

CHAPTER 1

Historical Developments and Trends in Pediatric Psychology

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The field of pediatric psychology includes both research and clinical practice that address a range of issues related to physical and psychological development, health, and illness among children, adolescents, and their families. As part of a multifaceted field, scientist-practitioners in pediatric psychology explore the relationships among psychological and physical health and the welfare of children and adolescents within a developmental perspective, considering the contexts of families, caregivers, health care systems, schools, peers, and community (Steele & Aylward, 2009). This chapter provides a brief history of the field, including organizational developments; describes research and training in the field; and makes projections for the future of pediatric psychology.

HISTORY OF PEDIATRIC PSYCHOLOGY

Conceptual Origins

Development in the field of pediatric psychology did not occur overnight; yet the field emerged over time, with remarkable growth since its early conception (Roberts, 1986, 1993). Collaborations between psychologists and pediatricians date back to the late 1890s and helped to shape the models of current pediatric psychology practice (Lee & Kazak, 2014). The benefits of these collaborations were first noted by Lightner Witmer, who established the first psychological clinic in the United States. Highlighting the opportunities for collaboration, Witmer stated that pediatricians could learn from psychologists how “normal, mental, and physical conditions manifest themselves in and out of the school-room” (1896, p. 391). On the other hand, psychologists could learn from pediatricians about “morbid and abnormal conditions that are frequently met with in childhood, and to acquire some knowledge . . . towards their amelioration” (1896, p. 391).

Witmer was pivotal in forming these early collaborations: He interacted with both pediatricians and schools to help children and their families with general and pediatric-related problems, served on a pediatric journal editorial board, and published case studies describing pediatric-related interventions (Routh, 1975, 1990). Arnold Gesell was another individual who bridged the fields of pediatrics and psychology; he was among the first to earn both a doctorate in psychology and a medical degree (Routh, 1990). As the scope of practice in pediatrics broadened, Gesell (1919) was one of the first to discuss the need for clinical psychologists to address the psychological issues of children in medical settings. John Edward Anderson (1930) reiterated the potential benefits of collaboration between clinical psychologists and pediatricians in an address to the American Medical Association. Specifically, Anderson highlighted the strong training of psychologists in child development, and the potential for psychologists to contribute to pediatric practice through intelligence testing, developmental assessments, and advice on child behavior training.

Despite these activities and other calls highlighting the benefits of cross-disciplinary interactions, growth in formal collaborations was slow in the early 20th century. Further, although early descriptions of the benefits of potential collaborative efforts were written mainly by pediatricians, others viewed this potential collaboration less favorably. For example, Joseph Brennemann was a prominent pediatrician who believed that pediatricians could meet the psychological needs of children and expressed his wariness of the emphasis on child development (Brennemann, 1933). Nonetheless, the involvement of psychologists in pediatric medicine continued throughout the 1940s with the shift to preventive medicine, including immunizations, nutrition, and the use of antibiotics (Connolly, 2011). However, pediatric psychology did not emerge in a more formal sense until the mid- to late 1960s, when pediatricians were being faced with increasing numbers of patients presenting with developmental, behavioral, and academic problems (McClelland, Staples, Weisberg, & Berger, 1973). Richmond (1967) emphasized that pediatrics was in need of the expansion and application of child development knowledge. Similarly, psychologists discovered that children with medically related problems and their families had needs that were not being met within the traditional psychologists' office or outpatient psychology clinic (Roberts, Mitchell, & McNeal, 2003). Ultimately, it became evident to both groups that a new model of practice was needed to meet the challenges of critical childhood problems (Roberts, 1986).

At about this time, two seminal papers communicated the need and set the terms and parameters for a new field (Genik, Yen, & McMurtry, 2015). In 1965, psychologist Jerome Kagan called for a "new marriage" between psychology and pediatrics in an article published in the *American Journal of Diseases of Children*. For psychologists, Kagan (1965) highlighted the beneficial role a psychologist might play in helping pediatricians identify early severe psychopathology and psychosocial problems, as well as the opportunities to use research inquiry to understand the mechanisms underlying the clinical presentations seen in practice. However, Kagan viewed the role of the pediatric psychologist as more research-oriented, and he seems to have underestimated the clinical role of the psychologist within medical settings (Mesibov, 1984).

The term "pediatric psychology" was first coined by Logan Wright in his 1967 article "The Pediatric Psychologist: A Role Model," and this article was pivotal in the early conceptualization and vitalization of the field (Roberts, 1993). Whereas Kagan's article portrayed psychologists as more research-oriented, Wright's paper was explicitly

programmatic and defined pediatric psychologists as more clinically focused. Wright (1967) urged psychologists to understand the requirements of pediatric practice and to use assessment and intervention practices that would fit with medical practice. To further the field's development, Wright stated the need for a clear role definition among psychologists, specific training for future pediatric psychologists, and a new knowledge base through applied research. Consistent with the needs outlined by Wright, pioneering pediatric psychologists focused their efforts on establishing successful clinical programs, training psychologists to work with pediatricians, and creating a core professional identity (Drotar, 2015); all these efforts helped lead to the emergence of the field of pediatric psychology as a distinct area in psychology (Roberts, 1993).

Organizational Developments

In its formative years, pediatric psychology faced the challenge of developing a professional identity (Drotar, 2015), which was a perceived need in Wright's early conception of the field. In 1967, George Albee, president of the Division of Clinical Psychology of the American Psychological Association (APA), recommended that the Section on Clinical Child Psychology (Section I) evaluate the increasing role of psychologists in pediatric settings and the potential for organizing a special interest group. A committee on pediatric psychology (including Logan Wright, Dorothea Ross, and Lee Salk) was formed, and letters were sent to the chairs of pediatrics departments in all U.S. medical schools, asking for the names of psychologists on staff. This survey resulted in over 250 psychologists' being identified as interested in a society for pediatric psychologists, and this group formed the basis for the founding of the Society of Pediatric Psychology (SPP) in August 1968 as an affiliate of the Section of Clinical Child Psychology. SPP focused on the delivery of psychological services to children in medical settings and on research in child health psychology (Routh, 1994). SPP was initially composed of members from university medical schools; however, other individuals from community hospitals and pediatric group practices also became involved as the society developed (Routh, 1994).

In 1968, the society's first newsletter, *Pediatric Psychology*, was organized by Lee Salk and edited by G. Gail Gardner. The first newsletter issue was distributed in March 1969 and provided an outlet to distribute information related to pediatric psychology research and practice. In October 1980, SPP became a section within the Division of Clinical Psychology (Section 5), and in 2001, SPP officially became a separate division as Division 54 of APA. As SPP has grown, it has also published professional texts, sponsored conferences, testified before the U.S. Senate, collaborated with other national organizations, and organized task forces on different issues important to children and families. Through these activities, SPP has fostered the development of professionals interested in the research and its applications at the intersection of psychology and pediatric medicine.

RESEARCH IN PEDIATRIC PSYCHOLOGY

Founding of the *Journal of Pediatric Psychology*

In his seminal article, Wright (1967) asserted that an accumulation of research was crucial to the development of the field. Early research on assessment, intervention, and out-

comes in pediatric populations provided a strong foundation of empirical evidence for the field (Drotar, 2015; see, e.g., Cassell & Paul, 1967; Friedman, 1972; Salk, Hilgartner, & Granich, 1972; Wright & Jimmerson, 1971; Wright, Woodcock, & Scott, 1970; Wright, Nunnery, Eichel, & Scott, 1968). In describing the early scientific research in pediatric psychology, Routh and Mesibov (1979) defined it as including developmental disabilities, neuropsychology, infant development, failure to thrive, noncompliance, toilet training, child abuse and neglect, death and bereavement, hospitalization, and psychological aspects of physical illness. Many of these early focal areas remain topics of continuing research within pediatric psychology today.

The original SPP newsletter, *Pediatric Psychology*, served as an outlet for disseminating research in the field. Eventually the newsletter became the *Journal of Pediatric Psychology (JPP)* in 1976, which solidified the foundation of SPP and established the field as “a truly scientific and professional enterprise” (Roberts, Maddux, Wurtele, & Wright, 1982, p. 198). *JPP* is considered isomorphic with research in the field, reflects the breadth and depth of research activities, and provides the scientific representation of the field (Roberts et al., 2003).

Founding of *Clinical Practice in Pediatric Psychology*

As pediatric psychology evolved as a field, and as *JPP* became a highly impactful and respected journal in the field, the focus of published articles shifted from a mix of practice-based articles and empirical research articles to predominantly explicative or interventional empirical research articles (Drotar, 2013). Discussion among the membership highlighted a need for an outlet for practice-based research and commentaries. Based upon these expressed needs, a proposal was submitted in 2010 to create a clinically focused journal for SPP (Tynan & Pendley, 2013). In March 2013, APA published the inaugural issue of this journal, *Clinical Practice in Pediatric Psychology (CPPP)*, with editors Jennifer Shroff Pendley and W. Douglas Tynan; the journal continues to be published quarterly. Topics addressed include the results of randomized controlled trials for internet-based interventions, clinical case series evaluating treatment for rare or complex disorders, descriptions of models of clinical care in new settings such as primary care, and descriptions of procedures for billing and reimbursement in an evolving health care environment. Moreover, the editors of *JPP* and *CPPP* have worked together to publish tandem issues, with *JPP* focusing on the empirical research surrounding evidence-based interventions in pediatric psychology, and *CPPP* focusing on real-world applications of these interventions.

Considerations for Future Research

A sound grounding in empirical research provides the field of pediatric psychology with credibility within the multidisciplinary health care system (Kronenberger, 2006). As research in pediatric psychology continues to grow, areas of future interest include a greater focus and emphasis on samples of individuals from diverse backgrounds, the addition of biological measures of functioning, and research focused on the integration of psychology in pediatric primary care (Drotar, 2012). Ultimately, an increased understanding of relationships between psychological and medical issues will assist in the development and provision of more effective prevention and intervention services (Roberts, 1993).

TRAINING IN PEDIATRIC PSYCHOLOGY

When Logan Wright first coined the term “pediatric psychology” in 1967, he emphasized the need for the development of the field as a specialty through concentrated training. Early in SPP’s development, the membership roster represented several training areas; the majority of members were trained in clinical psychology, followed by educational, developmental, and counseling psychology (Routh, 1977). Since then, training in the field has expanded substantially, and SPP now consists of members with a variety of backgrounds (Roberts et al., 1982, 2003). Furthermore, present-day training in pediatric psychology includes a diverse array of graduate, internship, and postdoctoral programs (Drotar, 2015).

Prior to World War II, fewer than 12 medical schools had a psychologist on the faculty (Mensch, 1953); however, there was a significant increase in psychologists in medical school departments after the war (for additional reviews, see Buck, 1961; Matarazzo & Daniel, 1957; Routh, 1970). Although some clinical psychologists had completed practicums or internships in children’s hospitals, none of these positions had been formally identified as posts in “pediatric psychology” (Routh, 1975). The first formal doctoral training program in pediatric psychology was started in 1966 by the Departments of Pediatrics and Psychology at the University of Iowa (Routh, 1969). Although the program had been created to increase the training of pediatricians in child development, no pediatricians elected to enroll in it. During the program’s 5 years, it facilitated training in an interdisciplinary clinical setting for approximately 10 graduate psychologists, who Routh (1975) stated were “clearly identifiable as pediatric psychologists since their graduation” (p. 7).

Current Trends in Training

Historically, specialized training in pediatric psychology was provided through a variety of pathways. As stated by La Greca, Stone, Drotar, and Maddux (1987) in an official training brochure for SPP, it remains true that “there is no single path to becoming a psychologist” (p. 2), and training opportunities in pediatric psychology are increasing (Prinstein & Roberts, 2006). Many pediatric psychologists have backgrounds in areas such as special education, as well as developmental, school, health, and clinical child psychology. A survey conducted by Mullins, Hartman, Chaney, Balderson, and Hoff (2003) demonstrated that the majority of pediatric psychologists in the 1999 SPP membership list had graduated from doctoral programs in clinical psychology.

Several sets of recommendations have been developed over the years to provide a foundation for training (see La Greca & Hughes, 1999; Spirito et al., 2003). In 2012, SPP formed a Task Force on Competencies and Best Training Practices in Pediatric Psychology, to update and further develop recommendations for training (Palermo et al., 2014). Building upon the work of prior task forces (Spirito et al., 2003) and a Competency Benchmarks Work Group (Hatcher et al., 2013), the members of this task force worked to tailor the recommendations for pediatric psychology training and professional development. Six clusters of competencies were addressed: science, professionalism, interpersonal, application, education, and systems. A seventh cluster consisting of cross-cutting knowledge specific to pediatric psychology was added. Behavioral anchors of expected competencies in each cluster were provided that would demonstrate the readiness of an individual for different levels of training: entering practicum, internship,

and eventual practice. Focusing on specific domains of training allowed the task force members to provide concrete examples and recommendations for the guidance of programs and training directors of programs in pediatric psychology to prepare trainees for the multitude of research and practice opportunities that currently exist.

Undergraduate Training

Most undergraduates do not obtain exposure to pediatric psychology; this fact emphasizes the importance of increasing early exposure to this growing field by providing opportunities to gain knowledge about it (Drotar, Palermo, & Landis, 2003). Such opportunities include courses at the undergraduate level that are focused on health and pediatric psychology, student memberships in SPP, and chances for undergraduates to attend regional and national conferences in pediatric psychology (Drotar, 2012). In a study examining desirable characteristics of undergraduate applicants for graduate training, surveyed faculty noted that successful applicants typically had substantial experience in research methods and evaluations, as well as minimal to substantial experience with intervention strategies. Research fit with faculty interests and the fit with the general program were selected as the most important criteria for admission to graduate school in pediatric psychology (Karazsia & McMurtry, 2012). Information on programs offering training in pediatric psychology can be found on the APA Division 54 website.

Graduate Training

Graduate training for pediatric psychologists typically takes 4–6 years, typically culminating in a Doctor of Philosophy (PhD) or Doctor of Psychology (PsyD) degree. As described by Palermo et al. (2014), these years should include a mastery of skills in research and clinical training. Training can be provided through a number of means, such as coursework, directed readings, hands-on research experiences, and practicum placements, as well as involvement in professional development through membership in SPP and other relevant organizations. Research opportunities are often offered (i.e., journal reviews, publications) and can be obtained with the help of strong mentorship and institutional support (Drotar, Palermo, & Ievers-Landis, 2003). Specialty tracks in pediatric psychology may also emphasize developing competencies in multidisciplinary work by collaborating with local hospitals and medical schools for research and clinical opportunities (for examples of training programs, see Cohen, Rodrigues, Bishop, Griffin, & Sil, 2015; Eaton & Blount, 2015; Roberts & Steele, 2003).

Predoctoral Internships

About half of the 1999 SPP members surveyed by Mullins et al. (2003) had completed an internship with a major rotation in pediatrics; the trend was toward a greater number of interested students' completing internships focused on a breadth of pediatric psychology experiences. Internship sites tend to be at university-affiliated hospitals or children's hospitals (Mackner, Swift, Heidgerken, Stalets, & Linscheid, 2003). These locations offer access to training with a variety of disease groups, as well as a large number of clinical training opportunities in pediatric settings. All internship sites surveyed by

Mackner and colleagues provided opportunities in consultation–liaison services, providing a breadth of exposure. McQuaid and Spirito (2012) have expanded upon the desired opportunities for training in the internship year; they suggest that the internship year needs to include further training in research competencies, particularly the integration of research into clinical settings and the use of quality improvement methodologies (e.g., Lynch-Jordan et al., 2010).

Postdoctoral Fellowships

Although a postdoctoral fellowship is not required for licensure or practice in pediatric psychology, a fellowship offers additional training for expanding current competencies and increased preparation for entering the workforce (Palermo et al., 2014). Between the 1960s and 1990s, the number of SPP members completing postdoctoral fellowships in pediatric psychology tripled (Mullins et al., 2003). Such a fellowship can help to focus one's skills with specific clinical populations, treatment protocols, and/or research methodologies (Drotar, Palermo, & Ievers-Landis, 2003). Fellowships can last from 1 to 3 years, providing flexible opportunities for interdisciplinary teaching and supervision of psychology and medical students, grant and manuscript writing, and further professional development (e.g., career advice, networking).

Future Directions in Training

Although it is now possible to specify a more focused and formalized pathway for obtaining competency in the activities of pediatric psychology, there remains no single route to becoming a pediatric psychologist (Kaslow & David, 2003). Palermo et al. (2014) have designed their training recommendations to incorporate flexibility as to when and how competencies can be obtained, allowing students and training programs to design programs that fit their needs, interests, and resources. Furthermore, training should focus on enhancing competencies in interprofessional practice and interactions (Palermo et al., 2014), as well as in grant writing, implementing new technology in research and practice, and leading collaborative clinical and research teams (Drotar, 2015; Drotar et al., 2015).

PROJECTIONS FOR THE FUTURE OF PEDIATRIC PSYCHOLOGY

In an era when the complex connections between the mind and the body continue to be explored and supported, the future of pediatric psychology appears bright. The complementary relationship of psychology and medicine has grown and will continue to do so through systems of integrated health care. The field of pediatric psychology continues to adjust and adapt to the changing health care environment. For example, technology has expanded the reach of pediatric psychology, from the development of mobile health applications to the provision of clinical services via telehealth. As this market expands, it will be critical to evaluate the efficacy of these services through ongoing empirical research. In addition, the structure of the health care system and the nature of reimbursement are changing with the advent of health care reform. Making sure that psychologists have a “place at the table” in patient-centered medical homes and integrated

care services will be an ongoing effort, requiring psychologists to demonstrate the added benefit of their services. Roberts, Canter, and Odar (2012) note several other actions that will be needed to secure the future of pediatric psychology, including (1) making interprofessional efforts to create knowledge bases or practices across disciplines; (2) increasing practice in primary pediatric care; (3) demonstrating value through documented evidence-based practices in pediatric psychology; and (4) creating accountability of care through accreditation and board certification. These are just a few of the large changes facing pediatric psychology. As ever, the future of pediatric psychology rests in the hands of the next generation of pediatric psychologists.

CONCLUDING REMARKS

The dynamic field of pediatric psychology was developed to address unmet needs for psychological services seen in the pediatric setting. The early collaborations between pediatricians and psychologists paved the way for the emergence of pediatric psychology, and the field remains vibrant and viable. As the other chapters in this handbook demonstrate, pediatric psychology represents a wide range of topics, although most individual pediatric psychologists have more specific clinical and research interests. This new edition of the *Handbook of Pediatric Psychology* represents the ever-growing vitality of the field: It highlights the breadth of clinical and research activities in pediatric psychology, as well as the many services the field provides for children, families, and professionals.

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