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PRESIDENT'S COLUMN



Lessons Learned from Trauma Research: Children are More Affected than Adults Realize

Annette La Greca, Ph.D., ABPP

 A number of years ago, I gave a talk to the Australian Rotary Society on "lessons learned" from studying children and disasters. After the talk, a stately older gentleman came up to me and shared that he had especially resonated to my first lesson -- which was that children are more affected by traumatic events than adults realize.

He shared that, as a young child, he was one of the millions of [children who were evacuated from London](#) at the outbreak of World War II as part of Operation Pied Piper. His parents were desperate for him to be safe. So, one day after school, along with his classmates, he boarded a train to northern England and a new life, carrying only a small backpack, and not knowing if he would ever see his family again. Fortunately, in his case, he was reunited with his family several years later. But the trauma of the separation haunted him for the rest of his life. In fact, it was many, many years later, and only after joining a support group of other Pied Piper survivors, that he was finally able to share the story and trauma of his early separation experiences with his current family and wife of more than 20 years.

This event made a striking impression on me, and often comes to mind when thinking of how children are affected by traumatic events – especially events that also affect their caregivers and loved ones. Unfortunately, multiple examples of this kind of scenario are evident in the US today.

Immigration Crisis

A current example is the increasing humanitarian crisis of children stranded at the US/Mexico border, a heartbreaking and complicated situation. The humane effort to help children waiting on the border in Mexico may have had [the unintended consequence of families sending children across the border without them](#), adding to the already complex trauma of immigration. This is another Pied Piper operation of sorts, as parents send their children over the border out of desperation and with the best intentions for their ultimate safety. As the number of unaccompanied immigrant minors in US custody escalates, I can't help but wonder and worry about the children's mental health, as well as their physical well-being.

Many of you may feel the same way. The American Psychological Association (APA) has posted [resources useful to psychologists](#) who work with or advocate for such immigrant youth. In particular, a [2019 issue of Translational Issues in Psychological Science](#) may be of considerable interest to clinical psychologists, and especially the article by NeMoyer, Rodriguez, and Alvarez (2019) [on psychological practice with unaccompanied immigrant minors](#).

COVID-19 Pandemic

The COVID-19 pandemic represents another current and ongoing example of a traumatic situation affecting both youth and families. And, again, children may be more affected than adults realize. Certainly, adults may be aware of stressors directly affecting youth, such as the loss of school and recreational activities, and social isolation from friends and family. Still, adults may underestimate the pandemic's impact on youth. This is likely because, among other things, parents—especially [mothers](#)—are under considerable stress themselves, and parents are a key source of social support for children. In fact, parents of children under 18 years have been identified as an at-risk and vulnerable population during the COVID-19 pandemic. This means that their children are vulnerable as well.

APA conducts an annual survey on Stress in America. In May of 2020, after the onset of the pandemic, the survey revealed that American parents reported [significantly higher levels of stress](#) than adults without children. Key parental stressors were related to education, basic needs, access to health care services, and missing out on major milestones. Now again, the 2021 survey reveals that [the pandemic has taken an especially heavy toll on parents](#) of youth under 18. About half the parents (48%) reported increased levels of stress compared to before the pandemic. Since the pandemic began, parents also were significantly more likely to receive mental health treatment (32%) and be diagnosed with a mental health disorder (24%) than adults without children. Readers who are parents, or who are working with adults who are parents, have already seen these issues first-hand.

My own research related to COVID-19 ([in progress](#)) confirms that mothers report considerable COVID-related stress, which is associated with higher levels of anxiety and depression. However, the good news is that social support significantly attenuates the impact of COVID stress on mothers' mental health symptoms. Efforts to [promote parents' self-care](#) and

social support will likely have a positive impact on parents' mental health and well-being – and also that of their children.


Back to the Beginning: When Did the Lesson Begin?

So, when did I learn that youth were more affected by traumatic events than adults realize? After [Hurricane Andrew](#), a tremendously destructive Category 5 hurricane. Several colleagues and I followed a large cohort of children in South Florida (La Greca et al., 1996). We were greatly surprised to find that 55% of the youth surveyed 3-months post-disaster reported clinically significant symptoms of posttraumatic stress (PTS). And when we notified parents about their children's PTS symptoms, parents most often expressed surprise – but also gratitude for now knowing how their children were feeling.

Why weren't parents aware?? Children completing our survey told us that they hadn't shared their feelings with their parents – mainly because they didn't want to bother their parents. Their parents were already stressed about the hurricane and its aftermath. And, in fact, many parents were preoccupied with major life stressors: dealing with damaged homes, loss of pay, insurance difficulties, transportation challenges, and eroding support systems. Parents were distracted and may not have noticed how their children were feeling and coping.

Some Helpful Resources

Given the stressors parents are experiencing today – it's an important time to support parents. It's also important to check with children directly to see how they're doing.

May is [Mental Health Awareness Month](#). APA has posted useful suggestions for [identifying stress](#) in children and teens. I also recommend my evidence-informed workbook on [Helping Children and Families Cope with Covid-19 Pandemic](#) that is available free online. The manual contains psychoeducational materials that can be used by parents, teachers, or other caring adults to understand how children are feeling – and to help youth cope with the myriad COVID-related stressors affecting them today. Finally, readers also may be interested in the February-March 2021 [special issue of the American Psychologist](#) on the impact of adverse childhood experiences. 

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Cultural Assessment to Improve the Cultural-Responsiveness of Youth Mental Health Services

Amanda Sanchez, PhD

I chose to write this spotlight to bring to attention the critical role of cultural assessment in improving cultural-responsiveness in youth mental health. Improving the cultural responsiveness of mental health services is imperative for reducing mental health care inequities and improving the quality of treatment for culturally diverse youth from a range of intersecting and often marginalized identities (e.g., racial, ethnic, religious, and/or gender). These youth have historically been impacted by systemic and structural inequities (e.g., racism and discrimination, lack of access to needed resources) which have led to disproportionate unmet mental health need (Alegria et al., 2015; Marrast et al., 2016; Mennies et al., 2021; Pascoe & Smart Richman, 2009). Specifically, culturally diverse youth are less likely to receive quality mental health care and when they do, they are less likely to remain in and benefit from those services (Alegria et al., 2010; Maura & Weisman de Mamani, 2017).

It is no longer sufficient to assume that evidence-based treatments developed within primarily White middle-income communities, by White researchers are appropriate for all families. In fact, decades of research have shown that understanding and incorporating cultural factors (e.g., beliefs, values, experiences with racism/discrimination, acculturative stressors, housing/food security) into treatment implementation is critical in providing quality person-centered care, especially for culturally diverse youth (Sue et al., 1992). The lack of systematic consideration of cultural and contextual factors within the assessment and treatment processes has led many researchers to call for their intentional inclusion (Georgiadis et al., 2020; Kirmayer & Jarvis, 2019; Sue et al., 2009).

Cultural assessment is integral in the provision of culturally responsive mental health care as it allows the clinician to acknowledge intersectional cultural identities that a patient holds, rather than assuming meaning based on their most visible cultural identities (which can lead to stereotyping). Intersectionality considers the ways in which identities related to multiple socially constructed categories (e.g., race, sexuality, gender, class, immigration status) create unique intersections of experiences that differentially relate to levels of oppression and privilege (APA 2019, Crenshaw, 1991). It is incredibly valuable to understand, from the patient's perspective, how their intersecting identities and perceptions relate to their experiences of mental health and help seeking in order to more thoughtfully

conceptualize the case and tailor treatment to fit their unique needs (Sanchez, Comer, & La Roche, 2021). Although the field has countless diagnostic interviews and rating scales focused on identifying symptoms, advances in the development and evaluation of cultural assessments have lagged behind.

Despite the growing awareness of the importance and complexity of underlying cultural characteristics and values to inform case formulation, patient centered tools for assessing clinically relevant cultural factors continue to be under-studied and under-utilized in the field of clinical psychology. Such cultural assessments examine cultural factors that may affect mental health or help-seeking and can directly inform culturally responsive treatment delivery (Hays, 2016; Jones et al., 2017; Lewis-Fernandez et al., 2016). Across cultural assessments, the most well-studied and supported tool is the DSM-5 Cultural Formulation Interview (CFI; APA, 2013; Lewis Fernandez et al., 2020). The CFI was developed to assess potentially relevant patient and family cultural factors—including patients' (and their social networks') perspectives of their own cultural identity and how such perspectives might relate to mental health and help-seeking (Lewis-Fernandez et al., 2016). The CFI has been shown to improve therapeutic alliance, patient satisfaction, medical communication, rapport, and diagnostic accuracy and treatment engagement by helping the therapist (a) understand the broader context of presenting problems from the patient perspective, (b) appreciate and address structural/systemic barriers to care, and (c) learn about cultural strengths that can be drawn upon in treatment (Lewis-Fernandez et al., 2020).

While therapists generally agree that cultural context is important to the effective implementation of mental health services, most underemphasize this context in their work (Causadias et al., 2018; La Roche, 2020). This may be due, in part, to the undervaluing of cultural assessment within clinical training (Dominguez, 2017; La Roche, 2020; Lewis-Fernandez et al., 2014; Sue et al., 2009). Despite the fact that APA has provided clear multicultural guidelines (APA, 2017), training initiatives on cultural assessment have not been consistently and systematically incorporated into routine training practices. Importantly, clinical psychology graduate programs do not often incorporate cultural assessment as a core component of clinical training. Several researchers have directly urged clinical psychology programs to prioritize education and training based on frameworks of intersectionality and social justice which include both self and patient assessment of cultural identity (e.g., Buchanan and Wiklund, 2020; Galán et al., 2021).

Moving forward, clinical psychology programs need to actively demonstrate the value they place in multicultural

and diversity initiatives, by prioritizing multicultural clinical training that includes cultural assessment. Specifically, it is recommended that cultural assessment be provided early on in a graduate student's career, and that proficiencies in cultural assessment be held to the same standards as other forms of psychological assessment. Requiring comprehensive multicultural and diversity related training that emphasizes cultural assessment can play a small but very important role in providing more culturally responsive and equitable mental health services for culturally diverse young people.

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SCP Member Spotlight on Viviana Padilla-Martinez, PhD

Please provide an overview of your work

As a Clinical Psychologist, I have many different interests. I am currently a general mental health practitioner and I provide individual and group services to veterans living with different mental health disorders. I am passionate about providing clinical services, as well as impacting mental health services on a larger scale. My clinical interests include psychiatric rehabilitation, serious mental illness (SMI), trauma, personality disorders, addictive behaviors and evidence-based psychotherapies. My other areas of interest are recovery-oriented care, leadership, supervision, training, advocacy, equity, diversity and inclusion.

Where did you complete your training (graduate school and area of emphasis, internship, post doc, etc.)?

I earned a PhD in Clinical Psychology at Carlos Albizu University, San Juan Campus, Puerto Rico. My doctoral internship was at the Center for Multicultural Training in Psychology (CMTP) at Boston University, MA. I also completed two post-doctoral fellowships in Clinical Psychology: one with emphasis in Tobacco Cessation at the VA Bedford Healthcare System and another with emphasis in Mental Health Integration and Recovery at the Miami VA Healthcare System.

What is your current position/occupation?

Currently, I work at the Bay Pines VA Healthcare System, Bay Pines, Florida and I am the Psychology Program Manager for the Lee County VA Healthcare Center and Southern Community-Based Outpatient Clinics (CBOCs). Additionally, I am an adjunct instructor at the Graduate School of Education and Psychology at Pepperdine University in California.

Can you describe the ways that your career has taken shape over time? How did you get to where you are today?

My career has been shaped by many people, decisions, and events in my life. If I have to pick one thing that has constantly shaped my career it would be my mentors, especially mentors in graduate school, internship, and postdoc. From all those experiences, I believe that matching at CMTP for my doctoral internship really changed my career and my life. At that time, I moved from Puerto Rico (all school/work in Spanish) to Massachusetts (all school/work in English), which challenged me to grow and develop many new skills. My clinical rotations provided me with opportunities to explore new populations and settings and my mentors

were extraordinary. My group of peers inspired me to continue moving forward despite roadblocks and to always advocate for equity, diversity, and inclusion. After that year, I realized that regardless of where I worked or how my career changed over time, that foundation of what I learned in CMTP will always be with me. As a result of those experiences, I am a social justice advocate wherever I go.



Viviana Padilla-Martinez, Ph.D.,

How long have you been a member of Society of Clinical Psychology? Please indicate any past or present roles in Society of Clinical Psychology (e.g., leadership, committees, task forces, etc.)?

I've been a member of the Society of Clinical Psychology for nearly five years. I joined the Clinical Psychology of Ethnic Minorities (SCP, Section VI) and SCP together in 2016. At that time, I joined as the Section's Membership Chair. I then functioned as Secretary and then as President in 2019. I am currently the Board Representative for the Section.

Please describe any roles you have with APA or other national, state, or local organizations.

Since graduate school, I have been active in the Puerto Rico Psychology Association and American Psychological Association of Graduate Students (APAGS). In addition to my roles in SCP, I am a member of the APA Task Force on Serious Mental Illness and Severe Emotional Disturbance since 2017 and the Diversity Representative of the Calusa Chapter Board of Directors of the Florida Psychology Association. I was also recently elected as the Calusa Chapter's President-Elect.

What do you see as an important direction for the field of Psychology?

If I need to pick one topic it will be: Social Justice. I truly believe that psychologists have the responsibility to advocate for equity, diversity, and inclusion in our workplace and in our communities. It is our ethical duty to use our expertise and scientific-based approaches to improve the world in any way we can, including in our clinical practice.

Please answer any of the following questions you feel comfortable sharing with SCP membership (it is fine to skip questions):

What's something nobody would know about you?

Many people know I am Puerto Rican, but not many people know that I was born and raised in Puerto Rico and completed my undergrad and graduate school there before moving to Boston for my doctoral internship. As you can imagine, moving from the Caribbean to Massachusetts was quite an adventure, especially when in 2015 Boston had a seasonal snowfall record of 108.6 inches.

What are your hobbies?

Reading, watching TV shows/series, walking, yoga, and most recently kayaking.

What led to your interest in clinical psychology and/or area of interest?

Long story short, I started as a math major in undergrad. In my second semester, I decided that I wanted to be in a field with innovation and change. Therefore, I decided to "try" psychology and "fell in love" with the field. Since that time, the thing that keeps my passion for psychology moving forward is knowing that we can learn something new about human behavior every day and recognizing how much more we have to discover and develop over time. 📖



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Section 6: Clinical Psychology of Ethnic Minorities

The NIH UNITE Initiative and New NIH Common Fund for Research Addressing Health Disparities

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 In late February of this year, the Advisory Committee to the Director of NIH, Dr. Francis Collins, held a meeting focusing on diversity, equity, and inclusion (DEI) issues. Our purpose here is to provide a brief accounting of that meeting and discuss some of its implications for clinical scientists. The meeting focused on NIH's UNITE initiative for ending structural racism and racial inequities in biomedical research (<https://www.nih.gov/ending-structural-racism/unite>). The UNITE initiative contains both inward and outward-facing directives.

The inward components of the UNITE initiative include efforts to change the NIH organizational culture to promote DEI in its workforce and its policies and processes in awarding extramural research. Analysis of 2019 NIH workforce statistics revealed clear underrepresentation of diversity in both leadership and the general workforce. In 2019, over 75% of NIH Senior Leadership positions were filled by individuals who identified as White only, and over 50% of the NIH Scientific Workforce (i.e., individuals who lead or have oversight over research) identified as White only. In response, NIH committed to engaging in expanded recruitment efforts for NIH investigators, enabling underrepresented behavioral scientists to have new and expanded opportunities within the NIH. We also expect that there will be efforts to hire, retain, and promote more diverse members into leadership positions within the NIH.

The UNITE initiative also discusses outward-facing efforts, including marshaling resources for minority health, health disparity, and health equity research as well as implementing strategies to improve the success rate in NIH grant funding for researchers of underrepresented racial and ethnic groups. Of particular interest, there was discussion about the establishment of a multi-phased, multi-tiered NIH Common Fund


designed to spur innovations in health disparities and health equity research. Common Fund initiatives are designed to address pressing challenges in biomedical research that no single NIH Institute can address on its own. Consequently, these challenges are engaged through a fund that cuts across multiple institutes but has one common set of goals. Common Fund initiatives are time-limited (10 years) strategies designed to bring transformation in research in their given area of focus.

In line with UNITE, the Common Fund established the Transformative Research to Address Health Disparities and Advance Health Equity initiative at the end of March along with two Funding Opportunity Announcements (FOAs; RFA-RM-21-021 and FM-21-022; <https://commonfund.nih.gov/healthdisparitiestransformation>). These FOAs solicit research focused on “developing, disseminating, or implementing innovative and effective interventions and/or strategies that prevent, reduce, or eliminate health disparities and inequities,” and particularly call for research that assesses and addresses social determinants of health disparities. Applications for these FOAs are due May 28, 2021. It is anticipated that as part of the second phase of this Common Fund, further FOAs will be announced in Winter 2022 that are focused on multi-level interventions to reduce health disparities.

The establishment of this Common Fund initiative is excellent news for health-disparities researchers in the behavioral sciences. We hope that Division 12, and particularly, Section 6, members will pursue the current FOAs established by the Common Fund. We also encourage members to watch for additional announcements and funding opportunities generated by this Common Fund initiative in the upcoming years. We hope to see Division 12 Section on Clinical Psychology of Ethnic Minorities grow as funds for research on health disparities increase. If you are interested in joining

Section 6, please email: division12apa@gmail.com. 

Section 8: Association of Psychologists in Academic Medical Centers

 The Association of Psychologists in Academic Health Centers (APAHC) recently held its biennial conference in virtual format on March 4-5, 2021, centered on the theme of Academic Health Center Psychologists as Agents of Change: Leadership, Innovation & Resilience. The conference drew robust participation with over 200 attendees and offered content in a variety of formats, including a presidential address by Dr. Wendy Ward (current APAHC President), plenaries, workshops, symposia, poster sessions, and Early Career and Mid-Career Boot Camps. Outstanding keynote presentations included Dr. Lisa Howley's discussion of “Integrating Arts & Humanities: Opportunities for Building Resilient Academic Health Professionals” and

John Chenault's address on "Medicine & the Black Body: Race, Racial Slavery, & Medical Apartheid in U.S. History." The full conference program can be reviewed at: www.ahcpsychologists.org/wp-content/uploads/2021/03/APAHC-2021-Program.pdf. APAHC is grateful to our conference sponsors for their generous support: American Board of Professional Psychology, American Academy of Clinical Health Psychology, National Register of Health Service Psychologists, Society of Clinical Psychology (APA Division 12), Society for Health Psychology, and the American Board of Clinical Child and Adolescent Psychology. If you missed out on this engaging experience, we encourage you to consider attending the next APAHC conference in 2023!

More information about APAHC and membership can be found on our [website](#), as well as our [Twitter](#) and [Facebook](#) accounts! 📺



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Section 10 (Graduate Students and Early Career Psychologists) has developed a Clinical Psychology Mentorship Program. This program assists doctoral student members by pairing them with full members of the Society.

We need your help. Mentorship is one of the most important professional activities one can engage in. Recall how you benefited from the sage advice of a trusted senior colleague. A small commitment of your time can be hugely beneficial to the next generation of clinical psychologists.

For more information about the mentorship program, please visit

In Memoriam: Donald K. Routh

Annette La Greca, PhD

Yesterday, I was saddened to learn that Dr. Donald K. Routh passed away in Cape Coral, FL. Don will always be remembered as an important colleague, friend, and mentor who gave generously of his time and wisdom, and who made significant and lasting contributions to the field of clinical psychology.

I became well-acquainted with Don when he joined the faculty of the Psychology Department at the University of Miami (UM) in 1985 as a Full Professor, and soon after became the Director of Clinical Training – a role he served in until 2000. Don was a pioneer in pediatric psychology, and he helped put UM on the map in terms of developing a significant graduate training program in pediatric psychology. He was the editor of the first edition of *The Handbook of Pediatric Psychology* and, beginning in 1976, he served two terms as Editor of the *Journal of Pediatric Psychology* (JPP).

Don was an outstanding and prolific scholar, and a tireless editor, publishing in multiple areas of psychology. Over the years, he became keenly interested in the history of clinical psychology and published several works related to the historical record of the discipline. For some personal and professional details about Don's life and research interests, you might enjoy reading his JPP commentary about growing older in pediatric psychology (Routh, 2000).

Don was a significant contributor to the scholarship and organizational activities of APA Division 12 – now the Society of Clinical Psychology. He served as President of Division 12, and of the two Sections (1 and 5) that focused on clinical child and pediatric psychology. These Sections eventually became APA Divisions (Div53 - Society of Clinical Child and Adolescent Psychology; Div54 - Society of Pediatric Psychology). Don served as the President of these two Sections and also as Editor of their key scientific journals.

Don's leadership roles also included serving as President of APA Division 37 (now Society for Child and Family Policy and Practice), and Division 33 (now Intellectual and Developmental Disabilities/Autism Spectrum Disorder).

In addition to his professional legacy and achievements, Don will always be remembered for his humanity. Don cared about the students and colleagues he worked with and was generous and caring enough to devote substantial time and wisdom to his scholarship, mentoring, and advocacy. Through the American Psychological Foundation, Don established awards that are currently administered by APA Division 53



Donald K. Routh, Ph.D., ABPP

(the Routh Research and Dissertation Grant) and 54 (Donald K. Routh Early Career Award).

Many of you may especially remember Don for his humanity and caring support. He will very much be missed. 🙏



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Inquiries and submissions should be sent to the Editor, Shannon Sauer-Zavala Ph.D. at: ssz@uky.edu

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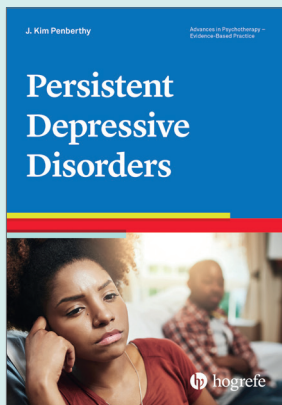
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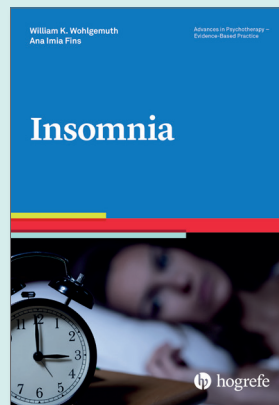
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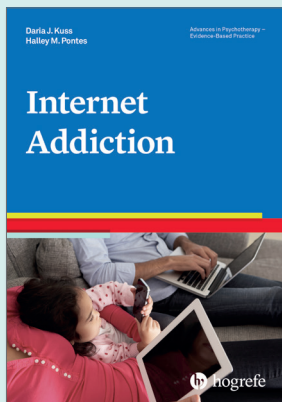
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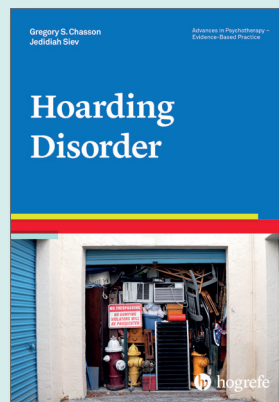
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