



As Bob Dylan wrote many years ago, *the times they are a changing!* Indeed, it is an exciting time to be a clinical child psychologist given the seismic changes in the behavioral health care marketplace and the increased emphasis on clinical accountability. This brand new edition of the PAU Child and Family Emphasis Area Newsletter reflects these emerging directions. The newsletter is going **NATIONAL** as well as local with interviews of pioneering clinical child psychologists done by PAU students. In particular, the issue contains valuable insights from leading clinical researchers including Dr. Rinad Beidas (University of Pennsylvania School of Medicine) and Dr. Bruce Chorpita (UCLA) who is presenting a day-long workshop at PAU on March 7, 2015. Additionally, there are interviews offering hints for prospective applicants from two training directors (Dr. Cami Winkelspecht, Nationwide Children's Hospital and Dr. Stewart Kiritz from CHAC). Dr. Michael Tompkins has provided a clinical pearls article with helpful therapy tips for treating Tourette's Disorder. We hope this new format is intellectually stimulating, clinically relevant, and useful for your professional development. Please let us know what you think by giving us feedback. Finally, if you have not yet done so, please join APA Division 53 (Clinical Child Psychology [www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org)) which is a rich resource for anyone interested in clinical child psychology.

Robert D. Friedberg, Ph.D., ABPP, ACT  
Professor, Interim Head Child and Family Emphasis Area

## Dr. Bruce Chorpita

By Jenna Paternostro



Dr. Bruce Chorpita

Bruce Chorpita is Professor of Psychology and Professor of Psychiatry and Biobehavioral Sciences at UCLA and President of PracticeWise, LLC. His work is aimed at improving the effectiveness of mental health service systems for children through innovation in treatment design, clinical decision-making and information-delivery models, and system architecture.

Recent work has focused on designing treatments that can adapt in real time to local contexts and to emergent youth and family needs, while staying grounded in scientifically tested procedures. Other recent work has focused on how service systems can more easily and efficiently prepare a service array to address the needs of the community, and how to sustain effective practice through professional development

activities, innovative supervision models, and performance feedback systems. This year, he is finishing a treatment study funded by the MacArthur Foundation for youth in Los Angeles County, which should further inform how effective practices can be widely, practically, and effectively applied in real world contexts.

Dr. Bruce Chorpita agreed to a telephone interview in preparation for his upcoming workshop at Palo Alto University on March 7, 2015. Dr. Chorpita answered several questions relating to his current work on Modular CBT and dissemination. In the following sections, I have paraphrased our conversation.

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### What led to the modular approach to psychotherapy?

Dr. Chorpita's early clinical training with Drs. David Barlow, Ron Drabman, and Anne Marie Albano often involved approaches to care that were implicitly working across multiple strategies or manuals to deal with complexity. For the most challenging cases, it was common to select strategies or procedures from more than one evidence-based manual to fit individual case presentations. Early in his career, Dr. Chorpita worked to formalize this process, outlining some of the early algorithms for how to select and arrange practices that were part of many successful treatments. Much of this work was an attempt to "reverse engineer" the expert decisions of his supervisors—mapping out the formula behind how they chose techniques for which cases, and from which sources.

### What benefits does a modular approach bring that traditional approaches do not?

Dr. Chorpita pointed out that in many industries outside of clinical practice- from furniture building to software development- modular designs allow a faster innovation cycle and an increasing number of end products from a small number of initial elements. What this means for clinical research is that we can do very tightly controlled tests by changing only one module at a time, and we can accelerate dissemination because new modules can be plugged into existing frameworks without creating a new program, training, or workforce development initiative. For practice, this means that a small number of strategies can be arranged in an enormous number of ways, so that personalized delivery of otherwise structured, evidence-based procedures is possible. He was careful to point out that people often conflate modularity with flexibility, but that in fact modularity allows flexibility to be adjusted (e.g., from low to high) with minimal changes to the protocol itself, other than editing a flowchart or logic model. This way, we can attempt to find the ideal level of flexibility, without writing many different protocols.

### What do you believe to be the biggest challenge of disseminating programs to children and adolescents?

Dr. Chorpita reported that based on his research, even if a clinician knows every single manual ever created, approximately 1/3 of children would still not qualify for EBT's requirements, suggesting that clinicians cannot serve their entire population. Thus, the collection of available manuals do not address the full scope of what most practitioners typically see in their offices. Dr. Chorpita further stated that the proliferation of EBTs can create user confusion, with clinicians having difficulty knowing which

ones to choose. Therefore, he believes that the field needs to develop content management platforms, like iTunes or Pandora, that assist with finding, selecting, and arranging the "greatest hits" of EBTs in easily digested units.

### This Pandora station system for psychotherapy, is that what you hope to see with MAP (Mapping Evidence-Based Treatments for Children and Adolescents)?

Dr. Chorpita compared the therapist's role in treatment planning with MAP to someone learning to cook. At first, we may follow many recipes and cookbooks, but eventually the "chef" begins to abstract how dishes go together, and can even begin to effectively manage when the unexpected occurs (a missing ingredient, too much salt, a last-minute report of a food allergy among the guests). MAP is intended to provide these rules of how cooking works, so that one can "follow the recipe" in most cases, but can adjust them to preferences and on the fly if needed. In that sense, MAP is more like a kit of how to build a treatment than it is like a treatment itself.

### What are your hopes for the future of modular CBT with children and adolescents?

In the next 10 years, Dr. Chorpita hopes to go from proof of concept to an industrial revolution in behavioral health care, where there are collaborative systems that feature all the greatest work from the field's leading treatment developers, such as Drs. Patterson, Kendall, and Ollendick, as well as research from the best labs in the country. He aspires to create a new framework for collaboration among treatment developers and with providers that will represent a faster, more dynamic, and more effective way to connect scientific discovery with practice delivery.

### What advice do you have for graduate students who are entering the field?

The advice that Dr. Chorpita tells his graduate students is that you are lucky enough that you get to attend graduate school, which is a rare and fortunate venture. He went on to say that although there are many pressures to succeed with publications, internship, etc., it is important not to lose sight of the desire to leave the world a better place than when you entered it. Dr. Chorpita concluded the interview by stating "Go out into the world, solve big problems, be a visionary, use your good fortune that got you into graduate school. You are a superhero – fight crime and rid the world of evil!"

## New Directions: Dr. Rinad Beidas



By Ellen Soukup

I recently had the opportunity to attend the 2014 Student Leadership and Advocacy Conference in San Francisco. At the conference Dr. Lisa Osborne explained that many psychologists are struggling to realize the importance of how healthcare system changes are relevant to their work, and as a result we are at risk of being left behind. She discussed the unique skills psychologists provide, that we have strong linguistic skills to educate, collaborate and translate between disciplines and bridge the gaps between research and practice. I had the privilege of discussing these issues with Dr. Rinad Beidas from the University of Pennsylvania in order to better understand how graduate students can stay relevant as the landscape of our practice changes.

I asked Dr. Rinad Beidas what led her to become interested in researching both clinical training practices as well as the implementation and dissemination of evidence-based practices. She shared that, while applying for graduate school, she was aware that there were evidence-based practices and that they weren't widely available in community settings. She hoped to work with someone who had an already developed treatment that was "ready for prime time" and had the opportunity to study under the mentorship of Dr. Phil Kendall who developed Coping Cat, a well-known treatment for child anxiety. During her training, she saw patients in a child anxiety research clinic and was struck by how many families would come to the clinic after having sought treatment from community therapists, often without much success. She said that, while these families once felt hopeless, she saw many of them succeed with treatment in their lab often in a short period of 16-20 sessions. This experience strengthened her agenda toward disseminating and implementing state-of-the art treatments to children in the public sector. She believes that this is both an important research question, as well as an issue of social justice and access.

Dr. Beidas' mission to make evidence-based treatments more accessible to the public sector became increasingly relevant as the discussion of interdisciplinary teams within affordable care organizations (ACOs) and patient-centered medical homes (PCMHs) came to light in the face of new policies such as the Affordable Care Act (ACA). To her, these changes in healthcare are exciting. She predicts that there will be new

opportunities and new positions for psychologists within these settings. Having psychologists embedded in primary care settings will give them more access to children in the public sector, thus making treatment more accessible with new positions for people to provide that kind of care. Dr. Beidas pointed out that people who have practiced in such integrated settings will be in the best position to get those opportunities.

It is important that students and early career clinical psychologists focus on staying relevant to be in the position to be competitive for these new positions and disseminate and implement the practices in which they have become well versed. When I asked Dr. Beidas why she thinks some psychologists are resistant to the changes that are happening, she stated that she believes it can be hard for people to change, which can lead to such hesitancy. She thinks the ACA will provide opportunities to either move forward or stay where we are, but moving forward will require learning new skills and different kinds of training to be able to realize potential opportunities. She reflected on the fact that the skills she has needed and that she uses now, like working with policy makers and implementing evidence-based treatments in community settings, were not necessarily taught within the curriculum of her schooling. She sought opportunities and got mentorship from individuals who could provide support in these areas. As such, she suggests that students also seek relevant opportunities and that these offerings become standard curricula in clinical psychology programs.

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Dr. Beidas's research centers on the dissemination and implementation of evidence-based practices (EBPs) for youth in community settings. Dr. Beidas is particularly interested in understanding how to most effectively support therapists, organizations, and systems in the implementation of EBPs. Additionally, Dr. Beidas is interested in investigating how contextual variables such as individual (i.e., therapist attitudes), organizational (i.e., culture, climate), and systems-level (i.e., policy changes) facilitate implementation.

Previous work includes an NIMH funded F31 MH 083333 randomized controlled trial investigating the efficacy of three training modalities and ongoing support on therapist adherence and skill in cognitive-behavioral therapy for youth anxiety. Current work involves an NIMH funded K23 MH099179 project that prospectively investigates the impact of a policy mandate on implementation of EBPs in outpatient mental health services for youth in the public sector (Policy to Implementation; P2I).

Clinically, Dr. Beidas's expertise is in the cognitive-behavioral treatment of child and adolescent anxiety. Dr. Beidas holds a bachelor of arts in psychology from Colgate University and a doctorate of philosophy in psychology from Temple University. Dr. Beidas is currently a senior fellow in the Leonard Davis Institute, as well as a fellow in the NIMH funded Implementation Research Institute (IRI). She is also an alumnus fellow of the NIH funded Training Institute in Dissemination and Implementation Research in Health (TIDIRH), and the NIMH funded Child Intervention and Prevention Services (CHIPS) Fellowship.



## New Directions: Dr. Rinad Beidas (Continued from previous page)

More specifically, Dr. Beidas suggested that we try to get experiences within clinics that are community oriented and approximate what real practice looks like outside of more traditional college-based clinics in which we also train. She noted that, while training clinics serve the important purpose of providing great supervision and learning in a more ideal setting, you don't necessarily learn the skills needed to function in the realities of a future setting. She noted, for instance, that if you are interested in the implementation of evidence-based practices, obtaining practica in a community mental health clinic will help you understand what the landscape looks like and what nuances might be present there compared to a research or training clinic. In addition, she remarked on teamwork and integrated care; as we move toward patients in medical homes and psychologists become embedded in primary care settings, it will be important to better understand how to function within those settings and on such teams. For graduate students, it will be important to keep an eye

out for practica, internship and other training programs which will allow for the generation of such skills.

It is exciting that there may be these potential opportunities for budding psychologists in the ACA era. There are steps we can take to make ourselves competitive for these positions, but what is unique about psychologists that make us relevant to an interdisciplinary team? According to Dr. Beidas, our focus on assessment is something that we are uniquely positioned to do. She commented that we are "schooled in the habit" of assessing and providing ongoing progress and outcomes monitoring, which provides evidence that our treatments are effective. Furthermore, Dr. Beidas remarked about our expertise on psychological theory in changing human behavior. She related this to smoking cessation and obesity, and how it is all about behavior change. She believes that we have a lot to offer teams to make a positive change in healthcare practice.

## Clinical Pearls: Behavioral Treatment for Tourette's Disorder and Motor Tics

By Dr. Michael Tompkins, Ph.D.

Michael A. Tompkins, Ph.D. is a licensed psychologist, co-director of the San Francisco Bay Area Center for Cognitive Therapy, Assistant Clinical Professor at the University of California, Berkeley, and a Diplomate and Founding Fellow of the Academy of Cognitive Therapy. Dr. Tompkins is a supervisor for the Beck Institute for Cognitive Behavior Therapy and the Academy of Cognitive Therapy and specializes in the treatment of anxiety disorders and obsessive-compulsive spectrum disorders in adults, adolescents, and children. He is the author or co-author of seven books, including *My Anxious Mind: A Teen's Guide to Managing Anxiety and Panic* (with Katherine Martinez) (Magination Press, 2010), which is a Magination Press best seller and earned the 2011 Self-Help Seal of Merit from the Association of Behavioral and Cognitive Therapies. Dr. Tompkins serves on the Advisory Board of Magination Press, the children's press of the American Psychological Association.



Tourette's disorder is a chronic neurological condition characterized by brief, rapid movements (motor tics) such as blinking, or tongue thrusting or sounds (vocal tics) such as throat clearing, or grunting. However, both motor and vocal tics can be quite complex, such as a girl who repeatedly and violently thrusts her index finger up a nostril. Tics begin in childhood with severity peaking in adolescence, and often decline in young adulthood. One to ten in 1,000 school-aged children have Tourette disorder and the condition can cause considerable social impairment and distress when children experience social rejection and isolation, or when tics interfere with the ability of the child to stay in the classroom and engage effectively in the curriculum.

Antipsychotic medications, such as haloperidol or risperidone, have been the primary treatment for Tourette's disorder. However, clinicians are understandably reluctant to prescribe these powerful medications given their significant and sometimes serious side effects. The most promising psychological treatment for Tourette's disorder is the Comprehensive Behavioral Intervention for Tics (CBIT). I describe these components as well as other components that are part of this comprehensive behavioral intervention.

*Tic awareness.* Awareness training is a critical intervention in the treatment of tics. All future interventions depend on the youth recognizing both premonitory urges prior to a tic as well as when he/she is exhibiting motor and vocal tics in the moment. Youth often describe these premonitory urges or sensations as a tingling, itchy, or a vague feeling that something is not right. Awareness

training includes a careful description of the sensations and motor behaviors that precede and ultimately result in the expression of a particular motor or vocal tic. Once the youth learns the early motor signs that a tic is coming or happening, he/she then applies a competing-response.

*Competing-response training.* Through competing-response training, the youth engages in a voluntary behavior that is physically incompatible with the tic and contingent on the premonitory urge or other signs that the tic is about to occur. In this way, the youth weakens and breaks the conditioned link between the discomfort associated with the premonitory urge and the relief he/she experiences upon expression of the tic. Effective competing responses are incompatible with expression of the tic, are transparent to others, and are compatible with activities in and out of the classroom.

*Tic hierarchy.* The clinician and youth rank order tics from most to least distressing and begin with the most distressing tics early in treatment to capitalize on the youth's willingness to work on those tics that he/she perceives as the most troublesome. The youth learns to engage in the competing response when he/she notices the tic is about to occur, during a tic, or after a tic occurs and practices the competing-response in and out of session.

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## Clinical Pearls (Continued from previous page)

For example, the clinician teaches a child with a neck-jerking tic to look forward with his/her chin slightly down while he gently tenses his neck muscles for one minute or until the urge goes away.

*Relaxation training.* The clinician teaches relaxation strategies that the youth practices daily to lessen the physiological arousal that builds over the course of the day and that can increase the intensity of premonitory urges.

*Functional interventions.* Other factors can influence the expression of tics (or what appear to be tics), such as the child who exhibits tics to escape difficult or aversive tasks. The clinician carefully identifies situational antecedents and consequences that

influence tic severity and then devises behavioral interventions to target these factors. For example, parents of a 12-year old boy were reluctant to encourage their son to continue his homework in the middle of a tic episode or to complete routine tasks at home, such as washing dishes. The clinician asked the parents whether their son exhibited tics when he played his favorite video game. They told the clinician that he did and furthermore that he refused to stop playing the game even when in the middle of a severe tic episode. The clinician then worked with the parents to hold a similar expectation (e.g., continue the task even when you have tics) for homework and other responsibilities at home.

## Internship Advice: Dr. Cami Winkelspecht

Dr. Cami Winkelspecht is a child psychologist at Nationwide Children's Hospital in the Division of Community Behavioral Health. She is the associate track director of internship training for the Clinical Child Track for their APA approved internship program. Additionally, she serves as the coordinator for outpatient programming related to the Incredible Years parenting groups and is a CBT consultant for the agency.

By Jennifer Coleman

In the competitive field of psychology, it is a privilege to interview Dr. Cami Winkelspecht, the track director for the Clinical Child Track at Nationwide Children's Hospital. This interview provided valuable insight and advice for students applying to internships. As a training director who is constantly evaluating applicants, Dr. Winkelspecht has a valuable perspective on the internship process. In the interview with Dr. Winkelspecht, she gave her opinions and advice on what she has seen in applicants.

There are a number of factors that internship sites look for in applicants including clinical hours, assessment hours, previous practicum sites, and more. I asked Dr. Winkelspecht what stands out to her as most important in applications. She stated that first and foremost they expect all applicants to meet the minimum criteria listed on the website. Outside of meeting the necessary criteria she looks for applicants with breadth and depth of experience. Dr. Winkelspecht discussed how the Clinical Child Track is looking for interns with previous experience that is similar to what Nationwide Children's Hospital provides for their interns. When looking at an applicant's past experience, it should be clear how he or she are a good fit with the internship site.

Dr. Winkelspecht spoke to the fact that a strong applicant will be able to show with confidence that he or she is a good fit. The application and interview process provides an opportunity for the applicant to articulate how this specific site fits in with his or her career goals. One of the biggest mistakes that Dr. Winkelspecht sees is when an applicant does not have a good sense of how he or she will fit within the program. Dr. Winkelspecht expressed that Nationwide is invested in their students and wants them to be successful. As such, they want to be able to provide the right experience and guidance for their interns. Interns should demonstrate how the direct experience and knowledge they gain at Nationwide matches with their future goals and aspirations. Overall, it is essential to confidently articulate how a site is a good fit based on both your current skillset and your future career aspirations.

As graduate students we are often told it is important to have a wide range of experiences, while at the same time we are told we need to specialize in our emphasis. I asked Dr. Winkelspecht what she believed was the right balance between specialization in your area and breadth of diverse experiences. According to Dr. Winkelspecht, Nationwide is looking for people who have child experience and show a clear interest in working with children. Although she noted that it is not necessary for all of an applicant's practicum sites to be child sites, they must have experience that will match with the population of the internship site. This is important to show that they are competent in the population that they will work with in day-to-day practice.

At Nationwide Children's Hospital there are four different tracks that an applicant can apply to: Pediatric Psychology Track, Intellectual and Developmental Disabilities Track, Neuropsychology Track, and the Clinical Child Track. Dr. Winkelspecht encourages students to pick the track that is the best fit for them. She stated that unless it is a unique situation where a person might be a good fit for two tracks, applicants should only apply to one track. Since Dr. Winkelspecht is the track director of the Clinical Child Track she was able to contribute useful knowledge that is specific to her own track. She expressed that her track is a community behavioral health site for children and applicants should show that they have a depth of experience in that area as well as a strong knowledge in both child assessments and treatments. It is important for applicants to communicate that they have the skills to work with a varied caseload of disorders present in outpatient settings and know how it is specific to children.

Finally I wanted to ask for Dr. Winkelspecht's input on the integration of mental health with primary care. Looking at Nationwide's Clinical Child Track's website it mentions that interns have frequent opportunities to consult with primary care physicians. Dr. Winkelspecht pointed out some of the ways that their site integrates with primary healthcare and described the advantages of this integration.

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## Internship Advice (Continued from previous page)

She described how their electronic medical records allows for effective and pleasant communication with pediatricians. Overall, the hospital has an initiative to understand what practitioners need and how to communicate this effectively. By doing this it can create a partnership for coordinated care. Nationwide's integrated

communication system with primary care physicians has decreased the barriers with pediatricians and allows for better overall care. This is just one example of how Nationwide Children's Hospital is at the forefront of advancement leading our field and an exciting internship opportunity for students.

## Practicum Corner: Dr. Stewart Kiritz



Dr. Stewart Kiritz

Stewart Kiritz, Ph.D. is the chief psychologist and director of training at CHAC. He received his BA from UC Berkeley and did his doctoral training in psychology at UC/Berkeley and UC/San Francisco Medical Center. He then completed a two-year post-doctoral NIMH fellowship at Stanford Medical School.

Dr. Kiritz serves on the adjunct clinical faculty at Stanford Medical School where he has supervised psychiatry residents for many years. He also ran process groups for psychiatry residents at Stanford and for over twenty years was the leader of the intern process groups held for each cohort in the Palo Alto VA psychology internship program.

Dr. Kiritz has a strong interest in research – he was research assistant to Paul Ekman during his education at UC/SF – but has devoted most of his career to psychotherapy, supervision, and teaching. He maintained a private practice in Palo Alto, California for over twenty five years. His orientation is integrative, having seriously studied many aspects of psychotherapy – including the psychodynamic, cognitive behavioral, experiential, and strategic therapy perspectives.

Married to Sally Schuman for over thirty years, Dr. Kiritz lived in Palo Alto for almost all of that time, and raising two children there. In addition to psychology, his interests include playing and listening to music, photography, studying history, philosophy, and science, and supporting environmental causes.

By Ashley Elefant

Community Health Awareness Council (CHAC) is one of Palo Alto University's most distinguished practicum and internship sites. At this site, students from Palo Alto University have the privilege of learning from a talented group of MFTs, LCSWs, psychologists, and staff during their beginning and advanced practicum placements. In addition, CHAC is also an internship site that recently received accreditation from the American Psychological Association (APA).

Recently, I had the opportunity to speak with Dr. Stewart Kiritz, the Chief Psychologist and Director of Training at CHAC. When asked about the development and history of CHAC, Dr. Kiritz informed me that CHAC began 41 years ago and was originally composed of parents and only a few therapists who were concerned about drug and alcohol use with adolescents. Today, however, CHAC is home to over 80 therapists, most of whom are trainees in Masters or Doctoral level programs, who work with children and families throughout the Peninsula and South Bay. Furthermore, therapists at CHAC work directly with over 33 schools in Mountain View, Los Altos, and Sunnyvale to provide services to children and adolescents in elementary, middle, and high school. Student therapists work in the schools twice a week and also have an opportunity to work in the outpatient clinic at CHAC with individuals and families, allowing practicum students an opportunity to work with clients of all ages.

Dr. Kiritz stated that CHAC has an integrative orientation, in which several different therapeutic orientations are taught and used, such as family systems, nondirective play therapy, CBT, DBT, and narrative therapy. CHAC also provides students with didactic trainings in which experts are asked to come speak to students about important topics. These topics include clinical psychology in general, such as seminars on emerging techniques like mindfulness, DBT and narrative therapy, as well as issues specific to working with children in the schools, such as how to navigate the school systems, understanding individual education programs, as well as how to work with parents and Child Protective Services. Students

gain invaluable experience in learning to work with schools and learning the process of assessment, therapy, and collaboration within the public school systems.

In addition to individual therapy, practicum students at CHAC have many unique opportunities such as the ability to lead groups and conduct assessments in the assessment clinic. Practicum students have the opportunity to lead small groups at the schools. One group, Just for Kids, is designed for 2<sup>nd</sup> and 3<sup>rd</sup> grade students and focuses on teaching emotional intelligence. Teen Talk is another group lead by practicum student therapists, which allows teens a safe place to talk about any issues related to teenage life. A variety of other groups, such as DBT groups, parenting skills classes, social anxiety skills classes, are also available at CHAC. In addition, the new assessment clinic, which began about a year ago, is a great source of pride for CHAC. Dr. Jennifer Keller from Stanford is currently working as the assessment consult leader at the assessment clinic. She heads a consultation group and leads trainings in assessment for student therapists. The new assessment clinic offers practicum students an opportunity to gain experience in assessment.

For students applying to CHAC, Dr. Kiritz indicated that experience in working with children and adolescents, particularly in the school system, is extremely helpful. Assessment experience is also a newly desired skill for students working in the assessment clinic. Language skills, particularly Spanish, are desired, as 35% of those being seen at CHAC are Spanish speakers. Practicum students also have the unique opportunity to provide therapy in Spanish and receive supervision in Spanish as well. Dr. Kiritz also identified openness, a strong interest in collaboration, and a willingness to learn different therapeutic orientations as desirable qualities for practicum applicants.



## Child and Family Emphasis Student Group



Congratulations to this year's executive board members!

**President:** Priscilla Doung  
**Vice President:** Ellen Soukup  
**Events Coordinator:** Laura Brehm  
**Secretary:** Tracy Vargo  
**Treasurer:** Charlotte Beard  
**Chronicle Co-Editors:** Ashley Elefant and Jennifer Coleman

**Top Row, Left to right:** Jennifer Coleman, Ashley Elefant, Charlotte Beard, Ellen Soukup  
**Bottom Row, Left to right:** Tracy Vargo, Priscilla Doung, Laura Brehm

## Letter from the President

By Priscilla Doung

I would like to welcome PAU's Child and Family Emphasis 2014-2015 Board who took office in Fall 2014. The Board consists of second year Clinical Psychology graduate students who aspire to work with and/or produce research related to child and family psychological treatment. The CAFE Board and its members have strived to achieve its mission to provide students and current clinicians with knowledge and research-based tools to promote a higher standard of care for child and family therapy. Not only would we like to provide updates on evidence-based practices, and we would also like to create awareness of changes to policy and advocacy-related issues pertaining to psychological treatment. While we aim to promote our values and goals on a national level through our newsletter, we also provide relevant speakers to students and local clinicians. In the upcoming month, we will be hosting Dr. Regas to present a new practicum-level training program (Stanford Ronald McDonald House) and Dr. Reichert to discuss applications of Parent-Child Interaction Therapy. Thank you for taking the time to read our newsletter, and we hope you find our material enriching to your practice.

## COMING UP SOON...

“REDESIGNING PRACTITIONER  
 THINKING BY RETHINKING  
 PRACTICE DESIGN”

MARCH 7TH  
 PALO ALTO UNIVERSITY

DR. BRUCE CHORPITA

For further information on this event, please contact [CAFE@paloaltou.edu](mailto:CAFE@paloaltou.edu)

## THANK YOU FOR YOUR SUPPORT!

Esteemed Readers,

The CAFE Chronicle staff would like to thank you, the reader, for supporting us in our attempts to provide you with a quality publication relevant to students, researchers, and mental health care providers across the nation! It is an exciting time to be a clinical psychologist with many exhilarating changes in the field. We aspire to keep you apprised of these changes through conversations with important leaders in research and practice.

If you are interested in being featured in future issues for the CAFE Chronicle, please contact us at [CAFEChronicle@paloaltou.edu](mailto:CAFEChronicle@paloaltou.edu)

Sincerely,

Ashley Elefant & Jennifer Coleman  
 Editor-in-Chiefs of the CAFE Chronicle

