Commentary: Systems Theory Orientation and Clinical Practice: A Survey of Pediatric Psychologists

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Traditionally, the focus of pediatric psychology and clinical child psychology approaches has been on both the child and his/her family, but the emphasis of treatment strategies has favored individually oriented behavioral, cognitive-behavioral, and psychodynamic conceptual models of assessment and treatment (e.g., Kaufman, Holden, & Walker, 1989). However, systems theory and family systems approaches, also referred to as ecosystems or biopsychosocial models (e.g., Engel, 1977; Mash, 1989), have increasingly become accepted as essential tools by mainstream psychology. Recent surveys of clinical and research trends in clinical psychology training programs suggest that systems approaches are well represented in terms of faculty orientation and empirical endeavors (e.g., Mayne, Norcross, & Sayette, 1994; Sayette & Mayne, 1990). Other citations also reflect the growing interest of pediatric and clinical child psychologists in...
systems theory frameworks. Mash (1989) proposed a behavioral systems approach to conceptualizing childhood disorders that merges the empirical leanings of behaviorism and the heuristic guide provided by family systems conceptualizations. In the recent Society of Pediatric Psychology publication *Stress and Coping in Child Health* (La Greca, Siegel, Wallander, & Walker, 1992), numerous chapters emphasize the importance of systems issues and contextual approaches to pediatric psychology (e.g., Kazak, 1992; Mullins, Gillman, & Harbeck, 1992; Quittner, 1992).

Thus, family systems models have enjoyed growing recognition among contemporary, scientist-practitioner-trained pediatric psychologists. Yet little is known whether this increased interest is paralleled by similar trends in the actual training of child-oriented psychologists or the extent to which systems theory is incorporated into their day-to-day work. The current study assessed pediatric psychologists’ past and current training experiences in systems approaches and their conceptual orientation to assessment and treatment. More specifically, this study assessed training background characteristics, orientation of graduate programs, personal theoretical orientations, current professional activities and site of employment, and the utilization of systems theory in current management of specific clinical problems.

**METHOD AND RESULTS**

*Procedures and Measures*

A 1990 listing of full and associate members of the Society of Pediatric Psychology (SPP) served as the population under study. A total of 720 questionnaires were mailed; 497 subjects returned completed questionnaires (return rate = 69%). Approximately 49% (n = 244) were completed by males. Mean age of the respondents was 43 years (SD = 8.5). Ethnic characteristics of the sample were as follows: 95.4% (n = 469) Caucasian, 2% (n = 10) Asian, 1% (n = 5) Hispanic, 1% (n = 5) Native American, and 0.6% (n = 3) African American. The questionnaire was sent along with a self-addressed, stamped envelope and a new $1 bill to each participating pediatric psychologist. The questionnaire consisted of 30 questions that assessed demographic parameters; nature of graduate and postgraduate training and areas of specialization; clinical orientation; current clinical, teaching, and research activities; extent to which systems conceptualizations in theory and actual practice are utilized; extent to which respondents believe systems theory is an integral part of training; and extent to which respondents believe systems theory is subject to research. Based on the responses provided, the type of orientation was collapsed into behavioral, cognitive-behavioral, dynamic, systems, and eclectic orientations.
Training Background Characteristics

The majority of respondents were matriculated from doctoral programs in either clinical psychology \((n = 324; 65.7\%)\), school psychology \((n = 42; 8.5\%)\), counseling psychology \((n = 29; 5.9\%)\), or educational psychology \((n = 15; 3\%)\). Of the total sample, 91\% \((n = 448)\) held a PhD degree, 3\% \((n = 15)\) a PsyD degree, and 3\% \((n = 15)\) an EdD degree. The primary orientation of each respondent's graduate program was most often described as eclectic \((n = 171; 34.9\%)\), followed by cognitive-behavioral \((n = 139; 28.3\%)\) and behavioral \((n = 68; 13.9\%)\). Only 4.1\% \((n = 20)\) of the respondents described their training program as having a systems orientation. During graduate training, most respondents described their personal orientation as cognitive-behavioral \((n = 168; 34.1\%)\), followed by eclectic \((n = 123; 24.9\%)\), behavioral \((n = 74; 15.0\%)\), and dynamic \((n = 71; 14.5\%)\). The respondents’ current orientation to assessment and treatment was most often described as eclectic \((n = 192; 39.6\%)\) or cognitive-behavioral \((n = 150; 30.9\%)\), followed by behavioral \((n = 54; 11.1\%)\), systems \((n = 40; 8.2\%)\), and dynamic \((n = 31; 6.4\%)\) approaches. Thus, a total of 40 individuals out of 497 respondents identified themselves as identifying primarily with a systems approach.

Characteristics of Society Members with a Systems Orientation

Analysis of orientation trends during the past 25 years suggests that systems models are increasingly adopted by pediatric psychologists. Over half \((n = 27; 68\%)\) of the respondents endorsing a primary systems orientation graduated after 1980, with less than one third of the respondents with a systems orientation \((n = 13; 32\%)\) graduating between 1965 and 1980. Assessing graduation dates in 5-year increments over the last 25 years, less than 5\% \((n = 3)\) of the total 1970–1974 graduates espoused a systems orientation, whereas 13.3\% \((n = 16)\) of the total number of 1986–1990 graduates endorsed a systems approach.

Of the 40 pediatric psychologists who reported having a systems orientation, 40\% \((n = 16)\) were employed in either medical school or traditional academic settings. Twenty-eight percent \((n = 11)\) of the respondents were private practitioners; 5\% \((n = 2)\) endorsed more than one employment setting; and one was employed in a community mental health center. With respect to research, over half of the systems-oriented pediatric psychologists \((n = 26; 65\%)\) stated that they currently were involved in empirical endeavors. Of these respondents, approximately 45\% \((n = 12)\) reported that their research efforts involved the direct implementation of systems models. This stands in contrast to respondents endorsing a cognitive-behavioral orientation, who stated that family systems models were used in only 8.4\% of their research. Only 6.1\% \((n = 30)\) of the entire sample believed that systems theory principles could be studied empirically.
Utilization of Systems Models in Assessment and Treatment

Respondents also were asked to rate the extent to which systems theory was utilized in their clinical practice, either conceptually or in terms of guiding clinical interventions. The majority of the respondents (n = 345; 71.3%) stated that they employed a systems orientation greater than 50% of the time. Approximately 72% (n = 29) of those with a primary systems orientation indicated that this conceptual model was utilized in every case; 92.5% (n = 37) stated they used this conceptual model more than 50% of the time. Interestingly, 68% (n = 102) of the cognitively oriented respondents used systems theory greater than 50% of the time as part of their conceptual case model. Similarly, the majority (n = 26; 83.9%) of the dynamically oriented respondents reported using systems theory more than 50% of the time in their conceptual model.

Respondents were also asked to note the extent to which systems techniques were used in clinical interventions. Of those with a primary systems orientation, almost half (n = 19; 47.5%) used systems techniques in every case, with the vast majority (n = 38; 95%) using systems techniques more than 50% of the time. Although few (n = 12; 8%) of the cognitively oriented respondents used systems techniques on every occasion, over half (n = 95; 63.3%) noted that they used such strategies in 50% or more of their cases. Of the entire sample, 41.1% (n = 199) thought systems theory should be included as a necessary part of clinical training. Although 87.5% (n = 35) of those with a primary systems orientation thought this to be true, only 30% (n = 45) of those with a cognitive-behavioral orientation thought systems approaches were a necessary part of training.

DISCUSSION

The current results indicate that systems approaches are frequently utilized in conceptualization and practice in the field of pediatric psychology. Data also suggest that increasing numbers of pediatric psychologists have adopted a systems orientation, consistent with trends identified in clinical psychology training programs (Sayette & Mayne, 1990). Regardless of primary orientation, respondents indicated that systems theory and techniques are utilized often. Although this may reflect increasing eclecticism and integrationism in the field, it also appears to reflect an increased adoption of systems frameworks. Thus, the focus on systems approaches witnessed in recent writings (e.g., Kazak, 1992; Quittner, 1992) appears representative of the conceptual and practice models of Society members.

Although a majority of pediatric psychologists reported that they frequently utilize systems theory in their conceptualization and treatment of clients, fewer apparently believe it to be an integral part of training, and an even smaller
minority appears to believe that systems theory can be studied empirically. However, the increasing utilization of systems theory tenets by pediatric psychologists may indicate an increasing awareness that systems formulations and techniques are conceptually consistent with behavioral and cognitive-behavioral treatment approaches that emphasize environment-person bidirectional influences (e.g., Mash, 1989). Thus, this trend may reflect the larger movement in psychology toward psychotherapy integration and the delineation of common factors underlying theories of behavior change (e.g., Strieker, 1994). Finally, the increased interest in systems approaches may be a direct reflection of the changing emphasis in graduate training. In essence, as faculty orientation in clinical programs incorporates systems frameworks, trainees are increasingly more likely to be influenced by didactics and practica emphasizing a systems perspective.

Certainly, the current study has a number of limitations. First, it was clear from a qualitative examination of open-ended questions that the term “systems” has various definitions and meanings. Thus, not infrequently, respondents based their responses on diverse and perhaps idiosyncratic definitions of the term “systems theory.” In addition, the current study does not, of course, indicate what pediatric psychologists actually do in practice settings but, rather, what they report they do. The data also suggest that although pediatric psychologists may adopt primary theoretical orientations they often borrow conceptualizations and techniques from other models (e.g., Strieker, 1994). Unfortunately, these data do not tell us the process by which such therapeutic choices are made.

REFERENCES

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