What We Do Matters

I recently wrote a commentary on adherence for a special issue of the *Journal of Pediatric Psychology* (Rapoff, 2013). My main point in “Adherence Matters,” was that by enhancing adherence to pediatric medical regimens, we are likely to improve the health and quality of life for youth with chronic health conditions (Graves, Roberts, Rapoff, and Boyer, 2010). It is not particularly interesting to me that we can improve adherence. Pediatric psychologists know how to change behavior. The point of adherence interventions is to make positive changes in the lives of young people and their families. That’s what really matters.

There are certainly other areas where we matter as pediatric psychologists. We know how to reduce chronic pain and pain-related disability and how to improve the quality of life for youth with chronic pain (Palermo, Eccleston, Lewandowski, Williams, & Morley, 2010). We also have a significant impact as members of interdisciplinary care teams for critically ill premature infants (and their families) in neonatal intensive care units (NICU). At the recent APA Annual Convention, I attended the symposium, “Psychologists in the NICU: Current Issues and Challenges,” where Pamela Geller, Stephen Gillaspy, Stephen Lassen, Chavis Patterson, and Carrie Piazza-Waggoner gave an excellent overview of the pediatric psychologist’s role in the NICU. They documented the type of stresses faced by parents (heightened levels of anxiety and depression), screening instruments to identify which family members are in greatest distress and need psychological support, and presented models that integrate psychosocial care with prenatal and postnatal care of infants and their families.

The symposium was particularly meaningful for me because when I was attending, my grandson was still in the NICU. Harrison Andrew Rapoff was born on July 20, 2013, in Tulsa, Oklahoma. In spite of weighing in at 7 lbs and being 19 inches in length, he was six days shy of 37 weeks gestational age (considered full-term by some obstetricians, as I am told). His lungs were not quite developed enough and he had pulmonary hypertension. He was admitted to the NICU where he was ventilated and sedated for six days during his 21 day stay. Early on, one of the neonatologists told us that even though Harrison was the biggest baby in the NICU, he was the most critically ill. My family and I are grateful to the doctors, nurses, and respiratory therapists at the St. John Medical Center NICU who gave such excellent care to our grandson.

So, what was the NICU experience like? Extremely stressful. Even for an intact and supportive family such as ours (if I do say so myself), those first six days were torture. We could not hold Harrison and initially could only watch him on a TV monitor. I ached doubly, not just for myself but for my family. It was a real relief when Harrison was off the ventilator and sedation and we could finally hold our little “Sonny,” a nickname that has stuck. The happy ending is that he is now thriving at nearly six weeks of life as of this writing.

I now have a greater appreciation for what my pediatric psychology colleagues are doing to help families in the NICU. Most of these families experience much longer stays than we did, their babies are more critically ill, and they do not have our family’s psychosocial resources. Many of them will need the type of psychosocial care pediatric psychologists know how to provide. We need to “toot our own horns” a bit more to let our medical, nursing, and allied health colleagues know that what we do matters.

As always, the best to all of you and please do not hesitate to contact me. Thank you for the privilege of serving as your President this year. Starting January 1, 2014, the Division will be in the capable hands of our new President Tim Wysocki.

References
SPP Fellows

New Division 54 Fellows 2013

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

Gerard Banez, Ph.D.
Mary Ann McCabe, Ph.D.
Sean Phipps, Ph.D.
Susan Simonian, Ph.D.
Lori Sue Wiener, Ph.D.

Apply for Division 54 Fellow Status

Criteria for recognition as a Fellow include having a national impact on psychology, sustained contributions to pediatric psychology for more than five years, distinctive contributions to pediatric psychology that are recognized by others as excellent, and contributions whose impact extends beyond the immediate setting in which the candidate works. Areas of unusual and outstanding contributions include research, teaching, administration, professional service, and practice.

Application Procedures

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

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

For more information, visit www.apadivisions.org/division-54/membership/fellows/index.aspx. Deadline is November 15.
Plan to Attend!

The 2014 Society of Pediatric Psychology Annual Conference (SPPAC) in Philadelphia

Share in the history of the new SPPAC in the birthplace of America

By Lisa Schwartz, Ph.D. and Emily Fredericks, Ph.D.

Who: The Society of Pediatric Psychology is hosting and sponsoring its annual conference in 2014.

What: The conference includes three days of programming consisting of one-day preconference workshops and SIG meetings and two days of invited speakers, concurrent symposia, and poster sessions. We have an open call for poster, paper, symposia, and workshop submissions. We hope the open call will generate innovative and exciting ideas for programming, and we encourage submissions from individuals representing diverse disciplines within healthcare and psychology.

The conference theme, Pediatric Psychology: From Infancy to Young Adulthood, will highlight pediatric psychology’s vast reach via attention to youth of all ages and innovative research. Abstracts that include a lifespan approach or include samples in early childhood or adolescence/young adulthood are encouraged. We hope to see abstracts that demonstrate the maturation of the field in team science, advanced methods, use of technology, new research paradigms, or translational research.

We have identified five specific areas of interest, but encourage quality submissions on all topics.

- **New Insights into the Brain: Neuroscience and Neuroimaging**—Seeking submissions on topics such as brain development (normal or abnormal) and impact of environment, injury, and disease. Inclusion of brain imaging and a focus on (or inclusion of) infants or adolescents/young adults is of particular interest.

- **Back to Basics: Early Childhood Problems**—Seeking submissions that enhance understanding of or study the use of new, updated, or innovative approaches to treatment of common pediatric problems such as feeding, sleeping, toileting, behavioral, and developmental.

- **Coming of Age: Transition to Adulthood and Adult Care**—Seeking submissions that highlight research on transitioning youth with chronic health conditions. Topics may include transition readiness and transfer-of-care outcomes, disease self-management, transition program development and evaluation, and pursuit of or preparation for young adult developmental tasks.

- **Expanding our Tools and our Reach: Use of Technology**—Seeking submissions that use technology to enhance innovation of research or clinical care; enhance acceptability, impact, or efficacy/effectiveness of interventions; and expand reach to participants or providers. These may include studies incorporating or developing apps or devices, and those using simulation, texting or web-based interventions.

- **Coming Full Circle to Clinical Care: Translational Science**—Seeking submissions that focus on the application of research in clinical settings, highlighting “bench to bedside,” with dissemination of evidence-based practice into “real world” settings.

In response to positive feedback and suggestions following the 2013 conference, we plan to hold multiple concurrent sessions and workshops. Other features include an international speaker, a lunch with a panel of distinguished guests discussing a range of diverse positions and activities as pediatric psychologists, an expanded mentorship luncheon to include students and early-career faculty, and several social gatherings.

As always, the conference will provide several opportunities to gain CE credits.

Our keynote speaker, Steven Hirschfeld, M.D., Ph.D., is director of The National Children’s Study, which is examining the effects of environmental influences on the health and development of more than 100,000 children across the United States, from before birth to age 21. Hirschfeld is the National Institute of Child Health and Development’s associate director for clinical research and serves as NIH co-coordinator of the Child Health Oversight Committee for the National Center for Research Resources Clinical and Translational Science Awards Consortium. [www.nationalchildrensstudy.gov/about/organization/programoffice/Pages/hirschfeld.aspx](http://www.nationalchildrensstudy.gov/about/organization/programoffice/Pages/hirschfeld.aspx).

Our international speaker, Christopher Eccleston, Ph.D., is professor of psychology at the University of Bath in the United Kingdom where he directs the Centre for Pain Research ([www.bath.ac.uk/health/staff/christopher-eccleston/](http://www.bath.ac.uk/health/staff/christopher-eccleston/)). He has a particular interest in evidence-based psychology, the development of novel interventions, treatment process, and in knowledge transfer.

Our diversity speaker, Lori Crosby, Psy.D., is a professor of clinical pediatrics in the Division of Behavioral Medicine and Clinical Psychology at Cincinnati Children’s Hospital Medical Center (CCHMC) and the University of Cincinnati College of Medicine. Crosby has emerged as a leader in conducting research to transform the health care system for adolescents and young adults with SCD. [www.cincinnatichildrens.org/bio/c/lori-crosby/](http://www.cincinnatichildrens.org/bio/c/lori-crosby/)

Where: SPPAC will take place at the Loews Hotel in Center City (downtown) Philadelphia ([www.visithilly.com](http://www.visithilly.com)), within walking distance to major historical sights, shopping, and amazing restaurants.

When: Nov 4: Abstract submission deadline
January 15: Notification of acceptance or rejection of submissions
March 27 – 29: SPPAC

More info: [www.SPPACannualconference.org](http://www.SPPACannualconference.org)
Navigating Life after Graduate School: Words of Wisdom from APA

Early-career professionals share advice to navigate the journey from graduate school to first job

By Jennifer Lee, M.S.

At APA, early-career professionals Robin Everhart, Lisa Ingerski, and Erica Sood provided helpful advice as panelists on the SAB-hosted workshop, Navigating Life after Graduate School. As many students were unable to attend APA this year, I will share their words of wisdom with you.

Postdoctoral Fellowships

Applying for and completing a postdoctoral fellowship is not necessary in pediatric psychology, but many find it a helpful professional development opportunity to further competency in research and/or clinical skills before applying for a job. For postdoctoral fellowships, much like internship, the fit is most important. Make certain that the skills you will acquire are skills your career requires. Applying for an F32 Fellowship is an additional mechanism to assure a desired postdoc position. When you interview for postdocs, ask what the expectations are for research-clinical balance and work-life balance. Most will be up front with what they have to offer. If you are concerned about maintaining a balance, have the expectations included in your contract. Your postdoc supervisors want you to be satisfied, so it is to the benefit of both parties to be clear about expectations on the front end.

First Professional Position

When it comes time to prepare your job talk, know that practice is most important. Give your talk to those both inside and outside of your field. If you are applying for a job in a medical center, individuals unfamiliar to the type of research you conduct and the role of psychology in a medical team will be listening. Have a clear, accessible message that explains your unique attributes and plans for your career. When it comes time to make decisions about where to go, accept a job where you have the potential to be happy. In a difficult job market, it can be tempting to take the first offer you receive, even if it is not the job for which you were hoping.

Try to find a job that is consistent with your long-term hopes and goals, while still being flexible. This may mean accepting a job that is a hybrid of your long-term goals and current job options. For some, this could mean a job at a location that has potential for creating a research program and working additional clinical hours until you can establish a research program. For others, this may mean working in an area you had not anticipated, or with an illness population you do not have expertise with at the moment. All of these opportunities serve to make you a more well-rounded and skilled clinician and researcher for the duration of your pediatric psychology career. Build the skills you do not already possess and need to get your dream job.

It is also helpful to know if there is precedence for advancement within the position. Stay true to what you love and what makes you excited about coming to work and be flexible with other opportunities that will help you grow as a professional.

I was told that the most surprising and intimidating part of your first role as a licensed psychologist and independent researcher can be the amount of autonomy you are afforded. It is the first time that you are legally and ethically responsible for the activities of those you are supervising. Reaching out for the support of colleagues during your internship year, postdoc, and first full-time position can help to guide this process.

Don’t forget that it is important to mentor those who are earlier in their careers than you and to take advice from those more senior. I know it’s been said before, but in a field as specialized and interconnected as pediatric psychology, networking is invaluable. Whether it is seeking colleague consultation on a case, gaining another perspective on a research program or grant application, or merely having support and encouragement during difficult transitions, the words of a more experienced colleague can help to guide your way.

As for final take home message, the following words of advice were provided: Stay calm and relax. Something will work out, even though it may not be exactly what you had envisioned. Rely on your mentors as a sounding board to determine whether a certain position has good potential for professional growth or if it makes more sense to wait and pursue another option.

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Call for Student Spotlight Nominations

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

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

Nomination forms are available by request from SAB Member Shana Schuman. Please send the nomination form, a letter of recommendation, and the nominee’s CV to Shana Schuman at slschuman@phhp.ufl.edu.

Deadline is December 14, 2013.

Call for Student Research Brief Nominations

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

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

An ideal project submission is a dissertation research project. Submissions should focus on research in pediatric psychology or child health psychology and be no more than 800 words in length.

Submit to Laura Simons at laura.simons@childrens.harvard.edu. Deadline for the spring issue is January 5, 2014.
New SPP Student Advisory Board Members

Katelynn Boerner, Bsc.
Dalhousie University
Mentor: Christine Chambers, Ph.D.
Research Interests: Family factors in pediatric pain, parental modeling of pain behaviors, sex and gender differences in pediatric pain, behavioral interventions for pediatric sleep disorders
email: katelynn.boerner@dal.ca

Cyd K. Eaton, B.S.
University of Georgia
Mentor: Ronald Blount, Ph.D.
Research Interests: Adherence to medical treatment, barriers to adherence, psychosocial adjustment related to having a chronic medical condition, and transition readiness during adolescence in pediatric patients with solid organ transplants, cardiac conditions, and inflammatory bowel disease.
email: cydeaton@uga.edu

Ana M. Gutierrez-Colina, B.A.
University of Georgia
Mentor: Ronald L. Blount, Ph.D.
Research Interests: Cognitive and psychosocial predictors of medication non-adherence in pediatric transplant recipients, barriers to medication adherence, transition readiness, quality of life and adjustment in pediatric cardiac populations
email: acolina@uga.edu

Aimee Hildenbrand, B.S.
Drexel University
Mentor: Brian Daly, Ph.D. and Douglas Chute, Ph.D.
Research Interests: Psychosocial and neurocognitive sequelae of pediatric chronic illness and acute medical trauma; development and evaluation of evidence-based preventative interventions for children with chronic illness and their families
email: akh38@drexel.edu

Christina Holbein, M.A.
Loyola University Chicago
Mentor: Grayson N. Holmbeck, Ph.D.
Research Interests: Social competence of youth with chronic health conditions; mHealth interventions targeting adherence and psychosocial functioning; influence of executive functions on various functional outcomes; measure development
email: cross5@luc.edu

Katie Birnie
Kathryn (Katie) Birnie is a fourth-year Ph.D. student at Dalhousie University under the mentorship of Dr. Christine Chambers. Birnie has an exceptionally strong track record in research, clinical, leadership, and community endeavors within the field of pediatric psychology. Birnie’s research involves examining topics of pediatric pain, ethical issues in pediatric research, and use of the cold-pressor task in pediatric populations. She has presented her research at international, national, and local conferences and has collaborated on 12 peer-reviewed publications, four non-peer-reviewed publications, and three book chapters. She is the recipient of numerous honors and awards, including the prestigious Vanier Canada Graduate Scholarship.

For her dissertation, she is examining pain catastrophizing, parenting, and parental responsiveness during parent-child interactions about pain and conflict. She has secured over $16,000 in funding for this project, including SPP’s Marion and Donald Routh Student Research Grant. She is also a trainee member of Pain in Child Health, a strategic training initiative funded by the Canadian Institutes of Health Research.

Clinically, Birnie has provided intervention for children and families presenting with a wide range of issues including feeding disorders, acute and chronic illness, complex pain, autism, and learning disabilities. She has also served in several leadership positions for the Canadian Psychological Association, the Canadian Pain Society, and Dalhousie University. She has been engaged in a number of community-based knowledge translation activities, including delivering talks at community day camps for youth.

After graduation, Birnie plans to continue research and clinical work with children and families, focusing on coping with chronic illness and pain.

“Birnie is a life-long learner,” says Chambers. “She will continue to make important contributions to professional affairs in the psychology community.”
2013 APA Poster Award Winners

Jennifer Lovell*
Southern Illinois University, Carbondale
Poster Title: Qualitative Theory Informing Parent Prevention of Early Childhood Weight-Related Problems
Mentor: David DiLalla, Ph.D.
* Also APA Diversity Poster Award Winner

Kathleen Parker
Loma Linda University
Poster Title: Coping Style and Parents’ Perception of Stress in the NICU
Mentor: Cameron Neece, Ph.D.

Molly Hensler
University of Alabama at Birmingham
Poster Title: Relationships between Executive Functions and Social Skills in Children with Pediatric Sickle Cell Disease
Mentor: Avi Madan-Swain, Ph.D.

Samantha Kountz-Edwards
Palo Alto University
Poster Title: The Psychosocial Impact of Juvenile Dermatomyositis on Pediatric Patients and Parents
Mentor: Wendy Packman, Ph.D.

Alexandra Psihogios
Loyola University Chicago
Poster Title: A Longitudinal Examination of Family Predictors of Social Functioning in Youth with Spina Bifida
Mentor: Grayson Holmbeck, Ph.D.

C. Eugene Walker Education Award in Pediatric Psychology

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

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

SPP Student Travel Awards

The SPP Student Travel Awards are available for SPP student members who are first author of a poster or paper to be presented during Division 54 programming at the APA Convention or at any Division 54-sponsored regional or national meeting. Only current graduate students are eligible for these awards. Up to eight awards of $1,000 each will be given to help offset costs of travel.

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

Submit applications by January 31, 2014 to David Janicke, Ph.D.
djanicke@phhp.ufl.edu
SPP and ISRII A Perfect Match: Dissemination, Learning, and Networking

By Christopher C. Cushing, Ph.D. and Lee M. Ritterband, Ph.D.

Division 54 was well represented at the International Society for Research on Internet Interventions (ISRII) meeting this past May in Chicago. The conference brought together the best in behavioral and computer science, bioinformatics, and web design.

The theme was rapid and dynamic intervention technologies. Russell Glasgow gave a sobering talk highlighting the mismatch between the pace of behavioral science and innovation in digital technology. He noted that for an intervention trial funded in 2006 and completed in 2012, the grant application would have been submitted and approved before the invention of the Wii, iPhone, Android, iPad, and Siri putting scientific discovery markedly behind available technologies. He emphasized the critical need to develop intervention designs and funding policies that are responsive to changes in the technology marketplace. SPP members interested in innovative technologies will benefit from viewing the keynote in its entirety at www.2013.isrii.org/meeting-program/.

Keeping with the theme of rapid and dynamic response, SPP members presented breaking research findings in a symposium coordinated by SPP Past-President Tonya Palermo and ISRII President Lee Ritterband. The symposium featured pediatric psychology interventions that can be formatted to be dynamic and responsive to the behaviors of individual participants. Bernard Fuemmeler presented on the novel Mila Celestial Bloom app for preventing obesity in Acute Lymphoblastic Leukemia survivors. The app draws from extensive gamification of behavioral medicine concepts and creates an immersive world with a rich backstory to engage participants.

Sylvie Naar-King, Karen MacDonell, and Nikki Cockern all presented on the innovative Motivational Enhancement System for Adherence (MESA). MESA delivers content that is both tailored to participants and consistent with the Motivational Interviewing communication style. The level of automation is truly impressive. Participants get the experience of having an actual conversation with an avatar that is, in fact, a computer program.

Finally, Chad Jensen presented data on the preliminary effectiveness of using commercially available mHealth technologies to support and extend evidence-based treatments for pediatric obesity. His program is innovative in its use of health coaches to text message with study participants and its use of the Daily Burn™ application to promote weight management.

Each of these presenters have clearly responded to President Mike Rapoff’s call to embrace and leverage technology for the improved health of our participants and patients. ISRII was the perfect place to showcase SPP’s innovation to the international community.

ISRII was born out of the need for passionate innovators to come together and discuss melding behavioral health demands with technology. With SPP making strides to lead the way in pediatric care eHealth, now is the right time for strong ties to ISRII. Researchers looking to accelerate their technology innovations will find like-minded people with the skills and desire to meet the needs of our patients in ISRII. We hope you will take a close look at the society (www.isrii.org), and consider attending the conference in the future. We think you will be glad you did.

2013 APA Convention Highlights

By Susana R. Patton, Ph.D.

Aloha! It was a pleasure serving as Division 54’s APA programming chair this year. Here is an SPP Hawaii Five-O.

1) Bariatric surgery options for teens; 2) Psychological assessment for severely obese teens; 3) Research posters highlighting obesity, cancer, primary care, and pain; 4) Sunshine; 5) Patient Protection and Affordable Care Act; 6) Programs training psychologists for primary care; 7) “Be loved in primary care;” 8) Challenges working in the Neonatal ICU; 9) Assessment of post-partum depression; 10) Follow up for families beyond the NICU; 11) 300 SPP membership buttons; 12) Waikiki Beach; 13) SPP board hard at work; 14) JPP/CPPP editorial boards meetings, reflecting on recent accomplishments, and planning for future volumes; 15) Innovation in reducing HIV disparities in youths; 16) Meet and greet for CPPP Editors, Jennifer and Doug; 17) eHealth delivery of motivational interviewing treatment for young adults with HIV or asthma; 18) Real-time assessment methods for adherence in youth; 19) Luau, plumeria lei, and sand; 20) Student social hour with Divisions 37 and 53; 21) SIG meet- ings for Neonatology, Obesity, and Diversity; 22) Ahi, ono, opah, mahi mahi, and walo; 23) Introducing D54 YouTube Channel; 24) Navigating Life after Graduate School; 25) Sleep research in pediatric pain, cancer, and ADHD; 26) Continuing Education credit (10 hours approved for D54); 27) Innovative interventions for frequent fliers of hospitals; 28) “Bending the Curve;” 29) Triple Aim: reducing costs, improving health, improving care; 30) Posters highlighting autism, feeding, diabetes, integrated primary care, and sickle cell; 31) Student Poster Award Winners; 32) President Rapoff’s address; 33) SPP award recipients; 34) Genomics, pediatric psychology, and headaches; 35) State of the Division address; 36) new APA Fellows; 37) SPP Board Service Acknowledgments; 38) Training Programs on Parade; 39) Fresh pineapple; 40) Conversations with old colleagues; 41) Conversations with new colleagues; 42) D54 Social Hou; 43) Sunset over the Pacific; 44) Pretty vistas from the hospitality suite balcony; 45) Bulk container of macadamia nuts; 46) Congenital disorders and access to behavioral health care; 47) Emerging programs supporting the long-term needs of children with congenital disorders; 48) Thank you Karen Roberts, Jennifer Lee, and Erica Sood for your assistance in 2013; 49) an ABC store on every block; 50) Time to appreciate the variety of ways pediatric psychologists contribute to healthier children, youth, and families.

Again, Mahalo nui loa (thank you very much)!
ABCCAP Board Certification, Growing Trend in Ped Psych
By Michael C. Roberts, Ph.D., ABCCAP President

Many of your colleagues in pediatric psychology are becoming board certified through the American Board of Clinical Child and Adolescent Psychology (ABCCAP). Pediatric psychology is specifically included in ABCCAP’s coverage and mission, and as a result, pediatric psychologists comprise about 50 percent of those who are board certified in Clinical Child and Adolescent Psychology.

Over the next year, ABCCAP will try to hold exams at the Niagara in Miami Conference on Evidence-based Treatments for Childhood and Adolescent Mental Health Problems (early Winter, 2014), the SPP Annual Conference in Philadelphia (March, 2014), and at the National Conference in Clinical Child and Adolescent Psychology (October, 2014 in Lawrence).

To learn more, visit www.clinicalchildpsychology.com or www.abpp.org.

Journal of Pediatric Psychology Highlights
By Grayson N. Holmbeck, Ph.D.

Based on the number of submissions thus far in 2013, it appears that we will once again process over 300 manuscripts this year. Typically, between 25-30 percent of this total are rejected without review because of lack of fit with the journal or because of methodological concerns. The rest of the papers are processed by my office or by one of our six capable associate editors.

Since the last summer, we published a special issue on Adherence in Pediatric Medical Conditions, guest edited by Lori Stark, Ph.D. (in issue #6), as well as three systematic reviews (in issues #7 and #8). The next issue (#9) will be a special issue on Innovative Treatment and Prevention Programs for Pediatric Overweight and Obesity, guest edited by David Janicke, Ph.D., and Ric Steele, Ph.D.

Also, two new Calls for Papers were distributed via the Division 54 listserv and in recent JPP issues. One of these is a special issue on Direct Observation Research in Pediatric Psychology, to be guest edited by Tim Wysocki, Ph.D., and the other focuses on Peer Relations in Youth with Chronic Illness, to be guest co-edited by Vicki Helgeson, Ph.D. and me. Submission deadlines for these special issues are February 1, 2014 and March 1, 2014, respectively.

Also ongoing is a special issue on Evidence-Based Interventions in Pediatric Psychology, guest edited by Tonya Palermo, Ph.D., which will be a follow up to an earlier special issue on this topic and will help to inform Division 54’s evidence-based website. One exciting feature of this special issue is that it will be published simultaneously with a related special issue in the Clinical Practice in Pediatric Psychology; guest edited by Bryan D. Carter, Ph.D.

I would like to remind readers about our new Topical Reviews submission option; these reviews are meant to be brief, up-to-date reviews on the latest hot topics in our field. The format for this submission mechanism is described on our website (see “Instructions to Authors” link below). Specifically, topical reviews summarize contemporary findings, suggest new conceptual models, or highlight noteworthy or controversial issues in pediatric psychology. They are limited to 2,000 words, contain no more than two tables or figures, and have an upper limit of 30 references. Supplementary online material (e.g., additional tables) may be considered on a case-by-case basis.

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

For any type of manuscript, the Instructions to Authors can be found at www.oxfordjournals.org/our_journals/jpepsy/for_authors/index.html and papers can be submitted at http://mc.manuscriptcentral.com/jpepsy. If you have feedback or questions, I can be contacted at gholmbe@luc.edu.

New JPP Feature
Historical Analysis in Pediatric Psychology
By Anne Kazak, Ph.D.

Pediatric psychology’s formal history dates to the mid-1960s. Over the past half century, there has been dramatic growth and differentiation in the field, with relatively little written analysis of these changes. Recognizing the importance of the field’s history, the Journal of Pediatric Psychology (JPP) invites a new genre of papers for editorial review.

“Historical Analysis in Pediatric Psychology” is a special series of papers devoted to the history of pediatric psychology. Authors interested in submitting a paper for this series should contact JPP’s editor 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.

Historical analysis is more than a recounting of the “facts” and should include a thoughtful and scholarly interpretation of the subject matter. Papers should rely on primary sources and must be clearly and appropriately referenced. Supplemental materials to accompany the article may be posted online.
Clinical Practice in Pediatric Psychology Updates
By Jennifer Shroff Pendley, Ph.D., and W. Douglas Tynan, Ph.D.

As the first-year anniversary of CPPP’s official launch approaches, we want to share some updates and new developments. We received over 80 submissions this first year, which is above the average for a new journal. APA reports that they expect around 40 submissions for the first year of a new journal; thus we are far surpassing that mark, an indicator of strong interest and enthusiasm for the journal. Not only are we receiving a higher than expected number of submissions, the submissions are generally high caliber papers that fit in CPPP’s scope of. These data illustrate that CPPP is filling an important need for the Society of Pediatric Psychology.

Our journal staff and APA have enthusiastically marketed the new journal, using the APA website, social media, and even Wikepedia. APA also issues Table of Contents and Online First Publication Alerts to those who subscribe to PsychAlerts and has an RSS feed for the journal. Public and subscriber responses have been extremely positive.

As we move into our second year, we would like to thank our advisors who have offered sage guidance throughout this first year: Grayson Holmbeck, Anne Kazak, Michael Roberts, Lori Stark, and Tim Wysocki. In addition, a huge thanks goes to Tonya Palermo as she has been a terrific support as well. We are pleased to now transition from the advisors to a strong team of associate editors: Bryan Carter, Paul Robins, and Jennifer Schurman. Bryan currently is editing the special issue on Evidence-Based Interventions, which will come out later in 2014 in tandem with the JPP partner issue. In addition, Paul and Jennifer have begun working with submissions that will also appear in 2014. We are discussing ideas for expanding sections on training and quality improvement; be on alert for new call for papers!

We recently launched a CPPP Mentoring Program for Junior Reviewers, similar to the program JPP used. Please refer to www.apa.org/pubs/journals/cpp/reviewer-mentoring-program.aspx for a full description of this program. We encourage our editorial board members to consider mentoring a student as this program is an ideal way for students to learn about the review process. Please follow the guidelines posted and contact us with questions. At this time, as the program is just beginning, we are not formally matching students with editorial board members.

We look forward to seeing more submissions as CPPP matures.

CALL FOR SUBMISSIONS
By Erica Sood, Ph.D.
Division 54 APA Program Chair

The APA Call for Programs for the 122nd APA Annual Convention in Washington, D.C., is open. The convention will emphasize integrative collaborative programming across APA divisions.

There are two deadlines for submissions. Proposals that highlight collaborative ideas relevant to two or three APA divisions are due November 1, 2013. Proposals on topics appealing primarily to members of one APA division are due December 2, 2013. All proposals must be submitted via the APA website.

For more information about the convention and emphasis on collaborative programming, review the APA Call for Convention Proposals at www.apa.org/convention/convention-call.pdf and watch for details on the Division 54 listserv.

I look forward to seeing you in Washington, D.C., next August!

APA Committee on Children Youth and Families
Integrated Pediatric Health Care a Priority for CYF
By W. Douglas Tynan, Ph.D.

APA’s Committee on Children Youth and Families consists of six members selected from all of the APA divisions that have interests in children to assist in guiding APA policy on matters related to children and adolescents. The committee not only introduces issues for APA as an organization to review, but also reviews all policies proposed by APA for their potential impact on children and adolescents.

This year, the committee chose to focus on systems that serve children, with emphasis on the health care system. As part of that discussion, read the fall online CYF newsletter that focuses on Integrated Care in Primary Care Pediatric at www.apa.org/pi/families/resources/newsletter/2013/04/index.aspx. It features articles from several Division 54 members and Fellows. In addition, APA President Elect Nadine Kaslow has announced her three priority areas for the upcoming year, which include psychology in the medical home. CYF will continue its work in this area, including outreach to other organizations representing health care providers in other professions.

If you have concerns for the CYF Committee, please contact me at doug.tynan@nemours.org.
Reflections on the History of Pediatric Psychology
By Thomas Kenny, Ph.D.

My early experience in pediatric psychology was discovering I was a Pediatric Psychologist! In 1967 I attended the APA meeting in Washington, D.C., and listened to a report by a committee appointed by George Albee, then president of the Division of Clinical Psychology (Division 12). The committee, consisting of Lee Salk of Cornell Presbyterian Hospital, Dorothea Ross of Stanford, and Logan Wright of Oklahoma Medical Center, investigated the prevalence of psychologists working in pediatric settings.

The results of their national survey were surprising. They found over 250 names of psychologists working in pediatric, not psychiatric, settings (Routh, 1975). The report led to the organizing of the Society of Pediatric Psychology in 1968. I became a charter member of the Society, albeit an affiliate member as I had yet to complete my Ph.D. In the year 2000, I was among a group that was elected Charter Fellows when SPP became an APA Division.

A lot happened between 1968 and 2000! I recall the early years as characterized by a need to survive and stabilize. Finances were a constant challenge. An early effort centered on publishing a newsletter. With limited resources, this was not easy and led to frequent interruptions in its printing. At one point, Dorothea Ross from Stanford University made a loan to keep the newsletter going. During my term as secretary/treasurer, the Society was growing and new members helped us achieve a more stable financial base. As a result, I contacted Dorothea and informed her that I felt we were in a position to finally repay the loan. She graciously declined payment and asked to have the loan turned into a gift.

When I returned home to the Department of Pediatrics at the University of Maryland Medical School after my election as SPP secretary/treasurer in 1973, I received a package in the mail. Inside, I found an old shoe box that contained the membership and financial records on 3 x 5 index cards with member’s names, addresses, and dues status. I also found a year’s worth of bank statements and a checkbook from a bank in the town of the previous secretary/treasurer. My first job was to transfer the funds from the old bank to a new account in a Baltimore bank and close the old account. The process of enrolling new members was simple. I merely made up another 3 x 5 index card, filed it alphabetically and deposited the check in the new account. The fun came when it was time to send out dues notices. To do this, I had to address all the members’ mailings by hand.

At the mid-year Executive Committee Meeting during my presidency in December 1974, Tom Boll, who was on the University of Virginia Medical School faculty, raised the issue of establishing a definition for Pediatric Psychology. The committee approved the statement that: “The Society of Pediatric Psychology is a professionally oriented group of psychologists who deal with children in interdisciplin ary settings such as hospitals, pediatric practices, and developmental centers. The purpose of this group was to exchange information on clinical procedures, research, and to define training standards for pediatric psychologists.” (Kenny, 1975, p. 8). This was prescience. When we later became part of APA, it was as a Section of Division 12 (Clinical) that already included a section devoted to Clinical Child Psychology. This definition helped us differentiate ourselves from that group. The affiliation also provided other benefits. As part of Division 12, we were allotted a share of the program time at the national meeting. It was a small amount of time, but we worked at sponsoring joint programs with other groups in Division 12 and also in Division 8 (Developmental).

The pediatric psychology early leaders’ interests played an important role in the field’s growth. Lee Salk was the public face of the organization. His book, What Every Child Wants His Parents to Know, (Salk, 1972) was a popular success and got the public’s attention. In addition, Dr. Salk had a television program in New York City, where he answered questions parents called in about issues of development and behavior. He also wrote a column for McCall’s, a popular women’s magazine.

Logan Wright became involved in APA’s operation and later became its president. He was our friend in “high places.” Diane Willis of the Oklahoma Medical Center was an early advocate for women and minority rights. Donald Routh was part of a group at the University of North Carolina Medical School that included Carolyn Schroeder, Gary Mesibov, and Brian Stabler, all active in Pediatric Psychology. Donald Routh had the widest range of research interests of anyone I knew. He was also one of those rare people who enjoyed editing a professional journal, and he was good at it! These people were not just colleagues, they were friends. It made being involved in the Society a pleasure.

The lack of opportunities in psychology graduate programs was probably a major factor in most pediatric psychologists taking positions in medical schools or pediatric clinics. It allowed them to experience real situations and guidance by doctors and nurses. They conducted research, taught, and did patient service. Eventually some medical schools began to offer internships in pediatric psychology. My colleague, Rudy Bauer, and I published a report on the intern program we set up in the Department of Pediatrics at the University of Maryland School of Medicine (Kenny & Bauer, 1975).

APA requirements for accreditation were an obstacle, especially to potential Ph.D. training programs. At the time, the APA only had criteria for accrediting clinical, counseling, and school psychology. At a training conference sponsored by NIMH, I was chairing a discussion group aimed at training psychologists to work in public programs in state institutions (Wohlford & Magrab, 1990). We were discussing coursework to prepare psychologists for this field even though APA requirements for accreditation left room for only two electives in a four-year program. I recall remarking that if we discovered a cure for mental illness, we would not find room to teach it in the programs. However, things change – even APA requirements.

An important change during my career was the end of the concept of a mind/body dichotomy whereby problems were either the result of physical or emotional issues. This concept severely limited the under-
standing of mental illness and limited treatment options. The change to a bio-psycho-social model held that problems had components of physical, emotional, and environmental elements. This idea broadens understanding and treatment. Hypnotherapy was another modality finding increasing use, especially in pain management. Children whose treatment involved repeated blood drawing, bone marrow aspirations, and spinal taps were taught to use hypnosis to manage discomfort. It was even used to help children take bad-tasting medicines. The head of Pediatric Surgery at the Maryland Medical School during my time here described himself as “a closet hypnotherapist.” He used it to reduce anxiety in children prior to surgery.

In conclusion, Pediatric Psychology is now a well-established and successful field. I am proud of my work in the field and take great pleasure in seeing so many accomplishments resulting from the work of many colleagues over the past 40 years. I am confident of continued growth as we expand in new areas.

Thomas Kenny, Ph.D. is a pediatric psychologist who was a faculty member in the Department of Pediatrics at the University of Maryland from 1961 until his retirement in 1995. Kenny received a master’s degree in Psychology from George Peabody College (Vanderbilt University) and worked for a number of years as a psychologist in Maryland. He completed an internship at Springfield State Hospital in Sykesville, Maryland, and received his Ph.D. in 1969 from Catholic University in Washington, DC. Kenny served as SPP president in 1975-76. He authored articles that cover many issues that remain critical to the field today such as measurement in developmental and behavioral pediatrics (Kenny, Holden, & Santilli, 1991), developmental screening (Kenny, Hebel, Sexton, & Fox, 1987), child advocacy (Kenny, 1977), and pharmacologic treatment of behavior problems (Kenny, Badie, & Baldwin, 1968), among others.

References
Kenny, T. (1977). Should the six year old have the vote? Journal of Pediatric Psychology, 2, 4-8.

Nominations

Division 54 Officers

Considering running for President, Member at Large

SPP is accepting nominations for candidates to run for the following offices on the Board of Directors. Elections will be held in the spring of 2014, and the successful candidates will begin their terms of office on January 1, 2015. To be eligible to run for any of the Executive Committee positions listed below, the candidate must be an APA member.

President Elect
The President-elect shall be a Member, Fellow or voting Associate Member of the Society elected for a term of three years during which he/she will serve as President-elect, President, and Past-President. As President, the individual will lead the Society by assuming ultimate responsibility for all ongoing programs, by leading the development of new directions, by maintaining relationships with other organizations, by speaking for the Society in personal and public communication, and by appointing all committees, liaisons, and other offices of responsibility. He or she shall preside at all meetings, shall be the Chairperson of the Board of Directors, and shall perform all other usual duties of a presiding officer. Several duties begin during the President-Elect year and extend through the Presidential year. The Past-President chairs the Committee on Nominations and Elections and Nomination and Review Committees for several awards among other duties during the final year of the term.

Member at Large, Membership (2015–2017)
The Member at Large, Membership shall be a Member, Fellow, or voting Associate Member of the Society elected for a term of three years. During his/her term, s/he shall be a member of the Board of Directors with the right to vote. The MAL, Membership, shall Chair and oversee the SPP Membership Committee; encourage, facilitate and administer the membership efforts for the Division; monitor SPP membership numbers, including recruitment of new members and retention of existing members; maintain and distribute a supply of updated membership brochures and information about membership both in print and on the Division’s website; work with the Student Representative on membership initiatives; and serve as the liaison to the Special Interest Group chairs.

Nomination Information
To nominate a candidate, send an e-mail to: APADiv54@gmail.com with the word “Nomination” in the subject line. Individuals who previously served as officers of the old “Section” are not prohibited from running for office in the Division. For more information about specific officer duties, please see the SPP’s Bylaws, posted on the SPP website.

For both positions, 10 nominations must be received for each candidate by January 5, 2014. Self-nominations are encouraged.

Elizabeth Munsterberg Koppitz Fellowship

The Elizabeth Munsterberg Koppitz Fellowship Program, funded by the American Psychological Foundation (APF), provides fellowships and scholarships for graduate student research in the area of child psychology. It nurtures excellent young scholars for careers in areas of psychology, such as child-clinical, pediatric, school, educational, and developmental psychopathology and supports scholarly work contributing to the advancement of knowledge in these areas.

Applicants must have completed doctoral candidacy (documentation required), demonstrated research competence and commitment in the area of child psychology, received IRB approval from host institution before funding can be awarded if human participants are involved.

Funding Specifics
- Several fellowships of up to $25,000 each
- Support for one year only
- Only one application accepted from any one institution in any given year
- Tuition waiver/coverage from home institution

APF supports original, innovative research and projects. Although APF favors unique, independent work, the Foundation does fund derivative projects that are part of larger studies. APF does not allow institutional indirect costs or overhead costs. Applicants may use grant monies for direct administrative costs of their proposed project.

Evaluation Criteria
- Conformance with stated program goals
- Magnitude of incremental contribution
- Quality of proposed work
- Demonstrated scholarship and research competence

Proposal Requirements
Title and description of proposed project to include goal, relevant background, target population, methods, and anticipated outcomes. Format not to exceed five pages (1-inch margins, 12-point Times New Roman font).

Must include: relevant background, literature review, specific aims, significance; methods section (detailed enough so that design, assessments, and procedures can be evaluated); implications section; timeline for execution; full budget and justification; current CV; two letters of recommendation (one from a graduate advisor and the other from the department chair or director of graduate studies).

Submission Process and Deadline
Submit a completed application online at http://forms.apa.org/apf/grants/ by November 15, 2013. Please be advised that APF does not provide feedback to applicants on their proposals.

Contact Samantha Edington, Program Officer, at sedington@apa.org with questions.
SPP Faculty Awards

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

Faculty award winners will be invited to present brief award addresses at the annual spring SPP conference, with partial travel support provided.

For more information, visit www.apadivisions.org/division-54/awards/index.aspx for complete nomination instructions.

Wright Ross Salk Distinguished Service Award

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

Dennis Drotar Distinguished Research Award

(formerly known as the Logan Wright Distinguished Research Award)

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

Outstanding Mentorship Award

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

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

Routh Early Career Award

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

**New Award**

Carolyn Schroeder Outstanding Clinical Practice Award

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

A letter of nomination outlining accomplishments and a CV for all faculty awards should be sent by December 1, 2013 to: tonya.palermo@seattlechildrens.org

New SPP Executive Committee Members

Congratulations to SPP’s new Executive Committee members who begin terms January, 2014. Thank you for your willingness to serve Division 54.

Elissa Jelalian, Ph.D.
President Elect
Brown University

David Elkin, Ph.D.
Treasurer
University of Mississippi

Jennifer Schurman, Ph.D.
Member at Large – Conferences
University of Missouri – Kansas City

Progress Notes  13
Health Care Reform: Do you Know What Your State Is Doing?

By Mary Ann McCabe, Ph.D. and Tammy A. Barnes

Despite challenges and delays, the Patient Protection and Affordable Care Act (ACA) will drive health care reform. It will lead to changes in the practice landscape for many pediatric psychologists, opening up more opportunities for integration into primary care settings. In response to these changes, SPP has formed a Task Force on Integrated Care, co-chaired by Terry Stancin and Lynne Sturm. One of the key aims of the task force is to educate SPP members about integrated care. This article is one piece of that effort.

Most health care reform implementation is happening at the state level and families will be enrolling in new health insurance exchanges through their states. It will be important for SPP members to understand how their own state is managing reforms. Some psychologists may be relying on their academic institutions to keep abreast of changes and keep them informed. However, many psychologists, particularly those in independent practice, are finding that their state psychological associations are the best resource for understanding the impact for their own practice and are an important voice for psychology in state health care reform.

It is a good time to know what your state association is doing. What’s more, SPP members in health care systems can inform state associations about reimbursement issues and other professional matters. APA has been working closely with state associations to help them provide leadership regarding the implications of health care reform for psychology practice and reimbursement.

Since passage of the ACA, the Practice Directorate of APA and the APA Practice Organization (APAO) established the State Implementation of Health Care Reform initiative. An internal team of staff, the APA Practice Health Care Team, now coordinates program development and implementation efforts related to health care reform at both the state and federal levels. Together with a State Implementation Advisory Group, this team provides resources and expertise to leaders of state, provincial, and territorial psychological associations (SPTAs) and APA divisions that are working toward the development and implementation of health care reform at the state level. A number of SPTAs have organized “health care reform summits” as forums for education, strategic planning, and brainstorming among member psychologists regarding the progress of health care reform in their state.

In response to the marked changes in the health care system over the past two years, the annual State Leadership Conference for SPTA leaders has focused on psychology in health care reform. The 2013 conference theme recognized the critical role of implementation of the ACA on the state level and emphasized the need for strong psychology leadership to ensure that mental health services are included in system reforms. [Video of the 2013 State Leadership Conference keynote addresses is available on APA Practice Central.]

The APA State Implementation of Health Care Reform initiative also began using APA Communities (an APA-moderated, closed professional social network) to serve state leaders and state associations as a central hub for information concerning psychology and health care reform (e.g., health care access, service delivery systems) in reports, issue briefs, journal articles, and other publications. The group site also serves as a discussion forum for members to participate in conversations on topics related to state implementation of health care reform with real-time alerts about new resources or discussions.

Looking toward the future for psychology in health care reform, APA has newly created the APA Center for Psychology and Health. The center will be dedicated to advancing the contributions of psychology to health care and to the overall improvement of health status (mental/behavioral and physical). Among its early priorities will be establishing an empirical basis for the inclusion of psychologists in integrated care systems. This work will be coordinated with APA President-Elect Nadine Kaslow’s future task force on the contributions of psychologists to Patient-Centered Medical Homes (PCMH).

Outside of APA, there are several other organizations monitoring state progress in reform efforts. For example, the National Council on Behavioral Health has established a Mental Healthcare Reform blog that shares relevant news about national health care reform. The National Academy of State Health Policy, in collaboration with the Robert Woods Johnson Foundation, has an online community, State Reform, which is a public network and state-level health reform implementation tracking resource. Also, the Patient-Centered Primary Care Collaborative is a leading coalition dedicated to advancing patient-centered care and has extensive resources on health care reform and medical homes.

Finally, there are key resources that can educate the public about health care reform. For example, the federal government has a website that explains the new health insurance marketplace: [www.healthcare.gov/what-is-the-health-insurance-marketplace/]. The Kaiser Family Foundation just released an animated video that explains the basic changes in health coverage and cost following the ACA: [http://kff.org/health-reform/video/youtoons-obamacare-video/]. The SPP Task Force on Integrated Care will be collaborating with other divisions, APA and other groups and will continue to stay abreast of the changing landscape of practice following health care reform.

Meanwhile, we are hopeful that SPP members will familiarize themselves with what their own states are doing and consider providing expertise and leadership effort through their state associations. It will be important for SPP members to understand how their own state is managing reforms.

Endnotes
1) As of this writing, the following states have developed and hosted a health care reform summit for their state members: New York, Massachusetts, Maryland, North Carolina, Idaho, Maine, California, Indiana, Oregon, Washington, Connecticut, Wisconsin, Minnesota, South Carolina, Nevada, and Missouri.

2) The State Health Care Reform Group on APA Communities is open to new users; contact Tammy A. Barnes, APA State Advocacy Officer, to request membership or to learn more about the ongoing work of the APA Practice initiative on State Implementation of Health Care Reform.

3) If you have suggestions for the task force, please contact tstancin@metrohealth.org or lsturm@iu.edu.
Join Division 54!

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

**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.

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: APAdiv54@gmail.com.
- **Join the online member directory** Send e-mail to: APAdiv54@gmail.com to ask for online directory registration form.
- **Make changes to your online member directory listing** Send an e-mail to: APAdiv54@gmail.com.
- **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**
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