

Miniseries: Broadening the Scope of Practice and Research in Pediatric Psychology

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Over the last several years, the scope of articles published in the *Journal of Pediatric Psychology* has expanded. Previously, most articles in the *Journal* involved chronic medical conditions such as cancer, sickle cell disease, and diabetes (B. Aylward, personal communication, March, 2007). However, more recently, two special issues of the journal related to environmental risk of children and adolescents, namely, tobacco and youth, and perinatal drug exposure, have been published. (JPP Vol. 30(4) 2005 & JPP Vol. 31(1) 2006).

The evolution in the expanded purview of pediatric psychology is underscored further in the first chapter of *The Handbook of Pediatric Psychology* (2003) where Roberts, Mitchell and McNeal discuss the evolving field of Pediatric Psychology. These authors note that the discipline of pediatric psychology was developed for pragmatic reasons, because pediatricians continued to be faced with large numbers of behavioral concerns in their young patients. The perceived role of the pediatric psychologist (and our identity in the medical community) was more circumscribed and related primarily to behavioral strategies that would enhance medical adherence or assist with coping and adjustment to the medical condition or environment. However, it is important to highlight, as does Roberts (2003), that "The growth of pediatric psychology has been a remarkable phenomenon." (p. xvii) Pediatric psychology is, by nature, a multifaceted profession and as such will continue to evolve as its range of practice and research is broadened.

Historically, the pediatric psychologists' focus centered on risk factors "internal" or "proximal" to the child such as depression, anxiety, or emotional disturbances, as well as physical and mental well-being. Using classic psychological theories such as attachment models and social cognition, pediatric psychologists more explicitly included parents (well-being and their parenting

practices) in both applied and research endeavors. Over time, foci have expanded from the child to parents, and now extend to address siblings and broader family characteristics. Nonetheless, articles on parents or adolescent populations and the child's environment in general are still relatively infrequent. The articles by Lam et al. (in press) and Di Clemente et al. (2007) are examples of how pediatric psychology continues to broaden its scope to better address complex issues that affect the developmental trajectories of children today.

This broader perspective is also reflected by the "top issues for the future of pediatric psychology" identified in a survey conducted by Brown and Roberts (2000). These issues included expansion to prevention and addressing the larger societal and socioeconomic conditions that affect child development, education, medical care, and psychological services. The evolving challenge for pediatric psychology is to also address these more "distal" risks on children and adolescents, their parents, and family members, and how the total milieu affects the biopsychosocial welfare of the pediatric patient.

Notably, contemporary pandemics affecting our children are not cholera or small pox; instead they include pediatric obesity, drug-endangered children, and youth HIV/AIDS. It is reported that 10% of children ages 2 to 5-years-old and ~15% of children ages 6 to 11-years-old are overweight (Ogden, Flegal, Carroll, & Johnson, 2002). In addition, ~8.3 million children live with parents who abuse alcohol or other drugs and substance abuse is consistently named as one of the top two problems (the other is poverty) for reports to child protective services (Child Welfare League of America, 2001). Furthermore, >50% of all cases of HIV/AIDS globally are in youth 14–24 years of age (Stine, 2005).

The complexity of these pandemics, and our ability to understand and address them goes beyond direct focus

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on the child, underscores the “top issues” outlined by Brown and Roberts (2000), and extends to more distal elements such as parent issues and the context of the child’s environment. For example, the article by Lam (2007) raises the multi-layered question of “how do we understand the drug endangered child in the context of the parent’s own drug use?” In light of the importance of the parent–child relationship, we are faced with the question of the impact this relationship has on the child’s risk for substance use when mothers themselves are users. The child’s age (i.e., developmental status) was demonstrated to be a major contributing factor in this complex model and further research and attention to this, and similar questions will enhance the practice and science of pediatric psychology.

It is evident that to meet the needs of our youth today, we must proceed with expanded perspectives and conceptualizations. As underscored in the Di Clemente et al. (2007) article, we must move beyond individual-level approaches in order to develop more sustainable interventions in youth risk. To do so, it is important to continue to utilize emerging concepts and methods drawn from allied areas such as social psychology, sociology, and public health. Mesosystems, exosystems, and macrosystems must be considered if we are to offer effective *and* sustainable interventions for the pediatric population. As Salazar et al. note, “future research could investigate the utility of applying ecological frameworks to a broad range of pediatric issues such as enhancing adjustment to cancer, preventing obesity, promoting exercise, and adhering to medication regimes for asthma or diabetes.” This article raises the question of “how can we use our expertise in understanding human (child) behavior to best intervene and instigate broader societal change?”

The intent of this commentary is not merely to reflect on the current need for pediatric psychology to expand its scope, but equally and perhaps more importantly to remind us of our history and encourage us to consider inclusion of different populations, different sampling

techniques (e.g., snowball), and expanded social contexts in our work with children and adolescents. This too is part of pediatric psychology. Furthermore, we must continue to develop more effective modalities of prevention and intervention, this while continuing in the tradition of dealing with acute and chronic medical conditions and disabilities.

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