



The President's Message

I would like to acknowledge the hard work and dedication of the people who made our APA programming such a success. Special thanks go to Karen Roberts, our new administrative officer and database manager, and Amy Sato, our student representative. I would also like to recognize Anna Maria Patino-Fernandez and Avani Modi, our program chair and co-chair for solid, well-executed programming.

At an acceptance speech Ron Brown described SPP members as the "fun" psychologists. I completely agree. Not only are our members fun, but we are willing to dedicate time and expertise to advance the field of pediatric psychology.

Become Involved

In preparing my APA presidential address, I came across some of the Society's first newsletters. The dedication and inspirational qualities of our founders are well documented. In 1972 the Society reported its financial status as precarious—with a bank account consisting of \$33.55 and a debt of \$438.00 owed. It reminded me of Sue White's recounting of the founding of the Great Lakes Regional Conference. This tradition was begun over 20 years ago because a group of seven psychologists believed in the value of offering a venue where students could meet and mingle with leaders in the field. They believed in this value so much that they personally held the financial risk. If the conference did not break even, they would pay the short fall out of their own pockets.

I recount these early challenges to inspire more of our members to become involved in

the workings of the Society. Take the opportunity to make a strong contribution. Consider running for office, chairing a committee, or serving on a task force. Apply to host the 2010 Child Health Conference, where members share science as well as an opportunity to network with leaders in the field. To ensure sustainability of the annual conference that brings us together, the Society will offer a grant of \$7,500 to assist with the upfront hosting costs to the selected site. This grant is made possible by proceeds from the 2008 conference hosted by the University of Miami. Members who live in beautiful locations with a nearby body of water or mountains should give extra consideration to applying. Ask colleagues at your institution, "If not us, then who? If not now, then when?"

Initiative Updates

Earlier this year, I introduced you to a number of initiatives and division task force activities. In this last issue of the year, I would like to provide an update on these. The Leadership Resources Task Force has been very productive. One of their main objectives, the Professional Development link on the SPP website, will soon be up and running. Russell Hoffman and Deidre Donaldson have done an impressive job of listing and describing key books on leadership and effectiveness. The IOM has not yet scheduled the forum meeting, but we will keep you posted on this important collaboration. The Interdivisional Task Force on Child and Adolescent Mental Health received significant funding from the Society for Research in Child Development to hold a Sum-



SPP President Lori Stark, Ph.D.

mit Conference on Child Mental Health on April 1, 2009. The executive board voted to support the summit as a co-convenor. This summit will be a *working meeting* to develop a coherent, evidence-based strategy for a strong action agenda to improve public awareness of the importance of mental health to healthy development. Our liaison to the task force, Don Wertlieb, plans to represent SPP at the summit.

As this is my last column, I would like to take the opportunity to say thank you. It has been a memorable year and I have truly enjoyed the privilege of serving SPP.

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Treatment of Needle Phobia in Pediatric Populations

by Nancy F. Bandstra, BSc and Christine T. Chambers, PhD RPsych
Departments of Pediatrics and Psychology, Dalhousie University
and Centre for Pediatric Pain Research, IWK Health Centre

Case Presentation

Jack, a 12-year-old healthy boy, is referred by his pediatrician for significant anxiety related to receiving his annual flu shot. Jack comes to the clinic with his mother and his father for assessment and treatment of this needle phobia. During the assessment, Jack's parents recount many occasions where he displayed a severe phobic reaction to a needle, typically making his body as stiff and rigid as possible and tensing his muscles throughout the procedure. While the current anxiety centers on an impending influenza vaccination, Jack's parents' description of previous procedures suggests a steadily increasing fear related to any kind of procedure, especially those involving needles. Jack's parents are also concerned about how they would manage his behavior should he ever require a more significant medical procedure.

During previous procedures, efforts to hold Jack down and/or assuage his anxieties via reassurance have been largely unsuccessful. Jack's parents and the medical staff have become increasingly frustrated with him and often make comments such as "Don't be such a baby" when he becomes upset. In addition, Jack's parents have tried to withhold the purpose of doctors visits when injections are anticipated in hopes of reducing the anticipatory anxiety that inevitably bubbles over prior to and during appointments. Jack is now displaying substantial resistance to receiving the flu shot and attending office visits.



Treatment Description

Needle procedures, such as immunizations, and the pain associated with such procedures are frequently cited as among the most feared experiences of children. As with many clinically significant fears, worries around needles are often irrational and incommensurate with the actual experience of receiving a needle during a procedure. In this way, needle phobia is often conceptualized as a true specific phobia rather than a straightforward response to procedural pain. While many children experience some fear in regards to medical procedures, fears related to needles tend to persist over time and can cause considerable distress not just for the fearful child, but also his/her parents, siblings, and any health professionals working with the child. Additionally, research has shown that children with significant fears towards medical procedures are more likely to avoid seeking appropriate health care in the future.

Considerable evidence exists to support the use of cognitive-behavioral strategies for decreasing pain and distress associated with medical procedures (Powers, 1999; Uman, Chambers, McGrath, & Kisely, 2006; Uman, Chambers, McGrath, & Kisely, 2008). These

reviews conclude that the psychological interventions with the most support include distraction, combined cognitive-behavioral interventions, and hypnosis.

Much is also known about the important role of parental and health professional behavior during medical procedures. For example, research has frequently shown that children show and report less pain and distress when parents and health professionals engage in coping-promoting behaviors (e.g., distraction, non-procedural talk, humor) versus distress-promoting behaviors (e.g., reassurance, criticism, empathy) with the child during the injection.

Much of the evidence in support of psychological techniques for decreasing procedural pain and distress has been gained via study of children presenting for procedures such as immunization with various levels of distress and not phobic reactions per se. In the case of needle phobic children such as the one described in this case, interventions to decrease procedural pain and distress are often folded into a more general treatment protocol for specific phobia which typically includes desensitization, contingency management, modeling, and self-control procedures.

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 January 1, 2009. Please send your submission to newsletter editor, Ric G. Steele at rsteele@ku.edu.

In this case, Jack's treatment consisted of six sessions. The first session with Jack and his parents was psychoeducational in nature and focused on normalizing Jack's fear of needles. General information about worries was provided including the typical and expected presentation of the fight-flight response when children and adults are confronted by a fearful situation and the general links between thoughts, feelings, and behaviors. Subsequent sessions were used to teach Jack a variety of coping skills that could be used during procedures. These self-control techniques included deep breathing, progressive muscle relaxation, imagery, and positive self-statements. These strategies were intended to provide Jack methods by which to relax his body and his mind during needles. These coping techniques were taught and practiced within the sessions, and were assigned as homework each week. Jack learned that practicing the strategies was an important part of preparing for the procedure, just as an athlete would practice for many months to prepare for a big game or race.

Once Jack demonstrated a sufficient understanding of a few of the coping strategies, a fear hierarchy was created in which Jack listed, in order, components of the procedure that he found distressing. Jack rated the amount of worry for each item on a scale from 0-10. For Jack, the items on his fear hierarchy ranged from looking at a drawing of a needle (with a rating of 1) to actually getting an injection (with a rating of 10). The final sessions with Jack were spent gradually progressing through this fear hierarchy as a way of desensitizing Jack to his fear of needles. During these sessions, Jack was encouraged and prompted to use the coping strategies he liked best. The importance of positive reinforcement, and having something pleasurable to look forward to immediately after the procedure was also introduced. Jack decided that, as a reward for completing the procedure, he wanted to rent the latest computer game he had been looking forward to playing.

In addition to working with Jack directly, considerable time was spent providing Jack's parents with concrete suggestions on how they could be most helpful to Jack during the procedure. Jack's parents were encouraged to distract him during the injections rather than to criticize or reassure or apologize. In addition, Jack's parents learned that being honest with Jack about the injection (versus protect-

ing him from this information) would create less fear for subsequent procedures, as well as build a solid foundation of trust between Jack and his parents during future medical encounters. Jack and the therapist determined that Jack's preference was to find out about the injection from his parents one week in advance of the scheduled appointment. The therapist also emphasized the importance of praising Jack for his efforts in coping with the medical procedure regardless of the level of distress displayed.

In this case, Jack was able to learn a few techniques that worked especially well for him (i.e., positive self-statements and imagery). He was able to work through many of the steps along his fear hierarchy, focusing on each step until his worry rating was significantly lowered. After 6 therapy sessions, Jack was able to receive his flu shot with considerably less distress. He and his parents felt more confident that future procedures would be less anxiety-provoking and more manageable.

Commentary

It is disappointing that, despite the effectiveness and simplicity of these strategies, relatively few children are provided behavioral pain management strategies for medical procedures. This could be due to a lack of awareness regarding the utility of psychological approaches, or perhaps out-dated views on the part of health professionals and parents regarding pain (e.g., "pain is simply a part of life and not something that should be prevented or managed"). However, research has shown that poor management of early pain experiences can result in a sensory memory that can have a negative impact on pain processing at subsequent procedures.

In addition to psychological strategies, there are various pharmacological approaches (e.g., topical anesthetic creams such as EMLA and Ametop) that can be used to reduce pain and distress, either on their own or in combination with psychological treatments. Again, parents are rarely aware that such approaches are available and health professionals often fail to suggest them. Increasing awareness regarding the importance and value of appropriate pain management early in life, even for seemingly minor procedures such as immunization, may go a long way to preventing the development of more significant procedural distress as children grow older.

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Moments in the History of Pediatric Psychology

Forty years ago, in 1968, the First Executive Committee Meeting to organize the Society of Pediatric Psychology was held in San Francisco at the 76th Annual Convention of the American Psychological Association. SPP initially affiliated with Section 1 (Clinical Child Psychology) of Division 12. Then, in 1980 SPP became a separate section (Section 5) of Division 12. In 2000, SPP became Division 54 of the American Psychological Association.

Words of Wisdom

Maintaining Balance in Graduate School and Beyond

by **Lisa Ysela Ramirez, M.A.** and **Yelena P. Wu, M.A.**

The struggle to balance the demands of one's professional and personal life is an issue common to psychology students and professionals along the continuum of training and experience. As psychologists, and psychologists-in-training, we have a variety of roles and demands: teaching, clinical, and research demands; the need to attend to our personal wellbeing and responsibilities; and the desire to spend time connecting with family and friends.

With this in mind, we compiled students' and professionals' perspectives on life/work balance and present a few practical tips about how to work toward achieving it. The most consistent theme among responses was a belief that managing both work and personal life helps to avoid burnout and facilitates a sustainable lifestyle. As one faculty member shared, "All living things need to have balance, just like trees need a balance of sun and water, people need to have a balance between meaningful work and meaningful rest."

We began by asking advanced students and recent graduates to share ideas about maintaining balance (and sanity) in graduate school. Most students provided strategies for keeping the demands of school under control, including protecting nights and weekends from graduate work (unless necessary during a particularly busy time of the semester), and setting up a realistic schedule. Some students advocated getting to school early in the morning and leaving by 5:00 p.m. in order to enjoy their evenings; other students reported that they worked best in the afternoons/evenings and preferred sleeping in or taking care of personal errands in the mornings. Students also recommended not taking on too many projects/commitments that interfere with personal wellbeing and getting involved in outside activities (social activities, sports, etc.) so that school demands don't take over your life.

Students also shared their personal perspectives on balance, which included not letting success in graduate work be the main component in defining who you are as a person and taking a step back to look at the big picture. Sarah Cain Spannagel shared the following, "...when I lose sight of [the process of graduate school], I often reflect on a metaphor that I read in a book: 'Life is a juggling act. You always have balls to keep up in the air. Some are made of glass, some are rubber. The rubber balls, such as assignments, tests, etc., will bounce back up if you happen to drop them. But the glass balls—family, relationships, health, and your self—are precious and made of glass. If you drop them, they shatter and may not quite repair.'"

Echoing student input, professionals working in a range of settings emphasized that what an individual considers to be balance is subjective, changes throughout life, and represents a set of conscious decisions. To find this balance, students should follow what they find to be fulfilling, both in terms of vocation and avocation. The following are professionals' recommendations for how students might negotiate their life/work balance:

- Make time (schedule it in if you need to!) to do the things you find to be fulfilling outside of your work.
- Be careful of how much time you allot to different tasks. But be flexible; work and personal demands will shift over time.



*Yelena P. Wu, M.A.
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*Lisa Ysela Ramirez, M.A.
Case Western Reserve Univ.*

- Generally, follow the advice you give to your clients. For example, use positive self-talk, and practice good self-care including getting enough sleep, staying physically active, and eating healthfully.
- Take vacations and don't work during them.
- Work as hard during work time as you play during playtime. Doing so will earn your employer's respect for your personal time and commitments.
- Find work (especially after graduate school) in places that respect your needs for balance between work and life.
- Realize that as a student, you usually only see your mentors or advisors when they are working. So be careful about making assumptions about their balance from what you see at work.

Achieving a satisfying work/life balance can be challenging, but the consensus among students and professionals is that trying to achieve this balance is well worth your efforts. Having a balance between work and the rest of life can help you feel more satisfied, less stressed, and, hopefully, will help you to perform better in all the roles you hold both personally and professionally.

The authors are grateful to the students and professionals interviewed for this article for their time and input.

**Student
Spotlight**

SPP's Student Advisory Board is accepting nominations for outstanding students in pediatric psychology. Three students will be selected each year based on their commitment and interest in pediatric psychology and their contributions to the field. Both undergraduate and graduate students will be considered. Selected students will be featured in the Student Spotlight section of **Progress Notes** as well as on the Division 54 website. This is a wonderful opportunity to honor a student and provide the student with exposure to Division 54.

Nomination forms can be found online at <http://societyofpediatricpsychology.org/~division54/students/>, or requested by contacting Chrissy Rutherford Salley at Rutherford.77@osu.edu.

Submission deadline is **November 1, 2008**.

New Student Advisory Board Members



*Brandon Aylward, M.A.
University of Kansas*
Contact: baylward@ku.edu

Brandon Aylward

Mentors: John Colombo, Ph.D., Michael C. Roberts, Ph.D., Ric G. Steele, Ph.D.

Research Interests: medication and dietary adherence, pediatric obesity, research methodology, psychosocial functioning among

post-transplant recipients, and developmental course of attention in premature infants

Contact: baylward@ku.edu

Margaux Barnes

Mentor: Avi Madan-Swain, Ph.D.

Research Interests: adherence to medical regimens and healthy behaviors in chronically ill children and their families, with a special emphasis on the decisional processes that effect these behaviors and their impact on medical outcomes and health-related quality of life

Contact: margauxbarnes@mac.com



*Margaux Barnes, M.A.
Univ. of Alabama at Birmingham*

Bonnie Essner

Mentor: Grayson N. Holmbeck, Ph.D.

Research Interests: peer and family relationships of adolescents with chronic illnesses and physical disabilities and youths' experiences of chronic and procedure-related pain

Contact: bessnes@luc.edu



*Bonnie Essner, M.A.
Loyola Univ. Chicago*



*Marisa Hilliard, M.A.
Catholic Univ. of America*
Contact: Marisa.Hilliard@gmail.com

Marisa Hilliard

Mentors: Randi Streisand, Ph.D., Marcie Goeke-Morey, Ph.D.

Research Interests: child and family adjustment to type 1 diabetes and work with children and teens with HIV/AIDS

Contact: Marisa.Hilliard@gmail.com

2009-2011 SPP Student Representative



*Kristen Johnson, M.S.
Vanderbilt University*

Contact: kristen.e.robinson@vanderbilt.edu

Kristen Robinson

Mentor: Bruce Compas, Ph.D.

Research Interests: adjustment to childhood cancer and its treatment, late effects of chemotherapy and neurocognitive deficits resulting from treatment

Katherine Simon

Mentor: W. Hobart Davies, Ph.D.

Research Interests: multicultural issues, especially developing measures and tailoring interventions for ethnic minority populations; how youth cope with chronic illnesses and assessing programs aimed to improve coping of these children and adolescents

Contact: simon@uwm.edu



*Katherine Simon, M.A.
Univ. of Wisconsin-Milwaukee*

2008 SPP Diversity Research Grant Winner

by John Chaney, Ph.D.

The SPP Diversity Committee selected **Kristoffer S. Berlin**, Ph.D., recipient of the First SPP Diversity Research Grant, designed to encourage and reward research examining the role of diversity (broadly defined) in pediatric psychology populations and problems. He will receive \$1,000 to support his research project entitled "Testing Obesity Prevention and Treatment Models with Latino and Non-Latino White Families."

Berlin completed his graduate work at the University of Wisconsin-Milwaukee, and is currently a postdoctoral fellow at Brown Medical School where Debra J. Lobato, Ph.D. is his mentor. His project will provide critical information on family mealtime practices and environments implicated in pediatric obesity that are amenable to intervention. His study results will contribute to the development of culturally appropriate and theory-based obesity intervention and prevention programs for Latinos.

Award finalists who received Honorable Mention include: **Crystal S. Lim**, M.A., Georgia State University; **Josie S. Welkom**, B.A., Georgia State University; and **Janelle Hines**, M.A., University of Cincinnati.

The RFP for the 2009 Awards will be posted on the SPP website in October, 2008, and the winner and finalists will be announced in February, 2009.

Kris Berlin, Ph.D.



Kris Berlin, Ph.D.

2008 SPP Student Poster Award Winners

Joshua Wolff, M.A.

Biola University, La Mirada, Calif.

Poster: Fathers as Primary Medical Caretakers of Children with Serious Illness

Stacey Simon, M.S.

University of Florida, Gainesville

Poster: Pediatric Asthma: Self-efficacy, Responsibility, and Quality of Life

Dwayne Horton, B.A.

University of Utah, Salt Lake City

Poster: The Role of Parental Monitoring in Understanding the Effect of Externalizing Behaviors on Diabetes Management during Adolescence

Student Diversity Poster Award Winner

Casey Tallent, M.A.

University of Nebraska-Lincoln

Poster: Immigrant Mental Health Care Practices of Pediatricians: A Chart Review

From the History Committee

by Michael C. Roberts, Ph.D., SPP Historian

Forty years after the founding of the Society of Pediatric Psychology, the Board of Directors established the position of SPP Historian and a History Committee to capture important milestones and materials related to the development of the field and the flagship organization. The initial History Committee consists of a cross-section of generational representatives in SPP's history: Donald K. Routh, Carolyn S. Schroeder, Diane J. Willis, Dennis Drotar, Annette M. La Greca, Gary Mesibov, Brian Stabler, Eugene Walker, Sue White, Ronald Brown, Gerald K. Koocher, Anne Kazak, William A. Rae, and Lawrence J. Siegel. This committee will guide the collection and archived accessibility of historical material for researchers and students.

Moving into the initial history collecting phases, committee members have enthusiastically responded by searching for materials and photographs of different eras. SPP's history is available online at www.societyofpediatricpsychology.org/~division54/history/. Some of the historical materials includes lists of officers and award winners, archived SPP newsletters, and milestones in the SPP history.

Along with this material, we scanned a copy of the 1989 monograph, *Recollections* of past presidents edited by Phyllis Magrab (then SPP historian) for the 21st anniversary of SPP's founding. In the future, we plan to include white papers, task force reports, and pediatric psychology conference programs. Organization of other historical information for the history website includes a comprehensive collection of Board of Directors' meeting minutes. So, some aspects of the history project may be as boring as dry toast, but a comprehensive availability is important before the history is lost to posterity.

Other project components will provide stimulating perspectives on the history shaping today's research and practice of pediatric psychology. Photos will include different eras in the SPP development and downloadable articles on the history of the pediatric psychology concept and SPP.

We expect to complete the history project's basic parts by next summer. In the initial stages, we intend the SPP website to have as much of the fundamental material as we can find that would be of useful for the mildly interested pediatric psychologist as well as for the serious historian given a comprehensive archive of information.

We invite those with photographs and other materials to submit materials for inclusion, especially photos and documents from SPP's early years. These web pages will provide information on the founding, development, and activities over time for the Society of Pediatric Psychology with significant resources on the vibrant field of pediatric psychology.



Michael C. Roberts, Ph.D.

SPP Executive Committee Meeting Overview

The SPP Executive Committee (EC) held its annual fall meeting on August 15, 2008 at the APA Convention in Boston. Complete meeting minutes will be available at www.societyofpediatricpsychology.org. Highlights include:

President's Report

President **Lori Stark** reported on the progress of her presidential initiatives, as well as ongoing task force activities.

Treasurer's Report

Treasurer **David Elkin** distributed and reviewed the budget report ending July 31, 2008. The EC discussed SPP's current finances and future investment strategies for the division. Among the items of discussion was the proportion of Division funds that could be invested in order to provide SPP with interest income. Elkin will present a full investment plan at the EC's midwinter meeting.

JPP Report

JPP Editor **Denny Drotar** provided a brief summary of the JPP Editorial Board meeting. [See page 11 for summary of this year's activities.]

Council of Representative's Report

APA Council Representative **Annette La Greca** reported on recent activities, including a proposed bylaw amendment to add seats to the APA Council of Representatives to better represent APA minority members, and a proposal by incoming APA President James Bray to host a "Convention within a Convention" at the 2009 APA annual meeting. The EC discussed the merits of Dr. Bray's request that each division donate three hours of programming time, but ultimately voted to decline the request because this venture differentially affects divisions with fewer programming hours at APA (like SPP), and thus would result in the loss of an entire SPP paper session. The EC will reconsider the request next year, should interest be evident and once the amount of child-related programming is known.

Member-at-Large Reports

Tonya Palermo reported on application rates and criteria for various student/trainee awards, and led a discussion about how best to recognize student award recipients. **Gerard Banez** reported on his efforts to facilitate applications to host the national and regional conferences. **Randi Streisand** reported that membership continues to increase at a steady pace. However, she noted that a number of student members do not appear to maintain their SPP membership once they are no longer students.

Diversity Report

Monica Mitchell highlighted the recent Diversity Committee activities, including their support of a SPP bylaw amendment to add a diversity member at large to the SPP board; and selection of the first diversity research award recipient. [See page 5] The committee recommended continued support for the 2009 APA Multicultural Summit and the EC approved funding at the 2006 level.

Student Representative's Report

Student representative **Amy Sato** reported on recent projects that she and the Student Advisory Board have undertaken, including an online list for pediatric psychology graduate training and internship programs and a project aimed to increase SPP undergraduate student recruitment.

2008 National Conference on Child Health Psychology Review

Annette La Greca reviewed participant feedback from the 2008 National Conference for Child Health Psychology. She reported that the conference recorded a profit, and recommended that conference funds received by SPP should be set aside to support the next national conference. The EC decided to provide a \$7,500 grant to each of the next two national conferences, with the expectation that future conferences share their respective profits with SPP to facilitate future conferences.

Update: SPP Task Force on Defining Outcomes for Pediatric Psychology Interventions

by Gerard A. Banez, Ph.D. and Tonya M. Palermo, Ph.D.

In 2001, the Institute of Medicine published a report entitled “Crossing the Quality Chasm,” which demonstrated that healthcare delivery and outcomes in the United States were far from where they should be. Our physician colleagues are increasingly being asked to demonstrate that they are improving clinical outcomes, not just seeing patients. This new emphasis reflects a shift from fee-for-service to pay-for-performance.

Though pay-for-performance programs consist of multiple components and are not universally adopted, defining appropriate outcomes is crucial. If we, as pediatric psychologists, do not define the expected and measurable outcomes of our treatments, these are likely to be imposed by others with less knowledge when this trend trickles down to us. More importantly, defining clinical outcomes will help our patients judge the benefit of the treatment they receive and assist in the improvement of existing treatments.

The SPP Task Force on Defining Outcomes for Pediatric Psychology Interventions was charged with the goal of defining relevant outcome measures for conditions pediatric psychologists treat in clinical settings. Our objectives are to define the most proximal and evidence-based clinical outcome benchmarks for specific referral problems and to establish a general process for developing outcomes benchmarks. Current Task Force members consist of Tonya Palermo (co-chair), Gerard Banez (co-chair), and Brian DeSantis.

The first clinical problem we chose for focus was chronic and recurrent pain. The process we used consisted of five steps:

- (1) **Review recent literature reviews on condition-specific assessment and outcome measures.** Fortunately, many excellent condition-specific reviews already exist and more are on their way in the upcoming Evidence-Based Assessment issue of *Journal of Pediatric Psychology* (volume 33, issue 10). For chronic/recurrent pain, we reviewed the PedIMPACT report on core outcome domains and measures for pediatric pain (McGrath et al., in press) and an upcoming review on evidence-based assessment of health-related quality-of-life and functional impairment (Palermo et al., in press).
- (2) **Identify the most clinically relevant outcome domains for the condition of interest.** Our focus was on outcomes that can be (a) realistically changed by empirically supported treatments and (b) realistically measured in the context of clinical care (not too burdensome for pediatric psychologists, patients, and their families). For chronic/recurrent pain, we identified pain intensity and functional interference as the most clinically relevant domains.
- (3) **Identify and examine valid and reliable assessment tools for each domain by reviewing published articles, reviews and meta-analyses, and authors’ websites.** At this step, we paid particular attention to (a) ease of administration and scoring, (b) response burden (length of time to complete), (c) use in published treatment research, (d) cost, and (e) age range and language availability.



Gerard A. Banez, Ph.D.



Tonya M. Palermo, Ph.D.

(4) **Develop a “Results” document with information about the measures under consideration.** For detailed information on appropriate outcome measures for chronic/recurrent pain, we plan to post our Task Force report on the SPP website. We will include references for the review articles used as well as original citations for recommended measures. Where possible, we will provide links to these measures. Our hope is that the Task Force report will be easily accessible to pediatric psychology clinicians.

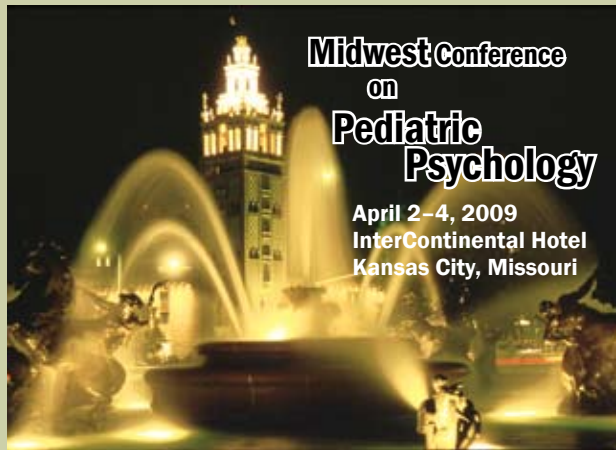
(5) **Formulate recommendations on implementation of outcome measures in clinical practice (on the basis of published articles, reviews and meta-analyses, authors’ websites, contact with authors, and task force discussion).** For this final step, we gave special attention to (a) how and when to administer outcome measures, (b) interpretation of outcome measure change scores, and (c) potential interface with electronic medical record systems. The Task Force report provides information about implementation recommendations for the measures we recommended.

In completing this first attempt, our Task Force made an effort to establish a clear and replicable process to serve as a model for identification of outcome measures. Our next steps are to choose another clinical problem and attempt to repeat this process and find appropriate forums (e.g., **Progress Notes**, SPP website) for making this information accessible to SPP membership. We welcome membership input on our work thus far and invite those interested in participating in our next steps to contact us directly.

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Opportunities and Announcements



You are invited to submit abstracts for presentation during the plenary and poster sessions at the **Midwest Conference on Pediatric Psychology**, to be held in Kansas City, Missouri on April 2-4, 2009. This regional conference is co-sponsored by the Children's Mercy Hospitals and Clinics, the University of Kansas Medical Center, and the University of Kansas Clinical Child Psychology Program.

The conference will include plenary addresses, as well as paper and poster presentations on topics in pediatric psychology, broadly defined. The conference is designed around an ecological systems approach to pediatric psychology, with plenary and paper sessions covering family, peer, school/community, cultural, and technological influences on children's health, health care needs, and health care delivery.

In addition to the regular conference programming, pre-conference workshops will be offered on Thursday, April 2, and will cover a variety of topics, including the use of Health and Behavior codes, telemedicine, behavioral pediatrics, ethics, and adherence.

The conference programming will offer a maximum of 10.5 hours of continuing education credit. An additional 5 hours of continuing education credit will be available for those attending both morning (2 hours) and afternoon (3 hours) pre-conference workshops. The University of Kansas Clinical Child Psychology Program is approved by the American Psychological Association to sponsor continuing education for psychologists. The University of Kansas Clinical Child Psychology Program maintains responsibility for this program and its contents.

Abstract Submissions

Empirically-based papers that address Health-related Quality of Life, and those that address Peer and Family influences on child health are particularly encouraged. For poster presentations, any topic within the realm of clinical child, pediatric, school, and family psychology will be considered. All abstracts must be submitted electronically, using the forms on the Midwest Pediatric Psychology webpage.

For complete conference details, as well as information about registration and abstract submission, please visit <http://www.continuinged.ku.edu/kumc/childhealthpsych09/>

**Abstract submission deadline is midnight,
November 1, 2008.**

APA Presidential Citations

Congratulations to **Annette LaGreca** and **Michael Roberts** who are recent recipients of Presidential Citations from APA President Alan Kazdin! LaGreca was recognized for devoting her career to the care and welfare of children and adolescents, and to the advancement of psychological science. Roberts was recognized for his broad contributions across many areas of pediatric and clinical child psychology, especially for his commitment to outcomes research and program evaluation.

Look for the full texts of LaGreca's and Roberts' citations in the *APA Monitor* online.

Call for Papers

**Special Issue of the *Journal of Pediatric Psychology*
Health Consequences of Childhood Maltreatment**

Due Date: March 1, 2009

Childhood maltreatment (including sexual abuse, physical abuse and physical neglect) has received heightened attention as a result of a March 2005 Surgeon General report entitled, "Making Prevention of Child Maltreatment a National Priority—Implementing Innovations of a Public Health Approach" wherein opportunities for advancing innovations in science, service delivery, care coordination, and prevention were identified and encouraged. There has been a recent surge in studies reporting positive associations between childhood maltreatment and various long-term physiological health consequences including obesity, impaired immunologic function, heart disease, eating disorders, neurologic impairments, endocrine dysregulation, sexually transmitted diseases and poorer overall physical health. Models have also been posited regarding the potential for various developmental disruptions including brain maldevelopment, cognitive deficiencies, learning disabilities, and pubertal timing. The majority of these reports are derived from uncontrolled, correlational studies making it difficult to assert cause or to evaluate the relative contribution of childhood maltreatment when accounting for other types of adversity and potential confounds.

This special issue is an opportunity for the *Journal of Pediatric Psychology* to bring together and synthesize rigorous research and to function as a key resource aimed at improving pediatric care for victims of childhood maltreatment. Well controlled, original research explicating mechanistic, or mediational components would be of particular relevance. Literature reviews as well as ethics, methodological, and conceptual pieces are also encouraged. Papers should focus on physiological and/or developmental sequelae and should detail relevance for clinical practice.

Inquires about the suitability of manuscripts should be made to Jennie G. Noll, PhD at Jennie.Noll@cchmc.org.

Dissertation Award for Public Policy

The American Psychological Foundation Annette Urso Rickel Foundation Dissertation Award for Public Policy supports dissertation research on public policy, which has the potential to improve services for children and families facing psychosocial issues. Examples of eligible topics include but are not limited to issues with at-risk populations, prevention of child abuse, services for youth in the criminal justice system, effectiveness of school programs for children with psychological issues, using psychology in public policy to improve math and science education, and promoting healthy parenting.

Applicants for the \$1,000 scholarship must be enrolled full time and in good standing in a psychology graduate program at a regionally accredited U.S. or Canadian college or university. Applicants must also have approval of the dissertation proposal by the dissertation committee prior to application, and no record of having received either an APA or APF dissertation award. APF encourages applications from individuals who represent diversity in race, ethnicity, gender, age, and sexual orientation.

To apply, submit a dissertation summary, including a brief description of the research design and budget (three-page limit, font size no smaller than 11); letter of recommendation from a faculty advisor, and current CV online at <http://forms.apa.org/apf/grants/> by **November 1, 2008**.

For more information, visit www.apa.org/apf. Direct program questions to Program Officer Idalia Ramos at iramos@apa.org.

Congressional Fellowship Program

The APA Congressional Fellowship Program, now in its 31st year, offers members the opportunity to spend a year as a special assistant with a member of Congress or congressional committee. The program is intended to: 1) provide psychologists with experience in public policy development and implementation; 2) contribute to the more effective use of psychological knowledge in government; and 3) broaden awareness about psychological research and treatment within the federal government.

For more information, visit www.apa.org/ppo/fellows. Direct questions to Michael Haskell-Hoehl at mhaskell-hoehl@apa.org. Application deadline for the 2008-09 term is **January 2, 2009**.

C. Eugene Walker Education Award in Ped Psych

Students and trainees are encouraged to apply for the C. Eugene Walker Education Award. The award is available to any graduate student, intern, or postdoctoral fellow who is an SPP member and enrolled in a training program involving substantial instruction in pediatric psychology, and may be used to attend any educational function with preference given to SPP or APA meetings. One or more awards may be made up to \$1,000 each.

To apply, please submit the following to Dr. Tonya Palermo at palermot@ohsu.edu by **January 15**: (1) a CV and (2) a one- or two-page cover letter detailing: a) the name and location of the conference or university sponsored educational function, b) a brief description of your planned activities (e.g., presenting a paper), and c) a statement confirming Div 54 membership status.

SPP Student Travel Awards

The SPP Student Travel Awards are available for students who are members of the Society of Pediatric Psychology and who are first author of a poster or paper to be presented during Division 54 programming at the APA Convention or at any Division 54-sponsored regional or national meeting. Only current graduate students are eligible for these awards. Up to four awards will be given to help offset costs of travel.

To apply, please submit the following to Dr. Tonya Palermo at palermot@ohsu.edu by **January 15**: (1) curriculum vitae; (2) copy of your original proposal submitted to Division 54; and (3) a cover letter confirming Division 54 membership status and outlining any other sources of travel funding for your convention participation.

New SPP Fellows

Congratulations to the following new Fellows of the Society of Pediatric Psychology:

Lamia P. Barakat
Edward G. Carr*
George J. DuPaul*
Barbara H. Fiese*
Tonya M. Palermo
Ric G. Steele

**previously Fellows in another APA Division*

Division 54 Fellow Status

Members of the Society of Pediatric Psychology 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 setting in which the candidate works. Areas of unusual and outstanding contributions include research, teaching, administration, professional service, and practice.

Completed materials need to be submitted no later than **November 15** for consideration during the next cycle. Please visit SPP online for more information about Fellowship status and for complete application instructions.

Request for Applications National Conference on Child Health Psychology

April – May, 2010



The Board of Directors of Division 54 requests applications to conduct the National Conference on Child Health Psychology in 2010. For application instructions, visit www.societyofpediatricpsychology.org.

In advance of submitting materials, applicants should contact SPP President Elect Kathleen Lemanek, Ph.D. at kathleen.lemanek@nationwidechildrens.org.

Proposal deadline is: **November 15, 2008**.

Call for Nominations

Division 54 Officers

The Society of Pediatric Psychology is accepting nominations for president, member at large, secretary, and APA Council representative. Terms begin January 2010 with transition to offices beginning in August 2009. Please see the SPP Officer's Manual at www.societyofpediatricpsychology.org/~division54/officers/ for more information about the various offices and duties.

President shall be a member, fellow, or voting associate SPP member, and serves for a three year sequence (President Elect, President, Past President). As President Elect, the successful candidate shall be a member of the Board of Directors with the right to vote and shall perform the duties traditionally assigned to a vice president. In the event that the President shall not serve a full term, the President Elect shall succeed to the unexpired remainder and continue to serve through his or her own term.

Member at Large (Student/Trainee Development) shall be a member, fellow, or voting associate SPP member elected for a three-year term. The member at large is a member of the Board of Directors with the right to vote. Activities include organizing and overseeing the advertising, evaluation, and administration of student awards; serving as the Division liaison or consultant on matters pertaining to students and trainees; suggesting and coordinating training-related discussions and information dissemination at APA and national and regional conferences; working with the Division 54 student representative to update training-related materials, developing new strategies for supporting students in our organization, and leading initiatives/task forces as requested by the Executive Committee.

Secretary serves for three years and shall be a member, fellow, or voting associate SPP member. The secretary is a member of the Board of Directors with the right to vote and performs duties traditionally assigned to a secretary.

Representative to APA Council of Representatives shall be a member or fellow of the society, elected for a three-year term. The council representative shall be a member of the Board of Directors with the right to vote. Representatives to APA Council shall perform those duties required as specified by APA bylaws. The representative shall be responsible for advising SPP's Board of Directors about significant business matters scheduled to come before and action taken by the APA Council.

For each position, ten nominations must be received for each candidate by **January 31, 2009**. Self-nominations are encouraged. To nominate a candidate, contact Lori Stark, Ph.D., at Lori.Stark@CCHMC.org, Cincinnati Children's Hospital Medical Center MC 3105, 3333 Burnett Avenue, Cincinnati, OH 45229-3026.

The Lee Salk Distinguished Service Award

This award recognizes outstanding contributions to the Society of Pediatric Psychology or to the field of pediatric psychology generally. Examples of types of significant contribution include:

- Public or political advocacy or leadership
- Significant and extensive prevention or intervention program development, implementation, and dissemination
- Development and implementation of significant and influential service or training models; professional leadership in other professional or public organizations that benefit the field of pediatric psychology
- Substantial influential production of scholarship that is not necessarily empirical

The award is not given in recognition of those usual or expected contributions to the SPP provided by its elected officials. However, it can be given to a previous Executive Committee member to recognize organization contributions substantially beyond those expected.

The Logan Wright Distinguished Research Award

The Logan Wright Distinguished Research Award recognizes excellence and significant contributions in establishing the scientific base of pediatric psychology. The importance of this research award becomes more evident as the field moves from the intuitive to an empirical base.

The Martin Levin Mentorship Award

The Martin P. Levin Mentorship Award honors faculty in pediatric psychology who mentor students in an exemplary way, providing professional advice and guidance through various phases of the graduate program.

Routh Early Career Award in Pediatric Psychology

The Routh Early Career Award is designed to recognize significant contributions of a member of SPP to the field of pediatric psychology. To qualify for the award, an SPP member must have received his or her Ph.D. no longer than seven years prior to the APA meeting date in which the honor is awarded. The Early Career Award reflects contributions to the field of pediatric psychology in research, clinical training, and service.

**A letter of nomination outlining accomplishments
and a curriculum vitae for all faculty awards
should be sent by December 1, 2008 to:**

**Lori Stark, Ph.D.
Division of Behavioral Medicine
and Clinical Psychology MC 3105
Cincinnati Children's Hospital Medical Center
3333 Burnett Avenue
Cincinnati, OH 45229-3026
lori.stark@cchmc.org**

Journal of Pediatric Psychology Highlights

Greetings from the *JPP* editorial office! It's been a busy and exciting year. We have received manuscripts at a record clip (208 manuscripts in 2008 as of 7/31/08). Our newly configured Editorial Board includes a "reviewer panel," which provides experience for and recognizes contributions of promising early-career level reviewers. *JPP*'s mentoring program for beginning reviewers has received excellent feedback with 100 mentors and mentees now participating and most continuing beyond the first year.

Our associate editor team, who manage manuscripts in their areas of expertise and lead special sections in priority areas, includes: Lamia Barakat, Grayson Holmbeck, John Lavigne, Elizabeth McQuaid, Tonya Palermo, Michael Rapoff and Lori Stark, Ken Tercyak, and Tim Wysocki. Please see *JPP* 2008 vol. 33, no. 1 for a series of excellent editorials on each of their specialty sections.

Recent special issues/sections include tobacco-control strategies for medically at-risk youth (vol. 33, no. 2), sleep in pediatric populations (vol 33, no. 3 and 4), and children with neuro-developmental and psychiatric disorders (Palermo and Owens, co-editors). Look for the special issue on evidence-based assessment edited by Lindsey Cohen in Nov. 2008.

Issues in progress include: *e-health* (Palermo and Ritterband), *genomics and child health* (Tercyak) *clinical effectiveness* (Drotar), and *quality improvement* (Stark).

New issues, editors, and due dates include: *family assessment* (Barakat/Dec. 1, 08), *healthcare transitions of adolescents with pediatric chronic illness* (Pai and Schwartz/Jan. 12, 09), and *health consequences of childhood maltreatment* (J. Noll/March 1, 09).

Thanks to our excellent reviewers and associate editors, the average number of days from initial submission to first decision is 28 days for 2008. The lag time between acceptance and publication is now 8-9 months. We are interested in feedback from authors and reviewers on *JPP* and ideas for special issues and commentaries. Feel free to email me at Dennis.Drotar@cchmc.org. I look forward to hearing from you.



Denny Drotar, Ph.D.
JPP Editor



Society of Pediatric Psychology

Division 54, American Psychological Association

2008 Membership Application Form

Name _____
Address _____
City, State, Zip _____
Province, Country _____
Home Telephone _____
Office Telephone _____
Fax Number _____
E-mail _____

\$	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:

T. David Elkin, Ph.D., Treasurer
APA Division 54
c/o Karen Roberts
P.O. Box 3968
Lawrence, KS 66046

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

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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

Society of Pediatric Psychology 2008 Executive Committee

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Cincinnati Children's
Hospital Medical Center
lori.stark@cchmc.org

Past President

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(2007-09)**

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Visit Division 54 at: www.societyofpediatricpsychology.org

Progress Notes

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