

## The President's Message

### Coming Soon to an Inbox Near You — The Society of Pediatric Psychology Workforce Survey

What training, qualifications, and experience characterize the pediatric psychology workforce? What employment roles and productivity expectations are typical for pediatric psychologists? Is your salary fair compared with similarly qualified pediatric psychologists? How does pediatric psychologists' compensation vary by gender, years of experience, academic rank, publications, clinical productivity or administrative or budgetary responsibility? How satisfied are pediatric psychologists with their employment?

If you can't answer these questions, you're not alone. There simply is no source of reliable facts that you could rely on. When I was elected D54 president, I was asked to develop a presidential initiative. So, for the past year, I've chaired the Pediatric Psychology Workforce Study Task Force. D54 members will receive an email inviting you to complete the survey in early 2015. I'm appealing to you to *please, please, please* dedicate a few minutes of your time to complete the survey. These FAQ's may help you understand more about the survey:

**How was the survey created?** The survey was developed by the task force with assistance from the APA Center for Workforce Studies. Throughout the survey development, we sought to strike a balance between detail, brevity, and protection of respondents' confidentiality.

**Who is eligible to complete the survey?** The first few survey items establish whether or not you meet the eligibility criteria. Targeted recipients are people who have completed all of their training, are functioning as pediatric psychologists in clinical service, research, teaching or administration, do not require supervision from a licensed psychologist, and are paid in U.S. dollars.

**How long does it take to complete the survey?** After administering previous survey drafts to a number of volunteers, a reasonable estimate is 15-20 minutes, perhaps slightly longer if your employment situation is complex.

**How often will the survey be repeated?** The survey will be distributed once every two years. This will enable quick accumulation of a longitudinal database, providing opportunities to understand characteristic changes in our profession over time.

#### What about confidentiality?

Several confidentiality protections are in place. Respondents will be assigned a code number rather than be identified by name. Email addresses will not be saved. Individuals may defer responding to selected items or not submit the survey at the end. Survey responses will be stored on a secure server in a password-protected database, with an encrypted backup copy of the file saved at the APA Center for Workforce Studies. The only people with access to the database will be the three members of the Workforce Survey Committee: Tim Wysocki (through 2015), Cheryl Brosig-Soto (through 2016) and Marisa Hilliard (through 2017). This committee will be responsible for conducting planned analyses of the survey data as well as analyses that may be proposed by SPP members or others who may be interested in specific questions. Survey data will not be given to anyone else.

**How will the data be used?** A formal report will be disseminated after each semi-annual administration of the survey. Results will be posted on the D54 website and also submitted to one of our journals for publication. The prior survey results will be archived for longitudinal analyses. Any interested person may request a specific analysis of survey results. If this requires sophisticated statistical expertise, the requestor may be asked to cover the costs of that consultation.

**Why should you complete this survey?** Our listserv often includes exchanges about fair compensation or work responsibilities for pediatric psychologists, which typically don't lead to solid conclusions. This survey will provide actionable data, but requires data as complete and reliable as possible. For this project to succeed, a high percentage of pediatric psychologists need to complete the survey when invited to do so. The higher the return rate from eligible pediatric psychologists, the more believable the data will be and the more precisely you will be able to evaluate the fairness of your compensation and productivity expectations. Friends don't let friends miss this opportunity!



Tim Wysocki, Ph.D.

## SPP Fellows

**Progress Notes** is published three times each year by The Society of Pediatric Psychology, Division 54, American Psychological Association.

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### Newsletter Deadline

Articles for the next newsletter are due before January 15, 2015.

Please send your submission to newsletter editor, Laura Simons at [laura.simons@childrens.harvard.edu](mailto:laura.simons@childrens.harvard.edu).

## New Division 54 Fellows 2014

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 three individuals to Fellow status.



Kevin Hommel, Ph.D.



Celia M. Lescano, Ph.D.



Jennifer Shroff Pendley, Ph.D.

### Apply for Division 54 Fellow Status

Criteria for recognition as a Fellow 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. Areas of unusual and outstanding contributions include research, teaching, administration, professional service, and practice.

#### Application Procedures

The SPP Fellows Committee reviews applications, and if positive, the supporting materials are forwarded to the APA Membership Committee in February. The APA Membership Committee then decides whether to endorse the application and forwards it to the Board of Directors and Council of Representatives for a vote at the annual meeting.

For application information, contact Karen Roberts at [apadiv54@gmail.com](mailto:apadiv54@gmail.com). State interest in applying for Initial Fellow Status or as a Current Fellow. Members who hold Fellow status in another division (Current Fellows) will have a different application process. Initial Fellow applicants are required to obtain three endorsements from current Division 54 Fellows.

For more information, visit [www.apadivisions.org/division-54/membership/fellows/index.aspx](http://www.apadivisions.org/division-54/membership/fellows/index.aspx).

**Deadline is November 15.**

## Annual APA Convention

### Save the Date!

Plan to attend the 2015 APA Annual Convention August 6–10 in Toronto, Canada. The new APA Convention format emphasizes collaborative programs where two or more APA divisions contribute to interdisciplinary learning.

Prepare your proposals now! Collaborative program proposals are due Oct. 15. Traditional divisional conference programming continues at the APA convention; the deadline for division-specific program proposal submission is Dec. 1.

All proposals must be submitted through the APA convention website. As program chair for Division 54, I am available to assist with developing collaborative programs. Please contact me at [chadjensen@byu.edu](mailto:chadjensen@byu.edu) to begin making connections with members of other divisions.



# Plan to Attend the 2015 SPPAC in San Diego!

## New Frontiers in Pediatric Psychology: From Innovation to Application

By Emily M. Fredericks, Ph.D. and Anna Maria Patiño-Fernandez, Ph.D.  
2015 SPPAC Conference Co-chairs

The 2015 Society of Pediatric Psychology Annual Conference (SPPAC) will be held April 16-18 at the Hilton San Diego Resort and Spa in San Diego. The conference will focus on the translation of research into clinical practice. The conference includes three days of programming consisting of one day of preconference workshops, two days of invited speakers, concurrent symposia, poster sessions, Special Interest Group (SIG) meetings, a mentoring luncheon, and several networking opportunities through social hours, breaks, and meals. As always, the conference will provide several opportunities to earn CE credits.

### Location

Hilton San Diego Resort and Spa ([www.sandiegohilton.com](http://www.sandiegohilton.com)) Hilton San Diego Resort and Spa is set on the sands of Mission Bay and just six miles from San Diego International Airport. Not only is this an ideal location for the Society to convene, it is also a great family vacation destination.

### Featured Presenters

Our keynote speaker is **Ken Resnicow**, Ph.D., the Irwin Rosenstock Professor of Health Behavior and Health Education at the University of Michigan School of Public Health. Internationally recognized expert in design and evaluation of health promotion interventions and motivational interviewing, Resnicow specializes in theory-based tailoring including ethnic identity and self-determination theory. His research interests include the design and evaluation of health-promotion programs for special populations, particularly cardiovascular and cancer prevention interventions for African Americans; understanding the relationship between ethnicity and health behaviors; and motivational interviewing for chronic disease prevention. He is also an expert in community-based interventions for nutrition, physical activity, and smoking prevention in minorities.

**Vicki Anderson**, Ph.D., director of the Psychology Department at the Royal Children's Hospital Melbourne, Australia, is our international speaker. In 2005, she was appointed theme director of Critical Care and Neurosciences Research at the Murdoch Children's Research Institute. Her interests include childhood disorders that impact the central nervous system, including both developmental and acquired disorders. Her research focuses on understanding the impact of traumatic brain injury for the developing brain and in identifying ways of preventing and treating the resultant impairments.

Our Diversity speaker is **Amy C. Tishelman**, Ph.D., a clinical psychologist and assistant professor at Harvard Medical School. She is currently director of clinical research and a senior staff psychologist for the Disorders of Sexual Development-Gender Management Service (DSD-GeMS) at Boston Children's Hospital, where she is working to develop a clinical research program related to transgender and gender non-conforming youth. She also serves as director of psychology in the Urology Program at Boston Children's Hospital. Her lecture will discuss issues impacting transgendered and gender non-conforming youth.



### Submit your work!

Consistent with this theme, we are looking for submissions that reflect a focus on the application of research in clinical settings, highlighting "bench to bedside," with the dissemination of evidence-based practice into real-world settings.

All abstract submissions will be peer reviewed and may be submitted as an oral presentation (paper, symposium, SIG symposium, workshop) or a poster presentation.

Specific topic areas of interest include (but are not limited to):

- Use of technology in clinical research and practice
- Dissemination/translation of evidence-based practice
- Community based interventions
- Promotion of health behaviors, risk reduction, and injury prevention
- Cultural competency: issues and clinical applications
- Funding/reimbursement patterns, including cost-effectiveness of clinical services
- Program/intervention development
- Ethics
- Grant writing

### Important Dates

October 1 — Abstract submission site opens  
November 3 — Abstract submission deadline  
December 1 — Registration site opens  
January 15 — Notification of acceptance or rejection of submissions  
March 23 — Deadline for reduced rate at hotel (pending availability)  
April 16-18 — SPPAC in San Diego!

For more information on SPPAC, including the Call for Submissions, visit [www.SPPACannualconference.org](http://www.SPPACannualconference.org). Updates will also be distributed via the Division 54 listserv.



*The Society of Pediatric Psychology (Division 54 of the American Psychological Association) is approved by the American Psychological Association to sponsor continuing education for psychologists. The Society of Pediatric Psychology maintains responsibility for this program and its content.*



## A Letter from Your Outgoing and Incoming Student Representatives

### Jennifer Lee, Student Representative 2013-2014

It has been my pleasure to serve SPP as Student Representative. I am so thankful for the opportunity to serve and feel lucky to have been able to represent your interests for the past two years.

During my time as Student Representative, I have had the opportunity to work with some wonderful professionals that I know have big futures in pediatric psychology. The following are past or outgoing members of the SAB that I have had the pleasure of working with during my term whose involvement made accomplishing all of the goals of the SAB seem easy. Specifically, I would like to thank Cathy Odar, Rachelle Ramsey, and Kimberly Canter for their hard work in growing the mentor lunch to be the much-anticipated event for students at SPPAC, as well as the other student-oriented programming at APA. I would also like to thank Liz Molson, Margo Szabo, Jason Van Allen, and Nicole Wightman for their commitment to increasing SPP student/trainee membership and involvement over the past two years. Katharine Donlon, Shana Schuman, and Brigitte Beale have also shown strong dedication to highlighting student work and providing resources to students.

I am excited about the future of SPP. The Board continues to be strongly committed to fostering the growth and development of students. I hope that students continue to reap the benefits of their investment in our future and further the field. I know I am leaving the responsibility of representing your interests in the intelligent and capable hands of Jackie Lennon. She is enthusiastic about SPP and has big ideas that I know will make next year as a student member of SPP even better than the last.



*Jennifer Lee, M.S.*

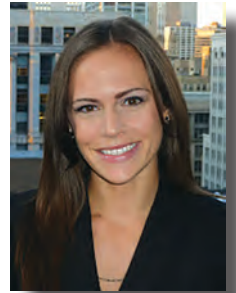
### Jackie Lennon, Student Representative 2015-2016

I am truly honored to have been selected as SPP Student Representative. Currently, I am a third-year graduate student in the Clinical Psychology Ph.D. program at Loyola University Chicago, working under the mentorship of Grayson N. Holmbeck. Thus far, my research has focused on psychosocial functioning in youth with spina bifida and related family, neuropsychological, cultural, and resilience factors.

I have been an SPP student member since 2012 and over the past two years, I have become increasingly impressed with the Board of Directors, the Student Advisory Board, and the general SPP membership. Their hard work and dedication is evident in the productiveness and passion that so clearly characterizes SPP, and I am proud to be in a leadership position of such an organization. I am also impressed with SPP's commitment to student/trainee development. I am confident that this commitment will ensure that SPP remains at the forefront of pediatric psychology.

I am grateful to Jennifer Lee and the current SAB for their leadership and accomplishments over the past two years. Together with the SAB, my goal is to continue to promote student interests and involvement in division programming, structure, and training. To accomplish this, I will strive to encourage student involvement within SIGs and student attendance at both SPPAC and APA. Both conferences offer excellent opportunities for students to develop their professional identity as pediatric psychologists. There are numerous ways to benefit from attending these meetings — presenting research; attending presentations, workshops, and SIG meetings; developing relationships with mentors and fellow students (your future collaborators!); learning about training and career opportunities, and more!

I look forward to channeling my passion and dedication to the field of pediatric psychology into serving SPP students and trainees. I encourage you to contact me at [jlennon2@luc.edu](mailto:jlennon2@luc.edu) with questions, comments, or ideas. I hope to see many of you in San Diego!



*Jackie Lennon, B.S.*

### 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 by request from SAB Member Katharine Donlon. Please send the nomination form, a letter of recommendation, and the nominee's CV to her at [kdonlon@vt.edu](mailto:kdonlon@vt.edu).

**Deadline is December 12, 2014.**

### Call for Student Research Brief Nominations

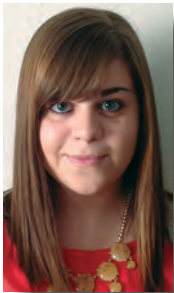
SPP seeks submissions for the Student Research Spotlight for feature in **Progress Notes**. This feature is designed to give doctoral graduate students a chance to share their novel and creative in-progress research with our readership.

This feature is not intended for the presentation of data, 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. Submissions should focus on research in pediatric psychology or child health psychology and be no more than 800 words in length.

Submit to Laura Simons at [laura.simons@childrens.harvard.edu](mailto:laura.simons@childrens.harvard.edu). **Deadline for the spring issue is January 5, 2014.**

## New SPP Student Advisory Board Members



**Christina Amaro, B.S.**  
University of Kansas

**Mentor:** Michael C. Roberts

**Research Interests:** Pediatric health promotion, parent and child adjustment to chronic illness, health-related quality of life, and peer relations.  
**email:** [camaro1@ku.edu](mailto:camaro1@ku.edu)



**Lexa Murphy, M.S.**  
Vanderbilt University

**Mentor:** Bruce Compas

**Research Interests:** Coping, distress, and parent-child communication in families affected by childhood cancer; neurocognitive deficits in youth with congenital heart defects; cognitive remediation in youth with brain tumors  
**email:** [alexandra.murphy@vanderbilt.edu](mailto:alexandra.murphy@vanderbilt.edu)



**Erin Brannon, M.S.**  
Oklahoma State University

**Mentor:** Christopher Cushing, Larry Mullins

**Research Interests:** Use of technology for prevention and intervention efforts targeting pediatric behavior change, family factors that influence the development and maintenance of health behaviors, and barriers to adherence.  
**email:** [erin.brannon@okstate.edu](mailto:erin.brannon@okstate.edu)



**Elizabeth Nicholls, M.S.**  
Drexel University

**Mentor:** Brian P. Daly

**Research Interests:** Psychosocial and family functioning in pediatric chronic illness, disability, and injury; medical traumatic stress; caregiver functioning; impact of socioeconomic and cultural factors  
**email:** [elizabethnicholls@gmail.com](mailto:elizabethnicholls@gmail.com)



**Jackie Lennon, B.S.**  
Loyola University Chicago

**Mentor:** Grayson Holmbeck

**Research Interests:** Psychosocial, family, and neuropsychological functioning in youth with spina bifida, and related cultural factors; child, parent, and family adjustment to pediatric chronic illness; resilience in pediatric chronic illness populations  
**email:** [jlennon2@luc.edu](mailto:jlennon2@luc.edu)



**Andrea A. Wojtowicz, M.S.**  
Rosalind Franklin University of Medicine and Science

**Mentor:** Rachel Neff Greenley

**Research Interests:** Medication adherence and effects of pain on functioning and health care utilization in pediatric inflammatory bowel disease; inter-professional collaboration in treating pediatric medical conditions  
**email:** [andrea.wojtowicz@my.rfums.edu](mailto:andrea.wojtowicz@my.rfums.edu)

## Student Spotlight

By Katharine Donlon, M.S.

**Elizabeth Nicholls** is a fourth-year Ph.D. student at Drexel University under the mentorship of Brian P. Daly, Ph.D. Her research largely focuses on chronic health conditions in under-researched minority groups, and she is an author on 15 peer-reviewed publications.

Nicholls has developed two promising lines of research. The first, under the mentorship of Dr. Daly and Juan Carlos Arango-Lasprilla, Ph.D., involves psychological well-being in Colombian children with spina bifida. Her second research area, guided by Meghan L. Marsac, Ph.D., at the Center for Injury Research and Prevention at the Children's Hospital of Pennsylvania, investigates relationships between parent problem-solving skills and parent/child posttraumatic stress after pediatric injury. She has completed

an intervention and assessment-based clinical practicum at CHOP's Family Stress and Illness and NeuroOncology programs (supervisors: Paul Robins, Ph.D., Canice Crerand, Ph.D., and Carol L. Armstrong, Ph.D.). Currently, she works in the Psychological Consultation and Therapy clinic at A.I. duPont Hospital for Children, where she is supervised by Erica Sood, Ph.D.

After graduation, Nicholls hopes to continue research and clinical work related to pediatric chronic illness and disability.



*Elizabeth Nicholls, M.S.*  
Drexel University

## D54 2014 APA Poster Award Winners



**Talia Barron**  
Nova Southeastern

Poster Title: Parent Support and Physical Activity in Racial/Ethnic Minority Youth  
Mentor: Jessica Valenzuela



**Ashley Moss**  
Marquette University

Poster Title: Applying the Actor-Partner Interdependence Model to Executive Functioning, Adherence and Conflict  
Mentor: Astrida Kaugars



**Jeffrey Shahidullah**  
Michigan State University

Poster Title: Integrated Behavioral Health Treatment for Externalizing Behaviors in Pediatric Primary Care ADHD Referrals: Evaluation of Clinical Effectiveness, Acceptability, Adherence, and Cost of Care  
Mentor: John S. Carlson



**Victoria Smith**  
University of Maryland, College Park

Poster Title: Construct Validity of the Parent-Child Sleep Interactions Scale (PSIS): Associations with Parenting, Family Stress, and Maternal and Child Psychopathology  
Mentor: Lea Dougherty



**Nora Sporn**  
University of Kansas

Poster Title: Psychosocial Outcomes of a Pediatric Obesity Treatment Program for Rural Children  
Mentor: Ann Davis

## D54 2014 APA Diversity Poster Award Winners



**Rachel Becker Herbst**  
Children's Hospital Colorado

Poster Title: Exploring the Influence of Language on Behavioral Health in Integrated Primary Care  
Mentor: Ayelet Talmi



**Bridget Armstrong**  
University of Florida

Poster Title: Park Density Moderates Weight Loss Intervention Maintenance in Obese Rural Youth  
Mentor: David Janicke

## Call for SPP Student Awards

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

The **C. Eugene Walker Education Award** is available to any graduate student, intern, or postdoctoral fellow who is a 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 award of \$1,000 will be made.

To apply, submit as one PDF document containing: 1) 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) current CV; 3) abstract of your planned presentation(s) or outline of your leadership activity, and 4) statement confirming Division 54 membership status.

### 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 eight awards of \$1,000 each will be given to help offset costs of travel.

To apply, submit as one pdf document containing: 1) one-page cover letter detailing the name, dates, and location of the conference or university-sponsored educational function where you intend to travel to present your work; 2) current CV; 3) abstract of your planned presentation(s), and 4) statement confirming Division 54 membership status.

**Submit applications by January 31, 2015 to:**  
**David Janicke, Ph.D. at [djanicke@phhp.ufl.edu](mailto:djanicke@phhp.ufl.edu)**



## Helpful Factors for Publishing Research in Pediatric Psychology

By Edward Christophersen, Ph.D.

An integral part of any research study is the ultimate publication of the data in a peer-reviewed journal. Some strategies can be incorporated to increase the likelihood of publication in a journal that will reach your preferred audience.

**e-TOCs.** One of the easiest ways to stay current with the published literature is by registering for electronic Table of Contents or e-TOCs that most journals offer, almost all free. Some journals will also provide an abstract of each paper without the necessity of subscribing to the journal. As an example, visit <http://services.oxfordjournals.org/cgi/alerts/etoc?goAlpha=Alphabetically> and see Table 1.

**When to pick a journal for publishing your research.** Christophersen and Butt (2012) made the point that before formally beginning a research study, the author(s) would do well to identify the journal in which they intend to submit their results based upon the journal's previous publication history. By identifying two papers from the same journal that use somewhat similar methodology to conduct research on similar topics, the authors can raise the probability, prior to starting their data collection, that the journal may accept their research.

Also, determine the audience you are trying to reach with your research. Whether it is other pediatric psychologists or pediatricians can determine where to submit your manuscript for the first review.

**Impact Factor.** Impact Factor is a measure of citation rate per article and is calculated by dividing one year's worth of citations to a journal's articles published in the previous two years by the number of major articles (e.g., research papers, reviews) published by that journal in those two years.

**Subscription Rates.** An alternative measure of the journal's impact is the subscription rate. One of the largest journals published in the United States is the *Journal of the American Medical Association (JAMA)* with 315,000 subscriptions. One of the most widely read journals in the world is the *New England Journal of Medicine* with over 600,000 subscriptions and over 13 million online views. *Pediatrics* has 55,900 subscribers, primarily members of the American Academy of Pediatrics. Contrast these figures with the approximate number of subscribers to the *Journal of Pediatric Psychology* of approximately 1,700 or the *Journal of Applied Behavior Analysis* with approximately 2,500 subscribers.

**Acceptance Rates.** In the journals surveyed for this article, acceptance rates range from 9 percent for *JAMA* to 36 percent for the *Journal of Clinical Child and Adolescent Psychology*. A manuscript submitted to one journal is four times more likely to be accepted than if it were submitted to another journal. The higher the journal's acceptance rate, the greater the likelihood that a manuscript will be accepted for publication. There is almost an inverse correlation between subscription rates and acceptance rates which can rather easily be explained by the number of manuscripts submitted to a journal.

**Preregistration of clinical trials.** A clinical trial has been defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for

example, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events.

Ten of the leading U.S. medical journals, including *Pediatrics* and *Archives of Pediatrics & Adolescent Medicine* (now called *JAMA - Pediatrics*) have a policy of requiring that ALL clinical trials, including behavioral interventions, be preregistered on a government website, prior to enrolling the first participant (DeAngelis, et al., 2004). Now, it is possible for any researcher or clinician to search the government website and easily identify all clinical trials in a given research area. The search will include active, closed, and pending clinical trials. Completed clinical trials will also have information on whether or not the research has been published. To view preregistrations, visit <http://clinicaltrials.gov/>. While performing the literature search prior to beginning a research study, conduct multiple searches to identify other studies in the same area that may not have appeared in the published literature yet.

Trials must have been registered at or before the onset of patient enrollment for any clinical trial that began patient enrollment on or after February 1, 2007. If you are contemplating conducting an intervention trial, regardless of what kind of intervention (medication trial, behavioral interventions, single subjects versus random controlled trials), serious consideration should be given to preregistration of your research prior to collection of any data.

**References.** One additional consideration that many authors may overlook is the need to include references to the journal to which you are submitting your manuscript. In addition to the considerations that most researchers give to the preparation of their work for publication, the authors should cite relevant studies that have previously been published in the journal to which they are considering submitting their work. This is particularly important when revising a manuscript for submission to a second journal after the first journal declines to publish the research. If two similar articles have been published in the journal, then the author has an idea of how to organize their manuscript, the types of experimental designs and the types of statistical analysis, the figures, the tables, and the references that are more likely to be accepted.

**Conclusions.** Time spent deciding where to publish a research paper prior to starting data collection on that project is time well spent. Rather than wait until after the completion of a study to decide which journals to submit your manuscript, careful consideration of what kind of research each journal has published in the past is an important first step. Tracking the types of articles published in each journal is facilitated by viewing the e-TOCs from each issue. The point to keep in mind is that there is more to publishing a paper than the way the research is conducted.



Edward Christophersen, Ph.D.

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Well-published authors know that it is not unusual to get either an outright “Rejection” or a “Revise and Resubmit,” so when submitting a manuscript, these are both options that you will experience over time (T. Palermo, personal communication, April 8, 2014). An author can usually raise the likelihood that their research will result in a publication and subsequently be well cited by taking into consideration the factors discussed here including acceptance rates, subscription rates, impact factors, and proper searches to identify what research has already been published in the area.

## References

- Christophersen, E.R. & Butt, Z. (2012). A Primer for Career Development and Promotion: Succeeding as a Psychologist in an Academic Health Center. *Journal of Clinical Psychology in Medical Settings*, Supplement to December, 2012, issue and available online from the APAHC website.
- DeAngelis, C. D., Drazen, J. M., Frizelle, F. A., Haug, C., Hoey, J., Horton, R., et al. (2004). Is this clinical trial fully registered?—A statement from the International Committee of Medical editor. *New England Journal of Medicine*, 352, 2436–2438.

**Table 1: Impact Factor, Number of Subscribers, Acceptance Rates, and eTOC availability for several journals**

Journal	Impact Factor	# of subscribers	Acceptance Rate	eTOCs
<i>New England Journal of Medicine</i>	51.658	600,000	*	Yes
<i>Journal of the American Medical Association</i>	30.000	315,000	9%	Yes
<i>Journal of the American Academy of Child &amp; Adolescent Psychiatry</i>	6.970	9,151	30%	Yes
<i>Pediatrics</i>	5.119	55,900	10%	Yes
<i>Child Development</i>	4.915	*	17%	
<i>JAMA - Pediatrics</i>	4.414	13,000	23%	Yes
<i>Journal of Autism and Developmental Disorders</i>	3.723	*	22%	Yes
<i>Behavior Therapy</i>	2.911	4,424	16%	Yes
<i>Journal of Clinical Child and Adolescent Psychology</i>	2.665	*	37%	Yes
<i>Journal of Pediatric Psychology</i>	2.647	1,700	36.7%	Yes
<i>Journal of Pediatric Gastroenterology, Hepatology, and Nutrition</i>	2.196	1,400	*	Yes
<i>Journal of Developmental and Behavioral Pediatrics</i>	1.750	750	13%	Yes
<i>Journal of Applied Behavior Analysis</i>	0.762	2,500	34.8%	Yes

\* Figures not available from the journals.

## APA Committee on Children Youth and Families — Integrated Pediatric Health Care a Priority for CYF

By Doug Tynan, Ph.D.

APA's Committee on Children Youth and Families (CYF) is made up of six members of APA selected from all of the APA divisions that have interests in children to assist in guiding APA policy on matters related to children and adolescents. The committee not only introduces issues for APA as an organization to review but also reviews all policies proposed by APA for their potential impact on children and adolescents. For 2013 and 2014, the committee chose to focus on systems that serve children, with emphasis on the healthcare system.

The **CYF Newsletter** has had significant influence on policies the APA endorses and promotes. To view the issue on

Integrated Care in Primary Care Pediatric sites, featuring articles from D54 members and fellows visit, [www.apa.org/pi/families/resources/newsletter/2013/11/index.aspx](http://www.apa.org/pi/families/resources/newsletter/2013/11/index.aspx).

To view an important new contribution edited by Carmen Valdez on maternal depression as well as primary care and other settings, visit [www.apa.org/pi/families/resources/newsletter/2014/05/index.aspx](http://www.apa.org/pi/families/resources/newsletter/2014/05/index.aspx).

Current APA President Nadine Kaslow has made psychology's role in the patient-centered medical home a central feature of her presidential year, and 2015 President Barry Anton will focus on international approaches to integrated

care. In addition, work is underway to coordinate with the American Academy of Pediatrics on other initiatives on integrated care.

As of July 1, Doug Tynan left the Committee on Children Youth and Families has joined the APA as director of Integrated Care and associate director of the Center for Psychology and Health.

CYF continues to focus on systems that serve children, and the coordination of education, social service and health care systems. For more information about CYF and its activities, please visit, [www.apa.org/pi/families/index.aspx](http://www.apa.org/pi/families/index.aspx), or contact Amani Chatman at [achatman@apa.org](mailto:achatman@apa.org).



## Journal of Pediatric Psychology Highlights

By Grayson N. Holmbeck, Ph.D.

### Special Issue Submission Opportunities

We are excited about the following special issues with active calls:

**Resilience in Youth with Chronic Illnesses or Developmental Disabilities and their Families.** Deadline: Dec. 1, 2014; guest edited by Marisa Hilliard, Korey Hood, Laura Nabors, and Elizabeth McQuaid.

**Trauma and Child Health.** Deadline: Dec. 1, 2014; guest edited by Annette La Greca, Jonathan Comer, and Betty Lai.

**Diversity and Health Disparities.** Deadline: Feb. 1, 2015; guest edited by Celia Lescano, PhD, Daphne Koinis-Mitchell, and Elizabeth McQuaid.

**Cost-Effectiveness and Economic Impact of Pediatric Psychology Intervention.** Deadline: May 1, 2015; guest edited by David Janicke and Kevin Hommel.

**Disorders of Sex Development.** Deadline: Sept. 1, 2015; guest edited by: David E. Sandburg, Nina Callens, and Vickie Pasternski.

**Sleep in Pediatric and Developmental Conditions.** Deadline: Letter of Intent due April 1, 2015; Manuscript submissions due Aug. 1, 2015; guest edited by: Dean W. Beebe, Carolyn E. Ievers-Landis, and Lisa J. Meltzer.

With respect to the last special issue listed, we are pleased to report that this will be a coordinated set of special issues across three journals: *Journal of Pediatric Psychology*, *Journal of Developmental and Behavioral Pediatrics*, and *Clinical Practice in Pediatric Psychology*. There is common submission email address for the letters of intent ([sleep.papers@gmail.com](mailto:sleep.papers@gmail.com)); authors who are invited to submit full-length manuscripts will be directed to submit their paper to one of these three journals.

We are also delighted to report that the double-length special issue (Issue #8) entitled **Evidence-Based Interventions in Pediatric Psychology** (guest edited by Tonya Palermo) has been published. One exciting feature of this special issue is that it has been published simultaneously with a related special issue in *Clinical Practice in Pediatric Psychology* (guest edited by Bryan D. Carter).

Also of note: in Issue #9, we will have a special section on training, with a feature article and commentaries. We also have two special issues that are currently being processed and will be published early in 2015: 1) **Direct Observation Research in Pediatric Psychology** (guest edited by Tim Wysocki), and 2) **Peer Relations in Youth with Chronic Illness** (guest co-edited by Vicki Helgeson and me).

I would also like to remind readers about a new ongoing series in *JPP*: *Historical Analysis in Pediatric Psychology*. We already have two papers "in press" for this series. This is a special series of papers devoted to the history of pediatric psychology. Authors interested in submitting a paper for this series can contact the *JPP* editor to discuss potential papers prior to submission. There is no deadline for these papers.

As always, I want to thank the associate editors for their remarkable work (Dean Beebe, John Lavigne, Tonya Palermo, Lori Stark, Ric Steele, and Tim Wysocki) and Susan Wood for her excellent work as the editorial assistant for the journal.

For any type of manuscript, the instructions to authors can be found at [www.oxfordjournals.org/our\\_journals/jpepsy/for\\_authors/index.html](http://www.oxfordjournals.org/our_journals/jpepsy/for_authors/index.html) and papers can be submitted at <http://mc.manuscriptcentral.com/jpepsy>. If you have feedback or questions, contact me at [gholmbe@luc.edu](mailto:gholmbe@luc.edu).



Grayson Holmbeck, Ph.D.

## Clinical Practice in Pediatric Psychology Updates

By Jennifer Shroff Pendley, Ph.D., editor

As I write this, the special issue on Evidence-based Interventions in Pediatric Psychology will soon be at your mailbox. This special issue, guest edited by Bryan Carter, was published as a partner issue to the *Journal of Pediatric Psychology*'s special issue, guest edited by Tonya Palermo. We hope you find these issues helpful in addressing the current state of evidenced-based treatments for a variety of clinical pediatric presentations.

Currently we are soliciting manuscripts for two other special issues: 1) Practical applications of the competencies within training programs at the doctoral, internship, and postdoctoral level for a special issue on **Best Training Practices in Pediatric Psychology** (guest editor and work group Tonya Palermo, David M. Janicke, Paul Robins, Yelena WuLARRY L. Mullins, and Elizabeth McQuaid) and 2) The Society of Pediatric Psychology and Society for Developmental and Behavioral Pediatrics have partnered together and are soliciting manuscripts for joint special issues on **Sleep in Pediatric and Developmental Conditions** via the *Journal of Developmental and Behavioral Pediatrics*, *Journal of Pediatric Psychology*, and *Clinical Practice in Pediatric Psychology* (CPPP guest editor Lisa Meltzer).

In addition, we have ongoing calls for papers on Quality Improvement (Associate Editor Jennifer Schurman) and general Training Issues in Pediatric Psychology (Associate Editor Paul Robins).

As you may know, Doug Tynan recently transitioned from Nemours to a new position as associate director for the APA's Center for Psychology and Health. Unfortunately, he is not able to continue as CPPP coeditor and thus, will step down on Dec 31. It has been a privilege working with him, and I will miss his vision and collaboration going forward. However, I know where he lives and he can't go too far in this electronic era!

I would like to extend sincere thanks and appreciation for his hard work and dedication to launching CPPP. I look forward to working with our team of associate editors and enthusiastic editorial board as CPPP enters into its third year. Thank you, Doug—you will be missed!



Jennifer Shroff Pendley, Ph.D.

## Stepping Up to the Plate

### Opportunities and Challenges for Women in Leadership

By Susan H McDaniel, Ph.D. and Nadine Kaslow, Ph.D.

*“As we look ahead into the next century, leaders will be those who empower others.” Bill Gates*

The two of us have traveled similar paths, having met in Houston when Susan was a postdoc in family therapy and Nadine was a practicum student in child psychology. Since then, we’ve both: taken on leadership roles in academic health centers (Susan as a division chief in psychiatry and an associate chair of family medicine, Nadine as vice chair of psychiatry and behavioral sciences and chief psychologist at Grady Hospital). We both did national leadership training: Nadine following Susan in the HHS Primary Care Policy Fellowship, and Susan following Nadine in the Executive Leadership program for women in Academic Medicine. We have both been active for years in APA governance: Nadine is now APA president, Susan is on the board of directors and running for president. Susan has built a career developing primary care psychology, Nadine has focused on suicide and family violence research, psychology education and training, and family psychology. Both are experienced journal editors. Both have much experience with the internal and external barriers to women in leadership roles of all kinds.

Answering the phone, I say, “This is Dr McDaniel.” Then the caller says, “Can I leave a message for Dr McDaniel?” And I reply, “No, this is SHE. How can I help you?” How many of us have had this experience? When we started working in our respective academic health centers in the ’80s, there were few women, and we were almost always assumed to be secretaries. How do we move from there to here — an era when many women want to “lean in,” step up to the plate, and provide leadership to their organizations?

Women often have good interpersonal skills and high emotional intelligence. That’s how we were raised. These are VERY helpful in leadership roles. However, there are plenty of other skills we must learn to be good leaders. Many women can come to the work world expecting that, like in their childhood, they will be rewarded for being good girls and not causing trouble. Unfortunately, at least in academic health centers, this behavior often results in taking the woman’s skills for granted rather than developing her abilities and maximizing her contributions.

We will address some of these challenges in this article, starting with assessing the alignment of the system with the woman’s goals, then reviewing issues of power and dependency in leadership, and concluding with conflict management skills. This treatment is only an appetizer in a rich meal; we hope you will consider some of the references for more in-depth treatment of these subjects.

#### Alignment

Opportunities for leadership can arise in planned or unexpected ways. One key consideration is the alignment of the mission, values, and culture of the institution with your own. We find it useful, as a first task, to write a personal mission statement. Most of us have participated in writing mission statements for our department or organization. Spend 20-30 minutes writing one for yourself. Whenever we’re making difficult decisions about priorities, we return to our personal mission statements



Nadine Kaslow, Ph.D.



Susan H McDaniel, Ph.D.

and ask what is most important in achieving our personal goals. Not who will we please, or will we be good for the job, but is it in line with what we care about most? Is it how we want to spend our energy, our precious time? Personal mission statements are also useful to read just before going into a difficult meeting. They ground us in our commitments, and help to quell the reactivity so common to our species. They also evolve over time, and are worthy of rewriting annually.

The next step is to assess the psychological health of the organization for which you may become a leader (McDaniel, Bogdewic, Holloway, & Hepworth, 2008). Does it have a clear mission and identified goals? How do these match with your own?

More generally, do its leaders communicate clear expectations for its workers? Does it have a mentoring system and foster career success? Are its resources aligned with its stated priorities? Does it conduct formative reviews? Does it acknowledge employee value and contributions? Do leaders have strategies to help individuals having difficulty? Does it afford latitude for employees with changing life events? Does it have fair and systematic mechanisms for dealing with disruptive behavior?

#### Power and Dependency

Leadership, by definition, means confronting issues of power and dependency. The American Heritage Dictionary lists four definitions of power, the first being “the ability or capacity to act or perform effectively.” Not until the 4<sup>th</sup> definition do we get to “the ability or official capacity to exercise control or authority.” It is this definition that implies domination, and can be problematic for clinicians in relation to patients and other team members. The antidote to power as domination is shared power, or caring. Caring consists of being present, listening, demonstrating a willingness to help, and an ability to understand — people talking with each other rather than to each other, interactions based on a foundation of respect and empowerment (McDaniel & Hepworth, 2003). Sometimes that means finding out the behaviors that the other person experiences as respectful or empowering, or reporting on behaviors we appreciate.

The sociology of superordinates tells us that there are predictable feelings and behaviors experienced by those higher in the hierarchy, as well as by those perceived as lower (Goode, 1980). In particular, those higher tend to experience their position in terms of feeling burdened and responsible rather than powerful, blessed, or lucky. Those lower can feel that their talents or accomplishments go unrecognized. They can be vulnerable to feeling invisible, unappreciated, disrespected, and eventually, resentful. Understanding these dynamics can help provide appropriate support to leaders or followers, and move the culture toward one of collaborative respect.

## Conflict Management

Effectively managed conflict promotes cooperation and builds healthier and more positive relationships (Coleman, Deutsch, & Marcus, 2014). Conflict management refers to using strategies that moves the conflict toward resolution without escalation or destruction of relationships. A strong overall approach to conflict management includes an appreciation that conflicts are complex and thus require differential tactics of management based upon the people involved, the situation, and the style of the parties. It entails thoughtful consideration of the myriad sources of conflict (e.g., misunderstandings and miscommunications, fear, failure to establish boundaries, negligence, need to be right, mishandling differences in the past, hidden agendas, and the intention to harm or retaliate). Conflict management efforts must involve a detailed analysis (i.e., scientific approach) of the facts of the situation and attention to the feelings and perceptions of the parties.

The first step to managing a conflict is identifying the critical issues related to the situation, as well as associated organizational, personal, and cultural factors. Encourage each party to ask him/herself a series of questions, such as “how does my behavior contribute to the dynamics? What elements of the situation am I able and willing to change? What matters most to me/to the other party in the situation?” If you are a party to the conflict, ask yourself these questions.

Finally, take a clear and direct, but respectful and caring approach to addressing a conflict. It is critical that you define the situation in terms of a problem that calls for a solution (Fisher, Ury, & Patton, 2011). All parties must acknowledge their feelings and acknowledge the feelings of the other(s). Then ask for specific behavior change and hear the behavior change requests of the other party(ies). This involves being clear about the outcome you want, accepting what you can get, giving up on having to be right, and demonstrating your willingness to hear the other party’s perspective and to work collaboratively. Following this, share what you are willing to do to improve the situation and strive to do your best to make these changes.

## In Conclusion

Women bring many talents to leadership. Like other important decisions in life, it takes courage to “step up to the plate” but it is also a rewarding opportunity to serve. We all need ongoing coaching and feedback regarding challenges related to defining our personal mission; ensuring its alignment with the institution, agency or organization; and managing issues of power, dependency, and conflict. We need your talents in this time of transition!

*\*This piece was first published in the California Psychological Association magazine in the summer of 2014.*

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## ABCCAP News

### News from the American Board of Clinical Child and Adolescent Psychology

By Lynne M. Covitz, Ph.D., ABCCAP President

The American Board of Clinical Child and Adolescent Psychology (ABCCAP) continues to have great growth in the number of psychologists achieving board certification, with the most recent board-certified professionals including: Nneka Onyezia, Terry Stancin, Virginia Cline, Sol Rappaport, Jordan Gilleland, Sharon Berry, Mary Anne McCabe, Emily Graze, and Kevin O'Connor.

There are many professional benefits of board certification, such as offered through ABPP, and those interested in this process can contact the board for more information, by visiting the American Board of Clinical Child and Adolescent Psychology at [www.clinicalchildpsychology.com](http://www.clinicalchildpsychology.com) or the American Board of Professional Psychology at [www.abpp.org/i4a/pages/index.cfm?pageid=3352](http://www.abpp.org/i4a/pages/index.cfm?pageid=3352), or by sending an email to [ABCCAP@abpp.org](mailto:ABCCAP@abpp.org).

In the coming year, exams will be held at several national meetings, including: the National Conference in Clinical Child and Adolescent Psychology, sponsored by Division 53, in Lawrence, Kansas in October, 2014; the Society of Pediatric Psychology Annual Conference in April, 2015; the ABPP Workshops in San Diego in May, 2015; and at the APA Annual Conference in Toronto in August 2015. We will hold “Learn about ABCCAP and ABPP” workshops at these conferences to continue to spread the word about the importance of board certification and will have board members available to answer questions.

In addition to holding exams at conferences, we routinely arrange for exams to be conducted within regions to make travel as convenient as possible for candidates. For that reason, we have developed pods of examiners in several locations across the country, including Florida, South Carolina, the Northeast Corridor, Ohio, Kansas City/Lawrence, Minneapolis, Los Angeles and Seattle. We are actively working to develop examination pods in other regions of the country.

In our effort to increase the number of examiners, we plan to conduct an examiner training workshop at the Div. 53 conference in Lawrence in October. Please contact Dr. Covitz if you currently hold ABCCAP certification and are interested in participating in this workshop.



## Division 54 Officers

### Considering running for President, Members at Large, Secretary, or APA Council Representative

**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 2014, and the successful candidates will begin their terms of office on January 1, 2016. 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 three years during which he/she will serve as President-elect, President, and Past-President. As President, the individual will lead the Society by assuming ultimate responsibility for all ongoing programs, by leading the development of new directions, by maintaining relationships with other organizations, by speaking for the Society in personal and public communication, and by appointing all committees, liaisons, and other offices of responsibility. He or she 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. Several duties begin during the President-Elect year and extend through the Presidential year. The Past-President chairs the Committee on Nominations and Elections and Nomination and Review Committees for several awards among other duties during the final year of the term.

#### Member at Large, Student/Trainee Development (2016 – 2018)

The Member at Large, Student/Trainee Development (MAL-Student/Trainee Development) shall be a member, fellow or voting associate member of the society elected for a term of three years. During his or her term, she or he shall be a member of the Board of Directors with the right to vote. The MAL-Student/Trainee Development oversees the awarding of the SPP student/trainee awards and grants.

#### Member at Large, Diversity (2016 – 2018)

The Member at Large, Diversity (MAL-Diversity) shall be a member, fellow or voting associate member of the society elected for a term of three years. During his or her term, she or he shall be a member of the Board of Directors with the right to vote. The primary responsibility of the MAL-Diversity is to serve as the chair of the Diversity Committee and to be responsible for the tasks assigned to the Diversity Committee. To be a candidate for MAL-Diversity, she or he must have been a member of the Diversity Committee for a minimum period of 6 months.

#### Secretary (2016-2018)

The Secretary shall be a Member, Fellow or voting Associate Member of the Society elected for a term of three years. During his or her term, she or he shall be a member of the Board of Directors with the right to vote. The primary responsibility of the Secretary is to keep the minutes of the meetings of the Society and of the Board of Directors, and to keep the Officers' Manual current.

#### APA Council Representative (2016-2018)

The Representative to the APA Council of Representatives shall be a Member or Fellow of the society elected for a term of three years. During his or her term, she or he shall be a member of the Board of Directors with the right to vote. Representatives to APA Council shall perform those duties required of Council Representatives as specified by the Bylaws of the American Psychological Association. 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.

#### Nomination Information

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.

For all positions, 10 nominations must be received  
for each candidate by January 5, 2015.  
Self-nominations are encouraged.

### SPPAC International Travel Award

**T**he SPPAC International Travel Award is available to pediatric psychologists traveling from abroad to attend the Society of Pediatric Psychology Annual Conference (SPPAC). Up to two awards of \$1,000 will be made.

#### In order to apply for the award you must:

- Reside outside the United States; international faculty who current work/reside in the U.S. are not eligible.
- Be a member of the Society of Pediatric Psychology
- Be first author on a paper or poster accepted for presentation at SPPAC

#### Priority will be given to:

- First-time attendees
- Early-career psychologists (less than seven years since completing training)

Please submit a PDF document containing: 1) current CV, 2) abstract of planned presentation, and 3) statement confirming Division 54 membership status.

#### Submit applications by January 30, 2015 to:

Laura Simons, PhD at [Laura.Simons@childrens.harvard.edu](mailto:Laura.Simons@childrens.harvard.edu)

## SPP Faculty Awards

**T**he SPP Awards Committee invites you to nominate a colleague for one of our five faculty awards. Several awards have been revised to honor pediatric psychologists who have made significant contributions to the field. A new clinical practice award is also being introduced.

Faculty award winners will be invited to present brief award addresses at the SPP Annual Conference (SPPAC), with partial travel support provided.

For more information, visit [www.apadivisions.org/division-54/awards/index.aspx](http://www.apadivisions.org/division-54/awards/index.aspx) for complete nomination instructions.

### Wright Ross Salk Distinguished Service Award

This award in honor of the early founders of pediatric psychology recognizes outstanding service contributions to the SPP or to the field of pediatric psychology in general. Examples of types of significant contributions include: leadership in SPP; public or political advocacy or leadership; significant and extensive prevention or intervention program development, implementations, 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 clinically oriented scholarship such as case studies and literature reviews. Self nominations will not be considered since this award represents recognition of service contributions by one's peers.

### Dennis Drotar Distinguished Research Award (formerly known as the Logan Wright Distinguished Research Award)

The award recognizes excellence and significant contributions in establishing the scientific base of pediatric psychology. Nominations can be made for one particularly significant contribution or a series of contributions in a programmatic area. Nominations and endorsements should include an evaluative summary of the contribution, noting the positive impact of the nominee's research and detailing the extent of scholarship given in productivity. Self nominations will **not** be considered since this award represents recognition of scholarly contributions by one's peers.

### Outstanding Mentorship Award (formerly known as the Martin P. Levin Mentorship Award)

This award originally started with the generous support of the Levin Foundation to honor pediatric psychology faculty who mentor students in an exemplary way, providing professional advice and guidance through various training phases. Nominations may be made by any current or past graduate student, intern, or postdoctoral trainee.

### Routh Early Career Award in Pediatric Psychology

This award recognizes significant contributions of an early-career SPP member to the field of pediatric psychology in research, clinical training, and/or service. To qualify, an SPP member must have received his or her Ph.D. no more than seven years prior to the date in which the honor is awarded. Self-nominations will be considered.

### **\*\*New Award\*\***

### Carolyn Schroeder Outstanding Clinical Practice Award

This award recognizes outstanding commitment and significant contributions to pediatric psychology by a full-time provider of direct clinical services in the field. Nominees should typically spend a minimum of 20 hours weekly in direct, face-to-face patient care; assessment, therapy, and consultation; program development; administration and service; model service delivery; or other evidence-based clinical applications. The outstanding practice can be in any clinical setting including primary care, hospital, or clinic-based practice. Additional time may be spent in professional activities such as teaching, supervision, or clinical research.

A letter of nomination outlining accomplishments and a CV for all faculty awards should be sent by December 1, 2014 to:

[tonya.palermo@seattlechildrens.org](mailto:tonya.palermo@seattlechildrens.org)

## New SPP Executive Committee Members

**C**ongratulations to the two newly elected SPP Executive Committee members who will begin their terms January 2015.

Thank you for your willingness to serve.



Sharon Berry, PhD  
President Elect  
Children's Hospitals/Clinics of Minnesota



Wendy Ward, PhD  
Member at Large- Membership  
University of Arkansas for Medical Sciences

## Integrated Behavioral Health in Urban Pediatric Primary Care: A Step Forward In Preventative Care

By Billie S. Schwartz, Corinn A. Elmore, Julie A. Fiorelli, Sarah B. Backe, Tamique J. Ridgard, Paul M. Robins, Jennifer A. Mautone, and Thomas J. Power of the Children's Hospital of Philadelphia

*This article was supported by a Graduate Psychology Education grant to the Children's Hospital of Philadelphia (D40HP25714).*

### Background

Equal access to high-quality behavioral health (BH) care for children is an ongoing, unmet need in the United States. Numerous factors contribute to the underutilization of BH services, including family beliefs and access barriers (Power, Eiraldi, Clarke, Mazzuca, & Krain, 2005). It is estimated that only 25 percent of children with BH problems actually receive care, and that 50 percent of healthy children are at risk for developing serious health and mental health conditions (Kataoka, Zhang, & Wells, 2002). This is particularly true for the urban poor who are at significant risk for chronic health and mental health conditions (Van Cleave, Gortmaker, & Perrin, 2010).

Healthcare changes in response to the Affordable Care Act highlight the importance of a Patient-Centered Medical Home (Rittenhouse, Shortell, & Fisher, 2009), which emphasizes evidence-based, continuous, and integrated healthcare linked with community services (Institute of Medicine, 2001). Pediatric primary care has emerged as a major “de-facto” venue for the delivery of BH services to children; however, BH services currently offered in primary care are inadequate. Generally, primary care providers (PCPs) are not able to provide the range of BH services needed due to limitations in professional competence as well as role and time constraints (Power, Blum, Guevara, Jones, & Leslie, 2013). Therefore, mental health providers based in primary care can help improve the quality of preventative healthcare in these settings.

### Integrated Behavioral Health

Integrating BH in urban primary care settings requires a shift from relatively long-term, office-based therapy to consultation and brief intervention. In the traditional “mental health model,” clinicians typically see patients for several 50-minute sessions over the course of a few months. In contrast, in an Integrated Behavioral Health (IBH) model, clinicians are consultants to patients and providers over a longer period of time. The consultation model allows rapid access to professionals providing brief, evidence-based care. This is consistent with a population-based approach promoting incremental changes in behavioral health that translates to significant prevention effects over time (Whitlock et al., 2002). Consultation typically involves brief evidence-based intervention and occurs with the medical team during routine well-child or sick visits. This integrated approach promotes higher quality of care both through direct patient contact and inter-professional education.

### Training Competencies

There are emerging opportunities for psychology trainees interested in providing BH intervention in pediatric primary care settings. Trainees can participate in the development of models of care and effectiveness research to help shape the future of this service delivery. To support this, training competencies specific to primary care should be considered. In primary care, trainees will likely encounter a new approach to treatment in addition to pediatric health issues that are seldom the focus



of traditional psychology training programs. Didactic instruction and case-centered discussion are needed to enhance trainees' knowledge of evidenced-based interventions, behavior change strategies, and medical diagnoses commonly seen in primary care. Training should be general and widespread to adequately address the needs of the range of patients seen in this setting. Consistent with an integrated, inter-professional approach, didactic training should be provided by a diverse group of professionals who work within the practice (e.g., PCPs, nurses, social workers) and outside of the practice (e.g., psychologists, child psychiatrists, and other specialty medical providers).

### Developing a Model of Care

The integration of behavioral health services into pediatric primary care centers at The Children's Hospital of Philadelphia (CHOP) has been a developmental process that has evolved in response to the needs of our partners in pediatric practice, families, and trainees. Our model utilizes three modes of referral or “warm-handoff”: a) Direct consultation with the PCP and family; b) Screen and refer, which includes brief screening within the existing medical appointment and referral to community-based services; and c) Assess and refer, which involves a more comprehensive assessment of patient/family concerns and concludes in referral to community-based services. In addition, IBH clinicians provide very short-term intervention (i.e., 1-3 problem-focused sessions) and in few cases, longer-term child and family therapy to address the needs of trainees to develop intervention skills while helping to meet patient needs. For patients for whom long-term, ongoing treatment is indicated, existing practices are followed (e.g., referral to a practice-based social worker, crisis center, or community-based mental health agency).

### Conclusion

Although this model limits clinician availability to provide ongoing treatment, it enables BH services to be highly integrated with pediatric care. The IBH model promotes accessibility and family engagement in behavioral health services and reduces barriers to care that are especially salient in urban, low-income settings. This approach affords opportunities for providers to reach a greater number of families than standard care. Finally, the IBH approach emphasizes prevention to promote the movement of families through the help-seeking process so that children and adolescents are able to receive the necessary services as problems emerge.

### References

Available online.





# Society of Pediatric Psychology

## Division 54, American Psychological Association

### Join Division 54!

#### Membership benefits include:

- Subscription to the *Journal of Pediatric Psychology* and *Clinical Practice in 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

#### Vision Statement

Healthier children, youth, and families.

#### Mission statement

The Society aims to promote the health and psychological well being of children, youth and their families through science and an evidence-based approach to practice, education, training, advocacy, and consultation.

### 2015 SPP Membership Winners

Esther Hess (APA member)

Jamie Ryan (Postdoctoral Fellow)

### 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)
- **Join the online member directory** Send e-mail to: [APAdiv54@gmail.com](mailto:APAdiv54@gmail.com) to ask for online directory registration form.
- **Make changes to your online member directory listing** Send an e-mail to: [APAdiv54@gmail.com](mailto:APAdiv54@gmail.com)
- **Join the student listserv**  
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