Steps Toward a Clinically Relevant Science of Interventions in Pediatric Settings: Introduction to the Special Issue

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Objective: To describe methods and strategies to advance the science of interventions in pediatric psychology.

Methods: We consider the advantages of various strategies to develop and extend the applications of intervention research in pediatric practice settings.

Results: Strategies are needed to enhance application of empirically supported interventions to pediatric settings, including testing the generalizability of empirically supported interventions in clinical samples, developing interventions based on clinical experience and tested in controlled clinical trials, designing program evaluations in the context of practice settings, and conducting case studies and series. Critical next steps in intervention research include documenting the clinical significance of interventions, conducting multisite research concerning interventions, including interventions conducted in clinical settings, and implementing integrated clinical intervention and research. Training in empirically supported treatments and intervention research and developing policy related to intervention research would also promote a clinically relevant scientific agenda concerning intervention research with pediatric populations.

Conclusions: Pediatric psychologists have the opportunity to develop a clinically relevant science of interventions in pediatric settings by using multiple methods and strategies.

Key words: intervention; treatment; pediatric populations; clinical significance; clinical relevance.

The science related to psychological interventions with pediatric populations is now at a crossroads representing the emerging maturity of the field: on the one hand, there is a growing body of scientific information concerning the efficacy of psychological interventions that have been used with a range of pediatric populations. In this regard, the Journal of Pediatric Psychology’s (JPP) highly successful series on empirically supported treatments has been an important impetus.

On the other hand, given the focus of this series, it is not surprising that most of the reviewed studies have focused on the efficacy of research-based interventions rather than the effectiveness of clinical care as currently delivered by pediatric psycholo-
gists in practice settings. Consequently, as in other areas of clinical intervention with children (Kazdin, 2000; Weisz, 2000), there is a significant gap between the available results from empirically supported treatments in pediatric psychology and their implementation in practice. Closing this gap represents an important challenge for the field of pediatric psychology.

Several critical issues need to be addressed to develop and sustain more widespread application of empirically supported interventions in pediatric psychology and to enhance their clinical relevance. One priority is documentation of the clinical significance of interventions in pediatric settings in ways that address the following question: do interventions improve children’s functioning in ways that matter to children and families, referring pediatricians, and other professionals who are consumers of pediatric psychology services?

Another priority concerns demonstration of the generalizability of empirically supported interventions with a broad range of clinical populations. In this regard, significant questions include the following: can interventions shown to be effective with relatively homogeneous populations in the context of research studies be implemented on a widespread basis with more heterogeneous populations? What are the limits or boundary conditions of such generalization? What barriers must be surmounted to ensure that empirically supported interventions reach greater numbers of children and families?

A third priority concerns the development and evaluation of new interventions to address clinically compelling, heterogeneous problems for which empirical data are currently limited (e.g., complex combinations of physical illness and mental health problems, chronic problems with adherence to medical treatment, chronic pain that severely limits functioning, etc.).

This special issue of *JPP* concerning clinical interventions in pediatric settings considers research that addresses these priorities. We hope that the publications in this issue, which reflect the current state of the art in applied clinical intervention research in pediatric psychology, will stimulate others to meet the considerable challenges of such research and advance the level of scientific knowledge in this field. To facilitate this goal, our introduction to this issue considers the special problems involved in clinical intervention research in practice settings and suggests strategies to address them.

### Challenges to Clinical Application of Empirically Supported Interventions in Pediatric Settings

It is not difficult to understand potential reasons for the gap between the research findings concerning empirically supported interventions and their application in pediatric settings. One obstacle to such application is the different professional role demands for researchers and practitioners and contrasting values and incentives for their professional work (Drotar, 1991; Shonkoff, 2000). (We recognize that in some cases researchers and practitioners are in fact the same individuals, but for the most part those who conduct research on intervention do not provide clinical care.) Researchers design and implement research to ensure the internal validity of treatments: that is, the degree to which a treatment is carried out with fidelity in accord with a standardized protocol and demonstrates a valid difference compared to a control condition (e.g., including a no treatment control or an alternative intervention). Generalizability of effects to clinical practice is a secondary consideration, especially in the initial phases of intervention research, as compared with the primary emphasis on establishing whether the intervention had an effect. To promote powerful and valid intervention effects, researchers in pediatric psychology are understandably drawn to controlled, intensive, and often expensive treatment models delivered to highly selected, relatively homogeneous populations.

In marked contrast to researchers, pediatric psychology practitioners are in the front lines of clinical care. Their responsibilities involve delivering interventions to children referred to them with a wide range of problems. They are pressed for answers to compelling questions from parents (what problem does my child have? what can be done about it now?). Except for those with highly specialized practices, most practitioners encounter extraordinary individual variations in clinical problems and available family and economic resources in children they are called on to treat.

The broad scope of the clinical practice of pediatric psychology poses significant barriers to the integration of research and practice concerning treatment efficacy for several reasons: for one, multiple outcomes are affected by the psychological problems encountered in pediatric populations, including children’s emotional and cognitive devel-
Development and health, as well as family outcomes, such as parental mental health and family relationships. Consequently, clinical interventions should specifically target these critical dimensions or be sufficiently powerful to generalize across multiple outcome dimensions (Drotar, 1997).

More important, interventions delivered in the context of clinical care need to address complex, multifaceted problems that often require highly individualized treatment plans. Such practice constraints limit the immediate application of most standardized or “one size fits all” empirically supported intervention models developed in the context of randomized controlled trials with pediatric populations.

Consequently, most, if not all, of the intervention models developed in controlled trials need to be substantially modified and tailored to be more applicable to practice settings. But herein lies an essential paradox: interventions developed and tested in controlled research and then substantially modified to be implemented in practice may not be valid in the context of practice. Consequently, an alternative approach is to conduct studies of the effectiveness of interventions as they are delivered in clinical settings. But who is to conduct such studies, and how can they be implemented? Researchers may not be interested in generalizing their intervention models to a range of problems and settings. On the other hand, practitioners generally do not have the time or resources to conduct validation studies.

The collaborative context of pediatric psychology services creates another set of challenges for the development of intervention research and for clinical application of such findings. Researchers depend on pediatricians, other professionals, and parents for referrals of patients for their studies. For this reason, research concerning interventions requires the development of close collaboration with pediatric and other practitioners in pediatric settings. However, such collaborations are difficult to develop and sustain for multiple reasons (Drotar, 1995), not the least of which includes the formidable pressures of practice in a managed care environment (Walders & Drotar, 1999). As a result, many practitioners find it difficult, if not impossible, to participate in research, even research focused on clinical interventions and consistent with their professional interests.

**Table I. Strategies to Enhance the Clinical Relevance of Intervention Research**

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<thead>
<tr>
<th>Number</th>
<th>Strategy Description</th>
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<tr>
<td>1.</td>
<td>Test generalizability of empirically supported interventions with clinical samples</td>
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<td>2.</td>
<td>Implement evaluations of programs and treatments in pediatric settings</td>
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<td>3.</td>
<td>Test interventions developed from clinical experience in controlled studies</td>
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<td>4.</td>
<td>Use case studies and series to study the impact of interventions</td>
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<td>5.</td>
<td>Evaluate the clinical significance of intervention research</td>
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<td>6.</td>
<td>Synthesize and critique findings concerning intervention effects</td>
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<td>7.</td>
<td>Conduct multisite research concerning interventions in practice settings</td>
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<td>9.</td>
<td>Develop training methods and models for intervention research</td>
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<td>10.</td>
<td>Promote policies based on findings from intervention research</td>
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**Strategies to Bridge the Gap Between the Research and Practice of Interventions**

For all of the reasons already noted, the wide gap between the results of intervention research and the practice of empirically supported interventions in pediatric psychology threatens to increase over time. What would bridge the gap? What strategies are likely to have the best payoff? Our experience suggests that there is no one ideal strategy to accomplish this aim. Promising strategies are summarized in Table I and include the following: testing the generalizability of empirically supported interventions in clinical samples, implementing evaluations of interventions and programs in practice settings, developing interventions based on clinical experience that are tested in controlled trials and practice in pediatric psychology, using case studies and series to study intervention, enhancing the clinical significance of intervention research, and synthesizing findings concerning intervention effects.

**Testing the Generalizability of Empirically Supported Interventions With Clinical Samples**

One of the important next steps in treatment and intervention–related research is to apply the models and programs demonstrated as effective in randomized controlled trials to practice settings. At this point, a relatively large number of interventions in
pediatric psychology have been supported by data. (For some examples, see Holden, Deichmann, & Levy, 1999; McQuaid & Nassau, 1999; Mellon & McGrath, 2000; Powers, 1999.) Nevertheless, few of these interventions have been tested in practice settings with clinical populations. As one example, McQuaid and Nassau found that relaxation training was probably efficacious in reducing symptoms related to asthma, especially for children with emotional triggers. In particular, EMG feedback was efficacious in reducing frontalis muscle tension for children with asthma. However, the applicability and effectiveness of these interventions for children with asthma referred to pediatric psychologists for problems in illness management, as well as the clinical significance of reductions in illness-related symptoms related to such interventions, still need to be established. Similar opportunities for clinical applications are available for any of the empirically supported treatments described in the JPP series.

Implementing Evaluations of Programs and Treatments in Practice Settings

Among others, Weisz (2000) has argued for a clinic-based treatment development model for child and adolescent clinical psychology in which the development and testing of empirically supported treatments takes place in clinical practice settings. His cogent recommendation also challenges the field of pediatric psychology. Evaluation of the interventions and programs delivered in practice settings has not been a frequently used strategy of pediatric psychology intervention researchers, with some exceptions (Finney, Riley, & Cataldo, 1991).

Multiple methods and approaches will be needed to develop the knowledge base concerning evaluations of clinical interventions conducted in pediatric settings for several important reasons: in some instances, it may be premature to conduct a randomized controlled clinical trial of an intervention. For example, there may not be sufficient empirical evidence concerning an intervention model to warrant the investment of time, energy, and funds in an experimental trial. Consequently, it may be more useful to gather data concerning the feasibility and preliminary results of interventions delivered in practice before refining the intervention model using a controlled study.

In situations where services are already being provided to pediatric populations, it may not be feasible or ethically defensible to implement a controlled intervention study. In situations where researchers cannot change the patterns of service delivery for purposes of their research, program evaluation provides an alternative method. Program evaluations generally include a description of the participants in a program, the specific intervention delivered and evaluation of outcomes, ideally with a detailed pre- and postevaluation over a suitable follow-up period (Weiss, 1998).

A handful of pioneering pediatric psychology researchers has conducted program evaluations that provide a model for this approach. For example, Olson et al. (1989) conducted an evaluation for a program of inpatient consultation, and Finney et al. (1991) have described a model for assessing the outcomes of children referred for outpatient treatment of behavioral problems. Recently, Naar-King, Siegel, Smythe, and Simpson (2000) have outlined a model that can be used to evaluate collaborative health care programs for children with special needs that applies to pediatric settings. This model includes evaluation of the process components of a program such as the numbers of visits, utilization of services, accountability or documentation of provided services, continuity of service, and coordination or the degree to which the team communicates with other caregivers. The outcome evaluation component includes parent, staff, and child satisfaction with the services provided, level of teamwork, medical outcomes (e.g., visits to the emergency room or inpatient hospitalization), and psychosocial outcomes (e.g., behavioral adjustment or adherence to medical treatment).

Researchers’ contributions to this special issue illustrate the program evaluation approach. Sobel, Roberts, Rayfield, Barnard, and Rapoff (this issue) describe a pediatric psychology clinic that has operated for a number of years, together with information concerning outcomes of the interventions provided. Data indicate that children’s behavior improved significantly from pre- to posttreatment and that parents were satisfied with the services and recommendations provided.

Douglas, Kelley, Van Horn, and DeMaso (this issue) describe the role of process evaluation in evaluating the development of a new hospital-based mental health clinic for children facing medical stressors. Their findings support the feasibility and utility of using a process evaluation approach to facilitate the development of clinical services in pediatric psychology settings, as well as to create opportunities for collaboration with medical providers.
Finally, Schuman, Holtz, Peterson, and Rakusan (this issue) evaluated a multicomponent pain management intervention for children with human immunodeficiency virus (HIV) infection who were undergoing routine venipuncture in connection with their treatment with HIV. Multicomponent interventions included preparation, relaxation, distraction, parent involvement, and EMLA anesthetic cream. Children's reports of pain were significantly reduced by the time of the third postintervention procedure. Moreover, child distress and parent anxiety were significantly lower by the time of the second postintervention procedure.

Readers and reviewers should appreciate that program and process evaluations serve different but nonetheless important functions that contrast with randomized clinical trials designed to test the efficacy of interventions. Program and process evaluations are best used to document the feasibility and acceptability of interventions, characteristics of participants in interventions, or to describe the impact of an intervention in changing psychological problems, medical symptoms, and so on from pretreatment to posttreatment levels. These important goals are best viewed as an initial step in developing scientific knowledge of interventions, in documenting potential feasibility of interventions, and enhancing program development in clinical settings. Owing to different goals and methods, program and process evaluation cannot be held to the same standards as evaluations of randomized controlled clinical trials but instead need to be judged by different standards (Weiss, 1998). The characteristics of a very good program evaluation are simply not the same as those of a controlled trial of intervention. Nevertheless, when evaluating the findings from program evaluation research, readers need to remain cognizant of the threats to validity posed by such research, especially if it is uncontrolled (Campbell & Stanley, 1966).

**Testing Interventions Developed From Clinical Experience in Controlled Studies**

One important but as yet little used strategy in pediatric psychology to enhance the generalizability of intervention research is to develop specific interventions, based on extensive clinical experience with a specific pediatric population, tested in randomized controlled trials. This approach has the distinct advantage of using data from clinical experiences to construct a model of intervention, which should have greater clinical relevance and generalizability than interventions based entirely on previous research findings. One example of such an approach is Kazak and colleagues’ Surviving Cancer Competently Program (Kazak et al., 1999), based on clinical experience and data concerning the prevalence of posttraumatic stress in families who experienced childhood cancer. This program documented a need for preventive interventions to decrease later posttraumatic stress by reducing distress during treatment (Kazak et al., 1998). The intervention model, which integrates behavioral (Seligman, 1990) and family approaches (Steinglass, 1998) in group sessions for separate groups of survivors of cancer (mothers, fathers, siblings), is now being tested in a controlled trial.

**Using Case Studies and Series to Study the Impact of Interventions**

One useful strategy to facilitate the application of clinically relevant interventions in pediatric settings is to use case studies or series, which have several important advantages. First, the case study gives researchers and practitioners maximum flexibility to develop interventions with a range of clinical problems. For this reason, case studies and series can be used to illustrate the impact of a new intervention or generalizability of an empirically supported intervention to a new population. Palermo and Scher's (this issue) case study of a child who was incapacitated by pain provides a dramatic example of an intervention that focused specifically on improving the child's functioning. Case studies and series also have the potential advantage of engaging practitioners who are generally not in a position to conduct large-scale randomized clinical trials of interventions in research.

On the other hand, publishable case studies are by no means easy to conduct or prepare because they require collection of baseline data, special methodologies, or specification of their unique contribution to convince reviewers of their scientific merit. (See Drotar, LaGreca, Lemanek, & Kazak, 1995, for a detailed discussion of guidelines for published case studies in JPP.) Judging from the small numbers of case studies published in JPP over the past 5 years, there is a continuing gap between the potential versus reality of the scientific contribution of case studies to research on interventions in pediatric psychology.
Evaluating the Clinical Significance of Intervention Research

One of the important topics for future research concerns the demonstration of the clinical significance of interventions conducted in pediatric settings, a neglected topic in the field of clinical psychology (see Kazdin, 1999, 2000; Kendall, Marrs-Garcia, Nash & Sheldrick, 1999). Several methods can be used to evaluate the clinical significance of interventions, including the following (Kazdin, 2000): (1) comparison with normative samples (i.e., demonstrating that at the end of treatment the scores of treated clinical problems fall now within the range of normative behavior); (2) comparison with pretreatment samples (i.e., demonstrating that the score for an individual at the end of treatment has departed substantially from his or her initial score at the beginning of treatment); (3) use of psychiatric diagnostic criteria (i.e., demonstrating that individuals no longer meet diagnostic criteria for disorders or problems for which they were referred for intervention); (4) subjective evaluation of the impact of interventions (e.g., evidence that children or parents perceive a significant change); and (5) evaluation of social impact (e.g., demonstrating that the intervention has affected functioning in ways that are important to families and practitioners who make referrals).

Although demonstrations of clinical significance in research on interventions in pediatric psychology have been limited for the most part, some researchers have described the clinical significance of interventions in interesting ways, and others might wish to follow their lead. Some examples of such research include assessments of social validity of behavioral interventions (Wysocki et al., 1997), costs and benefits of interventions (Pinto & Hollandsworth, 1989), and changes in clinically relevant outcomes, including use of medications (Varni, Gilbert, & Dietrich, 1981), hospitalizations (Olness, 1981), medical visits, and school absences (Finnney, Lemanek, Cataldo, Katz, & Fuqua, 1989).

Another way to enhance the clinical significance of intervention studies is to broaden the range of children who participate to include clinical samples. The majority of interventions that have been empirically supported in pediatric psychology have been conducted on nonreferred populations for whom the clinical significance of the problems encountered were not clearly documented or were unknown. For this reason, documenting the clinical significance of interventions conducted on clinically referred populations using multiple methods (e.g., case reports and series, program evaluation, and controlled trials) would appear to be an important next step.

Synthesizing Findings Concerning Intervention Effects

There is a continuing need for critical synthesis of the known and the unknown about interventions in pediatric psychology so that this information can be used to improve methods and models and extend their generalizability (Drotar, in press). To address this need, Plante, Lobato, and Engel (this issue) conducted a systematic review of studies that described group treatments for pediatric populations, which have been used in many settings but have not been systematically evaluated. Their results indicated that a number of group interventions show scientific promise and underscores the need to implement group treatments in pediatric populations.

The JPP series on empirically supported treatments has certainly filled an important need for scholarly synthesis of intervention research. These reviews should be extended to include methods such as meta-analyses (Rosenthal, 1991). A critical advantage of meta-analysis is the comprehensive analysis of the pattern of effect sizes as a function of clinically relevant factors, such as sample characteristics (age, presence or absence of associated problems, such as compliance problems, type of intervention, etc.) of intervention findings using a common metric. (See Kibby, Tyc, & Mulhern, 1998, for an example of meta-analysis concerning interventions with children and adolescents with chronic medical illness.)

Future Directions

The implementation of clinically relevant intervention research in pediatric psychology in the ways we have defined it in this special issue will require new approaches. Promising new directions include conducting multisite research concerning interventions conducted in practice, implementing intervention research in the context of clinical programs, implementing integrated clinical intervention and research programs, promoting information exchange and training concerning empirically sup-
ported interventions, developing training methods and models for the conduct of intervention research, and working to develop policies based on findings from intervention research.

**Implementing Multisite Research Concerning Interventions Conducted in Practice Settings**

One of the more creative but as yet untried (to our knowledge) strategies of enhancing research in practice in pediatric settings is to conduct large-scale research on the interventions conducted by practicing pediatric psychologists. We know little about what intervention modalities are currently used most frequently by pediatric psychologist practitioners with a range of populations.

Our medical colleagues in pediatrics and psychiatry have a head start in conducting large-scale descriptive research concerning practice patterns. Such work can inform the development of practice-based research in pediatric psychology. For example, there is the Child Behavior Study, conducted with a national network of pediatric practices, as well as the Pediatric Research in Office Settings (PROS) network (Kelleher, McNerny, Gardner, Childs, & Wasserman, 2000). A second network, the American Psychiatric Practice Research Network, is conducting research on the patterns and combinations of treatment provided for specific mental disorders and comorbid conditions, as well as the clinical decision-making process (West, 2000). Such practice-based research may help to identify discrepancies between treatments and empirically supported treatments that need to be addressed in research, training, and continuing education. Moreover, pediatric psychologists have a track record of collaboration in multisite research that could facilitate the implementation of such studies (Armstrong & Drotar, 2000).

**Implementing Integrated Clinical Intervention and Research Programs**

Optimal integration of intervention research with clinical care requires a long-term commitment to a research program that includes multiple methods including descriptive and experimental research, ideally in a practice setting. Few have been able to achieve this difficult standard. Nonetheless, the field of pediatric psychology does have models to draw on. These include Kazak’s integrated research and practice psychosocial services program in the Division of Oncology at the Children’s Hospital of Philadelphia (Kazak, in press; Kazak & Meadows, 2000); Blount, Bunke, and Zaff’s (2000a, 2000b) integration of basic research, treatment research, and clinical practice at the University of Georgia; and Powers and colleagues’ comprehensive evaluation of interventions (medication and behavioral) of children and adolescents with headaches at Children’s Hospital Medical Center, Cincinnati (deGrauw, Hershey, Powers, & Bentti, 1999; Hershey, Powers, Bentti, & deGrauw, 2000; Hershey, Powers, Bentti, LeCates, & deGrauw, in press; Powers et al., in press). Readers are referred to these authors’ descriptions of their approaches and suggestions for strategies to conduct such work.

**Promoting Information Exchange and Training Concerning Empirically Supported Interventions**

As new interventions are developed, tested, and supported by research, practitioners and students need to know about them and consider their potential relevance to practice. Moreover, practitioners who develop new ideas about potentially effective interventions forged in the experiences of clinical practice need to communicate with researchers to test the validity of their ideas (Weisz, 2000). Empirically supported behavioral interventions do not necessarily make their way into practice readily. (See Houts, 2000, for a discussion related to behavioral versus pharmacological treatments for enuresis.) For this reason, pediatric psychology researchers and practitioners have an opportunity, if not a responsibility, to make empirically supported treatments more available to their colleagues through presentations and workshops, publications, and expert consultation. In this regard, Henggeler and colleagues’ continuing work (Henggeler & Randall, 2000) to implement multisystemic treatment (MST) in multiple sites through formal training and consultation in local communities is an example for pediatric psychologists to emulate.

**Developing Training Methods and Models for the Conduct of Intervention Research**

Intervention research raises many formidable methodological and pragmatic problems (e.g., methods that are appropriate for analysis of prospective data, implementing methods to reduce subject attrition, ethical issues, etc.). These methods require special-
ized didactic training and experiences with a range of methods (e.g., training in single case study designs, program evaluation research, and methods related to randomized controlled trials of intervention) that may not be consistently emphasized in graduate training.

Owing to important reality constraints such as the need to finish a graduate training program within a reasonable time frame, many students lack opportunities to conduct intervention research for their master's and dissertation research. Nevertheless, graduate training programs can facilitate the training of students in intervention research in pediatric psychology by providing hands-on opportunities for students to participate in ongoing research studies that focus on interventions. For example, the pediatric psychology research training program at Case Western Reserve University has given students hands-on experience in research on such interventions as screening of economically disadvantaged mothers for depression in a primary care pediatric clinic (Needlman et al., 1999), a pediatric psychology service designed to assess behavioral problems seen by primary care practitioners (Riekert, Stancin, Palermo, & Drotar, 1998), and a randomized controlled trial of the efficacy of a problem-solving intervention to reduce asthma-related morbidity in children and adolescents (Walders, 2001).

Critical opportunities for postdoctoral training in intervention research in pediatric psychology need to be developed. Such programs can provide trainees with opportunities to design and implement intervention research, learn about the methodological issues in randomized controlled trials, ethical issues in intervention research, and so on under the supervision of experienced mentors.

Promoting Policies Based on Findings From Intervention Research

The clinical relevance of intervention research would also be enhanced by promoting policies based on findings from such research (Houts, 2000). Perhaps more researchers would develop empirically supported interventions and more practitioners would learn to implement them if these interventions were supported by policies that govern reimbursement of clinical care. The forces that shape reimbursement are complex and are certainly beyond the scope of this discussion (Walders & Drotar, 1999). Nevertheless, there is a gap between the interventions reimbursed by insurance companies and sought after by consumers versus those interventions supported by empirical data. Consequently, there is a need for pediatric psychologists in educating consumers, pediatric practitioners, and policy makers, including managed care companies, concerning those interventions shown to be effective in improving clinically relevant outcomes and the implications for service delivery.

There is a considerable agenda for future research to facilitate the development of a clinically relevant science of intervention in pediatric settings. Moreover, pediatric psychologists are not alone in facing the daunting task of implementing such an agenda. For example, the Committee on Science and Practice for Division 12 has recently made a series of important recommendations to enhance evidence-based practice and training in the field of clinical psychology that will be of interest to pediatric psychologists (Weisz, Hawley, Pilkonis, Woody, & Follette, 2000). Clearly, there is a long way to go in developing a clinically relevant science of interventions in pediatric settings. As a consequence, considerable opportunities exist for pediatric psychologists to advance the field. The contributors to this special issue have taken important steps in meeting some of the challenges of clinically relevant intervention research, and we applaud their efforts.

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