Recollections
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Historian

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Several years ago I happily agreed to be the Historian for the Society of Pediatric Psychology and this monograph represents a culmination of that role. It has been an enormous privilege to interview all of our Past Presidents, each of whom was gracious and generous with his or her time. Through these interviews, I have gained an extraordinary sense of the growth of our Society, the dedication of its members, and the commitment to health care for all children that we share. What I have prepared in this volume are the edited words of those interviews. I have tried to remain true to the content of each, and I apologize in advance for any errors that I may have made inadvertently.

What should be impressive to us all is the true "coming of age" of our Society that is represented by this, its 21st birthday. We have indeed reached an adult maturity, no longer dealing with those early developmental issues of the "basics" that for children are "walking and talking" but for us have been "organizing and financing". It is heartening to see that we have embarked on important advocacy and public policy tasks and are prepared to become leaders in the struggle for adequate and comprehensive health care for our nation's children.

Respectfully,

Phyllis R. Magrab
Historian
Reflecting back to our beginnings, Logan remarks that the early people in this field were marvellous human beings; they spent quality time together. When Lee Salk and Dorothea Ross decided to create some kind of an entity and put it within in organized psychology, Logan encouraged them to explore the possibilities with the clinical division of APA, Division 12. The first person he talked to was the President of Division 12, who invited him to the next meeting where George Albee presided as President. The meeting was held at the APA convention in the Washington, D.C., Hilton Hotel; Martin Luther King was the convention's invited speaker. At the Division 12 Executive Session there was considerable turmoil about minority psychologists' issues so it was hard to turn people's attention to forming our group. Without warning it became Logan's turn on the program; there was no agenda. George Albee said, "What is it you want?" and Logan was taken off guard, but quickly responded. "We are kind of like the song about the boll weevil. We are just looking for a home. We would like a method of communication among like minded psychologists. We need institutional support and are looking for a home in organized psychology." The Executive Board thought it was worthy to grant us status as an affiliated organization of Division 12 and thus of APA. Logan believes the boll weevil analogy is a good one and so we officially began as the Society of Pediatric Psychology.

As our first President, Logan was faced with typical startup concerns-getting us going, making us viable, and creating an awareness, not only for the Society but for the field of specialization as well. Very early most people were struck with the fact that so few psychologists had exposure to pediatric problems. Ironically there was a dearth of
behavioral knowledge on the part of physicians and a wealth of 
behavioral knowledge resting with psychologists that was applicable to 
these problems but psychologists had little exposure to pediatric patient 
material. Pediatric psychology was developing a field where 
psychological knowledge could be applied to pediatric problems.

Equally pressing at that time was choosing which vector we would 
follow as a Society- a purely professional course such as pursuing guild 
issues of prestige and finances or a scientific route. We elected to base 
our hopes on a close tie to science which we thought over the long haul 
would assure our viability. If we based our hopes on science, guild 
issues such as competition with medicine would take care of 
themselves. The early leadership of the Society made a well considered 
choice to take a more scientific course. The concern for science as 
manifested in our distinguished journal is on an uninterrupted path 
now.

Another issue of the time that should not be overlooked was the public 
interest arena. Many of the early members of the Society saw 
themselves as child advocates for a group of under-represented 
children. It was the child advocacy component of the Society that 
ultimately fostered Division 37 and you can see the clear overlap in 
leadership today.

During Logan's term of office, his own professional interests centered 
around developing efficient methods for treating children because we 
did not enjoy the luxury of the 50 minute hour. We were inundated by 
referrals and needed ways of providing primary care to more patients. 
Logan was very involved in parent consultations giving parents crash 
courses in psychology and having them become substitute therapists for 
their children. He devoted considerable professional energy to the 
principles of personality as applied to parents and wrote a book called 
Parent Power. Today his work has become much more focused in the 
broader field of health psychology. He is studying Type A behavior 
pattern disorders and and their relationship to coronary problems. He 
is also interested in poisoning accidents of preschool children and 
developing instruments to identify those children with first exposure 
who are at risk for repeat episodes.

During Logan's presidency, a number of people were reporting 
programmatic achievements in our field. Lee Salk wrote an important 
piece on consulting with nonpsychiatric physicians. Articles about 
independent practice and joint practice with pediatricians were 
appearing. There were breakthroughs in treatment of different 
disorders. Much of the work was behavioral in nature such as gaining 
stimulus control over psychogenic vomiting and encopresis and 
finding cures for things such as self-induced seizures. The first effort 
with humans to condition seizure activity of the brain was conducted at
that time. Logan recalls utilizing shock to abort seizures in an eleven year old male. With the use of mild shock, in a couple of days, seizures were much reduced and stimulus control was achieved. Logan says, "Twenty years ago, you could do anything you wanted to do with a patient and no one would ask until it was over." He points to the shifting sands around such approaches. Eight years ago he reported a case using an aversive process and editors said they wouldn't print this; he recently resubmitted the article and it has been accepted in a journal of behavioral medicine.

In reflecting back over the last twenty years, Logan believes that what has changed most are our professional relationship concerns early on we struggled with our relationship with medicine, particularly nonpsychiatric medicine, and that has fallen into place and crystallized; now it is the relationship of pediatric psychology to the rest of the field of psychology that needs our attention. Logan feels that now, at a time where psychology is breaking into two camps - one highly guild and finance oriented, the other, closely tied to science, we may have to find a home that fits the place within the spectrum of organized psychology we wish to fall. How or if we will maintain our science practitioner focus remains to be seen.

Logan notes the strides we have made in our level of knowledge. He cautions us to avoid the temptation to pretend that we have a greater level of knowledge than we have and that we continue to produce an increasingly higher level of knowledge. He says, "We have just established some kind of parameter and now are moving to more basic research of underlying mechanisms." More scientific, critical intelligence is needed. Pediatric psychology should develop an intolerance for an unscientific approach and for not getting scientific results.

Logan wishes that he could say our field has had a Nobel prize winner or a near miss. He sees the buds, but admits that we are a bit away from that. He is impressed that we are now talking not only about hypothetical constructs but how we get "to the bottom of it all." We have clearly established our viability and worth. We have a well established gradient, a steady upward direction for the role of psychology in pediatrics and the field of medicine. He believes the field of medicine will never be without us; we will be relied on more and more.

As he looks back over the years he says that he believes very much in the zeit geist theory. Lee Salk is a great man and Dorothea Ross is a great woman. But if they hadn't done this, others would have. It was an idea that was inevitable.
Lee Salk

Clinical Professor of
Psychology in Psychiatry and
Pediatrics
Cornell University Medical
College

Affiliation during Presidency
Same

Logan Wright had written a small piece for The American Psychologist in 1967 or 1968 that intrigued Lee. Lee had just become Director of Pediatric Psychology at Cornell University Medical College and contacted Logan about his paper. From this, Lee spoke with someone in Division 12 who agreed to support a survey of psychologists in pediatric settings. Dorothea Ross joined the triumvirate and sent out a form all over the country. A substantial number of psychologists responded. Dorothea, Logan and Lee then met at a pool in Washington, D.C. and decided that the group they were about to form needed a name. They couldn't call themselves an association or a division. Lee said, "Let's call ourselves a SOCIETY," - and they all agreed. They felt it gave prestige. In 1968-69 at APA in Chicago they were given time on the program and there was a large turn out. Lee brought Wally McCrory, the Chairman of Pediatrics at New York Hospital, Cornell Medical Center; he was very supportive.

Lee served two terms in office because the third President didn't really assume his responsibilities. Dorothea was the first secretary. It was a very important time. We were developing a momentum and we grew and grew and grew. During his terms of office, Lee put together the first newsletter with a small grant from a drug company. A friend of his designed the logo and Gail Gardner was the editor.

Lee came to the field from doing years of psychoanalytic therapy with children. In the early years he was in the psychiatry department and lent to Pediatrics. At the time Lee saw a need to establish ourselves as more than psychometrists and to define some standards to become
pediatric psychologists. He saw training in general theoretical psychology as important. From the beginning, Lee felt that to effectively teach medical students, the content had to be palatable and he had to be accessible. On his pediatric psychology service someone was always present in the clinics. He designed techniques to the setting - not the setting to the techniques. "You ask the question, and that will set the technique." He would get the physician to ask the question of why he wanted the test - bed-wetting, maybe retarded, father was in jail? He created a fascination around the case and became involved. Residents and faculty liked this technique; 12% of the medical class took his elective as well as house staff. Lee still teaches at Cornell and is a general lecturer to the first year medical school class in which his son is a student.

Lee was the first recipient of our distinguished contribution award. He has always combined a clinical perspective with a research intent. Parents and child rearing concerns have been his hallmark; as early as 1969 he wrote, How to Raise a Human Being, and in 1972, What Every Child Would Like His Parents to Know. This was a time when there was a mushrooming of "how to" books. Since then he has written a total of 9 books. Most recently he has addressed the child care issue in an innovative package, Dr. Lee Salk Super Sitter, a 30 minute video for training baby sitters with three manuals. As part of his teaching at New York Hospital, he meets with new mothers who have just given birth; he believes that these new mothers have a great impact on the future. The key to Lee’s research has been the effect of early experience on later behavior. Most recently he has explored the issue of the relationship of perinatal complications to adolescent suicide.

In reflecting on our field, Lee notes the changing roles of psychologists in hospital settings as they have become consultants of equal stature. Lee feels that we have led the way for behavioral pediatrics and infant psychiatry and that we will continue to be leaders as long as we "police ourselves and be sure what we deliver is good. When you do things others want to steal, you know it is good," and we have.

As he looks towards the future Lee sees us continuing to be involved in many political and social issues. He emphasizes the importance of our public image and use of media. He sees our development "like gestation, the mitosis divisions were very gross but very significant to what would happen later on." Early on we made sure we had a good structure - sincere people - and looked on our function in pediatric settings as teachers, researchers, and clinicians.
Art first became aware of the term, pediatric psychology, when Lee Salk had placed an announcement in The American Psychologist saying he was interested in contacting people who had some interest in the area. Art responded to that announcement and subsequently attended the early meetings when the group that later was to become the Society, was formed. At that early time the definition of pediatric psychology was one of the major issues—what was it going to be and how was it going to be defined. During that period The Encyclopedia of Pediatric Psychology, by Logan Wright, Arlene Schaefer, and Gerald Solomons was being prepared which would be an important development in defining the field.

Art made a major contribution to the early organizational efforts of the Society and identified some structure for the organization such as committees and individuals to take responsibility for various tasks. During his term of office, he felt fortunate to recruit Don Freedheim as our newsletter editor. Don's persistence and talents significantly improved the quality of the newsletter.

A personal recollection that has stayed with Art over the years was the Executive Committee meeting in Oklahoma City when Diane Willis invited Tom Kenny and himself to see the extraordinary Native American art that she has in her home.

During the time of his presidency, Art had done a little bit of work with some pediatric neurologists, psychological assessments of children who were receiving trials of medication for hyperactivity. He also was working on various training issues and was a founding

+ Historian's note (2008): Diane Willis was the newsletter editor, not Don Freedheim.
member of the Association of Psychology Internship Centers (APIC), serving as its Chairman for its first six or seven years. He is still very interested in education and training, credentialing, and specialization issues. He has just completed a term on the Board of Directors of the Professional Examination Service and currently is Chairman of the Board of Directors of the National Register.

Art feels clearly that things are different now. Pediatric psychology has become defined as a field. While Art has not been as involved during the last few years, he sees the key issue facing the Society now is to define itself as a specialty. Through his general work in education and training and his work on APA committees and ABEP, he sees this as deserving our serious attention. He has watched neuropsychology and now health psychology be considered as specialties.

When Art looks in the Monitor at position openings and sees the number of positions for pediatric psychologists, he is reminded of how far we have come as a recognized area. There is a very substantial demand for pediatric psychologists. We have become well-established as health care providers. Someone invented the dream and that dream has become real.

One of the things that concerns Art is some of the national conflicts between psychology as a whole and psychiatry. He hopes these conflicts will not spill over into arenas like pediatric psychology and needlessly jeopardize our accomplishments in health care.

Art, like all of us, has great admiration for the persistent efforts of our early founders who have continued year in and year out to devote their energies to the Society such as Diane Willis, Carolyn Schroeder, Don Routh, and Tom Kenny. They have been very dedicated and "deserve all the recognition for their continuing efforts."
Donald K. Routh

Professor of Psychology
University of Miami

Affiliation during Presidency
University of North Carolina

Don reflects on two key issues of his presidency that have been resolved over time: financial stability and our relationship with Division 12. Key events that moved us toward the goal of financial stability were the early advice of Art Wiens and the later accomplishments of Phyllis Magrab who would initiate a dialogue with Plenum Press to publish our journal. The issue of our relationship with Division 12 was ultimately to be resolved by becoming a section of that Division.

During Don's term of office he remembers the outstanding accomplishments of John Spinetta and his work with children with cancer. This was a landmark activity for pediatric psychology and an important personal influence for Don. John Spinetta received the Society's first research award and we did a special issue of our journal on pediatric cancer and death.

At this time Don himself was doing nationally acclaimed work in the area of hyperactivity and activity level in children. This topic was the focus of the Society's symposium at APA that year and he published a major paper in the area, the first of a long series. Now his interests have changed. He is currently working on helping children cope with pain and stressful medical conditions.

While Don sees our field as more established and recognized today, he is waiting for the health promotion and private practitioner model of Carolyn Schroeder to take off. There are an enormous number of primary care pediatric and family practitioner offices which offer an exceptional opportunity for pediatric psychologists. He feels if we took advantage of the possibility, we would become the largest specialty in the diverse field of psychology.
Don sees the future as filled with significant challenges for our Society-the challenges are even greater than our accomplishments. Child poverty, death rate in the Third World, a decreasing life expectancy for blacks - all point to our losing ground with child health for the moment. Don hopes that we can turn the tide.
During David's term of office, we were still struggling for an identity—a way of saying what we are, what we do, and the arena in which we function. We were working very hard to develop programs within APA as part of the identity issue and struggling to see if we wanted to just continue as a Society or get division status. We were trying to improve the journal and make it something our membership would find useful.

A fair amount of literature was being developed at that time in the area of behavioral aspects of medicine. In university settings, training programs in pediatric psychology were emerging. "Actually it was a pretty exciting time, right at the formative stages of our development," David reflects.

At that time, David was working with Logan Wright in the area of encopresis and involved, particularly, with cognitive development issues that ultimately led to his neuropsychological interests. He did considerable work around the terminally ill child, both in terms of management of the child and supporting the families. He views that as his primary area of contribution to the field of pediatric psychology.

When he moved away from Oklahoma to an area where there wasn't a medical school, it was difficult to maintain his connection to the field. He still sees children fairly frequently for evaluations but not for treatment; in fact, the children he does see have developmental problems. He is now a diplomate in forensic psychology and is involved with forensic issues from divorce mediation to criminal responsibility. He continues to conduct neuropsychological evaluations and has developed an interest related to personal injury work.
From a more distant vantage point, he observes the development of an identity for pediatric psychology that is now a recognized specialty area. Pediatric psychologists are no longer just child clinicians but have a particular expertise that involves specialized training and experience.
During Tom's term of office the Executive Committee of the Society met to try to better define the field. A dialogue had begun around the issue of training and Tom Boll was asked to chair an ad hoc training committee. The Society, in establishing its identity, was questioning where it belonged in psychology's scheme of things - Divisions 12 or 7 (and in later years Divisions 37 or 38). Stability of the Society and financial survival were still a problem. The newsletter would appear and disappear. It was published randomly.

Memorable for Tom was the collegiality of the Executive Committee. Meetings were informal and members came to your home for dinner. Tom still thinks of the colleagues he worked with then as friends.

Tom's professional interest at the time of his presidency centered around children with "minimum brain dysfunction" now known as children with attention deficit disorders. He was writing a related book at the time. Today he is especially interested in primary care issues.

Tom believes the training issue still persists. "We have made tilts," he says, "but nothing wildly innovative; we need innovation." There is very little course work in academic institutions on such topics as psychological aspects of chronic illness or high risk infants. Importantly though, today there is a rapprochement between academic and clinical interests.

As we look ahead, Tom believes we need ways of changing basic construct from tertiary care to primary sources. Psychology doesn't extend itself enough to practicing pediatricians. Logan Wright was ahead of his time - working with pediatricians in their offices. There is a thread that runs through our history, but hasn't caught on, what Tom
calls "the runny nose of psychology". Nonetheless, more than any group, we have established a need for a primary care emphasis. We have done the educating.

The future, in Tom's view, holds exciting prospects. If we do half of the things available to us - wellness facilitation, parent teaching, early identification, anticipatory guidance, epidemiological studies - we will be very busy. There are important educational programs to develop and outstanding research questions. Tom also sees training culturally diverse professionals as a critical need.
Diane J. Willis

Professor
University of Oklahoma
Health Sciences Center

Affiliation during Presidency
Same

The most critical issues facing the Society during Diane's term of office continued to be training. A small group met at the Child Study Center at Oklahoma and established themselves as a Training Committee for the Society—this was the forerunner to the landmark Hilton Head Conference held in 1985.

Before Diane was President, she recalls that it was very difficult to get the newsletter off the ground. Art Wiens first broke the bottleneck but during her term of office it was established as a regular activity with Diane as the editor. As had plagued the early years of the Society, inadequate finances stood in the way. Larry Segal† was the Society's "angel" and loaned the Society money to keep us afloat.

Diane's own professional concerns at that time related to the serious problem of child abuse and the inadequacy of pediatric psychologists to respond. There was a need for new services. Today, while child abuse remains a critical problem, Diane is encouraged by our increased ability to identify and intervene, but she feels we still have much work ahead around prevention. Another concern of Diane's has been children with seizure disorders. She is still not sure psychology devotes enough time to seizure patients. While neuropsychology has improved our approach dramatically, we still lack relevant intervention services for neurologically impaired children. Schools don't know what to do. Additionally Diane has always been very concerned about services to our Native American population and feels that our benign neglect may not be so benign. Much of her own professional energy has been dedicated to this issue.

As Diane reflects back on the progress of our field, she recalls that in the early years there were three or four medical centers with psychologists

†Historian's note (2008): Larry Raskin not Larry Segal loaned the society money.
on the faculty and now psychologists are connected with numerous hospitals in every state in the country. She believes that psychologists have a tremendous amount to offer children who are hospitalized. Physicians in training benefit from their skills and knowledge, and psychologists have benefited from the opportunity to apply their skills to new populations.

For the future, Diane believes the energy and idealism embodied in the Society of Pediatric Psychology will serve to expand the Society's efforts. Although the AMA periodically rears its head, we will continue to provide services in hospitals, perhaps eventually receiving hospital privileges as voting members. As medicine itself changes, we will be challenged to serve the more serious medical problems that will exist in the tertiary care medical centers.
During Carolyn's term of office there was a major emphasis on the well-being of children with a focus on helping children adjust to chronic as well as acute illnesses and disabilities. In fact the whole issue of wellness including those healthy children with normal development was being addressed. Pediatric psychologists took a real interest in health issues of children, and brought these clinical issues into an experimental focus. It was a time when we were able to finally get experimentalists to examine the pediatric issues in which we were interested. The mid 1970's were the real beginning of taking a hard look at health issues in children through the eyes of psychology. The broader field of health psychology came long after us. Previously, developmental disabilities issues held the forefront in the Society but during Carolyn's office, prevention issues emerged.

For the Society we were still struggling to become fiscally sound and to put our journal on a fiscally sound basis. (As an aside, Carolyn is heartened by a recent notice that we are going to decrease our membership dues.) Carolyn, with many talents as our leader, was a master at organizing social hours and many have failed trying to follow in her footsteps.

Her own interests at that time were in the sequelae of developmental disabilities for both the family and the child. She had begun her work in a primary health care setting and gave her landmark Presidential Address on that topic. Today she has pursued those same interests in even greater depth - providing a model for a full range of prevention,
early intervention and treatment within a primary health care setting as well as related training and research. Carolyn has a tremendous opportunity for research because the pediatric practice with which she is associated has 12 thousand patients; specifically she is studying children’s memory for legal testimony.

Today, Carolyn sees pediatric psychology as dramatically expanded in terms of the depth with which topics are viewed both clinically and experimentally. We know so much more now about such things as diabetes and neonatal issues and psychologists are becoming more clinically competent. Not only have we become better clinicians but better experimenters as well. Although we have now come into our own, we must further define ourselves through our training. While a whole group of us cut across areas such as developmental disabilities, a major distinguishing factor for Carolyn of our field comes from not focusing on psychiatric illness. She says, "It is not our primary work although we can do it. I see myself first as a psychologist, then as a clinical psychologist, next as a clinical child psychologist and then as a pediatric psychologist although others might not put them in that order."

In reflecting on the significant achievements of our field, Carolyn highlights bringing into the forefront health issues of children and prevention and early intervention for emotional problems related to those health issues. We look at that whole sector of health and the effect it has on emotional well being and vice versa. This has been exemplified by all of the work on the preparation of children for hospitalization and surgery and informing families about good care.
This year was the beginning of greater financial security for the Society. Plenum Press took over the journal and we had our first "bake sale" - printing the names of Friends of the Society for a small (or large) contribution to the Society in our newsletter. The hallmark of Betty's term of office was her intense communication with the membership around all matters - her files contain three or four letters detailing various Society plans to the membership. Importantly we were organizing to become an official section of Division 12 which required that at least half of our members join that Division. There were a lot of submissions to our journal that year, a lot of variety. In a way it was an idyllic time; Betty remembers everyone as "active, real young, and wanting to make a go of it." There were no pressing political issues. She recalls the people she worked with during her presidency noting that they stayed involved for years and years, ran against each other for offices, and still remained involved and friends. But it wasn't a closed group; it welcomed newcomers. Betty remembers her warm welcome at her first Executive Committee meeting.

At that time she did a lot of work with children who had leukemia and children on burn units. She was involved with children in hospitals and did parent interaction and behavioral management activities. It was the very beginning of her interest in children of divorce. Although Betty's Presidential Address never got published in our journal, she gave a "standing room only" speech on the role of psychology and divorce/child custody issues. She raised the ethical principle around the need to evaluate both parents. Since that time her work has changed to some extent since she is not in a hospital setting. She mainly does diagnostic work and behavioral interventions with children, many with severe learning problems and speech problems, and some court appointed evaluations for custody.
Today Betty sees the field as very different than during her Presidency. She sees confusion in the broader field of psychology particularly. "We are dividing over the scientist practitioner issues and this is really tragic." She feels though that in pediatric psychology this is not the case; the clinicians and scientists are pretty well integrated, but she worries about how long we will stay that way.

Betty is very concerned about insurance trends—who is and who is not covered for practice and the impact it will have on psychologist practitioners. She says, "We as a group of practitioners are very naive. We bend over backwards to take care of everybody and we are going to have to toughen up and look at the world more realistically. We have to give the psychiatrists credit for the fact that they look at things from an economic point of view. We have never been trained to do this. We have lived in ivory towers. I see research support dwindling and big insurance reimbursement problems. The psychoanalytic clash is just the beginning of our having to learn to act like business people, or we may have to give up independent private practice."

Betty believes that as a field we have made significant contributions particularly in the area of the reactions of children to divorce and points to Phyllis Magrabi's early seminal article in the area that reflects the child's point of view—she still feels it is very applicable. Another area in which she feels we have influenced the broader health field is around home safety and effecting the quality of life of children in a naturalistic setting, such as with the use of seat belts. She never dreamed we would evolve to the point where bank tellers would be reinforcing children for wearing seat belts. She sees this as a testimony to our creative accomplishments.
The definition of the field and looking at the differences between pediatric psychology and clinical child psychology were ongoing issues during June's term as President. The relationship of the definition to training was a focal point for the Society and June offered her leadership to the Society in this arena. The thrust towards a cohesive training endeavor began before her presidency at the 1977 Executive Committee meeting in Oklahoma right after which they worked on a conference proposal on training that they hoped NIMH would fund. Although this funding never materialized, June moved forward in the years after her presidency and pulled together the landmark Hilton Head Conference in 1985 on bits and pieces of funding from Section 1, Section 5, Division 12, and a lot of personal commitment on the part of the participants who paid their own way. Section 1's contribution allowed for the printing of the document, *Proceedings: Conference on Training Clinical Child Psychologists, Hilton Head Island, South Carolina*.

Another issue that came to a head during June's term of office was whether we would affiliate with Division 12, 38, or 37 to become an official Section. We decided on Division 12 because it supported us from the beginning (we always had been a subsection of Section 1- Child Clinical Psychology), as well as offered us program time and a meeting room. The other two divisions were not at a point where they were going to have sections and they encouraged us to join as members. Phyllis Magrab was our first elected representative to Division 12.

June's term was marked by two Executive Committee meetings. She remembers that hardly anyone attended the first one so Phyllis Magrab had a slumber party at her house so that we could hold a second meeting—that's how poor we were. During this time we also got a logo. We conducted a logo contest in the newsletter and a $25 prize was given to
the winning submission.- the one on this booklet.

June recalls that Art Wiens was extremely instrumental in involving her and other future leaders in the Society. At the Hawaii APA meeting in 1972 he cornered June, Betty King, and Sheila Eyberg- the only three members who came to the Society meeting during APA - and inspired them to run for office. He talked about how important it was for them to become involved in the Society. (They each ultimately ran for office and became President of the Society.)

June's own professional interests during the time of her presidency were around issues of training and definition of expertise; specialty training was and continues to be her concern. In 1976-77 she started to compile a directory of internships because she had alot of requests to find out how to get child training. She sent out a survey. In 1980 she did an extensive survey in preparation for the conference on training and put out the second edition of the directory- sponsored by the Society. Since then June has updated it on her own yearly.

Today June feels we have come a long way. We have many accomplishments and are clearer about defining ourselves. We have become more sophisticated and are dealing with more specific issues rather than broad questions. She sees our major achievement as offering services to children and their families for medically based consequences and behavioral problems. She views the future as very exciting and believes that we will be more intimately involved in the whole enterprise of getting children medical treatment and planning preventive programming. Her hope is that psychological services will become more routine such as seeing a psychologist when a child goes for primary health care and that we will become more sophisticated in anticipating the kinds of problems that children will encounter.
Phyllis R. Magrab

Professor of Pediatrics
Director, Child Development Center
Georgetown University Medical Center

Affiliation during Presidency same

Phyllis lent her tenacious organizational skills to her term as President. She firmly established a clear budgetary procedure for the Society and saw the culmination of her work with Plenum Press in the publication of the journal under the astute leadership of its editor, Don Routh.

Her own professional interests at the time had expanded from clinical and research activities with children who had chronic illnesses, such as renal disease, to public policy concerns. Her Presidential Address, *Services for Children: Challenge for the 1980's*, reflected her concern for the fragmentation of services and the need for psychologists to become involved in a family-centered, coordinated approach to care. For this, which was to become a decade of work, she received the U.S. Surgeon General's Distinguished Contribution Award for health care to children.

Phyllis views the significant achievements of the field as its responsiveness to behavioral concerns of children with special health care needs and its development of empirically based interventions. She is proud of the role of psychologists in medical settings and looks towards a future of expanded activities and impact. Phyllis feels though that the Society has a unique opportunity to become involved in broader health care issues for children and has too long remained silent or passive about such concerns. We now seem ready to take these on, and we should. Being a part of the Society and serving as its historian have been a very important aspect of her professional development and she cherishes the friendship of the colleagues she has met in the Society.
The beginning of the 1980's was characterized by pediatric psychologists demonstrating how they could effectively deliver services to pediatric populations and work with pediatricians. They continued to address related issues around the delivery of effective care to specialized populations such as chronically ill and economically disadvantaged children, both in demonstration of services and development of models.

For the Society there were the ongoing themes of survival, identity and fiscal integrity. We directed our attention to establishing by-laws and a stronger fiscal base rather than to other professional issues. As President, Dennis carried the burden of worrying about dry snacks at the social hour and began an ongoing saga. He recalls a Past President rescuing him, from the disaster of "no snacks" at the social hour and persuading a reluctant maitre d' to find some.

Many of Dennis' professional interests from that time have prevailed, including his interest in the issue of failure to thrive. Now he is somewhat more involved in questions related to research and training. He is devoted to extending the scientific base of our clinical applications and tying this to his interest in service delivery.

In looking back over the field of pediatric psychology, Dennis is very impressed with the work of John Spinetta and views Don Routh's consideration of professional issues as potent in shaping our identity.
He views our efficacy with pediatric populations as our outstanding accomplishment. Dennis cites specialized service delivery programs, comprehensive care for psychosomatic disorders, and work with anxiety management of children as ranking "up there" as our significant empirical contributions.

Dennis believes, because of current fiscal restraints and cut backs in hospitals, psychologists will require increasing ingenuity to develop effective services. "It is ironic that now, when we have the most to contribute, we may have severely restricted opportunities." He looks forward to the increasing specialization and future growth of psychology in medical settings and remains challenged by the diversity in our field. Dennis is impressed by the people he has met in the Society and is buoyed by the young talent coming into the field.
Two things had happened progressively that culminated during Gary's year as President. Gradually, and up until that point, the organization had been developing a sense of legitimacy; we had an organization that was going to survive, a journal that would flourish; we were financially viable and would attract new members. We no longer had to spend our scarce resources on new membership drives; we could now think of higher order needs. Gary saw accompanying that change an effort to better highlight ourselves as a professional entity. We did two specific things at our winter meeting in Chapel Hill. First, we devoted one evening to intensive conversations with local psychologists who came to talk about what they thought pediatric psychology was and should become. It stimulated a lot of thought. Secondly, Gary appointed a training committee that would better define us as a profession— that would consider the training sequence necessary to accomplish that. In addition, he established one of our first ad hoc committees to address professional issues.

The main trend in the field during Gary's term of office was a movement toward more academic psychology departments becoming involved in pediatric psychology. At this time most of our members were in academic, not medical school, departments. Through this trend there was more emphasis on "basic" type research. Prevention was also of growing concern and the early work on seat belts and accident prevention was just starting. The initial work on compliance and medical regimes as well as behavioral techniques for managing pain and unpleasant medical procedures were current issues that he
remembers in planning for the Society's APA symposium during his presidency.

In the ongoing story of the dry snacks— which was mostly good natured at the time - Gary recalls, "There had been a series of female Presidents and then the 'boys' (Dennis and Gary) had entered the scene - and stereotypically, of course, everyone knew the one thing the 'boys' would screw up would be the cocktail party." His goal was to prove the stereotype wrong, but alas, Carolyn Schroeder and June Tuma will go to the grave saying there were no snacks at the cocktail hour again.

In terms of his own professional interests at this time, he was starting to move into the area of autism. Prior to that he had done a lot of work in learning disabilities and mental retardation. He was trying to merge his interests in adolescents and adults with his new concern for the issues in diagnosing and treating individuals with autism. Today his work has expanded somewhat and he is not quite as involved with adolescents and adults. Employment and adaptation are of special interest to him now. He does a lot more training including international training and has become very interested in cross cultural issues.

Gary has always thought the most significant achievement of pediatric psychology has been broadening the application of psychology to work with children with handicaps. He wishes there was a neat way to define our field and describe how pediatric psychology is different from clinical child psychology. There is a large overlap, but he sees one of our main contributions as a greater flexibility of application- asking different questions and developing different treatment approaches for these populations. He feels psychologists in health related settings have to deal with other disciplines and significant time constraints for interventions; therefore, they have developed creative and innovative ways of dealing with children and families. These innovations are pediatric psychology's most important contributions.

As more academic psychologists have become interested in the field of pediatric psychology we will have established a stronger presence and legitimacy. Gary wonders about the future, though. Historically we were a small group. There was a merging of people working with children in hospitals, developmentally disabled children and children with normal childhood problems. We comfortably "lumped" those three groups together. Gary still thinks those three arenas form the heart of our profession. For the health of the Society he believes that this productive partnership is very important for every one to realize and acknowledge. He worries that whenever a group becomes increasingly more specialized as we have become there is an attempt to become "pure." Gary cautions us to remember the effectiveness of our tripartite alliance.
Defining the scope of pediatric psychology was central during Sheila's term of office. Our discussions were made most concrete by deciding what would be included in the *Handbook of Pediatric Psychology* which was in its beginning stages at that time. We were becoming more focused on child health psychology. Importantly, the definition we evolved at that time is now widely accepted, especially with the publication of this handbook last year.

During this time we were also dealing with our rapidly increasing growth in membership. The journal and the newsletter were both expanded and we received a substantial increase in program time at APA. We awarded our first student research award and were laying plans for our first outstanding faculty research award. We had developed a firmer sense of ourselves in children's medical settings, and were finally able to look beyond the issue of who we are to how we would make an impact on children’s health care.

During her term of office, Sheila's own professional interests were in behavioral assessment as it applies to pediatric psychology. She was especially interested in the development of measures of children's problems that would be quick and suitable to both the types of child problems pediatric psychologists encounter and the pace at which pediatric psychology evaluations have to be completed in busy medical settings. She is still interested in this and is working on a behavioral coding system for parent-child interactions and a teacher rating scale.

In reflecting on our accomplishments as a field, Sheila is proud of our training competent pediatric psychologists as early as the graduate
school level and of the solid literature base for our practice that we have achieved. As she looks towards the future, she sees our assessment and treatment techniques as becoming increasingly disease specific and increasingly based on empirical methods.
During Michael's term of office we were consolidating the gains that had been made. We had reached a status where we no longer had to justify our existence. Our expertise was accepted in the field of psychology and by other disciplines, we had established ourselves as a Society, and we no longer had to worry about our day to day existence. We knew that we were doing good things and we were expanding what had been built.

Money was still in the back of our minds. We raised the dues this year and were afraid of losing our members. The dues increase was to support broader activities. Michael hoped to move towards doing more visionary work at the Executive Committee meetings and to spend less time on housekeeping details. Although we did allocate some time to brainstorming at various times in the past, the time we set aside always seemed to get filled up with details. The idea of stewardship of the Society was a driving force for Michael as he carried out his presidency: steward of the fiscal resources and responsibility to the membership to make it all work.

During his term of office, Michael testified before Congress on behalf of the Society. It was a unique opportunity with APA. The Executive Committee met hurriedly in late August and Michael went home and wrote a piece on sexual abuse victims and how they should be handled. He read it aloud over Labor Day weekend to all the Executive Committee members and got their approval. His secretary met him at his office on Labor Day night, typed, xeroxed and collated while Alabama played a critical football game - all in time for Michael to testify before the Senate Subcommittee.

Michael's own professional interests at the time were in the areas of prevention, particularly prevention of injuries, and early intervention.
He published a ground breaking book on prevention with Lizette Peterson and a special issue of the journal was devoted to the topic. He still is very interested in prevention issues and injury control.

Michael sees the establishment of a literature base as one of our major accomplishments as a field. He can remember in graduate school xeroxing any article that was even remotely related to pediatric psychology and the total didn’t even fill a box. We now have books, chapters, journals, and other fields publishing our materials. He remembers the two key elements Logan Wright said we would need to endure: an organization that is viable and strong and a research literature base for what we do. We have achieved both. Today we have a literature base and methodology; we know so much more now than we did. He sees Logan Wright’s handbook and Phyllis Magrab’s two volume set as classics in the field. While we are a little more sophisticated today, these were the first summaries of what we knew and they still hold up.

Now as our journal editor he has a unique view of the literature and sees the effect of earlier grant funding from NICHD, NIH, the Robert Wood Foundation, and the Grant Foundation. The research is of high quality and increasingly more sophisticated. "It is getting to the core issues." Michael is currently involved in an exciting retrospective of the literature. Plenum Press will republish articles from past issues, called the Best of the Journal of Pediatric Psychology, and Diane Willis, Don Routh, Jerry Koocher, and Michael will select the articles.

Michael, like others before him, notes the incredible commitment of the members of the Executive Committee. He remembers when he first became a member, we paid all of our own expenses for travel. It has been that kind of devotion that has been the soul of the Society. He is impressed that after 21 years we haven’t become cynical or complacent; there still is an enormous amount of enthusiasm and openness by both the leadership and the members. He, too, reports that the "most fun part" of working for the Society is the people.

In reflecting on "the lot of children", Michael points out that we have proven we can survive a Reagan administration and we will survive a Bush administration. Although children still do not get the attention they deserve, in terms of the field of pediatric psychology itself we will continue to grow and become more sophisticated in our knowledge. This in the end may be a powerful antidote.
Dennis C. Harper

Professor of Pediatric Psychology
University of Iowa Hospital School

Affiliation during Presidency
Same

During Dennis' term of office we acknowledged a broader responsibility of the Society to child health and service development. Task forces were established to consider issues related to the hospital environment and children as well as the impact of particular medical treatments on children. We were focusing on training and curriculum development within formal training programs for pediatric psychologists as differentiated from clinical child psychology training programs and also were enhancing our professional liaison relationships with our medical colleagues.

As a Society, we finally became fiscally solvent ("a legacy of Phyllis Magrab") and we were trying to delegate and organize responsibilities more effectively. The newsletter began to move to another level with the involvement of Ron Blount.

Two main professional and scientific issues were surfacing- health prevention in children, with the work of Michael Roberts and Lizette Peterson, and the whole concept of compliance with the work of Annette LaGrecia around medical procedures with children. We kept Dennis Drota's issue of social hour snacks alive. Dennis Harper reports, "When I realized the Washington Hilton charged $10 a bowl for potato chips, I questioned the validity of dry snacks."

During this time Dennis was beginning to develop more of an interest in international and cross cultural studies of problems in health care and mental retardation. This later culminated in his research trip to Nepal in 1988. He is still concerned about psychologists in Third World countries. Currently he pursues clinical and treatment issues of children with recurring psychosomatic complaints, "belly achers" and
others.

In terms of the accomplishments of our field, he believes we have scientific data for some child health issues which is developing and maturing. We have dealt with issues of compliance, health prevention, and a maturing discipline of pediatric psychology as a viable part of the health care team. He feels we need to continue to work closely on liaison issues with our medical colleagues and focus on health care prevention with children. We must recognize a broader responsibility of the potential international impact of pediatric psychology.

Dennis reports, that the Society has allowed him to mature and foster his personal and professional development more than any other group with which he has been associated in his professional career. The colleagueal relationship of members has promoted a very positive atmosphere for both his personal and professional growth.
C. Eugene Walker

Professor and Director of
Training in Pediatric
Psychology
University of Oklahoma
Health Sciences Center

Affiliation during Presidency
Same

During his term of office, Gene hoped to enlarge the influence and network of pediatric psychology. He felt we had become too insular. He strove to have researchers and clinicians communicate with each other and the public (in both directions). He felt our thinking was not getting to the average person.

Gene's own professional interests have been in the areas of enuresis and encopresis, child abuse, and attention deficit disorders. He recognizes that there is an increased concern for working with children with AIDS- "The issue came from out of nowhere to become a very important topic."

Gene views our behavioral medicine activities as the most significant achievements and contributions of our field. He believes expansion of the area of behavioral medicine into more technology based activities such as automated testing, biofeedback or other devices of that sort lies ahead. Perhaps ultimately we will be writing prescriptions and providing more than psychotherapeutic interventions. Gene hopes we will have more effect on public social issues such as problems of parenting. "With so many two career families and single parent families, children are not getting the same degree of parental attention they used to." We have important contributions to make about parenting problems given the changing American family.
Annette saw three pressing issues during her term of office last year. The problem of pediatric AIDS has raised a host of issues important for pediatric psychologists - clinical issues on how to deal with children and families in the presence of AIDS, educational issues on how to develop packages for school age children, and research issues in terms of how to handle informed consent and confidentiality of research subjects. Based on the Society’s concern about these issues, an article was commissioned for the Journal and appeared as the lead article in March 1989. A second issue that has continued to be pressing is the implementation of P.L. 99-457 - the extension of the original P.L. 94-142 to infants and preschoolers. The implementation has been left up to individual states and many pediatric psychologists have been involved in their states. We must consider training implications for pediatric psychologists in implementing this law as well as the services needed. The third issue continues to be that of graduate training in pediatric psychology - how it should be organized. She notes the many changes that have affected our field. Continuing education must assess the challenges pediatric psychologists face in the future. Training, credentialling and licensing of pediatric psychologists must incorporate a view of the future.

During her term the reorganization of APA was considered. Although it was not voted in, the co-effect was the development of the American Psychological Society (APS). Annette says, "Our Society was and is concerned about how these developments will affect us since from our conception we have served the interests of clinical, applied, and academic psychologists. We take pride in our empirical base." At one point we were approached to affiliate with APS. Because our members have both clinical and scientific interests, Annette is concerned that we
build bridges between our diverse elements rather than polarize them. At this point she does not see it as pressing since APA is making more efforts to provide support to its scientists. But the issue on how to maintain our clinical and research foundation will persist for the Society.

Annette felt lucky to have been President when the Society was financially stable so we could reach out to do more things for our members and develop new programs. For example we are addressing research interests of our members through the suggestion of Dennis Harper to develop a research scholar award and provide a grant award to a young faculty member or student researcher. We have given the award to two graduate students for their dissertations. We also established a publications committee that is developing a series on Pediatric Psychology Advances, edited volumes with an empirical foundation. A conference in Florida on child health was sponsored by the Society and we will continue this type of activity in alternate years. Also a task force on professional interests has been established to examine issues psychologists face in medical settings as well as other professional concerns.

Annette especially noted, "It has been a wonderful experience to be President of this group." She is impressed by the expertise, the commitment to children's health care needs and the congeniality and sense of humor of the members.

Annette's own professional interests are in the area of social relations of children and the social aspects of development in children with chronic illness, particularly children with diabetes. Her Presidential Address focused on social consequences of pediatric conditions. In addition Annette is very interested in the training needs of pediatric psychologists and how we might better prepare graduate students for a career in pediatric psychology.

She believes that the significant achievements of pediatric psychology include the recognition of the importance of considering psychological and family aspects of children's illness and developing psychological intervention to promote better child health and quality of life for children affected by disease and disability. She views the future as complex and challenging. As medical science advances and raises complex ethical issues, public policy and ethical issues will be of continuing importance to pediatric psychology. This will necessitate a greater involvement in public policy and require us to be more active advocates for children in health care settings.
During Sue's term of office she has focused on the interaction or interrelationship of pediatric psychology issues with federally mandated issues and public policy. This year there has been a continued awareness that we are not a provincial group and that we have to expand our influence.

With respect to our field we are examining psychology's roles and responsibilities in hospitals - such as hospital privileges, salaries, research time, not becoming overloaded clinically, serving as primary provider without having an overseer. Sue applauds our achievements in hospitals. We are constantly gaining positions in psychiatry and pediatric departments. These disciplines are recognizing the expertise we have to offer and we are accepted as equal partners in care. For the future the care of children with AIDS will be an important area to develop both research and services and she points to members of the Society who are in the forefront.

As a Society we are considering where we can best deliver our service and provide influence. As the field of psychology becomes splintered, we must struggle with how to stay centered. For the Society she has been most interested in stimulating the development of regional meetings. This year we have had two regional meetings and a national meeting. Next year there will be four regional meetings. Sue likes stimulating grass roots individuals to come to these meetings. She feels they may not like to come APA but enjoy traveling a couple of hundred miles to meet their colleagues.

Her own professional interest is in a pressing area of social concern, sexual abuse of children. Sue is an expert in interviewing child sexual abuse victims and does research with anatomical dolls.
Sue has a humorous, special word of caution for our members. Recently she answered a letter of complaint from a woman whose name was inadvertently changed to her husband’s name. Sue responded that the same thing had happened to her and that was how she ended up as Secretary for the Society. She warned the woman of the possibility.

Sue has been the heart and soul of planning for this 21st Birthday Party. But she has been well supported—some people contributed twice for the band, some members gave money who are not coming. People are very excited about this party. It is a very solidifying event and a good rite of passage to our "adult" years.