



CENTER FOR YOUTH DEVELOPMENT AND INTERVENTION

SPRING 2023 NEWSLETTER

UPCOMING EVENTS

PARENT'S NIGHT OUT

March 31st 5-8pm

McMillan Building at UA

RSVP to cydi@ua.edu by 3/27

Center for Youth Development and Intervention

PARENT'S NIGHT OUT

Join us at the CYDI for a **FREE** parent's night out!

DROP THE KIDS OFF FOR MOVIES, GAMES, CRAFTS, PIZZA, AND FUN!

Register early, only 25 spots!

RSVP BY 03/27 TO:
[CYDI@UA.EDU](mailto:cydi@ua.edu)
EVENT FOR CHILDREN AGES 5-11 YEARS OLD

March 31
5-8 PM
McMillan Building at UA
200 Hackberry Ln.
Tuscaloosa, AL 35401
www.cydi.ua.edu

Tuscaloosa/Northport

April 16th, 2023

1-4 pm



WALK the WALK
AUTISM SUPPORT OF ALABAMA

Walk for Autism

Sokol Park
5901 Watermelon Road
Northport, AL, 35473
www.walkforautismal.com

ASA AUTISM WALK

April 16th 1-4pm

Sokol Park

Stop by our table at the ASA Autism Walk on April 16th in Tuscaloosa/ Northport!



LAB SPOTLIGHT!



PSYCHOSOCIAL INTERVENTIONS LAB

Led by Dr. Susan White, the Psychosocial Interventions Lab is invested in improving access to high-quality, research-supported mental healthcare for youth and families.

Newsletter Highlights

Sign up for Parent's Night Out on March 31st from 5-8pm (Page 1)

Researcher Spotlight: Dr. Bradley White (Page 2)

CYDI Research Opportunities (Page 3)

Recent Publications from CYDI Researchers (Page 4)

CYDI Core Faculty

Susan W. White, Ph.D., ABPP
Director

John Lochman, Ph.D., ABAPP
Director Emeritus

Nicole Powell, Ph.D.
Associate Director

Caroline Boxmeyer, Ph.D.
Professor

Summer Braun, Ph.D.
Assistant Professor

Ansley Gilpin, Ph.D.
Associate Professor

Andrea Glenn, Ph.D.
Associate Professor

Bradley White, Ph.D.
Associate Professor

RESEARCHER SPOTLIGHT

By: Anna Catherine Henley & Matthew Snyder, Undergraduate Research Assistants

BRADLEY WHITE, Ph.D.

Dr. White is an Associate Professor in the Department of Psychology at UA. He is a licensed psychologist and holds a Ph.D. in Clinical Psychology from Florida State University. Dr. White specializes in developmental psychopathology and clinical science focusing on the development, impacts, prevention, and treatment of disruptive behavior problems and the promotion of prosocial behavior in community, clinical, and forensic contexts.



How did you come to study antisocial behavior in children?

Dr. White: For as long as I can remember, I've been interested in what leads people to behave toward others in healthy and prosocial ways, versus in harmful and antisocial ways, and how to increase prosocial behavior and reduce antisociality. In my doctoral training at Florida State University, I had the opportunity to work with justice-involved youth in Florida and later in Virginia. My work with those youth motivated me to find ways to try to get children on a healthier developmental path, even earlier in life.

What projects are you currently working on?

Dr. White: I'm really excited to be working with a wonderful team on a clinical trial that's sponsored by the National Institute of Mental Health. This study tests a neurocognitive intervention that we developed for children with callous-unemotional (CU) tendencies or traits. CU traits include lack of guilt or remorse, low empathy, lack of concern about one's performance in important activities, and superficial, shallow emotions. They are an

established risk factor for early, persistent, and sometimes severe misconduct among youth. So, we are trying to understand why and how they develop, as well as how to reduce them and improve empathy and other prosocial emotions in children. Prior research shows that CU traits reflect an impairment in certain neurocognitive processes, such as the ability to notice, recognize, and respond properly to other people's emotional expressions. These impairments can then interfere with the child's ability to interact well with others. They also tend to predict poorer treatment outcomes for children with disruptive behavior problems, even for treatments that are typically helpful for these children. The new intervention that we've developed is called Facial Affect Sensitivity Training, or FAST for short. FAST is designed to improve children's sensitivity to and recognition of others' emotions. The first phase of this clinical trial, which we recently completed, showed that the FAST intervention can improve facial emotion recognition in children with CU traits. We're now moving to the next phase trial to see if we can repeat those findings in a new sample of children and to look at some behavioral outcomes, like how the child connects emotionally with others. We pay children and caregivers to come into our clinic at CYDI and do some activities and surveys with us over the course of five weeks. Then they come back about three months later, and we can compare the children who received the FAST intervention to those who were in a control group that did not receive the treatment.

FAST Study: Helping Children Recognize Feelings and Expressions

- Children ages 6-11 years old
- 10 sessions; parents earn up to \$300
- Computerized activities

Be sure to check out the flyer on the next page!

What inspired this project?

Dr. White: In addition to my longstanding interest in disruptive behavior problems, I was inspired by some work of Mark Dadds, a child psychologist in Australia, who discovered that children with CU traits have trouble recognizing other people's distress. He found this difficulty may be related to a how these children with CU traits look at others' faces.

Any tips for parents on how to work with children with antisocial tendencies/ CU traits?

Dr. White: Currently, the best-supported treatments are behavioral approaches called parent management training. The parent learns from the therapist how to increase warmth in their interactions with their children, and how to use rewards and discipline in a more effective manner to increase child compliance and to reduce misbehavior. This also helps reduce CU tendencies to some extent in these children. We know from research in this area that it's important for caregivers to reward prosocial child behavior. Children with CU traits are often sort of immune to threats but sensitive, like any child is, to the prospect of rewards. We also see that harsh parenting can actually increase CU traits over time and also increase disruptive behavior. So, being overly stern or punitive, and withholding warmth and love from the child, can make behavioral problems worse.

What are your thoughts on the best way to integrate an individual with antisocial tendencies into the community?

Dr. White: So, we've also done some other research on the impacts of how society handles antisocial behavior, such as incarceration. We need to balance the need to keep other people safe from harm with the need to integrate or reintegrate individuals with behavioral problems as soon as possible back into society. Research shows that removing children from mainstream education and incarcerating individuals, while sometimes necessary in the short term to prevent harm, tends to also disrupt prosocial learning and destabilize families, which creates additional problems. For instance, when a child is removed from school, it can harm their education and it can result in more antisocial behavior down the line. It can be more cost-effective and better for people's lives when we use evidence-based interventions, especially those that focus on prevention and early intervention.

Anything else you would like to share with us?

Dr. White: I encourage those who are interested in our clinical trial to check out our FAST Study flyer and reach out to us if interested in more information.

CYDI RESEARCH OPPORTUNITIES

Currently Recruiting!

FAST Study: Helping Children Recognize Feelings and Expressions

- Children ages 6-11 years old
- 10 sessions; parents earn up to \$300
- Computerized activities

Scan the QR code to find out if your child is eligible to participate!




Parents: Do you have concerns about your child's behavior and emotions?

This is a study of a **NEW** training intervention called **FAST!**

FAST teaches children using:

- Computerized activities
- 10 sessions at our clinic

Join our study helping children recognize feelings and expressions

Does Your Child Qualify?

- ✓ Complete a short online survey:

<https://tinyurl.com/UAFastStudy>



Parents receive up to \$300 for participation

What's Involved:

- ✓ 10 FAST sessions over 5 weeks for children.
- ✓ 3 assessment sessions for children & parents.
- ✓ For children ages 6-11.
- ✓ Children earn prizes and cash while they learn.

CONTACT US: cydi@ua.edu



Currently Recruiting!

Facial Emotional Awareness in Children

- Children ages 6-11 years old
- 2 hour in-person session; earn \$85
- Computer tasks and questionnaires

Scan the QR code to find out if your child is eligible to participate!




Now Recruiting! Children ages 6-11

We are studying how children understand emotions through facial expression.

What's Involved:

- One study session at our office at UA (approximately 3-3.5 hours)
- Children complete computer tasks
- Parents and children complete questionnaires and a play activity

Families earn \$85 for participating!

- \$60 for Parents
- \$25 for Children

HOW TO QUALIFY:

- Girls and Boys
- Ages 6-11 Years
- Parents complete eligibility questions over the phone

CONTACT US:

CYDI@UA.EDU



www.cydi.ua.edu



Currently Recruiting!

Optimizing CBT Implementation Among Community Providers Through Internet-Based Consultation and Networking (i-CAN)

- Eligibility: Providers who practice in any setting and treat anxious youth in the state of Alabama
- Providers are paid for all assessments (up to \$140) and the study is completely online (no travel needed)

For more information visit our website <https://cydi.ua.edu/i-can.html>



Interested in participating in one of our current or future research projects?

Scan the QR Code to fill out a CYDI Registry Form that allows us to contact you with more information on our studies!




RECENT PUBLICATIONS

DISASTER EXPOSURE AND TEMPERAMENT AS PREDICTORS OF ADOLESCENT SUBSTANCE USE

Authors: Hakim, E. A., McDonald, K. L., Lochman, J. E., Powell, N., & Vernberg, E. M.

Aims The goal of the current study was to examine the role that severity of disaster exposure plays in determining the timing of alcohol and marijuana use initiation and the frequency of use four years later in a sample of at-risk, aggressive youth exposed to a devastating tornado.

Results Exposure severity predicted increases in risk for alcohol use initiation only for youth high in fear. Additionally, greater levels of inhibitory control protected youth from earlier alcohol use initiation.

PROMOTING QUALITY OF LIFE: SUGGESTIONS FOR MENTAL HEALTHCARE PROVIDERS WORKING WITH YOUNG AUTISTIC ADULTS

Authors: White, S. W., Schall, C., Santos, J. D., Maddox, B. B., Hillier, A., Klinger, L., & Pugliese, C.

Purpose To offer guidance to mental health service providers on how to effectively support autistic adults, while respecting autonomy, identity, and diversity. The guidance offered is drawn from research, clinical practice, and lived experience.

Recomendations We recommend that providers focus on strengths, abilities, and potential rather than focus on perceived deficits when working with autistic clients, so that we as a society can better meet the service needs of the autistic community. We encourage a focus on improving quality of life, structuring services to focus on self-determination and empowerment, emphasizing intersectionality or existence of multiple identities with personal meaning, and helping clients and their families navigate service systems and supports that are available.

INTERGENERATIONAL EFFECTS OF THE FAST TRACK INTERVENTION ON THE HOME ENVIRONMENT: A RANDOMIZED CONTROL TRIAL

Authors: Rothenberg, W. A., Lansford, J. E., Godwin, J. W., Dodge, K. A., Copeland, W. E., Odgers, C. L., McMahon, R. J., Goulter, N.

Aims The present study investigates the hypothesis that childhood interventions may break the negative chain of effects created by maladaptive family environments by improving the family environments that children form as adults.

Results Mothers who participated in the intervention as children had lower depression symptoms, alcohol problems, drug problems, corporal punishment use, and food insecurity compared to control group mothers.