Reflections and Perspectives on Pediatric Psychology: Editor’s Vale Dictum

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Reviews major activities of the Editor and changes in the Journal of Pediatric Psychology (JPP) for issues published in 1993 through 1997. Significant trends and accomplishments are reviewed, including the increased use of Special Issues and Special Sections to highlight current pediatric psychological research. Articles published during the term are analyzed in terms of article type and population type. Comparisons are made to earlier trends in JPP publications, as reported by Roberts (1992).

KEY WORDS: pediatric psychology; editing; professional issues; science; clinical practice.

With this issue of JPP, I officially complete my term as Editor. The past 6 years have been challenging, rewarding, and demanding—but most of all, “fun.” One aspect of the editorial process that I have especially enjoyed is the formal and informal contacts with many distinguished, as well as up-and-coming, pediatric psychologists. Throughout my term, I have been impressed with the considerable energy, scholarship, enthusiasm, and interest of the many authors and reviewers I have encountered. These contacts made me feel “connected” to the pulse of pediatric psychology, and challenged me to think about the field, and about
research, in many new and different ways. It is this connection that I will miss most.

This closing editorial provides an opportunity to review some of the primary activities of my editorial term. I feel fortunate to have this opportunity.

SIGNIFICANT ACTIVITIES

Maintaining Journal Quality

One of my initial goals as Editor of JPP was "to preserve the high quality and scholarly nature" of the journal (La Greca, Drotar, Wallander, & Lemanek, 1993, p. 1). Several indicators suggest that this goal has been achieved. First, over the past 5 years, we have received 644 new manuscript submissions (1992 = 104; 1993 = 105; 1994 = 134; 1995 = 162; 1996 = 139). These numbers represent an 8% increase in comparison to the previous 5-year period for JPP (Roberts, 1992), and come at a time when many other editors have complained about declining submissions to their journals. In fact, due to the increase in submissions, in 1996 and 1997 we increased the number of pages published in JPP from 800 to 900. At the same time, we maintained our high standards for publication quality. For example, the Journal's rejection rate has averaged over 80% for the past 5 years. In fact, according to the most recent statistics published by the American Psychological Association (1997), JPP's rejection rate of 83% for 1996 ranked 4th among the 25 Division Journals. And, if JPP was a primary APA journal, it would have ranked 5th of 25 distinguished publications.

Another indicator of journal quality is the effect of articles published in the Journal, as reflected in the citation impact factor. Based on recent figures from the Institute for Scientific Information in the Social Science Citation Index, the citation impact factors for JPP for the 3 most recent years available (1993, 1994, and 1995) were 1.1, 1.9, and 1.6, respectively. These figures suggest an increasing impact for the journal, and compare favorably with the 1.1 citation impact factor for the prior 5-year period (Roberts, 1992). These figures indicate that the Journal is receiving recognition as a quality peer-reviewed publication.

There are also many informal indicators that reflect the high quality and scholarly nature of the journal. For example, we have seen a moderate increase in submissions from non-U.S. authors, suggesting that the journal is garnering some international recognition. A special section of the Journal on International Pediatric Psychology (in June 1996) highlighted some of the work of our international contributors. In addition, numerous authors and reviewers have commented favorably on the high quality of the journal. Overall, I feel confident that we have maintained, and even increased, the high standards of quality and scholarship in JPP over the past 5 years.
Table I. Special Issues and Special Sections Published in JPP (1993–1997)*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Dates of special sections</th>
<th>Dates of special issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment in pediatric psychology</td>
<td>6/94, 8/96</td>
<td>4/96</td>
</tr>
<tr>
<td>Chronic pediatric conditions</td>
<td>2/93, 6/93 (Cancer)</td>
<td>4/94, 4/95, 8/95, 12/97</td>
</tr>
<tr>
<td>Family issues</td>
<td>10/93, 6/94, 12/94</td>
<td>4/97</td>
</tr>
<tr>
<td>High risk infants and young children</td>
<td>6/97</td>
<td>12/96</td>
</tr>
<tr>
<td>Interventions in pediatric psychology</td>
<td>12/94, 10/96, 6/97, 10/97</td>
<td>12/93</td>
</tr>
<tr>
<td>Pediatric AIDS/HIV</td>
<td>4/93, 2/94, 2/95</td>
<td></td>
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<tr>
<td>Pediatric injury</td>
<td>2/93, 2/95, 8/97</td>
<td></td>
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<tr>
<td>Single issues</td>
<td></td>
<td></td>
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<tr>
<td>Craniofacial anomalies</td>
<td>8/97</td>
<td></td>
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<tr>
<td>Hospitalization</td>
<td>6/95</td>
<td></td>
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<tr>
<td>Impact of parental health risk</td>
<td>—</td>
<td>10/94</td>
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<tr>
<td>International pediatric psychology</td>
<td>6/96</td>
<td></td>
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<tr>
<td>Pediatric health care</td>
<td>6/95</td>
<td></td>
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<tr>
<td>Pediatric neuropsychology</td>
<td>—</td>
<td>12/95</td>
</tr>
<tr>
<td>Pediatric pain</td>
<td>10/96</td>
<td></td>
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<tr>
<td>Peer perceptions</td>
<td>6/95</td>
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*Numbers represent the month of the year; 2 = February; 4 = April; 6 = June; 8 = August; 10 = October; 12 = December.

Emphasizing Quality Research

As Editor of JPP, another goal was to emphasize and accentuate pediatric psychological research (La Greca et al., 1993). One of the main vehicles for doing this has been through the increased use of Special Issues and Special Sections, most often with accompanying editorials that highlight and accentuate progress and issues in pediatric psychological research. Table I summarizes the topics of the special issues and sections that have appeared in the Journal over the past 5 years. Some of the topics have appeared in multiple issues of JPP.

As you can see, we have made extensive use of a thematic format to showcase pediatric psychological research (i.e., 24 Special Sections; 10 Special Issues). Some of the special issues reflect the overall patterns of submissions to JPP. For example, because chronic pediatric conditions represents the most common topic of articles submitted to JPP, we have been able to publish several special issues on this theme (including the present one) without having a specific call for papers. Most of the special sections also reflect the pattern of submissions and accepted articles in JPP (e.g., Pediatric HIV, Pediatric Injury, Family Issues). In contrast, the special issues reflect a concerted effort to increase the representation of certain topics in JPP; this has been the case for Assessment, Intervention, High Risk Infants, Impact of Parental Health Risk, and Pediatric Neuropsychology.

In addition to topical issues, I have worked hard to expand the journal's
coverage of conceptual, methodological, and practical issues in pediatric psychology by periodically inviting papers that address topics of special interest, and by an increased use of Editorials and Commentaries that highlight important issues in the field. For example, the Journal has featured papers on such broad ranging topics as the application of causal analysis to pediatric psychology research (Peyrot, 1996), future directions for research in pediatric chronic disease (Glasgow & Anderson, 1995), and the preparation of case reports in pediatric psychology (Drotar, La Greca, Lemanek, & Kazak, 1995). In addition, over the past 5 years, 22 Editorials by distinguished pediatric psychologists have been published—one for each of the planned Special Issues, as well as for the majority of the topical sections; as such, the editorials cover the range of topics that are listed in Table I.

What has been more difficult, however, is generating controversy surrounding broad issues in pediatric psychology (see La Greca, 1994a). Although 15 Commentaries have appeared in the Journal in the past 5 years, they have typically been submitted only after considerable urging by the Editor. Pediatric psychologists certainly do not appear to be a very contentious group!

The SPP Distinguished Research and Service Awards and the scholarly review papers published in recent years have also contributed immeasurably to the process of "thinking about" the field of pediatric psychology. These papers have dealt with such diverse topics as the correspondence (or lack thereof) between health behavior and health status (Johnson, 1994), depression among youth with chronic disease (Bennett, 1994), prevention and health promotion research (Roberts, 1994), the assessment of health-related quality of life (Spieth & Harris, 1996), and the social competence of children with central nervous system-related health conditions (Nassau & Drotar, 1997).

Increasing Attention to Assessment and Intervention Research

In response to many informal requests from pediatric psychologists, our Editorial team has expended considerable effort to increase the Journal's coverage of assessment and intervention articles. This task proved to be quite challenging. Several special issues and sections focused on these topics (see Table I) and detailed editorials were prepared to highlight critical research issues in these areas (e.g., Drotar, 1997; La Greca & Lemanek, 1996; La Greca & Varni, 1993). We specifically encouraged intervention-related submissions early on, by printing several special announcements calling for submissions on the topic of interventions in pediatric psychology, along with brief guidelines for how to submit clinical case studies (e.g., Vol. 18, 1993, pp. 537, 811; Vol. 19, 1994, pp. 125, 653). We later published a detailed paper on the submission of case studies (Drotar et al., 1995) in the hopes of generating more intervention-related papers.
How did these efforts fare? We did succeed in increasing the representation of empirical papers on assessment and intervention, relative to the previous 5-year period, although on balance, most of the empirical studies published in JPP are still “explicative” in nature (72%). Specifically, compared to figures for 1988–1992 (Roberts, 1992), there was a 45.8% increase in articles on assessment (from 24 to 35), and a 52.9% increase in articles on interventions (from 17 to 26). These figures should be viewed in the context of an overall increase of 11.3% in the number of papers published in JPP (from 212 to 236) in the past 5 years, and a 17.2% increase in the number of data-based papers (from 186 to 218). So, proportionately, we were able to increase the representation of articles on assessment and intervention in JPP, but they continue to be outnumbered by other types of articles. To a large extent, I think this reflects the practical and methodological difficulties inherent in intervention and assessment research (for detailed comments see Drotar, 1997; La Greca, 1994b; La Greca & Lemanek, 1996; La Greca & Varni, 1993).

Other Noteworthy Changes

Over the past few years, several other changes in the Journal are apparent: some were deliberate, others were not. We succeeded in increasing the number of empirical papers published (up by 17%), as well as Editorials and Commentaries, with only a 5% increase in the number of pages; we did this primarily by requesting authors to be more succinct and focused in their writing style. For example, JPP now has explicit requirements for the length of data-based manuscripts (no more than 25 pages for a typical single-study manuscript). The editorial team, as well as the contributing authors, worked very hard to implement these guidelines. Another change over time has been the decreased emphasis on book reviews; nearly twice as many reviews ($n = 65$) were published in the first 2 years (1993, 1994) than in the last 3 years ($n = 38$). This represents a decline of 18% compared with the previous 5-year period (Roberts, 1992). We have tried to be increasingly more selective in the books that are reviewed.

One of the unexpected changes, however, has been the decline in papers dealing with professional issues, ethics, and training in pediatric psychology, although there have been a few (e.g., Drotar, 1993; Drotar, Sturm, Eckerle, & White, 1993; Edwards, Mullins, Johnson, & Bernardy, 1994). In some ways this...
is surprising, given the tremendous changes we have witnessed in the health care system over the past 5 years (see Lowman & Resnick, 1994; Rae, 1987; Roberts & Hurley, 1997). Changes in health care have undoubtedly had an impact on the professional aspects of pediatric psychology (e.g., Padgett, Patrick, Burnes, Schlesinger, & Cohen, 1993). Perhaps, during a period of flux, it is difficult to document changes and their effects. This is an area that merits future attention.

WHAT WILL THE FUTURE HOLD FOR PEDIATRIC PSYCHOLOGICAL RESEARCH?

On balance, the Journal has made significant strides in the past 5 years, and will no doubt continue to blossom under the guidance of the new Editor, Anne Kazak. In a developmental context, I would describe the Journal as having settled into the "adult" stage. It is a full-fledged "grown-up," poised and ready for further polish, sophistication and generativity.

Based on my experiences with the Journal, I would like to note some trends I have observed, and to speculate briefly on potential directions that the field may need to take over the next several years (also see La Greca, 1997).

Key Topics of Continuing Interest

Table II summarizes the types of populations that have been the focus of studies published in JPP over the past 5 years. *Chronic pediatric conditions* has been, and should continue to be, a topic of primary interest to pediatric psychologists. As with the previous 5-year period (Roberts, 1992), the majority of empirical articles published in JPP between 1993 and 1997 have focused on chronic pediatric conditions (39.0%), with cancer and diabetes representing the two most common conditions. These trends are certainly apparent in the current Special Issue.

As reflected in the articles contained in this Special Issue, there is a growing sophistication in the research published on children with chronic conditions. The chronic disease literature has moved substantially beyond earlier efforts to simply document psychosocial differences between children with chronic disease and their healthy peers. For example, in their review of children with CNS-related conditions, Nassau and Drotar (1997, this issue) point to the need for studies of children's peer relations and friendships and offer a conceptual model to guide future efforts in this area. Studies in this issue by Noll et al. (1997) and Barakat et al. (1997) highlight the move toward longitudinal research efforts, by examining

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8Other chronic diseases that are well represented in the Journal include sickle cell disease, juvenile rheumatoid arthritis, asthma, and recurrent abdominal pain.
Table II. Content of Empirical Papers Published in JPP: 1992 through 1997

<table>
<thead>
<tr>
<th>Topic</th>
<th>% of studies</th>
<th>No. of studies</th>
</tr>
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<tbody>
<tr>
<td>Chronic pediatric conditions</td>
<td>39.0</td>
<td>85</td>
</tr>
<tr>
<td>High risk infants/toddlers</td>
<td>11.0</td>
<td>24</td>
</tr>
<tr>
<td>Developmental issues/problems</td>
<td>9.6</td>
<td>21</td>
</tr>
<tr>
<td>Acute medical conditions</td>
<td>8.7</td>
<td>19</td>
</tr>
<tr>
<td>Pediatric AIDS/HIV</td>
<td>8.3</td>
<td>18</td>
</tr>
<tr>
<td>Pediatric injury</td>
<td>6.4</td>
<td>14</td>
</tr>
<tr>
<td>Central nervous system conditions</td>
<td>4.1</td>
<td>9</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>3.7</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9.2</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>9.2</td>
<td>218</td>
</tr>
</tbody>
</table>

the adjustment of long-term survivors of childhood cancer. In addition, a greater emphasis on factors that predict positive outcomes within a chronic disease population can be observed in the work of several authors (e.g., Murphy, Thompson, & Morris, 1997; Weissberg-Benchell & Glasgow, 1997). These efforts represent some of the new directions for pediatric research on chronic disease.

With increasing public concern about AIDS and HIV infection, not surprisingly, this represents an important area of pediatric psychological research. As is apparent in Table II, a substantial number of papers published in JPP over the past 5 years were related to pediatric AIDS and HIV infection (8.3%); this percentage has been fairly consistent, year to year. Papers on AIDS and HIV infection were tracked separately from those in the chronic disease category (above), although due to recent advances in treatment, HIV infection can be considered a chronic disease (McGinnis, 1994). In fact, the Science Directorate of the American Psychological Association (1995) has called for more behavioral research on efforts to prevent the development of serious chronic conditions, such as HIV infection. According to information provided by the Centers for Disease Control and Prevention, the increased prevalence of sexual intercourse among school-aged youth has contributed to high rates of sexually transmitted diseases, including HIV infection, among adolescents (Kolbe, Collins, & Cortese, 1997). Thus, HIV infection represents an important area for pediatric psychologists’ prevention efforts. I expect pediatric psychologists’ interest in this topic to continue.

Another topic of increased interest and visibility in JPP is that of pediatric injury, which accounted for 6.4% of the published articles in JPP. Pediatric injury (aside from brain injury, which was grouped with CNS conditions) was the topic of three Special Sections (see Table I), and the focus of a major SPP Task Force Report (Finney et al., 1993). Among individuals between the ages of 5 and 24 years, motor vehicle crashes and unintentional injuries (e.g., falls, fires,
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poisonings) together account for 42% of all mortalities, as well as for substantial morbidity (Kolbe et al., 1997; Kolbe, Kann, & Collins, 1993). Many unintentional injuries can be prevented, and psychologists have an important opportunity to contribute to this area of pediatric and adolescent health (e.g., see Kolbe et al., 1997). The SPP Task Force Report on this topic (Finney et al., 1993) reviews several important directions for research in this area.

In addition to these positive trends, there are at least two areas of pediatric psychology that are not well represented in JPP, but which may be important for the future. These two areas are (a) studies of systems that affect children, other than (or in addition to) the family system (e.g., peers, schools, medical settings), and (b) studies that document the “cost–benefits” of pediatric psychological interventions.

Although families are very important, and will continue to be instrumental in children’s health care, it is alarming that pediatric psychologists have devoted so little attention to systems other than the family. In fact, the recent JPP call for papers on “Families and Other Systems in Pediatric Psychology” produced only papers on the family system (see the April 1997 issue of JPP). In the past few years, there have been a small number of empirical papers published in JPP on peers (e.g., Graetz & Shute, 1995; La Greca et al., 1995; Lemanek, Horwitz, & Ohene-Frempong, 1994; Noll, Bukowski, Davies, Koontz, & Kulkarni, 1993; Varni, Katz, Colegrove, & Dolgin, 1993), despite specific “calls” for research in this area (e.g., La Greca, 1990, 1992; Spirito, DeLawyer, & Stark, 1991; also see Nassau & Drotar, 1997, this issue). Even less attention has been directed toward the pediatric medical system, although a few examples can be found (e.g., Dahlquist, Power, & Carlson, 1995; Thompson, Dahlquist, Koenning, & Bartholomew, 1995; Worchel et al., 1995). The American Psychological Association (1995) has called for more research on how best to use and to prepare health care providers as agents of change. In general, little is known about how the patient-provider relationship, or other factors in the health care system, affect children and families’ treatment adherence or other health behaviors.

Another area of research that calls for more attention from pediatric psychologists is work that evaluates the medical impact of psychological consultation and intervention. In an era of managed health care, pediatric psychologists are often in the position of having to justify the cost-benefit of the behavioral and mental health services they provide—yet data of this kind are seriously lacking (Roberts & Hurley, 1997). One way of evaluating the cost-benefit of pediatric psychological services is by documenting “medical offset”—or the amount “saved” in medical services by the provision of pediatric/psychological services. Pediatric psychologists could use medical offset data to document their value to the health care system. For example, Rosen and Wiens (1979) studied the medical impact of providing psychological evaluation and treatment services to children in a medical setting. They found that pediatric patients who received psy-
chological services decreased their medical usage by 41%, significantly reduced their number of prescriptions, and were substantially less likely to be hospitalized as a psychiatric inpatient. Using these data, one could calculate the cost of providing psychological services to these pediatric patients, which would be substantially offset by the much higher cost of outpatient medical visits, prescriptions, and inpatient care. As another example, Finney, Riley, and Cataldo (1991) reported that providing psychological consultation services in a pediatric outpatient setting (at a large HMO in Maryland) resulted in significant medical offset. Specifically, the provision of brief, targeted treatments for behavioral and emotional problems led to significant reductions in medical visits (from 8.8 visits per person year pretreatment, to 6.3 posttreatment). Pediatric psychologists working in the consultation and intervention areas would do the field a tremendous service by documenting their efforts and collecting data of this type.

The above are but a few key directions for future pediatric psychological research. After having the opportunity to interact with so many talented and expert pediatric psychologists, I know we are up to the challenges ahead.

ACKNOWLEDGMENTS

In closing, I would like to acknowledge the many individuals who have contributed to the editorial process over the past several years. As Editor, I recognize and appreciate their efforts tremendously.

First and foremost, I thank the Associate Editors—Dennis Drotar, Kathleen Lemanek, Anne Kazak, and Jan Wallander—for their outstanding contributions, and especially for their never-failing advice, enthusiasm, and support. They deserve special recognition for their hard work and good humor.

Special thanks are also extended to the 50 plus members of the JPP Editorial Board, who provided numerous timely, constructive, comprehensive, and excellent reviews, while maintaining their own busy research schedules and professional lives. Kudos also go to the nearly 300 talented ad hoc reviewers who contributed to the peer-review process. Over the years, I have frequently been impressed with the quality and thoughtfulness of the reviewers. I especially appreciate these efforts, as I fully understand that this type of contribution to the scientific process is underrecognized. Yet, without the efforts and support of these excellent Editorial Board members and ad hoc reviewers, it would not be possible to publish a quality journal. Again, my sincere thanks.

The Journal of Pediatric Psychology also benefited greatly from an excellent working relationship with Plenum Press. A special note of appreciation goes to the members of Plenum’s editorial and production staff who produced a quality publication.

Finally, the journal would not be what it is without the numerous pediatric
psychologists and other authors who submitted many quality works for peer review. These scientists and practitioners are the primary reason for the advances and progress we have witnessed in the science and practice of pediatric psychology over the past 5 years. I personally feel honored and proud to have been a part of that process.

REFERENCES


