



## The President's Message

In recent years the field of pediatric psychology has grown tremendously. We have an increasing number of evidence-based assessment tools and intervention approaches that can be used in pediatric settings to promote the health of children. However, there are significant challenges in reaching those children who may benefit most from our services.

In 2004, former SPP president Mary Jo Kupst created a Task Force on Access to Pediatric Psychology Services. I chaired that task force and was assisted by David Sandberg, Bill Rae, Cheryl Brosig, Dan Clay, and Lisa Opipari-Arrigan. The objectives of the Task Force were to: 1) obtain information on billing and reimbursement patterns for pediatric psychologists, with special attention to the use of health and behavior (HB) codes; 2) obtain information on strategies used by pediatric psychologists to improve patient access; and 3) evaluate and disseminate this information to SPP members with suggestions to improve access for patients and families.

The task force created a web-based survey and invited 33 directors of pediatric psychology programs to participate. By September of 2005, we achieved a participation rate of 75.8%. The final report is posted on Division 54's website.

### Survey Highlights

Most of the programs were based in children's hospitals (32%) or departments of pediatrics (54%) and offered a wide range of services, including outpatient therapy (72%), inpatient consultation (72%), specialty programs for headache (48%), obesity (52%), and feeding disorders (32%). Additionally, psychologists were part of interdisciplinary teams addressing diabetes (44%), pulmonary (40%), hem/onc (68%), cleft lip/palate (32%), early intervention (36%), and transplant (52%), among others. About half of psychological services were provided in the outpatient psychology clinic setting, with a quarter each being provided in the medical outpatient clinic or inpatient setting. Relatively few psychological services were provided in the primary care, community clinic, or school settings.

The majority of psychology budgets are dependent upon the generation of clinical revenues (64%). The majority (90%) of pediatric psychology programs surveyed had psychology trainees, including practicum students, interns, and fellows; in 64% of programs, billing was done when trainees see patients.

Access to services is determined in part by the referral base and by participation in HMO panels and

inclusion in contracts. The majority of referrals were generated by pediatricians with many coming directly from parents. Interestingly, only about half of programs advertised their services; 40% had a website, 28% were listed in the yellow pages, and 20% sent brochures to pediatric groups. There was little advertising directed towards schools.

The majority (81%) of programs did participate to some extent in HMO panels, but psychology was included in departmental contracts with health insurers just 57% of the time.

### Billing Affects Access

In most cases (81%), billing, including follow-up, was centralized outside of the pediatric psychology program; however, pre-authorizations were handled by an administrator working with psychology in 57% of programs. In most programs (84%) there were cases where insurance did not pay for services provided, and in 95% of these cases, the charges were written off. Common obstacles affecting reimbursement include bills not sent out in a timely manner, and incorrect diagnostic or procedure codes. Most programs (91%) did try to obtain authorizations prior to services, with 62% reporting having authorizations greater than 75% of the time. However, it is common for pediatric psychologists to provide services and then attempt to bill after the fact (67%), and 67% of programs reported providing some services that they do not seek reimbursement for at all. The majority of programs (75%) provide pro bono services to indigent patients, and Medicaid and minority patients are commonly served by pediatric psychologists. Self pay patients comprise less than 25% of patients served in 84% of programs surveyed. Inpatients comprise less than 25% of patients served in 80% of programs surveyed.

The approval of the HB codes for practice in  
(...cont'd on p. 4)



SPP President  
Alan M. Delamater, Ph.D.

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**Progress Notes** is published three times each year by The Society of Pediatric Psychology, Division 54, American Psychological Association.

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**Newsletter Deadline**

Articles for the next newsletter are due before September 1, 2007. Please send your submission to newsletter editor, Ric G. Steele at rsteele@ku.edu.



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*Janice Keener, M.A.  
Pepperdine University*

## Ask the Student Advisory Board

### Finding Training Opportunities

**A**s graduate students pursuing a career in pediatric psychology, we are often faced with the question: How can I find training opportunities in pediatric psychology during graduate school? At some points the quest may be to find clinical training experiences, at others, research opportunities, and whenever possible, a blending of the two. Depending upon a student's training program and geographic location, the search for training opportunities may progress smoothly or with frustration. The following members of the SPP Student Advisory Board offered their unique perspectives on obtaining practicum and research experiences in pediatric psychology.

Please remember that SPP student members can post their questions/comments related to this or other topics on the SPP student listserv at [spp-student@yahoogroups.com](mailto:spp-student@yahoogroups.com). Submit questions you would like to see answered in the Ask the SAB column to SPP Student Representative Amy Sato, M.S. at [spp.studentrep@gmail.com](mailto:spp.studentrep@gmail.com). We look forward to hearing from you!

**Marissa Mendoza, B.A., Texas A&M University**

Not every university is located in a large metropolis convenient to many training pediatric psychology opportunities. Networking, such as through the SPP mentoring program or at professional conferences, can be a solid route to finding such opportunities. It is important that when expressing interest in training opportunities, a graduate student indicate what she/he could bring to the training site (assessment skills, bilingual skills, etc.) This may motivate some places to create training opportunities if they could benefit from the student's skills.

Another option is to reexamine current training. A graduate student should not be afraid to initiate a practica or research opportunity because it does not seem oriented toward pediatric psychology. During my year-long middle school counseling and assessment practicum, I indicated to my supervisors my interest in chronic health conditions. This resulted in a counseling load that was 75 percent pediatric psychology. I was able to work with students with conditions such as diabetes, juvenile rheumatoid arthritis, Tourettes Syndrome, and Soto's Syndrome. I worked with other students on coping with a sibling's chronic health condition, including adjustment, family coping, treatment adherence, medication management, and how the condition affected their peers and school achievement.

**Neha Navsaria, M.A., Temple University**

It takes detective work mixed with perseverance to obtain practica in pediatric psychology. Ask professors in your current program as well as professors from your undergraduate institution for contacts in pediatric psychology. Use the Internet to research and learn more about psychology departments at local hospitals and read about faculty in those departments. Often practicum placements become available at unpredictable times due to funding opportunities, so you never know what opportunities may exist when you inquire about them.

I initially made the mistake in thinking that practica described as "research experiences" would not involve much clinical work and vice versa. However, to my surprise, I found an externship that was part of a research project for a clinical intervention, giving me research experience and clinical hours. So before you rule out a practicum placement because of its general description, take the time to find out exactly what is involved.

**Marshaun Glover, B.A., Virginia Polytechnic Institute & State University**

If you are seriously considering a career in or would like to know more about pediatric psychology, engage in research involving child health issues. I would begin by discussing this opportunity with your advisor, or someone in your department who is interested in health. Your advisor will likely know someone with whom you can collaborate. Before searching for a collaborator, it is important to think about what aspects of child health interest you. From there you will be able to better identify a collaborator by matching interests. In my experience, professors are happy to collaborate with you if they feel you have something novel to contribute to the project. In sum, if you want to launch your career in pediatric psychology, find a mentor. SPP is also a good place to find a mentor.

**Janice Keener, M.A., Pepperdine University**

As a student in a clinical psychology program, I knew early on I would need to do some homework and be persistent in order to find pediatric practica. My work at Children's Hospital of Los Angeles in the School Transition and Re-entry program helped pave the way for working in a pediatric setting. While completing my master's placement at CHLA, I was put in contact with the neuropsychology supervisor. She and I spoke at length and after I explained that my future career goals were to work in pediatrics, she said I would need to have specific pediatric assessment experience. I spent the subsequent year again at CHLA but this time in neuropsychology. Here I gained a wealth of experience assessing children with brain tumors, leukemia, brain damage due to stroke, and HIV. I also facilitated a psychosocial therapy group and took on individual therapy clients. My involvement in Division 54, specifically the Student Advisory Board, helped me understand that in order to round out my practicum experiences for internship applications, it would be beneficial for me to work in a hospital setting with a non-medical population (e.g. anxiety, Tourette's).

**Student Spotlight**

**M**ary Spagnola is a doctoral candidate in Clinical Psychology at Syracuse University and is currently completing a predoctoral internship in Pediatric and Child Clinical Psychology at Rush – Presbyterian Hospital in Chicago. She will begin a postdoctoral fellowship at the Wynne Center for Family Research at the University of Rochester Medical Center in August 2007.



*Mary Spagnola, Ph.D.*

As the recipient of a National Head Start Dissertation Scholar Award, Spagnola examined the role of family routines and rituals as protective factors for children with asthma attending Head Start. Under the mentorship of her advisor, Dr. Barbara Fiese, and other top experts in the field, Spagnola has already developed a strong background in child health, family psychology, and developmental psychopathology.

Spagnola's long-term goals include continuing to develop research programs that aim at identifying family-level factors that strengthen the social and emotional adjustment of low-income children with chronic illness. In addition, she hopes to develop family-based interventions for asthma management in toddlers and preschoolers.

**Student Awards**

**Routh Student Research Grant**

SPP has established an annual research scholar grant program for student members. Research proposals should address areas consistent with the field of pediatric psychology and must be research conducted under the supervision of a faculty advisor, including work leading to a master's or doctoral degree or independent study. Funding is available up to \$1000. Deadline for submission: **October 1, 2007.**

**Student Research Award Competition**

SPP announces its Annual Student Research Award Competition to encourage and reward quality research into issues related to pediatric psychology and health care of children. An award of \$500 will be made to the winner of the competition. All research must have been completed while the candidate was a student. The student must be the primary (first) author. Only empirical studies will be considered. Deadline for submission: **October 1, 2007.**

**Lizette Peterson-Homer Injury Prevention Grant Award**

This grant, open to students and faculty, is to provide support for research related to the prevention of injuries in children. Research proposals should focus on prevention of physical injury in children and adolescents. Funding is available up to \$1,500 and is sponsored through APA Division 54 and the American Psychological Foundation. Deadline for submission: **October 1, 2007.**

**Student Poster Awards**

Division 54 Student Poster Awards are available for students who are members of SPP and who are first author of a poster to be presented during the Division 54 poster session at the APA Convention. To apply, please forward an up-to-date version of the proposal summarizing your poster by **July 15, 2007.**

**For more information, visit [www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org).**

**Send all award applications (preferably electronically) to:**

Tonya Palermo, Ph.D.

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## JPP Special Issue Announcement

### ***Journal of Pediatric Psychology—eHealth in Pediatric Psychology***

Within the realm of pediatric psychology, eHealth refers to the use of information and communication technology in the provision of psychological interventions to children, adolescents, and families. One significant form of eHealth, Internet-based interventions, has already shown promise in a variety of studies. Although eHealth holds much promise in pediatric psychology, it remains an underdeveloped area that requires focused research efforts to realize its full potential.

This special issue will feature articles on (1) the feasibility, efficacy, and effectiveness studies of Internet interventions within pediatric populations; (2) descriptions and early testing of other technologies, particularly as they relate to behavior change and symptom improvement in pediatric populations; (3) the use of information and communication technology within the areas of assessment and measurement; and (4) establishment of guidelines, theory, and models within eHealth pediatric psychology research. Original research and review articles will be considered.

Manuscript submissions are due **February 1, 2008**. Contact the editors of the special issue, Lee Ritterband at <Leer@virginia.edu> and Tonya Palermo at <palermot@ohsu.edu> for more information. Submit manuscripts electronically through the journal's online submission website at <http://mc.manuscriptcentral.com/jpepsy> with a cover letter indicating the manuscript is for consideration for this special issue.

**For more information, visit  
[www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org)**

## The President's Message ...continued from page 1

2002 was a significant milestone for all health psychologists. These codes allow psychologists to more accurately bill for services provided to patients with a medical diagnosis, and use the patient's ICD diagnosis for billing purposes. Before these codes, psychologists used mental health procedural codes along with a psychiatric diagnosis. Thus, the HB codes have great potential for increasing the range of services provided and improving access to patients because services are paid for by physical health insurance, not the mental health insurance "carve out."

With regard to the HB codes, 65% of programs reported using them. However, the majority of billing done by pediatric psychologists was done with mental health (MH) codes, with 75% of programs reporting that less than 25% of their billing uses HB codes. If both HB and MH codes are appropriate, 65% are more likely to use MH codes, apparently due to a perceived better chance of reimbursement. Reimbursement of the HB codes remains a significant issue for professional psychology, as it still occurs infrequently, and when it does occur, payment is substantially less than charges. The main barriers for using HB codes seem to be having better reimbursement with MH codes, not wanting patients stuck with charges if insurance does not pay, or not having administrative experience with using the HB codes. For those programs successfully using the HB codes, outreach to local insurers was used by most programs. HB codes are not commonly used with Medicaid patients and this remains a significant issue for pediatric psychologists who often provide services to these patients. The key point here is that we must continue to use the HB codes, as these most accurately reflect the services we provide.

Pediatric psychology directors generated a number of strategies for improving access to psychological services, including hiring more psychologists and increasing the number of trainees; coordinating psychology appointments with medical appointments; having a presence at medical team meetings; participating on interdisciplinary teams; communicating with referral sources; educating physicians about services;

working proactively with contracting personnel to increase participation and improve benefits; and obtaining external funding to support clinical services. Barriers to access included billing problems; not having enough psychologists to meet demand for services; not getting rapid authorizations for services; and lack of knowledge by physicians regarding services.

### **Reimbursement (or the lack of it) Affects Access**

In order to improve reimbursement, the following strategies were reported: meetings with billing staff to discuss pre-authorization procedures and use of HB codes; more frequent use of HB codes; having a staff person work with insurance companies to educate them about billing for psychological services; more timely authorization and billing; and correcting billing errors. The main barriers identified focused on billing, including: not having HB codes approved by insurers; managed care companies that restrict services; lack of communication between psychologists and those staff who negotiate contracts; billing staff not being educated about psychological billing codes; not being able to bill for inpatient consult services; and getting authorizations for same-day services.

A number of excellent suggestions were offered concerning what SPP can do to promote access and reimbursement for pediatric psychology services, including: advocating for HB codes to be adopted by private insurers and Medicaid; increasing the Medicaid reimbursement rates; continuing to promote pediatric psychology; advocating for doctoral and post-doctoral trainees being legitimate providers that can bill under supervision; stimulating research on the cost effectiveness of pediatric psychology services; communicating with members about successful strategies; and holding workshops or seminars at national meetings to disseminate information.

We have an excellent program at this year's APA convention. Make plans now to attend. See you in San Francisco!

## The Great Lakes Regional Conference on Child Health: 20<sup>th</sup> Anniversary

On April 26-28, 2007, Cincinnati Children's Hospital Medical Center hosted the Great Lakes Regional Conference on Child Health, marking its 20<sup>th</sup> anniversary. Established in 1987 by Sue White, Terry Stancin, Denny Drotar, Tom Linscheid, and Don Friedheim, the meeting was conceptualized as an opportunity for psychologists to get together in a smaller setting than APA, and more importantly, as an opportunity for students to meet with leaders in the field and to practice presentation skills in a friendly environment.

There is no formal mechanism for handing off the responsibility of hosting the event; yet every other year a site steps up to the task and holds a stellar conference. Buffalo, Detroit, Cincinnati, Cleveland, Columbus, Louisville, Milwaukee, and Toronto have each hosted the conference since its inception.



*Conf. organizers L to R: Sue White, Tom Linscheid, Terry Stancin, Denny Drotar*

This year CCHMC upheld the high standards for excellence that its predecessors have set. Workshops and symposia reflected the interests and ongoing research of the field, including caregiver functioning, adherence, quality of life, as well as more general topics in child health. Addresses by Kenneth Tercyak, Gurjit Kurana-Hershey, and Tracy Glauser identified new opportunities for psychologists in genomic and personalized medicine. Another highlight was the tribute to Tom Linscheid.

The next conference will be in April 2009. Cites interested in hosting the event should contact SPP President-elect Lori Stark for more information.

## SPP in San Francisco August 17-20, 2007

By Kevin A. Hommel, Ph.D.  
Division 54, 2007 Program Chair

San Francisco, one of our nation's most beautiful cities, will host the 115<sup>th</sup> APA convention. SPP has an exciting program of symposia, discussions, paper presentations, and poster presentations planned for this year's convention. Division 54 programming will begin on Friday and run through Sunday, leaving time on Monday to attend other convention activities, explore the bay area, or get an early start on your way home.

There are several outstanding aspects of this year's program. We will have three paper sessions focused on contemporary issues in pediatric psychology, family, community, and primary care, and adolescent issues in pediatric psychology. Each of these sessions will offer presentations on exciting research in these areas. We also have a discussion session focused on research and clinical opportunities for pediatric psychologists in intersexuality health care, which will highlight an emerging area in our field. There will also be a variety of research symposia on topics such as the history of pediatric psychology, current research on adolescent cancer, family functioning in adolescent chronic illness, bone marrow transplantation and infant psychosocial development, pediatric populations transitioning to adulthood, and treatment of overweight in diverse pediatric patients. Each of these symposia is sure to provide a lot of information and opportunity for discussion. Also, be sure to attend the presidential address and awards ceremony on Saturday. And last, but certainly not least, we have a great poster session planned for Saturday afternoon that will highlight diverse areas of research in the field of pediatric psychology.

Continuing education (CE) credit will be offered for certain presentations; check the final APA program for CE sessions offered through Division 54.

As in previous years, Division 54 and Division 53 have partnered for the annual Social Hour and Internships/Fellowships on Parade on Saturday at 6 p.m. This is an excellent opportunity for students to network and gather information on internships and postdoctoral fellowships in child clinical and pediatric psychology. In addition, our Hospitality Suite will be offering several informal discussions and presentations that should interest both students and professionals. This forum gives individuals the opportunity to discuss pertinent pediatric psychology issues in an informal setting. Refreshments will be available to attendees.

This convention promises to provide a variety of stimulating presentations, interaction with colleagues across the country, access to excellent museums, nightlife, shopping, and cuisine.

Finally, the Program Committee would like to thank the following individuals who served as reviewers for proposals submitted to Division 54:

Ahna Pai, Ph.D.	Judith McCullough, Ph.D.
David Janicke, Ph.D.	Rachel Tunick, Ph.D.
Janelle Wagner, Ph.D.	Marc Blumberg, Ph.D.
Larry Mullins, Ph.D.	Erika Brady, Ph.D.
Dennis Drotar, Ph.D.	Susannah Allison, Ph.D.
Scott Powers, Ph.D.	Chiara Baxt, Ph.D.
Susana Patton, Ph.D.	Monica Dowling, Ph.D.
Nataliya Zelikovsky, Ph.D.	Debra Lefkowitz, Psy.D.
Jennifer Schurman, Ph.D.	Dierdre Logan, Ph.D.
Melissa Alderfer, Ph.D.	Tanya Diver, Ph.D.
Lisa Meltzer, Ph.D.	Rose Alvarez-Salvat, Ph.D.

See you all in San Francisco this August!



# 2007 Division 53/54 Program

Friday, August 17, 2007				
	8–9 am	9–10 am	10 am–12 pm	12–2 pm
<b>Division 53</b>	*Symposium: <b>What's Hot in Evidence-Based Treatment of Externalizing Problems?</b> Cochairs: Stephen Hinshaw, Martha Wadsworth Meeting Rooms 202/204/206		* Symposium: <b>Child Trauma and Resilience—Emerging Models at the Intersection of Practice and Theory</b> Chair: Yo Jackson Meeting Room 2014	Poster Sessions: <b>Psychological Assessment of Children and Adolescents</b> I—Understanding Behavior and Adjustment II—Measuring Cognitive Abilities and Intelligence Halls ABC
<b>Division 54</b>		Paper Session: <b>Contemporary Issues in Pediatric Psychology</b> Authors: Tiffany Chenneville, Jennifer Schurman, Erica Montague Meeting Room 2014	*Symposium: <b>Current Research on Adolescent Cancer—Psychological Functioning, Resilience, and Adaptation</b> Chair: Marilyn Stern Meeting Room 3005	
<b>Hospitality Suite</b>				

Saturday, August 18, 2007					
	8–9 am	9–10 am	10–11 am	11am–12 pm	12–1 pm
<b>Division 53</b>	*Symposium: <b>Meeting the Mental Health Needs of Children in Poverty</b> Cochairs: Patrick Tolan, Martha Wadsworth Meeting Room 2016			Poster Session: <b>Internalizing Disorders, Social Functioning, and Development</b> Halls ABC	
<b>Division 54</b>		Symposium: <b>Family Functioning During Adolescence in Chronic Illness and Recovery Contexts</b> Cochairs: Jorie Bulter, Cynthia Berg Meeting Room 3006	Presidential Address: <b>Alan Delamater</b> Hilton San Francisco Plaza Room B	Business Meeting/ Awards Ceremony: <b>Alan Delamater</b> Hilton San Francisco Hotel Plaza Room B	
<b>Hospitality Suite</b>					<b>SPP Student Board Meeting</b> Hilton San Francisco

Sunday, Aug 19, 2007					
	8–9 am	9–10 am	10–11 am	11 am–12 pm	12–2 pm
<b>Division 53</b>	Executive Committee Meeting San Francisco Marriott Hotel Sierra Conf Suite H		* Symposium: <b>Treatment of Youth Depression–Early Gains and Change Mechanisms</b> Cochairs: Joel Sherrill, Robin Weersing Meeting Room 3006		* Symposium: <b>What’s Hot in Psychotherapy? Implications for Practice</b> Chair: Anne Garland Meeting Room 3006
<b>Division 54</b>		Symposium: <b>Pediatric Populations Transitioning to Adulthood–Current Research and Clinical Implications</b> Chair: Lisa Schwartz Meeting Room 307		Paper Session: <b>Adolescent Issues in Pediatric Psychology</b> Authors: Jill Harris, Laura Howe-Martin, Melissa Gerstle Meeting Room 3010	*Symposium: <b>Evidence-Based Treatment of Childhood Overweight in Culturally Diverse Children</b> Cochairs: Ric Steele, Ellen Hebl Meeting Room 3007
<b>Hospitality Suite</b>					

Monday, August 20, 2007			
	8–10 am	9–11 am	11am–1 pm
<b>Division 53</b>	Symposium: <b>Psychological Treatment for Depression in Puerto Rican Adolescents</b> Chair: Guillermo Bernal Meeting Room 3006	* Symposium: <b>Spanning Prevention Through Treatment—Comprehensive Eating Disorder Interventions for Youth</b> Cochairs: Joel Sherrill, Denise Wilfley Meeting Room 307	* Symposium: <b>Evidence-Based Assessment and Acculturation in Culturally Diverse Children</b> Cochairs: Yo Jackson, Michael Gomez Meeting Room 212

# Programming in San Francisco

**August 17, 2007**

	1–3 pm	3–4 pm	4–7 pm	7–8 pm
Division of Substantive Programs	* Symposium: <b>Coping with Deluge– Implementation of a School-Based Mental Health Program: Post-Katrina</b> Chair: Daliah Bauer Meeting Room 3003	Symposium: <b>Consider Your Options–A Tour of Career Paths for the Clinical Psychologist</b> Co-chairs: Yo Jackson, Julie Kotler Meeting Room 2020		
	*Symposium: <b>Living History of Pediatric Psychology</b> Chair: Diane Willis Meeting Room 2022	*Discussion: <b>Intersexuality Care in a State of Flux–Research and Clinical Opportunities</b> Chair: Nabil Hassan El-Ghoroury Meeting room 2014	Exec. Committee Meeting Hilton San Fran Hotel Pacific Conf Suite A	
				Social Hour: <b>Meet the Board</b> Hilton San Francisco

**August 18, 2007**

2–3 pm	3–4 pm	4–5 pm	5–6 pm	6–8 pm
Invited Address: <b>Early And Distinguished Career Awards:</b> Philip Kendall Meeting Room 3006	Presidential Address: <b>Elizabeth McCauley</b> Meeting Room 309	Business Meeting <b>Elizabeth McCauley</b> Meeting Room 309		Social Hour: <b>Internships on Parade</b> San Fran Marriott Hotel Club Room
Poster Session Hall ABC		Paper Session: <b>Family, Community, and Primary-Care Approaches</b> Co-chairs: David Schwebel, Emma Meyler, Jenn Leiferman Meeting room 2003	Symposium: <b>Evolution of Research–Effects of BMT on Infant Psychosocial Development</b> Chair: Mary Crittenden Meeting Rooms 228/230	

**August 19, 2007**

	2–3 pm	3–4 pm	4–5 pm	5–7 pm
happening in Usual Care Applications for EBP Translation	Poster Session: <b>Externalizing Disorders, Family Issues, Treatment, and Coping</b> Halls ABC			
Based Treatment of Pediatric Diverse Populations Issa Jelalian				Editorial Board Meeting: <b>Journal of Pediatric Psychology</b> San Fran Marriott Hotel Pacific Conf Suite H
		Round Table Discussion: <b>Steps to Becoming a Pediatric Psychologist</b> Hilton San Francisco Hotel	Joint Social Hour with Division 37 Hilton San Fran Hotel	

## KEY

Division 54 Substantive Programming	
Division 54 Non-substantive Programming	

Division 53 Substantive Programming	
Division 53 Non-substantive Programming	

All sessions take place in the  
Moscone Convention Center  
unless otherwise indicated.

\* indicates CEUs are offered

## 2007 Division 54 Award Winners

### Martin P. Levin Mentorship Award



Sharon Berry, Ph.D.

The Martin P. Levin Mentorship Award is given to **Sharon Berry, Ph.D.** This award, sponsored by SPP and the Levin Foundation, honors pediatric psychology faculty who mentor students in an exemplary way, providing professional advice and guidance through various graduate program phases.

Berry has been director of Training at Children's Hospital and Clinics in Minneapolis, Minnesota for ten years and has been recognized by APPIC and APA for her work on behalf of psychology training. Sharon initiated Division 54's Mentorship Project, an initiative that matches trainees and mentors nationally and has received well deserved national recognition for its innovation and success in supporting professional development.

### Logan Wright Distinguished Research Award



Barbara Morrongiello, Ph.D.

The Logan Wright Distinguished Research Award is given to **Barbara Morrongiello, Ph.D.** This award recognizes excellence and significant contributions in establishing the scientific base of pediatric psychology.

Morrongiello is a professor in the Department of Psychology at the University of Guelph in Ontario, Canada. Widely cited in the child health literature, she is known for her work on determinants of child injury, parental attitudes towards injury prevention, and children's knowledge about safety and related measurement issues.

Morrongiello's work has been funded by national groups in Canada and the United States. She is a prolific author, with over 90 peer-reviewed papers. A member of the Canadian Academy of Health Sciences, Morrongiello also works closely with the media to assure that the public health significance of her work reaches a breadth of audiences.

### Lee Salk Distinguished Service Award



Donald Wertlieb, Ph.D.

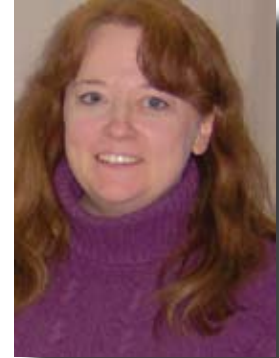
The Lee Salk Distinguished Service Award was given to **Donald Wertlieb, Ph.D.** This award recognizes service to the field of pediatric psychology, including public or political advocacy or leadership.

Wertlieb is a professor in the Eliot-Pearson Department of Child Study at Tufts University, where he has worked for nearly 30 years.

Wertlieb's contributions to pediatric psychology are many, reflecting depth and breadth of involvement in the field, across teaching, research, clinical service, and involvement in policy and advocacy work.

Wertlieb's work bridges developmental, clinical, and community psychology. Throughout these areas he is devoted to applying clinically significant research for practice and advocacy on behalf of children and families.

### Routh Early Career Award in Pediatric Psychology



Melissa Alderfer, Ph.D.

The Routh Early Career Award in Pediatric Psychology was awarded to **Melissa Alderfer, Ph.D.** This award recognizes significant contributions to the field of pediatric psychology in research, clinical training, and/or service during the early following completion of training.

Alderfer is an assistant professor in the Department of Pediatrics at the University of Pennsylvania and an attending psychologist in the Division of Oncology at The Children's Hospital of Philadelphia (CHOP).

Alderfer has established a program of research focused on the siblings of children with cancer, and has received support for her work from the American Cancer Society and the National Cancer Institute.

Alderfer is also active in SPP as the chair of the Family Measures Committee of the Task Force on Evidence-Based Assessment and an editorial board member of the *Journal of Pediatric Psychology*.

At CHOP, she serves as fellowship director for the Department of Psychology.

## Notes from the 2007 National Multicultural Summit

by Nabil Hassan El-Ghoroury, Ph.D.  
MetroHealth Medical Center  
Department of Pediatrics, Case School of Medicine

In August of 2006 the SPP board voted to become a co-sponsor of the 2007 National Multicultural Summit (NMCS). This was an important step in demonstrating the Society's commitment to promoting diversity. As chair of SPP's Diversity Committee, I attended NMCS to discover what pediatric psychologists can learn from arguably the most diverse group of psychologists in one meeting. The lessons learned from NMCS can be summarized into three distinct areas: experiential components, practical clinical strategies, and suggestions for clinical research.

Much of the meeting was experiential in nature. For example, Dr. Melba Vazquez, a noted expert in Latino/a issues, discussed the role of conflict between different groups. One message from her presentation was the importance of considering how professionals' behaviors or statements can be perceived as prejudicial or hurtful, despite no intention of harm on the part of the professional. The take home message was to be conscious of one's behavior, acknowledge that missteps do occur, and address these instances appropriately as they occur.

In various presentations, speakers discussed their experiences working with diverse populations. Two early-career psychologists discussed their experiences working on a Crow reservation during their rotation on their clinical internship. They described how one patient would say he would come on "Thursday," but would not specify which Thursday, or when on Thursday he would come. The critical lessons for pediatric psychologists were to acknowledge and recognize how cultural variables might affect the clinical process or individual's experiences in the health care system.

A second set of presentations focused on concrete actions that clinicians can take to enhance their clinical practices. One psychologist described her outreach efforts within the Chinese-American community in southern California. She described engaging in various outreach projects, including speaking to community groups, writing an English column in a local Chinese newspaper, and agreeing to interviews in local media. Through these strategies, she was able to increase mental health access to a population that often underutilizes psychological services.

In addition to suggestions for practitioners, suggestions were offered for increasing ethnic minority participation in clinical research. One researcher described her struggles with recruiting African-American participants. To successfully recruit a sample, she collaborated with ethnic minority primary care physicians, particularly those in urban based community clinics. She also described how targeting important community leaders (e.g. pastors, social service agencies, school leaders) and hiring a project manager from the community contributed to increased recruitment.

As a pediatric psychologist, I would have preferred more programming on children's issues. However, many of the presentations provided information relevant to pediatric psychological practice. I would encourage pediatric psychologists conducting innovative work (research or clinical practice) to consider presenting their work at the next NMCS in 2009. Attending the NMCS is a great way to learn more about diversity issues.



N. Hassan El-Ghoroury, Ph.D.

## Notes from the 8<sup>th</sup> World Conference on Injury Prevention and Safety Promotion

by David C. Schwebel, Ph.D.  
Department of Psychology  
University of Alabama at Birmingham

Injuries kill more American children than the next 20 causes of death combined. This statistic alone is stunning. But the rate of pediatric injury in most of the developing world is 20, 30, and even 50 times higher than the rate of pediatric injury in the United States. Clearly, unintentional injury is an international public health problem, and it is also a problem that scholars worldwide are addressing.

I'm pleased to report on my recent travels to South Africa, where I represented SPP at the 8<sup>th</sup> World Conference on Injury Prevention and Safety Promotion in Durban, South Africa. The biennial conference, which is supervised by the World Health Organization, attracted around 1,500 injury scientists from around the world. I also attended the smaller post-conference of the International Society for Child and Adolescent Injury Prevention.

### Personal Experiences

I learned some exotic lessons, such as discovering the risks of camel injuries in the United Arab Emirates and the challenges of controlling unruly adolescent bicyclists on the roads of Cuba. But most lessons were universal. Complex issues in parent supervision, child risk-taking, and environmental safety are common. Science-based solutions must be shared, and international conferences provide one venue for such sharing.

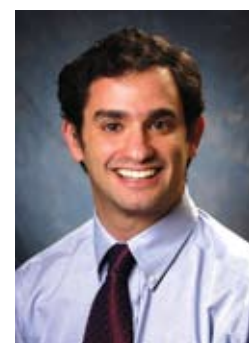
Beyond education, personal growth, and a new appreciation for the ongoing challenges of racial integration in South Africa, I developed collaborations with researchers across the globe. A collaboration with an Iranian pediatrician yielded a manuscript on alternative-medicine headache treatment. Through another collaboration with a South African non-profit agency, I'll pilot an educational program developed to prevent kerosene-related burns and poisonings to children in low-income Cape Town communities.

### Trip Implications

SPP gained exposure from my trip. I mentioned SPP and the *Journal of Pediatric Psychology* broadly during the many social opportunities at the conference.

I also fostered a partnership with a like-minded international society, the International Society for Child and Adolescent Injury Prevention (ISCAIP). ISCAIP and SPP board members have initiated discussions concerning ways to jointly promote our missions, and partner to benefit both societies.

Without a doubt, the future of pediatric psychology goes beyond our national borders. And who knows? Perhaps we can look forward to the SPP-sponsored 2016 (or so) International Child Health Conference in Durban (or Auckland, Madrid, Tokyo??).



David Schwebel, Ph.D.

PHOTO CREDIT: Steven Wood, UAB Media Service

## Opportunities Announcements

### Save the Date

### 2008 National Conference on Child Health Psychology

April 10–12, 2008  
Miami Beach, Florida



The Society of Pediatric Psychology, along with the departments of psychology and pediatrics at the University of Miami, will sponsor the **2008 National Conference on Child Health Psychology**. The conference will take place at the Miami Beach Resort and Spa. Visit the hotel online at [www.miamibeachresortandspa.com](http://www.miamibeachresortandspa.com).

The program will include plenary presentations by topic chairs as well as a keynote address, oral presentations, student-oriented programming, and several poster sessions. Specific conference themes include: Community and School-based Interventions in Child Health Psychology, Evidence-Based Approaches to Assessment in Pediatric Psychology, Evaluating and Treating Trauma in Pediatric Settings, and Motivational Interviewing: Applications to Child Health Psychology. Dr. Donna Shalala, former U.S. Secretary of Health and Human Services, will present the keynote address on public policy and child health.

Poster and oral presentations on any topic related to child health psychology are welcome, especially those related to the conference themes. Submission deadline is 10/15/07.

Visit [www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org) or UM Psychology at [www.psy.miami.edu/announcements.html](http://www.psy.miami.edu/announcements.html) for periodic updates and information. CEU credits for psychologists will be available.

### Become a Division 54 Fellow

SPP members are encouraged to consider becoming a candidate for Fellow of Division 54. Fellow status reflects recognition by colleagues and the APA of extraordinary contributions to our discipline.

Criteria include having a national impact on psychology, sustained contributions to pediatric psychology for more than five years, distinctive contributions to pediatric psychology that are recognized by others as excellent, and contributions whose impact extends beyond the immediate work setting. Areas of unusual and outstanding contributions include research, teaching, administration, professional service, and practice.

Currently, there are 69 Fellows in the Division. Submit completed materials no later than November 15, 2007 for the next cycle. Applications are then reviewed by the SPP Fellows Committee, and if the review is positive, the Fellows Chair forwards supporting materials to the APA Membership Committee in February. The APA Membership Committee then decides whether to endorse the application and, if so, forwards it to the Board of Directors and Council of Representatives for a vote at the annual meeting.

To obtain a Fellow application packet, contact Marti Hagan at [<PedPsychol@aol.com>](mailto:PedPsychol@aol.com).

### JPP Editor Progress Report

#### New Submissions

Through April 25, 2007, our new editorial team has received 77 new manuscripts. Dispositions have been made for 42 of these, which have included 21 rejections, 19 revise and resubmits, and 2 acceptances. A total of 152 submissions have been received since the beginning of the year. This includes resubmissions on previously submitted manuscripts.

The mean turn around time from submission to response letter to author for all submissions from Jan 1 to April 25 is 28.6 days. There have been a series of unforeseen but significant problems with the transition to the new version of ScholarOne's Manuscript Central system at Oxford that we are working through. If you experience any problems, contact editorial assistant Susan Wood at [<susan.wood@uhhospitals.org>](mailto:susan.wood@uhhospitals.org).

#### New Junior Reviewers Mentoring Program Update

Special thanks to the new junior reviewers' mentoring program volunteers. Thus far, we have matched a total of 40 mentees with 39 mentors and will monitor the program to see how it is working. If you are interested in joining the program, please email your contact information and several key words reflecting your interests to Susan Wood.

#### Guidelines for Authors and Reviewers

Please consult the new guidelines for authors and reviewers on the JPP website at <http://jpepsy.oxfordjournals.org>.

#### Editorial Board Restructuring Plan

As you may know, changes in editorial boards are typical. Upon review and in consultation with our associate editors, I have decided to make a significant change in the editorial board for 2008. This will involve an appointment of a new editorial board to serve a term of three years with an option for reappointment. A primary reason for this change is our interest in giving editorial board opportunities to those who have reviewed frequently and competently as ad hoc reviewers. Priority will also be given to those who were more recently appointed as board members and those who review most frequently for JPP. Finally, we will also assure that the board continues to reflect a diversity of research interests, as well as race, ethnicity, gender, seniority, and professional discipline.

#### Special Sections and Priority Areas

A reminder that we are accepting manuscripts on an ongoing basis for the following special sections, each of which reflects priority areas: methodology, review articles, including meta analyses, case reports and series, RCTs, culture and ethnicity, prevention science, e-health and information technology, and family influences and adaptation.

I extend my personal thanks to the extraordinary work of our reviewers and managing editors who sustain JPP's tradition of excellence. Please let me know if you have comments, suggestions, and yes – complaints. Eventually, complaints may go to a designated “complaint editor.” But for now, send them to me.



Denny Drotar, Ph.D.  
JPP Editor

## Accessing Member Services

- **Join the listserv** Send a message to <listserv@lists.apa.org>. Leave the subject line blank and in the body of e-mail, type "SubscribeDiv54-members@lists.apa.org" then type your first and last name (without using the quotes).
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- **Change your e-mail address or for problems using the listserv** Send an e-mail to Lindsey Cohen at <llcohen@gsu.edu>.
- **Access the Journal of Pediatric Psychology online** Go to <http://jpepsy.oxfordjournals.org> and type user name and password in spaces provided.
- **Access SPP's free CE program** Go to <http://jpepsy.oxfordjournals.org>.
- **Check your membership status, change your contact information, or to ask about SPP programs and services** Send an e-mail to <PedPsychol@aol.com>.
- **Join the online member directory** Send e-mail to <PedPsychol@aol.com> and ask for the online directory registration form.
- **Make changes to your online member directory listing** Send an e-mail to <PedPsychol@aol.com>.
- **Join the student listserv** Go to [www.geocities.com/sppstudent](http://www.geocities.com/sppstudent).
- **Change your student listserv membership** Send an e-mail to <SPP.StudentRep@gmail.com>.
- **Read past newsletter issues** Visit [www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org).
- **Visit the Society of Pediatric Psychology online** Go to [www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org).



# Society of Pediatric Psychology

## Division 54, American Psychological Association

2007 Membership Application Form

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Dues PAID

**Routh Award Endowment Fund:** Named in honor of its primary benefactor, this permanent fund provides grants and awards consistent with the purposes of the society. **Voluntary contribution**

**TOTAL U.S. FUNDS (Checks made payable to Society of Pediatric Psychology)**

### Return this form with payment to:

Carolyn Ievers-Landis, Ph.D., Treasurer  
 Society of Pediatric Psychology  
 P.O. Box 170231  
 Atlanta, GA 30317

### Dues Category (check one box)

- \$45 ☐ APA Member ☐ APA Affiliate\*  
 \$45 ☐ Psychologist, not member of APA  
 \$45 ☐ Physician  
 \$45 ☐ Allied professional at or below doctoral level  
 \$30 ☐ Fully retired  
 \$20 ☐ Actively enrolled psychology student (undergraduate, graduate, or post-doctoral training)

Faculty signature \_\_\_\_\_

\*If you are a student affiliate of APA, you are eligible to join SPP at the student rate.

### Payment Method

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**Encourage a colleague to join!**



**Society  
of Pediatric  
Psychology**

**Vision Statement**

*Pediatric psychology is an integrated field of science and practice in which the principles of psychology are applied within the context of pediatric health.*

*The field aims to promote the health and development of children, adolescents, and their families through use of evidence-based methods.*

*Founded in 1969, the field has broad interdisciplinary theoretical underpinnings and draws from clinical, developmental, social, cognitive, behavioral, counseling, community and school psychology.*

*Areas of expertise within the field include, but are not limited to: psychosocial, developmental and contextual factors contributing to the etiology, course and outcome of pediatric medical conditions; assessment and treatment of behavioral and emotional concomitants of illness, injury, and developmental disorders; prevention of illness and injury; promotion of health and health-related behaviors; education, training and mentoring of psychologists and providers of medical care; improvement of health care delivery systems and advocacy for public policy that serves the needs of children, adolescents, and their families.*

*Approved, August 10, 2006*

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