



In Memoriam: Significant Contributor to Pediatric Psychology in Child Maltreatment Issues: William N. Friedrich, PhD, ABPP (1951-2005)

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William (Bill) N. Friedrich, PhD, ABPP was a Professor in the Mayo Medical School and a Consultant at the Mayo Clinic in Rochester, Minnesota where he maintained a clinical practice, conducted research, performed forensic evaluations, and provided trainee supervision. Dr. Friedrich was born on October 12, 1951, in Mercedes, Texas and died on September 26, 2005. He earned his bachelor's degree with majors in biology, chemistry, and psychology from Texas Lutheran College (1974), a Master of Public Health from the University of Texas (1975), and his PhD in clinical psychology from the University of North Dakota (1980). He felt so fortunate of his perspective, having been raised in a religious household in southern Texas, then working in group homes in eastern Washington, to later working with children in eastern Europe, always sharing a deeply held, brilliant compassion for each family he encountered.

During his career, Dr. Friedrich was a prolific author and lecturer on topics of children who had experienced maltreatment and their families, child and adolescent sexual behavior, the validity of assessment with maltreated and traumatized children, and the function of family environment features in parent-child relations on the short-term and longer-term adjustment of sexually aggressive children. Dr. Friedrich maintained an expanded view of pediatric and clinical child psychology to include psychological/developmental concerns for child maltreatment and children with physical handicaps as well as those with chronic illnesses. As a pediatric psychologist active in a medical setting, he also published on children with myelomeningocele and their families and children with pediatric abdominal disorders.

Notably, Friedrich published an article in one of the earliest issues of *Journal of Pediatric Psychology* (JPP) while still a graduate student (1977, volume 2, issue 1) on "Ameliorating the psychological impact of chronic physical disease on the child and family." In

this astute piece, he articulated “Chronic physical illness in the child has been shown to have a deleterious effect on the marital dyad and siblings as well as the ill child. . . Because of the overall effect on family function, intervention that involves all members of the family is suggested as the most fruitful method” (p. 26). From his earliest professional contributions, he was a foremost advocate for involving the patient’s parents and siblings in family-based therapy (Friedrich, 1979).

Canter (2019), in her commentary on the history of family systems in pediatric psychology, noted in regard to this important paper, “The ‘takeaway’ message of Friedrich’s (1977) paper rings loud and clear today, over four decades after its initial publication—chronic illness and disability do not exist in a bubble, but rather have wide-reaching implications for the whole family unit. The language we use today has changed and our explorations of family functioning have become both more explicit and more nuanced; however, it is not difficult to imagine an investigator today drawing similar conclusions to Friedrich about the important role of the entire family within pediatric psychology” (p. 774).

As an active researcher clinician, he was among the first to demonstrate that children with disabilities are at higher risk for abuse and his conceptualizations set the stage for research into Adverse Childhood Experiences (ACEs). Friedrich and Boriskin (1976) articulated that “It is uncomfortable to think that a child can play a role in his own abuse. . . .Nevertheless, the fact remains that the child is not always a benign stimulus to the parent” (p. 581). In no way was he “blaming the victim,” but was highlighting the need to recognize situations where children are at risk for maltreatment. This and other articles outlined targeted prevention efforts. In the overview editorial for a special issue of *Child Maltreatment* dedicated to this prominent expert after his death, Silovsky and Leturneau (2008) emphasized: “Through his research, training, and clinical practice, Bill was a model of how to approach behavioral issues scientifically, how to respond professionally when results did not support assumptions, and how to remain sensitive to the complexities of families while advancing our state of knowledge through scientific study” (p. 107).

Friedrich published articles in JPP on cognitive abilities and achievement status of children with myelomeningocele (Friedrich, Lovejoy, Shaffer, Shurtleff, & Beilke, 1991; Shaffer, Friedrich, Shurtleff, & Wolf, 1985) and somatic and behavioral symptoms in children who had been sexually abused (Friedrich & Schafer, 1995; Friedrich, Urquiza, & Beilke, 1986). He coauthored a chapter for the second edition of the *Handbook of Pediatric Psychology* entitled “Pediatric Abdominal Disorders: Inflammatory Bowel Disease, Rumination/Vomiting, and Recurrent Abdominal Pain” with an omnibus conceptualization of the disorders (Friedrich & Jaworski, 1995). Although the disorders may have different etiology or symptoms, Friedrich encouraged awareness of common family processes

involved in symptom maintenance through comprehensive developmental assessment strategies and interventions.

Among multiple awards, he was granted a Fulbright Fellowship and received a Career Research Achievement Award from the American Professional Society on the Abuse of Children (APSAC: Briere, 2008). He also served on the APSAC board of directors and advisors. Friedrich wrote creative short stories after having taken a series of writing classes at the University of Washington, University of Minnesota, and Winona State University. His wife, Wanda, described how “writing was as necessary as breathing for him,” always carrying a small notebook during his many travels.

In a review of Friedrich’s 1995 book, *Psychotherapy With Sexually Abused Boys: An Integrated Approach*, Knutson (1996) presented “Both the therapeutic framework and the intervention tactics are derived from Friedrich’s own research on sexually abused children, his experience as a therapist, and his review of the literature on child maltreatment. Thus, the integrated approach is an attempted rapprochement between the literature and the author’s own clinical and research experience. Friedrich incorporates strategies that are anchored to contemporary cognitive, behavioral, and social-learning models, as well as those derived from more traditional relationship-based psychotherapeutic approaches” (p. 1131). With an eye toward assessment of sexual behavior problems in children with or without abuse, Friedrich validated and published the only measure of its kind, the *Child Sexual Abuse Inventory* (Friedrich, 1997).

His last book, *Children with Sexual Behavior Problems: Family-based, Attachment-focused Therapy* (Friedrich, 2008), was published posthumously. Taylor (2008) in a review, noted that “William Friedrich reminds us that this is a diverse group of children whose behaviour may be linked to multiple factors including abuse and family difficulties or which may in fact represent normal behaviour. . . He describes how many current treatment strategies have been extrapolated from adult work and are inappropriate for use in younger children. . . emphasising his view that sexual behavioural problems among children are ‘relational in nature and should be treated as such’, with a focus on family interventions, if treatment is to be successful” (p. 284).

Dr Friedrich was known to be a highly compassionate and gifted clinician and mentor, working with many of the most challenging families including rather horrific sexual abuse and termination of parental rights with warmth and empathy. A nursing colleague noted he “had a way of making even the most traumatized patient feel safe and respected..... He believed that the best thing he could do for his patients was to help their parents care for them better.” He was mindful of supporting psychology and psychiatry fellows in learning how to support these families as well, providing challenging yet supportive and

enthusiastic supervision. He brought a strong family systems perspective to his work and encouraged psychiatric staff to do the same, sometimes at odds with other staff on the inpatient psychiatric unit. Mayo Clinic psychiatry colleague Dr Lloyd Wells recalled a time when a “horribly depressed girl went on a closely supervised pass with her parents, returned with clandestine roller skates, and proceeded to roller skate down the hall of the unit. The nurses were irate. Bill and I both met with them to point out that this was the very first sign that the girl was getting better! It worked.”

Dr. Friedrich had a way with families and children that was not easily matched. During forensic interviews, he was able to procure a confession of abuse by a parent in the most compassionate manner that helped keep many children safe from repeated abuse. When supervising students in troubling situations, he responded quickly to conduct debriefing sessions, evidencing a strong passion for teaching and curiosity for learning himself.

Dr. Friedrich’s work was particularly significant in developing knowledge to benefit advances being done today. Without his groundbreaking work, the field would not be in a place of greater understanding to provide prevention, assessment, and treatment of children. Trainees and professionals will continue to find his works quite insightful and useful, as the materials are relevant today as they were when published. Children and families who have experienced ACEs continue to present in pediatric psychology and they deserve the fierce compassionate care Dr. Bill Friedrich modeled.

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