Predoctoral Training in Pediatric Psychology at the University of Kansas Clinical Child Psychology Program

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The training of clinical psychologists in general, and clinical child and pediatric psychologists in particular, has received significant commentary and evaluation in recent years (e.g., Cherry, Messenger, & Jacoby, 2000; Freedheim & Overholser, 1997; Kenny & Chmielewski, 1996; Roberts et al., 1998). Consistent with the biblical proverb of “iron sharpening iron,” the field of pediatric psychology, in particular, has benefited from the comments and critiques offered in the past. Perhaps owing to the earlier observations of a number of commentators, the recommendations for the training of pediatric psychologists offered by the Society of Pediatric Psychology (SPP) Task Force Report (Spirito et al., this issue) provide a thorough guide for program construction, program evaluation, and, possibly, program reinvention. A brief overview of several of the components of the Clinical Child Psychology Program (CCPP) at the University of Kansas (KU) presents an opportunity to examine how one program compares to the recommendations provided by the task force.

Faculty and Structure of CCPP

As presented elsewhere (Roberts, 1998), the CCPP is an interdepartmental program with core faculty jointly appointed in the Department of Psychology and the Department of Human Development and Family Life. Two of the core faculty members have primary research interests in pediatric psychology. Additional core faculty members have on occasion been involved with pediatric psychology research and clinical supervision. A larger contingent of faculty and adjunct faculty members from both departments and from other institutions (e.g., KU Medical Center [KUMC], Children’s Mercy Hospital) rounds out the didactic and practicum opportunities available to students in the program.

Two emphases or tracks within the program are provided for students: general mental health services for children and families and pediatric psychology. Consistent with many programs, the two tracks share all of the required course work and basic practica (see Table I). However, students pursuing interests in the pediatric psychology emphasis may choose didactic and practicum electives specific to pediatric psychology.

Pediatric Psychology Courses in the CCPP

Among the issues addressed by the SPP task force is the emphasis on training in a variety of skills to match the requirements of professional pediatric psychology. Specifically, the task force highlighted the necessity of substantive training in life span developmental psychology, developmental psychopathology, child and family assessment, intervention, diversity, research methods, and legal/ethical issues. As shown in Table I, the core courses in the program are consistent with the task force’s recommendations and provide students with a complete didactic experience in clinical psychology with a child/developmental emphasis.

The courses available in pediatric psychology are particularly noteworthy in breadth and depth of topic areas. Beyond the introductory pediatric psychology course, students in the pediatric track are offered courses in both the psychological and physiological aspects of health and illness, courses in developmental disabilities, and additional directed readings in specialty areas (e.g., adherence). Because of the diversity of the adjunct faculty affiliations (e.g., KUMC, KU Child Development Unit), an area of strength in the pediatric psychology track is the interdisciplinary nature of the course content (e.g., course title: Interdisciplinary Approach to Early Intervention With the Handicapped). In a real sense, the focus on children and pediatric issues allows a more broad experience in clinical psychology for our students.

Further information on CCPP course requirements...
and didactic electives may be obtained from our Web site (www.ku.edu/~clchild) or from Roberts (1998) and Roberts and Sobel (1999). The program fulfills the training recommendations of Roberts et al. (1998), which form one of the bases of the task force report (Spirito et al., this issue).

**Practicum Experiences in Pediatric Psychology**

Paralleling the pediatric psychology course work and consistent with the recommendations of the task force, our available clinical practica sites offer a wide variety of relevant experiences. Following successful completion of basic practicum hours in the KU Child and Family Services Clinic, students interested in gaining pediatriically oriented experiences and expertise may rotate through practica in pediatric settings. These sites include the Child Development Unit of KUMC, where students are exposed to interdisciplinary evaluation of children presenting with medical and developmental concerns; Children’s Mercy Hospital, where students have the opportunity for supervised experiences in both inpatient and outpatient consultation/liaison and therapy services; and the Pediatric Psychology Unit at KUMC. All of these units have outstanding supervisors who serve as role models and mentors in clinical research and applications. Other sites (e.g., Bert Nash Community Mental Health Center) are more directly relevant to general mental health services but can be accessed by the pediatric psychology students as well. Additional pediatriically oriented practicum sites occasionally become available and are considered on a case-by-case basis. For example, a recent practicum placement became available in the form of an opportunity to provide supervised group therapy for children and adolescents under treatment in an outpatient bariatric clinic. The faculty approved this placement because it represented a unique opportunity for students to gain experience in an area not previously offered to CCPP students.

The practicum opportunity available through the Pediatric Psychology Unit at KUMC deserves special mention, in that this site addresses several of the recommendations of the task force. Beyond exposure to consultant and liaison roles indicated by the task force, the Pediatric Psychology Unit offers three placements with differing populations. First, trainees have the opportunity to conduct outpatient sessions in the medical center itself in the offices of the staff and in the pediatric clinic examining rooms. This unit has a reputation for exceptional services for children with disruptive behaviors, so these form a sizable proportion of referrals. Second, trainees work with the same professionals in a pediatric primary care clinic in Lawrence, Kansas, with a variety of referral problems. Third, the trainees consult with staff and work with patients on the inpatient medical units. For example, these include children and adolescents receiving treatment for cancer.

The breadth of training that the KUMC Pediatric Psy-
Research Opportunities in Pediatric Psychology

Both in terms of content area and in focus of research (e.g., program evaluation, clinical outcome research), CCPP students are exposed to a variety of research experiences in pediatric psychology, consistent with the task force’s recommendations. Thus, students develop scientific skills that will allow them to significantly and positively influence the field at various levels. For example, core faculty members and students are currently working on projects addressing program evaluation of services in a pediatric outpatient clinic, evaluation of a camp for children with diabetes, investigation of hope and vocational aspirations of children with chronic illnesses, development of new measures of psychosocial responses to pediatric illness, examination and enhancement of adherence to medical regimens for a number of illnesses (e.g., asthma, organ transplants, HIV infection), and children’s and family members’ perceptions of illness and treatment regimens.

Consistent with other top-ranked pediatric psychology programs (e.g., Case Western Reserve University; Drotar, 1998), a feature of our program is the high percentage of our students with authorship status on publications in relevant journals, as well as presentations at numerous conventions and conferences. However, in addition to fostering skills related to project design, study implementation, and dissemination of empirical data, students are actively involved in other aspects of scholarly activity, including co-authoring chapters, preparing grants, reviewing journal submissions, and assisting on edited books by faculty members. Finally, because of the structure of the program, students have the option of participating in research endeavors with multiple faculty members. Participation on multiple research teams is encouraged and allows increased exposure to a number of methodologies and research approaches.

Internship and Postdoctoral Fellowship Placements

Although students’ internship and postdoctoral fellowship placements are not necessarily affiliated with the CCPP, a word about intern and graduate placements provides an additional characterization of the values of the program. Students seeking expertise in pediatric psychology are encouraged to apply to internship programs recognized for their leadership in the field. Perhaps due to the diversity of clinical practicum experiences offered, the CCPP has a record of placing students in outstanding pediatric psychology internships. For example, successful placements of CCPP students have included Boston Children’s Hospital, the University of Florida Medical Center, Children’s Mercy Hospital (Kansas City), Oklahoma Children’s Hospital, University of Cincinnati Medical Center, and Oregon Health Sciences University.

Also, CCPP graduates who desire expertise in pediatric psychology are encouraged to complete postdoctoral fellowships for the further development of research and clinical skills and, as recommended by the SPP task force, to develop specialty interests. Our graduates have taken positions at Nemours Children’s Hospital in Jacksonville, FL; Cardinal Glennon Children’s Hospital in St. Louis, MO; Children’s Mercy Hospital in Kansas City, MO; and Cincinnati Children’s Hospital in Cincinnati, OH. Given the early developmental stage of the CCPP (i.e., only in its ninth year of accepting students), it is premature to draw conclusions from the relatively few graduates who have taken professional positions.

Discussion

As indicated by the overview, the KU CCPP models the recommendations set forth by the SPP task force in most ar-
eas. In combination with our affiliated units, we are able to provide exposure to a wide array of topics beyond what could be offered in a single pediatric psychology course. We do not know how common it is among clinical training programs to have this variety and level of pediatric psychology courses offered to students. Similarly, the number and diversity of the pediatric practica offer students rich experience in a number of different service models (e.g., inpatient, outpatient, consult/liaison services) and a variety of presenting problems. A hallmark of our practicum sites is the opportunity for students to interact with a variety of professionals to develop interdisciplinary solutions to presenting problems. The oft-mentioned changes in mental health service delivery will (and do) require integration with multiple health professionals (Roberts & Hurley, 1997). We believe that the course and practicum components of the CCPP are well suited to supply students with the necessary skills in this new age of service delivery.

Beyond clinical skills, the CCPP provides a fertile training ground for development of research and methodological skills that will enable our graduates to positively influence the field of pediatric psychology at a number of levels. This influence is best identified in our students’ publications and their involvement with numerous empirical and scientific evidence-building activities.

However, lest we become complacent in the achievements of our students, we continue to examine alternative methodologies for training pediatric psychologists. One practice that appears to have great promise for further development of research and dissemination skills is exemplified by the “writers’ workshops” offered by some institutions. For example, Drotar (1998) described such an endeavor in practice at Case Western Reserve University that has apparently yielded quite favorable results. Other academic entities (e.g., the University of Georgia’s Institute of Behavioral Research) have offered grant-writing courses or workshops to junior faculty (and the occasional graduate student) with much success. We suggest that graduate training programs examine opportunities to develop focused writing courses or seminars to pediatric psychology trainees as a means of enhancing professional communication skills.

Consistent with the task force’s recommendations, further opportunities for professional interaction with other disciplines are encouraged. Such opportunities may be developed with respect to course requirements (e.g., pediatric seminar courses co-taught by a pediatric psychologist and a pediatrician), within practicum settings (e.g., practicum placements in primary care settings), and in research endeavors (e.g., pediatricians or other medical specialists serving on thesis or dissertation committees). Some programs (e.g., KU CCPP, Case Western Reserve) have begun expanding such interdisciplinary training opportunities within their programs.

The SPP task force’s recommendations highlight the importance of each of these routes to competence in pediatric psychology. The University of Kansas program demonstrates one approach, integrating a comprehensive clinical child psychology curriculum with specialty pediatric psychology training. Of course, all training depends on available resources, created opportunities, and planning.

Comments regarding the changing nature of health care have become almost cliché. However, the reality behind such statements will continue to place demands on the training of clinical child and pediatric psychologists. The recommendations of the SPP task force appear to be a realistic attempt to keep the training of pediatric psychologists in step with the larger health care community. Careful reflection on how training programs compare to these recommendations and willingness to shape programs according to the strengths observed in other programs seem vital to the field’s growth and survival.

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References


