



The President's Message

National Conference in Pediatric Psychology

On behalf of the more than 500 attendees at our San Antonio conference, I want to express appreciation to Michael Roberts, Ric Steele, their planning committee, and the University of Kansas crew for a first-rate gathering. Photos elsewhere in this issue recount some of the excellent programs and posters. San Antonio provided a fantastic setting for food and fun as the end of Fiesta Week coincided with our program. It seems quite clear that such small, focused meetings offer a level of depth, quality, and socialization opportunities impossible at massive national meetings. Most of us left looking forward to the 2013 conference in New Orleans.

Educate Policy Makers on the Importance of Health Care

As we move further into the national budget debate, I encourage all of our members to focus on the need to educate policy makers regarding the implications of President Obama's Patient Protection and Affordable Care Act (PPACA) for pediatric patients and their families. Families can now get better access to health care and have more freedom from insurance abuses (e.g., denials of coverage to children with pre-existing chronic health problems). Research has documented how helping children get a healthy start in life prepares them for resilience and academic success. Pediatric psychologists have demonstrated the benefits of promoting prevention, wellness, and integrated behavioral health care services for families. We also understand the critical need to build a health care workforce that fully integrates behavioral health for children at all levels of patient acuity.

Our students and more senior colleagues have prepared well for these needs. I saw panel and poster presentations in San Antonio dealing with quality-of-life assessment, non-adherence, family stress, pain control, and multicultural care delivery – to name but a few of the key areas of recent progress in pediatric psychology. However, we need to take the next step and begin to carry the message to policy makers. Decreases in research and training funds, cuts in student loan programs, and rhetoric about “rolling back” or “defunding” the PPACA all pose significant threats to our continued progress.

I urge you to consider becoming more personally involved in educating society's leaders and the public regarding the importance of quality health care that integrates behavioral and biomedical practice in

high-quality, patient-centered programs. You can tackle this in several ways starting at the level of patient care and progressing to direct advocacy.

- Get involved with health centers in your community and help assure that patients served there have optimal access to behavioral health services.
- Consider theses, dissertations, and research projects that address interventions and measurements focused on health outcomes and quality of life for those confronting chronic health conditions.
- Get to know your legislators, particularly members of congress, and make sure they know about the good work going on in their district, especially when supported by Federal funding. Has your research, education, or training benefitted from government support? Do some of your patients get better care as a result of coverage not previously available? Such stories can prove powerful in influencing future voting behavior.
- Consider spending a year consulting to a member of congress. APA and the American Psychological Foundation have funding dedicated for Congressional Science Fellows with special attention to health and child health policy.

These are just a few of the ways you can turn your passion for pediatric psychology into a powerful source of influence radiating well beyond your classroom, office, or clinic.



Gerald P. Koocher, Ph.D.

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Newsletter Editor

David M. Janicke, Ph.D.
Department of Clinical
& Health Psychology
Department of Pediatrics
University of Florida
101 S. Newell Dr. #3151
Gainesville, FL 32611
djanicke@phhp.ufl.edu

**Associate Editor/
Webmaster**

Heather Lehmkuhl, Ph.D.
Nationwide Children's Hosp.
700 Children's Drive
Columbus, OH 43205
heather.lehmkuhl@
nationwidechildrens.org

**Administrative Officer
Database Manager**

Karen Roberts
PO Box 3968
Lawrence, KS 66046
APAdiv54@gmail.com

**Newsletter Design,
Editing, and Production**

Firefly Communications
& Design, LLC
Iowa City, Iowa
info@fireflyllc.com

Newsletter Deadline

Articles for the next newsletter are due before September 15, 2011. Please send your submission to newsletter editor, David M. Janicke, Ph.D. at djanicke@phhp.ufl.edu.

Journal of Pediatric Psychology Highlights

The number of *JPP* submissions for the first third of the year through April 30, 2011 was 75. Submissions are about on the same pace as last year but down from previous years—it is a good time to submit to *JPP*. During this period, the average time to editorial decision for the initial submission was 27 days.

Other highlights include: a special section on Health Care Transitions of Adolescents and Young Adults with Pediatric Chronic Conditions edited by Ahna Pai and Lisa Schwartz was published in Issue #2 (2011). A special issue on Family Assessment edited by Lamia Barakat and Melissa Alderfer is due out in June (Issue #5). A special section on Rural Health in Pediatric Psychology edited by David Janicke and Ann Davis will be out in July in Issue #6. Other special issues in progress include Families, Culture, and Health edited by Beth McQuaid and Lamia Barakat; Training in Pediatric Psychology (Denny Drotar and the associate editors); and Outcomes of CNS Disorders (Denny Drotar, Dean Beebe, and Glen Aylward).

We would like to call your attention to a new feature in *JPP*: Easy access to recent article collections. To help authors identify and access recent *JPP* article collections that are relevant to their work, we have developed a new feature on the *JPP* homepage. Authors can go directly to <http://jpepsy.oxfordjournals.org/cgi/collection>. Alternatively, from the *JPP* homepage: <http://jpepsy.oxfordjournals.org/>, click: View the Collection, which will allow access to view and download collections of recent articles (2010-2011) in a number of content areas such as: editorial guidance for authors / reviewers, ongoing sections (e.g., prevention, diversity / health care disparities, etc.), and selected content areas (e.g., pediatric pain). We hope that this new feature is helpful to you.

We had a lively Editorial Board meeting at the National Conference that included discussion of ways to reduce *JPP* review burdens on authors and enhance more effective dialogue among authors, reviewers, and managing editors.



Denny Drotar, Ph.D.
JPP Editor

As you may know, Grayson Holmbeck was selected as *JPP*'s new editor. We are privileged to have a scholar of his stature take over the leadership and carry on our outstanding tradition. Grayson and his team will begin reviewing new manuscripts Jan. 1, 2012. Our group will complete reviews of all manuscripts submitted in 2011 and remain on the *JPP* masthead through Dec. 2012. Susan Wood, who has done an outstanding job, will remain as editorial assistant.

Tribute to Mary Jo Kupst



Mary Jo Kupst, Ph.D.

including past president of Division 54, past co-chair of the Children's Oncology Group Psychology Committee, past co-chair of the Alliance for Childhood Cancer, and chair of the Human Research Review Board at Children's Hospital.

Kupst was one of the first to study coping in childhood cancer and is an expert on ways to enhance pa-

Congratulations to Dr. Mary Jo Kupst on her July retirement from the Medical College and Children's Hospital of Wisconsin, where she is a professor of Pediatrics and director of Pediatric Psychology.

Kupst has served many important roles in both the pediatrics and psychology worlds,

rental support for children with cancer. She has held research grants from all major funding groups exploring the cognitive and psychosocial adaptation of stem cell transplant patients as well as the social functioning of children with brain tumors. She was a member of the team that developed the NIH Toolbox for Assessment of Neurological and Behavioral Function.

An extremely dedicated and selfless teacher, Kupst has nurtured several generations of psychology graduate students and postdocs for whom she served as a model of the clinician-researcher.

She is also highly regarded by her hematology-oncology colleagues for her empathic understanding and down-to-earth rendering of the psychological status and needs of patients in their care. Her humility, dry humor and wit, clarity of understanding and connection to patients and families, deep ethical sense and trustworthiness in generously carrying out professional responsibilities will be missed throughout the world of pediatric psychology. We wish Mary Jo well in her next adventure.

2011 Division 54 Award Winners

Martin P. Levin Mentorship Award



Scott Powers, Ph.D.

The Martin P. Levin Mentorship Award was given to **Scott Powers**, Ph.D. This award, sponsored by SPP and the Levin Foundation, honors a pediatric psychology faculty member who mentors students in an exemplary way, providing professional advice and guidance through various phases of training including early-career development.

Powers is a professor of Pediatrics at the University of Cincinnati College of Medicine and a member of the Division of Behavioral Medicine and Clinical Psychology at Cincinnati Children's Hospital. He directs the Clinical and Translational Research Center for the Cincinnati Children's Research Foundation. His lab focuses on child behavior, nutrition, and pediatric pain research, with an expertise in clinical trials.

He has held numerous NIH R01 awards as a principal investigator and co-investigator, an NIH K24 Midcareer Mentoring Award, and an NIH NRSA Institutional T32 Postdoctoral Training Award, in addition to research grants from the USDA, national foundations such as the Cystic Fibrosis Foundation and Migraine Research Foundation, industry, and local foundations.

Powers has authored over 125 publications and a book.

Logan Wright Distinguished Research Award



Sean Phipps, Ph.D.

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

Phipps is chair of the Department of Psychology at St. Jude Children's Research Hospital, Memphis. He also holds appointments as adjunct professor in the University of Tennessee College of Medicine, Department of Pediatrics, and the University of Memphis Department of Psychology.

Phipps's research has been supported by the NIH since 1994. His interests focus on children's coping and adaptation to stress, particularly that associated with chronic or life-threatening illness. He has published extensively on the cognitive and behavioral sequelae of pediatric bone marrow transplantation. Currently, he is focusing on psychological growth and resilience, as well as applying positive psychology models to identify pathways and mechanisms for healthy outcomes in chronically ill children.

He serves on the editorial boards of several journals, including the *Journal of Pediatric Psychology*. He has been a member of two NIH study sections and several ad hoc grant review panels.

Lee Salk Distinguished Service Award



Edward Christophersen, Ph.D.

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

Christophersen is a professor of Pediatrics at the University of Missouri, Kansas City and a board-certified psychologist at the Children's Mercy Hospital and Clinics in Kansas City.

He has been an innovator in the field of applied pediatric psychology, focusing much of his work on the development, implementation, and dissemination of empirically sound interventions for children and families.

Christophersen is credited for cultivating the psychologist-physician model, helping both professions impact behavioral health and well-child care. He was made an Honorary Fellow in the American Academy of Pediatrics and is regularly invited to present to medical and mental health audiences on behavioral topics.

His impact on the field continues to disseminate through his supervision and mentoring. His substantive record of accomplishments over the past several decades demonstrates his pioneering and enduring efforts in serving the field of pediatric psychology.

Routh Early Career Award in Pediatric Psychology



Rebecca Pillai Riddell, Ph.D.

The Routh Early Career Award was given to **Rebecca Pillai Riddell**, Ph.D. This award recognizes significant contributions to the field of pediatric psychology in research, clinical training, and/or service during the early career.

Pillai Riddell is an associate professor of psychology at York University, a clinician-researcher in psychiatry research at the Hospital for Sick Children, and Director of the OUCH Laboratory (Opportunities to Understand Childhood Hurt Lab; www.yorku.ca/ouchlab) in Toronto.

Her first research program involves building a working conceptualization on persistent pain in infancy. The goal of her second program of research, the OUCH Cohort, is to establish norms on infant pain expressivity over the first year of life and the role parental behaviors.

Pillai Riddell is a Canadian Institutes of Health Research New Investigator (CIHR) and has also received early career awards from the Ontario Ministry of Research and Innovation (OMRI), Canadian Pain Society and the Canadian Psychological Association. Her work is currently funded by CIHR and OMRI.

Multidisciplinary Treatment of Functional Abdominal Pain in Pediatric Populations

by Amanda A. Drews, Ph.D., Kim Tennissen, R.N., B.C., F.N.P., Craig A. Friesen, M.D., and Jennifer Verrill Schurman, Ph.D.



Case Presentation

T Tyler, an 11-year-old boy, was evaluated for a two-year history of daily, intermittent abdominal pain in a multidisciplinary abdominal pain clinic. In addition to abdominal pain, Tyler complained of nausea, bloating, and the sensation of

feeling full quickly during meals. He also reported problems with sleep onset and sleep-wake transition. His medical history was positive for asthma, seasonal allergies, and a prior diagnosis of ADHD. At the time of his evaluation, Tyler was being homeschooled and missing extracurricular and social activities several times per week due to abdominal pain. Tyler previously was evaluated by a gastroenterologist and a naturopathic practitioner, with extensive laboratory testing plus an upper and lower endoscopy. He was tried on multiple medications and followed a restricted diet with no significant symptom relief. Review of Tyler's previous work up revealed normal lab findings, but increased eosinophilic inflammatory cell counts on his endoscopy biopsies.

Treatment Description

The collection of conditions known as pediatric functional gastrointestinal disorders (FGIDs) is best understood using a biopsychosocial framework. This model asserts that chronic abdominal pain in childhood is not the result of a single causal factor, but of a complex interplay among biological (e.g., inflammation, dysmotility, visceral hyperalgesia), psychological (e.g., anxiety, depression, sleep), and social (e.g., interactions with peers, teachers, parents) factors (Drossman, 2006). Further, each of these factors, on its own or in combination with another of the factors, has the potential to affect the duration, intensity, and frequency of pain episodes (Schurman & Friesen, 2006). As such, an integrated, multidisciplinary approach that addresses all relevant factors simultaneously has the potential to enhance clinical outcomes, thereby limiting long-term disability, and yield health care savings within this patient population (Schurman, Wu, Grayson, & Friesen, 2010).

In this case, Tyler's evaluation and initial treatment took place over a period of approximately four months. At the onset, we recommended numerous specific interventions that addressed presumed biological, psychological, and social factors thought to be impacting his abdominal pain and other symptoms. A few of the treatment components considered pivotal in Tyler's treatment are discussed below.

Biological

Tyler was diagnosed with functional dyspepsia using the symptom-based Rome III criteria. He was prescribed Gastrocrom (cromolyn sodium) 400mg four times daily to address the identified inflammatory component of his abdominal pain. Gastrocrom belongs to a class of medications termed mast cell stabilizers. Mast cells are normal body cells that release substances (e.g., histamines) that are needed for normal body defense and healing. When too many of these cells are present, however, they release an excess of these substances which can lead to gastrointestinal symptoms, as well as itching and flushing. When

used for treating gastrointestinal symptoms associated with eosinophilic inflammation, Gastrocrom is administered orally and works topically in the lining of the gastrointestinal tract. The lining is coated with medication, thereby limiting the release of histamines thought to contribute to gut and skin problems. Gastrocrom, while generally effective, must be timed with meals and can take up to eight weeks to reach full effect.

Psychological

Tyler was referred to a BCIA (Biofeedback Certification International Alliance) certified biofeedback practitioner near his home. Biofeedback training is a technique wherein patients receive in vivo visual and/or auditory feedback about the physical state of their bodies as a measure of sympathetic nervous system arousal. Paired with relaxation training, biofeedback-assisted relaxation training (BART) provides patients with concrete skills (e.g., deep breathing, progressive muscle relaxation, visualization/imagery) that are thought to decrease nervous system arousal, thereby alleviating physical symptoms. Tyler attended sessions three times per week initially and practiced the skills several times per day at home. Over the next six months, session frequency was tapered to monthly visits.

Social

Tyler and his family utilized a structured plan for graduated school reentry. Approaching the return to school in a graduated fashion has two primary advantages, namely reintegrating patients into the academic and social activities of school while, at the same time, providing them with the necessary support to succeed (Walker, 2004). This balance of demands and support is vitally important, as stress can exacerbate abdominal pain and have an overall negative effect on the recovery process. Given that Tyler was being homeschooled completely at the time of initial evaluation, he started by attending one consistent class period daily and gradually added time to his in-school schedule as his stamina increased. During the process of reentry, Tyler also received instruction from a homebound teacher in the classes he was not yet attending. As specific classes gradually were added to his in-school schedule, support for these classes was dropped from homebound and the amount of homebound instruction was reduced. Communication with school staff during this process decreased barriers to return and ensured that appropriate school supports were in place, such as taking breaks for biofeedback practice and using the restroom, as needed.

Outcome

After about one month of treatment, Tyler reported that BART was extremely helpful to him in terms of helping to manage his pain. At his next visit, four months later, Tyler was having abdominal pain only about once per week. His appetite, energy, and headaches also were improved. Within approximately eight weeks of beginning graduated school reentry, Tyler was attending school full time.

Commentary

Important to convey is the fact that Tyler's recovery was not perfectly linear, nor has it ended. Eosinophilic inflammation within the GI tract is especially sensitive to viral illnesses, seasonal allergies, and stress. As a result, Tyler evidenced temporary symptom *Continued on page 5...*

2011 National Conference in Pediatric Psychology

By Michael C. Roberts, Ph.D., and Ric G. Steele, Ph.D.

Many thanks to all the people in various capacities, including all the presenters for contributing their expertise and enthusiasm for the field, who helped make the San Antonio meeting such a success.

With 499 attendees, this ranks among the largest Pediatric Psychology meetings in our history. The program was noteworthy for almost 300 poster presentations and a variety of plenary sessions, symposia, and workshops that addressed cross-cutting issues in our profession: pain, adherence, quality of life, research design, diversity, health promotion, ethics, and end-of-life care. With strong research designs and clear clinical implications, it is evident that the profession is as alive and vibrant as ever. We hope that the conference serves as a catalyst for professional development with enhanced practice and research.

The Conference also provided opportunities for networking and professional development. Eight of our newly organized Special Interest Groups met to discuss plans for the future, and how they can contribute to Division 54's mission. The Student Advisory Board hosted a mentoring lunch for trainees and leaders in the field who provided perspectives on career development, clinical practice,

and research issues. Forums for the *Journal of Pediatric Psychology* and the American Board of Clinical Child and Adolescent Psychology also took place. Kudos to the SIG leaders, SAB members, faculty mentors, and others who made these valuable experiences possible.

We also thank a number of individuals and groups for their support. First, we appreciate the input that the Conference Advisory Council (Annette La Greca, Celia Lescano, and Tonya Palermo) and many SPP members provided. Relatedly, we thank RTI International and the American Board of Clinical Child and Adolescent Psychology for their generous donations, as well as the SPP Executive Board, Membership Committee, and Diversity Committee for their financial support.

We also thank the members of the Scientific Review Committee for their evaluation of the submitted abstracts. With approximately 470 submissions, the Review Committee expended considerable effort in deciding on posters and QOL symposium presentations. Members are listed below.

Finally, we thank the behind-the-scenes people without whom this conference would have been impossible—many



Univ. of Florida students enjoy the conference.

thanks to Stacy Walters and her staff at University of Kansas Continuing Education, Christopher Cushing, Emily Kessler, Jason Van Allen, numerous other student volunteers, and Karen Roberts. We are proud to have worked with each of these individuals to bring this conference to reality.

2011 National Conference in Pediatric Psychology Scientific Review Committee

Lamia Barakat	Elissa Jelalian
Lisa Buckloh	Bryan Karazsia
Lindsey Cohen	Lisa Meltzer
Mark Connelly	Monica Mitchell
Ann Davis	Larry Mullins
Meredith Dreyer	Ahna Pai
Christina Duncan	Anna María Patiño-Fernández
Kurt Freeman	Sean Phipps
Chris Houck	Jane Robinson
Carolyn Ievers-Landis	Kathy Zebracki
David Janicke	

...continued from page 4

flares at predictable times during his treatment. Shortly after the start of school, for example, Tyler had an exacerbation of his abdominal pain. He complained of daily pain with episodes lasting up to one hour. We learned that Tyler had a viral infection just prior to the worsening of his GI symptoms and was experiencing "severe allergies" according to his PCP. These factors, in combination with a recent transition to full time school attendance, may have contributed to this temporary resurgence in Tyler's symptoms. While certainly disappointing for Tyler and his family, these set backs provide important clues to families and providers for preventing, or at least managing, flares when they do occur. Proper hand washing to reduce transmission of viruses, aggressive treatment of seasonal allergies, and advance planning to reduce stress could be helpful in reducing the odds of a temporary increase in GI inflammation. Continued availability of the treatment team to assess symptom improvement, day-to-day functioning, and ongoing implementation of the treatment plan also may be important in early intervention during later flares.

Tyler's case is one that highlights the clear benefits of assessing and treating childhood chronic abdominal pain from a truly biopsychosocial perspective. Simultaneously intervening with known biological factors while providing coping skills and environmental supports to encourage functioning offers the greatest likelihood of positive treatment outcomes and decreased disability.

References

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- Schurman, J.V., Wu, Y.P., Grayson, P., & Friesen, C.A. (2010). A pilot study to assess the efficacy of biofeedback-assisted relaxation training as an adjunct treatment for pediatric functional dyspepsia associated with duodenal eosinophilia. *Journal of Pediatric Psychology*, 35(8), 837-847.
- Walker, L.S. (2004). Helping the child with recurrent abdominal pain return to school. *Pediatric Annals*, 33(2), 128-136.

2011 National Conference Diversity Highlights

By Josie S. Welkom, M.A. and Naomi E. Joffe, M.A.

The SPP Diversity Committee Special Interest Group (SIG) sponsored several events at the 2011 National Conference on Pediatric Psychology.

John Chaney, Ph.D., highlighted both the conceptual and applied aspects of cultural diversity for research and practice in his plenary address, "Enhancing Ethnic and Cultural Diversity in Research and Practice of Pediatric Psychology." Chaney, who is also a member of the Diversity Committee SIG, emphasized the integral role of cultural diversity in pediatric psychology and described models for increasing multicultural awareness. He highlighted model programs that incorporate key elements of training, research, and practice essential for the delivery of culturally sensitive care to under-represented pediatric populations.



John Chaney, Ph.D.

Janelle Hines presented on the INNOVATIONS program at Cincinnati Children's Hospital and Medical Center whose mission is to integrate pediatric and community research with professional development and service-learning opportunities from high school through post-doctoral training. Lindsey Cohen, Ph.D., presented on his Health and Human Services, Health Resources and Services Administration, Graduate Program Education training grant that supports graduate students to provide culturally competent, evidence-based, psychological research and clinical services within an interdisciplinary team to disadvantaged pediatric populations.

The Diversity SIG meeting led by Celia Lescano, Ph.D., hosted a vibrant and diverse group of individuals representing a range of universities and medical centers spanning all levels of training and professional status. Yelena Wu and Lisa Clifford, Ph.D., led a discussion on "Diversity Issues in Multidisciplinary Care/Collaboration." They highlighted personal experiences as trainees, the importance of supervision, and the resulting clinical impact. Further, attendees discussed their professional interests with regards to clinical, research, and training endeavors. Lescano also discussed the committee's initiatives, which include the Diversity Research Grant (deadline for applications October 1, 2011), the Diversity e-Resource Library, and student programming at conferences.

Mery Taylor led an anonymous group of reviewers to select five winners from more than 30 eligible posters. The Diversity Poster Award Winners are: Ivette Cruz, University of Miami, "Identification of Effective Strategies to Promote Language Development in

Young Deaf Children with Cochlear Implants;" Sarah Martin, Georgia State University, "Examination of Disability and Success in Leading a Value-based Life in Children with Sickle Cell Disease: Differences by



Diversity Poster Award winners and members of the Diversity SIG

Division 54 Mentoring Project Update

By Sharon Berry, Ph.D., Coordinator

The Division 54 Mentoring Project continues to thrive with almost 400 Division 54 members participating, including 184 professionals who have volunteered as mentors, and 195 early-career individuals who have requested mentoring. The early-career group includes a range of individuals from undergraduates to graduate students, interns, postdoctoral fellows, and early-career pediatric psychologists.

The primary requests are for mentoring in clinical or research areas, but others want guidance with professional development, career options, choosing internships, etc. Many of the mentors have served in the mentoring role with two or more individuals. Some are well connected within the same region and others are cross-country, communicating by email and/or telephone. Some have gone on to meet at various conferences or conduct research together.

Over time, we shifted to a model that reflects extended networking for a six-month commitment (as many of these relationships began to fade away so we set a limit that might be convenient). We also recognize and communicate that mentors do not replace the university advisors and supervisors.

The Mentoring Project highlights Division 54's strengths and priorities. We have a wealth of knowledge and expertise within our membership and we have a new cohort of students and early-career professionals who will continue this tradition of support for our student members.

For anyone interested in participating, please contact me at sharon.berry@childrensmn.org. For those of you who have already been involved but your contact information has changed, please send me the updated information so we can stay in touch.

Gender;" Elizabeth Pulgaron, Drexel University and Mailman Center for Child Development, "Childhood Obesity in Minority Families: The Role of Abuelas;" Alvina Rosales, Georgia State University, "Examination of a Computerized Parent Training Program to Manage Distress of Children Receiving Immunizations in a Latino Population;" and Marilyn Sampilo, University of Kansas, "Acculturation Among Mexican-American Participants in a Family-Based Obesity Intervention Program."

The SPP Diversity SIG will sponsor a skill-building session at the 2011 APA Convention on how to highlight diversity issues in professional research presentations and why it is important. The session will be

both didactic and interactive. To join the SPP Diversity SIG or to learn more about this session, email Dr. Lescano, Member-at-Large for Diversity at lescano@usf.edu.

Division 53/54 Hospitality Suite

Grand Hyatt Washington Hotel

Thursday August 4, 2011
9–10 a.m.

D54 Adherence SIG Meeting
Open to all SPP members.

2–3 p.m.

D54 Diversity SIG Meeting
Open to all SPP members.

3:30–5 p.m.

**D53: A Look Inside the Dissemination
of the EBT Video Project**
Open to all SCCAP members.

Friday August 5, 2011
1–2:30 p.m.

D54 Student Advisory Board Meeting
SPP SAB members discuss future directions. All SPP members welcome.

2:30–3:30 p.m.

D54 Early-career Discussion
Students and early-career psychologists are encouraged to learn about tips for success.

6–7 p.m.

D53 Social Hour
Join the celebration of Distinguished Career Award winner, John Lochman, Ph.D. Open to all SCCAP members.

7–8:30 p.m.

D37/D53/D54 Student Social Hour
Informal opportunity to meet, socialize, and network with other student members and leaders in the field. Open to all.

Saturday August 6, 2011
1–2 p.m.

Diversity in Research Discussion
Join D54 Diversity Committee members as they discuss methods for highlighting diversity in research projects and reporting of results.

2–3 p.m.

**D54 Adolescent and Young Adults with
Chronic Health Conditions SIG Meeting**
Open to all SPP members.

7–8:30 p.m.

D54 Social Hour
Open to all SPP members.

APA and Division 54—Washington, D.C.

By Anna Maria Patiño-Fernández, Ph.D.

Division 54, Program Chair

The 119th APA Annual Convention will be held in one of our nation's most beautiful and historic cities—Washington, D.C. Convention programming will take place in the Washington D.C. Convention Center, with additional sessions and events scheduled in the Renaissance Marriott Hotel. Over the four-day meeting, programs will be scheduled from 8:00 a.m. to 6:00 p.m. SPP has a first-rate program of symposia, workshops, and paper presentations, as well as a poster session highlighting our division's research.

Highlighting important areas in our field are symposia on parent and family factors in the treatment of pediatric chronic pain, presented from an international perspective, and assent and consent in pediatric research. A paper presentation will focus on pediatric psychologists' roles in school, primary care, and clinic settings. Several skill-building sessions are scheduled, including topics such as behavioral health and pediatric primary-care service integration, integrating mindfulness practices into psychotherapy, and integrating issues of diversity into research.

In addition, Divisions 37 and 54 will sponsor a symposium presenting public health strategies to enhance positive parenting research and programs. Be sure to attend the poster session, presidential address, and awards ceremony.

Of interest to many of you, APA President Melba J.T. Vasquez, Ph.D., will highlight the subject areas and work of her presidential task forces: immigration, racism, and educational disparities. There is a great line-up of speakers/presenters on these issues, including some Division 54 members!

Each session is sure to provide a great deal of information and opportunity for discussion. Continuing education (CE) credits will be offered for most presentations—check the final APA program for CE sessions offered through Division 54. New this year, you can earn unlimited CE credit for one single fee. You can save even more by taking advantage of the Early Bird fee (\$50 for members, \$80 for nonmembers) when you register for the convention. Please note that CE Workshops, 4- or 7-hours in length, are not included.

As in years past, Divisions 54 and 53 will host Internships/Fellowships on Parade on Saturday. 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 offer several informal discussions, student programming, SIG meetings, and social hours that should interest both students and professionals alike. This forum gives individuals the opportunity to discuss pertinent pediatric psychology issues in an informal setting. Refreshments will be available to attendees.

The terrific programming would not be possible without the time and effort of our reviewers. This convention promises to provide a variety of stimulating presentations, interaction with colleagues across the country, access to excellent museums, nightlife, shopping, and cuisine.

See you all in D.C. this August!



The Program Committee would like to thank the following pediatric psychologists who served as Division 54 proposal reviewers:

Ethan Benore	Anna Egan	Astrida Kaugars	Diana Shellmer
Simona Bujoreanu	Beth Garland	Meghan Marsac	Stephanie Stowman
Stacey Carpenter	Cynthia Gerhardt	Staci Martin	Sally Tarbell
Ed Christophersen	Rachel Greenley	Robyn Mehlenbeck	Amanda Thompson
Anai Cuadra	Cynthia Harbeck-Weber	Matthew Myrvik	Abigail Tissot
Lynnda Dahlquist	Christopher Houck	Sunita Patel	Rachel Tunick
Meredith Dreyer	Alessia Johns	Carrie Piazza-Waggoner	Doug Tynan
Christina Duncan	Rebecca Johnson	Jerilynn Radcliffe	Wendy Ward-Begnoche
	Rebecca Kameny	Bill Rae	Sara Williams
	Bryan Karazsia	Alyssa Rodriguez	Ana Wilson

2011 APA Division 53/54 Convention

Thursday, August 4, 2011		
	Division 53	Division 54
8–10 am	Symposium: Youth Suicide Prevention in Primary Care Chair: Guy Diamond Rm 145B	
10 am–12 pm	Symposium: Innovations in Interventions for Disruptive Behavior Disorders Chair: John Lochman Rm 145A	Symposium: International Perspectives on Addressing Parent and Family Factors in the Treatment of Pediatric Chronic Pain and Functional Disability Chair: Gerard Banez Rm 155
12–1 pm	Symposium: Evidence-based Practices for Tics and TTM Chair: John Piacentini Rm 150B	
1–2 pm		Skill-building Session: Getting Past the Front Window: Strategies for Enhancing Behavioral Health and Pediatric Primary Care Service Integration Co-chairs: Elisabeth Cannata, Delbert Hodder, Barbara Ward-Zimmerman Room 148
2–4 pm	Symposium: Treatment of Depression in Youth: A Developmental Psychopathology Perspective Chair: Judy Garber Rm 150A	
4–7 pm		Exec Committee Meeting Renaissance Washington Hotel Rm 3

Friday, August 5, 2011		
	Division 53	Division 54
8–10 am	Symposium: Who Benefits? Exploring Moderators of Response to Intervention Among Depressed and At-risk Youth Chair: Amy Goldstien Rm 145B	Committee Meeting: JPP Editorial Board Renaissance Washington Hotel Rm 3
10 am–12 pm	Symposium: Updates of Evidence-based Assessment–Family Measures Chair: Richard Abidin Rm 145A	Paper Session: Implications for Pediatric Psychologists Authors: Maria Goldman, Lorna London, Mekel Harris Room 148
3–5 pm	Presidential Address: Are We Witnessing the Decline and Fall of Clinical Child and Adolescent Psychology? D53 President: Anne Marie Albano Renaissance Washington Hotel Meeting Rm 3	
4–5 pm	D53 Business Meeting Renaissance Washington Hotel Meeting Rm 3	Skill-building Session: Child's Mind–Integrating Mindfulness Practices into Child and Adolescent Psychotherapy Chair: Christopher Willard Rm 149A
5–6 pm	Poster Session: Externalizing Disorders in Children and Adolescents–Adolescent Risk Convention Ctr Halls D and E	

Program Programming in Washington, D.C.

Saturday, August 6, 2011		
	Division 53	Division 54
8–9 am	Symposium: Early Interventions for Children with an Autism Spectrum Disorder Chair: Connie Kasari Rm 145A	Skill-building Session: Integrating Issues of Diversity in Your Research Chair: Celia Lescano Rm 149B
9–10 am		
10–11 am	Symposium: University–Community Collaborations to Promote the Socioemotional Well-being and Educational Success of Children in Poverty Chair: Martha Wadsworth Rm 145A	Symposium: Child Assent and Parental Permission in Pediatric Research–Methodological Advances and Contextual Influences Chair: Victoria Miller Rm 154B
11 am–12 pm		
12–1 pm	Symposium: What Have We Learned from TADS, TORDIA, and YPIC? Co-chairs: John Curry and Joan Asarnow Rm 145A	Symposium: Public Health Strategies to Enhance Positive Parenting–Research and Programs from the CDC Chair: Jennifer Kaminski Rm 143C
1–2 pm		
2–3 pm	Lifetime Achievement Award/Invited Address: Emotional and Social-Cognitive Dysfunction in Aggressive Children: Intervention, Issues, and Myths Recipient: John Lochman Rm 140B	Poster Session: Pediatric Psychology Convention Center Halls D and E
3–4 pm		
4–5 pm		Presidential Address and Logan Wright Research Award D54 President: Gerald Koocher Rm 102A
5–7 pm	Division 53 and Division 54 Social Hour: Internships/Postdoctoral Fellowship Training Programs on Parade Grand Hyatt Washington Hotel	

Sunday, August 7, 2011	
	Division 53
8–10 am	*Symposium: Addressing Bullying–Perspectives from the Federal Partners in Bullying Prevention Co-chairs: Belinda Sims and Valerie Maholmes Rm 151B
10–11 am	Poster Session: Internalizing Disorders in Children and Adolescents Convention Center Halls D and E
11 am–12 pm	Poster Session: Developmental Psychopathology Convention Center Halls D and E

KEY

Division 53 Substantive Programming	
Division 53 Non-substantive Programming	

Division 54 Substantive Programming	
Division 54 Non-substantive Programming	

Cosponsored by Divisions 53 and 54 Non-Substantive Programming	
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All sessions take place in the Washington D.C. Convention Center unless otherwise indicated.

Location for the Division 54 Hospitality Suite is at the Grand Hyatt Washington Hotel. For complete schedule, see page 7.

Student Member Opportunities in SPP: Adding to Your Service Experience

By Christopher Cushing, M.S.

As you wind down from another semester, I hope you take a moment to reflect on your accomplishments and set goals for the future. I often receive emails from student members interested in serving SPP, and I am thrilled because I find service to SPP to be one of the most satisfying elements of my graduate training experience.

SPP is an organization where student development is a top priority. Often—when decisions about the Division are being made—the first point of conversation among the Division leaders is whether and to what degree a decision will serve student members.

Listed below are several ways student members of SPP can take an active role in shaping the future of pediatric psychology.

Network of Campus Representatives

One of the least well known, but perhaps most vital ways you can serve SPP is as a Campus Representative (CR). CRs are responsible for raising awareness about SPP at their local institution. As a CR, you are provided with a ready-made PowerPoint presentation on pediatric psychology that can be presented at Psi Chi meetings, program-wide seminars, etc. You would have the opportunity to help identify outstanding undergraduate students to be featured in our Student Spotlight section of Progress Notes. Most importantly, you would serve as a liaison between your institution and the Student Advisory Board.

We are committed to maximizing SPP

benefits to students across a wide range of institutions, but we need help understanding the unique experience of students on campuses where we do not have a SAB member. The time commitment for CRs is designed with your graduate school schedule in mind.

Join a Special Interest Group

If you were able to attend a SIG meeting at the National Conference in San Antonio you likely saw an exciting group of people passionate about their niche in pediatric psychology. What you may also have seen was the formation of several subcommittees and working groups tasked with gathering the available literature on topics from assessment to transitions to adult care. These working groups have a tremendous potential to benefit SPP. Moreover, they present an opportunity for student members to apply their skill for synthesizing the literature, and network with leaders in your area of research or clinical interest.

If you are interested in serving SPP, joining a SIG and getting a list of ongoing projects is a great way to start.

Mentored Reviews for JPP

Reviewing scientific manuscripts is a way that many pediatric psychologists serve the field. As a student, it is helpful to receive guided practice while developing this unique skill set. Some students may have the opportunity to review manuscripts with their primary mentor at their academic institution. If not, or if you are

looking for another perspective on the review process, I recommend that you consider joining JPP's mentored review program.

Recently Wu, Nassau, and Drotar (2011) conducted an evaluation of the program and found that most mentees (primarily pre-doctoral students) were satisfied with their experience. Two of the many benefits of participation were gaining confidence in the mentee's ability as a reviewer, and receiving helpful training for their future reviews. These benefits were conferred while mentees also provided a valuable service to the field of pediatric psychology. Truly, this is a win-win opportunity for students and for SPP.

I hope you will consider participating in one or all of these opportunities. As always, please email me at christophercushing@ku.edu with your thoughts about the Division or to learn who to contact about various opportunities for service within SPP.

Reference

Wu, Y. P., Nassau, J. H., & Drotar, D. (2011). Mentoring reviewers: The *Journal of Pediatric Psychology* experience. *Journal of Pediatric Psychology*, 36(3), 258-264. doi: 10.1093/jpepsy/jsq073



Christopher Cushing, M.S.
SPP Student Rep.

Student Spotlight

Aimee Hildenbrand, a fourth-year undergraduate psychology student at Drexel University, has served as a clinical research assistant for the Center for Injury Research and Prevention at the Children's Hospital of Philadelphia (CHOP) under the mentorship of Meghan Marsac, Ph.D., for approximately two years. Her primary research interests and professional goals include secondary injury prevention and the promotion of optimal adjustment in children and families for both acute trauma and chronic illness.

Hildenbrand has an impressive record of honors and awards, and her commitment to pediatric psychology is evident by her work. In her position at CHOP, she has contributed primarily to studies targeting secondary prevention of PTSD following pediatric medical trauma. Her honors thesis project, a qualitative

analysis of coping among children with cancer and their parents, was presented as a poster at the 2011 National Conference in Pediatric Psychology and won first place in Undergraduate Humanities at the Drexel University College of Arts and Sciences Research Day.

Hildenbrand plans to graduate with her B.S. in June 2012 and pursue a Ph.D. in psychology. Her career aspirations include working as a pediatric psychologist, with the goal of promoting optimal recovery in children and their families following pediatric medical trauma or chronic illness.



Aimee Hildenbrand

2011 Student Award Winners



Nancy Bandstra

C. Eugene Walker Education Award in Pediatric Psychology

Nancy Bandstra, Dalhousie University
"The Impact of Behavioral Feeding Intervention on
Health Care Utilization"

Lizette Peterson-Homer Injury Prevention Grant

Maryna Vaschenko, Tufts
University
"Differences in How
Adolescent Mothers Cope
with Multiple Stressors: Positive Parenting in High-
risk Populations"



Maryna Vaschenko

SPP Student Travel Awards



Kathryn Birnie
Dalhousie University



Chad Jensen
Brown University
Hasbro Children's Hosp.



Kristen Loiselle
University of Georgia



Bonney Reed-Knight
University of Georgia



Jennifer Rohan
University of Cincinnati



Yelena Wu
Cincinnati Children's
Hosp. Medical Center

APA Student Poster Awards

Student Poster Awards are available for SPP student members who are first author of a poster to be presented during the APA Convention Division 54 poster session. Student authors: please forward the final version of the poster, not just the abstract, to Paul Robins, Ph.D., at robinsp@email.chop.edu by July 15.

Apply Now!

Student Research Grants and Awards

The Marion and Donald Routh Student Research Grant

Division 54 has established this annual research scholar grant program for student members of the Society. Research proposals should address areas consistent with the field of pediatric psychology. Topic examples might include relationships between psychological and physical well-being of children and adolescents, including behavioral and emotional components of disease and treatment, the role of pediatric psychology in pediatric medical settings, or the promotion of health and the prevention of illness among children and youth.

Funding is available up to \$1,000.

SPP Student Research Award Competition

Division 54 announces its annual Student Research Competition to encourage and reward quality research on issues related to pediatric psychology and health care of children. All of the research work must have been completed while the candidate was a student. The student must also be the primary (first) author.

The award winner will receive \$500.

Lizette Peterson Homer Injury Prevention Grant Award

This grant, sponsored jointly by Division 54 and the American Psychological Foundation (APF), is open to students and faculty to support clinical research related to the prevention of injuries in children and adolescents. For more information, visit www.apa.org/apf/.

Funding is available up to \$5,000.

New SPP/CDC Injury Prevention Award

Division 54 and CDC's National Center for Injury Prevention and Control jointly announce a new Student Research Competition to encourage and reward quality research on issues related to unintentional injury prevention in children and adolescents.

An award of \$1000 will be made to the winner of the competition, contingent upon funding. In addition, the individual selected will be named a SPP/CDC Injury Prevention Fellow.

For more details and eligibility criteria on each of these awards, please visit SPP online at www.societyofpediatric-psychology.org.

Application deadline is October 1, 2011.

Mail applications to:
Paul Robins, Ph.D.
robinsp@email.chop.edu

Questions? Call 215-590-7594

Obtaining an Internship in Pediatric Psychology: Adding the Icing to Your Clinical Training Cake

By Christopher Cushing, M.S., Melissa Cousino, B.A., and David Janicke, Ph.D.

Approximately 25 percent of APPIC internship training program applicants did not match in 2011, and that number is likely to increase in 2012. SPP and the SAB are committed to providing support to ensure that you not only secure an internship to complete your doctorate, but also one that will keep you on a career trajectory that is in line with your goals, training, and hard work. Below are strategies that not only will increase your chances of landing that dream internship, but may also help you enjoy the process.

Learn What Is Expected from an Applicant

Everyone worries about obtaining an internship. However, excessive worry about variables that are either knowable or unchangeable is counter-productive and should be avoided. A classic example is, "I worry I don't have enough practicum hours!" There are a large number of committed psychologists (some of them long-time Division 54 members) working to give you data to address these worries.

A survey of clinical training and internship program directors indicate that somewhere between 750-1,000 hours constitutes an appropriate minimum number depending on the definitions used (Kaslow, Pate, & Thorn, 2005). However, a careful read of the article reveals that the successful applicant will be focused on competencies as well as sheer number of hours. Understanding the competencies valued by the field will put you in a much better position to highlight the value of your training experiences to internship programs. Specifically, you should have a strong foundation in clinical child psychology combined with an interest in adding more focused specialty experiences in pediatric psychology (see Spirito, Brown, D'Angelo, Delamater, Rodrigue, & Siegel, 2003). You should have a passion for interdisciplinary collaboration and training.

Finally, you should be committed to a developmental view of psychology combined with a culturally sensitive understanding of the way multiple systems interact to confer an impact to a given child. Highlighting these features of your training and conceptual approach to psychology will help make you an attractive applicant to pediatric psychology internship programs.

Consider reviewing Roberts et al. (1998), Spirito et al. (2003), and Power, Robins, Watkins, Rourke, & Alderfer (2011).

Think about your Five-Year Trajectory

Do not minimize the internship training experience to be only the capstone to your doctoral training; rather, think of it as a starting point on your five-year career trajectory. To do this, first, ask what depth areas stir your passions. Are you passionate about chronic illness, policy, program development, multicultural issues, disparities, health behavior, or other specialties areas? How do you want to apply your skills? Are you passionate about advocacy, teaching, intervention, or another area? Then, think about the five-year trajectory that can help move you toward your career goals. What clinical, research, mentorship, leadership, supervision, and early-career experiences will help you on this journey?

Get advice from your peers and mentors on these issues. Then ask which sites offer these types of experiences. Think about how this focused training experience is the catalyst that will propel you on the trajectory you envision for yourself.

Start Looking at Your Dream Sites Now

Identify two or three stellar programs where you would be thrilled to train. Once you have identified your dream programs, begin thinking about what those sites have to offer that makes them desirable to you. This exercise can also help you codify your training goals and understand what you are really looking for from an internship program.

Two different surveys of training directors found that the most important factor in obtaining a clinical internship is the "fit" between the applicant's goals and the opportunities offered at the internship site (Ginkel, Davis, & Michael, 2010; Rodolfa et al., 1999). This "fit" is an important consideration because it points the applicant to a site's materials and makes "fit" knowable to the applicant (i.e., fit is not some mysterious cluster of personality qualities idiosyncratically determined by each site). By reviewing a site's materials and thinking critically about what you want out of the internship training experience you have the opportunity to determine fit before the application is submitted.

Enjoy the Process of Thinking of Yourself as a Psychologist

As we have alluded to, the experience of applying for your internship is a chance for you

to think about yourself as a full-fledged psychologist. You have worked hard to get to this point, but in the midst of this hard work you may have overlooked all the ways you have grown. Allow the application process to be an enjoyable opportunity for self-reflection and goal setting.

Know what you do well and where you need to grow. Sites will appreciate your passion and dedication to learning. As you know, growth does not stop after internship. Sites want to know that you will be someone who will take their tremendous investment in you and return a dividend to the field. Setting a five-year vision for yourself will help you articulate what that dividend might be.

We hope you will join our Facebook group to participate in the internship application discussion, and learn more about how to maximize your internship match success. We will post a list of articles (including those cited here) that may help in your preparations. Also, don't forget about Internships on Parade at the APA convention! This is a wonderful opportunity to learn more about site expectations and ways to strengthen your application.



Call for Student Spotlight

SPP's Student Advisory Board is accepting nominations for outstanding graduate students in pediatric psychology. The selected student will be featured in the Student Spotlight section of **Progress Notes**. This is a wonderful opportunity to honor a graduate student and provide the student with exposure to D54.

A nomination form can be downloaded from the SPP website or may be requested. Please send the nomination form, a letter of recommendation, and the nominee's CV to Elizabeth Schneider at elizabethmschneider@gmail.com and Christopher Fitzgerald at christopher.fitzgerald@marquette.edu.

Submission deadline is July 15, 2011.

Cognitive and Neural Correlates of Cardiorespiratory Fitness in Pediatric Posterior Fossa Tumor Survivors

By Kelly Ross, M.A.

Background and Purposes

Although improved medical treatment for children with brain tumors has dramatically increased five-year survival rates, this population is at increased risk for medical, behavioral, emotional, and cognitive late effects compared to children with other malignancies. Specifically, for average risk medulloblastoma, the most common type of posterior fossa brain tumor, relapse-free survival rates have increased to almost 90 percent. However, the “price of cure” for more than 50 percent of childhood posterior fossa tumor survivors includes long-term neurocognitive deficits, specifically in executive functions (Crawford et al., 2007).

Cardiovascular fitness has been associated with better performance on tests of executive function across the lifespan, including healthy adolescents, adults, and older adults (e.g. Smiley-Oyen et al. 2008). At a neural level, cardiovascular exercise has been linked with neurogenesis, angiogenesis, and increased synaptic plasticity in the brain (Van Praag, 2008). Translational research with brain-injured rats has found an association between voluntary exercise and cognitive recovery, attributable to up-regulation of brain-derived neurotrophic factor (BDNF; Griesbach et al., 2009). In addition, one study with adults with multiple sclerosis found a robust relationship between cardiovascular fitness and executive functions (Prakash et al., 2007). However, no study has investigated this relationship in childhood cancer survivors.

Finding innovative, cost-effective, and non-pharmacologic techniques to address executive deficits in surviving posterior fossa tumor patients is vital in improving their cognitive and behavioral functioning. The present study aims to establish rationale to explore cardiovascular exercise as a viable intervention for executive dysfunction in survivors of childhood posterior fossa tumor by demonstrating the relationships among executive functions, neural activation patterns, and cardiovascular fitness.

Methods

Participants—Twenty pediatric posterior fossa tumor survivors will be recruited from the neuro-oncology clinic at Children’s Hospital of Alabama. Inclusion criteria include: a) posterior fossa tumor survivors at least one year post-completion of medical therapy; b) received radiation therapy as part of treatment regimen; c) between the ages of 11-18 years; d) full-scale IQ \geq 70; e) right-handed; f) English speaking; and g) modified Lansky or Karnofsky score of \geq 70. This study has been approved by the University of Alabama at Birmingham Institutional Review Board.

Questionnaires

After completing informed consent and meeting inclusion criteria, a parent or caretaker of the participant will complete a demographic information questionnaire and the Behavior Rating Inventory of Executive Function (BRIEF), an ecologically valid parent-report measure of the participant’s executive functions in everyday life. Participants themselves will complete the Physical Activity Questionnaire for Older Children (PAQ-C) or Physical Activity Questionnaire for Adolescents (PAQ-A), a valid and reliable self-report retrospective 7-day activity questionnaire.

Functional Magnetic Resonance Imaging (fMRI) Scan

We plan to examine the brain activation and synchronization associated with executive functions, specifically sustained and divided attention, in-

hibition, and working memory. The following tests will be utilized during the fMRI session: 1) a Go/no-go task (Mostofsky et al. 2003) to examine sustained attention and inhibition; and 2) an N-back task (Koshino et al., 2005), which will examine sustained and divided attention and working memory.



Kelly Ross, M.A.

Cardiorespiratory Fitness

Participants’ physical fitness will be measured using peak oxygen uptake, or VO₂peak, testing. Participants will be asked to ride a cycle ergometer (stationary bicycle), with increasing intensity, while their heart rate, oxygen uptake, and carbon dioxide output are measured. This test yields a number that is considered one’s “VO₂peak score,” typically a number between 20 and 50.

Data Analysis

In order to investigate relationships between cardiorespiratory fitness and behavioral neurocognitive data, partial correlations will be computed for VO₂peak scores and behavioral scores (i.e. accuracy and reaction time) from the Go/no-go and N-back tasks after accounting for age, race, and gender. Secondly, to examine the relationship between neural activation and cardiorespiratory fitness, partial correlations will be computed for average percent signal change in a priori regions of interest in the brain and VO₂peak scores after accounting for age, race, and gender. Finally, subjects will be grouped into “high-fit” and “low-fit” groups by the median VO₂peak score; groups will be compared on executive function scores and region of interest percent signal change using separate one-way ANOVAs after accounting for age, race, and gender.

Clinical and Research Implications

By investigating the relationship between cardiorespiratory fitness and executive functions through neuropsychological tests and neuroimaging, we hope to establish the significance of exercise for executive functions in childhood brain tumor survivors. Since executive abilities are crucial in many areas of functioning, ranging from social interactions to academic success, a low-cost, easily disseminable intervention could substantially improve the overall functioning of pediatric brain tumor survivors.

It is hoped that the present study will lay a foundation for an exercise intervention with pediatric brain tumor survivors and eventually other cancer diagnoses also known to suffer from executive function deficits in survivorship.

References

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- Prakash, R.S., Snook, E.M., Erickson, K.I., Colcombe, S.J., Voss, M.W., Motl, R.W., & Kramer, A.F. (2007). Cardiorespiratory fitness: A predictor of cortical plasticity in multiple sclerosis. *NeuroImage*, 34(3), 1238-1244.
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- Van Praag, H. (2008). Neurogenesis and exercise: Past and future directions. *Neuromolecular Medicine*, 10(2), 128-140.

Recollections of the Beginning of Pediatric Psychology

By Richard R. Abidin, Ph.D., University of Virginia

Some psychologists may see pediatric psychology as a field created initially by psychologists themselves to serve the needs of children and families in pediatric and primary health care settings. My own recollection and personal experiences suggest that pediatricians and other physicians serving families in pediatric and medical settings also recognized the need for the field. These medical professionals found they were not prepared themselves to deal with the many psychological, developmental, and family issues experienced by patients. Furthermore, they often did not have the time to address what were seen as non-medical problems.

Consequently, these medical professionals were eager for the involvement and assistance of other professionals who would help them better serve their patients. This was most notable in government supported settings but was also true in private pediatric practices. Thus, credit for the creation of the pediatric psychology field is shared with our medical colleagues. There appear to have been multiple actions across the country, some independently, some in concert with others that helped move pediatric psychology concepts and services forward.

In my personal experience, in 1964, I was assigned to the Department of Psychiatry, Wilford Hall USAF Hospital in San Antonio for my internship in clinical psychology for three years. Wilford Hall was a large medical facility serving Air Force personnel and their families. Given my background in both clinical and school psychology, I was assigned to work primarily in the child psychiatry area.

Within weeks of my appointment, the chairman of the Department of Pediatrics, Col. Thomas M. Holcomb M.D. requested that I speak to the Pediatrics residents regarding normal child development and signs of deviation from typical development. Following the presentation, I was asked if I would be willing to consult with the residents and staff about developmental and mental health issues, and I became an instant consultant who had no prior experience consulting with medical personnel, although I had consulted with teachers. Later, the pediatric staff and residents requested that I be assigned part-time to the pediatric department and I served half time in that assignment. Also, with the support of Dr. Holcomb, I developed a one month behavioral pediatrics rotation that by May 1966 was completed by four pediatric residents.

On August 26, 1966, I received a letter from John McK. Mitchell, M.D., the executive secretary of the American Board of Pediatrics, Inc., in response to my inquiry regarding whether there were guidelines for a third year of pediatric residency training aimed at behavior problems. His response in part was, "I regret to say that at the moment I am not in any position to give you the sort of material that I gather you want. However, an ad hoc committee on this very topic has recently been set up under the combined leadership of Dr. Howell Wright, president of the American Board of Pediatrics and Dr. Robert Stubblefield representing the Committee on Certification in Child Psychiatry of the American Board of Psychiatry and Neurology."

After showing this response to Dr. Holcomb, he requested that I prepare a report based on our Wilford Hall experiences so that he would be able to share it with the American Board of Pediatrics and with some of his other colleagues. He said "Dick, we are leading the field on this." In June of 1966, I submitted the report describing the history of the Developmental Pediatrics rotation at Wilford Hall to Dr. Holcomb, the

title of which was: "Recommendations for a Child Psychology—Problems in Behavior, Integrated Sequence in a Three-year Pediatric Residency Program." While there is no documentation to support the claim, the report may have been the first proposal and curriculum outline designed for the training of pediatricians in behavioral pediatrics.

Following this experience, in September of 1967, I became employed at the University of Virginia (UVA), tasked with starting a new doctoral program in School and Clinical Child Psychology. On a visit to our children's pediatrician, Dr. Charles Gleason informed me that the head of the Department of Pediatrics at UVA hospital, Dr. Bill Thurman, had spoken to him about me. It turned out that Dr. Holcomb and Dr. Thurman were close friends. Dr. Gleason then invited me to meet with the pediatricians of Pediatrics Associates of Charlottesville and, as at Wilford Hall, a long period of collaboration began.

Some readers may recognize me as the author of the Parenting Stress Index (PSI), but the initial idea for the development of a screening and diagnostic measure designed for pediatric practices came from Julian Haber M.D., while he was a pediatric resident at Wilford Hall Hospital. Turning the idea into a reality was a result of the support of the pediatricians at Pediatrics Associates of Charlottesville who allowed me to create the "Parenting Clinic" within their practice. The clinic was established with the help of Lon Shackelford, Ph.D. and Bill Burke, Ph.D. We provided clinical services to parents, consultation to the physicians, and were able to collect data for the development of the PSI. During the 1970s, we developed a model of integrated service delivery that pleased the pediatricians, and Dr. Shackelford continues to work in the practice.

Similar activities appeared to be occurring across the country, although no formal entity existed to organize the developments, such as the Society of Pediatric Psychology, which was founded after 1969. In sharing the above thoughts, I hope it is clear that the field of pediatric psychology was the result of the joint efforts of psychologists and pediatricians who recognized the need and used their administrative power to encourage psychologists to use their skills, knowledge, and creative energy for the betterment of children and families.

Biography

Richard R. Abidin is professor emeritus at the University of Virginia and is the founder of the Curry programs in clinical and school psychology. He is a clinical child, pediatric, school psychologist and worked in those fields through out his career. Working through others as a consultant to parents, teachers, and physicians is his practice of choice. He has authored a number of psychological measures, Parenting Skills programs, and family and school research articles.



Richard Abidin, Ph.D.



Society of Pediatric Psychology

Division 54, American Psychological Association

Join Division 54!

Membership benefits include:

- Subscription to the *Journal of Pediatric Psychology*
- Representation and advocacy for pediatric psychology
- Option to join the SPP member listserv, with postings about job openings, discussions of clinical issues, referral requests, etc.
- Option to join the SPP student listserv addressing training and early-career issues
- Programming specific to pediatric psychology at the annual APA meeting
- Subscription to the SPP newsletter, **Progress Notes**
- Opportunities to be involved and volunteer in SPP
- Various awards and grants for students and psychologists at all career stages
- Opportunity to participate in various Special Interest Groups within SPP
- Participation in the SPP mentoring program—as mentee or mentor
- Access to online member directory and option to be listed in the directory

To join, please visit:

www.societyofpediatricpsychology.org

Accessing Member Services

- **Join the listserv** Send an e-mail to: div54@hotmail.com, with the following command: ADD DIV54-MEMBERS (Email address) (First name) (Last name) in the body of the message (do not include parentheses and do not write anything in the subject line). For example: ADD DIV54-MEMBERS janedoe@pedpsych.edu Jane Doe
- **Sign off the listserv** Send an e-mail to: listserv@lists.apa.org. Leave subject line blank and in e-mail, type “signoff div54-members” (without quotes).
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- **Access the Journal of Pediatric Psychology online** Go to: <http://jpepsy.oxfordjournals.org> and type in user name and password.
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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

Progress Notes

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koocher@simmons.edu

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and Dalhousie University
christine.chambers@dal.ca

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Paul Robins, Ph.D.
Children's Hospital
of Philadelphia
robinsp@email.chop.edu

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Ric G. Steele, Ph.D.
Clinical Child Psych Program
University of Kansas
rsteale@ku.edu

Member at Large (2010-12) Diversity

Celia M. Lescano, Ph.D.
Dept. of Mental Health Law
& Policy
Florida/Caribbean AIDS
Education & Training Center
Louis de la Parte Florida
Mental Health Institute
University of South Florida
lescano@bsc.usf.edu

APA Council Rep (2010-12)

Annette La Greca, Ph.D.
Department of Psychology
University of Miami
alagreca@miami.edu

APA Program Chair (2011)

Anna Maria Patiño-Fernández, Ph.D.
School of Medicine
University of Miami
apatino@med.miami.edu

Journal Editor (2008-12)

Dennis Drotar, Ph.D.
Div. Behavioral Medicine
& Clinical Psychology
Cincinnati Children's Hospital
dennis.drotar@cchmc.org

Historian (2008-12)

Michael C. Roberts, Ph.D.
Clinical Child Psychology Program
University of Kansas
mroberts@ku.edu

Newsletter Editor (2010-12)

David M. Janicke, Ph.D.
University of Florida
djanicke@phhp.ufl.edu

Student Rep (2011-12)

Christopher Cushing, M.S.
University of Kansas
Christophercushing@ku.edu



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