
ABCT CHILD AND SCHOOL

Official Newsletter of the ABCT Child and School Related Issues Special Interest Group

Spring 2014

Letter from the Editor

Matthew Pagirsky, M.A.^a Hilary Vidair, Ph.D.^b

^a St. John's University, New York, ^bLong Island University – Post Campus



In our last newsletter, we announced the revitalization of the Child and School Related Issues Special Interest Group (SIG). Since the announcement, we have acted on our goal of expanding the SIG's influence and membership. We now have 30 members who are registered in the SIG, which is an increase compared to previous years. On behalf of the SIG, I would like to welcome all of our new members! We are very thankful for everyone's support and interest in the group. We will continue

Continued on page 2

Inside this Issue

1. Letter from the Editor
1. Translating Research in Psychology Beyond the Classroom: An Instructive Case for Parents
2. Parental Experiential Avoidance in the Context of CBT for Adolescent Social Anxiety
7. Responding to Superstorm Sandy in the Schools: A Modified CBITS Intervention
8. Child and School Related Issues SIG Research Roundup
9. Laboratory Highlight: University of Nebraska Lincoln Empowerment Initiative
10. Do Mommy's Thoughts Matter?

Translating Research in Psychology Beyond the Classroom: An Instructive Case for Parents

Arthur P. Sullivan, Ph.D.,^a Penny Sullivan-Nunes, M.S.,^b Edmundo Nunes, Ph.D.^c

^a Touro College and University System, ^b Ardsley Union Free School District, ^c Mamaroneck Union Free School District

Abstract

Well-established research findings in psychology are routinely translated to the clinic, and often to educational settings. Parents, it is argued, will benefit as well from these understandings and effective practices, in both improved outcomes with their children and satisfaction in parenting. A thoroughly articulated case¹ study of behavioral shaping of an 11-year-old boy by his parents is presented to advance the argument for translating research findings in psychology to non-professional users, such as parents. Appropriateness of choice of clinical methods to be adapted for this use is noted. The benefits and safety of parents' use of these techniques are argued from example, which must precede considerations of field research, in order to provide empirical data needed at the next step in consideration of this process. The translation of behavioral methods for parents can be atheoretical and purely procedural. Potential benefits in child adjustment and development are illustrated, as well as improvement in parent-child relationship.

Behaviorism has been extraordinarily successful in delivering theory and research findings that translate well to the clinic and to educational settings. In both of these settings, consequently, its applications in cognitive-behavioral therapy and behavior modification methods are well established. Promotion of selected, effective tools beyond this, to non-professionals, has often been absent. Cognitive systems on the other hand, such as Berne's (1961) transactional analysis have gone further and found acceptance for their theories, methods and distinct vocabulary even in popular culture. In the instance of transactional analysis the concepts, the analogies that embody them and the keywords that trigger them were viewed as useful in non-professional as well as professional settings very early in their development. Berne himself (1964) and

Continued on page 3

Published by Child and School Related Issues SIG. The contents of this publication have not been reviewed, approved or endorsed by the Association for Behavioral and Cognitive Therapies.

our mission to increase awareness of empirically supported assessment and treatments across multiple disciplines to address children's emotional and behavioral problems. Our ultimate goal is to facilitate evidence-based practices in school and community settings via collaborations among ABCT's school-based and clinical child practitioners, researchers and students.

We would like to thank everyone who attended the SIG meeting in Nashville during the ABCT Convention this past fall. We had a turnout of over 30 ABCT members, which far exceeded our expectations. It was fantastic to meet everyone and register new members. Dr. Jamie Howard's talk, "Helping Kids Deal with Trauma through Their School Community" was intriguing and inspiring. The resources and support her team at the Child Mind Institute have provided to those in the community affected by Superstorm Sandy was a poignant reminder of how crucial it is to deliver mental health services to youth in need following a major crisis.

It was also wonderful viewing everyone's research during the Friday Night Welcoming Cocktail Party and SIG Exposition. The presenters in our SIG exhibited research on a variety of topics including peer relations and aggression in urban elementary schools, parental experiential avoidance, and utilizing Dialectical Behavior Therapy (DBT) in schools. Our expert panel of judges rated the posters and awarded prizes to three teams of authors. The winners of our poster awards have shared a summary of their research, which is included in the current newsletter.

Also included in the current newsletter is an empirical case study about translating psychology research findings to parents, a review of important recently published research in the field, as well as a new section in our newsletter dedicated to highlighting research laboratories that our fellow SIG members belong to. Our first laboratory highlight is the University of Nebraska-Lincoln's Empowerment Initiative. As our SIG continues to expand, we hope to include more content from members in the newsletter. If you are interested in submitting content for our newsletter, please feel free to e-mail matthew.pagirsky11@stjohns.edu with your submission or for more information.

We are still recruiting new SIG members from the ABCT community and we hope you will join us! By joining our SIG, members can enjoy opportunities such as receiving and publishing in our biannual SIG newsletter, becoming active on our SIG's listserv, aiding in planning SIG activities, and presenting research at the SIG Exposition during annual ABCT conventions. To receive more information about our SIG please contact our president, Dr. Hilary Vidair, at hilary.vidair@liu.edu

Parental Experiential Avoidance in the Context of CBT for Adolescent Social Anxiety

Magdalena Ostrowski-Hilton, M.A.^a, Catherine Stewart, B.A.^b, Daniela Colognori, Psy.D.^a, Jennifer Block-Lerner, Ph.D.^a, David Brandwein, Psy.D.^a & Carrie Masia Warner, Ph.D.^{cd}

^a Kean University, ^b NYU Langone Medical Center, Child Study Center, ^c William Paterson University, ^d Nathan S. Kline Institute for Psychiatric Research



***Magdalena Ostrowski-Hilton and colleagues were the winners of our Child and School-Related Issues SIG Student Award for Outstanding Research during this year's ABCT Convention. The following is an abstract from their poster presentation. –M.P.*

Introduction: Research suggests that parenting factors may influence the development and maintenance of childhood anxiety (McLeod, Weisz, & Wood, 2007; Wood, McLeod, Sigman, Hwang, & Chu, 2003). Parental experiential avoidance (PEA), defined as parents' unwillingness to experience and inability to manage their reactions to *their children's* distress, may play a contributing role (Cheron, Ehrenreich, & Pincus, 2009). The Parental Acceptance and Action Questionnaire (PAAQ; Cheron et al., 2009) is a measure of PEA that has gained preliminary support for use among parents of children with anxiety. The purpose of this study was to further the psychometric development of the PAAQ by assessing its sensitivity to change over the course of treatment of adolescent social anxiety with either CBT or non-specific treatment.

Method: Participants were recruited as part of a larger RCT evaluating implementation of a school-based

continued on page 3

CBT program for adolescent social anxiety disorder (Masia Warner, NIH grant 5R01MH081881). Parents of 38 adolescents diagnosed with social anxiety completed a diagnostic interview (ADIS-PC; Silverman & Albano, 1996) and several self-report measures, including the PAAQ, prior to and following the interventions.

Results: It was hypothesized that PAAQ scores would decrease to a significantly greater degree among parents of adolescents treated with CBT relative to parents of adolescents treated with non-specific intervention. In support of this hypothesis, a significant interaction effect between time and treatment group was found, $F(1, 36) = 4.36, p < .05$. A small decrease in PEA in the CBT condition accompanied a small increase in PEA in the active control condition.

Main Discussion Points: The PAAQ demonstrated sensitivity to change across time points, suggesting that it evaluates a parenting process that may be malleable in the context of treatment. This finding indicates that treatment content may have an impact on parents' relationship to their children's emotions. However, our data cannot specify whether the parent or adolescent component led to change in PEA. Future research evaluating the potential mediating role of PEA on treatment outcomes would be useful. While additional research is necessary to further validate the PAAQ and better understand the construct of parental experiential avoidance, our data provide preliminary support for use of the PAAQ in measuring and monitoring PEA during child anxiety treatment.

Important Dates

April 30th, 2014: ABCT Elections
Deadline

August 1st, 2014: ABCT Student Travel
Award Submission Deadline

August 5th, 2014: ABCT President's
New Researcher Award Submission
Deadline

August 22nd, 2014: Child and School
Related Issues SIG Poster Deadline

*November 20th – Sunday, November 23rd
2014:* ABCT 48th Annual Convention
Philadelphia

others later (e.g. Freed, 1998; Freed & Freed, 1998; Harris, 1969; Seligman, 2006) delivered the theory to the public in language and context suitable for a general audience. Subsequent outcome research has supported TA's usefulness in clinical (e.g. Jeness, 1975; Torkan et al., 2007) and educational settings (e.g. Stuart & Algar, 2011), providing support of usefulness among the general public.

Many powerful tools of behavioral research and practice await similar translation and dissemination. There are very pressing needs of parents for these simple, clear and highly effective therapeutic methods to replace relationship-damaging and unproductive responses such as punishment. The best of parents wish to enhance their children's adjustment, facilitate developmental changes, manage threats to their mental health before the matters become the focus of clinical concern, and to know when a professional clinical intervention is indicated. It is argued that their use of selected psychological techniques would be useful and should be provided to these ends. Ordinarily parents acting in any way in the capacity of therapy is not considered a good idea on very reasonable grounds: it may involve adopting dual roles and undesirable manipulation, which can negatively affect the type and quality of the parent-child relationship. However, when therapist practices and good parenting intersect, use of therapist techniques is argued to be desirable.

For the purposes of illustrating the potential usefulness and harmlessness of appropriately chosen psychological tools, a therapeutic method for demonstration has been chosen from among the well researched behavioral approaches. Behavioral techniques target the goal of change in behavior, without using cognitive and emotional concomitants instrumentally (Skinner, 1938, 2002). These techniques have other qualities that make them attractive for use by persons outside the cadres of trained mental health workers and educators. Chief among these is that control is left in the hands of the person whose behavior is to be changed, in this case a child. The child is always free to accept or reject the implied contract that leads to a reinforcer. Further, if a child changes behavior in a maladaptive way because of parent error in motive, intent, or procedure, the behavior will quickly extinguish outside that environment where the behavior is no longer supported.

Of the many techniques developed by behaviorists and solidly supported by decades of research and practice, one stands out as having brought surprising insight even to its developer. Originally called successive approximations (Skinner, 1938), it was later discovered by Skinner and his associates in 1943 to be far more rapidly effective when done

continued on page 4

by hand rather than by environmental controls. This substantial effectiveness improvement suggested far greater insights to the researcher (Skinner, 1979, 1983). The event and its sequelae are well chronicled elsewhere (e.g., Peterson 2004). Skinner retold the story repeatedly, and it is believed that it was after that event in 1943 that he renamed the technique to shaping. In the half century and more since then, the technique has progressively translated to the health and education professional communities where it has found widespread application, even becoming centrally important in certain addiction treatments, e.g. Preston et al. (2001), and beyond these to other professional groups, e.g. business (Rothschild & Gaidis, 1981).

Shaping, then, seems a reasonable choice as an exemplar. Providing an exemplar that is incontrovertibly useful is the very nub of the instant argument. Utility, harmlessness, and benefits that exceed costs must first be demonstrated as potentially achievable in a model before that model can be tested in field research. For model, the following case is presented with clear and transparent use of shaping to achieve a change in the behavior of a child that is ardently desired by both parents and the child involved. Safety, success, learning, improved adjustment, and strengthened parent-child relationship all flow from the application of this behavioral technique, although the only goal was safety.

Case: James, age 11

James was an 11-year-old boy attending a local public school, and, to the distress of his parents, spending his time with a group of 13-year-olds instead of children his own age and in his own grade. The parents' distress was increased by their hearing of school infractions, including use of marijuana and alcohol by these same older friends of their son. The parents' discussions and requests not to associate with these children fell, predictably, on deaf ears. When the parents prohibited his being with them, he concealed it a little, but continued as before. James's being accepted in the group of eighth graders gave him a cachet among his classmates which he enjoyed, though it was far less than positive and quite thin: he knew that while he seemed to others to be accepted by these older, more aggressive and independent children, he experienced himself as barely tolerated, used for errands, as the butt of jokes, and continually challenged to do things he might otherwise not have been inclined to do. No matter. The situation was not perfect, but satisfactory, and he enjoyed the admiration of his classmates and the cautious handling his teachers and school officials accorded him. He was not unnoticed.

One afternoon after school James and his friends

walked off into a wooded area south of the school to enjoy some early teenaged ribaldry, augmented by some liquor one of the boys had taken from his home. The boys' destination was an abandoned cabin they had found in the woods and used as a type of secret clubhouse. This was the first time James was included on a trip to this destination. The boys' path was a short-cut well away from any roads, paved or otherwise, and at one point required climbing an outcropping of rock which was very near vertical and rose more than 40 feet. The boys, apart from James, came here frequently, and the climb had been long since mastered. And, apart from James, they made quick work of the obstacle, climbing easily to the top and continuing on toward the cabin, which was still some distance off. For James, the rock climb was a struggle, and the places with the best handholds and footholds were unknown to him. After more than 20 minutes of struggling, he found himself about 30 feet off the ground, under an overhang of rock, with shallow hand and footholds, and unable to proceed in any direction, even back down, without fear of falling. His calls to his friends went unheard, and they disregarded his absence when they noticed it: he had probably run off home.

The next several hours, while it grew dark and the temperature dropped, were spent attempting to complete the climb, get back down, or even improve his hold. Finally, exhausted, he just hung on, wondering if he should just let himself fall, how badly he might be injured, and whether, injured, he could get home. Or, if not, when he would be found. At this point, James had long since missed dinner with his parents, and they had been calling school officials and the parents of James' companions for information. One of the boys was at home, and, although he did not know James' whereabouts, he reluctantly disclosed the route the boys took to their cabin. The parents followed the path by car so far as possible, then continued on foot, lighting their way with flashlights and calling out as they went. When James finally heard them and called out, his parents rushed to the spot and appreciated his predicament. The parents, after searching carefully with their flashlights, saw that the steepness of the rock and the poor handholds prevented their climbing up after him and assisting him down. Nor was he reachable from above, because of the overhang. They had, naturally, made emergency phone calls and were told that the Fire Department would bring equipment, but it would take hours to get experienced rock climbers, equipment and ladders on site, since everything had to be carried through the woods by hand. It did not seem like the increasingly

continued on page 5

frantic boy would last that long without falling.

At this point James' situation clearly parallels that of a patient seeking psychotherapy. James experiences himself as in an untenable and worsening position, and as having tried every possible solution he can construe, to no avail. What he sees as needing to be done he feels he cannot do. He experiences those around him as unable to help. It is often at this point that a patient secures the assistance of a therapist, in the hope that that will bring the expertise needed to ameliorate the patient's condition.

As for James, his parents avoided a number of poor alternatives (e.g., "why did you go up there?", "You went up, so come down the same way.", "Pull yourself together and finish the climb like a man.", "Now you see where your behavior leads...") and concentrated their flashlights on the rock around him. They pointed out several footholds he could reach to begin the descent. Each time the boy struggled to see the foothold the flashlights illuminated, he made some effort to move, then panicked and held the original position. Seeing that this approach was unavailing, the parents searched very much nearer to James. Spotting a small outcropping, the father pointed out to James that he would have a very much more secure left handhold by moving his hand to the outcropping only two inches to his left and about three inches lower.

James accomplished this small move easily, and felt some relief at the more secure hold. By this time his mother had found a slightly better ledge a scant two inches below his left foot. James took the small move cautiously, and immediately experienced the improvement. And so they proceeded, by inches. Some moves James was unable to do; each time this occurred, the parents found a closer spot, each time slightly lower. Almost 90 minutes later James happily jumped the last three feet to the ground and the emergency calls were cancelled. James experienced relief, but an enormous sense of accomplishment as well, and felt he had learned a new way to manage rock climbing. The parents were amply rewarded by their son's safety and a glimmer of hope that the evening's events might lay the groundwork for a much better relationship with their son.

Therapists find it useful to manage their patients' difficulties in a parallel way, by finding steps small and easy enough for the patient to achieve, moving them always toward the mutually agreed upon goal. If a step is too difficult for the patient to manage, or if the patient does not see it as leading to the goal, the therapist drops it and seeks another step which is easier, or more apparently moves in the patient's desired direction. The patient experiences the final result as the product of his/her own effort, amplified

by feelings of both relief and achievement. The therapist has, of course, been helpful, and is paid for his/her work as any consultant. But the goal, the effort and the success belong to the patient. "I did it!" were James' words when on the ground. To which his father replied, "Yes you did. I admire your strength and endurance." In doing this he underlined the positive and constructive aspects, and again avoided less productive alternatives, e.g. "Now you see what you are doing to your mother and me, etc."

A few final notes on this tool of psychotherapy: First, this method is used when more rapid methods have failed and quicker progress is not available. Second, when progress stalls, begin by reducing the size of the steps. Each step must not only be physically possible for the patient, it must be intellectually and emotionally possible in the patient's current situation. Third, the parent must make certain that the child experiences reinforcement after every step. While this is often automatic, as in James' case, it is helpful if the reinforcement is amplified by the parent's verbal approbation and encouragement. Either positive or negative reinforcement will be effective in establishing and generalizing the new behavior, and both are present in this case. Typical negative reinforcers often include reduced risk, lowered anxiety or other dysphoric emotion or proprioception, as here. Positive reinforcers include a sense of accomplishment or progress, increased safety, and should definitely be augmented by reinforcers from extrinsic sources in the supportive words of parents and others, again, as here.

The fourth note leads us initially to an ancillary consideration: Must the child endorse and adopt the goal? However advantageous it may be to help a patient to his/her own goal, the effectiveness of the procedure does not require it. Reinforcers can be extrinsically attached to small steps to make the steps attractive to the child, who can be reliably expected to engage the steps presented this way. This will lead the child to the parent's goal for him/her: if the goal is useful for the child, it will then become self sustaining; if not, the achievement will extinguish after the extrinsic reinforcers cease. That said, the fourth note considers the goal. Where possible, progress is more efficient when parent and child agree on the goal beforehand. While the method described here is clear and effective, it requires some resourcefulness on the part of the parent who must be able not only to find a sequence of very small steps that lead to a goal, but replace steps with smaller ones as needed.

Discussion

The case study of James was presented to demonstrate a clear and transparent use of shaping, where

continued on page 6

the benefits to both the child and his parents were abundantly clear (Sullivan & Sullivan-Nunes, 2013). As this case was to illustrate shaping in an instructional way, further instructional cases may be needed so that parents may learn how the process of shaping works, as here, but also be provided with cases that look more like a parent and child's everyday life. Then parents will be able to see how this tool generalizes to their lives to help both themselves and their children navigate through a wide array of potentially difficult times. It may also be useful to present instructional cases to show where a tool like this would not be appropriate (i.e. the parent and child's goals are not the same), and illustrate how to detect whether or not the use of shaping in a given situation is appropriate.

The use of punishment – the imposition of an aversive consequence – does a lot to damage parent-child relationships, and although sometimes necessary, should be avoided when possible (Gershoff, 2002). The harmful effects of punishment are well researched (Gershoff, 2002) and well translated into the field of education (Marzano and Marzano, 2003). In education, evidence exists that demonstrates that when the use of punishment is avoided (where possible), significant improvements are seen in the student-teacher relationship, and as a result, measurably improved student outcomes are observed (Marzano and Marzano, 2003). As an enormous part of parenting a child requires educating one's child(ren), it seems likely that parents and their children will benefit greatly from having strategies for avoiding punishment translated for them as well. The removal of punishment as a regular tool may be unsettling for parents who have learned to depend on it, so the translation of further tools, to give a parent a wide assortment of response options in a variety of situations, would also be worth arguing as helpful in future translations of established psychological research.

References

- Berne, E. (1961). *Transactional analysis in psychotherapy*. New York: Grove.
- Berne, E. (1964). *Games people play*. New York: Grove.
- Freed, A. (1998). *TA for tots: And other prizes*. Rolling Hills Estates, CA: Jalmar.
- Freed, A. & Freed, M. (1998). *TA for kids: And grown ups too*. Rolling Hills Estates, CA: Jalmar.
- Harris, T. (1969). *I'm OK-You're OK*. New York: Harper & Row.
- Seligman, L. (2006). *Theories of counseling and psychotherapy: Systems, strategies and skills* (2nd Ed.). Upper Saddle River, NJ: Pearson.
- Gershoff, E. T. (2002). Corporal punishment by parents and associated child behavior and experiences: A meta-analysis and theoretical review. *Psychological Bulletin*, 128, 539-579.
- Marzano, R.J., & Marzano, J.S. (2003). The Key to Classroom Management. *Educational Leadership*, 61(1), 6-13.
- Perelson, G. B. (2004). A day of great illumination: B. F. Skinner's discovery of shaping. *Journal of the Experimental Analysis of Human Behavior*, 82, 317-328.
- Preston, K. L., Umbrecht, A., Wong, C. J., & Epstein, D. H. (2001, August 2001). Shaping cocaine abstinence by successive approximations. *Journal of Consulting and Clinical Psychology*, 69(4), 643-654.
- Rothschild, M. L., & Gaidis, W. C. (1981, Spring). Behavioral learning theory: Its relevance to marketing and promotions. *Journal of Marketing*, 45(2), 70-78.
- Skinner, B. F. (1938). *The behavior of organisms: An experimental analysis*. New York: Appleton-Century-Crofts.
- Skinner, B. F. (1979). *The shaping of a behaviorist (Particulars of my life, part 2)*. New York: New York University Press.
- Skinner, B. F. (1983). *A matter of consequences*. New York: New York University Press.
- Skinner, B. F. (2002). *Beyond freedom and dignity*. Indianapolis, IN: Hackett Publishing.
- Stuart, K. & Algar, A. (2011). The use of Transactional Analysis in Secondary Education: A Case Study. *Teacher Advancement Network Journal*, 3(1). Available at <http://bit.ly/xMlqKB> (Accessed 19 March 2014).
- Sullivan, A. P., & Sullivan-Nunes, P. (2013). Translational research in psychology: An instructive case. *International Journal of Business and Social Science*, 4(17), 11-14.
- Torkan, H., Kalantari, M. & Moulavi, H. (2007). The efficacy of transactional analysis group therapy in marital satisfaction. *Journal of Family Research*, 2(8), 403-383.

Responding to Superstorm Sandy in the Schools: A Modified CBITs Intervention

Julia Brillante, B.A., Yael Isler, M.A. & Jamie Howard, Ph.D.

Child Mind Institute, New York, NY

***Julia Brillante and colleagues were Honorable Mentions for the SIG Student Award for Outstanding Research during this year's ABCT Convention. —M.P.*

Introduction: On October 29th, 2012, Superstorm Sandy devastated communities in the New York metro area. Thousands of children were exposed to traumatic sequelae and suffered from destroyed homes and school disruptions. Exposure to a traumatic event leads to an increased risk of Post-Traumatic Stress Disorder (PTSD) and functional impairment (Kessler et al., 1995; APA, 2000). For children, functional impairment is often most evident at school, where acquisition of important developmental milestones takes place (Stein et al., 2003). Research demonstrates that experiencing trauma as a child can diminish memory, concentration, and the organizational abilities needed to perform well in school (Cole et al., 2005). Cognitive Behavioral Intervention for Trauma in Schools (CBITS) teaches trauma-exposed children specific tools to decrease their PTSD symptoms (Stein et al., 2003). This is a school-based, group intervention that uses cognitive behavioral techniques, such as psychoeducation, relaxation strategies, cognitive restructuring, in vivo and imaginal exposure, and social problem solving. The present study provides preliminary data about the effectiveness of a modified CBITs application that can potentially be used with younger children and/or within a limited implementation time frame.

Method: 23 students in grades 1-5 at an elementary school in Evacuation Zone A were identified to participate. To accommodate time constraints, the CBITs program was shortened from 10 to 7 group sessions and did not include 2 individual exposure sessions. Session material consisted of psychoeducation to teach awareness of trauma and

continued on page 7

anxiety symptoms, and coping techniques including relaxation and cognitive restructuring. In addition to in-session exercises, younger-child friendly psychoeducational material was developed to teach symptoms of PTSD and exposure was conducted via drawing activities and adding a “safe” or “happy” ending to picture stories. Data was collected from the following pre-intervention measures (Likert scales replaced with yes/no format for ease of administration): The Traumatic Events Screening Inventory for Children (TESI-C; Ford et al., 2002), and The Child PTSD Screening Scale (CPSS; Foa et al., 2001). The Child Mind Institute Coping Skills Measure (CMI, 2013) was administered post-treatment. The TESI-C and CPSS were not readministered due to time constraints.

Outcomes: To assess level of impairment of students participating, a pre-intervention modified TESI was administered to all students. Including exposure to Superstorm Sandy, students endorsed experiencing approximately 4 traumatic events ($M = 3.86$, $SD = 1.49$) and 11 PTSD symptoms ($M = 11.4$, $SD = 2.71$), with 6 children meeting DSM-IV criteria for PTSD. Data suggest that protocol modifications were successful for teaching core coping strategies through percentage of accurate knowledge uptake, including belly breathing (89%), Progressive Muscle Relaxation (PMR) (100%), guided imagery (48%) and cognitive restructuring (93%)

Discussion: This program provides a template from which to adapt in the immediate aftermath of a disaster, when practitioners do not have time to fully assess each child individually. Results suggest that school interventions modified to accommodate developmental level are feasible, and that younger children are able to benefit from group based trauma interventions. Time constraints need not limit implementation, even if the full protocol cannot be administered. It is recommended that other school-based practitioners further test these and other modifications to test the utility of flexibility in treatment protocol. Current efforts aim to improve the present model by expanding adaptation for use on a larger scale and administering post-treatment follow up measures 6 weeks following the intervention.

Photo Credit:
Beth Fertig
WNYC



Child and School Special Interest Group Research Roundup

Mark Terjesen, Ph.D.

St. John's University

With so many journals and articles out there that may be of interest to our members, we recognize that there is just not enough time to read them all. So...we will do that job for you...sort of. Each issue we will highlight a few articles from a number of publications that may be of interest to our membership. We provide the citation as well as a brief summary of the article. Feel free to send any articles that you think may be of interest to our membership going forward to terjesem@stjohns.edu.

Assessment

Chang, M., Paulson, S. E., Finch, W. H., McIntosh, D. E., & Rothlisberg, B. A. (2014). Joint Confirmatory Factor Analysis of the Woodcock-Johnson Tests of Cognitive Abilities, Third Edition and the Stanford-Binet Intelligence Scales, Fifth Edition, With a Preschool Population. *Psychology in the Schools, 51*(1), 32–57. doi:10.1002/pits.21734.

With the importance of preschool cognitive assessment to assist in educational placement decision making, it is important to examine extant measures from evidence based theories. This study was the first joint confirmatory factor analysis of the Woodcock-Johnson Tests of Cognitive Abilities, Third Edition (WJ-III COG) and the Stanford-Binet Intelligence Scales, Fifth Edition (SB5), based on the Cattell-Horn-Carroll (CHC) theory of cognitive abilities with 200 preschool-aged children of 4 to 5 with no known disorders or disabilities. The authors tested a number of models to determine which “best fit” the underlying constructs measured by the WJ-III COG and the SB5. Interestingly, the authors reported that an alternative CHC model in which the Gf factor and subtests were omitted best fit the constructs. While more research is warranted, this raises some initial concerns in using the CHC model with this age group.

School Related

Margaret H. Sibley, M.H., Altszuler, A.R., Ross, J.M., Sanchez, F., Pelham Jr., W.E., & Gnagy, E.M. (2014). A Parent-Teen Collaborative Treatment Model for Academically Impaired High School Students With ADHD. *Cognitive and Behavioral Practice, 21* (1), 32-42, ISSN

continued on page 8

1077-7229, <http://dx.doi.org/10.1016/j.cbpra.2013.06.003>.

Quick...picture a student with ADHD. Have that image in your head? I predict that you have pictured a boy and also thought about a school-aged child. Was I correct? Part of this has to be due to what we know about the disorder when it comes to gender and age of identification. I also think that the research tends to also not focus on the high school-aged students and involving the parents in any intervention. This article was a refreshing read in that regard in that it involved parents in a collaborative treatment program with teenage youth with ADHD: Supporting Teens' Academic Needs Daily-Group (STAND-G). The pilot program involved an 8-week behavioral treatment and results indicated satisfaction with the program from parents and students, parental intervention compliance as well as a number of parent-rated therapeutic benefits. The only disappointing outcome was the variable findings as it related to academic performance in comparison with a control group (although there was improvement in assignment completion). It will be interesting to see future research using this program and may serve as a reminder to clinicians to a) work on involving parents, b) focusing on adjunctive academic interventions, and c) lets not forget adolescents!

Treatment

Puliafico, A. C., Comer, J. S., & Albano, A. M. (2013). Coaching Approach Behavior and Leading by Modeling: Rationale, Principles, and a Session-by-Session Description of the CALM Program for Early Childhood Anxiety. *Cognitive and Behavioral Practice, 20*(4), 517–528. doi:10.1016/j.cbpra.2012.05.002

For those that work with children, while there are many manuals and guides for treating anxiety the field is still limited in CBT approaches that are tailored towards younger children. This may be due to the fact that these children may not have the skills and abstract thinking to engage in more traditional CBT. This article describes the CALM program (Coaching Approach behavior and Leading by Modeling) for treatment of anxiety disorders in young children ages 3 to 7. The program is an adaptation of PCIT and is a parent-focused treatment that teaches parents skills using live, bug-in-the-ear coaching during in-session parent-child interactions. This article describes the CALM program in detail breaking down the content of each session. They provide a number of creative strategies for the implementation of the program when there are challenges in having a two-way mirror. This may be particularly applicable to those working in school settings.

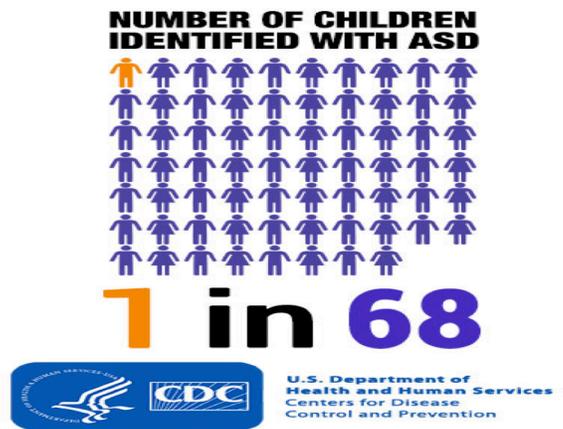
The authors discuss the research limitations given the recency of the development of this program and do not recommend for use with OCD and PTSD. It does provide an exciting opportunity for treating anxiety through the use of technology with young children with anxiety.

Hot Topics

Nah, Y.H., Young, R. L., Brewer, N., & Berlinger, G. (2014). Autism Detection in Early Childhood (ADEC): Reliability and validity data for a level 2 screening tool for autistic disorder. *Psychological Assessment, 26*(1), 215–226. doi:10.1037/a0034472

Just this past week the Center for Disease Control (CDC) released new prevalence estimates of ASD as being 1 in 68 children eight years of age (CNN, 2014). There are a number of explanations offered to consider the dramatic increase seen over the last 15 years, with one of them being our ability to better detect Autism at an earlier point through enhanced psychological measurements. This article is very timely in its review of this Autism Detection in Early Childhood (ADEC; Young, 2007). The measure most frequently used with infants in my experience was the M-CHAT. Using a sample of 70 children with a clinical diagnosis of autism, the authors compared these children on the ADEC with 57 children with other developmental disorders and 64 typically developing children. After controlling for nonverbal IQ and Vineland Adaptive Behavior Composite scores the ADEC was able to differentially discriminate the groups. The authors also reported adequate psychometric properties of the ADEC, which may warrant further consideration for its use for screening and further diagnostic assessment.

Autism rates now 1 in 68 U.S. children: CDC. (n.d.). CNN. Retrieved March 30, 2014, from <http://www.cnn.com/2014/03/27/health/cdc-autism/index.html>



Laboratory Highlight: University of Nebraska- Lincoln Empowerment Initiative

Jenna Strawhun, M.A., PLMHP, Zach Myers, B.A.,
Susan Swearer, Ph.D.

University of Nebraska-Lincoln

Dr. Susan Swearer founded the Target Bullying Research Lab at the University of Nebraska-Lincoln in 1998. Housed within the School Psychology program, the lab was first started when students in Dr. Swearer's Child Psychopathology class were curious about research regarding the prevention and intervention of bullying behaviors. Thus, Dr. Swearer's research over the past fifteen years has examined correlates and consequences of bullying, with the goal of helping students, school staff, and parents stop the bullying dynamic. Although the lab originally consisted of Dr. Swearer and one doctoral student, the current lab is now comprised of eight Ph.D. students and one Education Specialist (Ed.S.) student. Previous lab graduates are not only employed as school psychologists, but also leaders in academia and serve children, adolescents, and families in private clinical practice.

Since the lab's development, collaborations with school districts have facilitated new research endeavors, as well as provided valuable information regarding bullying and school climate for administrators and teachers. One such project involves the development and administration of the Target Bullying Intervention Program (T-BIP). This three-hour individualized, cognitive-behavioral program is currently being implemented in the Lincoln area, as well as across the state of Nebraska. Also currently in progress, the Participatory Action Research (PAR) Study seeks to partner with area schools to plan and implement data collection regarding bullying, aggression, and related mental health concerns. The PAR study researchers co-investigate these issues with the school and community personnel who, together, guide and direct the research process in order to develop interventions that meet their needs.

Following the expansion of research and surge in media attention related to bullying in the last five years,

the lab was re-launched in 2013 as the Empowerment Initiative Research Lab. The Empowerment Initiative has now broadened to include outreach projects aiming to increase personal, social, and cultural acceptance, particularly for marginalized and/or oppressed populations. The culmination of theory, research, and practice occurs through the Empowerment Initiative's involvement in nationwide translational research studies. Partnering with Lady Gaga's Born This Way Foundation, the Born Brave Bus Experience Study is a mixed-methods evaluation of the impact of Lady Gaga and her Born Brave Bus Tour on youth empowerment. Additional translational work includes collaboration with the National Guard and the Harvard Graduate School of Education in developing Helping Everyone Achieve Respect (H.E.A.R.); a presentation designed to address bullying in American high schools. These projects specifically aspire not only to reduce negative cycles of aggression at every level of the social ecology, but also to provide youth with tools to engage in positive interactions with family, peers, and their communities that promote mental health and emotional well-being.

Just as many prior students have continued their careers in non-school settings, lab research is also currently being conducted in contexts outside of traditional schools. These arenas include a multi-site investigation of bullying and physical health correlates in pediatricians' offices, as well as a study examining the relationship between child maltreatment and bullying in a local juvenile detention center. The Empowerment Initiative Lab looks forward to continued involvement in ABCT, and the Child and School-Related Issues SIG under the guidance of Dr. Swearer. The lab gave two presentations at the 2013 convention that investigated bullying in student populations who are often neglected in the bullying literature: a) college students (i.e. examining mental health correlates of and precursors to hazing) and b) students at single-sex private schools (i.e. investigating direct and indirect aggression levels by bully/victim status group). The lab looks forward to having a presence at this year's conference and also welcomes questions and requests for partnerships from other colleagues within the SIG.

Empowerment
INITIATIVE

**Supporting Personal, Social
& Cultural Acceptance**

Do Mommy's Thoughts Matter? Three Case Studies Assessing Parent and Child Internalizing Symptoms and Maternal Cognitions During Parent-Child Interactions

Jacquelyn Blocher, Danielle Sauro, Laura Scudellari, Esther Pearl, Lilly Magid, Marina Ross & Hilary B. Vidair, Ph.D.

Long Island University – Post Campus

***Jacquelyn Blocher and colleagues were Honorable Mentions for the SIG Student Award for Outstanding Research during this year's ABCT Convention.*

Introduction: Childhood internalizing disorders are associated with various psychological and social difficulties in adolescence and adulthood (e.g. Moffitt et al., 2002; Compton et al., 2007). Children of parents with anxiety or depression have a higher likelihood of having an internalizing disorder than children of parents without anxiety or depression (Biederman, 2001; 2005; Weissman et al., 1997; 2006). Treating parental symptoms and providing parent training has led to improved child outcomes. Still, research has largely neglected the impact of parental cognitions during parent-child interactions on a child's symptoms (Vidair et al., 2012). Ohr et al. (2010) assessed maternal mood and cognitions during parent-child interactions using video mediated recall (VMR). Immediately after the interaction, mothers watched the tape and reported their thoughts in 30-second increments to capture thoughts in as close to real time as possible. Results indicated that higher levels of depressed, anxious, and hostile moods were associated with greater percentages of dysfunctional cognitions. However, the relationship between parental cognitions and child symptoms was not assessed. Parents likely behave in ways congruent with their thoughts, which may mediate symptoms exhibited in both parents and their children. The purpose of these case studies was to determine if parental cognitions during parent-child interactions are associated with parental anxiety and depression as well as children's internalizing symptoms.

Method: As a part of a 3-session family assessment and referral service called the Family Check-In, 3 mothers of children aged 2-7 completed the

Symptom Checklist Revised-90 and the Child Behavior Checklist (CBCL) to assess maternal and child symptoms. They then engaged in a standardized, videotaped parent-child interaction which included parent-directed play and clean-up. Immediately after the interaction, parents watched the video and stated their cognitions using VMR. It was hypothesized that: 1) parents who have higher levels of symptomatology will have a higher percentage of negative cognitions during the interaction and 2) parents with a higher percentage of negative cognitions will have children with higher levels of internalizing symptoms.

Results: All mothers had elevated symptoms (T score > 60) of depression, anxiety and/or hostility. Additionally, the mothers reported high percentages of negative cognitions ($M = 56.7\%$, $SD = 15.1\%$) during the interaction. Two of three mothers reported elevated anxiety symptoms in their child (T score > 60). Interestingly, all children had elevated externalizing symptoms ($M = 63$, $SD = 5.86$). This may point to externalizing symptoms as more easily observable, especially in younger children.

Discussion: Finding relationships between parental cognitions and child and parent symptoms suggest the importance of targeting parental cognitions during child treatment and parent training. Identifying and challenging parental cognitions using video technology during interactions with their children may lead to improved parental mental health, which has been shown to improve children's symptoms. Future research could examine levels of children's symptoms before and after parental cognitive restructuring to determine if such an intervention is effective.

CHILD AND SCHOOL SIG OFFICERS

HILARY VIDAIR, PH.D., SIG
PRESIDENT

MARK TERJESEN, PH.D., SIG VICE
PRESIDENT

FABIAN AGIURGIOAEI BOIE, M.S.,
WEBSITE EDITOR

MATTHEW PAGIRSKY, M.A.,
NEWSLETTER EDITOR

SHALINI ARYA, B.A., SIG TREASURER

ALINA AGIURGIOAEI BOIE, M.S., SIG
CONSULTANT

How To Join Our SIG

1. Click the Register Button on the Left Side of the Website:

<http://childandschoolsig.webs.com>

2. Pay the Membership Dues By Hitting the Yellow **Donate** Button on the Homepage.

3. Pay by Credit Card or PayPal account. \$5 for students and \$10 for professionals.

4. We Will Send You a Link to Complete Your Membership Application and Web Profile.

5. Congratulations!!! You Will Be Sent a Link to Join the SIG Listserv.