



The President's Message

It was great to see so many of you at the recent APA meeting in San Francisco. On behalf of SPP, I want to extend appreciation to Kevin Hommel and Anna Maria Patino-Fernandez, our conference chair and co-chair, for organizing an outstanding scientific program for the division. I had the opportunity in my presidential address to reflect on the future of pediatric psychology, identifying several challenges and opportunities, which I will summarize below.

In forecasting the future it is helpful to consider the past. In retrospect, it is clear that the field of pediatric psychology has matured and is now vibrant and strong. I confidently predict we will become even stronger in the future, but we must adjust to new health care realities and focus our research attention on key issues.

A major component of our professional identity is research. Our strong standing in research is evident in the quality of our journal. Under Ron Brown's leadership, *JPP* has significantly improved its impact factor, and I am confident we will continue to see the journal improve even more with Denny Drotar at the helm. Most of the research conducted in our field and published in our journal has focused on applied problems and chronic illness, generally using explicative research to determine relationships between psychosocial factors and health conditions. Relatively less research has focused on psychosocial and behavioral interventions to improve health outcomes, and even fewer have considered cost offset. There is a great need in the future for more of this research, particularly as the call for evidence-based interventions increases.

In considering the practice settings of pediatric psychologists, in the past it has predominantly been in academic medical centers, hospital-based inpatient or outpatient programs focusing on chronic disease management. Much less work has focused on disease prevention and health promotion. In the future we should further develop opportunities to expand our paradigm of care and the settings in which we practice to include more in primary care, community-based hospitals and clinics, physician practices, schools, and telehealth.

One of the major challenges for the field is in access to and reimbursement of pediatric psychology services. There are significant barriers to access, including not having health behavior codes approved, billing staff not being informed about appropriate coding for pediatric psychologists, difficulty obtaining authorization for same-day services, and not being able to bill for inpatient consults or preventive services. Access can be improved by resolving billing issues, but also by

better promoting the field of pediatric psychology, disseminating successful strategies and interventions, and stimulating more research on cost effectiveness.

Brown and Roberts in 2000 reported the results of a Delphic survey of pediatric psychologists concerning their projections about the future of the field. The highest priority areas concerned the ability of the field to demonstrate empirical support of interventions, integration of psychologists into primary care, more on health promotion and disease prevention, and greater attention to reimbursement policies. This is obviously still true in 2007.

A major challenge for the field now is to narrow the gap between treatment research and practice. We can do this by moving beyond efficacy research to effectiveness and translational research. This means applying efficacious approaches to broader clinical populations in various types of field settings, and building an evidence base of practice that includes both improved health outcomes and cost savings.

There are several major opportunities for the field to have a greater impact on public health. Besides continuing what we have done well in the chronic illness area, we should focus more on the continued development of the evidence base for 1) the prevention of injuries, the leading cause of pediatric morbidity and mortality; 2) the prevention and treatment of obesity in children and adolescents, now an epidemic posing grave threats to children's health as well as the health care system; and 3) the resolution of health disparities issues by demonstration of effective interventions for minority youth.

Translational research can help to remove the disconnect between practice and research, as its focus is on the external validity of our
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SPP President
Alan M. Delamater, Ph.D.

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Words of Wisdom for Students Pursuing a Career in Pediatric Psychology

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Newsletter Deadline

Articles for the next newsletter are due before January 1, 2008. Please send your submission to newsletter editor, Ric G. Steele at rsteele@ku.edu.



Amy Sato, M.S.
SPP Student Rep

During the annual APA convention, a round table discussion on “Steps to Becoming a Pediatric Psychologist” was held in the Division 54 hospitality suite. Students interested in a career in pediatric psychology were given the opportunity to meet with leaders in the field and ask questions about training, internship, and career paths.

The following article is a summary of the discussion. Many thanks to Christina Adams, Dennis Drotar, Kevin Hommel, Tonya Palermo, and Lisa Schwartz for their participation in this discussion and contribution to preparing this article.

1. Professionals in pediatric psychology often switch illness populations several times throughout the course of their career. Your interests during graduate school or early in your career may change down the road. Don't feel pressured to specialize in a particular population as a graduate student; there is always room for change. In addition, several themes (e.g., adherence to medical regimens) cut across many illness populations (e.g., HIV, diabetes), so gaining experience with one population can enhance your understanding of another.
2. Internship applicants may worry that they don't have experience with the specific populations or skills that an internship rotation may require, and that this lack of experience puts them at a disadvantage for admission. On the contrary, the panelists agreed that internships expect to provide unique training opportunities to their interns. The panelists emphasized that a solid foundation in basic clinical and interpersonal skills and a strong work ethic are key characteristics sought in interns.
3. Students sometimes wonder about the degree to which they should try to specialize in a particular population during the predoctoral internship year. Although it is great to gain additional experience in your area of interest during internship, plan on leaving specialization for post-doctoral fellowship training. Internship may be one of your last opportunities for supervised exposure to a broad range of clinical issues and populations. Take advantage of this and consider the possibility that unexpected growth in your skill set may come out of working with populations in which you have had less experience.
4. The manner in which pediatric psychology positions are funded may seem complicated and unfamiliar to

students. In reality, there are many variations in how fellowship and faculty positions are funded at different institutions. Students can use mentors to help increase their understanding of the nuances of funding clinical and research positions.

5. An important part of training for a career in pediatric psychology is gaining experience in a hospital setting with various medical professionals (e.g., as part of a multidisciplinary treatment team). This valuable experience can come during graduate school, internship, or post-doctoral training.
6. Work/life/family balance can be tricky for busy pediatric psychology professionals. There are many different types of jobs that pediatric psychologists can seek, each affording different degrees of flexibility, work assignments, etc. For example, some positions (e.g., academic, part-time clinical) may afford more autonomy in setting your daily or weekly schedule. However, it is important to recognize that such flexibility also comes with the added burden of figuring out how to balance work demands and personal priorities. Discuss with mentors and other professionals the various aspects and demands of their jobs when planning your career so that you can find the type of position that fits nicely with your professional and personal goals.
7. Graduate school is a great time to explore a range of opportunities (e.g., research, clinical work, teaching). It's not unusual for students to find new areas of interest to pursue in place of or in conjunction with existing areas of interest. Let your enthusiasm guide you – and follow your heart to choose a rewarding career path in pediatric psychology where you will find success.

Student Spotlight

SPP's Student Advisory Board is accepting nominations for outstanding students in pediatric psychology. Three students will be selected each year based on their commitment and interest in pediatric psychology and their contributions to the field. Both undergraduate and graduate students will be considered. Selected students will be featured in the Student Spotlight section of Progress Notes as well as on the Division 54 website. This is a wonderful opportunity to honor a student and provide the student with exposure to Division 54.

Contact Jessica Valenzuela to request a nomination form at: JValenzuela@miami.edu. Deadline for submissions is **January 11, 2008**.

New Student Advisory Board Members

Nancy F. Bandstra, B.Sc.

Committee: Membership
Mentor: Christine T. Chambers
Research Interest: psychological approaches to pain management. Clinical Interest: general pediatric psychology applications
Contact: nancy.bandstra@dal.ca



Nancy Bandstra, B.Sc.
Dalhousie Univ.
Halifax, Nova Scotia



Naomi Joffe

Committee: Student Spotlight/Website
Mentor: Lindsey L. Cohen
Research Interest: chronic illness and pediatric pain. Clinical Interest: chronic illness issues, such as adherence to medical regimens and coping, in both children and their families.

Contact: nkahn1@student.gsu.edu

Naomi Joffe
Georgia State Univ.

Lisa Ysela Ramirez, M.A.

Committee: Programming
Mentors: Dennis Drotar/H. Gerry Taylor
Research Interest: effects of pediatric cancer on family adjustment and the impact of socioeconomic disadvantage on child development in pediatric populations. Clinical Interest: behavioral consultations in urban primary care settings.

Contact: Lisa.Ramirez@case.edu



Lisa Ysela Ramirez, M.A.
Case Western Reserve Univ.



Christina G. Rutherford

Committee: Student Spotlight/Website
Mentor: Kathy Vannatta
Research Interest: studying pediatric oncology. Clinical Interest: family and child outcomes with respect to new diagnoses and treatment as well as potential late effects.

Contact: rutherford.77@osu.edu

Christina Rutherford
The Ohio State Univ.

Yelena Wu

Committee: Programming
Mentor: Michael C. Roberts
Research and Clinical Interests: medication adherence, adaptation to chronic illness and bereavement, and the role of social support for chronically ill children.
Contact: yelenawu@ku.edu



Yelena Wu
Univ. of Kansas

The President's Message

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approaches. An excellent resource for those planning to conduct studies to improve public health can be found at www.re-aim.org. The bottom line is: do our interventions have the ability to be translated into primary care, community, and other patient care settings? This requires successful demonstration of the intervention's long-term effectiveness with diverse patient populations in real-world clinical settings.

So the challenge and the opportunity is to increase the evidence base of effectiveness and translational research in the field of pediatric psychology. Although this may require significant funding using multi-site study designs, researchers can also take creative approaches to these issues by using less expensive single case methodologies. SPP's strategic plan, with its focus on research into practice and dissemination of evidence-based guidelines, broadening the paradigm of care, diversity issues, and resource development, is well positioned to make greater impacts in the future.

Future directions should take a public health perspective and address the issues of innovative intervention programs in diverse settings, new roles for pediatric psychologists in health care systems, use of the media for health promotion, and genetics as a new frontier for health care. Pediatric psychologists can (a) be more involved in public health policy; (b) develop and evaluate more health promotion programs for primary care, community, and school settings; (c) take leadership roles in health care systems by program development and evaluation, and by training and supervising others to provide evidence-based interventions; (d) conduct innovative studies using the power of the media and the Internet to promote healthy lifestyles for children; (e) be more involved in genetic research, helping to understand how patients' cope with genetic risk information; and (e) designing interventions to deal with psychological response to risk and reduction of those health risks.

My long-term prognosis for the field of pediatric psychology is bright. We should certainly continue doing good science addressing chronic illness, but we also need more work focused on interventional and translational research from a public health perspective, and dissemination research for evidence-based practice. Pediatric psychologists can also make significant contributions by assuming leadership positions in health care systems and getting more involved in advocacy and health care policy.

In closing, in this final president's message, I would like to say how grateful I am to you for having this opportunity to be president of the SPP. I would also like to acknowledge the substantial contributions of Anne Kazak, our past president, particularly for her leadership in facilitating our strategic plan. Much appreciation is also extended to Carolyn Ievers-Landis, our outgoing treasurer, for keeping our finances in good order, and Lindsey Cohen, our outgoing member-at-large, for his excellent services to the membership. The membership can feel confident in having continued strong leadership with Lori Stark, our soon to be president, and our newly-elected officers, Kathy Lemanek, president-elect, David Elkin, treasurer, and Gerard Banez, member-at-large. See you all in Miami Beach for the 2008 national meeting!

Treatment for Sleep Disturbances in Pediatric Populations

by Tonya M. Palermo, Ph.D.
Anesthesiology & Peri-Operative Medicine and Psychiatry
Oregon Health & Science University

Case presentation

An 8-month-old male infant presented with his mother to clinic for evaluation and treatment of frequent and prolonged night wakings. The infant was waking on average three to five times per night, and required parental intervention, specifically feeding, to return to sleep. In addition, the infant ceased taking daytime naps in his crib. The mother, in turn, was experiencing significant sleep loss, fatigue, and social withdrawal that were of concern.

His parents followed a consistent bedtime routine that ended with placing him in his crib awake at about 7:30 p.m. He would sometimes settle to sleep quickly on his own but several times a week would cry for a more extended period at bedtime. He slept for two to three hours and then alerted with strong cries and his parents attended to him at these times. Typically his mother nursed him back to sleep. This same pattern continued every few hours throughout the night with the infant eventually waking for the day at approximately 6 a.m.

This 8-month old has a history of prematurity (born at 35 weeks) and reflux. He was making good progress with his developmental milestones. His reflux was also under good control and he was feeding well.



Treatment Description

Bedtime problems and frequent night wakings are not only highly prevalent (occurring in 20-30 percent of infants, toddlers, and preschoolers; Meltzer & Mindell, 2006) but are a frequent presenting concern by parents in pediatric practices. In the case example, night wakings were viewed by the parents as problematic because they were frequent, prolonged, and required parental intervention during the night. In the revised International Classification of Sleep Disorders (American Academy of Sleep Medicine, 2005), night wakings fall under the diagnostic category of behavioral insomnia of childhood, sleep onset association type. Children become dependent upon specific associations such as parental presence, feeding, or holding, in order to fall asleep at bedtime and to return to sleep during normal arousals during the night. To make the diagnosis, a specific constellation of symptoms that are persistent (i.e., not a transient problem) and result in some impairment in child or parent functioning is required. [For an excellent discussion of issues pertaining to the definition and diagnosis of behavioral insomnia of childhood, see Mindell et al.,

2006]. The etiology of night wakings in children is multifaceted, representing the interplay between biological, circadian, and neurodevelopmental factors with modifiable environmental and behavioral variables.

A solid body of literature now exists supporting the use of empirically-based behavioral management strategies to treat bedtime problems and night wakings in infants, toddlers, and preschoolers (Meltzer & Mindell, 2004; Mindell, 1999). Most recently, practice parameters have been developed by the American Academy of Sleep Medicine (AASM) presenting recommendations for the use of behavioral treatments for bedtime problems and night wakings in young children (Morgenthaler et al., 2007). A companion review paper summarizes the most up-to-date peer-reviewed scientific literature on this topic (Mindell, Kuhn, Lewin, Meltzer, & Sadeh, 2006).

Several specific recommendations are made in the practice parameters for the treatment of bedtime problems and night wakings. Behavioral interventions are considered to be effective in the treatment of bedtime problems and night wakings in young children, producing

reliable and significant clinical improvement in children's sleep and in parent and family well-being. Several specific behavioral treatments had enough evidence to be considered "Standards" for treatment of bedtime problems and night wakings. These specific treatments include: unmodified extinction, extinction with parental presence, and preventive parent education. These were all rated as individually effective therapies in the treatment of bedtime problems and night wakings. Graduated extinction, bedtime fading/positive routines and scheduled awakenings were also considered to be individually effective therapies in the treatment of bedtime problems and night wakings but with less certainty and thus, they were rated at the level of a treatment "Guideline" rather than a standard.

Because standards are available regarding the specific therapies that have been found to be effective and are recommended for treatment of sleep onset association disorder, the selection of treatment strategies for this particular case could be clearly circumscribed to extinction strategies or preventive parent education. In the case example, the parents had already received education about infant sleep

from their pediatrician and use of self help books. The two forms of behavioral therapies that are recommended are unmodified extinction and extinction with parental presence. Extinction, also known as planned parental ignoring, involves establishing a regular bedtime routine and bedtime and wake time, and avoiding any response to the child who displays resistance (e.g., crying/whining) after being put to bed. The only difference in the modified version with parental presence is that parents are allowed to remain in the child's room but they are still to avoid any response to the child. There are no guidelines currently about uses of extinction for daytime naps but similar principles would suggest putting the child in bed at the nap time and avoiding any response to the child's resistance.

Specifically, in this case, the therapist recommended unmodified extinction for the night wakings. The parents were to use their positive bedtime routine and place the child in his crib awake. They were not to respond to the child after being put to bed. In addition, the therapist recommended that the parents schedule two daytime naps (the first occurring about four hours after he wakes in the morning), which is developmentally appropriate for an 8-month old, and follow the same procedures. The therapist also suggested that extinction procedures be started on a Friday night so that the potential for parental sleep loss falls on the weekend.

Close follow up is particularly important to monitor response to extinction procedures and can be often accomplished through scheduled phone calls. In this particular case, we chose to use electronic means of communication through the Epic MyChart™ product. The mother requested that the therapist write a clear treatment plan out so that she could view the written material together at home with her husband who could not attend the treatment visit. Subsequently, the mother sent notes to describe treatment progress and to ask questions.

The treatment outcome was consistent with expectations from the literature. After two days of extinction, this infant was sleeping for 10 consecutive hours through the night. The night wakings had completely stopped. In addition, daytime naps had returned and were

longer than expected (two hours each). About six weeks after our initial visit, the therapist received an additional email communication from the mother. She indicated a new concern about the child's early awakening and fussiness in the morning. The infant had gradually begun waking progressively earlier until his wake time shifted to 4:30 a.m. At this point, the therapist recommended a follow up visit to discuss strategies, including potential schedule changes to shift his bedtime and wake time to later, and treatment of this early morning waking as a "night waking" and initiating another trial of unmodified extinction should the schedule changes not be effective.

Commentary

There are several considerations in treatment selection for bedtime problems and night wakings. Several variations to extinction have received some empirical support such as graduated extinction (which involves periodic checking in on the child) and extinction with parental presence (which allows the parent to remain in the room); however, in this case, the therapist recommended unmodified extinction. Caregivers that are accepting of the unmodified version, feel that they have the support to carry out the behavioral strategy to completion, and desire a fast treatment response may do quite well with unmodified extinction. For infants or young children who are reliant on a parent to be in the room to fall asleep, the addition of parental presence to an extinction plan may be logical and more acceptable to parents. It is also important to consider the parents' previous history of use of extinction. If an infant or young child has previously "failed" extinction, it may be worthwhile to consider modifying the form of extinction used.

Implementation Challenges. Implementation of extinction can be challenging for parents; the biggest obstacle being parental inconsistency. Unfortunately, inconsistent parental responses can lead to exacerbations of sleep disturbances (Adams & Rickert, 1989). Mothers of children with sleep disturbances often experience heightened distress, negative mood, and their own sleep loss (Hiscock &

Wake, 2002). This can make it even more difficult for parents to ignore the child's crying. Caregivers often worry about inflicting psychological harm or trauma by not responding to the child's cries. Moreover, when a child has a real or perceived vulnerability (such as prematurity, feeding or chronic health issues), gaining parental acceptance for extinction can be particularly challenging. Success can be enhanced by providing reassurance that there is no evidence that ignoring a child's cries during extinction for sleep disturbances leads to any negative psychological consequences. It is also useful to review the infant or young child's potential responses to parental ignoring including the concept of an "extinction burst" so that they avoid discouragement when their child's crying increases as they implement the behavioral strategy.

Billing and Reimbursement Challenges. The treatment of pediatric sleep disturbances carries with it several reimbursement and billing challenges for pediatric psychologists. Common issues include (a) the provision of treatment to parent and infant (i.e., not individual treatment for the child) and (b) that traditional mental health diagnoses may or may not be applicable. Although the presence of the infant is not necessary to provide the training in behavioral strategies to the parents, there are reasons to include the infant in the visit. First, some institutions and insurers have policies requiring presence of a child at a pediatric visit.

Second, there is a good deal of clinical information that can be garnered through presence of the infant including clinical observation of the infant's development as well as the infant-parent interactions. The use of procedural codes and diagnosis codes is also a challenge and is done differently in various institutions and practice settings. For infants or children who have a health diagnosis, the psychologist can use a health and behavior code. If mental health codes need to be used, sleep disturbance or insomnia may not be a reimbursable code for many insurers. Thus the psychologist may encounter challenges in how to appropriately assign a reimbursable mental health diagnosis to the problem of disturbed sleep.

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Resources

There are fortunately good resources for pediatric psychologists practicing in the area of behavioral sleep medicine. The American Academy of Sleep Medicine has developed practice guidelines as discussed above that can be accessed on their web site, www.aasmnet.org. In addition, there are important links on this website to other sleep resources, syllabi on sleep medicine, and sleep-wellness booklets for the lay audience. The National Sleep Foundation located at www.sleepfoundation.org has information on sleep across the age span, including findings from the Sleep in America polls that have included both children and teens in recent years, providing useful prevalence data on sleep patterns, habits, and sleep problems.

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American Academy of Sleep Medicine

Additional training in behavioral sleep medicine can be acquired. The American Academy of Sleep Medicine administers a certification in behavioral sleep medicine. Dr. Valerie Crabtree, Pediatric Psychologist at St. Jude Children's Research Hospital, is certified in behavioral sleep medicine and offers the following description of this process:

An excellent opportunity for pediatric psychologists to obtain additional specialization is certification in behavioral sleep medicine. This is a burgeoning field with specialists in high demand, particularly in pediatrics where as many as one in three children may have a sleep disturbance.

Certification in behavioral sleep medicine is administered through the American Academy of Sleep Medicine. To become certified, a practitioner must hold a doctoral degree in a health-related field, be licensed to practice independently by a state or province, and have 1,000 hours of clinical training or experience in the field. This 1,000 hour requirement may be met by either having training in behavioral sleep medicine or by having 500 hours of training and experience in general behavioral medicine and 500 hours of training and experience in behavioral sleep medicine.

Once the training requirements have been met, the applicant must take an exam covering cognitive and behavioral theories and treatment as well as evaluation, diagnosis, and treatment of patients with sleep disorders.

With a certification in behavioral sleep medicine, pediatric psychologists are very marketable to sleep centers that have a need for behavioral management of pediatric sleep disturbances as well as for those centers who would like to refer their patients out to a private practitioner.

For more information, visit www.aasmnet.org/BSMApplication.aspx.

Call for Nominations

Division 54 Officers

The Society of Pediatric Psychology is accepting nominations for president elect and member at large. Terms begin January 2009.

President Elect serves for one year and shall be a member, fellow, or voting associate member of SPP. 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 a full term, the president elect shall succeed to the unexpired remainder and continue to serve through his or her own term.

Member at Large shall be a member, fellow, or voting associate member of SPP elected for a three-year term. The member at large is a member of the Board of Directors with the right to vote. Activities include encouraging, facilitating and administering the membership efforts for the Division, coordinating membership functions and information, and initiating membership recruitment and maintenance efforts upon the request of the Executive Committee.

Ten nominations must be received for each candidate by **January 31, 2008**. Self nominations are encouraged. To nominate a candidate, contact Alan Delamater Ph.D., Nominations and Elections Chair, Mailman Center for Child Development (D-820), PO Box 016820, University of Miami School of Medicine, Miami, FL 33101, or email adelamater@med.miami.edu.

Division 54 Mentorship Project Update

by Sharon Berry, Ph.D.
Mentoring Project Coordinator

Thanks to everyone who has been involved with the Mentoring Project since its inception in 2005. To date, there are 235 Division 54 Members who have indicated an interest in the Mentoring Project, with 112 matches made since July 2005. The APA Monitor highlighted the Mentoring Project in the June 2006 issue with a Spotlight on Division 54; the article can be found at www.apa.org/monitor/jun06/closer.html.

Following the Mentoring Workshop conducted at the 2006 National Conference on Child Health Psychology (Gainesville) with funding provided through a grant from the Board of Educational Affairs, a survey was conducted in 2007 to obtain additional information about members' experiences with the SPP Mentoring Project. Of the approximately 200 individuals contacted, 119 (60 percent) responded.

Results indicated the following:

- Over 50 percent have been connected to their mentor or mentee for more than one year.
- The majority (69 percent) had less than 5 interactions with their mentor/mentee.
- 13 percent had over 10 contacts with their mentor/mentee.
- Time spent with these connections averaged under 5 hours and typically through email (82 percent) or phone calls (39 percent), with 11 percent able to meet in person.
- The focus was primarily related to professional development (76 percent), followed by research issues (25 percent) and clinical practice (10 percent).
- 76 percent were matched with an individual of the same gender (but the majority did not feel that this was important to match based on gender).
- The majority of respondents did not know whether they were matched with someone of the same race/ethnicity, and overwhelmingly indicated that this was not an important factor in the match.
- 80 percent indicated they were satisfied with the mentoring project.

Survey respondents made a number of suggestions about resources that would be helpful to the development of successful and effective mentoring relationships.

Included below is a list of the more common suggestions:

- Opportunities for workshops at conferences (65 percent)
- Additional website information (61 percent)
- Information posted on the listserv (56 percent)
- Newsletter articles (53 percent)

Additional recommendations included the following: Provide training/guidance for mentors; information on how to mentor and what to expect as a mentee; general how-to advice for postdocs and employment; reminders that contact with mentor/mentee should be made; matching mentors/mentees by geographic locale; increasing opportunities for in-person contact; assistance with job opportunities; development of informal internships for shadowing and getting to see what [mentors] do; and advertising in the grad psych publication.



Plans/Recommendations

Based on survey responses, a number of plans or recommendations have been generated for the mentoring project. First, some recommendations were made to improve the quality and quantity of mentor/mentee contacts. In response, we are looking into the feasibility of quarterly email prompts to mentors/mentees to help participants remember to stay in touch. In addition, guidelines will be developed and included with new match connections and provided to current matches in order to help mentors and mentees appreciate the ways in which each can facilitate the relationship.

Second, recommendations were made to improve communication within the division about the project. For example, results of the survey will be provided to all involved with the mentoring project, and will be posted on the division's website. Additional routes of communication might include newsletter articles by those who attended the Mentoring Workshop (who will serve as the ad hoc committee for projects). Topics might include guidelines for mentoring relationships or differences between an "extended networking mentoring system" and "supervision."

Finally, recommendations were made for increasing resources available to the project. For example, Division 54 might be asked to host meetings/socials at regional/national conferences (and to suggest program planning to hosts for these conferences).

We certainly appreciate the good comments and suggestions provided by survey respondents.

For more information, contact Sharon Berry
at Sharon.berry@childrensmn.org or visit
www.societyofpediatricpsychology.org/~division54/mentorship/.



Crisis in Child Mental Health Creates Opportunity for Pediatric Psychology:

Update on the Inter-divisional Task Force on Child and Adolescent Mental Health

by Karen J. Saywitz, Ph.D.

UCLA School of Medicine, Department of Pediatrics

Chair, APA Inter-divisional Task Force on Child and Adolescent Mental Health

“Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them.” – U.S. Surgeon General, David Satcher, 2000

In 2000, the U.S. Surgeon General declared a public health crisis with tragic and costly consequences to families and society due to untreated mental health problems in children and youth. In 2003, the New Freedom Commission on Mental Health created by President Bush echoed this view, concurring that a nationwide overhaul was necessary. Members advocated a comprehensive national solution, equivalent to our commitment to immunization, where promotion of mental health is an integral component of primary health care for every child. As recently as May 2007, Speaker of the House, Nancy Pelosi, held a National Summit on America’s Children highlighting the same. APA added its voice to a growing national conversation with a Resolution on Children’s Mental Health.

Key for Pediatric Psychology is the fact that efforts at the highest levels of government, across two administrations, both political parties, and diverse (often competing) professional organizations have culminated in a shared vision that promotes mental health as primary health care for children. This model places Pediatric Psychology at the center of the reform effort.

How has Division 54 Responded?

Division 54 and seven other APA Divisions (7, 12, 16, 27, 37, 43, and 53) joined together in an Inter-divisional Task Force on Child and Adolescent Mental Health. The purpose of the task force is to keep the child mental health care crisis at the forefront of APA’s own agenda and to help APA take a national leadership role in realizing a primary mental health care model. To learn more see the reports at www.apa.org/pi/cyf/dpnacmh.pdf. One goal of the Inter-divisional Task Force has been increased public awareness of the crisis, both inside and outside of Psychology. Towards this end, the task force has:

- published over 30 articles in state psychological associations’ and divisional newsletters, as well as special issues of journals, including the *American Psychologist* (September, 2005);
- given input into the legislative process, including a Congressional briefing on child and family mental health planned for Fall 2007 tied to the re-authorization of SAMHSA and the re-introduction of the Child Health Care Crisis Relief Act, and NCLB;
- obtained a CODAPAR grant to develop two child mental health websites. The website for mental health professionals can be viewed at

www.apa.org/pi/cyf/cmh. A mock up of a consumer-based website can be viewed at <http://ucoll.fdu.edu/apa/>;

- planned public service announcements targeting children and parents on stations like Radio Disney to reduce stigma and promote access;
- created a new award to address the shortage of mental health professionals trained to work with children by recognizing training programs that do so and bringing them to the attention of their home institutions.

What can members do?

Division 54 members possess the scientific knowledge base, the practice and research skills, and the policy experience to take a leadership role in the reform effort. Members can learn more at <http://www.apa.org/pi/cyf/cmh>. Download Talking Points developed by the Inter-divisional Task Force on Child Mental Health at www.apa.org/ppo/issues/tftalkingpoints.html. Use Talking Points to:

- spread the word that the nation’s child mental health care system is broken and needs fixing. Talking points contain statistics to demonstrate how children fall through the cracks of a fragmented system, the shortage of trained child mental health professionals, and the staggering costs of unidentified and untreated mental health problems in children.
- educate front line workers (pediatricians, nurses) to take time to identify early warning signs and promote healthy socio-emotional development. Give an inservice on the value of “mental health check-ups,” early identification and early intervention in preventing mental health problems in children;
- train child psychologists to develop new competencies in consultation, collaborative practice, cross-discipline training, providing technical assistance, and translating theory and research for public consumption;
- advocate with local congresspersons. Attend an APA workshop on child advocacy sponsored by the Public Policy Office. Write an editorial delineating the needs.

Scientific research has reached critical mass. Policy makers are engaged. There is an opportunity for pediatric psychologists to play a major role in reconfiguring mental health policy, practice and research. Through its work on the Interdivisional Task Force on Child and Adolescent Mental Health, Division 54 is creating momentum to realize this goal both within psychology as well as outside the field, through partnerships with other disciplines. The task force is grateful for the continuing leadership, expertise and dedication that Division 54 members have contributed from its inception.

**To learn more about the activities of the task force
or to volunteer your expertise, contact its chair
Karen Saywitz at ksaywitz@ucla.edu.**

Children, Youth, and Families Office Report

by Mary Campbell, Director

Greetings from the Children, Youth, and Families Office (CYFO) at APA!

For those of you who are not familiar with our office, perhaps some background information would be helpful. Our history dates back to 1986, when APA's Council of Representatives established CYF to ensure "... that children, youth, and families receive the full attention of the Association in order that all human resources are actualized." At that time, the central office provided staff support to the Committee. However, as the Committee grew and as the Association's members became more actively involved in child, youth, and family issues, the office grew to meet the demand.

Office Staff

Today, the CYFO employs three full-time staff members: Efua Andoh, program manager, Carmela Bolding, administrative coordinator, and me, Mary Campbell, director. Together, we provide ongoing support to the Committee on Children, Youth, and Families and to other time-limited topic-specific groups as needed. We also have a liaison with various child-, youth-, and family-focused divisions, including Division 54. Currently, Lonnie Sherrod is CYF Committee chair and Barbara Fiese

is chair-elect. Members also include Karen Budd, John Hagen, Mario Hernandez, and Scott Nolen. We look forward to welcoming Connie Morrow as Division 54's new liaison.

Activities Update

Recent activities have shifted from a focus on the APA Convention to the fall meeting season. The CYFO provides support to three APA governance groups: the Committee on Children, Youth, and Families, Task Force on Evidence-Based Practice with Children and Adolescents (chaired by Anne Kazak), and the Task Force on Resiliency and Strength in Black Children and Adolescents (chaired by Stephanie Coard).

Over the past months, the Committee has addressed a number of issues important to Division 54 membership, including immigrant children, youth, and families; children and disasters; sexuality education; homelessness; children's mental health; and lesbian, gay, and bisexual youth in schools. For the full text of the APA policy statements addressing these and other issues, visit www.apa.org/pi/cyf/resolution.html.

Current issues that the Committee is addressing include childhood obesity and family mealtimes, unlicensed residential treatment

centers for youth, mental health services to young children in the child welfare system and to youth in the juvenile justice system, civic engagement, the transition from adolescence to young adulthood, and early childhood education.

The Committee works closely with the Public Interest Government Relations Office to advocate on behalf of children and families with the US Congress and federal agencies. By taking psychology's knowledge to policy makers, members can help shape policy and programs that will truly benefit children and families.

For more information about the APA Committee on Children, Youth, and Families and the APA Children, Youth, and Families Office, visit www.apa.org/pi/cyf/. Among other things, you will find the CYFNEWS, CYF annual reports, and the Public Interest Children, Youth, and Families Activity Summary.



Grants and Awards

2007 Division 54 Student Award Winners

Student Poster Award Winners

Robin A. Frutchey, Kennedy Krieger Institute
"Behavioral Intervention to Increase Compliance with Pediatric Electroencephalographic (EEG) Procedure"

Olivia Hsin, University of Miami
"Measuring Adherence in Hispanic Adolescents with Type I Diabetes"

Yelena P. Wu, University of Kansas
"A Meta-analysis of Interventions to Increase Adherence to Medication Regimens for Pediatric Otitis Media and Streptococcal Pharyngitis"

Student Travel Award Winners

Jade A. Bender, University of Kansas
"Changing Routines: Adolescent Experimentation with Asthma Medications"

Melissa Carpentier, Oklahoma State University
"Parenting Capacity Variables and Adjustment in Children Diagnosed with Cancer"

Laura Howe-Martin, University of North Texas
"Adolescent Self-Mutilating Behaviors and the Role of Experiential Avoidance"

Olivia Hsin, University of Miami
"Measuring Adherence in Hispanic Adolescents with Type 1 Diabetes"

Melissa K. Smothers, University of Wisconsin-Milwaukee
"Experiences of Adolescents with Type I Diabetes as They Transition into High School: A Qualitative Account"

Dissertation Award for Public Policy

The American Psychological Foundation Annette Urso Rickel Foundation Dissertation Award for Public Policy supports dissertation research on public policy, which has the potential to improve services for children and families facing psychosocial issues. Examples of eligible topics include but are not limited to issues with at-risk populations, prevention of child abuse, services for youth in the criminal justice system, effectiveness of school programs for children with psychological issues, using psychology in public policy to improve math and science education, and promoting healthy parenting.

Applicants for the \$1,000 scholarship must be enrolled full time and in good standing in a psychology graduate program at a regionally accredited U.S. or Canadian college or university. Applicants must also have approval of the dissertation proposal by the dissertation committee prior to application, and no record of having received either an APA or APF dissertation award. APF encourages applications from individuals who represent diversity in race, ethnicity, gender, age, and sexual orientation.

To apply, submit a dissertation summary, including a brief description of the research design and budget (three-page limit, font size no smaller than 11); letter of recommendation from a faculty advisor, and current CV online at <http://forms.apa.org/apf/grants/> by **November 1, 2007**.

For more information, visit www.apa.org/apf. Direct program questions to Program Officer Idalia Ramos at iramos@apa.org.

Congressional Fellowship Program

The APA Congressional Fellowship Program, now in its 31st year, offers members the opportunity to spend a year as a special assistant with a member of Congress or congressional committee. The program is intended to: 1) provide psychologists with experience in public policy development and implementation; 2) contribute to the more effective use of psychological knowledge in government; and 3) broaden awareness about psychological research and treatment within the federal government.

For more information, visit www.apa.org/ppo/fellows. Direct questions to Michael Haskell-Hoehl at mhaskell-hoehl@apa.org. Application deadline for the 2008-09 term is **January 2, 2008**.

SPP International Travel Award

A travel award of up to \$1500 is available to an SPP member attending an international meeting, making an overseas presentation on a pediatric psychology topic, or serving as a research collaborator or visiting professor overseas. The award's purpose is to promote international visibility and increase international membership in SPP.

To be considered for the award, please submit:

1. A one- or two-page cover letter detailing a) the name and location of the conference or university sponsoring your presentation or collaboration; b) a brief description of your planned activities; and c) an outline of the activities you plan to undertake that will improve the international visibility of SPP and lead to new SPP international members.
2. A current CV.
3. The names of up to five pediatric psychologists overseas to receive a free one-year SPP membership and JPP subscription.

Please send materials by **Oct. 1, 2007** to:

Tonya Palermo, Ph.D.
Departments of Anesthesiology & Peri-Operative Medicine
UHS-2/Oregon Health & Sciences University
3181 SW Sam Jackson Park Road
Portland, OR 97239
palermot@ohsu.edu

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/or service.

A letter of nomination outlining accomplishments and a curriculum vitae for all faculty awards should be sent by December 1, 2007 to:

Alan Delamater, Ph.D.
Mailman Center for Child Development (D-820)
PO Box 016820
University of Miami School of Medicine
Miami, FL 33101
adelamater@med.miami.edu

Upcoming Conferences

First Annual SREE Conference

The First Annual Society for Research on Educational Effectiveness Conference will take place March 2-4, 2008 at the Hyatt Regency in Crystal City, Virginia. This conference will focus on pragmatic decisions and critical outcomes and offer symposia, paper sessions, poster sessions, and training opportunities. SREE invites reports of research that address such questions for one (or more) of the following educational outcomes:

- Reading, writing, and related language skills
- Mathematics and science achievement
- Social and behavioral competencies
- Dropout prevention and school completion
- Research methodology—measurement, design, and data analysis

Call for submissions: **Sept. 17, 2007**/Abstract deadline: **Nov. 1, 2007**.

For more information, visit <http://educationaleffectiveness.org> and join SREE's mailing list at www.educationaleffectiveness.org/pages/membership/application.shtml.

2008 National Conference on Child Health Psychology

The Society of Pediatric Psychology, along with the departments of Psychology and Pediatrics at the University of Miami and the National Institute of Mental Health, will sponsor the **2008 National Conference on Child Health Psychology** April 10-12 at the Miami Beach Resort and Spa (www.miamibeachresortandspa.com).

The program will include plenary presentations by topic chairs and a keynote speaker, oral presentations, student-oriented programming, and several poster sessions. Keynote speaker will be Dr. Donna Shalala, former U.S. Secretary of Health and Human Services, who will speak on Public Policy and Child Health.

Confirmed speakers include:

- Marian L. Fitzgibbon, Ph.D. – School and Community Interventions in Child Health Psychology
- Lindsey L. Cohen, Ph.D. – Evidence-Based Assessments in Pediatric Psychology with Panel Discussion
- Nancy Kassam-Adams, Ph.D. – Evaluating and Treating Trauma in Pediatric Settings
- Ken Resnicow, Ph.D. – Motivational Interviewing: Applications to Child Health Populations

Submission deadline for posters and oral presentations any topic related to child health psychology is **October 15, 2007**. CE credits for psychologists will be available.

For more information, visit www.childhealthpsych2008.com.



Society of Pediatric Psychology Division 54, American Psychological Association

2007 Membership Application Form

Name _____
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Fax Number _____
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\$	Dues PAID
\$	Routh Award Endowment Fund: Named in honor of its primary benefactor, this permanent fund provides grants and awards consistent with the purposes of the society. Voluntary contribution
\$	TOTAL U.S. FUNDS (Checks made payable to Society of Pediatric Psychology)

Return this form with payment to:

Carolyn Ievers-Landis, Ph.D., Treasurer
Society of Pediatric Psychology
P.O. Box 170231
Atlanta, GA 30317

Dues Category (check one box)

- \$45 ☐ APA Member ☐ APA Affiliate*
\$45 ☐ Psychologist, not member of APA
\$45 ☐ Physician
\$45 ☐ Allied professional at or below doctoral level
\$30 ☐ Fully retired
\$20 ☐ Actively enrolled psychology student (undergraduate, graduate, or post-doctoral training)
Faculty signature _____

*If you are a student affiliate of APA, you are eligible to join SPP at the student rate.

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Encourage a colleague to join!



**Society
of Pediatric
Psychology**

Vision Statement

Pediatric 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

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Progress Notes

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