Pioneers in Pediatric Psychology: A Career in Pediatric Psychology

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The autobiography of Bertrand Russell contains a prologue entitled “What I Have Lived For,” in which he writes, “Three passions, simple but overwhelmingly strong, have governed my life: the longing for love, the search for knowledge, and unbearable pity for the suffering of mankind” (1967, p. 3). Were I to think about what I have lived for, I would have to say the same thing. But I think would add that two additional passions have been to help others and to make a difference in the world. In this autobiographical article, I will reflect on my career as it developed. I have concentrated on the personal aspects of my career rather than rehashing the research and scholarly contributions that are already available in the literature. I hope these comments will be of interest and help to others as they pursue their careers.

Early Years (1939–1960)

Beginnings

I was born in Monongahela, Pennsylvania, in 1939 just as World War II was beginning. Monongahela was a small steel producing town on the Monongahela River. My father worked for the United States Army Corps of Engineers whose task was to maintain and repair locks and dams up and down the rivers in the Pittsburgh area. My father's family had been coal miners in Wales before they emigrated to the United States to become coal miners in Pennsylvania. They had been in the United States for three or four generations by the time I was born. My mother was born as the first generation in the United States of parents who emigrated from Italy to work in the steel mills of Pittsburgh. My earliest years and memories involve World War II. I remember the scarcity of many products such as sugar and soap, both of which made an impression on a young boy. I remember recycling cans, metal, paper, and other scarce materials. I remember buying war...
bonds in school. I remember soldiers coming home on leave. I remember my father leaving for military service. My mother worked in a factory to support the war effort and I was babysat by an older sister and a variety of friends and neighbors who assisted under the circumstances.

I was sent to school at age five, as my mother recalls it, because it was increasingly difficult to arrange for childcare, and putting me into school would provide supervision and care for me during the day. Since there was no kindergarten, I was placed in first grade. Thus, I began an educational career that was to introduce me to the concepts of pediatric psychology through personal experience at a very young age and that would result in a professional interest in these topics at a much later date. On the first day of school, my mother presented me to the teacher and started to leave. Since I had always been cared for in our home by people I knew, I refused to be left alone with strangers in unusual surroundings. I told my mother that if she was leaving, I was leaving too. This problem was solved by my mother staying with me part of the first day of school until I was sufficiently comfortable that she could make her exit. I was immature and unprepared for first grade work. In addition, I was a hyperactive child. Since this term was not in existence at the time, I was simply regarded as a difficult and unruly child by some teachers and as evil by others. As I began my academic career, it became apparent that I was going to have trouble learning to read. I could read only with considerable help from an adult, could not understand what I read or answer questions about it later, and was a terrible speller. My father, who had a greater influence on my life than any other individual, spent hours at night drilling me on spelling and reading, which helped a little, but it was not until I was in the sixth grade that I really learned to read. I can recall the occasion vividly because I discovered a book about pirate ships that caught my interest. In spite of my reading difficulty, I attempted to read this book. To my amazement, I discovered that I was able to read and became deeply engrossed in the adventures of the pirates. From that point on, I read voraciously. I also became fascinated with books themselves. My childhood fantasies were about someday writing books. Much to the consternation and disapproval of my parents during my high school years, I used to save my lunch money and buy books with the money.

Due to my ADHD behavior, I was considered a problem child throughout my early academic career. At one point, in the early grades, a teacher recommended that I be held back a year because of my difficulties. However, my mother became incensed and went to the school insisting that I be promoted. I was. In high school, I was known for showing signs of brilliance at times but being sufficiently undisciplined that I would probably never amount to anything. My grades in grade school were atrocious. In high school they were poor until at the end of, I believe, the sophomore year, when we took some nationally standardized exams. My counselor met with me following the tests and said, “Gene, with these scores, you should be doing straight A work.” I replied, “Mr. ———, I do straight A work, you just give me C’s for it.” Interestingly, after the results of the test were known, my grades improved and by my senior year I became a member of the National Honor Society.

**College**

As an undergraduate in college my academic potential began to emerge. The motor aspects of my ADHD had largely subsided by this time, and I had learned ways to compensate for a short attention span.

I also became quite serious about pursuing a life career. As a result, I became an excellent student and ultimately graduated summa cum laude. The first college I attended was Cedarville College, a very small denominational college (Baptist), which was just beginning. There were 130 students at this college and, I think, 12 professors. This college was, of course, not accredited and had very limited resources with respect to libraries, laboratories, and so forth. As a result, I transferred to a slightly larger school, Geneva College in Beaver Falls, Pennsylvania. Geneva College was also a denominational college (Presbyterian) with an enrollment of approximately 1,200 students. My initial plan on attending college was to major in history and eventually be a high school teacher. In my freshman year, I discovered that some people who were doctors were PhDs, not MD physicians. I had not previously been aware of the fact that there was such a thing as a PhD. However, when I heard about it, I decided that this would be the degree for me. I also found college so intellectually stimulating and exciting compared to high school that I decided I would teach at the university level. Further, after taking an introductory psychology course as a fresh-
one of the most exciting times of my life. I was surrounded by student colleagues and professors who were extremely bright, intellectually curious, and eager for discussion and debate. At first, after almost every class and every “bull session,” a whole new world opened up to me. Concepts, ideas, and research that I had never heard of sent me to the library to read. While I found this very exciting, it was also somewhat intimidating. There was an advanced student in the clinical psychology program at Purdue whom everyone looked up to. For a year or two I could not carry on an intelligent conversation with this student. He constantly astounded me with his knowledge and introduced topics that I had not even heard about, let alone had any reasonable comment on. By the end of my career, I was able to converse intelligently with this student as well as the faculty. I knew I had arrived.

After the first year on the NIMH fellowship, those of us who had received these awards were reassigned to the Veteran’s Administration (VA) as trainees. Being a VA trainee while a student at Purdue University was a test of endurance. Classes were carefully scheduled so that one was in class either Monday, Wednesday, and Friday or Tuesday and Thursday. The off days were spent at the VA facilities or other similar places as trainees. Unfortunately, the VA facilities were all some distance from campus. This meant, for example, when one was assigned to the hospital in Marion, Indiana, that it was necessary to arise at 5 AM in order to be on the road by 6 AM because the day at the hospital began at 8. As trainees, we worked from 8 AM until 4:30 PM. At 4:30 we began the drive back to West Lafayette and arrived around 6:30. After a short meal, it was time to prepare for the next day’s classes. I entered Purdue University in 1960 and completed my graduate training and internship by the summer of 1964. If a student cleared every hurdle, of which I once counted 17 different ones, and was always working on two or three things simultaneously (e.g., completing course work, preparing for prelims, and gathering data for the dissertation at the same time), it was possible to complete the program, including internship, at Purdue in four years. I was able to do this, but the date of the final oral for my dissertation was late enough in the summer that I was required to wait until January for graduation. Thus, the official date on my degree is 1965.

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Graduate Training

Purdue

For one who began his career in a college with an enrollment of 130 students and then moved to a college with an enrollment of 1,200 students, Purdue University struck me as awesome in size.

However, when I inquired from people on campus where the psychology building was, I discovered that nobody seemed to know that there was a psychology building. Purdue was a university where basic science and engineering reigned supreme. Finally, I located an individual who informed me that the Psychology Department was in the basement of the Education Building. Thus, I discovered the pecking order for psychology and other fields in that era. I found my graduate student days at Purdue to be one of the most exciting times of my life. I was surrounded by student colleagues and professors who were extremely bright, intellectually curious, and eager for discussion and debate. At first, after almost every class and every “bull session,” a whole new world opened up to me. Concepts, ideas, and research that I had never heard of sent me to the library to read. While I found this very exciting, it was also somewhat intimidating. There was an advanced student in the clinical psychology program at Purdue whom everyone looked up to. For a year or two I could not carry on an intelligent conversation with this student. He constantly astounded me with his knowledge and introduced topics that I had not even heard about, let alone had any reasonable comment on. By the end of my career, I was able to converse intelligently with this student as well as the faculty. I knew I had arrived.

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found influence on me both professionally and personally. Jim was an accomplished scholar who instilled in me an appreciation for a scientific approach to psychology. He was also a skilled clinician who taught me how to deal effectively with clinical problems when our knowledge was, at best, incomplete. His quiet determination in the face of adversity and attack (as occurs in most university departments) and his genuinely humane concern for his students were a model I tried to emulate in my own career. His wife Katherine, herself a psychologist, was generous in sharing him, and herself, with students. Jim and Kathy meant a lot to many students who studied at Purdue from the 60s to the 80s.

Veteran’s Administration and Riley Children’s Hospital

I completed my traineeship and part of my internship in the VA. After working intensely for three years with middle-aged veterans, many from World War II, I felt the need to have additional experience with children. Therefore, I arranged for a split internship that was part-time at the West Tenth Street VA Hospital and part-time at Riley Children’s Hospital, both in Indianapolis. The training program at Purdue was a generalist program in which we were exposed to the concepts of clinical and counseling psychology with children and adults. I, at this point in my career, was primarily oriented toward working with adults but wanted to enhance my experience with children.

In the VA system, my duties consisted of administering psychological tests to veterans and providing group and individual psychotherapy. Since it was a hospital setting, psychiatrists clearly dominated, and psychologists practiced only with permission and referral from a psychiatrist. Psychoanalytic and psychodynamic theories predominated, and much of what we learned in the classroom about philosophy of science, research, principles of learning, proper interpretation of psychological tests, and so forth had no place in our daily functioning as clinicians. For example, we were carefully trained in the importance of having empirical support for clinical practice, were taught about reliability and validity and about the difference between group versus individual prediction. However, in our clinical duties we were required to attach great significance to a heavy line or an erasure on a human figure drawing or to make elaborate interpretations of a single Rorschach response on a card that was deemed to be of special significance. It was often difficult to reconcile the two worlds, classroom and clinic, and maintain any sense of intellectual honesty or integrity. Since I had originally planned a career as an experimental psychologist, this was particularly troubling to me. While being fed heavy doses of Freudian and psychodynamic theory, I frequently wondered if perhaps I had chosen the wrong career. Toward the end of my graduate career I discovered Joseph Wolpe’s *Psychotherapy by Reciprocal Inhibition* (1958), which I read with great interest. I followed this by reading numerous articles and case reports by Eysenck, Ullmann, Krasner, Lind-sley, and Ayllon, among others. I found, in these writings, the answer. Early in my graduate career I had emphasized psychological measurement in an effort to maintain a scientific approach to the field and to feel intellectually honest. However, during this time, I could not find any such comfort in my psychotherapeutic endeavors. With the discovery of learning theory and behavioral approaches to psychological intervention, I found an approach that not only was intuitively more satisfying but was based on sound theory and considerable empirical data. This approach also valued research and investigation that would lead to empirical support for ideas or to their being discarded for lack of such support. The behavioral approach to psychotherapy was very new at that time. It is hard to believe, at this point my career, that I was trained in an era when the terms behavioral therapy and behavior modification did not exist. I very shortly became known on campus as the resident expert in learning theory approaches to psychotherapy.

Academic Career

Westmont College

At the completion of my internship I accepted a position as assistant professor of psychology at Westmont College in Santa Barbara, California. My goal, as it had been from the beginning of my undergraduate career, was to pursue an academic career as a teacher/researcher. However, since my strategy in graduate school had been to complete my training and graduate as soon as possible, I had not managed to publish any research articles while in graduate school. This meant that I was not competitive for faculty positions at major graduate/research universities. This did not strike me as a major problem because much of my early training was at small
undergraduate colleges. I, therefore, looked forward to the opportunity to return to such a campus as a professor. My plan was to begin my career in such a setting and then, as my credentials increased, move to other arenas.

I enjoyed the atmosphere and the excitement of the small college campus as a student and was sure I would enjoy being a professor in such a setting. My expectations were fully realized. I spent four years at Westmont College as an assistant professor. These were stimulating, exciting, and fun times. The family atmosphere that exists on such campuses, the closeness of the relationship between faculty and students, and the feeling of being an important part of campus life were very enjoyable.

My first semester involved teaching five different courses and thus fifteen lecture preparations per week. This was certainly a challenge for a beginning teacher. I got very little sleep the first year because the second semester I taught five courses again and only one or two of them were repeats from the previous semester.

There were 600 students at Westmont. The psychology faculty consisted of myself and Michael Mecherikoff. Michael was an ABD in experimental psychology with a minor in counseling. Prior to my arrival, he taught virtually all of the courses. A few courses were taught by Willard Harley (who was head of the college counseling service) and others, but he taught most everything based on his training in both experimental and counseling. Following an accreditation visit, the team noted that the psychology major was very popular but could not respectably exist without additional faculty. Thus, I was hired as his colleague.

When I arrived, I was given responsibility for all of the clinical/personality type courses. He continued to teach statistics and experimental. Mike was very bright and well read in psychology as well as many other fields. He was a pleasure to interact with. We had many long discussions about psychology into wee hours of the morning.

At the end of my second year at Westmont, I was named Chair of the Division of Education, Psychology, and Physical Education. Along with that came the role of Athletic Director. There were problems with the Education Department and to make a long story short, all of the education faculty resigned. As a result, we had to immediately recruit a completely new Education Department, which consisted of four people. I found myself staying up nights reading California state law regarding credentialing for teachers. Teacher certification was a very complicated process and one miscalculation in offerings or in advising students could result in an entire class failing to be certified on completion of their training, which, of course, would have been a disaster. This was a very stressful year for me, but we did manage to graduate all of our students and have them all become certified. In the process, however, I had to develop a list of staff members at the Department of Education in Sacramento who could give good advice and waive a requirement here and there for a particular student.

Since I always enjoyed athletics, being Athletic Director gave me a good excuse to attend virtually all of the athletic events for the college. I also enjoyed the interaction with athletes in small-college sports. These, of course, were mostly young people in whom major colleges had little interest but who enjoyed playing sports. Therefore, they continued their career at a small college. As athletic director I asked the coaches if they would like to have a special training table in the cafeteria for the athletes. I was pleasantly surprised when the coaches said, “No, we do not think that an athlete should be treated differently from any other student. They are students who participate in sports. We do not want an attitude of elitism to develop in them.”

While teaching at Westmont, I engaged in a small private practice of clinical psychology in Santa Barbara and served as a consultant on regular basis to Camarillo State Hospital. Toward the end of my fourth year, I realized that while this was a very exciting environment, it had limitations. I was eager to be at a graduate- and research-oriented university and thought that I could develop better professionally in that kind of setting. I also realized that I, no doubt, would be granted promotion and tenure with my next contract. I decided to move at this point because it is much easier to move as an assistant professor without tenure. I, therefore, began a job search that eventually resulted in several offers. I accepted a position as assistant professor of psychology at Baylor University in Waco, Texas. I was amused at my California friends who, upon learning that I would be moving to Waco, Texas, “Isn’t that all desert out there?” I had to remind them that their idea of what Texas looked like was based on movies shot in southern California.

**Baylor University**

I arrived at Baylor in the summer of 1968. The campus was beautiful, and the Psychology Department occupied almost the whole top floor of a brand new.
science building. It was a delightful setting but, being in central Texas, it was hot.

At that time, Baylor offered doctoral degrees in personality research, experimental, and industrial. I was to teach psychological testing and measurement on both the graduate and undergraduate level, as well as a variety of personality/clinical type courses. The blend of Southern and Western culture that I encountered in Waco was new to me. I found it very interesting and immediately attempted to live down my reputation as “that new Yankee in the Psychology Department.” I enjoyed working with the graduate students and accumulated quite a number of students who did their master as well as doctoral research under my supervision.

Shortly after my arrival at Baylor, I learned that President Lyndon Johnson had appointed a commission to study the effects of obscenity and pornography on behavior. This was an area that had interested me for some time. Many of the restrictions regarding display of erotic material that I grew up with as a child were being removed, and we were developing a much more tolerant approach to such material. The question many were asking was would this be harmful or beneficial in terms of our society. I applied for and received a small grant from the commission to study the effects of pornography on sex offenders in the prisons in Texas. We interviewed a large number of sex offenders and a sample of nonsex offenders in facilities operated by the Texas Department of Corrections and exposed them to various types of mildly erotic material. Our final report failed to show any connection between exposure to such material and inclination to commit sex offenses. There was a small group of individuals in the experimental sample who claimed that pornography played a part in their offense; however, this was not the overall trend and it appeared to some degree that they were seizing on a ready-made excuse for their behavior. By the time our report was delivered, Nixon and Agnew were in office. As I recall, Agnew referred to our report as morally bankrupt and Nixon angrily rejected the conclusions and recommendations.

This grant spurred a series of research studies by me and my students on various aspects of human sexual behavior. Since Baylor was supported by the Southern Baptist church, there was some opposition to our research. At one point, the president and vice president called me to a meeting. They explained to me that they thought the way I was conducting my research was very professional and appropriate. However, they wanted me to know that if the opposition to my research within the church grew and there was a demand for my departure, they would not jeopardize their positions to protect me. Simply put, if it came down to I must be fired or they would be, they wanted me to know who would be fired. I understood this in terms of political realities and began to look for another position. I saw no point in remaining until there was sufficient uprising to make my departure necessary.

Before leaving Baylor, however, I participated in the development of Baylor’s Doctor of Psychology program. As a faculty, we were interested in developing a clinical training program at the university. In a considering the status of the field, we were impressed by the fact that practicing clinicians often seemed to have significant professional identity problems. They received a PhD degree and supposedly were experts in research; however, many of them did not take well to research and had no intention of pursuing a career in that direction. Instead, they were interested in being practicing clinical psychologists. Often they were short-changed in the kind of training needed for effective functioning in clinical settings. We certainly believed that there was a role for clinical psychologists as researchers and academicians, but we also thought that practicing clinicians should have more appropriate training and a clearer identity. As a result, we determined to establish a PsyD program at Baylor. At the time, it was thought that this would be the standard degree for most clinicians in the future. Unfortunately, that did not turn out to be an accurate projection. There currently are a number of PsyD programs in existence but the standard degree for clinical psychologists continues to be the PhD.

I began to inquire around about possibilities and discovered that there was an opening in pediatric psychology at University of Oklahoma Medical School. I had friends there who were interested in having me join the faculty, and it seemed to be a good fit. The income was considerably more than at Baylor. I would be able to spend a significant amount of my time providing clinical services but not at the expense of research or academic involvement. And it was not a denominational institution, which would automatically generate opposition to my research interests. I also was very interested in changing the emphasis in my career from working with adults to working with children. Thus, I eagerly accepted the position at the University of Oklahoma and made arrangements to move from Waco to Oklahoma City. My first two teaching posi-
University of Oklahoma

When I arrived at the university in 1974 and began to work with the pediatricians, I was delighted to discover that they were very psychologically oriented and concerned about the emotional well-being of their patients as well as the total impact of the child’s illness on the family. This made for a very collegial atmosphere and a rewarding work situation. Frequently, a simple behavioral intervention was effective in solving a problem that had been a matter of considerable consternation to the pediatrician.

My duties at University of Oklahoma Medical School were to provide consultation to pediatricians regarding the psychological needs of their patients and to develop an outpatient pediatric psychology clinic. I was delighted to have this opportunity and found that the problems I would be dealing with professionally were very similar to those that I had experienced personally as a child. I found this very exciting and very rewarding. Later, when I attended a class reunion of my high school class, I talked with some of my teachers about what I was currently doing professionally. I remember one of them said, “If anybody would know how to relate to such young people, you would,” referring to the fact that I had been a problem child and problem student myself for a number of years.

After being involved with political infighting at Baylor, my goal at the University of Oklahoma was to stay out of anything even remotely related to such. I wanted to do some research, write, work with students, and provide care for my patients. I did not want any administrative responsibility, nor did I intend to involve myself in any of the departmental or university politics. Unfortunately, the best-laid plans often fail to materialize. The Pediatric Psychology Program consisted of all the pediatric psychology hospital services and the pediatric psychology training program. Within a few weeks, I was drafted to be Chief of Pediatric Psychology Services. After a couple of years, it became unwieldy to have the service and the training program under different administrative leadership and I became Director of Training in Pediatric Psychology also. Both of these positions plunged me into internal as well as external politics. Fortunately, my colleagues at the University of Oklahoma were willing to work with me, and we were able to develop a very strong clinical service program as well as a very large educational program for pediatric psychologists.

As I began to interact with the pediatricians at the University of Oklahoma, I was first very pleasantly surprised, then overwhelmed. I was pleasantly surprised because the pediatricians were very psychologically minded. They were eager to use the services of a psychologist and responded to me as a full peer and colleague. Typically, a pediatrician would call and say something like the following, “I would like you to see a patient I am treating. Then, tell me what I should do, or if you wish, take the case over and do what you need to do.” Under these circumstances, it was important to see the patient promptly and to interact regularly with the referring pediatrician. Psychologists were regarded as specialists by the pediatricians in the same manner that they regarded cardiologists, neurologists, or other specialists. In fact, I often felt they gave psychology more credit than the development of the field deserved in terms of specialized knowledge.

I felt overwhelmed because it was clear that the pediatricians depended heavily on the assistance of psychologists in providing care for their patients, and, since Children’s Hospital was one of the main treatment centers for children in the state, there was an overwhelming patient case load. Children’s Hospital had also recently been acquired by the Department of Human Services in the state and all of the indigent care was referred to Children’s Hospital. As result, there were thousands of patients to be seen.

Whereas the pediatrician could often accomplish his or her goals in 10 minutes, as psychologists, we often needed an hour or even several hours to complete our part. It was clear that something had to be done. One of the main activities of pediatric psychologists when I arrived was to perform extensive psychological test batteries with patients and provide the pediatrician with a detailed report based on the testing. This was in addition to the short- and long-term therapy that was provided.

Due to the staggering case load, I made several changes. First, I developed a series of brief screening procedures that could be used with appropriate
cases and reserved the extensive test batteries for selected cases. In addition, I dispensed with formal evaluation for cases that were going to be picked up for psychotherapy. The plan was that the psychotherapist would do the necessary assessment as part of the work up prior to or during the regular psychotherapy sessions.

I dispensed with psychological testing altogether if it was not really necessary for good treatment for the patient. One of the things that I tried to teach our students at that time was that if they were going to spend 10 hours on a case, I would prefer that 1 or 2 hours be devoted to assessment and the remaining 6 or 8 devoted to intervention. A brief assessment followed by six sessions of psychotherapy is often sufficient to resolve the problem. Prior to my arrival, 4 or 5 hours would typically be spent in psychological testing followed by 2 or 3 hours of scoring and report writing and a session of an hour or more giving feedback to the family. The result was that an investment of about 10 hours had been made in the case and no intervention had yet occurred. Some cases require an in-depth evaluation, but for routine cases it was a luxury that could not be afforded even in those days.

I also realized that more hands were needed and arranged for practicum students from nearby universities to get their experience working with some of our patients. Eventually I was able to convince the hospital to hire masters-level employees to do most of the psychological testing and assist in other duties with the patients. Even with all of our attempts at efficiency, the waiting list continued to grow. Of course, the waiting list continued to grow partly because we saw patients promptly and worked very hard to provide excellent service when they were seen. As a result, our services became more and more in demand. Thus, my attempts at efficiency backfired and we were back where we started from.

At this point, we developed a clinic appointment system. In this system, I would arrange on a given morning once a week, to have a doctoral-level supervising psychologist, several trainees, and some masters level employees all available to provide services. We would schedule 10 or 20 patients, for an appointment at eight o’clock on that morning. Each of the trainees and masters-level employees would select a patient and do an initial interview to determine the nature of the problem. If some brief testing was indicated and could be performed, this might be done on the spot. As soon as the trainee or masters-level employee felt they had enough information, they would meet with the supervising faculty member and review the case. Then they and the faculty member would have a conference with the patient and make a disposition regarding the case. In some instances, a minor intervention could be provided, and this one clinic visit might be all that was required. More commonly, the patient would be determined to have a problem that was appropriate for treatment in our center. We would then arrange for the person to be seen in psychotherapy by the appropriate individual either in pediatric psychology or whatever other resource was available in the medical center. The person picking up the case would do the more complete work-up and evaluation prior to treatment.

If the case was not appropriate for our center, it was referred to an appropriate resource elsewhere. If additional testing, psychological or medical, was indicated before a disposition could be made, the patient was scheduled or referred for additional testing. This was, of course, basically a psychological triage clinic. It proved to be very efficient because while we would schedule 10 or 20 patients, generally only 7 or 8 would show up and we could easily handle the number of patients that arrived. At any rate, we stayed in the clinic through lunch and into early afternoon, if necessary, until every patient was seen and a disposition was made.

This proved to be a very worthwhile activity. Prior to this, as our waiting list grew, it was customary for someone to wait many months before or being given an appointment by one of our staff. Often, when they arrived and a history was taken, it was clear that we were not the appropriate place for them to seek treatment. We would therefore refer them to someone else where they would be put on another waiting list. All of this resulted in considerable delay and inefficiency. Using our system, we were able to reduce our waiting list from almost a year to 2 or 3 weeks. During the years at Oklahoma, I was constantly struck by the fact that a medical school professor had to be a Renaissance person with skills in clinical service, administration, teaching, research, and survival.

It has been interesting over my career to see the vicissitudes that occurred in the field regarding the practice of clinical psychology. When I used masters-level psychologists and brief screening procedures, there are those who criticized me because clinical psychology functions, they said, should be performed by doctoral-level practitioners. They im-
plied that it bordered on the unethical to have masters-level personnel providing services. They also sometimes characterized my brief screening techniques as superficial. However, as I was leaving the medical center, more and more patient care was being provided by masters-level employees and the rule was becoming brief screening due to problems of reimbursement with more extensive batteries. More and more, there was even pressure to have services provided by bachelor-level employees. I am not saying that this move from having all services provided by doctoral-level employees to using bachelor-level employees is the best way to provide treatment, simply that it has occurred in my career. My own view is that a balance is needed in providing services. It never made any sense to me to have a doctoral-level individual personally administer psychological tests because, while one does gain a little more information by direct observation of the patient during testing, the task is mostly clerical and it is not economical to tie up a doctoral individual for several hours doing clerical work. The doctoral-level person is needed to supervise the process and interpret the test results. Similarly, psychotherapy and other services if provided by less than a doctoral-level person, should have doctoral-level supervision and consultation in the management of their cases. Individuals trained at that this level simply do not have the expertise often called for in the treating difficult cases. Nevertheless, there is ample opportunity for professionals with different levels of training to make contributions to the treatment process.

Due to the staggering demands on our time, we were constantly attempting to find new and more efficient ways of doing things. When I arrived in Oklahoma, there was a strong emphasis on internship training. I felt that it was essential to maintain this strength. Many times this was not easy to accomplish. Early on, the Pediatric Psychology interns had been funded by an NIMH grant. The internship was structured as a consortium with several different sites involved, including Pediatric Psychology, the Veterans Administration, Child Study Center, Adult Psychiatry, Neuropsychology, as well as others from time to time. When the NIMH grant expired, we were able to fund the pediatric psychology interns with funds from the Children’s Hospital. This arrangement continues. For at least the last 15 years, the hospital has refused to make an ongoing commitment to funding interns. As a result, each year the existence of the program is in jeopardy. Of-
among others, and develop a working relationship with the other health personnel in this area. This team provided direct service to patients, consulted with professional staff, developed treatment protocols, and conducted research in the area. It was in an exciting and highly effective approach. However, with cost containment measures that came in the 1990s, such luxurious staffing was no longer possible.

The development of my professional interests, not surprisingly, parallel some of my early childhood behavior problems. As I indicated earlier, I was definitely an ADHD child. Employment in a medical setting proved ideal for a person with that temperament. With age, I have learned to reduce the excessive activity. In fact, most people, observing my present easygoing demeanor, would find it difficult to believe that I was ever hyperactive. However, as a residual, I continue to this day to have a short attention span. The medical school was an excellent place for a grown-up ADHD child because the activity level of the center, and the wide variety of tasks involved, fit very nicely with my attention span. In a given day, I would attend administrative meetings, see patients, give lectures, supervise students working with their patients, consult with other professionals, design research projects, work on writing an article or book, and read professional literature. As a result of my own hyperactive behavior, I naturally became interested in ADHD children. Over the years I worked with a great many of them and developed some expertise in the behavioral management of such children. I even designed some research projects, but due to the press of other duties and my short attention span, never followed through in obtaining funding for them. One of the projects had to do with the use of biofeedback to train children in relaxation and self-control. I had had very good clinical success with a couple of cases in which I used this method, and it appeared that there might be some benefit to this approach. Research to date has not demonstrated such benefit, but I still think that more research in this area is indicated.

A short attention span resulted in my choosing an area of interest, quickly becoming knowledgeable in the area, and developing a treatment protocol, research project, or a publication in the area. However, I found it difficult to settle on one area and stick with it. As a result, while I had an early interest in ADHD behavior, I then became interested in the behavioral management of enuresis and encopresis. I had had a relatively minor problem within enuresis myself. Thus, this area interested me. In fact, I can remember that, even as a young adult, when visiting in someone’s home overnight, I would be troubled by the possibility that I might wet the bed. It never happened but would have been exceedingly embarrassing to explain had it happened. The last such event occurred when I was about 12. I had gone to visit friends in another city and, even though I had not been wetting the bed for some years, I had an episode on that occasion. Later, I became interested in delinquent behavior and conduct disorder. Still later, I became involved in treatment of adolescent sex offenders. I had never been involved in delinquent behavior or sex offenses, but I was a constant behavioral problem all through high school. In time I became very active in working with abused children and their families.

Finally, toward the end of my career, I became interested in young children who engage in sexually inappropriate behavior, particularly those who aggressively molest or interact with other young children. In 1991 Barbara Bonner, Lucy Berliner, and I obtained a major grant from the National Center for Child Abuse and Neglect to study these children. Our purpose was to develop a typology for these children and to investigate possible treatment approaches (cognitive behavioral vs. traditional play therapy). Data for this project are currently being analyzed and will be published in the near future.

Throughout my career I published numerous books and articles. The articles on relaxation and a book, Learn to Relax (1991), have been the most fun and the most profitable in terms of sales. I became interested in the use of relaxation as a therapeutic technique when I discovered that simple relaxation training was often highly effective in helping people cope with difficult situations. Most people can handle situations effectively if they can stay calm and do their best. Learn to Relax was my first book. I wrote it between the time when I left my position at Baylor University and assumed duties at the University of Oklahoma. Since I finished the spring semester in early June and did not have to be in Oklahoma until August, I had two months to write. I took this opportunity to review concepts of relaxation in a brief format easily accessible to the average person. The book was published by Prentice-Hall in 1975 and was an immediate success. It sold very well in hardback and trade paper-
gram director. I worked very hard as Director of Pediatric Psychology to create an environment in which faculty felt supported and protected so that they could do their best work and be as successful as they possibly could. I did the same for students and did everything possible to promote a collegial atmosphere and positive interactions between faculty and students. Pediatric Psychology happy hours every Friday were legendary. They were often attended by 30 or 40 people. While our group was generally well behaved, there is at least one restaurant in Oklahoma City that asked us not to come back. As our faculty aged and settled into different lifestyles, the happy hours were no longer a regular event, but they still occur spontaneously and intermittently. Likewise, many years I found it effective to write an annual letter telling graduates of the program about activities during the year and to introduce them to the new trainees, new faculty, new programs, and so forth. This was also coordinated with an alumni dinner at the convention of the American Psychological Association. These dinners were well attended and allowed friends to keep in regular contact over the years.

The pediatric psychology training program at the University of Oklahoma is one of the largest in the country. Graduates of the program have gone on to distinguish themselves as leaders in the field. I have not done a formal count, but I suspect that more presidents of the Society of Pediatric Psychology have graduated from the University of Oklahoma training program than any other in the country. Their presence on committees, publication boards, and as teachers and contributors to the research literature is also outstanding.

Perspective

As I wrote these lines, I became increasingly aware of the vagaries of memory. I am sure others who were there when the events described occurred would have different recollections of them. The problems of selective perception are compounded by memory problems as well as the fact that stories tend to get better and better with retelling over the years. Nevertheless, I have tried to be totally accurate in what I have written, and I can definitely say that what is written is the way it seemed to me and the way I recall it now.

I have not included many names of others in this article. This is not because I do not remember the others, nor because I do not remember them
fondly. The problem is that over my career there were so many absolutely delightful people who made significant contributions to my life that to name them would make the piece read like a phone directory. I have used names only when the narrative would not make much sense without them. My heartfelt appreciation goes out to all of those who labored with me over the years.

All in all, it has been an exciting journey. Upon retirement, I formed a consulting company (Psychological Consultants Incorporated) through which I offer consultation to agencies and groups; I teach at two universities (University of Oklahoma and Oklahoma City University); travel for work and pleasure; and, write. Psychology has been very, very good to me. Tolman (1959, p. 152) once said, “In the end, the only sure criterion is to have fun. And I have had fun.” I, too, can really say that my career in psychology has been fun. It has afforded me the opportunity for an exciting and rewarding career and I trust that I have been able to contribute to others and have made a difference.

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