Sometimes, when you’re away from something for a long time, you notice gradual changes that you might have missed if you had stayed in that situation throughout. I’ve had an experience like this recently that pertains to our profession and its broader influences on children’s health care.

I was an invited speaker at the recent joint meeting of the Pediatric Academic Societies and the Asian Society for Pediatric Research, probably considered to be the main meeting for pediatricians strongly committed to research and evidence-based practice. This was my second visit to a PAS conference, the first having been over 20 years ago.

The first time I attended PAS, I had to work to find content in the program to interest a psychologist and, when I introduced myself as a psychologist to pediatricians at the meeting, I generally got reactions such as “How unique for a psychologist to attend this meeting!” or, more directly, “There’s probably not much here that interests you.” The program mostly concerned biomedical research about laboratory tests, diagnostic dilemmas, and medication controversies with less attention given to psychological, behavioral, and developmental questions. I didn’t expect to attend again.

When a couple of pediatric endocrinologist friends asked me to take part in this year’s conference in a symposium on adherence in pediatric chronic medical conditions, I reluctantly agreed. In retrospect, my experience proved to be more valuable and stimulating than I had anticipated. I could not help but be struck by a substantial increase in the proportion of the program dedicated to topics of great interest to pediatric psychologists. The increase was so substantial that it simply wasn’t possible to attend everything of interest since so many valuable sessions overlapped.

The program was full of sessions on topics like these: effects of early environmental and toxic exposures on children’s behavior disorders; screening for maternal depression; prevention of family violence, particularly gun violence; the transition to adult care for adolescents with chronic conditions; technologically based health interventions; family-centered care; screening for parental depression; neuropsychological sequelae of prematurity, growth failure, and malnutrition; strategies to circumvent health literacy problems; adolescent risk-taking behaviors; shared medical decision making; and the pediatricians’ role in prevention and early detection of behavioral and developmental disorders. Even though I stayed fully occupied in sessions while I was there, I know I missed even more worthwhile sessions that I would have liked to attend.

Another change was the pediatricians’ comments. More conversations concerned who their psychologist colleagues were, what activities and services occupied them, and what kinds of collaborations they were developing. Working closely with pediatric psychologists seems to have become much more normative in the past two decades.

Although I recognize that my brief observational study is flawed (perhaps along with any conclusions based on it), I came away from the conference with the sense that pediatric psychology has had a clear influence on children’s health care, at least among academically inclined pediatricians. Issues that have typically been pushed forward by psychologists seem to be increasing as topics of conversation between pediatricians, even when there are few pediatric psychologists.

I freely admit that some of these changes may be more properly credited to pediatricians and other health care providers or perhaps even attributed to broader social forces such as the multiculturalism, widening income inequality, institutional failures, senseless gun violence, social pathology, and disintegration of families that have become such pervasive influences on our lives.

But I am also convinced that pediatric psychologists have had a substantial influence by bringing to bear evidence-based assessment and intervention strategies and a scientist-practitioner approach to collaborative health care for children. By no means are we all the way there yet, but things seem to be moving in the right direction.
The newly established Carolyn Schroeder Clinical Practice Award was given to Bryan Carter, Ph.D. This award recognizes excellence, innovation and leadership in the clinical practice of pediatric psychology.

Carter is a professor of pediatrics at the University of Louisville School of Medicine’s Division of Child and Adolescent Psychiatry and Psychology and is director of the Pediatric Consultation-Liaison Service at Kosair Children’s Hospital, chief psychologist with the Bingham Clinic, and director of postdoctoral fellowship training in pediatric psychology. He received his Ph.D. in clinical child psychology from the University of Virginia, pre-doctoral residency at USAF Medical Center in San Antonio, and postdoctoral fellowship in pediatric psychology at the University of Oklahoma School of Medicine.

Carter is nationally recognized for his research on inpatient pediatric consultation-liaison psychology. He has been the co-chair of the Div54 CL SIG and manages the Pediatric Psychology Resource Bank website sponsored by the CL SIG. His most recent clinical and research activity has been developing a manualized treatment program for adolescents with painful and fatiguing conditions associated with pediatric chronic illness, the Children’s Health and Illness Recovery Program (CHIRP).

He also developed the Kosair Coping Cart and Mini-Coper, and the www.copingclub.com website, in conjunction with Kosair Children’s Hospital. This video project has received national attention and has joined the efforts of several children’s hospitals in providing a library of useful patient-generated videos to augment patient clinical and teaching activities to facilitate patient education, coping and adherence with hospitalization, and illness management.

The Dennis Drotar Distinguished Research Award was given to Tonya Palermo, Ph.D. This award recognizes excellence and significant contributions in establishing the scientific base of pediatric psychology.

Palermo is a professor of Anesthesiology and Pain Medicine at University of Washington with adjunct appointments in Pediatrics and Psychiatry and is a principal investigator in the Center for Child Health Behavior and Development at Seattle Children’s Research Institute.

Palermo’s longstanding NIH-funded research program has focused on assessment and treatment of chronic pain in children and adolescents. She is specifically interested in cognitive-behavioral interventions, delivery of psychological treatment via the internet, sleep disturbances, and parent/family factors as they relate to pain treatment. She has published over 120 peer-reviewed articles and a book on cognitive-behavioral therapy for chronic pain in children and adolescents.

Through her work as program director for the University of Washington Anesthesiology T32 program, she is active in training clinician-scientists at the postdoctoral and junior faculty level. Palermo has served on the executive boards of the Society of Pediatric Psychology and the American Pain Society, serves as an associate editor for the Clinical Journal of Pain and the Journal of Pediatric Psychology, and has been elected Fellow of the American Psychological Association.

She also serves as a regular member of an NIH study section, Behavioral Medicine Interventions and Outcomes.
The Martin P. Levin Mentorship Award was given to Edward R. Christophersen, Ph.D., ABPP. This award honors a pediatric psychology faculty member who mentors students in an exemplary way, providing professional advice and guidance through various phases of training including early-career development.

Christophersen is a professor of pediatrics at the University of Missouri at Kansas City School of Medicine and a staff psychologist at Children’s Mercy Kansas City. As chief psychologist, he served as co-advisor for 33 Ph.D. students and as a clinical supervisor to over 100 pre- and postdoctoral trainees. He co-authored the best-selling APA book, Treatments that Work with Children, now in its second edition. He has published over 100 papers and chapters with trainees as co-authors.

In 2013, he co-authored the peer-reviewed Primer for Career Development and Promotion: Succeeding as a Psychologist in an Academic Health Center through APA’s Clinical Psychology Division (12). As chair of one of the School of Medicine’s promotion committees, he has served as a mentor to over 30 Ph.D.s and M.D.s applying for promotion.

The Routh Early-Career Award was given to Amy Holley, Ph.D. This award recognizes significant contributions to the field of pediatric psychology in research, clinical training, and/or service during the early career.

Holley is an assistant professor of psychology in the Institute on Development and Disability at Oregon Health and Science University (OHSU). She received a Ph.D. in clinical child/pediatric psychology from Case Western Reserve University. She completed her predoctoral internship at Children’s Hospital Boston/Harvard Medical School and postdoctoral training at OHSU.

Her research interests include functional outcomes in children and adolescents with chronic pain and treatment of chronic pain in primary care. Currently, she is examining conditioned pain modulation, psychological factors, and sleep disturbances as risk factors for the development of chronic musculoskeletal pain in children and adolescents ages 10-17 years. The study utilizes a combination of psychophysical and psychological assessment to identify risk factors for pain persistence and understand pain mechanisms.

The Wright Ross Salk Award for Distinguished Service was given to Sharon Berry, Ph.D. In recognition of the early founders of pediatric psychology, this award honors outstanding service contributions to the Society of Pediatric Psychology or to the field of pediatric psychology generally.

Berry is director of internship training and psychological services site lead at Children’s Hospitals/Clinics of Minnesota. A Fellow of Division 54, she was previously honored in 2007 with the Martin P. Levin Mentorship Award. She served two terms on the SPP Board (2001-06), during which time she coordinated awards for members and students. Berry developed and continues to coordinate the SPP Mentoring Project connecting students and early-career members with mid- to senior-career division members for guidance and mentoring related to professional development, clinical services, and research.

Berry has served on a number of national boards within the education/training or health areas including APA Board of Educational Affairs, APPIC, Division 12, APAHC, and the Council of Clinical Health Psychology Training Programs.

Apply for Division 54 Fellow Status

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

Application Procedures
Submit materials by November 15 for consideration during the next cycle. Applications are reviewed by the SPP Fellows Committee, if positive, the supporting materials go the APA Fellows Committee in February. If positive, application goes to the Board of Directors and Council of Representatives for a vote at the annual meeting.

For more information
The collaborations between psychologists and pediatricians are often viewed as fairly recent developments. However, these relationships are more than a century in the making. Pediatrics as a specialty was founded in the mid-1800s, with evidence of psychology’s involvement since the 1890’s. Lightner Witmer (1867-1956) of the University of Pennsylvania, often credited with first defining clinical psychology (McReynolds, 1997; Witmer, 1907), wrote of the opportunities for collaboration, stating that pediatricians have the opportunity to learn “what normal, mental, and physical conditions manifest themselves in and out of the school-room” from psychologists, while psychologists are to learn from the pediatrician “the morbid and abnormal conditions that are frequently met with in childhood, and to acquire some knowledge… towards their amelioration” (Witmer, 1896, p. 391).

In 1911, the American Psychological Association (APA) established a Committee on the Relations between Psychology and Medical Education (Franz, 1913). The committee began discussions about psychology’s involvement in medical education. In 1921, psychology and pediatrics were both provided with support for their work with the passage of the Sheppard-Towner Act, which increased funding for maternal and child health centers across the country, dramatically increasing the availability of pediatric care and decreasing the rates of infant mortality (Lemons, 1969; U.S. Congress, 1921).

Around this time, child-focused research began to expand, with pediatricians focusing on the etiologies of and treatments for childhood illness (Golden, 2011). The Society for Research in Child Development (SRCD), a multi-disciplinary organization involving psychologists, was founded in 1933 (Hagen, 2008). Behavioral psychology was also on the rise, resulting in the founding of behavioral clinics, including the Massachusetts Habit Clinics, within hospitals that focused on habit training, parenting skills, and developmental assessment (Thom, 1938).

John Edward Anderson, (1893-1966) of the University of Minnesota and president of SCRD (1942-1944) and APA (1942-43; Ohles, Ohles, & Ramsay, 1997; Templin, 1968), addressed the American Medical Association and articulated both the strengths and weaknesses of psychology at the time: “Unfortunately, [psychologists], who are slowly, but surely building a science, seldom secure the ear of the public and to their regret must see their field constantly misrepresented and exploited by the charlatan and the quack in a manner not unlike that which works to the harm of scientific medicine (Anderson, 1930, p. 1016).” In his address, Anderson focused on opportunities for psychologists to utilize their unique skills within pediatrics, including their strong training in child development and conceptualization of children as more than “adults in miniature.” He believed that psychology could contribute to the practice of pediatrics though intelligence testing, developmental assessments, and child behavior training, areas in which pediatricians and nurses were often undertaught.

While views that pediatric medicine and psychology could benefit from working and training together were shared by some, a schism existed between those who thought psychologists stood poised to contribute to well-being of children and those who believed it was a “menace.” Joseph Brennemann (1872-1944), a prominent pediatrician (Gibson, 1944), was the latter. His views reflected prominent issues at the time, including the proprietary role of pediatricians in dispensing information to parents and the underdeveloped status of psychiatry. He believed that pediatricians would meet the psychological needs of children. He stated, “It hardly seems feasible [for a mother] to consult a psychiatrist periodically as she did a pediatrician, although one psychiatric group has maintained that one out of every three children should have psychiatric care. God help the race if it is true” (Brennemann, 1933, p. 16).

Throughout the 1940’s, progress in pediatric medicine continued to create opportunities for the involvement of psychologists. For example, the shift to preventative medicine, including immunizations, nutrition, and the use of antibiotics (Connolly, 2011) that resulted in dramatic declines in infant and child mortality, provided more opportunities for addressing behavioral concerns in children. Public interest in child rearing increased, with the publication of popular books on psychology, including Benjamin Spock’s The Common Sense Book of Baby and Child Care (Spock, 1946).

Outside of medicine, World War II dominated society during the early 1940’s and the focus of medicine and psychology shifted necessarily to treating the physical and mental health of returning soldiers. However, after demonstrating the merits of psychology during the war (Hoffman, 1992), governmental funding for clinical psychology programs increased and the scientist-practitioner focused Boulder Model was established in 1949. Having a standardized focus and requirements for graduate training bolstered the perception that psychology was developing as a profession, gaining the respect of other professionals (Baker & Benjamin, 2000). By the late 1940’s, psychologists were still primarily practicing in psychiatric hospitals and with adults (Mensh, 1953). There is evidence though that progress within child psychology was continuing. For example, the first version of the Wechsler Intelligence Scales for Children was published in 1949 (Wechsler, 1949).

In conclusion, collaborations between psychologists and pediatricians have deep roots dating back to the late 1890’s. Individuals on both sides foresaw the benefits of interdisciplinary treatment of children, although growth in these collaborations was slow during the first part of the 20th century. The roots of these collaborations are seen in current models of pediatric psychology practice and integrated care in pediatrics.

References
Available online.

About the Authors
Jennifer L. Lee, M.S. is a graduate student in the Department of Psychology at the University of Georgia and the SPP Student Representative. This article is based on a presentation prepared initially for a History of Psychology class.

Anne E. Kazak, Ph.D., ABPP is co-director of the Nemours Center for Healthcare Delivery Science and professor in the Department of Pediatrics at Thomas Jefferson University. She is the SPP historian.
A Host of Exciting Special Issues in the Journal of Pediatric Psychology
By Grayson N. Holmbeck, Ph.D.

Exciting things are happening in the Journal of Pediatric Psychology (JPP). In Issue #2 (March) of this year, Kris Berlin and Bryan Karazsia guest edited a special issue on Quantitative Methodologies. I hope that our readers find this issue useful; indeed, the editors asked authors to write “readable” papers on statistical methods.

In Issue #8 (Sept.), we will publish a double-length issue on Evidence-Based Interventions in Pediatric Psychology, guest edited by Tonya Palermo. One exciting feature of this special issue is that it will be published simultaneously with a related Clinical Practice in Pediatric Psychology (CPPP) special issue, guest edited by Bryan Carter. In order to make room for this “fat” issue within our page allocations, some of the other 2014 issues will need to be “skinny.”

Two special issues currently being processed are: 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 Grayson Holmbeck.

Finally, we have a number of exciting special issues with active calls: 1) Resilience in Youth with Chronic Illnesses or Developmental Disabilities and their Families, guest edited by Marisa Hilliard, Korey Hood, Laura Nabors, and Elizabeth McQuaid — Deadline: 12/01/2014; 2) Trauma and Child Health, guest edited by Annette La Greca, Jonathan Comer, and Betty Lai — Deadline: 12/01/2014; 3) Diversity and Health Disparities, guest edited by Celia Lescano, Daphne Koinis-Mitchell, and Elizabeth McQuaid — Deadline: 02/01/2015; and 4) Cost-Effectiveness and Economic Impact of Pediatric Psychology Intervention, guest edited by David Janicke and Kevin Hommel — Deadline: 05/01/2015.

I would also like to remind readers about JPP’s new ongoing series: Historical Analysis in Pediatric Psychology. This special series of papers is devoted to the history of pediatric psychology. Authors interested in submitting a paper for this series can contact me to discuss potential papers prior to submission. There is no deadline for these papers. They may be submitted anytime. All submissions will be peer reviewed and should comply fully with the JPP Instructions to Authors. Papers in this series should be tightly focused contributions that expand our understanding of the roots, evolution, and/or impact of pediatric psychology as a discipline. Manuscripts may focus on the influence of individuals, published works, organizations, conceptualizations, philosophies or approaches, or clinical and professional activities. Successful papers should articulate a clear purpose/question and develop a compelling argument for the topic. Contributions should include a breadth of coverage, such that contradictory data are included and potential biases acknowledged. Papers should rely on primary sources and must be clearly and appropriately referenced.

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

For any type of manuscript, the Instructions to Authors can be found at 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.

Journal of Clinical Practice in Pediatric Psychology Highlights
By Jennifer Shroff Pendley, Ph.D.

Be on the look-out for our special issue on Evidence-Based Interventions. As a reminder, this issue will be in tandem with and will complement the systematic reviews in the Journal of Pediatric Psychology’s Special Issue. The special issues will arrive next fall. We want to thank Bryan Carter for his tireless work on this issue.

In addition, CPPP has a new call for papers on Best Training Practices in Pediatric Psychology, focusing on illustrations of best practices within a specific competency cluster area (e.g., interpersonal, science, professionalism, systems) and/or by training level (e.g., postdoctoral training). Please direct inquiries about this special issue to Tonya Palermo at tonya.palermo@seattlechildrens.org.

We are also soliciting additional papers on training issues and quality improvement. If you have questions regarding the appropriate-ness of your manuscript, please email Paul Robins for training at robinsp@email.chop.edu or Jennifer Schurman for quality improvement at jschurman@cmh.edu.

We have scheduled an editorial board meeting at APA. Currently, the meeting is scheduled for Saturday at 1 p.m., in the Marriott Marquis Parragut North meeting room. But please double check the schedule at the time of the conference. We hope to see you there!
Examining Family Adjustment through a Multicultural Lens: Latino and non-Latino White Siblings of Children with Autism

By K Long, Ph.D.

Background
The 2013 SPP Diversity Research Grant funded a pilot project examining cultural influences on siblings’ adjustment to a brother’s or sister’s autism diagnosis. The current study focuses on siblings of children with autism due to the salience of autism as a public health priority and the pronounced effects of autism on the family’s day-to-day functioning and emotional climate.

Pediatric psychology has taken an increasingly family-focused approach to its clinical and research initiatives. Stressors associate with childhood illnesses and disabilities often disrupt family functioning, with effects extending to siblings. Although many siblings of children with pediatric diagnoses function well, siblings are at risk for increased distress and poor adjustment to their brother’s or sister’s condition.

A major gap in the literature examining family or sibling functioning is the lack of attention to cultural factors. A small body of work suggests that Latino siblings of children with autism have a greater risk of adjustment difficulties than their non-Latino white counterparts, independently of socio-economic status. The reasons for this remain unclear. Collectivist, family-oriented values may influence how autism is understood and integrated into daily life by decreasing reliance on outside support and increasing the family’s role in autism management. This has implications for siblings’ caretaking responsibilities throughout the lifespan.

Objectives
To explore the intersection of culture, autism, and families, the current mixed-methods study of Latino and non-Latino white siblings of children with autism examines: 1) cultural values in relation to siblings’ experiences of autism, and 2) siblings’ personal adjustment and internalizing symptoms.

Methods
Twenty (10 Latino, 10 non-Latino whites) 8- to 17-year-old siblings of children with autism were enrolled between August 2013 and April 2014. English- and Spanish-speaking families were recruited through: 1) direct service providers and clinics that serve diverse families of children with autism and 2) autism-focused community events. Data collection occurred in participants’ homes (75%) or the research office (25%).

Siblings completed 45- to 60-minute qualitative interviews assessing: 1) how autism is understood and experienced by the family, 2) the meaning of autism and whether it is appraised as positive, negative, or neutral, 3) family communication about involvement in future autism management. Parents and siblings completed quantitative measures of siblings’ personal adjustment and emotional/behavioral functioning. To increase power, quantitative data will be combined with existing sibling data.

Implications
This work is embedded within a larger research program examining relationships among illness/disability, culture, and family and sibling functioning. Findings from this study will inform the design of culturally sensitive interventions to support siblings and families of children with chronic conditions and improve family-based illness management.

References

ABCCAP News
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 from fall and early winter including:

Mysa Akbar
Heather Crabtree
Sara Hoffenberg
Rebecca Johnson
Stephon Proctor
Patrick Reilly
Lawrence Rubin

There are many board certification professional benefits, such as those offered through ABPP. For more information, visit ABCCAP online at www.clinicalchildpsychology.com/, or ABPP online at www.abpp.org/i4a/pages/index.cfm?pageid=3352, or send an email to ABCCAP@abpp.org.

In the coming year, workshops and exams will be held at several national meetings, including the Society of Pediatric Psychology Annual Conference in Philadelphia in March and the National Conference in Clinical Child and Adolescent Psychology, sponsored by Division 53, in Lawrence, Kansas in October.

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

If you currently hold ABCCAP certification, plan to attend an examiner training workshop at the NCCCAP Conference in October. Please contact me at lmcovitz@cmh.edu.
**Division 53/54 Hospitality Suite**

Marriott Marquis Washington, D.C. Hotel

**Thursday August 7, 2014**

3–4 p.m.
D54 Complementary and Integrative Medicine (CIM) Special Interest Group
Open to all D54 members.

4–5 p.m.
D54 Neonatology Special Interest Group
Open to all D54 members.

**Friday August 8, 2014**

12–2 p.m.
D54 Workforce Study Task Force Meeting
Intended for members of the task force.

5–6 p.m.
D54 Integrated Primary Care (IPC) Special Interest Group
Open to all D54 members.

7–8 p.m.
D37/D53/D54 Student Social Hour
Informal opportunity to meet, socialize, and network with other student members and leaders in the field. Open to all.

**Saturday August 9, 2014**

12–1 p.m.
D54 Obesity Special Interest Group
Open to all D54 members.

1–2 p.m.
D53 Distinguished Career Award Reception
Open to all D53 members.

3–4 p.m.
D54 Student Event: Preparing for Internship in a Medical Setting
Open to all students.

7–8 p.m.
D54 Social Hour
Open to all D54 members.

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**SPP and APA In Washington, DC 2014**

By Erica Sood, Ph.D.
2014 Division 54 APA Program Chair

The 122nd annual APA Convention will be held August 7–10 in Washington, DC. Division 54 is offering a first-class program of symposia, panel discussions, skill-building sessions, and poster presentations. In addition, cross-divisional, collaborative programming is scheduled for all four days of the convention and will take place in the Walter E. Washington Convention Center and the Marriott Marquis Washington, D.C. Hotel.

This year’s highlights include several panel discussions with leaders in the field, including “Child Obesity Interventions: Innovative Strategies for Underserved Communities,” chaired by Annette La Greca, “Past, Present and Future of eHealth Interventions: A Panel Discussion of Critical Issues,” chaired by Lee Ritterband, and “Integrated Health Care in Pediatric Settings – Hot Topics and Future Directions,” co-chaired by Susan McDaniel and Carolyn Schroeder. Featured symposia and skill-building sessions include “Promoting Healthy Development – Next Steps Following the Second National Summit” chaired by Mary Ann McCabe and “Forging Psychologist and Pediatric Primary Care Collaborations Through Virtual Integration,” co-chaired by Barbara Ward-Zimmerman and Carolyn Greene. D54 has collaborated with other APA divisions on several cross-cutting symposia, including “Innovative Strategies Assessing Patient Outcomes in Integrated Pediatric and Adult Primary Care” and “Code Prevention: Psychology’s Contribution to Youth Suicide Prevention in the Emergency Department.”

Another outstanding development this year is the wealth of programming geared towards students, trainees, and early-career psychologists. On August 8, Division 54 will host an informal, speed-mentoring session, immediately followed by a discussion chaired by Ethan Benore titled, “Your First Job as a Child Clinical/Pediatric Psychologist: Transitions, Hurdles, and Opportunities.” Students will also present their own work in a program and poster session titled, “Exemplary Student Research in Pediatric Psychology.” An APA convention would not be complete without the annual “Internships and Postdoctoral Fellowship Training Programs on Parade” event, hosted by divisions 53 and 54 on Saturday.

While attending the convention, please stop by the hospitality suite. Divisions 54, 53, and 37 will host a student social hour on Friday evening. Several special interest groups (SIGs) will also host informal meetings in the suite, which will be an opportunity for continued networking and collaboration. And don’t forget to catch up with friends and colleagues at the Division 54 social hour in the hospitality suite on Saturday evening.

This convention will provide opportunities to take in stimulating presentations and panel discussions, network with colleagues from around the world, visit distinguished landmarks, and experience top-notch shopping and dining.

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The Program Committee would like to thank the following pediatric psychologists who served as Division 54 proposal reviewers:

- Melissa Alderfer
- Jodie Ambrosino
- Gerard Banez
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- Sharon Berry
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- Ronald Blount
- Stephen Boggs
- Joseph Bush
- Lauren Clary
- Rachael Coakley
- Laura Dewey
- Christina Duncan
- David Fedele
- Cheyenne Hughes-Reid
- Jodi Kamps
- Bryan Karazsia
- Amy Lewandowski
- Sunyne Mayes
- Elizabeth McQuaid
- Victoria Miller
- Tonya Palermo
- Julia Price
- Jacqueline Sanz
- Amy Sato
- Mariella Self
- Laura Simons
- Kathy Zebracki
2014 APA Division 53/54 Convention

Friday, August 8, 2014

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<tr>
<th>Time</th>
<th>Division 53</th>
<th>Division 45</th>
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<tbody>
<tr>
<td>8–10 am</td>
<td>Symposium: Innovative Models for Implementing Evidence-Based Practices in Schools and Communities Convention Center Rm 149B</td>
<td>Symposium: Implications of Social Media Use by Clients and Clinicians Convention Center Rm 151B</td>
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<tr>
<td>10 am–12 pm</td>
<td>Symposium: Innovative Models for Supporting Military Families in the Community Convention Center Rm 144A</td>
<td>Symposium: Code Prevention—Psychology’s Contribution to Youth Suicide Prevention in the Emergency Department Convention Center Rm 151A</td>
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<tr>
<td>2–4 pm</td>
<td>D53 Presidential Address—Joan Asamow: Resilience and Wellness: Innovative Care for Youths in This Era of Health Care Redesign &amp; Technology Convention Center Rm 144A</td>
<td>Skill-Building Session: Innovative Strategies Assessing Patient Outcomes in Integrated Pediatric and Adult Primary Care Convention Center East Salon C</td>
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<tr>
<td>4–5 pm</td>
<td>Symposium: Adolescent Depression—Can Schools Help? Convention Center Rm 144B</td>
<td>Discussion: Speed Mentoring for Students and Trainees in Pediatric Psychology Convention Center East Salon C</td>
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<tr>
<td>5–6 pm</td>
<td>D53 Executive Committee Meeting Marriott Marquis Washington DC Hotel, Capitol Hill Room</td>
<td>D53/D54 Discussion: Your First Job As a Child Clinical/Pediatric Psychologist—Transitions, Hurdles, and Opportunities Convention Center East Salon C</td>
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<td>6–8 pm</td>
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<td>D54 Executive Committee Meeting Marriott Marquis Judiciary Square Room</td>
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Thursday, August 7, 2014

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<tr>
<td>8–10 am</td>
<td>Symposium: Longitudinal Outcomes of College Students With ADHD—Initial Findings From Two Studies Convention Center Rm 143B</td>
<td>Symposium: Parents of a Critically Ill/Injured Child—Psychosocial Adjustment &amp; Intervention Convention Center Rm 144B</td>
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<tr>
<td>10 am–12 pm</td>
<td>Symposium: Building Resilience Within Special Populations—Focus on Youth and Military Family Systems Convention Center Rm 159</td>
<td>Paper Session: Exemplary Ped Psych Student Research Convention Center Rm 204B</td>
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<tr>
<td>12–2 pm</td>
<td>Symposium: State of the Art Treatment and Research for Suicidal Adolescents Conv Ctr Rm 145A</td>
<td>D53 Symposium: School Community Safety—Promoting Positive Youth Development Conv Ctr Rm 152A</td>
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<tr>
<td>2–3 pm</td>
<td>D53 Presidential Address—Joan Asamow: Resilience and Wellness: Innovative Care for Youths in This Era of Health Care Redesign &amp; Technology Convention Center Rm 144A</td>
<td>Symposium: Differential Patterns of Violence Exposure and Psychological Outcomes Among Urban Youth Conv Ctr Rm 160</td>
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<tr>
<td>3–4 pm</td>
<td>D53 Business Meeting Convention Ctr Rm 144A</td>
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<td>4–7 pm</td>
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<td>D54 Executive Committee Meeting Marriott Marquis Judiciary Square Room</td>
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All sessions take place in the Walter E. Washington Convention Center unless otherwise indicated. The Division 54 Hospitality Suite is located at the Marriott Marquis Washington, DC Hotel. For complete schedule, see page 7.
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<th>Time</th>
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<tr>
<td>8–9 am</td>
<td>D53/D54 Panel Discussion: Child Obesity Interventions—Innovative Strategies</td>
<td>Symposium: Innovative Evidence-Based Interventions for Military Families</td>
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<td>for Underserved Communities</td>
<td>Conv Ctr Rm 150A</td>
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<tr>
<td>9–10 am</td>
<td>Poster Session: Patterns and Predictors of Child and Adolescent Mental Health</td>
<td>Skill-Building Session: Forging Psychologist and Pediatric Primary Care Collaborations Through Virtual Integration</td>
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<td>Conv Ctr Rm 144A</td>
<td>Convention Center Rm 154A</td>
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<tr>
<td>10–11 am</td>
<td>Poster Session: Child and Adolescent Mental Health—Assessment, Diagnosis,</td>
<td>D37/D53 Symposium: Psychological Science and Innovative Care Strategies—</td>
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<td></td>
<td>and Treatment</td>
<td>Informing Redesign of Health Care for Youth</td>
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<td>Conv Ctr Halls D&amp;E</td>
<td>Conv Ctr Rm 147A</td>
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<tr>
<td>11 am–12 pm</td>
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<td>Poster Session: Current Research in Ped Psychology</td>
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<td>Convention Center Halls D&amp;E</td>
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<tr>
<td>12 pm–1 pm</td>
<td>Distinguished Career Award Address by Annette La Greca: Risk, Resilience,</td>
<td>Editorial Board Meeting: JPP</td>
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<td>and Internalizing Problems in Youth</td>
<td>Marriott Marquis Faraagut North</td>
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<td>1–2 pm</td>
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<tr>
<td>3–4 pm</td>
<td>D53 Business Meeting: Organizing Session for a Clinical Child and Ped</td>
<td>Organizing Session: Forming a Clinical Child and Pediatric Psychology Training Council</td>
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<td>Psychology Training Council</td>
<td>Marriott Marquis Independence Salon A</td>
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<td>4–5 pm</td>
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<td>5–7 pm</td>
<td>Division 53 and Division 54 Social Hour: Internships/Postdoctoral Fellowship Training Programs on Parade</td>
<td>D54 Business Meeting</td>
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<td>Marriott Marquis Independence Salon A</td>
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**KEY**

Division 53 Substantive Programming
Division 53 Non-substantive Programming
Division 54 Substantive Programming
Division 54 Non-substantive Programming
Collaborative Programming
Cosponsored by Div53 and Div54 Non-Substantive Programming
Finding, Maintaining Mentor Relationships
By Jennifer Lee, M.S., Student Representative

At SPPAC this year, one of the most talked-about topics among my peers was mentorship. While mentorship has frequently been emphasized, how to obtain the mentorship you need can be a tricky process. In my time as student representative, I have been fortunate to have discussions with many mentors and mentees about their experiences. From these conversations, I have compiled a few tips and tricks. While every mentor relationship is different, asking yourself the following questions may guide you in finding what works best for you.

1. Why do I need a mentor and what do I hope to gain from this relationship? Is it specific (e.g., statistical consultation) or nonspecific (e.g., professional development)?

   While this question may seem silly, it can be the most important step. Mentorship for the sake of saying so-and-so is your “mentor” will benefit neither the mentee nor mentor. Begin with the end in mind, and try to be as specific as possible about your goals for the relationship. If you don’t know what you aim to gain, your benefits will be just as unclear.

2. With whom should I try to connect for a mutually beneficial mentoring relationship?

   Technology can provide the best resources for who is available. Our field is made up of a number of diverse individuals who can offer assistance. Remember that no mentor is “too much of a big Whig” to be your mentor. Mentorship is always a two-way street. Regardless of who initiates the relationship, both parties will benefit in the end. Sharon Berry has led our Mentorship Program for years, and is an invaluable resource for mentors within pediatric psychology. Special Interest Groups within SPP can also provide an interest area-specific pool of mentors.

3. How can I make contact and establish a relationship?

   If you have a mutual friend/colleague, have them introduce you! Approach and either provide something specific or ask something specific. It shows thoughtfulness in your approach to start with an explicit mentoring question or issue. It also demonstrates that you have done your homework on how your and your mentor’s interests overlap.

4. How do I maintain a mentor relationship?

   Our mentor’s time is precious. Don’t waste it and gladly take whatever time is provided to you. They will appreciate your efficiency. Simultaneously, don’t overlook opportunities for emotional and personal growth the relationship provides. Be sure to follow up. Let your mentors know how their assistance benefitted you, providing return on their investment and feedback about what worked.

Finally, allow yourself to be challenged. We typically seek mentorship to change something about our current self or situation. Be open to opportunities that arise.

Call for Graduate Student Spotlight Nominations

PP’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. The selected student will be featured in the Student Spotlight section of Progress Notes. This is a wonderful opportunity to honor a graduate student and provide the student with exposure to Division 54.

Request a nomination form and send it with a letter of recommendation and the nominee’s CV to Student Advisory Board member Katharine Donlon at kdonlon@vt.edu. Deadline is July 11, 2014.
SPP Student Travel Awards 2014

Kelsey Borner
Univ. of Kansas
Title: Dynamic interactions among daily physical activity, mood, and health-related quality of life among obese treatment-seeking adolescents: A small-N demonstration of Dynamic P-Technique

Julia Carmody
University of Florida
Title: Socioenvironmental factors associated with youth engagement in healthy and unhealthy weight control behaviors

Amy Hughes
Lansing
Univ. of Utah
Title: Self-control, daily negative affect, and daily blood glucose control in adolescents with type 1 diabetes

Caitlin Murray
Loyola University Chicago
Title: Self-regulation and Chronic Illness Management Across Childhood and Adolescence

Rachel Tillery
University of Memphis
Title: Profiles of Post-traumatic Stress and Growth in Children with Cancer

Samantha Miadich
Virginia Commonwealth University
Title: Quality of Life in Children with Asthma: A Developmental Perspective

Andrea Wojtowicz
Rosalind Franklin University
Title: Interprofessional Collaboration in Treating Youth with Abdominal Pain: Examining Referral Patterns of Students in Medical Training

Apply Now!
Student Research Grants and Awards

The Marion & Donald Routh Student Research Grant
This annual research scholar grant is for student SPP members in full-time psychology graduate programs (i.e. graduate students or interns) conducting research under the supervision of a faculty advisor. Research proposals should address areas consistent with the field of pediatric psychology.

Funding is available up to $5,000. Up to $500 of the award can be allocated in the budget to support conference travel. One winner will be selected. However, a second-place award of up to $1,000 will provided to the runner-up to support their proposed study.

Mary Jo Kupst Trainee Grant for Research in Resilience
Initiated to honor Mary Jo Kupst’s career contributions, this grant is designed to facilitate trainee research that will provide a novel contribution and advance the field of pediatric psychology specifically in the area of resilience and/or family functioning. An annual award of $1,000 is available to any graduate student, intern, or postdoctoral fellow who is a SPP member.

Lizette Peterson-Homer Injury Prevention Grant
This grant, sponsored jointly by Division 54 and the American Psychological Foundation (APF), is open to students and faculty to support clinical research related to the prevention of injuries in children and adolescents. For more information, visit www.apa.org/apf/. Funding is available up to $5,000.

SPP Student Research Award Competition
Established to encourage and reward quality research on issues related to pediatric psychology and healthcare of children, this award recognizes research completed while the candidate was a graduate student, intern, or postdoctoral fellow. The student must also be the primary (first) author.

The award winner will receive a $1,000 award.

For more details and eligibility criteria on each of these grants and awards, please visit SPP online at www.societyofpediatricpsychology.org.

Application deadline is October 1, 2014.
Email single-document pdf applications to: David Janicke, Ph.D.
djanicke@phhp.ufl.edu
Questions? Call 352-273-6046
T he Society of Pediatric Psychology is a sponsor of a new Institute of Medicine (IOM) Forum on Promoting Children’s Cognitive, Affective and Behavioral Health. This will be a three-year project designed to delve deeply into enhancing the implementation of evidence-based practices with children across the settings in which they can be found, including primary care. It is exciting that the IOM Board on Children, Youth and Families has determined that this is a critical problem and opportunity, already so important to the mission of SPP and the scholarship of members.

The IOM was established in 1970 as the health arm of the National Academy of Sciences (NAS). See www.iom.edu/About-IOM.aspx. The broader NAS was established by an Act of Congress and signed by President Abraham Lincoln in 1863, and is charged with providing independent, objective advice to the nation on matters related to science and technology. See www.nasonline.org/about-nas/mission. IOM and NAS are sought by federal policymakers to solve big problems.

The IOM holds a number of different types of activities (e.g., consensus studies, roundtables, forums) to review the science related to pressing problems affecting health and to inform public policies. While some IOM activities can be specifically requested by Congress, all are sponsored by federal agencies with additional support from the private sector, including professional associations and foundations. Forums, in particular, are designed to convene leaders with diverse or divergent perspectives, expose them to the state of the science, and encourage their collaboration for realistic solutions.

These excerpts from the concept paper describe the goals of this particular Forum: “The Forum will engage in dialogue and discussion to connect the prevention, treatment, and implementation sciences with settings where children are seen and cared for, including primary health care, schools, preschools and child care, social service and child welfare, juvenile justice, family court, military, and community based organizations, and to create systems that are effective and affordable in addressing children’s needs. A major goal of the forum is to highlight and address gaps in the science of implementing programs and practices in the service of informing research, policy, and practice…by convening a multi-sectoral group of representatives from academia, federal agencies, professional organizations, and philanthropy in an ongoing way, over three years… This is a critical time for thinking about 1) how to deliver evidence-based models of mental and behavioral health and substance abuse prevention and treatment services and 2) programs that can be sustained and scaled up, particularly in the context of the Affordable Care Act (ACA)...” See www.iom.edu/Activities/Children/ChildrensHealth-Forum.aspx. I will be representing Division 34 and Division 37 (as joint sponsors) on this Forum.

Forum members will work with IOM staff to develop two public workshops per year and invite speakers and guests for discussion. Workshops will be followed by written summaries, and Forum members may agree to commission additional “white papers” in service of the Forum goals. The first workshop was held on April 1-2 on Strategies for Scaling Tested and Effective Family-Focused Preventive Interventions to Promote Children’s Cognitive, Affective, and Behavioral Health. The workshop explored how to provide effective family-focused interventions at sufficient scale and reach to significantly reduce the incidence and prevalence of negative cognitive, affective, and behavioral outcomes. Presentations and discussion addressed the full range of settings in which children are found; I moderated a panel on emerging settings for family-focused prevention, including primary care and schools.

Among the other members of SPP who participated in this first workshop were speaker Ellen Perrin, M.D. and Forum member Don Wertlieb, Ph.D. The webcast and speakers’ slides from this workshop can be found on the project webpage: www.iom.edu/Activities/Children/ChildrensHealthForum/2014-APR-01.aspx. A written summary will be available this summer.

The Forum will form a few “learning collaboratives” that will involve both Forum members and others in the field. I will be chairing one such collaborative to explore the potential impact of the ACA on the promotion of children’s cognitive, affective and behavioral health in primary care.

I will alert members to Forum activities as they are developed and will provide updates through pieces in the newsletter throughout the duration of the Forum. However, if at any time members have suggestions, please feel free to contact me at mamecabe@cox.net.
2014 Mid-winter Executive Board Meeting Highlights
By Avani Modi, Ph.D., Secretary

The board had a productive two-day meeting in Sante Fe in January and is excited to share this information and welcomes your thoughts and feedback.

- The Society of Pediatric Psychology Annual Conference (SPPAC) planning went well for Philadelphia with a record high number of registrants (over 600). The 2015 conference will be held in San Diego.
- Tim Wysocki is leading a Workforce Studies Task Force, which will enable understanding of the types of jobs, salaries, and support D54 members have.
- Division 54 is exploring new website options to enhance our capabilities and the Division’s needs, including SIG space.
- Ann Davis has been working with D54 SIGs to find ways to meet their needs, including discussions about conference meeting space and having website space to communicate with SIG members.
- Our journals, *Journal of Pediatric Psychology* and *Clinical Practice in Pediatric Psychology* are doing well with several special issues on the horizon, including a joint special edition on evidence-based treatments.
- The newly created Clinical Child and Pediatric Psychology Training Council met at the 2014 SPPAC. The council’s goal is to discuss training across all levels (e.g., graduate students, interns, postdoctoral fellows) within the child/pediatric psychology field.
- This was the first year that D54 award winners (Tonya Palermo, Amy Lewandowski Holley, and Bryan Carter) gave talks at the SPPAC instead of APA.
- There was much discussion about ways to increase support for D54 trainees, including giving students $20 back at the SPPAC registration and increasing grant dollar amounts and the number of student grants. Please be on the lookout for upcoming changes to the student grant awards.

Pediatric Gastroenterology PG-SIG
By Michele Herzer Maddux, Ph.D., and Amanda Drews Deacy, Ph.D.

The Pediatric Gastroenterology Special Interest Group (PG-SIG) is an officially recognized special interest group within the Society of Pediatric Psychology. Members of the PG-SIG meet annually in conjunction with the Society of Pediatric Psychology Annual Conference (SPPAC).

As co-founders of the PG-SIG, Jennifer Schurman and Anthony Alioto set out with an overarching mission to foster multidisciplinary collaboration among professionals working in different disciplines to improve the lives of children and adolescents with gastroenterological (GI) conditions. Since its inception in January 2010, the goals of the PG-SIG have evolved to the following: 1) To facilitate the study and discussion of psychosocial aspects of pediatric GI conditions; 2) To develop collaborative relationships among practitioners who carry out psychological interventions with pediatric GI populations; 3) To carry out high-quality research into the psychosocial aspects of pediatric GI conditions; 4) To further develop empirically supported treatment protocols specific to different pediatric GI conditions; and 5) To engage in professional dialogue about the role of the pediatric psychologist in sections/departments of gastroenterology.

Approximately 90 members strong, the PG-SIG maintains an active listserv for the exclusive use of its members. Members are also connected through a PG-SIG website that facilitates ongoing networking among members. The website includes information on clinical practice guidelines, assessment tools, training opportunities, classic literature, and current expert perspectives, all focused on pediatric gastroenterological conditions.

Trainees interested in pediatric gastroenterology as a subspecialty are especially encouraged to join the PG-SIG. As evidence of our dedication to training, two student representatives, Bonney Reed-Knight (Emory University) and Andrea Wojtowicz (Rosalind Franklin University of Medicine and Science), are currently working with our Member-at-Large for Research and Member-at-Large for Clinical, respectively, to cultivate research collaboration among SIG members and identify interdisciplinary care models currently applied at institutions where SIG members reside. A Member-at-Large for Education also sits on our PG-SIG board, and is tasked with disseminating announcements about clinical training positions, continuing education opportunities, as well as development and maintenance of training programs to SIG members.

PG-SIG also maintains an active newsletter (Digest) that goes out twice a year — once internally for SIG members to feature member activities including recent peer-reviewed SIG members’ published papers, clinical program highlights, and upcoming conferences/workshops relevant to pediatric gastroenterology; and once externally for the entire Div54 membership. Under the new leadership of co-chairs Michele Herzer Maddux and Amanda Drews Deacy, the PG-SIG will be initiating a “Member Highlight” as part of our Digest newsletters in order to showcase a student/trainee as well as a professional SIG member in their respective roles in the area of pediatric GI psychology.

Interested in the PG-SIG? Contact Michele Herzer Maddux at mhmaddux@cmh.edu or Amanda Drews Deacy at addeacy@chm.edu.
The 2014 Society of Pediatric Psychology Annual Conference (SPPAC) was held in Philadelphia March 27 to 29. This was the first conference known as SPPAC and the first time we have had a national conference two consecutive years.

Our attendance was record-breaking—661 attendees. Almost 30 percent reported that this was their first pediatric psychology conference. Like other years, almost half of the attendees were students or trainees. We also had attendees from all over the world including Europe, South America, Australia, and the Middle East.

Some unique features of the 2014 conference were the addition of more workshops (6 total), more breakout sessions (2 concurrent sessions with 3 separate symposia in each session), an international speaker, the presentation of SPP awards and talks from select awardees, a research blitz session, and early-career psychologists participating in the mentorship lunch. As in past conferences, we had many poster sessions, receptions for connecting with colleagues and networking, SIG meetings, and a keynote and diversity speaker.

Attendees were asked to provide feedback via an online survey. Almost half of attendees responded. Feedback was overwhelmingly positive. The percentage of respondents that rated the quality of conference components as a 4 or 5 out of 5 was as follows: Overall rating of conference = 85%, workshops = 85%, symposia = 83%, invited talks = 80%, and the blitz session = 50%. There was a great deal of valuable feedback presented on individual sessions, configuration/format, poster sessions, food, facilities, travel materials, and suggestions for future conferences. When asked what was liked best about the conference, the most common theme was networking and reconnecting with colleagues, students, and mentors, thus reflecting the personal connections that make SPPAC so special.

As SPPAC continues to grow and gains first-time attendees, there is a need to increase formal efforts to welcome and integrate new attendees. There is also a continued need to balance clinical practice and research content and to include varied and cutting-edge content.

Thank you to those who helped with SPPAC, attended SPPAC, completed the survey, and have reached out to provide suggestions and offers to help for 2015. I am truly grateful for the honor to have served as the 2014 SPPAC chair.
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)

To join, please visit:
www.apadivisions.org/division-54

Accessing Member Services
• Join the listserv Send an e-mail to: 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. 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
• 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: APAdv54@gmail.com
• Join the online member directory Send e-mail to: APAdv54@gmail.com to ask for online directory registration form.
• Make changes to your online member directory listing Send an e-mail to: APAdv54@gmail.com
• Join the student listserv Go to: www.geocities.com/sppstudent
• Change your student listserv membership Send an e-mail to: SPP.StudentRep@gmail.com
• Read past newsletter issues Visit www. www.apadivisions.org/division-54/publications/newsletters/progress-notes
• Visit the Society of Pediatric Psychology online Go to: www. apadivisions.org/division-54
Society of Pediatric Psychology

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