The Child & Adolescent Anxiety

SIG Newsletter

Dear Colleagues,

For many of us, this time of year is defined by endings as well as new opportunities. For trainees, the month of July often means the transition from one training experience to another, whether it is a new externship, psychology internship, or a first job. Meanwhile, many professionals are welcoming in new associates and students while saying goodbye to others.

These professional transitions also serve as times to consider the work we are doing, and if we wish to take on new ventures. For those "new venture" seekers, the Child and Adolescent Anxiety SIG offers a number of exciting opportunities involve promoting child anxiety research and treatment and collaborating with colleagues.

The SIG will soon be accepting nominations for our executive committee positions, including SIG-leader elect, membership/treasury chair, and newsletter co-editor. Personally, my involvement in the SIG's leadership has been one of the most rewarding experiences of my career thus far, and has allowed me to work with many great people in our field and expand my professional network. I strongly encourage you all to consider it.

You can also involve yourself in SIG activities throughout the year. Our listserve, Facebook, and LinkedIn pages allow all SIG members to post updates about their own work or general child anxiety topics. In addition, you can contribute to this newsletter; our editors are always looking for great new material.

Participating in the SIG's annual preconference meeting is yet another way to get involved. Our preconference meeting takes place just prior to the ABCT convention and offers the chance to network with colleagues, share your work, and take in a number of child anxiety presentations. While at ABCT, you can also attend the SIG's Poster Expo, which displays exciting new research from many of our student and professional members. Or, better, yet, submit a poster to be displayed at the Poster Expo. Finally, I recommend our advanced student members to the SIG Student Travel Award, which offers the opportunity to present your work at our preconference meeting.

On the next page are details for several of the opportunities mentioned above. If you have any questions about getting more involved in the SIG, please reach out to me directly. Have a great summer!

Tony Puliafico, Ph.D., SIG Leader

Happy Summer! In this issue you'll find...

Features:

Become More Involved in the Child & Adolescent Anxiety SIG!

CAA SIG website: www.childanxietysig.com

CAA SIG Facebook Page: https://www.facebook.com/ABCTchildanxietySIG

CAA SIG LinkedIn Group Page:
https://www.linkedin.com/grp/home?gid=8153720&trk=my_groups-tile-grp

Instructions for SIG Poster Expo and Student Travel Award Submission:
http://www.childanxietysig.com/2494.html

ABCT 2015- Child Anxiety Related Presentations
Monica Wu, M.A. & Aubrey Carpenter, M.A.

As usual, we have a great spread of child anxiety-related presentations at the ABCT conference this year! To help facilitate the process of identifying presentations of interest, please see below for the accepted presentations*. Thank you all for sending in your presentations, and we look forward to hearing more about everyone's research!

Treatment Related

- **Title: Optimizing cognitive behavioral treatment of anxious youth: Engaging (or disengaging!) parents across development**
  Authors: Pimentel, S., Hambrick, J.P., Khanna, M., Settipani, C., Comer, J.S., and Albano, A.M.
  Type: Panel Discussion

- **Title: Improving CBT for childhood anxiety disorders through a focus on mechanisms of change**
  - o 1-Components of Cognitive Behavioral Therapy Related to Outcome in Childhood Anxiety Disorders; Chelsea M. Ale, PhD
  - o 2- The quantity and quality of treatment for childhood anxiety disorder in a large regional health system; Adam F. Sattler

- o 3-The Feasibility of Improving CBT for Childhood Anxiety Disorders through a Dismantling Study; Michael S. Tiede
- o 4-Using technology to expand dissemination of exposure therapy for child anxiety beyond face-to-face therapy; Stephen P. H. Whiteside

Chair: Stephen P. H. Whiteside, PhD (chair)
Type: Symposium

- **Title: Sleep-based outcomes from an intervention program for anxious youth**
  Authors: Clementi, M.A., Holly, L.E., Pina, A.A., & Alfano, C.A.
  Type: Poster

- **Title: Functional impairment in pediatric anxiety: The mediating role of treatment worries**
  Authors: Wu, M. S., Salloum, A., Lewin, A. B., Selles, R. R., McBride, N., Crawford, E., & Storch, E. A.
  Type: Poster

- **Title: Informant discrepancies in childhood anxiety symptoms: Comparison between clinical and community sample and moderation effect on cognitive behavior therapy**
  Authors: Shin-ichi Ishikawa, Kazuyo Kikuta, Takashi Mitamura, Saki Yoshimitsu, Tetsuya Ono, Satoko Sasagawa, Kiyomi Kondo-Ikemura, Yuji Sakano, & Susan H. Spence
  Type: Poster

Dissemination and Training

- **Title: Disseminating evidence-based anxiety prevention strategies into the schools: Capitalizing on existing clinical anxiety treatment programs.**
  Authors: Jitlina, K., Shumka, E., Miller, L. D., & Rapee, R.
  Type: Poster

- **Title: Disseminating knowledge about childhood anxiety disorders through video content.**
  Authors: Shumka, E., Jitlina, K., Yu, C., Waechtler, V., & Miller, L. D.
  Type: Poster

- **Title: Training module for the assessment of childhood anxiety disorders.**
  Authors: Shumka, E., Jitlina, K., Yu, C., Hamill, K., & Miller, L. D.
  Type: Poster

- **Title: From Primary Care to the Specialty Psychiatry Practice and Back Again -- Barriers and Bridges in the Population-Based Management of Anxiety Disorders**
  Authors: Craner, J., Sawchuk, C., & Moore, K.
  Type: Clinical Round Table

Technology

- **Title: Internet- and computer-based treatments for youth with internalizing disorders: A meta-analytic review"**
  Authors: Olga Jablonka, M.A., Raymond DiGiuseppe, Ph.D., & Tamara Del Vecchio, Ph.D
  Type: Poster

- **Title: Internet exposure and posttraumatic stress among Boston-area youth following the 2013 Marathon bombing. In T. Chou (chair), Is being on the 'net all net gain? Examining negative effects of Internet exposure and social media on youth internalizing problems.**
  Authors: Comer, J.S. DeSerisy, M., & Green, J. G.
  Type: Symposium

Related Clinical Variables

- **Title: Irritability and anxiety severity among clinically anxious youth**
  Authors: Cornacchio, D., Crum, K., Coxe, S., Pincus, D.B., & Comer, J.S.
  Type: Poster

- **Title: Emotion regulation and distress tolerance in parents of young children with and without anxiety. In T. Chou & Cooper-Vince, C.E. (co-chairs), Nature and Nurture: the dynamic interplay of physiological functioning and family interactions across youth psychopathology.**
  Authors: Kerns, C.E., Pincus, D.B., & Comer, J.S.
  Type: Symposium

- **Title: Rage in Anxious Children**
  Authors: Johnco, C., Salloum, A., Lewin, A. B., McBride, N. M., Crawford, E. A. & Storch, E. A.
  Type: Poster

- **Title: Prevalence and clinical differences of suicidal ideation in a sample of youth receiving treatment for anxiety**
  Authors: McBride, N.M., Johnco, C., Salloum, A., Lewin, A.B., & Storch, E. A.
  Type: Poster

- **Title: Pupillary and Eye Tracking Indices of Attention Bias Predict the Development of Depressive Symptoms in Anxious Youth (Main symposium: Beyond Reaction Time Bias: Neural, Physiological, Ecological, and Clinical Correlates of Information Processing Mechanisms)**
  Authors: Teachman, B., De Raedt, R., Kuckertz, J., Price, R., & Benoit Allen, K.
  Type: Symposium

Parental/Family Factors

- **Title: Parental locus of control factors linked with OCD in very young children**
  Authors: DeSerisy, M., & Comer, J.S.
  Type: Poster

- **Title: Maternal Intrusiveness is Related to Decreased Child Heart Rate Variability During a Stressor (Main symposium: Nature and Nurture: the dynamic interplay of physiological functioning and family interactions across youth psychopathology)**
  Authors: Aldao, A., Shapero, B., Chou, T., Benoit Allen, K., Musser, E., Kerns, C. , & Cooper-Vince, C.
  Type: Symposium

- **Title: Phenomenology and Clinical Correlates of Family Accommodation in Pediatric Anxiety Disorders (Main symposium: Family involvement in fear-based disorders)**
  Authors: Storch, E. A., Salloum, A., Johnco, C., Dane, B., Crawford, E., King, M., McBride, N., & Lewin, A. B.
  Type: Symposium

- **Title: Family accommodation and OCD symptom severity: A meta-analysis**
  Authors: Wu, M. S., McGuire, J. F., Martino, C., Selles, R. R., & Storch, E. A.
  Type: Poster

* Please be sure to check the ABCT 2015 schedule for further details of these presentations (times, locations, and summaries). Please visit http://www.abct.org/conv2015/ since the itinerary planner, as well as other helpful tools, are now available to plan your conference!

STUDENT CORNER

So you made it to internship…What's next?

Christine E. Cooper-Vince, Monica S. Wu, and Aubrey Carpenter

The summer is an exciting time of transition for senior graduate students. Many students are beginning their predoctoral internships while the previous year's interns are embarking upon their postdoctoral career paths. As many students can attest, the internship year is a valuable training year, but also a quick one. Not long after students arrive at internship (see Spring 2014 CAA SIG newsletter for internship application tips), they are faced with applying for post-internship positions. As such, it can be helpful for students at varying stages in the training process to begin thinking about and preparing for their post-internship career paths. This article will provide helpful hints for navigating post-internship job applications drawn from the experiences of current postdocs and faculty. These tips are no substitute for the expert, individualized guidance of your mentors. They are instead designed to orient junior and senior students to information that is central to post-internship career choices and should be considered throughout the course of graduate training.

What are your options?

Unlike the relative structure afforded by graduate school and internship, post-internship paths vary widely in focus and structure. One potential path is the pursuit of faculty positions at academic institutions, which vary in regard to their focus on research versus teaching by position and institution type (e.g., research I university vs. 4-year liberal arts college). Many applicants also pursue postdoctoral training positions, which can range in division of clinical and research responsibilities as well as structure (e.g., a self-designed postdocs versus a formalized training program). The majority of postdocs interviewed were working within academic medical centers, but described a wide range of postdoctoral activities. Some reported a 50/50 division of their time between research and clinical activities, while others reported devoting up to 80% of their time to research and 20% to clinical care, and vice versa. Among postdocs involved in research, some had obtained their own funding to pursue independent research questions, while others were working on another PI's grant as assessors, therapist, supervisors, and project coordinators. Additionally, several postdocs were also funded through NIMH T32 grants that provide independent research time in combination with formalized training programs, including didactic trainings and coursework. While

these examples illustrate how postdocs can range in focus and structure, they do not represent the full array of potential positions, especially those focusing exclusively on clinical care in counseling centers and clinics.

Though this myriad of options may be somewhat anxiety provoking, many interns find that this also provides an excellent opportunity for honest self-reflection on their career and personal goals to meaningfully shape their application process. This is an important time to really ask yourself how _you_ want to translate your expertise and interests into the next phase of your career. Are you looking to investigate your own independent research questions? Do you want to gain supervised clinical hours for licensure? Do you want further training in a new clinical or research area, or the opportunity to collaborate with a specific PI? Do you have geographic restrictions? It is important to be true to your interests and goals, while also thinking broadly and flexibly about how to fulfill these goals in a variety of positions.

How do you find these positions?

Once you have given consideration to your goals, you are ready to begin the application process. Potential positions in line with your goals can be identified in a number of ways. Faculty positions are typically posted,

but are less plentiful than postdocs. Postdocs and junior faculty reported

finding the APA Psych Careers (http://www.psyccareers.com/) and the

Psychology Job Wiki (http://psychjobsearch.wikidot.com/) websites useful

sources for faculty position advertisements.

Unlike faculty positions, many postdoctoral positions are not

advertised. Additionally, unlike internship applications, there is no

centralized match system for postdoc, except for neuropsychology. In fact,

the number of formalized postdoc positions advertised is limited. As such,

both current postdocs and faculty strongly recommended networking to

identify potential opportunities. Reach out to mentors, colleagues, former

supervisors, and training directors via e-mail and at professional meetings

to inquire about potential postdoc opportunities. A faculty member within

a university-based clinical research program noted that even in cases where

there are not existing plans to hire a postdoc, positions can be designed for

exceptional candidates. Reaching out to contacts at academic medical

centers and university clinics can help to identify postdoc opportunities

that incorporate research and clinical components. It is also possible to find

clinical postdoc opportunities through contacts in more clinically focused

settings, such as counseling centers, community mental health centers, and

private practice.

Given that funding opportunities and clinic personnel can change

rapidly, it is important to reach out to a broad range of contacts, and not

just wait for postdoc position postings. Many current postdocs reported

obtaining their positions through such inquiries and relationships, and

found that networking in this way enabled them to shape their

postdoctoral positions to maximize the inclusion of experiences directly in

line with their career goals. Additionally, several postdocs within academic

medical centers also reported pursuing additional funding opportunities

while on internship, such as internal institutional grants and foundation

funding, that enabled them to fund a portion of their own postdoc and

enhance control over the allocation of their time.

Junior students can also prepare for this process early in their

graduate careers. As one faculty member recommends, junior students

should establish and maintain relationships with investigators of interest,

openly communicating their desire for future collaboration, as these

professional relationships can provide helpful groundwork for future

professional positions. Additionally, when applying for internship, many

students find it helpful to strongly consider sites that support postdoctoral

training, enabling students to leverage relationships and expertise

developed on internship to remain within the institution for postdoctoral work.

Though students are strongly encouraged to reach out to contacts to discuss postdoctoral opportunities, formalized postdoctoral positions will also be advertised. Many of these positions will be advertised through professional listservs as well as websites, such as APPIC (https://www.appic.org/About-APPIC/Postdoctoral) and Association of Psychological Science (APS) Postdoc exchange (http://www.psychologicalscience.org/index.php/post-doc-exchange). As such, it is recommended that while on internship, students keep their professional memberships up to date and monitor listservs for job postings. CAA SIG members may find positions of interest posted through the APA Division 12 (Clinical Psychology), 53 (Child and Adolescent Psychology), and 54 (Pediatric Psychology) listservs, as well as the APS, Parent Child Interaction Therapy International, and ABCT listservs, and our own SIG.

Timeline for applications

The timeline for applications can be quite variable within and across position types. It is important to initiate conversations about your postdoctoral interests with your mentors and professional networks early

in the fall. This will allow ample time to explore a variety of opportunities,

and potentially apply for grant funding to support particular lines of work.

This is also an excellent time to request letters of recommendation from

current and former supervisors. Formalized job postings will appear at

varying times throughout the year. Faculty positions are often advertised in

the early fall but can be posted later in the year as well. Alternatively,

postdoc positions are more commonly posted beginning in the late fall, but

may continue to appear into the following summer. Unlike internship, there

is no standardized interview schedule or match day. Additionally, some

postdoctoral opportunities may be contingent upon pending funding

applications. As such, it is important to explore a variety of opportunities

and keep lines of communication open within your professional network

throughout your search.

Looking to the future

The first post-internship position can be a good time to set down

professional roots at an institution. However, for applicants who don't

secure their top-choice faculty or postdoctoral position, it's not the end of

the world. This first position can also serve as a steppingstone along your

career path. A staff member at an academic medical center noted that

applicants who did not obtain their ideal post-internship position, but

continued to advance their work in areas relevant to their career goals

(e.g., publishing within a specific area, working clinically with a specific

population) were often successful in going on to secure professional

positions more in line with their career goals. Therefore, it is important to

remember that one's first post-internship position can serve many

purposes, and that thinking flexibly about methods for staying true to one's

goals will ultimately promote success.
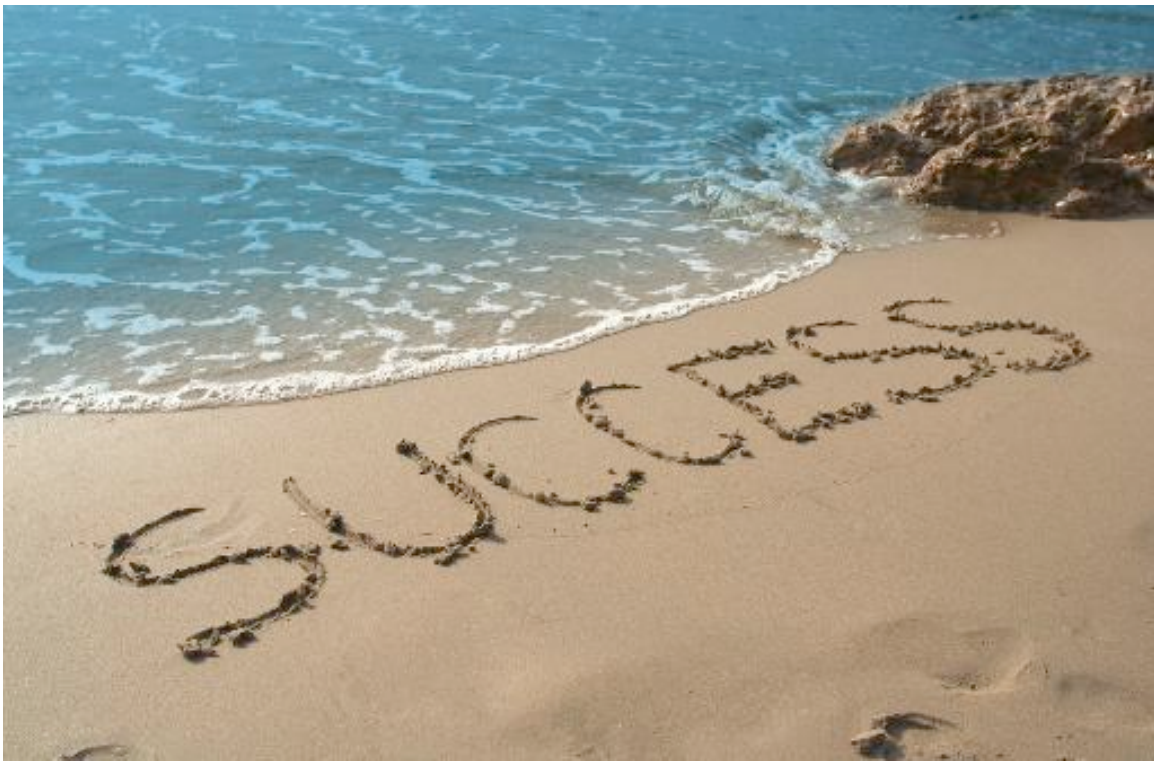
Client and Clinician Match: Does it Matter?

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Introduction

Recent national events have highlighted the conflicts present in our society. Tensions based on race, sexual orientation and identity, and religious beliefs have been prominently featured in major media outlets (e.g., the death of Eric Garner, the Supreme Court's gay marriage ruling, the response to Caitlyn Jenner). The political and social unrest related to individual differences causes us to reexamine the role it plays both in everyday society and in the therapeutic relationship as well. This article briefly reviews the literature of client-therapist selection and treatment based on similarities and differences between the clients and therapists (with an emphasis on looking at children and adolescents) and provides suggestions for strengthening the multicultural awareness of therapy providers.

The Roots of Matching: Social Psychology

The impact of clinician and patient characteristics has been examined by researchers trying to establish factors that impact treatment outcome.

Efforts to evaluate therapist and client characteristics and differences have led researchers to study the matching of the therapeutic dyad. The idea of matching therapist and client based on characteristics is born out of social psychology research, particularly with the matching hypothesis (Walster & Walster, 1969; Berscheid, Dion, Walster, & Walster, 1971). The matching hypothesis posits that individuals select romantic partners based on similarities in attractiveness and social desirability levels (Berscheid, Dion, Walster, & Walster, 1971). The matching hypothesis was adapted to examine the impact that clinician and client similarity may have in treatment provider selection (Cabral & Smith, 2011).

Measuring Perceptions

Early research on clinician-client characteristics examined match on measures of perception. For example, researchers found that college students preference of male or female clinicians was based on their presenting problem. Students preferred male clinicians for academic and interpersonal concerns and female clinicians for intimacy concerns (Bernstein, Hofmann, & Wade, 1987). Other researchers found that college students preferred clinicians that seem to fit a particular sex role (masculine, feminine, androgynous) based on their presenting problem. Students preferred feminine clinicians for personal concerns, masculine clinicians for assertiveness concerns, and masculine and androgynous clinicians for

academic concerns (Blier, Atkinson, & Geer, 1987). While the study of client preference in clinician selection in itself is of interest, it is also worthwhile to evaluate how client-therapist differences might impact perceptions during treatment.

Researchers examined measures of clients' perceptions of their clinician during treatment. When researchers measured perceived helpfulness of clinicians by their clients, gay and lesbian adult clients rated gay, lesbian, bisexual, and heterosexual female clinicians to be more helpful than heterosexual male clinicians. The researchers found that certain assumptions or judgments by clinicians about sexuality or sexual orientation were related to treatment dropout and negative ratings of helpfulness regardless of sexual orientation of the clinician. Some examples of negative behaviors were the clinician automatically assuming clients were heterosexual, indicating client sexual orientation as bad or inferior, or lacking basic knowledge of client sexual orientation issues (Liddle, 1996). Liddle (1996) found that client perception of clinician helpfulness to be a useful treatment indicator when evaluating the therapeutic relationship.

Client perception, however, shows only one side of the clinician-client dyad. In order to measure perceptions of both sides of the dyad, some researchers focused on understanding the therapeutic alliance. When examining the relationship between gender and ethnic matching and

clinician and adolescent clients' therapeutic alliance ratings, results showed greater alliance ratings for gender matched dyads and greater treatment retention for both gender and ethnically matched dyads. Clinicians in non-matched dyads reported lower alliances. (Wintersteen, Mensinger, & Diamond, 2005). Therapeutic alliance is thus an indicator of both client and clinician perceptions during treatment. Measuring perception, however, does not indicate that matching of dyads necessary improves the outcome of treatment.

Matching and Treatment Outcome

Although some data support the idea that clinician characteristics impact perceived alliance, it is less clear whether clinician-client match affects outcome measures of treatment. When researchers have measured patient psychosocial functioning as a function of clinician-client match, results are inconclusive because studies have shown contradictory findings. For instance, when studying ethic and language matched dyads with children and adolescent clients, researchers found improvements in functioning for ethnically matched dyads with adolescent clients but not with children (Yeh, Eastman, & Cheung, 1994). In contrast, other researchers found improved psychosocial functioning for both adolescents and children when matched on gender, ethnicity, and language with their clinicians (Hall, Guterman, Lee, & Little, 2002).

When examining an empirically supported treatment with adolescents with conduct problems, researchers found that clinician and client caregiver ethnic match was associated with a reduction in the dropout rate, an increase in treatment duration time, and an increase in reduction of symptoms for clients whose caregivers were ethnically matched with clinicians. Psychosocial functioning, however, did not significantly improve for matched versus non-matched groups (Halliday-Boykins, Schoenwald, & Letourneau, 2005). Furthermore, researchers found no difference in outcomes of psychosocial functioning for ethnically matched versus non-matched dyads with children and adolescents when controlling for extraneous variables (Gamst, Dana, Der-Karabetian, & Kramer, 2004). Finally, a meta-analysis of 53 studies across different client types illustrated a difference between preferences, perceptions, and outcomes in ethnic matching studies. The authors found almost no benefit to matching on outcome measures versus subjective measures of preference and perception (Cabral & Smith, 2011). There is thus no clear consensus among current researchers that clinician-client matching is beneficial to the therapeutic dyad when assessing outcome measures of treatment.

Conclusion

Because there is no clear indication that matching clinician and client on characteristics improves treatment outcome, it is important for clinicians

to be aware of individual cultural differences when treating a diverse clientele. Sue, Arredondo, and McDavis (1992) outlined three dimensions of cultural competency that are relevant to our discussion, (a) beliefs and attitudes, (b) knowledge, and (c) skills. Beliefs and attitudes involve provider beliefs, stereotypes, and biases and their impact on treatment. We noted earlier the importance of client and clinician perception on the therapeutic relationship. Providers can measure and keep track of perceptions to monitor their impact during the course of treatment. Knowledge is what a provider knows about his or her own worldview, the client's cultural group, and other sociopolitical influences. It is important for a clinician to be knowledgeable about all aspects of a client's culture and how it affects the therapeutic relationship. Skills involve knowing how to adapt treatment to different cultural groups. For example, Hays (2009) describes cultural adaptation and reviews techniques to tailor Cognitive Behavioral Therapy to fit the cultural milieu of individuals of different backgrounds. It is important for treatment providers to become adept in adapting their overall approach to suit the needs of their culturally diverse clients.

<div align="center">References</div>

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Membership Renewal Form

If you have not yet renewed your SIG membership for the 2013-2014 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)

Address: _____

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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

Would you like to be added to the SIG listserv?   __ Yes   __ No

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Dues Payment Instructions

Please send a check or money order in US funds), payable to Child and Adolescent Anxiety SIG, to**:**

Courtney Weiner, Ph.D.
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Philadelphia, PA 19104

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Save the Dates:

ABCT's 49th Annual Convention

In Chicago November 12th through November 15th

2015