The Child & Adolescent Anxiety S I G N e w s l e t t e r

Advancing the Science and Practice of Youth Anxiety

April 2013

Dear SIG Members,

Welcome to the first newsletter of 2013! We have a very full slate of things to address in this newsletter. First, let's start with last year's business. We had a wonderful showing of impressive posters at the annual convention and I am proud to announce that the winner was **Christine E. Cooper-Vince** from **Boston University,** whose poster, *The interaction of family income and* parental intrusiveness in the prediction of child anxiety, conducted under the supervision of **Donna Pincus** and **Jonathan Comer** was a fascinating and statistically intricate research project. Please see a summary of Christine's work in this edition. Also in this edition of the newsletter is Laura Skriner's travelaward winning project Cross-Ethnic Measurement Invariance of the SCARED in an Ethnically Diverse Youth Sample. Laura's excellent presentation of this study at the CAASIG annual meeting dovetailed nicely with a presentation by her mentor, **Dr.** Brian Chu of Rutgers University. Congratulations to both Laura and Christine and thank you to Dr. Chu for a great presentation! Finally, in this edition we have a great student corner piece from our student representatives, Laura Skriner and Emily Bilek.

On to new business! Please find included in this Newsletter the list of new members of the executive committee – we had exactly enough self-nominations to fill all available spots, so no vote was necessary. We are also starting to make plans for holding our biennial CAASIG preconference this November in Nashville. Please check your email for an upcoming call for submissions – the preconference is always a great time to meet other CAASIG members and to hear all about the newest research. We welcome presentations from faculty and graduate students alike and it is always one of the highlights of the convention for our members.

That's all for now – looking forward to an amazing year to come for the CAASIG!

All the best,
Aleta Angelosante
SIG Leader

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Meet the New Members of the Executive Committee

Leader-Elect: Anthony Puliafico I am an assistant professor at Columbia University and currently serve as co-director of psychology at the New York State Psychiatric Institute Children's Day Unit, a daypatient unit for adolescents with anxiety and mood disorders. At the Children's Day Unit, I am involved in research examining the treatment of pediatric anxiety and mood disorders, and provide supervision in the cognitive-behavioral treatment of children and adolescents. I received my Ph.D. in clinical psychology from Temple University and my predoctoral internship at Bellevue Hospital Center/NYU Medical Center.

Treasurer/Membership: Courtney Weiner I am a clinical psychology postdoctoral fellow in the Anita Saltz Institute for Anxiety and Mood Disorders at the NYU Child Study Center. I specialize in the assessment and treatment of child anxiety, mood, and related disorders. I have specialized research and clinical training in cognitive behavior therapy, intensive treatments for anxiety, and children with co-occurring anxiety and sleep difficulties. I received my doctoral degree in clinical psychology from Boston University, and my clinical internship at the NYU-Bellevue Internship Program. I have also worked as a clinician at the Center for Anxiety and Related Disorders of Boston University and McLean Hospital/Harvard Medical School.

Newsletter Editor: Clark Goldstein I am a clinical assistant professor of child and adolescent psychiatry at the NYU School of Medicine and a licensed psychologist at the Child Study Center (CSC). I specialize in the evaluation and treatment of anxiety and mood disorders in children, teens, and adults. I trained at the Child and Adolescent Fear and Anxiety Treatment Program at the Center for Anxiety and Related Disorders (CARD) at Boston University and completed a pre doctoral fellowship at the May Institute and a postdoctoral fellowship at the CSC.

Student Representative: Aubrey Edson I am currently a second year Clinical Psychology PhD student at Boston University working with Jon Comer and Donna Pincus. Prior to coming to BU, I worked as a research assistant at Penn with Muniya Khanna and Marty Franklin, coordinating the POTS studies and co-authoring several papers that came out of the lab at that time. I continue to maintain a strong academic interest in dissemination of treatment for anxiety disorders in children, so the SIG is something I plan to remain a part of for years to come. I have really enjoyed my time with the CAA SIG and the warm, community dynamic that is evident throughout the ABCT pre-conference every year. I would love to focus my student representative role on increasing student membership in the CAA SIG and bringing forth some ideas for how we might increase the learning and collaboration opportunities provided through the SIG.

Student Representative: Monica Wu I am a clinical psychology graduate student at the University of South Florida, working under the mentorship of Eric Storch, Ph.D. I served as a research and clinic coordinator at the UCLA Childhood OCD, Anxiety, and Tic Disorders Program, under the direction of Dr. John Piacentini. My primary research interests involve the investigation of factors that may predict and/or augment response to cognitive-behavioral interventions for youth with anxiety, as well as the roles families play in the therapeutic process. My independent graduate research currently focuses on family accommodation and its mediating role in anxiety symptom maintenance and exacerbation.

Student Representative: Christine Cooper-Vince I am currently a fourth year graduate student in the Clinical Psychology Ph.D. Program at Boston University (BU) working under the mentorship of Dr. Jonathan Comer and Dr. Donna Pincus, at the Center for Anxiety and Related Disorders (CARD) at BU. My own work has included investigations of the interaction of parenting behavior and contextual factors on the developmental trajectory of child anxiety, and psychometric evaluations of anxiety disorder diagnostic criteria and an anxiety related parenting measure. Additionally, through my clinical work at CARD, I provide CBT to children and adolescents with anxiety disorders, as well as behavioral parent training to families of very young children with anxiety disorders and other related disorders.

And thanks to those continuing on the executive committee

Aleta Angelosante (SIG Leader), Adam Weissman & Candace Alfano (Newsletter Editors), and

Aubrey Edson (Website Manager)

2012 CAASIG Posters Congratulations to all of our Presenters!

Prevalence, Gender, and Internalizing Problems of Ethnoracially Diverse Victims of Traditional and Cyber Bullying

Meghan A. Chin, Maggi Price, Charmaine Higa-McMillan, Sunyoung Kim, & B. Christopher Frueh, *University of Hawaii*, *Hilo*, *HI*

Treatment Seeking Decisions in Relation to Economic Advantage among Families Seeking Specialty Care for Childhood Anxiety

Tommy Chou, Christine Cooper-Vince, Donna B. Pincus & Jonathan S. Comer, *Boston University, Center for Anxiety and Related Disorders*

The interaction of family income and parental intrusiveness in the prediction of child anxiety

Christine E. Cooper-Vince, Donna B. Pincus, & Jonathan S. Comer, Ph.D., *Boston University Center for Anxiety and Related Disorders*

A Psychometric Evaluation of the Panic Disorder Severity Scale for Children (PDSS-C)

R. Meredith Elkins, Jonathan S. Comer, & Donna B. Pincus, Boston University, CARD

Relationship Between Parental Attitude and Child Anxiety: Does Treatment Influence Parental Attitude?

Petra Esseling, Jeremy Fox, Stacey Lurie, Catherine Stewart, Amanda Sanchez, Kathleen A. Herzig, & Carrie Masia Warner, NYU Child Study Center, Department of Child and Adolescent Psychiatry, NYU Medical Center

The Impact of Peer and Sexual Anxiety on Adolescent Sexual Offending Behaviors

William S. Frye, Nicole M. German, & Barry R. Burkhart, Auburn University

Parental Care and Psychopathology: Influences on Emotion Regulation among Children with Anxiety and Externalizing Disorders

Kreiser, N.L., Conner, C.M., White, S.W., & Ollendick, T.H., Department of Psychology, Virginia Tech

Stages of Change and Cognitive-Behavioral Treatment of Anxiety and Depression in Adolescents: Baseline Correlates and Associations with Treatment Drop-Out

Alexander H. Queen, Michael V. Hernandez, & Jill Ehrenreich-May, University of Miami

"Not just right experiences" in adolescents

Ariel Ravid & Meredith Coles, Binghamton University; Martin Franklin & Muniya Khanna, University of PA

Supportive Parenting and Treatment Outcome for Anxiety and Depression Symptoms

Cara Remmes & Jill Ehrenreich-May, University of Miami

Genetic correlates of risk interact with adolescent safety behaviors in relation to social anxiety symptoms

Sarah A. Thomas¹, Justin W. Weeks, Lea R. Dougherty, Samantha Daruwala, Kathryn Kline, & Andres De Los Reyes' Department of Psychology, University of Maryland at College Park; Department of Psychology, Ohio University, Athens, OH

2013 CAASIG Student Poster Award Winner: Christine Cooper-Vince

The Interaction of Neighborhood Safety and Paternal Autonomy Restriction in the Prediction of Child Anxiety

We are pleased to announce that Christine Cooper-Vince, M.A., of Boston University, was the winner of the 2012 SIG Poster Award for her poster presentation, entitled, "The interaction of family income and parental intrusiveness in the prediction of child anxiety."

Below is the abstract from Christine's winning poster. Congratulations, Christine!

Intrusive parenting has been positively associated with the presence and severity of anxiety in children. However, the great majority of this work has primarily examined mother-child relationships, and has been conducted in middle to upper middle class, clinic-referred families. To determine the extent to which previous findings can be generalized to father-child relationships in community families of more diverse backgrounds with regard to neighborhood safety, this study employed cross-sectional linear regression analysis and longitudinal latent growth curve analysis to evaluate the main and interactive effects of early childhood paternal autonomy restriction (AR) and neighborhood safety (NS) on the trajectory of child anxiety in a sample of 596 community children and fathers from the NICHD SECYD.

Longitudinal analyses revealed that greater paternal AR in 1st grade was actually associated with greater *decreases* in child anxiety in later childhood. Cross-sectional analyses revealed main effects for NS across childhood, and interactive effects of paternal AR and NS present in early childhood, whereby children living in safer neighborhoods demonstrated increased anxiety when experiencing lower levels of paternal autonomy restriction. Findings further clarify for *whom* and *when* paternal AR impacts child anxiety in community youth.

Authors:

Christine E. Cooper-Vince, M.A., Boston University, Student Member Donna B. Pincus, Ph.D., Boston University, Full Member Jonathan S. Comer, Ph.D., Boston University, Full Member

2013 CAASIG Student Travel Award Winner: Laura Skriner

Cross-Ethnic Measurement Invariance of the SCARED and CES-D in a Youth Sample

Introduction

Anxiety and depressive disorders are among the most prevalent psychiatric conditions affecting children and adolescents (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Questionnaires are commonly used and offer an efficient method for screening anxious youths across diverse settings. However, the majority of measures have been developed, normed, and validated using non-Hispanic White (NHW) samples. As a consequence, we do not know how well these measures assess anxiety in other ethnic groups.

Available data comparing multiethnic with NHW youths is limited and results are inconsistent. For example, several studies suggest African American (AA) youths' experience of somatic and panic symptoms may differ and levels of social and school anxiety may be lower as compared to NHW youths (e.g., Kingery, Ginsburg, Alfano, 2007; Neal & Ward Brown, 1994). In contrast, Ferrell, Beidel, and Turner (2004) found few differences in the clinical presentation of social phobia in AA and NHW youth. Regarding depression, some studies have indicated no differences in rates of depression among several racial and ethnic minority youth (Sagrestano, Paikoff, Holmbeck, & Fendrich, 2003), some have shown lower rates of depression in ethnic minority youth (Allen & Mitchell, 1998), and others have shown higher levels of depressive symptoms among AA, Latino, and Asian American youth compared with their NHW counterparts (e.g., Perreira, Deeb-Sossa, Harris, & Bollen, 2005).

In order to accurately identify and interpret mean differences, the *measurement invariance* of questionnaires needs to be examined to determine whether observed differences are based on psychometrically sound assessment tools or may be artifacts of measurement bias. There are several possible reasons that groups may systematically differ on a given measure. Different ethnic groups may conceptualize a construct differently and use varying symptoms to identify it, and may interpret the possible responses or scale differently (Crockett et al., 2005). For example, there is evidence that Latinos tend to report more somatic symptoms related to internalizing problems than NHW (U.S. Department of Health and Human Services, 2001). However, if Latinos conceptualize internalizing problems differently, an instrument normed on NHWs could fail to accurately capture relevant aspects of anxiety in Latinos.

The Screen for Child Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1999) is a 41-item measure developed to screen DSM-IV-TR youth anxiety disorders. The SCARED has five subscales (factors): General Anxiety, Somatic/Panic, Separation Anxiety, Social Phobia, and School Phobia. The five-factor structure has been largely replicated, however, there is evidence that the factor structure may vary across ethnic groups. For example, in a study of 111 AA high school students, Boyd et al., (2003) failed to confirm the five-factor structure and follow-up exploratory factor analysis (EFA) identified only three factors, suggesting that the underlying structure of anxiety may vary between AA and NHW youths. The Center for Epidemiologic Studies – Depression Scale (CES-D; Radloff, 1977) a 20-item measure developed to assess affective and somatic symptoms of depression. The CES-D has a four-factor structure corresponding to Negative Affect (NA), Positive Affect (PA), Somatic Symptoms (SS), and Interpersonal Symptoms (IP). A handful of studies have addressed the issue of measurement invariance for ethnic/racial minority groups in the U.S. using CFA procedures, but results have varied.

There has been only one study investigating the measurement invariance of the SCARED and few studies testing invariance of the CES-D among multiethnic youth samples. The primary goal of the present

study was to examine the cross-ethnic structure and validity of the SCARED and CES-D for NHW, Latino, AA, and Asian American youth in middle school by testing for measurement invariance. A secondary goal was to compare ethnic groups on symptom cluster (factor) means if invariance was established.

Methods

Participants were 877 youth (45% female) in the 7th grade (ages 12-13 years) at a suburban/urban middle school in the northeast U.S. The largest proportion of youth come from middle class families with 32% of youth eligible for free or reduced lunch. Of the participants, 44.8% self-identified as AA, 21.3% Latino, 18.8% NHW, and 15.1% Asian/Pacific Islander/Indian. Ethnic identify was collected as a part of the school's routine enrollment procedures; only broad ethnic categories were collected. Youth participated in a gradewide screening aimed at identifying anxious youth for a school-based group CBT program. Screenings occurred in two waves over two consecutive years. All English-speaking students in the 7th grade who attended school the day of the screening were eligible to participate.

Multiple group CFA (Vandenberg & Lance, 2000) was conducted separately for the SCARED and CES-D using MPlus. The five-factor structure of the SCARED and the four-factor structure of the CES-D were tested. Measurement invariance was assessed using multiple steps. The first step tested whether the five/four-factor baseline model holds for each group (configural invariance). The second step tested whether factor loadings are invariant by constraining them to be equal across groups (metric invariance). Step three tested for invariance of model intercepts. The final step constrained both factor loadings and intercepts to be equal across groups (scalar invariance). Scalar invariance implies that the meaning of the construct and the levels underlying the items are equal in both groups. If scalar invariance holds, groups can be compared on their scores on the latent variable. Several fit indices including the comparative fit index (CFI), the Tucker Lewis Index (TLI) and the root mean squared error of approximation (RMSEA) were used to compare model fit. If results were inconsistent across fit indices, AIC and BIC were calculated to make a final determination..

Results

The five-factor model of the SCARED and the four-factor model of the CES-D best represented the data for all ethnic groups. Results provided support for scalar equivalence of the SCARED across all four ethnic groups. Results provided support for scalar equivalence of the CES-D across AA, NHW, and Asian/Indian youths, and partial invariance for Hispanic youths. For the CES-D, results suggested that Item 7 ("I felt that everything I did was an effort") did not add information to the model and was thus removed from further analysis. Factor mean differences across groups were identified for both measures. In particular, Hispanic youth reported greater levels of anxiety and depression in certain domains than NHW, AA, and Asian youth.

Conclusion

In sum, our findings support the cross-ethnic validity of the SCARED and CES-D and their use as tools for assessing anxiety and depressive symptoms in ethnically diverse youth in middle school. We have provided evidence of full scalar invariance of the SCARED and of full or partial scalar invariance of a 19-item version of the CES-D across four ethnic groups. In other words our results indicate that NHW, AA, Hisp, and Asian youth interpret questions on the SCARED and on the CES-D similarly and that these measures are assessing the same constructs across these groups. assessment. These results bolster confidence in previous and future research utilizing these measures in ethnically/racially diverse samples of youth in the U.S. and indicate that observed differences in mean anxiety and depressive symptoms are not likely due to differential measurement properties across ethnic groups in this sample. Results also indicate that certain groups of youth, Hispanic youth in particular, experience more anxiety and depression in certain domains than NHW, AA, and Asian youth. The mechanisms by which such differences evolve have yet to be identified; future research is needed in this area.

Students' Corner

By: Laura Skriner and Emily Bilek

What Happens if You Don't 'Match'?

Interviews with students who promise it isn't the end of the world.

Seriously!

So, it's that time of year again. February - when the snow is falling, cupid's arrows are flying, and the advanced graduate students are anticipating the internship match process. We all know that clinical psychology programs culminate in a yearlong clinical internship. And while coming to the end of a graduate career is an exciting time, filled with thoughts of professional goals and new opportunities, the process of applying for internships can be extremely stressful. Possibly even more so than applying to graduate school in the first place!

Among other things, applying to internship is made stressful due to the 'match' process. For those who are unfamiliar, here is a brief explanation of how matching works. First eligible students compile all of their internship materials and apply to a number of internship programs. Interested sites then select students to interview. After the interviews, the first phase of the match process begins. Students and training programs each rank their top picks and submit their choices to a third party. Then, a computer program does something magical (it involves something called an 'algorithm') and students are matched with programs.

This process is scary enough; although you have control over the order that you rank your choices, you have no control over where you are ultimately placed. But, what if you aren't placed? For students who do not initially receive a match, a second match process occurs (phase II) during which students and programs, who still need placements, undergo a second round of interviewing (mostly via phone), rank choices again, and are sent through the computer matching process again. Students who do not match in either phase have to wait until the next year to apply to internship for a second time.

The prospect of not matching during either phase can be quite anxiety provoking, and may be especially relevant in the current application market saturated with students. More and more students do not match due to an unbalanced ratio; there are simply not enough internship programs for the number of applicants. Of course, thinking about the prospect of not matching is likely something that most students would prefer not to consider. However, questions about how to cope with the disappointment accompanying the experience, concerns about how it could affect one's career, and even questions about how to make the best use of the extra year, are all normal, appropriate, and important concerns.

And so, with match day just behind us, it seems like a good time to hear from some students who did not match, and, believe it or not, have lived to tell the tale! We had the opportunity to talk with Rachel Freed, who is currently in a Ph.D. program, and Margaret Areizaga, a student in a Psy.D. program, both of whom applied for internship last year and did not match. They generously took the time to answer our many questions and share some of the wisdom they have gained during this grueling process.

1. Did you participate in Phase II of the match? What informed your decision, and if you did participate, what was your experience with Phase II?

Rachel: I did participate in phase 2 of the Match. Unfortunately, there were very few sites in phase 2 to which I was interested in applying and that were APA-accredited, and these were not a great fit. I ended up applying to 3 sites in phase 2 and had one interview (via phone). I also consistently checked the clearinghouse (you can sign up to be on a list serve that notifies you when the web page has been updated). A handful of really good, APA-accredited sites opened up on that. Unfortunately, I still ended up without an internship at the end of it all.

Margaret: I looked at the options available through the second Match but decided not to apply. There were very limited opportunities that were specifically child-focused and most were outside of the geographical area I was hoping to remain in.

2. What helped you to cope with not matching?

Rachel: Honestly, the fact that there was a phase 2 helped me to cope with not matching because I immediately had something to put my energy into and some hope for getting an internship. The day after match day, I woke up early, went to a café and worked on the phase 2 cover letters all day. I also reached out to everyone I knew for advice on how to proceed. Throughout the process, although it was difficult, I tried really hard not to take personally the fact that I did not match; rather than ruminating about what might have gone wrong in my applications and interviews, I put my energy into making plans for the year. I also contacted people I knew who, in prior years, had gone through the experience of not matching for advice and support.

Margaret: As soon as I found out that I didn't match, I reached out to my advisor and supervisors I had been working with for advice and support. Everyone was incredible supportive and we started thinking about how I could make the most of the year. I was offered many opportunities to continue working with my supervisors and expand on my training in ways that would really add to my experience.

3. What did you do during / how did you make the most of the "extra" year?

Rachel: Reaching out to colleagues proved valuable because, through this networking, I learned about an amazing job opportunity. I took a leap of faith, moved to a new city, and decided to think of this as my "adventure year"—a chance for personal growth and new experiences. The job has provided me with valuable research experience, allowed me to advance my clinical skills and make professional connections, introduced me to wonderful new colleagues, and helped me to refine my career goals. In addition, I have gained an extra year to work on and complete my dissertation. Finally, I have had the opportunity to explore a new city, make new friends, and work on personal goals.

Margaret: During the "extra" year, I took on a full-time paid position at a site where I had previously externed. I was given new responsibilities and provided with amazing opportunities to develop my skills as a clinician and gain experience supervising/training externs in carrying out evidence-based treatments. I used the time to work on a few publications and my dissertation. On a personal note, I've been taking some time to catch up with friends, working on self-care, and planning my wedding – things I'm sure I wouldn't have had much time for if I was on internship!

4. What was the best advice you received during the process?

Rachel: I guess it was just helpful to have the reminder that, even though it may take me a bit longer to complete my degree, everyone ends up at the same place in the end. All the people I know who did not match in previous years, matched the second time around, and are now happy and prospering in their careers.

Margaret: I think it was helpful to hear stories about others who didn't match and where they ended up. It helped me think of the "extra" year as an opportunity to really figure out my career goals and take advantage of opportunities that would not only make me a stronger candidate for internship, but also help me achieve my future goals.

5. What, if anything, did you do differently the second time around?

Rachel: This year, I applied to many more sites and to a greater range of programs (e.g., some less competitive ones, different geographical regions, etc.). I considered programs to which I would be happy going, but which may not have included all the training opportunities for which I was looking. I also prepared more for the interview process, including seeking input from others on my interviewing style and doing practice interviews.

Margaret: The second time around, I started my applications earlier. I had more people read my essays. I asked different people for letters of recommendations – people that now know me longer and saw my work in multiple roles. I also applied to more sites in a wider geographical range.

6. Are there any common misconceptions about matching and the reapplication process?

Rachel: In general, I think people try to ease applicants' anxiety by reassuring them that they will match. This is something I experienced this year and last from friends, colleagues, and even internship training directors during interviews. If you look at the statistics, I had a very high chance of matching last year, given the number of interviews I received; but, despite this, I didn't match. The reality is that even very qualified people sometimes do not match.

Margaret: The unfortunate reality is many highly qualified people don't match each year. Although it may seem like the worst possible thing that could happen, it really doesn't have to be. I've learned so much over this past year and had so many amazing opportunities. Of course, it wasn't fun to apply for internship again but I wouldn't change anything about my situation.

7. What was the best thing that has come out of this experience?

Rachel: In addition to what I mentioned above in the "extra year" question, I feel really prepared for this next step in my career and have a better sense of what I am hoping to gain on internship and beyond.

Margaret: The amazing experience I was able to acquire, the relationships with supervisors I was able to build on, a better understanding of who I want to be as a professional/what my career goals are, and a greater idea of what I hope to achieve during my internship year.

8. What advice would you give to student applying for internship? And what advice would you give to those who do not match?

Rachel: If you don't match, try not to take it personally and remember that even very qualified people sometimes do not match. Look at the extra year as an opportunity! Take the year to do something different, challenging, or fun. Focus on your personal growth and relax (you know, the things that we neglect during grad school...).

Margaret: There are many things I could say to those applying for internship but it would be the same advice students already hear from their advisors/DCTs (e.g., start working on your applications early, apply broadly, etc.). Ultimately, there doesn't seem to be any one definitive piece of advice that will make or break an internship application. Many highly qualified students with amazing applications and numerous interviews don't match. If you don't match, reach out to those around you for support and think of what you could do with the extra year to make the most of it – whether it's personally or professionally. And remember not to take it personally!

We are so grateful to Rachel and Margaret for sharing their experiences with us. We hope that they have helped to answer some of the questions you may have had about the match process and what happens if a match doesn't. Ultimately, while internship is important, and matching on your first try can seem like the only goal worth pursuing, it is important to remember that there are many paths that lead to successful careers in child and adolescent anxiety research and treatment. So bring on the match! We're ready.

ABCT's 47th Annual Convention

Cognitive and Behavioral Therapies:

Harnessing Synergy among Multidisciplinary Sciences

PROGRAM CHAIR: Justin W. Weeks, Ph.D.

Attention CAASIG Members:

We will be holding a preconference in Nashville. Stay tuned for more information and a call for submissions.



November 21-24, 2013 | Nashville, TN

Membership Renewal Form

If you have not yet renewed your SIG membership for the 2012-2013 academic year, here's your chance! You can either complete and mail this form with your dues check or complete the membership renewal form online at www.childanxietysig.com. Thanks for renewing your membership!

Name:
Please check one: I am renewing my SIG membership I am joining the SIG
Membership Status: Professional (\$10 annual dues) Student (\$5 annual dues)
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Phone:
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Are you currently a member of ABCT? Yes No
(You must be a member of ABCT to be a member of the SIG.)
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5. Enter the amount (\$5 for Students and \$10 for Professionals) and currency type, then hit "Continue."6. Enter credit card information, review, and hit "Send Money."