
Society of Pediatric Psychology Distinguished Service Award

What Is Special About Pediatric Psychology

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Editor's Note: Gary Mesibov received the 1990 Distinguished Service Award from the Society of Pediatric Psychology at the meeting of the American Psychological Association, Boston in recognition of his contributions to the profession and organization. He served as a member-at-large of the Executive Committee of the Society (1979-1981) and as President (1983). He was the Associate Editor of the *Journal of Pediatric Psychology* (1976-82). This article is based on the award address.

KEY WORDS: award address; history; definition; multidisciplinary

It is an honor and privilege to receive the Society of Pediatric Psychology's Distinguished Service Award. As one who has put considerable time and energy into the work of our Society, I am pleased to know that my efforts are appreciated and making a useful contribution. Recognition from pediatric psychologists is especially meaningful to me because this is a group of people I admire and respect.

As a psychologist working with developmentally disabled people, I am involved with many professional and parent organizations. Developmental disabilities are truly interdisciplinary disorders involving medical, psychological, educational, speech, and related services. Each of these disciplines has at least one professional organization attached to it and I expect that I have participated in a meeting or subcommittee of each one during my 16 years in the field. The field of pediatric psychology has had the greatest impact on me, however, because the members and philosophies have always seemed the most thoughtful, effective, and humane.

Pediatric psychology is a multidimensional discipline (Mesibov, 1984;

Walker, 1988). My early years on the Society's Executive Board constantly reminded me of our profession's complexity as we struggled to define our discipline, our uniqueness, and the essence of what we do. Although discussions of these concerns continue, three aspects of our profession have become paramount for me personally; our problem- and need-based definition of the field, our genuinely multidisciplinary focus, and our values blending competence with humanity. These may not be the defining characteristics of our profession but they are the most unique in my experience and are often lacking in other professions working with similar youngsters. I would like to describe each of these briefly.

PROBLEM- AND NEED-BASED

The field of pediatric psychology has evolved because of real needs. Although clinical child psychologists were organized and effective in the 1960s, they emphasized individual treatment with children whose primary problems were psychiatric in nature. Logan Wright, Lee Salk, Dorothea Ross, and the other founders of our Society saw psychological needs of nonpsychiatrically impaired children as demanding a wider range of approaches. Children with problems of normal development, developmental disabilities, and those in hospitals had compelling needs, similar to one another but somewhat different from the traditional psychiatrically impaired groups. Our Society was founded to meet these needs (Wright, 1967).

Although it might seem obvious that health-related disciplines should be responsive to human needs, this is, unfortunately, not always the case. I am reminded of the parallel situation involving an undergraduate student's initial research experience. As with many other undergraduates, he began with a fascinating question. He was sent to the literature and eagerly read about what others had done. His enthusiasm gradually diminished, however, as he realized that his fascinating question about self-concept had never been addressed. The closest thing, in fact, was a study of reinforcement paradigms in rats. More and more his research study became framed within this reinforcement paradigm and the exciting questions about self-concept became all but invisible in the final product.

I am sure that this scenario is familiar to you and it describes traditional disciplines as effectively as this poor undergraduate student's experience. Pediatric psychology, however, has never evaded genuine, real-life problems because they are hard to study. Many of us in this room, in fact, continue to confront ways of preventing childhood accidents (Roberts & Peterson, 1984), treatment strategies for hospitalized children (Melamed, Meyer, Gee, & Soule, 1976),

compliance with medical regimens (La Greca, 1988), educational approaches to autism (Mesibov, in press), failure to thrive (Drotar, 1990), family effects of disabilities (Schopler & Mesibov, 1984), and many other important, relevant, problems.

MULTIDISCIPLINARY APPROACH

A second aspect of our uniqueness is our multidisciplinary approach. It is widely recognized that the issues confronting developmentally handicapped children and their families involve more than one discipline. For this reason most professionals favor a multidisciplinary approach. Although most of these multidisciplinary efforts are sincere and well-intentioned, they often fall far short of client needs.

The earliest work in the field of developmental disabilities was primarily medical without much involvement of other disciplines (Wright, 1967). Physicians saw patients and gave recommendations about educational, psychological, motor, and related areas of development. More recently a multidisciplinary focus has emerged, which means that referrals are made to other disciplines encouraging more frequent discussions among professionals with different backgrounds. Although progress has been made over earlier practices, most multidisciplinary efforts fall short of the ideal.

In my experience, pediatric psychologists are among the few who truly understand and practice multidisciplinary collaboration on a regular basis. Pediatric psychologists not only refer clients to related disciplines but generally learn what others do by involving themselves in all aspects of treatment. Multidisciplinary should not only mean making appropriate referrals; it should also mean understanding, respecting, and communicating with other professionals in the interest of clients.

The pediatric psychology literature demonstrates the multidisciplinary nature of our profession. Pediatric psychologists are represented in medical literature about drug effects on hyperactivity (Barkley, 1981), educational literature on treatment effects in autism (Schopler & Mesibov, 1983), communication research on slow development (Lord, 1985), and social and leisure research in special education (Mesibov, 1986; Mesibov & Stephens, 1990) among others. Pediatric psychologists are truly the Renaissance people in multidisciplinary settings where specialization too often precludes collaboration and integration.

To this point I have described two aspects of pediatric psychology that are unique in my experience: our need-based orientation and our multidisciplinary functioning. Both require an uncommon ability to develop structures where they are needed, rather than where they most easily fit. As a profession we have

followed the course charted several hundred years ago by Rufus Jones who wrote, "This way is not marked out by clear, definite guideposts or finger pointers. Like all ventures it involves risk and danger; it calls for great vision and for creative, road making work." The vision and creative road making work of many pediatric psychologists has guided and inspired me in my work.

COMPETENCE AND HUMANISM

The third aspect of pediatric psychology that has impressed me is the combination of competence and humanism that I consistently find among our members. Either one is difficult to find in our sometimes superficial and frequently impersonal society. To find both in so many members of a large professional organization is exhilarating and reassuring.

I have been influenced by so many extraordinary people in my 16 years with this organization that it is impossible to list them without missing some. Our early role models were superb pioneers, anticipating a great need and laying the appropriate groundwork. Logan Wright, Lee Salk, and Dorothea Ross were well ahead of their time when conceptualizing our field, even if they struggled a bit with an appropriate name. My own teachers, Carolyn Schroeder and Don Routh, are renowned pediatric psychologists yet also patient teachers and thoughtful collaborators. Although I did not work with them directly, I was fortunate in also knowing Diane Willis, Tom Kenny, and Art Wiens while still a student. I have benefited from bright, productive, and supportive contemporaries, challenging me to think clearly and probe deeply. Although they are too numerous to name, a few that come to mind are Phyllis Magrab, Denny Drotar, Gerry Koocher, Lee Marcus, Sue White, Dennis Harper, Vickie Shea, Sheila Eyberg, Wayne Adams, and Sam Thios. Finally, any professional can stagnate quickly in our rapidly changing society. The talented students I have known and supervised over the years have motivated me to continue my professional development. Although all of them seemed so young when we first met, it is reassuring (I think) to see that they, too, are approaching middle age and beyond. Among the ones I have worked most closely with are Jim Mulick, Ken Whitt, Cathy Lord, Annette La Greca, Clarisa Holmes, Wendy Stone, Nancy Hubert, Mary Van Bourgondien, Bill McLean, Debbie Garfin, Gail Spridigliossi, Judy Pope, Nancy Wagner, and Hendey Buckley.

The ancient Greeks defined happiness as "the exercise of your vital energies along the line of excellence, in a setting that provides . . . scope." I am thankful to so many of you in this room and the field of pediatric psychology for providing me with that setting and your model of excellence and humanity. Thank you very much.

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