clinical and research examples from the presenters’ work in the field of refugee trauma: a case study of a resettled Kosovar refugee family; discussion of the protective factors that foster resilience in refugee youth; and a review of research done on the protective processes in Somali refugee families resettled in Boston. The three task force members who will present are Katherine Porterfield, PhD; Maryam Kia-Keating, PhD; and Theresa Betancourt, DSc.

Visit WWW.APA.ORG/CONVENTION for more information.

MEET CYF’S NEWEST MEMBERS

Preston Britner, PhD, is Associate Professor in the Dept. of Human Development and Family Studies at the University of Connecticut. Prof. Britner earned his PhD in community psychology and developmental psychology from the University of Virginia. He is Editor Emeritus for The Journal of Primary Prevention and serves as an Editorial Board member for Child Abuse & Neglect: The International Journal and the Journal of Child and Family Studies. He has published in the areas of youth mentoring, child maltreatment prevention and the child welfare system, child-parent attachment/caregiving relationships, and social policy and law affecting children and families. He is currently Co-Chair of the Families with Service Needs Advisory Board for Connecticut (with an emphasis on creating a diversion model and services for status offender youth and their families. His past APA involvement includes membership on the APA Working Group on Child Maltreatment Prevention in Community Health Centers and the Society for Child and Family Policy and Practice, Section 1 (Child Maltreatment) executive committee. Dr. Britner is a Fellow of APA and the Society for Community Research and Action.

Yo Jackson, PhD, is an Associate Professor at the University of Kansas and core faculty member of the Clinical Child Psychology Program. She is also the Associate Director of the KU Child and Family Services Clinic. She earned her PhD in clinical child psychology from the University of Alabama. She is a Board Member for Division 53 (Clinical Child and Adolescent Psychology) and is Chair of Division 53’s Task Force on Ethnic Minority Child and Adolescent Psychology. She also served on the APA Task Force on Resilience and Strength in Black Children and Adolescents. She reviews for numerous journals and is a member of the Editorial Board for the Journal of Clinical Child and Adolescent Psychology and Professional Psychology: Research and Practice. Her research focuses on the factors that contribute to positive outcomes for youth exposed to trauma, the development of interventions for children exposed to major life events, the role of protective factors in promoting adaptive behavior in children, and developing models of competence for children exposed to child maltreatment. She also directs a RO1 grant from NIH for a project on adaptive behavior for youth exposed to child maltreatment.
The Committee on Children, Youth and Families, Divisions 37 and 43

Invite you to an evening of refreshments and socializing at our

Networking Together to Advance Children's Mental Health

SOCIAL HOUR

When: Friday, August 13, 2010
Time: 6:00 PM - 6:50 PM
Where: San Diego Marriott Hotel - Torrey Rooms 1 and 2
RSVP: Sandra Bishop-Josef, PhD (sandra.j.bishop@yale.edu)