Pioneers in Pediatric Psychology: Assisting the Developmental Progress of Pediatric Psychology

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As I reflect on my involvement in pediatric psychology, I realize how lucky I was to enter the field at a particular time. So much was undeveloped, but there was great enthusiasm for what this field of science and practice could become and commitment to create resources and enhanced opportunities for pediatric psychologists. As a graduate student and intern up to the late 1970s, there were no textbooks and few articles that described pediatric psychology activities and research. The fledgling organization of the Society of Pediatric Psychology (SPP) needed everybody’s multifaceted contributions, and the field could flourish only when people participated to their fullest. There was a purposeful strength; we were small, but growing a good idea at the right time and we were lucky to be there. Over 40 years of involvement, I have seen tremendous development and solidification in the field for its concepts, research, clinical applications, informational resources, and its organizational home. In this piece, I offer some history of pediatric psychology as I experienced the developments, focusing more on my involvement in the Society than emphasizing my own research and work with students in the field. In doing so, the developmental progress of the Society and the field may be discerned.

In my formative professional years, I had a supportive and innovative research mentor, Mark H. Thelen, as an undergraduate at the University of Missouri, Columbia. I then went to the clinical psychology program at Purdue University that provided some focus on clinical child psychology. Within the first month at Purdue in 1973, Logan Wright, one of the founders of SPP and early researcher clinician, presented a colloquium on pediatric psychology. He made encopresis and “tracheotomy addiction” sound exciting, and I was hooked on the field (which was “officially” only about 4 years old at the time). Donald R. Ottinger was the Purdue clinical training director and had pediatric psychology-related experiences at Indiana University Medical Center. Ottinger had developed a pediatric psychology practicum with Robert Hannemann, MD, a local pediatrician, through which many pediatric psychologists gained their initial clinical experiences in two hospitals and his pediatric clinic. I published an article describing the cases in this practicum (Ottinger & Roberts, 1980). Hannemann later was elected President of the American Academy of Pediatrics and spoke during a SPP program at the 1997 American Psychological Association (APA) Convention about the importance of the relationship between psychology and pediatrics. Also at Purdue at this time, Annette M. La Greca was one of my fellow students and we remained friends and supportive colleagues throughout our careers.

After Purdue, I went to the University of Oklahoma Health Sciences Center (OUHSC) for clinical internship at Oklahoma Children’s Hospital. At OUHSC, I received exceptional mentoring in pediatric psychology (before the mentoring term became de rigueur in education and training) from C. Eugene (Gene) Walker, Diane Willis, Arlene Schaefer, and Wright. Wright utilized behavioral components in many of his applications (e.g., reported in several publications), but as a Rogerian-trained clinician, he seemed to think behavioral interventions were mainly a bag of tricks. Walker, on the other hand, was a strong behaviorist who integrated what had been rather traditional psychotherapy approaches with a well-defined behavioral orientation that was then still developing applications in clinical practice. Wright and Schaefer were finishing up the Encyclopedia of Pediatric Psychology (1979) with Gerald Solomon, which was a tour de force for the relatively nascent field, and Walker wrote the chapter on behavioral treatments. Most importantly for my career, I had daily interactions with Walker, whose personal and professional qualities influenced me greatly. I later published with both Wright and Walker (e.g., Roberts, Maddux, & Wright, 1984; Roberts & Walker, 1989; Roberts & Wright, 1982; Walker & Roberts, 2001).

Willis had been the founding editor of the Journal of Pediatric Psychology (JPP) and went out of her way to support me and to appoint me to my first journal editorial board when she was editor of the more established Journal of Clinical Child Psychology. At the time, I may not have realized how “young” they were, or how new the field was, but I recognized how much these mentors contributed to my development because they clearly saw their roles to serve as “door openers” to the field—they cared about me and other interns and were integrally connected to the field.
In addition to providing these superb mentors, the Oklahoma internship gave experience with a range of patients and problems in an outpatient clinic of pediatric psychology, inpatient pediatric wards, mental retardation and developmental disabilities assessment center, and a speech/language assessment clinic. I treated multiple encopresis cases (an expertise that later served me well in a part-time private practice), collaborated in the treatment of “tracheotomy addiction” in neonates, assessed and implemented interventions for failure to thrive in infants, and received a medical center grant to conduct clinical research on diabetes regimen adherence (at that time called “compliance”). The pediatric psychology clinic had all the back issues of JPP (and its newsletter predecessor, Pediatric Psychology) and the Journal of Clinical Child Psychology. I burned up the copy machine making copies of these for my files. These mentors’ connections helped me get my first faculty position at the University of Alabama where I spent 13 years in a supportive environment as coordinator of the Clinical Child Psychology Concentration in a general clinical psychology program (Roberts, 2006).

At one point early in my faculty tenure, a pediatric psychologist asked me, “How do you do pediatric psychology outside of a medical center?” Perhaps this was a legitimate question at the time given that I was not based in a children’s hospital (there were not the numbers of these positions available as there are today). Although I was a contributing faculty to a family medicine residency program at the medical school, my primary appointment was in a doctoral clinical psychology training program. I was also conducting community-based prevention work in childhood injuries and health promotion work. These parts of my research developed in the application of psychology to children’s health that is inclusive of problems facing all children, not just those with chronic illnesses, which seems to be more prevalent today in pediatric psychology. Nonetheless, this rather simple (and innocuous) question prompted me to promote a definition of pediatric psychology as broadly child health, not just limited to the psychosocial aspects of chronic illness in children. Around the same time, I wrote a book on pediatric psychology in which I discussed the various definitions for the field and affiliated topics such as behavioral medicine, developmental and behavioral pediatrics, and child health psychology that tried to apply a broad perspective on the field (Roberts, 1986a).

I left Alabama in 1991 to start the Clinical Child Psychology Program at the University of Kansas (KU). The clinical child program has flourished because of superbly productive colleagues and fantastic students, many of whom have gone on to productive careers in pediatric psychology. We also benefit from the support of excellent colleagues at University of Kansas Medical Center and Children’s Mercy Hospital and Clinics. After directing the program for many years, I recently moved to serving as Dean of Graduate Studies at KU. I retain my professorship in the program and remain engaged with graduate students and the pediatric and clinical child psychology fields (Figure 1).

In the following thematic sections, I attempt to capture the variety of activities in which I engaged the field of pediatric psychology since my initial exposure to Logan Wright in 1973.

**Pediatric Psychology Research**

When I submitted my first manuscript for review by the JPP, I had a reviewer identify me as author and call me at home—saying that JPP was not good enough for my work and that she was going to reject the paper so I could submit to a “better” journal. I asked this person not to do me this “favor” because I sincerely wanted to publish in JPP. Fortunately, the JPP Editor, Donald Routh, overlooked the oddly worded rejection and accepted my first JPP article on reducing medical fears and preparing children for hospitalization (Roberts, Wurtele, Boone, Ginther, & Elkins, 1981). I later served as editor for the journal and wanted to enhance its reputation so that nobody would disdain publishing in it. I have now served as editor for five journals, but my most rewarding has been JPP.

Throughout my career, I have pursued a diverse research portfolio, seeking interesting questions and issues, and not wanting to be restricted to one topic (indeed, my research team is called the “Stone Soup Group”). These interests were often shaped by work with students and colleagues. For example, we developed and evaluated community interventions to reward parents and children to use safety seats and seat belts (e.g., Roberts, Alexander, & Knapp, 1990; Roberts, Fanurik, & Layfield, 1987; Roberts, Fanurik & Wilson, 1988; Roberts & Layfield, 1987) as well as studied hazardous environments and parental supervision to reduce risk for health and mortality (e.g., Boles & Roberts, 2008; Boles, Roberts, Brown, & Mayes, 2005; Brown, Roberts, Mayes, & Boles, 2005; Mayes, Roberts, Boles, & Brown, 2006). In pursuing prevention and promotion topics, I co-edited a book with Lizette Peterson on Prevention of Problems in Childhood (Roberts & Peterson, 1984) and a special issue of JPP on “Health Promotion and Problem Prevention in Pediatric Psychology” in 1986. My address for the SPP Lee Salk Award was on “Promotion/Prevention in America: Still Spitting on the Sidewalk” (Roberts, 1994). Additionally, in four decades of publishing, my research team and professional colleagues conducted research on children’s medical and dental fears, children’s perceptions of diseases and medications, and how to explain illnesses to children (e.g., Bachanas & Roberts, 1995; DePaola, Roberts, Blais, Frick, & McNeal, 1997; Maieron, Roberts, & Prentice-Dunn, 1996; McNeal, Roberts, & Barone, 2000; Potter & Roberts, 1984). We investigated medical regimen adherence (compliance), pediatric pain, school transitions, food allergies, obesity treatments, aspects of diabetes, and professional issues of ethics and training (e.g., Buckloh & Roberts, 2001; Graves, Roberts, Rapoff, & Boyer, 2010; Odar, Roberts, & Canter, 2013; Wu & Roberts, 2008). We also implemented program evaluations of clinical services in pediatrics and family medicine and of summer camps for children with chronic illnesses (e.g., Kleinsorge, Roberts, Roy, & Rapoff, ….
SPP Board of Directors

When I was first elected to the SPP Board of Directors in 1980, there was an elan, a dedication to a vision and a spirit of selflessness and service among the members. Often members worked many hours on SPP activities and donated money from their own pockets to keep the fledgling organization alive. I paid my own way to the first couple of board meetings I attended. These personal expenditures caused my wife, Karen, to question just how honorific was this board (the SPP membership now knows her as the Administrative Officer for SPP). Nonetheless, election to the board to me carried great responsibility along with the honor; it raised a sense of commitment to give of oneself and improve the organization and the field. Fiduciary responsibility has been defined for me as including the duty to care, duty of loyalty, duty of obedience, and duty to act on behalf of the organizational mission. During my several terms on the SPP Board in various capacities, I wanted to be a careful steward of the members’ money and trust to create activities and services that met the members’ needs, provide useful resources, and grow the field.

Phyllis Magrab, as SPP president in 1980, assigned me the task of reviving the SPP newsletter, but with a negligible budget. The newsletter had been moribund for several years when the initial publication transformed into the JPP. This was a fun job and brought me into rewarding interactions with many productive members (although some were a bit odd). It has been rewarding to see the continual development of the newsletter as an informational resource for the Society with the imprint of each editor guiding the format and content.

In 1980, the Society changed its status from being “affiliated” with the Clinical Child Psychology Section within the Division of Clinical Psychology of APA to become a section of its own (known as SPP, Section 5 of the Clinical Psychology Division). One obligation the organization had to the Clinical Division was that 50% of SPP members also had to be members of the Division. Rather than encourage SPP members to join the Division (which was then expensive and had an onerous application process), Magrab assigned me the task of soliciting Division 12 members to join SPP and increase our numbers and percentage of joint members. I sent our solicitation letters to 12,000 Division members with application forms to gain the members we needed to maintain our Section status. At the same time, SPP was establishing the scientific bona fides of JPP by getting its articles included in PsycINFO (then called Psychological Abstracts) and listed in the Social Science Citation Index. Because SPP received royalties from institutional library subscriptions of JPP, we decided to encourage our members to request their libraries at universities and medical schools to subscribe even though the members themselves received a subscription through their membership. I spent a long week comparing by hand the lists of members and their institutions with the list of libraries to send individualized solicitation letters asking them to complete the forms to make a request within their institutions. The members followed up, and this effort resulted in a significant increase in library subscriptions, which continue to form the basis of our journal contract.

Like many in our leadership, Magrab was (and is) an amazing dynamic force with entrepreneurial ideas about financing and creating energy for building the organization. She saw no limits to what could be done. Her article as a Pioneer in Pediatric Psychology in JPP only partially captures everything that she did (Magrab, 2013). She epitomized the early commitment of hard work and sacrifice of early pioneers such as Diane Willis, Carolyn Schroeder, Don Routh, Gary Mesibov, and others. Throughout the history of the organization, fortunately, there have been several officers with these key characteristics.

After serving on the Board of Directors, I was then elected to serve as President in 1985. My Presidential address at the APA convention on the “Future of Children’s Health Care” was published in JPP (Roberts, 1986b). The Society’s major issues during my term involved the maintenance of the journal and providing content programs at national and regional association meetings. During my term as President, I testified on behalf of SPP and APA in a US Senate Hearing on protection of child victim witnesses in maltreatment prosecutions (in 1985, this topic was then considered to be within the field). Testifying was a nerve-wracking, bladder-busting, but satisfying experience. Also, while on the SPP Board, I served as the APA and Division representative to the American Academy of Pediatrics for several years and participated in developing several policy pieces on Media Education (American Academy of Pediatrics, 1999) and Insurance Coverage of Mental Health and Substance Abuse Services for Children and Adolescents: A Consensus Statement (American Academy of Pediatrics, 2000).

Through many years on the board in various positions, I have gained so much from the interactions with leaders in the field including Glen Aylward, Carolyn Schroeder, Phyllis Magrab, Dennis Harper, Annette La Greca, Anne Kazak, Dennis Drobat, and many others. Bill Rae and I developed a strong friendship as a result of SPP and later co-edited the journal, Children’s Health Care, and moved it to be an independent journal when the sponsoring organization started declining. I have also been rewarded by seeing the wording and statements I wrote and many activities I started or participated in become permanent fixtures in the organization.

Editor of JPP

Gerald Koocher asked me to serve as Associate Editor for the Journal when he was appointed Editor. I handled book reviews and editorial action duties; this put me in a position to apply for and be appointed JPP Editor for 1988–1992, with the valued contributions of Associate Editors Annette La Greca, Dennis Harper, and Jan Wallander. While Editor-elect, I chaired a working group to detail the coverage and mission of the Journal with greater descriptiveness than the “setting-based” mission statement that had previously defined the journal topical coverage. In fulfillment of my desire to see the field defined in a larger context, we created a more comprehensive masthead statement that was approved by the Board of Directors of SPP.

Journal of Pediatric Psychology publishes articles relating to theory, research, and professional practice in pediatric psychology. Pediatric psychology is an interdisciplinary field addressing the full range of physical and mental development, health, and illness issues affecting children, adolescents, and families. The journal publishes papers on a wide variety of topics exploring the relationship between psychological and physical well-being of children and adolescents including: understanding, assessment, and intervention with developmental disorders; evaluation and treatment of behavioral and emotional problems and concomitants of disease and illness; the role of psychology in pediatric medicine; the promotion of health and development; and the prevention of illness and injury among children and youth. (Roberts, La Greca, & Harper, 1988, p. 2)

This description has been modified a few times by succeeding Editors. Because I was already interested in establishing historical
records for the field, I wrote a summary article on the activities of our editorial team as a “vale dictum” at the end of the term (Roberts, 1992). Later JPP editors also have contributed vale dictum pieces about their journal work.

Division 54 of the American Psychological Association

After many years as a section in Division 12, several SPP board members recognized that our needs were not being met through our affiliation with the APA Division of Clinical Psychology. Annette La Greca and I advocated at various levels, including to APA, Division 12, and the leadership of the SPP and the Section on Clinical Child Psychology to create two new divisions (54 and 53, respectively). There was some opposition who saw the future only linked to “Clinical Psychology” per se and wanted to keep both groups within the Division of Clinical Psychology. Fortunately, a majority of the board membership saw the value of divisional status and the application was successful in 2000. I was elected to serve as the first member of the APA Council of Representatives from the newly formed Division 54 for two terms covering 6 years (followed by Annette La Greca), and the Division re-elected me to Council. As a Division, SPP could name Fellows of APA so I chaired the first Fellows committee and wrote the policy and procedures to reflect the application of standards of APA Fellow for pediatric psychology contributions. I think the move to be a Division has given SPP more status and enhanced its ability to meet member needs (as well as increase its influence within APA and with other organizations). Nonetheless, it needs to be remembered that the Society preexisted Division status and was a fully functioning, robust, and active organization, representing a vibrant field of research and practice, long before it became a division of APA.

Historian of SPP

The Historian position for SPP was envisioned by Anne Kazak during her presidential term to secure various archives of historical information for the future as well as provide information about various aspects of founding and development of the field and Society. Over my 5-year term as the Historian for the Society, we formed a history committee with representatives from various decades of the Society. We published pieces in Progress Notes and JPP on historical figures and actions (these provide some interesting tidbits about the zeitgeist in the development of pediatric psychology). The SPP History Project scanned conference programs, minutes of SPP Board meeting and Business Meetings at the APA convention, and the newsletters published before the digital era. We also collected many photos of SPP activities with an intention to place these on the SPP Web site. These materials are important, not only for documenting actions taken by boards and activities of the Society, but the conference programs could be useful for investigators to search for work that might not have been published or give leads to publications when conducting research, for example, in doing meta-analyses to help overcome the “file-drawer problem.” These materials need to be available to all.

In a graduate course on Pediatric Psychology at KU, I assigned a group of students to improve the content for the “pediatric psychology” entry for Wikipedia with multiple subsections and active links to other entries they also revised (as part of the Association for Psychological Science initiative to improve the scientific value of the wikis on psychological topics). See http://en.wikipedia.org/wiki/Pediatric_Psychology. The entry is now more informative. Also, related to the history efforts, my research team investigated mentoring and publishing in the field (Aylward, Odar, Kessler, Canter, & Roberts, 2012; Aylward, Roberts, Colombo, & Steele, 2008; Bellinger & Roberts, 2011; Canter, Kessler, Odar, Aylward, & Roberts, 2012; Raad, Bellinger, McCormick, Roberts, & Steele, 2008; Steele, Graves, Roberts, & Steele, 2006). I am particularly pleased that Anne Kazak assumed the Historian role, knowing of her strong interest in capturing the history of the field.

Handbook of Pediatric Psychology and Clinical Practice of Pediatric Psychology

I have been fortunate to serve as editor of the Handbook of Pediatric Psychology (HPP) for three editions (1995, 2003, 2009) following Don Routh who initiated the first edition in 1988. The fourth edition was co-edited with my KU colleague, Ric Steele. The handbook tries to serve differing needs of practitioners and researchers, and that purpose has sometimes been difficult to fulfill within page constraints. As we noted in the handbook Preface, some professionals see the pediatric psychology world narrower than others, that is, as only what they, themselves, are doing. We presented that HPP needed to serve the needs and interests beyond only a single perspective. As we approach a new edition of HPP over the next 2 years, we are daunted by new developments and refinements occurring in the field while mindful of the challenge of putting comprehensive information in a volume of manageable size. There is an extra workload to create a peer-reviewed handbook, not just a collection of topical chapters, and we have appreciated the scholarly efforts of authors and contributors of the editorial board. The editors’ royalties were donated to the Society. In addition to HPP, we developed two books from JPP articles with the royalties also donated to SPP entitled Family Issues in Pediatric Psychology (Roberts & Wallander, 1992) and Readings in Pediatric Psychology (Roberts, Koocher, Routh, & Willis, 1993). To complement the clinical science emphasis of the HPP, I recently worked with two graduates of the KU program, Yelena Wu and Brandon Aylward, to co-edit a book entitled Clinical Practice of Pediatric Psychology, published in 2014 with Guilford Publications (Roberts, Aylward, & Wu, 2014). This volume presents clinical case reports discussing effective assessment and treatment approaches for the major presenting problems, again trying to keep a wider definition of pediatric psychology activities. The process of developing this book highlighted to me how much the clinical practice community in pediatric psychology had grown through the years.

New Journal: Clinical Practice in Pediatric Psychology

Continuing to read JPP after my service as editor, I became concerned that, while the scientific side of the field was significantly served by the journal, clinical applications were growing significantly, but were not as well served as it once may have in the early years of the journal. In August 2010, I wrote a proposal to the SPP Board, stating that there was a need for: “…a new journal for the Society of Pediatric Psychology [that] would publish articles describing the professional/applied activities of pediatric psychology. Specifically, this new journal would publish descriptions about the varieties of activities by pediatric psychologists in different settings, presenting problems, responsibilities, financial supportive arrangements, innovations, etc.” I noted that JPP and other journals had previously published activities of pediatric psychologists in medical settings, such as primary care, pediatric oncology unit, consultation/ liaison services. These served as useful illustrations of what pediatric...
psychologists do on a daily basis and were valuable for trainers working with students, for professionals attempting to establish new services in other hospitals, and for documenting the development of the clinical field in medical settings. JPP’s reputation had grown significantly as a primary publication for empirical work with strong values of theory, methodology, analysis, and interpretation and did not publish on the applied and practical aspects of the field as much as it did in an earlier era. Consequently, I outlined the possible types of articles in a new clinical practice journal:

- Describe comprehensively the breadth and richness of the field in its diverse activities.
- Complement the scientific development of the field with information on the applied/clinical side.
- Provide modeling for Society members that addresses the ways practicing pediatric psychologists incorporate empirical literature into their day-to-day activities.
- Emphasize work that incorporates and cites evidence from the science base.
- Provide an outlet for authors and members (including students) who may not get their professional work into JPP because of its more empirical mission and page constraints.
- Inform those who are interested in learning more about what ped psychologists do (e.g., undergraduates, graduate students/interns).
- Provide a forum for reporting on attempts to incorporate evidence into formative case-conceptualizations.
- Serve as a resource for those interested in developing similar services.
- Provide a forum for those engaged in primarily clinical activities to report on their activities and inform future research activities.

We conducted a survey of SPP members that provided overwhelming data indicating that many members perceived their clinical needs were being ignored and a clinically oriented practice journal would be well received. The Director of APA Publications, Gary VandenBos, attended the San Antonio National Conference in Pediatric Psychology in 2011 and, after speaking with almost all of the poster presenters and speakers, concluded that SPP and the field of pediatric psychology was worth the APA involvement in a new journal because of the excitement evident at the conference. With some lobbying effort, the board members came around to embrace the new journal; I have been gratified at the reception to it even by those who questioned the need for it.

**National Conferences**

When I first joined the SPP board, we tried to organize relevant programming at the APA convention and at several regional psychological association conventions (e.g., Southeastern, Midwestern). These sessions were often packed to standing room only and indicated an exceptional interest in research topics and clinical activities. I think these programs led to an interest in establishing regional and national conferences. As an initially isolated pediatric psychologist when a junior faculty member, I greatly appreciated the contributions of the Ohio and the Florida pediatric psychology groups for their vision and dedication in establishing the importance of conferences that drew together professionals and students in one place for stimulating discussions about developments in the field. I presented at the first meeting in Ohio in May 1987 on the topic of “Current Issues in Pediatric Psychology” (Figure 2). (I also developed a pediatric psychology trivia game for the conference to highlight historical developments in the field.) I presented at the first Florida Child Health Psychology conference in April 1988 on an “Overview to Prevention in Pediatric Psychology: Where’s the Cat? Where’s the Cradle?”

I always returned from the meetings inspired from hearing about others’ activities and concerns in clinical applications and research endeavors. The conferences were never strongly supported by or subsidized by SPP. The local pediatric psychologists and their institutions organized and funded these conferences. A small bit of history of the conferences was written about in a piece in *Progress Notes* by Sue White and Terry Stancin (October, 2009). I perceived that the field intensively felt the loss of a national forum after going without a conference for a couple of years. In September 2009, Ric Steele and I wrote a proposal to assume management of a national conference for pediatric psychology for two times (over a 4-year period) to demonstrate the financial viability of SPP as the primary sponsor. Our proposal to the SPP Board emphasized that a national pediatric psychology conference is essential to the development of the field—and to our collective trainees’ futures. The financial difficulties in hosting a large conference were often insurmountable for local institutions. We believed that the time was right for SPP to sponsor a more centrally managed and financed conference with a priority to keep student registration fees as low as possible. The SPP Board accepted our proposal in 2010 and we managed the national conferences for SPP in San Antonio (2011) and New Orleans (2013) with the organizational prowess of the KU Continuing Education Division. We stayed within the limits of the prescribed budget with what I perceived as a successful set of conferences. The field should be pleased at the attendance records (each with over 500 attendees) and the immensely positive reception. Indeed, these two conferences were “proof of concept” experiments. Because of their success, the SPP board decided to continue holding conferences annually thereafter under its sponsorship. These have been immensely successful.

**International Activities**

Pediatric psychology is not just an American phenomenon, although other countries may use other terms for the concepts and activities. I have been pleased to address pediatric and child health
psychologists in the United Kingdom and Sicily and to see psychosocial applications for children’s health in many other countries. The national conferences have international attendees. Recently, I have been involved with the World Health Organization in conducting research related to the revision of the International Classification of Diseases. These formative and evaluative field trials with numerous international colleagues in research and clinical settings have been designed to enhance the scientific validity and clinical utility of the mental and behavioral classification system to reduce the burden of mental health problems around the world (e.g., Evans et al., 2013, 2015; Lochman et al., 2015; Reed et al., 2013; Roberts et al., 2012; Roberts & Evans, 2013; Robles et al., 2015).

Concluding Remarks

I have enjoyed various positions within SPP and tried to make contributions when I could, but more importantly I have learned from the very best clinicians and scientists in our profession. Incredibly smart, creative, committed, and innovative individuals make up the field. The many “whos,” not just the “what,” fostered the attraction of the field for me. The early people with whom I interacted were “characters” in the nicest way—dynamics of energy who were innovators, idea developers, and implementers. Their force of personality and sense of purpose forged this field; many served as role models and mentors for me, and I am personally grateful for having them in my life. I recognize, now that I am older, that those true pioneers in pediatric psychology were young and fairly early in their own careers when I first met them (although the term “early career” had not been invented yet); they had and still have verve.

The times and circumstances shaped the people and actions of pediatric psychology; the people influenced actions and changes; the developments affected people continually in a reciprocal influence model. Pediatric psychology, more than many fields of psychology, demonstrated an amazing integration of science and practice applications. And it was a good idea at the right time and continues to be.

Today the concept of pediatric psychology makes so much sense and the organization is so financially strong that the perception may be that the field must have always enjoyed this established status. As the other Pioneer authors and other contributors can attest, pediatric psychology was truly a developmental phenomenon. Many people made and continue to make substantial contributions to create opportunities and expand the field. In the early years, people knew they were involved in something new, innovative, and fulfilling that could make a difference in the lives of children and their families. Although many of the same issues are still significant problems (e.g., adherence, psychosocial adjustment and quality of life, pain, effectiveness of interventions), the concepts have been elaborated and better honed for our scientific orientation to improve clinical practice. Through the years from my initial exposure in graduate school, my identity as a pediatric psychologist has been the foremost part of my career. Over time, I hope my efforts helped develop informational and organizational resources, enhance the ability of pediatric psychologists to do their jobs, and assist the developmental progress of the field. I consider myself lucky to have entered the field at the time I did, but envision a rewarding future for those entering now.

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References
