Pioneers in Pediatric Psychology: Personal Reflections for the Young Professional

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One of the most rewarding aspects of being a seasoned clinician in pediatric psychology is that of influencing the training and career paths of young professionals in the healthcare field. The insights offered in this article are meant not only to guide young professionals but also to help them “pay it forward” to the future generations of pediatric psychologists. My personal reflections respectfully shared in this article begin with what I have found to be essential in early education and training and also include “pearls of wisdom” regarding early career development and advancement in the field.

Training Experience

Undergraduate

Many senior professionals in the field of pediatric psychology started their career in psychology undergraduate programs, with perhaps a vision of helping people with mental health needs. Like me, a significant number came from a diverse array of undergraduate studies in liberal arts or science programs and landed in psychology very much by accident. The lesson learned from my undergraduate experience is that early college education does not limit one’s path to professional success. My undergraduate degree was in psychology, where I spent most of my time as a researcher. I happened to register for a psychology course at Southern Illinois University that changed everything. The instructor, William Wagman, PhD, (a Keller & Schoenfeld graduate) loved what he was doing and took a keen interest in his students. By the end of that semester, I was working 20 hr a week in his laboratory as a volunteer and by the next semester, I was a paid research assistant with my tuition waived. The research that I conducted under his supervision as my undergraduate Honor’s Thesis was presented at both the Midwestern Psychological Association (1964) and the Eastern Psychological Association (1964) and was published in the Journal of Comparative and Physiological Psychology (1965)—my first publication in a peer-reviewed journal. Along with my major in psychology, I had a minor in mammalian physiology. I picked physiology because I found it interesting and wanted to know more about it. I had no way of knowing at the time how useful my minor would be to me later in my career. My favorite class was a year-long course that reviewed each of the major body systems (e.g., neurology, cardiology, and endocrinology) with lectures and laboratory studies. Learning how the various body systems worked was absolutely fascinating to me and also laid the foundation for my work with physicians in medical settings, a field later called “pediatric psychology.” But more than anything else, I was hooked—I loved what I was doing! That seems to be the common thread throughout my career—I have really loved what I was doing, and I was drawn to professors who also loved what they were doing.

Immediately after graduating from Southern Illinois University, during the summer of 1964, I had the opportunity to work with Nathan Azrin, PhD, ABPP, in the Behavior Research Laboratory at Anna State Hospital as a summer intern; although it was a demanding position, it was also a rewarding one. The major lesson I learned as an undergraduate was to seek out competent and productive faculty who loved what they were doing.

Graduate

After my summer at Anna State Hospital, I began working on my coursework and research for my Masters Degree at Michigan State University under the direction of M. Ray Denny, PhD. My MA thesis was on the topic of avoidance learning in rats, which was published in Psychonomic Science (1966) and accepted for presentation at the
Psychonomic Society (1966) and at the Eastern Psychological Association (1967).

While working on my Masters, I began exploring what opportunities were available to earn a PhD with a focus on clinical behavioral interventions. At the time (1964–65), there were not many behavioral clinicians at Michigan State—at least not that I could identify—so I was certain I would need to go elsewhere. The two major doctoral programs for me at that time, neither of which had yet been fully approved by their administrations, were the University of Kansas (KU) and Western Michigan University (WMU). I chose to move to Kalamazoo, Michigan, to work with Roger Ulrich, PhD, running his research laboratory doing animal research because it represented an opportunity to be involved in a thriving research setting with really productive faculty members.

One of my responsibilities at WMU was with Dr. Neil Kent’s National Science Foundation’s Summer Science Institute. The program for gifted and talented high-school students from all over the United States invited leading behavioral researchers to spend 1 week at WMU. The speakers were people like Nate Azrin, Ivar Lovaas, Doug Anger, and Murray Sidman—many of whom were colleagues of Azrin and were all dedicated to their profession. Spending time with the leading researchers in behavioral psychology helped to make what I did every day interesting and exciting.

By the end of my first year at WMU, it was clear that their PhD program was not going to be approved any time soon. This realization prompted my transfer to the KU in 1967. The PhD program in Developmental and Child Psychology was offered jointly by the Department of Human Development and Family Life and the Department of Psychology, was approved by the Graduate School, and was about to begin accepting new students. I remember talking to Dr. Azrin about transferring to KU and his response was memorable: “If you choose to study behavioral interventions with humans you will either be known as a pioneer or you’ll never be heard from again.” Off to KU I went.

In the fall of 1967, I began working with Todd Risley, PhD. Risley was a very active researcher at the Juniper Garden’s Children’s Project (JGCP), located in an inner-city housing project in Kansas City. One of his major research interests then, and for decades to come, was children’s language learning. Therefore, I embarked on a study of interest to Risley on children’s auditory matching to sample. Part of my PhD research under Risley’s direction was presented at the American Psychological Association (APA) (1969) and published in the Journal of the Experimental Analysis of Behavior (1970).

Thus, based on my experience, my advice to young professionals is as follows: Do not be afraid to pursue your interests, whether they seem related to psychology—this might not only help you find your passion but also to find others who share your interests, and can guide your early education path.

Postdoctoral Training

As noted earlier in the text, my initial passion for psychology seemed to by ignited almost by accident; perhaps the same fateful course can be noted for my postdoctoral training. On completion of my PhD from KU, a unique situation presented itself at JGCP. Mont Wolf, PhD, one of the three co-principal investigators on the original JGCP grant, needed a researcher on relatively short notice to take over running his project, and the position was offered to me. I accepted the offer with two conditions: that it would be structured so that it counted as a full, official post-doctoral training experience, and that I would also be able to look for a part-time teaching position in the area (both to augment my salary and to get a start in acquiring academic credentials), which Wolf accepted without reservation. When I started looking for a teaching position, I applied for and was hired as a faculty member in the Department of Nursing Education at the University of Kansas Medical Center (KUMC), which is where, not incidentally, I met my wife of >41 years.

JGCP was a very productive research site at this time. Through my position at JGCP, I had the privilege of working with Richard L. Schiefelbusch, PhD, director for at least three decades of the Bureau of Child Research at the KU—JGCP was one of their most productive research sites (and still is!). In the 10-plus years that I worked on the JGCP Project, I was promoted to a co-principal investigator when Mont Wolf decided to put his efforts on other projects. As a co-principal investigator on the JGCP Grant, I was able to apply for and receive millions of dollars in grant funds at the local, state and national level. I also had the opportunity to work with the JGCP staff and with Dr. Schiefelbusch on grant preparation, site visits, and conducting federally funded research while publishing and presenting the results of our research.

Both Todd Risley and Mont Wolf, in their research endeavors, placed great emphasis on “knowing your research subject,” whether it be the behavior of delinquents (exemplified by Wolf’s work at Achievement Place/Teaching Family Model) or Risley’s work with children’s language learning. This emphasis on knowing your research subject would later be incredibly useful to me when entering the field of pediatric medicine.
While working on the JGCP grant and teaching at the Medical Center, I decided to apply for (and was granted) my Kansas license as a psychologist. A short time later, I started a small private practice an evening or two a week. My private practice offered parent training exclusively. Later, when a position was opened for a psychologist in the Department of Pediatrics at KUMC, the chairman had heard about my clinical practice from friends and associates, which clearly helped when that position was created for me. The lesson I learned with my first position was that I needed to do enough homework to identify a productive site for both my graduate and post-doctoral training. It is a simple fact that you are far more likely to be productive in a setting that is run and staffed by productive faculty than in a setting that does not have a history of being productive.

Early Career

On joining the faculty in the Department of Pediatrics in 1974, I was able to use the training I had received from Risley, Wolf, and Schiefelbush to analyze the field of ambulatory, or outpatient, pediatrics. From systematically searching the pediatric literature and talking with practicing pediatricians, I discovered that the majority of pediatricians' time was spent in well-child care and that the greatest risk to children in the United States was from behavioral events like accidents. This led me to conduct, publish, and present research, such as automobile safety (children's car seats) and home safety (hot water heaters and smoke detectors). I was able to present my research findings at numerous pediatric venues and publish it in pediatric and pediatric psychology journals. During my first year in the Department of Pediatrics, I worked with the head of ambulatory pediatrics, Hunter Leake, M.D. I was able to see many of his pediatric patients, with him, and he was able to see many of my pediatric psychology patients with me. During these joint office appointments, in 1974, I learned a great deal about pediatrics and drew very heavily on my undergraduate coursework in psychology and mammalian physiology. After closely examining the pediatric literature and discovering that behavioral psychology had much to offer to the field of pediatrics, we began a research program specifically aimed at providing solutions to issues that pediatricians faced every day.

The first phase of this research was on accident prevention, or injury control, as it has come to be known. We conducted a series of studies on improving compliance with recommendations to parents to obtain and use child passenger safety seats and followed the strategy I had seen work for so many of the people I admired and wanted to imitate in behavioral psychology. We published this research in both pediatric and psychology journals and presented it at both pediatric meetings and psychology meetings. I believe that this was made possible by the fact that I was addressing problems of paramount importance to pediatricians while remaining sensitive to the time and practice constraints of those same pediatricians.

This exposure to the pediatric audience resulted in my being invited to a number of pediatric meetings that were not open to the public, such as Ross Roundtables (sponsored by the infant formula manufacturer who was active at the time in supporting continuing education activities in pediatrics) and grant study sections. At the same time that I was publishing in pediatric journals and presenting at pediatric meetings, I was also publishing in psychology journals and presenting at psychology meetings.

About this time, Gerald Patterson, PhD, and several other researchers, all of whom were funded by the Center for Studies of Crime and Delinquency, started meeting annually for a small invited conference he called "Social Learning in the Family." Again, like the Summer Science Institute at WMU, I found myself in the company of some of the leading behavioral researchers in the nation: Gerry Patterson, Bob Wahler, Martha Bernal, Rex Forehand, Karen Budd, Elaine Blechman, and Lynn Embry.

This was also about the time that the Society for Pediatric Psychology Newsletter had started publication and I read about the work of Logan Wright, one of the very first pediatric psychologists. Logan and I struck up a collegial relationship, occasionally seeing each other in person but usually visiting over the phone, which lasted for many years. As many others in pediatric psychology found out, Logan was a wonderful person, always willing to share his expertise, and who loved what he was doing.

In the early 1980s, we started getting requests from pediatric residents to spend a one-month rotation during
their second year of residency and, although it was never a required rotation (we never wanted it to be a required rotation), the vast majority of pediatric residents ended up requesting the behavioral pediatrics rotation. We also received enough requests from practitioners, both pediatricians and psychologists, from around the United States, that we began offering what we called a “Mini-Fellowship in Behavioral Pediatrics.” These “mini-fellows” spent 1 week with us, primarily seeing patients and discussing the literature, and, inevitably finished with a stack of written treatment summaries for the various treatments and of relevant articles that we offered through our Behavioral Pediatrics Clinic. The most recent mini fellows trained with us in 2012, indicating the program has not lost its appeal. From my early career experiences, I learned to make every attempt to position myself in a productive setting where your expertise is appreciated and to address, both from a clinical and from a research perspective, problem areas of immediate interest to pediatricians.

Planning Ahead of Time for Promotion

The same week that I started my position in the Department of Pediatrics in 1974, I contacted the Dean of the medical school to obtain a copy of the promotion guidelines and started my first “Promotions File,” which is a strategy that I still recommend to trainees. Once I knew what the Promotions Committee was looking for in terms of clinical, administrative and research productivity, I knew what I had to do, from the start, to earn a promotion. The Guidelines for Promotion from your school of medicine or the dean’s office at your university is virtually a road map on how to earn your promotion. At the beginning of your first appointment, you can go over the guidelines and decide which of the accomplishments needed for promotion you can do each year. Therefore, if you desire to be an assistant professor for 5 years, decide which activities you will do during your first year, your second year, and so forth. In this way, you will always have promotion in mind and be able to either earn it in a reasonable amount of time or at least make significant progress toward doing so. And, if the promotion does not materialize where you are, you are in a better position to seek a promotion elsewhere.

I started actively recruiting PhD students through the HDFL graduate program at the University of Kansas (a total of 33) during my tenure at the KUMC to assist them in conducting their dissertation research, which was funded by our continued grant support from JGCP as well as other granting agencies. We developed a reputable training program that attracted students who, on completion of their degrees, joined the faculty at institutions all over the United States or started in private practice in numerous cities across the country. At a recent presentation at the National Conference in Clinical Child Conference at the KU in Lawrence, Kansas, William Pelham, PhD, observed that if you want to be a productive researcher, recruit good graduate students (Pelham, 2012). Pelham was so right! I recently published these and other lessons in a “Primer on Career Development and Promotion: Succeeding as a Psychologist in an Academic Health Center,” with Zeeshan Butt, PhD, from Northwestern University, which is available for download from the Association of Psychologists in Academic Health Centers website, a Section of Division 12 of the APA and is included as an Appendix to the December 2012 issue of Journal of Clinical Psychology in Medical Settings. The lesson that I learned from negotiating the promotion process at KUMC was that promotion is a multi-year process that, if you focus on it from the very beginning, is really a pretty straightforward process.

Distinguish Yourself in Your Field

It is important to distinguish yourself in your field by carefully picking an area of concentration for your clinical practice and research. One way to do this is to acquire good public-speaking skills. As a new clinician or faculty member, it can often feel almost impossible to make an impact on the field. Not every student has the good fortune or opportunity to get funded for grants or write for prominent publications. Even though I was able to achieve such accomplishments during my training, it was not until I attended a public lecture by Haim Ginot, PhD, one of the first psychologists to regularly appear on radio and television talk shows to share his expertise on child rearing. His book, “Between Parent and Child” was a bestseller for decades. When I watched Ginot, I noticed he would talk, make a humorous comment, pause, wait several seconds, and then make a serious point. I detected, or at least I thought that I detected, a gentle grin on his face each time he did this. I learned that talking to an audience was not just a case of memorizing a litany of research results. Rather, there is almost a science to giving presentations. Once I learned that from watching Ginot I began accepting virtually every speaking invitation I received, and arranged some on my own, so that I could try out “my” new strategy, the Ginot strategy. This led to my offering a variety of prenatal and parenting classes throughout the Kansas City area for next 25 years.

I learned some skills for all of these presentations that served me very well during my career. First, I made a real
effort to stay current with the pediatric literature, as well as the pediatric psychology literature. This required that I subscribe to and read many of the publications from the American Academy of Pediatrics including, but not limited to, *Pediatrics*, *AAP News*, and some of their major reports, such as “The Future of Pediatric Education, I and II.” The lesson I learned was that to really distinguish yourself and to facilitate your development in the clinical/research area of your choosing, you need to learn a lot about that field and you need to develop good skills as a public speaker.

**Help Determine the Future of Pediatric Psychology**

Probably the biggest change that I have seen during my four decades of practice has been going from having to almost convince our medical colleagues of the usefulness of procedures developed by psychologists in the early days to having trouble providing all of the services that our medical colleagues are requesting from us today. When the pediatric psychologist is able to be an integral part of the treatment team, providing essential services that greatly facilitate the care provided by our medical colleagues, you will find that you are treated as a competent professional. When I started in practice at KUMC in 1974, pediatric trainees (residents and fellows) had little, if any, exposure to pediatric/clinical child psychologists, they had no idea what kinds of services we had to offer, and they rarely had an appropriate referral to any of us. It was not until psychologists became an integral member of the treatment team that they started to gain recognition from our physician colleagues. And, I doubt that any of this would have been possible without many of us having devoted time and effort on activities that were meaningful to the pediatric audience.

The best indication that we are respected today for our help with pediatric patients is that many of my colleagues here at Children’s Mercy Hospital are typically involved in the first intake appointment and provide services, as needed, throughout the patient’s treatment; they have appointments to important hospital and school of medicine committees; they are being promoted in the same time frame as our physician colleagues.

When Linda Ross, PhD, and I moved our internship program to Children’s Mercy Hospital in 1986, we brought with us our concept of mini-medical rotations with many of the subspecialty clinics, which gave our trainees the opportunity to actually be with the pediatricians as the pediatricians practiced their subspecialty. In this way, the trainees would learn from experience what obstacles pediatricians faced every day in their clinics. These “mini-meds” are still an integral part of our APA-approved clinical child internship program and are invaluable experiences that help pediatric psychologists become a part of the treatment team. The lesson I learned from working with pediatric subspecialists was that if you function as an integral part of the treatment team, you will be treated as an integral part of the treatment team. Do not accept a subordinate position unless that is what you are seeking professionally.

**Advice for Doctoral Students and New Graduates**

The main advice I have to offer after almost 45 years of training and practice is as follows:

1. Train with the best researchers/practitioners you can, and learn from them enough that you can apply what you learned with new conditions or with new populations.
2. When you have an opportunity to hear a presentation by an accomplished professional who has earned a great reputation, arrange or rearrange your schedule to attend their presentation. Identify effective presentation strategies that you can incorporate into your own presentations.
3. To work with physicians, find out what those physicians do and what kinds of services they need from people with our type of training and background. If you intend to pursue a career in pediatric psychology, take some introductory courses in physiology so that you have at least a basic knowledge of how the human body functions.
4. Publishing in high-impact journals and presenting at national meetings, in both pediatric psychology and in pediatric subspecialty areas, will get you the kind of exposure that you need to be able to have an impact on your field. Take the time to find out which journals your medical colleagues are publishing in and prepare and format some of your articles for submission to those journals.
5. When training pediatric psychologists, consider emphasizing to them the importance of skills that they need to be able to almost immediately be of service in the pediatric subspecialty areas of their choosing.
6. If you are in an academic position and you begin your position by studying the Guidelines for Promotion from your institution and systematically address those guidelines, you will stand a good chance of meeting the criteria for promotion at our institution.
Challenges

There were numerous challenges that I encountered during my career, not the least of which was a less than enthusiastic reception from many traditionally trained pediatricians and pediatric psychiatrists who were heavily influenced by either Freud’s theories or one of his disciples. Rather than get involved in endless debates with them about the relative merits of the two approaches (Freudian and Behavioral), I choose to pursue the approach of identifying some of the most perplexing problems facing pediatrics at the time and apply the scientific method to their resolution. The evolution of psychology from the Freudian underpinnings at the time to a strong representation of behavioral strategies today suggests that this approach was a fruitful and productive one, both for me and my peers and for the trainees who succeeded us. Taking the empirical approach, which involved publishing in peer-reviewed journals, reviewing for pediatric as well as psychological journals, and sitting on both pediatric and psychology study sections was well received by the medical center faculty and rewarded accordingly. And, as I soon found out, the empirical approach was also much more recognizable to and accepted by trainees both in the medical school and in psychology.

Another very difficult challenge that is familiar to almost anyone reading this article was balancing my personal life and my professional life. Submission of larger grants and/or books involves an enormous amount of preparation time which, if you are not careful, can and will interfere with your career, your home life, or both. Having married a woman who was trained in pediatric nursing at the medical school (and whose father was a successful businessman and my mentor and dear friend for three decades) has always been an advantage because she understood and appreciated the episodic heavy loads that are part and parcel of the career path that I had chosen. She knew how demanding careers at a major teaching hospital could be and were.

And, now, after overcoming multiple challenges and 40 years later, I can tell Nathan Azrin that I became a pioneer and have been heard from again and again.

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