



## The President's Message

### Recognition and Gratitude

2011 has proved an outstanding year for the Society thanks to an excellent and hard-working leadership team.

As the year began we selected Grayson Holmbeck to succeed Dennis Drotar as the next *Journal of Pediatric Psychology* editor, beginning in 2013.

Thanks to the superb work of Michael Roberts, Ric Steele, and their University of Kansas team we enjoyed an extremely successful program in San Antonio. Anna Maria Patiño-Fernández coordinated an excellent program for the APA Convention in Washington, D.C., and David Janicke produced an excellent batch of newsletters. Heather Yardley kept our web presence in fine form, and Lindsey Cohen made sure our listserv operated smoothly.

Christina Duncan chronicled every board action with meticulous accuracy, Dave Elkin managed our finances with care and wisdom, and Tonya Palermo backed me up whenever extra help was needed with presidential duties. Paul Robins did a great job on student development and Christine Chambers fulfilled her membership duties well, even as the membership of her own family grew significantly. Celia Lescano coordinated and advanced our diversity agenda, and Annette LaGreca served with distinction as our voice in the APA Council.

Christopher Cushing led our student board and represented their voice well on the board of directors. Michael Roberts continued to serve with distinction as our historian, and Karen Roberts outdid herself in managing our office and operational details with aplomb. Many other members served on committees and as our liaisons to other professional groups. We owe them all a hearty round of applause for our success this year.

### Participate in the Society's Nomination Process

One disappointing note occurred when fewer than 200 members voted in the Society elections administered by APA last May. In an effort to reinvigorate participation, the nominating committee and I call on you for active participation.

In 2012 we will need to fill the following vacancies for service to begin in calendar 2013: President Elect, APA Council Representative, Secretary, Membership-at-Large – Diversity, and Membership-at-Large – Student/Trainee Development. You may nominate any Division 54 member for these offices by sending an email message with the word “nominations” on the subject line to [apadiv54@gmail.com](mailto:apadiv54@gmail.com).

If you want some ideas about people who have a history of activity in the Society, check out the leadership roster on the history page of our website—but wait, we also welcome self-nominations. If ten people mention your name, you automatically make the ballot. We welcome engagement by enthusiastic members who have not served on the Board previously.



Gerald P. Koocher, Ph.D.

### New Society Journal

I invite all readers to express their opinions on a proposed second journal for the Society. We are exploring the launch of a new peer-reviewed journal that would focus on practice in pediatric psychology, including case reports and other applied practice articles that currently do not fit well in the JPP because of competition with primary research papers. APA has expressed a strong interest in assisting us with launching the new journal, although the cost per member would potentially increase dues by \$20. The Society's Board of Directors will need to make a decision about this project early in 2012, and we would like to know your thoughts. Please do so by sending an e-mail message with the word “new journal” on the subject line to [apadiv54@gmail.com](mailto:apadiv54@gmail.com).

In closing, I want to express my gratitude for having the opportunity to serve as your president in 2011. We have built a very strong platform for advancing the care of children in pediatric settings and I have enjoyed participating very much.

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**Newsletter Deadline**

Articles for the next newsletter are due before January 15, 2012. Please send your submission to newsletter editor, David M. Janicke, Ph.D. at [djanicke@phhp.ufl.edu](mailto:djanicke@phhp.ufl.edu).

## Save the Date

### 2012 Midwest Regional Conference in Pediatric Psychology

April 26–28, 2012  
Milwaukee, Wisconsin



Save the date for the 25<sup>th</sup> Anniversary Midwest Regional Conference on Pediatric Psychology to be held April 26-28, 2012, in Milwaukee. The conference theme is "Reflecting on Past Accomplishments and Looking Toward Future Growth." Milwaukee is beautifully situated on the shores of Lake Michigan and offers many cultural and entertainment opportunities.

The two-day conference will include workshops, keynote addresses, symposia, and poster sessions offered on topics such as translation of interventions into clinical practice, resilience, injury prevention, ethics, medical trauma, adherence, diversity, family functioning, and health-related quality of life. Eleven hours of continuing education will be offered with additional opportunity for four credit hours available through the pre-conference workshops.

Invited speakers include Celia Lescano, Andrea Farkas Patenaude, David Schwebel, Scott Powers, Dennis Drotar, Grayson Holmbeck, Kevin Hamberger, Victoria Miller, Jerilynn Radcliffe, Doug Woods, Ryan Spellecy, and Brad Stolbach. Symposia and poster sessions

will provide opportunities for presentation and discussion of ongoing research in the field. Special interest groups will be meeting during the course of the conference, and morning sessions will highlight professional development topics.

As always, there will be opportunities for professional networking at the conference social events included in the price of registration. Students will have a chance to meet on Thursday evening, and Friday evening attendees will enjoy a reception at a historic Milwaukee restaurant in the heart of downtown. Join us in Milwaukee as we convene to discuss new developments in the field of pediatric psychology and re-connect with friends and colleagues.

For more information about the conference, watch for upcoming details on the Division 54 listserv and Save-the-Date mailings. Additional details can be found on the SPP website.

**Deadline for poster and paper abstract submissions is November 18, 2011.**



## Save the Date

### American Psychological Association National Conference

Amy Lewandowski, Ph.D.  
Division 54 APA Program Chair

Save the date for the 2012 American Psychological Association National Conference to be held August 2-5 in Orlando, Florida.

Proposals for Division 54 and other programming including presentations, symposia, and other formal sessions must

be received by midnight EST on Thursday, **December 1, 2011**. All proposals must be submitted via the APA website at [www.apa.org/convention/call-programs-2012.pdf](http://www.apa.org/convention/call-programs-2012.pdf).

For more information about the conference, watch for upcoming details on the Division 54 listserv, the SPP website, and in the next two editions of this newsletter. I look forward to seeing you in Orlando next August.

## APA Poster Award Winners



Elizabeth Molzon

**First Place**

Elizabeth Molzon  
Oklahoma State University

**Poster Title:** Depression and Anxiety Symptoms in Young Adults with Allergies Compared to Healthy Peers.

**Authors:** Elizabeth S. Molzon, B.A., Stephanie E. Hullmann, M.S., Angelica R. Eddington, M.S., and Larry L. Mullins, Ph.D.



Kelly Wolfe

**Second Place**

Kelly Wolfe  
University of Alabama Birmingham

**Poster Title:** Executive functions and social skills in pediatric brain tumor survivors.

**Authors:** Wolfe, K.R., Walsh, K.S., Reynolds, N.C., Mitchell, F., Brown, R., Reddy, A.T., Paltin, I. and Madan-Swain, A.

## APA Conference Diversity Highlights

By Brigitte Beale, M. A., Christopher Cushing, M.S., Celia Lescano, Ph.D., and Monica Mitchell, Ph.D.

The Diversity Roundtable Discussion provided a fantastic opportunity for students to learn from and network with established diversity researchers in the field. Celia Lescano, Elizabeth McQuaid, and Kathleen Lemanek facilitated a discussion of their experiences, challenges, and triumphs incorporating culturally diverse populations in their areas of research interest. Each discussant provided their own viewpoint of the importance of considering diversity and cultural factors in their research as well as the aspects that are unique to their target population. Everything from the minor challenges to the historical barriers of lack of trust was discussed candidly.

Panelists also drew students' attention to four common factors involved in building relationships with diverse populations and challenging health disparities in pediatric psychology: trust, respect, empowerment, and engagement. Each of these aspects was highlighted in a wide range of research topics including HIV prevention, pediatric asthma, sickle cell disease, and cystic fibrosis.

It was difficult to leave the roundtable without reflecting upon the continuing health disparities that exist in pediatric psychology and the importance of cultural competence. Psychology has come a long way in addressing diversity issues and encouraging cultural competence, but there still is work to do. Students in attendance took notice of the tremendous learning opportunities within the wide chasm that spans the lived experience of minority groups and the state of our science. Though research in culturally diverse populations is not an easy task, our panel recommended that students interested in stepping up to the challenge begin by seeking out mentoring and supervision from an experienced diversity researcher.

Each panelist had enriching stories of mentoring junior colleagues and students through the process of learning about other cultures. Our panelists noted that an ancillary benefit of such endeavors is that they often lead to exciting opportunities to expand one's research repertoire and include infrequently utilized techniques such as qualitative analysis.

Prior to the roundtable discussion hour, Lescano facilitated a skills-building session highlighting aspects of diversity in research presentations. The session was well attended by a diverse group, ranging from students to

provosts, interested in working with diverse clients and research participants. There was also a sincere focus on how to train students and junior faculty in this art.

Lescano recommended reflecting on what makes research diverse, including but not limited to: race/ethnicity, gender, socio-economic status, language issues, and population setting (urban/rural). This applies to both the population of interest as well as the research staff or treating clinicians. The session's PowerPoint presentation is available to those who are interested by e-mailing her at [lescano@usf.edu](mailto:lescano@usf.edu).

The SPP Diversity Committee was also represented at the breakfast sponsored by the Government Relations Office and the Committee on Ethnic Minority Affairs for APA leadership, including members of diversity committees. Keynote speaker, California Congresswoman Grace Flores Napolitano, presented, "Racial/Ethnic Mental Health Disparities: Engaging the Public Policy Debate," where she emphasized the importance of psychologists engaging in public policy efforts at the local, state, and national level to advance mental health efforts.

Napolitano stated that a key role for psychologists is to eliminate stigma associated with mental health in Latino and underserved communities through education and public awareness. If mental health policy strategies are to be effective, they will need to ensure cost-effective, evidence-based, and culturally competent approaches to mental health prevention and intervention. Finally, law reform is needed in order to remove barriers to mental health services and improve access.

Napolitano also gave practical advice on how to develop literature, host mental health summits, and to secure start-up funding for mental health programs. Statistics showing that one in three Latina adolescents contemplated suicide prompted her to spearhead school-based Latina adolescent mental health programs in her local community so that students had access to needed services.



Celia Lescano, Ph.D.



## Walking the Line

By David H. Barker, Ph.D., Christopher D. Houck, Ph.D. and Wendy A. Plante, Ph.D.

The following case presentation is sponsored by SPP's Pediatric Bioethics Special Interest Group. The authors describe an ethical dilemma that occurred in the context of clinical care, provide two different perspectives on the dilemma, and report the actual outcome of the case. We recognize that there is usually no "right" choice when such dilemmas arise; the intent is to present alternative interpretations and stimulate dialogue about ethical issues in pediatric psychology.

By Victoria A. Miller, Ph.D. and Jerilynn Radcliffe, Ph.D., Co-Chairs, Pediatric Bioethics SIG

### How much PHI is enough?

Walking the line between clear professional communication and protecting client confidentiality in the context of HIV status disclosure.

### Case

Sarah is a 14-year-old African American young woman perinatally infected with HIV who has not yet been made aware of her diagnosis. She is cared for by a multidisciplinary HIV team that provides medical and psychological care as well as case management. Outpatient psychotherapy is also available. For a number of years, the issue of disclosure has been raised with her mother, but mother's traumatic acquisition of the virus has resulted in a debilitating emotional response around discussions of disclosing to her daughter or others in her life. While she has been diligent in ensuring Sarah is adherent to medication, she has been avoidant of clinic appointments and has traditionally declined outpatient psychological services. During their most recent clinic appointment, mother made some progress in considering disclosing Sarah's diagnosis to her. She also expressed willingness to engage Sarah in outpatient care to address symptoms of anxiety that mother believed to be contributing to poor academic performance.

### Dilemma

During the intake session at the outpatient clinic, mother indicated that she was still hesitant to discuss disclosure and wanted therapy to address Sarah's anxiety only. Following the intake, the therapist, Dr. Barker, believed that the ambiguity and secrecy surrounding Sarah's illness may be a contributing factor to her anxiety. In preparing the evaluation report, Dr. Barker sought consultation from Drs. Houck and Plante about whether to include the diagnosis of HIV. Dr. Barker wanted to discuss the significant role of Sarah's diagnosis in the case conceptualization, but was concerned that its inclusion had the potential to reach

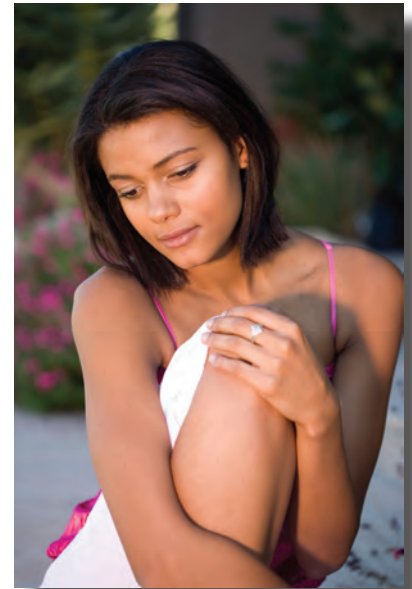
unintended audiences (e.g., school personnel). He worried that mother might not anticipate that her daughter's status would be included in a psychological record should she consider releasing it to others. He was concerned that other parties might then not only discover Sarah's HIV status, but might also deduce her mother's status, and that the family could be adversely affected given the stigma associated with HIV. Dr. Barker was also concerned that informing mother that the diagnosis would be included in the report may present a substantial barrier to her and Sarah's involvement in outpatient therapy.

### Perspective #1 – Dr. Houck

One ethical principle that applies to this scenario is Professional and Scientific Responsibility, whereby psychologists are expected to "cooperate with other professionals and institutions to the extent needed to serve the best interests of their patients." In order to provide documentation that describes the relevant issues in a way that can be interpreted by other professionals, it could be argued that the inclusion of Sarah's diagnosis is necessary, given its centrality to the psychological issues the family is facing. Should anything happen to the provider that rendered him unavailable and required that care transfer to another, cryptic notes could make it difficult to provide quality care. Presuming Sarah's psychiatric record is treated as confidential in accordance with professional standards, her diagnosis would not be shared except as needed for her care and with the consent of her mother. Furthermore, summaries can be constructed to provide pieces of the record needed without sensitive information that might be irrelevant in some settings (e.g., school). However, without a complete record in existence, it could be argued that the standard of Professional Responsibility is not being met.

### Perspective #2 – Dr. Plante

The APA Code of Ethics stipulates that "Psychologists have a primary obligation... to



protect confidential information" and that they "take reasonable steps to avoid harming their clients." Dr. Barker must weigh potential harms associated with including HIV status in the report versus excluding a significant medical diagnosis in his conceptualization. Frequently psychologists must weigh clinical and ethical considerations that are in opposition with one another.

If Dr. Barker decides that HIV status must be included in the report, he can use the informed consent process to assess mother's understanding of the information contained in the record, who will have access, and potential implications of the information being shared, so that she can make informed decisions about release of the record and future treatment. Psychologists also need to be mindful of how records will be treated after termination of therapy and of how others who have access to the records may use them. For example, if mother requests that the psychology record be sent to her child's school years later, Dr. Barker may not be available to write a summary or to discuss with mother which information she would like the school to receive. Also, other institutions or providers may not protect information to the extent necessary to prevent harm to the patient.

Accurate recordkeeping serves an additional purpose of protecting a provider in the event of legal or ethical proceedings. In this case, does the clinician feel that the record

*continued on page 5...*

...continued from page 4

will accurately represent his conceptualization and treatment plan? Also, third-party payers require that a psychological evaluation include a multi-axial diagnostic framework. Will the clinician meet the recordkeeping requirements for billing if he does not list the patient's medical diagnosis, particularly if it is perceived as relevant?

### Outcome

Following consultation, Dr. Barker decided not to include the HIV diagnosis in the intake evaluation, but instead referred to a chronic pediatric medical condition about which Sarah was only partially informed. Consumers of the report were then referred to Sarah's medical record for more details. He felt this approach would accurately document the dynamics around the disclosure process, while maintaining confidentiality around mother's and patient's HIV status by placing an additional requirement on the consumer to obtain mother's consent to access Sarah's medical records. This extra precaution would likely complicate communication between treating professionals, but would allow mother to maintain power over who received medical information about herself and her daughter. Shortly following this decision, Sarah's school requested the report for upcoming academic planning. After clarifying with mother what information she was willing to release, an appropriate summary was written and sent to the school.

### Recommended Reading

APA (2007). Record keeping guidelines. *American Psychologist*, 62, 992-1004.

David H. Barker, Ph.D., is a 2<sup>nd</sup>-year Postdoctoral Fellow training as a pediatric psychologist in the Department of Psychiatry and Human Behavior (DPHB) at the Warren Alpert Medical School at Brown University. At the time of the consult, he had been working in the HIV clinic for two years.

Christopher D. Houck, Ph.D., is a staff psychologist at Hasbro Children's Hospital and supervisor of psychology services for its pediatric HIV clinic. He is also an assistant professor in the DPHB at Alpert Medical School.

Wendy A. Plante, Ph.D., is a staff psychologist at Hasbro Children's Hospital and a clinical assistant professor in the DPHB at Alpert Medical School. She is also a member of the Rhode Island Psychological Association Ethics Committee and the APA Advisory Committee on Colleague Assistance.

## Journal of Pediatric Psychology Highlights

The number of *JPP* submissions for the first half of the year through September 1, was 206. Submissions are up from last year's pace. During this period, the average time to editorial decision for initial submissions was 26 days. I'm also pleased to report that the number of case study submissions are up from last year ( $N = 6$ ), but we will have a long way to go to increase the numbers of these important submissions. Please look for an editorial (now available in Advance Access) that will provide guidance for authors in submitting case studies and reviewers in providing critique in Volume 9 (November).

Recently published highlights included the special issue on Family Assessment edited by Lamia Barakat and Melissa Alderfer (June #5) and a special section on Rural Health in Pediatric Psychology edited by David Janicke and Ann Davis (July #6). A special section on Research Ethics that I edited will be published in December 2011 (Volume 10). Special issues in progress include Families, Culture, and Health (Beth McQuaid and Lamia Barakat), Training in Pediatric Psychology (Denny Drotar), and Outcomes of CNS Disorders (Denny Drotar, Dean Beebe, and Glen Aylward).

In case you haven't seen it, we would like to call attention to a new feature in *JPP*: Easy access to recent article collections. To help authors identify and access recent *JPP* article collections that are relevant to their work, we have developed a new feature on the *JPP* home page. Authors can go directly to <http://jpepsy.oxfordjournals.org/cgi/collection>.

Alternatively, from the *JPP* Home Page, visit <http://jpepsy.oxfordjournals.org/> and click on "View the Collection." This allows access to view or download collections of



Denny Drotar, Ph.D.  
*JPP* Editor

recent articles (2010-2011) in a number of content areas such as: editorial guidance for authors/reviewers, ongoing sections (e.g., prevention, diversity / health care disparities, etc.), and selected content areas (e.g., pediatric pain).

The Editorial Board had a lively meeting at the National Conference in Pediatric Psychology in April that included discussion of ways to reduce *JPP* review burdens for authors and enhance more effective dialogue among authors, reviewers, and managing editors. Look for an editorial on this topic in our most recent issue #8 (September).

### Farewell Note

This will be my last editor's report for the newsletter. I will turn this responsibility over to the highly capable hands of Grayson Holmbeck, who along with his editorial team will begin reviewing new manuscripts January 1, 2012. Our team will complete review of all manuscripts submitted in 2011 and remain on the *JPP* masthead through December 2012. Susan Wood, who has done an outstanding job for the past five years, will remain as editorial assistant. It has been an honor and a privilege serving you as editor of *JPP*.

## Updates, Farwells, and Future Directions

By Christopher Cushing, M.S.



*Christopher Cushing, M.S.  
Student Rep.*

This edition highlights some recent APA convention programming, extends a warm thank you to our departing SAB members, and solicits your help shaping the future of the student member experience within SPP.

### 2011 APA Convention Student Programming Highlights

Student programming in the APA hospitality suite offered top-notch opportunities for students to network and learn about career-advancement opportunities. This year we enjoyed an at-capacity attendance in our Joint Student Social Hour with Division 53 and 37. We also had a terrific turnout (not to mention great food) at Internships on Parade. I strongly recommend that you find a way to at-

tend the APA convention, and the Internships on Parade, in particular.

In addition to these informal events, students also had some wonderful opportunities to learn from established psychologists in semi-formal roundtable discussions. We were fortunate to have a student session co-hosted by the Diversity Committee that complimented Dr. Celia Lescano's workshop in the main conference program (see Dr. Lescano's article in this issue for a review). We also had an early-career roundtable featuring Meghan Marsac, Amy Lewandowski, and Christina Duncan. Three of the important global messages about navigating the early-career process was to surround yourself with good mentors, do the best you can with what is in front of you, and be willing to decide what you want your work/life balance to be. I think many graduate students know how to do the first two goals while the third may be new. What was clear from our panel was that there will come a point where you have vastly more options than those available to you now. Each of those options will have different pluses and minuses. None will be good or bad options, but each will be different. As you think about venturing out into your early career, be willing to do a values assessment and make hard decisions about what you really want in your work.

### Thank You to our Departing Student Advisory Board Members

Our new SAB members are a capable and innovative group who are already bringing life to many of our initiatives. As always the addition of new members signals the departure of our veterans. I want to extend a heartfelt thanks to: Alli Smith, University of Rhode Island; Christopher Fitzgerald, Marquette University; Elizabeth Schneider, University of S. Carolina; Emily Ach, The Ohio State University; and Josie Welkom, Georgia State University. This group functioned like a well-oiled machine ensuring that we could provide the best possible service to our student members over the last two years. It is a difficult task to add their duties onto coursework, dissertations, and internship applications. However, each one rose to their respective challenges and served their fellow students admirably. Thank you all for your service.

### Society of Pediatric Psychology Strategic Planning

The SPP executive committee regularly develops and implements a strategic plan for the Division. These plans are intended to provide direction and spur initiatives. Decisions are made based on data collected by SPP and APA, and board member's opinions developed by talking with SPP members. I want to make sure that student's opinions are heard during this process. Certainly, the Network of Campus Representative and the Student Advisory Board will provide input, but I would love to hear from individual student members!

If you have questions, concerns, or just good ideas about ways SPP can support students, please contact me at [christophercushing@ku.edu](mailto:christophercushing@ku.edu). The executive committee is extremely interested in maintaining, improving, or expanding student member benefits based on need. Please contact me with your thoughts!

## Student Spotlight

### Stephanie Hullmann

is a fourth-year graduate student studying Clinical Psychology with a subspecialty in Pediatric Psychology at Oklahoma State University under the mentorship



*Stephanie Hullmann, M.S.*

of Larry Mullins, Ph.D. She is recognized as a dedicated student committed to conducting innovative, practical research within the field of pediatric psychology.

Her areas of interest include examining parent and child adjustment to pediatric cancer, with an emphasis on applying a positive psychology framework. Additionally, she is interested in examining parent and child adjustment to understudied pediatric chronic illnesses, including pediatric allergy and disorders of sex development.

Hullmann's dissertation examines post-traumatic stress and posttraumatic growth in parents caring for a child with cancer, and investigating the relationship between these variables and physiological stress, as measured via cortisol.

She is the recipient of the Distinguished Graduate Fellowship from Oklahoma State University as well as SPP's Student Poster Award for her master's thesis work examining the role of parenting variables and health-related quality of life in pediatric cancer.

Hullmann is currently applying for an internship and then plans to pursue a postdoctoral fellowship in pediatric psychology. In the future, Stephanie hopes to continue her work by conducting research and clinical work in an academic medical center.



## New SPP Student Advisory Board Members



Brigitte Beale, M.A.

**Brigitte Beale, M.A.**  
Wright State University

**Mentor:** Julie Williams, Ph.D.  
**Research Interests:** pediatric obesity outcomes and the role of positive psychology constructs upon the outcomes in pediatric obesity interventions.



Kimberly Canter, M.A.

**Kimberly Canater, M.A.**  
University of Kansas

**Mentor:** Michael Roberts, Ph.D.  
**Research Interests:** child and familial adaptation to chronic illness, with a particular interest in elements of culture that interact with illness and recovery processes. Also, transitions to survivorship, specifically in school reintegration following illness or injury.



Shana Schuman, M.S.

**Shana Schuman, M.S.**  
University of Florida

**Mentor:** David Janicke, Ph.D.  
**Research Interests:** treatment of childhood obesity, disordered eating behavior, and psychosocial functioning in pediatric chronic illness populations. Also, examining psychosocial functioning of adolescents with Inflammatory Bowel Disease.  
**Clinical Interests:** children and families in multidisciplinary clinic settings.



Jason Van Allen, M.A.

**Jason Van Allen, M.A.**  
University of Kansas

**Mentor:** Ric Steele, Ph.D.  
**Research Interests:** integrating strengths identification into pediatric practice, issues and applications of technology in pediatric psychology, adherence to medical and behavioral treatment recommendations, measurement, and peer relationships.  
**Clinical Interests:** pediatric health behavior, motivational interviewing, telehealth, and training.



Nicole Wightman, M.A.

**Nicole Wightman, M.A.**  
Kent State University

**Mentor:** Beth Wildman, Ph.D.  
**Research Interests:** relationship between adherence to medical regimens and the health beliefs of chronically ill children, their parents, and healthcare workers. Also, understanding the factors that promote improved communication among pediatricians, their patients, and their patients' families in order to increase medical adherence.  
**Clinical Interests:** patients with feeding difficulties and cystic fibrosis.

## Call for Student Research Brief Nominations

SPP seeks submissions for the Student Research Spotlight for feature in **Progress Notes**. This feature is designed to give graduate students a chance to share their novel and creative in-progress research with our readership.

This feature is not intended for the presentation of data, whether preliminary data or finished data collection projects, but rather to describe the purpose, design, methods, and potential implications of their study in an abbreviated format.

An ideal project submission is a dissertation research project for which the proposal has been approved by the student's dissertation committee and data collection is on-going. While submitted research descriptions do not have to be part of a dissertation project, projects should represent work for which the student played a leadership role in the design conceptualization of the study.

To be eligible, individuals must currently be working towards their doctorate in psychology. Individuals who have received their Ph.D. are not eligible. Submissions should focus on research with a pediatric psychology or child health psychology focus and be no more than 800 words in length. Submissions should include three main sections: background and purposes, design and methods, and potential clinical/research implications.

Submit research descriptions to David Janicke at [djanicke@phhp.ufl.edu](mailto:djanicke@phhp.ufl.edu). **Deadline for the spring issue is January 5, 2012.**

## Call for Student Spotlight Nominations

SPP's Student Advisory Board is accepting nominations for outstanding graduate students in pediatric psychology. One student will be selected based upon his/her interest in pediatric psychology and contributions to the field. Only graduate students will be considered for this round of nominations.

Selected students will be featured in the Student Spotlight section of **Progress Notes**.

Nomination forms are available online at [www.societyofpediatricpsychology.org/students/](http://www.societyofpediatricpsychology.org/students/) or by request. Please send the nomination form, a letter of recommendation, and the nominee's CV to Student Advisory Board Member Bonney Reed-Knight at [bonreed@uga.edu](mailto:bonreed@uga.edu). **Deadline is December 16, 2011.**

## Internship Interview Day: Make it Count

By Meghan E. McGrady, M.A., Naomi E. Joffe, M.A., Katherine Follansbee-Junger, M.S., and Christopher Cushing, M.S.



**B**y now you are probably entering into Waiting Phase I: the period after you have turned in your triple-checked application materials but before you have heard about interviews. Below are helpful tips on creating a system for scheduling and booking travel to reduce the time, cost, and anxiety of interview travel as well as guidance on preparing for and presenting well at interviews.

### Scheduling

While many interview invitations will be sent via email, some training directors will call to personally extend an invitation. Be ready to respond in a prompt, professional, and enthusiastic manner. One way to ensure a prompt response is to create a calendar including an exhaustive list of potential interview dates across sites (this information can be found on site's

web pages). Most programs will offer multiple dates on a first-come, first-serve basis. Occasionally, a site will assign applicants to a specific day. To reduce your response time, determine your ideal interview date prior to receiving an invitation. Many applicants select dates that allow them to group travel geographically, coordinate with classmates, or interview at preferred sites after gaining experience interviewing at other sites. Be sure to have easy access to this calendar. While a calendar can help optimize travel, keep in mind that you may not be given your preferred interview date or may be asked to hold multiple dates for a single interview.

### Travel

Set aside time to plan your travel. Enrolling in hotel and airline rewards programs, using comparison shopping sites (e.g., kayak.com), traveling with other students in your cohort, and considering alternative travel options (e.g., taking a bus or train or booking a round-trip flight and using only the first leg) can reduce the cost associated with interviewing. Prior to embarking on your travels, try to complete all required coursework, dissertation, teaching, or practicum-related tasks so you are able to focus your limited time on the interview process.

### Preparation

Consult with other graduates from your program about their experiences at particular sites. While they will likely provide you with helpful information about the logistics of the interview process, be careful to not allow your attitude about the interview to be influenced by others' perception of the program. It may be helpful to create a folder for each program including information about the program (including faculty who may be interviewing you), copies of your CV, your itinerary for interview day, directions, hotel, flight, and public transit information, additional materials you need to provide at the interview (e.g., a color photo) and a copy of your cover letter and personal statement you sent to the program. Re-read your essays and cover letter and review program information.

Remind yourself as to why you were excited to apply to the program and practice your responses to anticipated questions until you feel you can convey your enthusiasm and fit in a clear and concise manner. Mock interviews with other graduate students or faculty can be really helpful in finessing responses and learning to field unexpected questions.

### Interview Day

Interview day is your last opportunity to communicate to a site why you are interested in their program as a next step in your training. Clearly describe how the training opportunities will allow you to utilize the skills gained in your previous experiences as well as develop new skills consistent with your long-term goals. Sites expect (and hope) that you will have holes in your training that you want to fill during the internship year. Be specific. How will the experiences offered help you reach your stated goals? Be prepared to speak confidently about any clinical, research, and teaching experiences listed on your vita or in your application materials. Also be prepared to answer questions about post-internship plans (e.g., do you intend to do a postdoc, what setting do you ultimately envision yourself working in, what is your ideal versus acceptable balance between research and clinical work). Remember, you have worked hard to get to this point and have had many valuable experiences.

While this summarizes helpful tips, consult mentors, previous graduates of your program, and publications such as the APAGS Internship Workbook (Williams-Nickelson, Prinstein, & Keilin, 2008). By devising a plan for scheduling/travel and being prepared, the interview process can be an enjoyable and exciting opportunity to meet professionals in the field and learn about other facilities.



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## The Effects of Sleep Restriction on Adolescents' Pedestrian Safety

Aaron Davis, M.A., University of Alabama at Birmingham

### Background and Purpose

Every year, over 8,000 adolescents ages 14 and 15 require medical attention due to pedestrian injury (National Center for Injury Prevention and Control, 2010). Many factors contribute to safe pedestrian behavior. Among them are reaction time, impulsivity, risk-taking, attention, and decision-making (Thomson, 1997). These same characteristics that influence pedestrian safety are also influenced by sleep restriction. Adolescents require a minimum of 8.5 hours of uninterrupted sleep each night.

Despite the fact that adolescents need more sleep than other children, they often do not obtain adequate sleep. One reason is due to shifts in their circadian rhythm, the "clock" that sets humans' sleep/wake rhythm. During adolescence, the circadian rhythm is delayed, causing them to fall asleep later (Giannotti, Cortesi, Sebastiani, & Ottaviano, 2002). Also at this age, parents begin to decrease their supervision while adolescents desire more independence, while the adolescents have greater academic demands, are involved in more extracurricular activities, and respond more strongly to peer pressure (Carskadon, Wolfson, Acebo, Tzischinsky, & Seifer, 1998). However, they must wake up before their natural sleep pattern has completed due to early school times, causing adolescents to obtain inadequate amounts of sleep. This may put adolescents at greater risk for pedestrian injury.

The overarching aim of this study is to investigate the effects of sleep restriction on adolescents' pedestrian safety. Using a within-subjects design, adolescents ages 14 and 15 years old will engage in a virtual pedestrian environment both after an adequate night's sleep (8.5 hours sleep the previous night) and when they are sleep restricted (4 hours sleep the previous night). There are four specific hypotheses: 1) adolescents will have lower average attention to traffic while crossing a virtual street when sleep restricted than when adequately rested, 2) adolescents will leave less amount of time between safely crossing the street and the next vehicle arriving when sleep restricted than when adequately rested, 3) adolescents will have greater temporal delays between beginning to cross the street after a car passes when sleep restricted than when adequately rested, and 4) adolescents will have a greater number of hits or close calls with a virtual vehicle when sleep restricted than when adequately rested.

### Design and Methods

This study will investigate whether sleep restriction reduces adolescents' pedestrian safety. Sixty adolescents will engage in a virtual reality pedestrian environment in two conditions: a sleep deprived condition and an adequate sleep condition. Sleep quality and quantity will be measured by actigraphy. Actigraphy is a noninvasive, objective measure for detecting patterns of movement during the night. Thus, it yields objective measurements of sleep patterns over time. The participant will wear the actigraph watch from the time of the screening to the end of the study. Actigraph data will be downloaded at each visit to confirm that participants slept the required amount of time the previous night.

In the virtual environment, adolescents will stand on a wooden "curb," immersed inside three screens simulating a street crossing, and vehicles will pass on the screen. After deciding it is safe to cross,

the adolescent will step off the curb, and an avatar will cross the street. Adolescents will receive reinforcement for safely crossing the street or encouragement to try again after failing. Four indicators of safe pedestrian street crossing will assess the safety of crossings: 1) average start delay (time in seconds after a car passes and before participants initiate crossing); 2) average safety time (latency in seconds between participants safely crossing the street and the next vehicle arriving in crosswalk); 3) hits or close calls (when participants would be struck by a vehicle in the real environment, or when the gap between participants and the oncoming vehicle is less than one second); and 4) attention to traffic (number of times participants look left and right before beginning to cross street, divided by the average time in seconds waiting to cross).

### Potential Clinical/Research Implications

The study will have broad implications in two areas. First, it will educate policy decisions, such as school start times. Due to research showing that inadequate sleep can lead to decreased academic performance, school start times have emerged as a topic of great debate (Hansen, Janssen, Schiff, Zee, & Dubocovich, 2005). If adolescents are at greater risk for pedestrian injury after obtaining insufficient amounts of sleep, then there might be additional support for policy delaying school start times in order to allow adolescents more time to sleep.

Second, research demonstrating the increased pedestrian risk of sleep restricted adolescents might promote parental enforcement of earlier bedtimes on nights before adolescents will be engaging in pedestrian environments (or, alternatively, encourage parents to drive their adolescents to school on mornings when they were unable to sleep an adequate amount). Each of these outcomes could ultimately result in fewer pedestrian injuries in adolescents.

Overall, this study will raise awareness about the significance of adequate sleep in adolescents and will promote healthier sleep habits.

### References

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Aaron Davis, M.A.

## Treatment of Feeding Problems in Pediatric Populations

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Section of Pediatric Gastroenterology, Hepatology, and Nutrition

Mary Beth Feuling, M.S., R.D., CNSD  
Children's Hospital of Wisconsin  
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Section of Pediatric Gastroenterology, Hepatology, and Nutrition

### Case Presentation

An 18-month-old male was hospitalized for evaluation of a diffuse rash, failure to gain weight, diffuse edema, and irritability. Initially, developmental milestones were acquired at the expected time and in the expected order, but had reached a plateau over the preceding several months. On physical examination, he was underweight and profoundly edematous. He had a diffuse dermatitis that spared only his face and genital area (Figure 1A). Laboratory studies were remarkable for iron-deficiency anemia, hypoproteinemia, hyponatremia, mildly increased ALT, and deficiency of zinc and selenium.

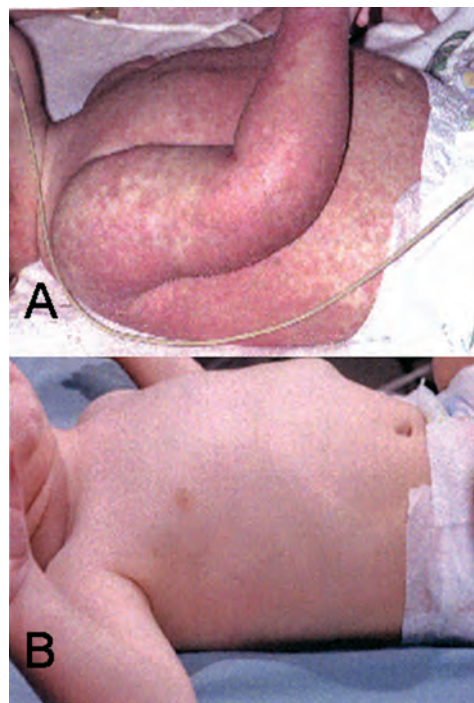
The patient was evaluated by his pediatrician and secondary to presumed dietary intolerances, picky eating, and poor intake, he was started on rice milk at the age of 12 months. Over several months his intake of rice milk increased and eventually constituted 75 percent of his calories. Community therapy services were initiated including occupational therapy for sensory integration therapy and speech and language therapy for feeding problems and language disorder, but his condition continued to worsen and he was hospitalized.

### Treatment Description

A diagnosis of protein-energy malnutrition (PEM) was made and careful nutritional rehabilitation was started. PEM, also known as kwashiorkor, is rare in developed countries and occurs in the setting of food faddism or dietary misinformation (Katz, Mahlberg, Honig, & Yan, 2005; Williams, 1963). PEM is a systemic illness that affects most organ systems and explains our patient's constellation of symptoms. The nutritional composition of rice milk makes it an inadequate primary source of nutrition for infants and young toddlers as it places these at risk for PEM and other nutritional deficiencies. This patient's nutritional rehabilitation required careful monitoring and both parenteral and nasogastric feeding. Food allergy testing was negative. After 17 days, he was discharged to the outpatient setting nutritionally rehabilitated (Figure 1B).

After an interdisciplinary team evaluation, behavior therapy with nutrition monitoring was initiated. The primary treatment goal was to improve the quality of oral nutrition by: 1) introducing new foods, 2) improving the pace of feeding, and 3) reducing the frequency and severity of feeding-related tantrums. Behavioral therapy consisted of: 1) the provision of written information including descriptions of intervention techniques to be used; 2) therapist modeling intervention techniques during simulated meals; 3) in vivo coaching to refine parenting skills; and 4) review of video-recorded feeding from the home environment.

The family returned for four alternate-week behavior therapy sessions. First session recommendations emphasized environmental



controls, mealtime structure, and schedule. Specific recommendations included having all meals at the table in a distraction free environment, foods on the plate before calling the child to the table, creation of ridged mealtime characteristics, and meals and snacks two hours apart to promote hunger during meals. A schedule of three meals and three snacks was recommended. Meals were to be no more than 20 minutes in duration, and a wind-up timer was to be placed in front of the child. A booster seat with a secure strap was also recommended.

The second session emphasized contingency management training to develop reinforcement strategies used in the home environment. The family was taught to differentially reinforce bite acceptance, rapid swallowing, and appropriate behaviors at the table. Tangible reinforcers (stickers) were also given for reaching specified food/formula volume goals. The third session emphasized extinction strategies including timeout at the table and sustained presentation of new/non-preferred foods until a minimal exposure of five bites were accepted. The fourth session taught shaping procedures to gradually expand the diet, and emphasized parent training to help the family maintain treatment effects.

Nine months after hospitalization, nutrition remained stable off nasogastric supplementation, but feeding was not yet developmentally appropriate. He underwent tonsillectomy resulting in gains approximating skills similar to same age peers. Seventeen months after his hospitalization, he accepted most food offered to him and was discharged from outpatient management.

### Commentary

Medical therapy seldom improves symptoms rooted in behavior and/or skill problems. Considerable evidence supports the use of behavioral approaches in the treatment of feeding disorders (Kerwin, 1999; Sharp, Jaquess, Morton, & Herzinger). Approximately half to two-thirds of

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children with feeding disorders present with mixed etiologies (Rommel, De Meyer, Feenstra, & Veereman-Wauters, 2003). The heterogeneity of feeding problems necessitates that clinicians carefully consider a broad range of factors including the medical history, developmental history, family variables, and caregiver resources when designing an individualized treatment approach. Ongoing consultation with other specialists, especially a dietitian and speech pathologist, is frequently necessary to monitor the safety of the therapeutic plan that can result in transient weight loss, inadequate nutrient intake, or that may unmask oral motor or swallowing deficits as behavioral resistance to feeding begins to resolve. Ultimately management relies on coordinated supervision between medical, dietitian, speech and language, and behavioral personnel.

## References

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## Membership Committee Update

### I ♥ SPP

As I step down from my term as the Member-at-Large for Membership, I want to take a moment to thank all the SPP members with whom I've had the pleasure of interacting over the last three years. I first joined SPP as an undergraduate student and SPP has been along my side for each and every stage of my training and professional career.

It has been a privilege to sit on the board and advocate for SPP member needs. Some of the highlights during my term include: a successful survey that helped the board better know our members, a more efficient online membership application and renewal process, better tracking of both recruitment and retention of our members, a raffle to reward members who renew their memberships early, gifts for SPP members distributed at conferences (e.g., SPP pins at APA, SPP lanyards at the National Conference), the formalization of a process to establish Special Interest Groups (SIGs) within SPP, a partnership with Oxford University Press to publicize member benefits, and the development of initiatives (in partnership with the SPP Student Representative) to encourage students to join and remain part of SPP.

Through these various initiatives I've had the chance to interact with many SPP members, both formally and informally. Through our many emails and conversations, I realized that it's not just me who feels strongly about and believes in SPP, we all ♥ SPP.

I encourage each of you to consider ways you could become more involved and continue the organization's growth. It took several years of convincing—who would vote for me, I wondered—and then a lost prior election before I was successful in joining the board. Don't let the process deter you! The opportunity to be involved at this level, and to sit on the board with the pediatric psychology greats such as Annette LaGreca and Michael Roberts, has been most rewarding. Encourage your colleagues and the students you mentor to also get involved.

I'd like to extend a special thanks to those SPP members who have served on the Membership Committee over the last three years: Lori Crosby, Meghan Marsac, Margaux Barnes, Idia Thurston, and Christopher Cushing. I would also like to acknowledge Karen Roberts, with whom I have had the pleasure of working and who works hard behind the scenes to make sure things run smoothly. I am pleased to pass the torch to Ann Davis who will take over this position in the new year and who I know will do an excellent job continuing to advocate for your membership needs.

With best wishes,

Christine T. Chambers, Ph.D.  
(proud SPP Member!)



Christine Chambers, Ph.D.

## ATTN: SPP Members

### Special Benefits for Guilford Press Products

Division 54 membership benefits include a **20% discount** on all Guilford Press products.

Order any Guilford Press book, periodical, video, or software product through **December 31, 2011**, to take advantage of this special discount.

Discounts are valid online at [www.guilford.com/spp.html](http://www.guilford.com/spp.html), or through phone, fax, or mail orders. Be sure to use Promotional Code **SPP** to receive your special discount.

This special offer is limited to purchases of single copies from individuals. The offer cannot be used in combination with any other offers members might receive from Guilford.

Call or email today to receive a Guilford Press Catalog.

## SPP Membership Raffle Winners

Division 54 recently completed a raffle awarding six free one-year memberships. Winners are listed below.

### Renewal Memberships

Tona McGuire  
Laurie Zelinger  
Amanda Lochrie

### New Memberships

Teresa Carson  
Lindsay Corman (Graduate Student)  
Judith Reed Screen (Graduate student)



## Call for Nominations

### Division 54 Officers

**S**PP is accepting nominations for candidates to run for the following offices on the Board of Directors. Elections will be held in the spring of 2011, and the successful candidates will begin their terms of office on January 1, 2013. To be eligible to run for any of the Executive Committee positions listed below, the candidate must be an APA member.

#### President Elect

The President-elect shall be a Member, Fellow or voting Associate Member of the Society elected for a term of one year. The President-elect shall be a member of the Board of Directors with the right to vote and shall perform the duties traditionally assigned to a Vice President. In the event that the President shall not serve his/her full term for any reason, the President-elect shall succeed to the unexpired remainder thereof and continue to so serve through his/her own term. The President-elect shall also perform such other duties as may be prescribed by the President or the Board of Directors.

The President shall be a Member, Fellow or voting Associate Member who has just completed his/her term as President-elect. S/he shall succeed to office at the close of the year after serving as President-elect and shall serve for one year. The President shall preside at all meetings, shall be the Chairperson of the Board of Directors, and shall perform all other usual duties of a presiding officer. The President may not vote, except to break a tie vote of the Board of Directors. If the President is absent from a Board of Directors meeting, the President-elect shall serve as the Chairperson of the Board of Directors, followed in succession by the Secretary, Treasurer, and Past President.

#### Secretary (2013-2015)

The Secretary shall be a Member, Fellow or voting Associate Member of the Society elected for a term of three years. During his/her term, s/he shall be a member and Secretary of the Board of Directors with the right to vote, shall safeguard all archival records of the Society, shall keep the minutes of the meetings of the Society and of the Board of Directors, shall keep the Bylaws current and available to the membership, shall keep the Officers' manual current, shall assist the President in preparing the agenda for business meetings of the Society and of the Board of Directors, shall maintain coordination with the Central Office of the American Psychological Association, shall issue calls and notices of meetings, shall inform the membership of actions taken by the Board of Directors, and shall in general fulfill the functions of a Secretary in responding to the needs of the Society's members.

#### Member at Large, Student/Trainee Development (2013 – 2015)

The Member at Large, Student/Trainee Development shall be a Member, Fellow, or voting Associate Member of the Society elected for a term of three years. During his/her term, s/he shall be a member of the Board of Directors with the right to vote. The primary duty of this officer is to chair the Student/Trainee Development Committee which oversees the Student Research Award, the Routh Student Research Grant Award, the Lizette Peterson Homer Injury Prevention Grant, the annual Student Travel Awards and Poster Awards, and the Eugene Walker Education Award. The Member at Large, Student/Trainee Development shall also perform such other duties as may be prescribed by the President or the Board of Directors.

#### Member at Large, Diversity (2013- 2015)

The Member at Large, Diversity shall be a Member, Fellow, or voting Associate Member of the society elected for a term of three years. During his/her term, s/he shall be a member of the Board of Directors with the right to vote. The Member at Large, Diversity shall serve as the chair of the Diversity Committee and is responsible for the tasks assigned to the Diversity Committee. To be a candidate for Member at Large, Diversity, s/he must have been a member of the Diversity Committee for a minimum period of 6 months. In the event that the Member at Large, Diversity shall not serve his/her full term for any reason, the President shall appoint a replacement to complete the remainder term, preferably a current member of the Diversity Committee. The Member at Large, Diversity shall also perform such other duties as may be prescribed by the President or the Board of Directors.

#### APA Council Representative (2013 – 2015)

The Representative to the APA Council of Representatives shall be a Member or Fellow of the Society, elected for a three-year term. The Representative to the APA Council of Representatives shall be a member of the SPP Board of Directors, with the right to vote. Representative to APA Council shall perform those duties required of Council Representatives as specified by the Bylaws of the American Psychological Association. The Council Representative will represent Division 54 at two APA Council of Representatives Meetings (Spring meeting and during the Annual Convention). The Representative shall be responsible for advising the Board of Directors about significant matters of business scheduled to come before APA Council. They shall also be responsible for informing the Board of Directors of significant actions taken by APA Council.

For each position, ten nominations must be received  
for each candidate by November 30, 2011.  
Self-nominations are encouraged.

To nominate a candidate, send an e-mail to:  
[APADiv54@gmail.com](mailto:APADiv54@gmail.com) with the word "Nomination" in the subject line.

Individuals who previously served as officers of the old "Section"  
are not prohibited from running for office in the Division.

For more information about specific officer duties,  
please see the SPP's Bylaws, posted on the SPP website.

## Call for SPP Faculty Awards

### The Lee Salk Distinguished Service Award

This award recognizes outstanding contributions to the Society of Pediatric Psychology or to the field of pediatric psychology generally. Examples of types of significant contribution include:

- Public or political advocacy or leadership
- Significant and extensive prevention or intervention program development, implementation, and dissemination
- Development and implementation of significant and influential service or training models; professional leadership in other professional or public organizations that benefit the field of pediatric psychology
- Substantial influential production of scholarship that is not necessarily empirical

The award is not given in recognition of those usual or expected contributions to the SPP provided by its elected officials. However, it can be given to a previous Executive Committee member to recognize organization contributions substantially beyond those expected.

### The Logan Wright Distinguished Research Award

The Logan Wright Distinguished Research Award recognizes excellence and significant contributions in establishing the scientific base of pediatric psychology. The importance of this research award becomes more evident as the field moves from the intuitive to an empirical base.

### The Martin Levin Mentorship Award

The Martin P. Levin Mentorship Award honors faculty in pediatric psychology who mentor students in an exemplary way, providing professional advice and guidance through various phases of the graduate program.

### Routh Early Career Award in Pediatric Psychology

The Routh Early Career Award is designed to recognize significant contributions of a member of SPP to the field of pediatric psychology. To qualify for the award, an SPP member must have received his or her Ph.D. no longer than seven years prior to the APA meeting date in which the honor is awarded. The Early Career Award reflects contributions to the field of pediatric psychology in research, clinical training, and service.

**A letter of nomination outlining accomplishments and a curriculum vitae for all faculty awards should be sent by December 1, 2011 to:**

**Gerald P. Koocher, PhD, ABPP**  
**Associate Provost and Professor of Psychology**  
**Simmons College**  
**300 The Fenway**  
**Boston, MA 02115**  
**[Koocher@simmons.edu](mailto:Koocher@simmons.edu)**

## Call for SPP Student Awards

### C. Eugene Walker Education Award in Pediatric Psychology

The C. Eugene Walker Education Award is available to any graduate student, intern, or postdoctoral fellow who is an SPP member and enrolled in a training program involving substantial instruction in pediatric psychology. Award funding may be used to present a poster, paper, or other leadership activity at an educational function, with preference given to SPP or APA meetings. One or more awards may be made up to \$1,000 each.

To apply, submit: 1) a one page cover letter detailing the name, dates, and location of the conference or university-sponsored educational function, as well as the relevance of this training activity to your development as a pediatric psychologist, 2) a current CV; 3) an abstract of your planned presentation(s) or outline of your leadership activity, and 4) a statement confirming Division 54 membership status.

**Submit applications by January 30, 2012 to Paul Robins, Ph.D.**

**[robinsp@email.chop.edu](mailto:robinsp@email.chop.edu)**

### SPP Student Travel Awards

The SPP Student Travel Awards are available for SPP student members who are first author of a poster or paper to be presented during Division 54 programming at the APA Convention or at any Division 54-sponsored regional or national meeting. Only current graduate students are eligible for these awards. Up to four awards will be given to help offset costs of travel.

To apply, please submit: 1) curriculum vitae; 2) copy of your original proposal submitted to Division 54; and 3) a cover letter confirming Division 54 membership status and outlining any other sources of travel funding for your convention participation.

**Submit applications by January 30, 2012 to Paul Robins, Ph.D.**

**[robinsp@email.chop.edu](mailto:robinsp@email.chop.edu)**

## 2011 New Division 54 Fellows

Congratulations to SPP's newest APA Fellows! At the recommendation of the SPP Fellows Committee and the APA Board of Directors, the APA Council of Representatives elected the following eight individuals to Fellow status.



*Ann McGrath Davis, Ph.D.  
University of Kansas  
Medical Center*



*T. David Elkin, Ph.D.  
University of Mississippi  
Medical Center*



*David M. Janicke, Ph.D.  
University of Florida*



*Lee M. Ritterband, Ph.D.  
Univ of Virginia Health System*



*Randi Streisand, Ph.D.  
Children's National  
Medical Center*



*Kenneth P. Tercyak, Ph.D.  
Georgetown University  
Medical Center*



*Lynn S. Walker, Ph.D.  
Vanderbilt University  
School of Medicine*



*Tim Wysocki, Ph.D.  
Nemours Children's Clinic,  
Jacksonville*

## 2012 New SPP Executive Committee Members

Congratulations to SPP's new Executive Committee members who begin terms January, 2012. Thank you for your willingness to serve.



*Ann McGrath Davis, Ph.D.  
Member at Large—Membership  
Univ. of Kansas Medical Center*



*Michael A. Rapoff, Ph.D.  
President Elect  
Univ. of Kansas Medical Center*

### Apply for Division 54 Fellow Status

SPP members are encouraged to consider becoming a candidate for Fellow of Division 54. Fellow status reflects colleague and APA recognition of extraordinary contributions to our discipline.

Criteria include having a national impact on psychology, sustained contributions to pediatric psychology for more than five years, distinctive contributions to pediatric psychology that are recognized by others as excellent, and contributions whose impact extends beyond the immediate setting in which the candidate works.

Visit SPP online for complete application instructions. Deadline is **November 15**.





# **Society of Pediatric Psychology**

## **Division 54, American Psychological Association**

### **Join Division 54!**

#### **Membership benefits include:**

- Subscription to the *Journal of Pediatric Psychology*
- Representation and advocacy for pediatric psychology
- Option to join the SPP member listserv, with postings about job openings, discussions of clinical issues, referral requests, etc.
- Option to join the SPP student listserv addressing training and early-career issues
- Programming specific to pediatric psychology at the annual APA meeting
- Subscription to the SPP newsletter, **Progress Notes**
- Opportunities to be involved and volunteer in SPP
- Various awards and grants for students and psychologists at all career stages
- Opportunity to participate in various Special Interest Groups within SPP
- Participation in the SPP mentoring program—as mentee or mentor
- Access to online member directory and option to be listed in the directory

**To join, please visit:**

**[www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org)**

### **Accessing Member Services**

- **Join the listserv** Send an e-mail to: [div54@hotmail.com](mailto:div54@hotmail.com), with the following command: ADD DIV54-MEMBERS (Email address) (First name) (Last name) in the body of the message (do not include parentheses and do not write anything in the subject line). For example: ADD DIV54-MEMBERS janedoe@pedpsych.edu Jane Doe
- **Sign off the listserv** Send an e-mail to: [listserv@lists.apa.org](mailto:listserv@lists.apa.org). Leave subject line blank and in e-mail, type “signoff div54-members” (without quotes).
- **Change your e-mail address or for problems using the listserv** Send an e-mail to Lindsey Cohen at [div54@hotmail.com](mailto:div54@hotmail.com).
- **Access the Journal of Pediatric Psychology online** Go to: <http://jpepsy.oxfordjournals.org> and type in user name and password.
- **Check your membership status, change your contact information, or to ask about SPP programs and services** Send an e-mail to: [APAdiv54@gmail.com](mailto:APAdiv54@gmail.com).
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- **Visit the Society of Pediatric Psychology online** Go to: [www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org)



### **Society of Pediatric Psychology**

#### **Vision Statement**

**P**ediatric psychology is an integrated field of science and practice in which the principles of psychology are applied within the context of pediatric health.

The field aims to promote the health and development of children, adolescents, and their families through use of evidence-based methods.

Founded in 1969, the field has broad interdisciplinary theoretical underpinnings and draws

from clinical, developmental, social, cognitive, behavioral, counseling, community and school psychology.

Areas of expertise within the field include, but are not limited to: psychosocial, developmental and contextual factors contributing to the etiology, course and outcome of pediatric medical conditions; assessment and treatment of behavioral and emotional concomitants of

illness, injury, and developmental disorders; prevention of illness and injury; promotion of health and health-related behaviors; education, training and mentoring of psychologists and providers of medical care; improvement of health care delivery systems and advocacy for public policy that serves the needs of children, adolescents, and their families.

—Approved, August 10, 2006

## Progress Notes

Society of Pediatric Psychology  
PO Box 3968  
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Cedar Rapids, Iowa



## Society of Pediatric Psychology 2011 Executive Committee

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Seattle Children's Hospital  
Research Institute  
[tonya.palermo@seattlechildrens.org](mailto:tonya.palermo@seattlechildrens.org)

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West Virginia University  
[christina.duncan@mail.wvu.edu](mailto:christina.duncan@mail.wvu.edu)

### Treasurer (2011-13)

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