
Anne E. Kazak, PhD, ABPP
The Children’s Hospital of Philadelphia and The University of Pennsylvania School of Medicine

It has been an honor to serve as the Editor of the Journal of Pediatric Psychology (JPP) for the past 5 years. In my opening editorial, I noted that developmentally the journal was in young adulthood, and I promised to mentor, coach, and facilitate its continued growth for the next 5 years (Kazak, 1998). At midcourse, I summarized general progress and noted emerging areas for JPP (Kazak, 2000a). Following in the tradition established by the previous two editors (La Greca, 1997; Roberts, 1992), I have prepared this Vale Dictum to summarize the journal’s activities and characteristics from 1998 through 2002 (volumes 23–27). This article reflects on progress related to specific endeavors and initiatives during my term. It also provides information on the process of editing the journal and makes some observations that I hope will be helpful in describing the scientific evolution of pediatric psychology and assist future authors, reviewers, and editors. I have also compiled some data that will facilitate comparisons with previous JPP editorial farewells and other articles summarizing journal activities.

Journal Operation and Format

Although stability has characterized the course of the journal over the past 5 years, some changes have been evident.

Associate Editors and Reviewers. The number of associate editors was increased to five in order to broaden the spectrum of expertise at the editorial level. The five editors, Christine Eiser, Jack Finney, Kathleen Lemanek, Anthony Spirito, and Robert Thompson, each handled a subset of submissions each year. They were also active in identifying and editing special issues. The size of the Editorial Board was maintained and members agreed to serve for 3 years initially. After 3 years, I rotated about 20% of the board and introduced new reviewers, particularly those with expertise in needed areas. We relied upon a large group of ad hoc reviewers.

In a survey of the Editorial Board that I conducted at the outset of my term, the board was nearly equally divided on the issue of student reviewers. About half indicated that we should use student reviewers, but an equivalent number felt that papers should be reviewed only by “peers.” Trainees often assisted with reviews, under the supervision of a member of the Editorial Board. The process of writing reviews is an essential step in the socialization of researchers. It worked well as a supervised experience, with guidance about how to phrase criticism constructively and assurance of confidentiality.

Format Changes. The journal’s physical appearance changed, coinciding with a change in publisher to Oxford University Press. The page layout increased to a standard 8½-by-11-inch page, like most other biomedical journals, providing more flexibility in layout and enhanced readability. We also redesigned the cover, printed the table of contents on it, and changed its color. While maintaining American Psychological Association (APA) style, two changes were made that were seen as providing a more parallel format to medical journals. One was adding the academic degrees of authors. The other change was using a structured abstract. Occasionally,
photographs were published. Feedback about these changes was positive, although one author expressed surprise when a photograph of a bird appeared on the back of reprints.

**Increased Publication Frequency.** We increased the frequency of publication and were published eight times per year beginning in 2000. This increase was approved by the Society of Pediatric Psychology (SPP) Board in light of the overall scientific and fiscal health of the journal.

**Electronic Publication.** A major change in the journal was the transition to electronic publishing. In 2000, the journal became available on-line (www.pepsy.oupjournals.org) hosted by HighWire Press, an electronic journal Web site with over 300 journals, including many highly respected sources in psychology and medicine. The Web site includes a searchable archive of JPP contents from 1989 to the present. Access via the Web site has increased over the past 2 years, with an average of about 6,000 “hits” per week.

**Summary of Submission and Publication Data**

**Numbers of Papers Submitted.** With regard to numbers of submissions to JPP, there is a steady general upward trend. In the past 5 years, a total of 712 papers were submitted, ranging from 110 to 178 per year, averaging 142 per year. By way of comparison, Roberts (1992) processed 597 and La Greca (1997) 644 during their terms.

**Acceptance Rate.** JPP has remained a highly competitive journal in terms of the percentage of papers accepted for publication. Our acceptance rate ranged from 21% (for papers submitted in 1997) to 34% for papers submitted in 1999 (1998, 22%; 2000, 28%; 2001, 25%). The higher rate of acceptance in 1999 appears to have been a temporary exception related to the increase in number of issues published beginning in 2000. This is very consistent with data presented by Roberts (1992) with 26.6% acceptances and La Greca’s (1997) note of “rejection rate averaging over 80%.”

**Editorial Lag.** The editorial lag is the amount of time from when a paper is received by the editorial office and the date that an editorial decision letter is made. We maintained a consistent 7-week median editorial lag across the 5 years, with a somewhat shorter median lag of 6 weeks for 2000. This figure is also highly consistent with previous JPP editorial reports.

**Publication Lag.** An another statistic is the time between a paper’s acceptance and the journal’s actual publication, or the publication lag. Our publication lag ranged from 8–11 months across these 5 years, with a median of 9 months.

**Social Science Citation Index.** The Social Science Citation Index impact factor reflects the number of citations to the journal in a 2-year period, relative to the number of items published. Over time, JPP has maintained an impact factor between 0.9 and 1.9. For example, in 2000 (the last year for which data are currently available), our impact factor was 1.541. Journals are also ranked in terms of their citations. Within the category of developmental psychology, JPP was ranked 11/49 for 2000. This represents a steady increase in rank from 1997 (20/49) and indicates that we are in the top quartile of journals within developmental psychology in terms of citations.

**Characteristics of Papers in Volumes 23–27**

The majority of papers published in JPP have been reports of empirical research (Table I). This is consistent with prior reports (La Greca, 1997; Roberts, 1992) and with the mission of JPP. We rejected good papers, many of which were subsequently published in other peer-reviewed journals.

During this term, we maintained JPP’s tradition of publishing special issues. Six topical special issues were published (Table II). The special issues provided an opportunity to invite and solicit papers on particular topics that we wished to highlight. In particular, the special issues on primary care, international settings, clinical interventions, adolescents, and low income and ethnic minority children and families helped to expand our attention to these needed areas. In general, each special issue had a large number of submissions, reflecting the interest in the areas and ensuring that special issues maintained a competitive rate of acceptance.

In addition to the special issues, we embarked on a major endeavor to publish a series of review papers, with related commentaries, on Empirically Supported Treatments in Pediatric Psychology. Edited by Anthony Spirito, this series consisted of 11 review papers (Table II). The series was important in linking pediatric psychology with the broader field of clinical psychology and the larger movement underscoring the importance of providing data-based intervention. It also proved to be helpful in communicating with pediatric colleagues and further establishing pe-
Table I. Description of Published Papers, Journal of Pediatric Psychology, 1998–2002

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of papers</td>
<td>43</td>
<td>62</td>
<td>61</td>
<td>53</td>
<td>73</td>
</tr>
<tr>
<td>Number empirical reports</td>
<td>36</td>
<td>23</td>
<td>39</td>
<td>43</td>
<td>55</td>
</tr>
<tr>
<td>First author gender (% male)</td>
<td>30%</td>
<td>44%</td>
<td>25%</td>
<td>23%</td>
<td>37%</td>
</tr>
<tr>
<td>Affiliation of first author</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A/S psychology dept.</td>
<td>36%</td>
<td>34%</td>
<td>43%</td>
<td>36%</td>
<td>41%</td>
</tr>
<tr>
<td>Medical school</td>
<td>60%</td>
<td>61%</td>
<td>49%</td>
<td>55%</td>
<td>44%</td>
</tr>
<tr>
<td>Other academic/institute</td>
<td>14%</td>
<td>2%</td>
<td>8%</td>
<td>9%</td>
<td>15%</td>
</tr>
<tr>
<td>Nonacademic</td>
<td>0</td>
<td>4%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of authors/paper (median)</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Papers with physician coauthor</td>
<td>35%</td>
<td>24%</td>
<td>43%</td>
<td>38%</td>
<td>30%</td>
</tr>
<tr>
<td>Grant acknowledged</td>
<td>44%</td>
<td>29%</td>
<td>57%</td>
<td>70%</td>
<td>59%</td>
</tr>
<tr>
<td>NIH funding acknowledged</td>
<td>21%</td>
<td>19%</td>
<td>30%</td>
<td>38%</td>
<td>30%</td>
</tr>
<tr>
<td>Country of first author (% US)</td>
<td>81%</td>
<td>89%</td>
<td>79%</td>
<td>94%</td>
<td>82%</td>
</tr>
<tr>
<td>Percent multisite study (empirical)</td>
<td>19%</td>
<td>9%</td>
<td>28%</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>Report IRB approval (empirical)</td>
<td>22%</td>
<td>43%</td>
<td>53%</td>
<td>65%</td>
<td>61%</td>
</tr>
<tr>
<td>Report informed consent/assent (empirical)</td>
<td>50%</td>
<td>78%</td>
<td>74%</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>Median % male participants</td>
<td>53%</td>
<td>49%</td>
<td>51%</td>
<td>50%</td>
<td>54%</td>
</tr>
<tr>
<td>Median % Caucasian participants</td>
<td>81%</td>
<td>75%</td>
<td>82%</td>
<td>71%</td>
<td>76%</td>
</tr>
<tr>
<td>SES data indicated</td>
<td>78%</td>
<td>48%</td>
<td>72%</td>
<td>79%</td>
<td>73%</td>
</tr>
<tr>
<td>Intervention studies</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

The majority of the empirically supported treatment (EST) papers were published during 1999. This resulted in relatively fewer empirical papers published in 1999. Papers in 1999 had fewer authors per paper and a somewhat higher representation of male first authors.

Includes all papers published (empirical reports, editorials, commentaries, case reports, reviews) but excludes book reviews.

Includes research reports in regular and special issues.

Sex-linked conditions were excluded as were studies that intentionally addressed one gender (e.g., female siblings, adolescent mothers). No correction was made for relative distributions of gender for other conditions.

Sickle cell disease and cystic fibrosis samples were excluded due to racial homogeneity. Non-U.S. samples were excluded. No correction was made for other distributions of race within particular conditions.

Articles were counted as including socioeconomic status (SES) if a specific measure or method of determining SES was measured (but not necessarily reported). If data were reported that could be used to calculate SES (e.g., parental education, income, employment, insurance), the article was included. If only one variable (e.g., parental education) was noted without mention of SES, the study was excluded, as were cases in which proxies for SES were used (e.g., insurance type, language spoken).

Does not include review papers in the empirically supported treatment (EST) series.


**JPP titles and editors**

Special series
Empirically Supported Treatments in Pediatric Psychology, Anthony Spirito, PhD, Editor
- Recurrent Pediatric Headache (April 1999), Recurrent Abdominal Pain (April 1999), Procedure-Related Pain (April 1999), Disease-Related Pain (April 1999), Severe Feeding Problems (June 1999), Pediatric Obesity (June 1999), Disease-Related Symptoms (August 1999), Bedtime Refusal and Night Wakings (December 1999), Nocturnal Enuresis (June 2000), Constipation and Encopresis (June 2000), Regimen Adherence (July/August 2001)

Special issues
- Pediatric Mental Health Services in Primary Care Settings, Terry Stancin, PhD, Editor, October 1999
- Psychological and Behavioral Aspects of Children’s Health and Illness in International Settings, Maureen Black, PhD, and Christine Eiser, PhD, Editors, September 2000
- Clinical Interventions in Pediatric Settings, Kathleen Lemanek, PhD, and Dennis Drotar, PhD, Editors, October/November 2001
- Methodology and Design, Robert Noll, PhD, Editor, January 2002
- Low-Income and Ethnic Minority Children in Pediatric Psychology, Diane Willis, PhD, Editor, April/May 2002
- Adolescent Health and Illness (Part 1: Chronic Illness; Part 2: Health Behaviors and Promotion), Grayson Holmbeck, PhD, Editor, June 2002 and July/August 2002

Special sections
- Qualitative Research in Pediatric Psychology (April 1998)
- Implications of Otitis Media on Learning (January/February 2000)
- Peer Relationships (April/May 2000)
- Children With HIV/AIDS and Their Families (September 2001)
diagnostic psychologists as clinical researchers and scientists. The papers in the series have been used widely to disseminate the empirical support for our interventions, and the papers are those for which I have received the most positive feedback. Building on the papers in the special issue, we are publishing a book intended to expand on existing work to enhance the development, refinement, and evaluation of interventions (Spirito & Kazak, in press).

On occasion, articles on a common theme were grouped together as a special section (Table II). While unsolicited review papers were welcome, only a few were submitted. One editorial observation is that the quality of review papers appeared lower overall than empirical reports. In a review article, the reviewers and I expected a thorough, integrative, and well-written summary of research in a specific area, with thoughtful considerations for future research and clinical implications. We found, however, that many of the review papers submitted read like dissertation introductions, with more plodding discussion of sequential studies and without integrative, forward-thinking conclusions.

Commentaries were often used to highlight issues related to articles. They were almost always invited, consistent with La Greca’s (1997) earlier experience. It is unclear why commentaries were not submitted without invitation. Other types of papers published included three editorial papers (including this one), introductions to special sections, official presidential and other invited addresses of the SPP, one article on the history of JPP, and two memorial pieces. Despite earlier efforts to invite case reports and to clarify the expectations for them (Drotar, La Greca, Lemanek, & Finney, an associate editor with expertise in prevention), solicited papers in this area but few were submitted.

Many Editorial Board members suggested that book reviews be eliminated from the journal. They are difficult to obtain in a timely manner. While readers like to read reviews, we decided to limit them to occasional reviews of new books related to papers in a particular issue and to devote maximal space for original research.

Patients/Diseases Represented. With regard to the empirical papers published, JPP’s focus remained pediatric chronic illness. Half of the published papers (52.0%) related to chronic illness. These data show an increase over that reported by La Greca (1997), 39%, and Robert’s (1992) report of 35.9%. In Table III, data from 1998–2002 are compared with La Greca’s (1997) report for 1992–1997. The data indicate a sustained and more specific focus on chronic illness.

Interestingly, some of the areas in which La Greca (1997) reported increases (e.g., injury, HIV/AIDS) were not represented to the same extent recently. An area in which growth is seen during the past 5 years relates to studies of health and illness based on healthy samples (generally using data collected from children in schools or in primary care practices). These papers are varied, reflecting papers in the special issue on primary care, neurocognitive function of healthy infants, pain, prevention, and health promotion. Even assuming that some of the papers coded as “Other” by La Greca may include these samples, there appears to have been an increase over the past 5 years.

Although relatively few papers were published that focused explicitly on prevention, many papers reflect the preventive orientation in child health. In addition to school-based samples, we expanded the special issue on adolescence to accommodate the large number of submissions related to health promotion. Interestingly, the only special issue that was attempted but did not develop into a full issue was related to the Healthy People 2010 initiative. Jack Finney, an associate editor with expertise in prevention, solicited papers in this area but few were submitted. The low response is difficult to explain, given the breadth of Healthy People 2010 and the clear applicability of our work to public health in general. It may reflect the minority of prevention researchers who view themselves as pediatric psychologists.

Developmental Issues. JPP published papers that spanned from birth through young adulthood. Specifically, from 1998–2002 percentages for major developmental stages were as follows: infants (5.7%), toddlers (6.2%), school age children (21.0%), adolescents (18.8%), and young adults (2.2%). However, 47.0% included participants who cut across develop-

---

Table III. Content of Empirical Papers Published in JPP: Percentage of Papers Per Topic

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pediatric conditions</td>
<td>39.0</td>
<td>52.0</td>
</tr>
<tr>
<td>High-risk infants/toddlers</td>
<td>11.0</td>
<td>4.6</td>
</tr>
<tr>
<td>Developmental issues/problems</td>
<td>9.6</td>
<td>2.6</td>
</tr>
<tr>
<td>Acute medical conditions</td>
<td>8.7</td>
<td>3.6</td>
</tr>
<tr>
<td>Pediatric AIDS/HIV</td>
<td>8.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Pediatric injury</td>
<td>6.4</td>
<td>&lt;1.0</td>
</tr>
<tr>
<td>Central nervous system conditions</td>
<td>4.1</td>
<td>2.0</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>3.7</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>9.2</td>
<td>3.1</td>
</tr>
<tr>
<td>Healthy (school, primary care)</td>
<td>24.0</td>
<td></td>
</tr>
</tbody>
</table>

*a* Data from La Greca (1997).
mental age groups. Thus, there is clear evidence that the journal publishes research on children of all ages, with a reasonable distribution across developmental stages.

Of graver concern is the ongoing inclusion of samples with extremely broad age ranges. It is not unusual, for example, to see samples ranging in age from 2 or 6 to 16 years and even some as broad as birth to 22 years. While this breadth in age range may be inevitable to some extent, due to the low incidences of many pediatric conditions, it is discouraging to note that Roberts (1992) reported a similar finding 10 years ago. These data do not take into account the ways in which many authors “control” for age and interpret their data developmentally. Nonetheless, the lack of focus on developmental stages in pediatric illness remains a concern that may be addressed through multisite investigations and careful selection of measures to assure developmental integrity. Our understanding of developmental processes in health and illness will ultimately be limited if our research designs fail to embrace developmental issues. Our two special issues devoted to adolescence represent an important step in that direction.

**Endeavors, Initiatives, and Related Comments**

**Collaboration with Pediatricians.** One of the major initiatives during this term was to increase the integration of *JPP* within the medical community, particularly with respect to pediatricians. In order to do so, I appointed three pediatricians to the Editorial Board (Ronald Barr, Ellen Perrin, and Liana Clark) to join Lonnie Zeltzer, a member of the board for many years. Two child psychiatrists, Margaret Stuber and Fred Wamboldt, also joined the Editorial Board.

One approach by which we hoped to increase physician readership was with a special issue on primary care, edited by Terry Stancin. That is, the pediatric psychology research literature is applicable to primary care across many activities and disease and treatment concerns. However, pediatric psychologists are less frequently involved in primary care collaborations than in chronic illness and tertiary care activities.

The percentage of papers with physician authors ranged from 23% to 43% across the 5-year period. Unfortunately, there is no comparative data from prior years. In general, most authors are psychologists, and many have published with physician collaborators. With regard to the affiliations of the first authors, the largest number are from departments in medical schools (49%–61%), with a consistent 34%–43% over the 5 years based in psychology departments within universities. A smaller percentage has a home base in another type of academic department or in a research institute. Only two authors were outside of an academic setting. These data are consistent with those of Elkins and Roberts (1988) and Roberts (1992).

**International Focus.** Another focus for *JPP* was to increase international exposure. For the first time, we appointed an Associate Editor outside of the United States, Christine Eiser in England. We also added Hans Koot from the Netherlands to the Editorial Board and utilized more ad hoc reviewers from the United Kingdom and Europe. Our special issue on International Issues in Pediatric Psychology, edited by Maureen Black and Christine Eiser, includes papers from areas of the world that have been previously underrepresented, such as Bangladesh and China.

The majority of papers continue to be from authors in the United States. Using the affiliation of the first author, 81%–94% of papers across the 5 years were from the United States. The second largest number came from Canada. Other countries from which two or more papers were published were the Netherlands, the United Kingdom, Finland, Germany, and Israel. One paper each was published from Ireland, Australia, Switzerland, China, New Zealand, and Bangladesh. In addition, research conducted by psychologists in the United States was represented in studies of pediatric samples in Ethiopia, Australia, and India.

**Interventions.** A major effort has been made during the past 5 years to increase *JPP*’s focus on interventions. The importance of establishing the scientific basis for interventions in pediatric psychology is uniformly recognized within our field. The results of a delphic survey of 50 members of Division 54, for example, showed that “pediatric psychology’s ability to demonstrate viability” was the most highly ranked area of importance to the future of the field (Brown & Roberts, 2000).

Support, and sometimes pressure, for empirically supported treatments comes from several sources. Within clinical psychology more broadly, empirically supported treatments have become a major focus of research. Our scientific tradition and our role in applied medical environments provide an ideal combination for showing how our interventions...
work. In medicine, data-based practice is essential, and practice guidelines based on scientific consensus are expected. As close collaborators with our medical colleagues, it is imperative that we speak the language of science, clinical trials, and treatment efficacy in treating patients. The pressures imposed by managed care and other economic forces have intensified the importance of showing that pediatric psychology interventions are effective and cost efficient.

Despite the importance of conducting research on interventions in pediatric psychology, relatively few intervention papers have been published historically in *JPP*. Roberts (1992) reported that 9.1% of papers published from 1988 to 1992 focused on intervention or “described efforts to improve the status or functioning of a child, parent or family.” In a subsequent analysis of papers published in the journal from 1990 to 1994, a similar percentage (10.8%) was reported for intervention/therapy (Roberts, McNeal, Randall, & Roberts, 1996). Of additional concern was the absence of linkages of journal articles to clinical practice during these years (Roberts et al., 1996). In subsequent years, La Greca (1996) noted that the number of papers on intervention increased during her editorial term (1993–1997) over those published previously.

The first (and largest) *JPP* initiative to address intervention in pediatric psychology was the series of 11 papers on Empirically Supported Treatments (EST) in *Pediatric Psychology*, edited by Anthony Spirito. The specific topics are listed in Table I; they illustrate the focus in pediatric psychology on chronic conditions, behavioral concerns, and treatment-related complications. The reviews follow the general criteria established for empirically supported treatments in clinical psychology but include important modifications necessary to reflect the state of intervention science in pediatric psychology and the low incidence of most pediatric conditions in the series (Spirito, 1999). These papers have been very well received and have provided thoughtful scientific summaries of data related to common areas of practice. Commentaries associated with each of the articles in the series were solicited in order to highlight pertinent issues on each topic and to provide directions for future research and application. On a more sobering note, further analysis suggested that the studies in the EST series often overlooked issues related to cultural diversity (Clay, Mordhurst, & Lehn, 2002). Finally, Drotar (2002) provided a critique of the series, emphasizing the importance of greater attention to clinical significance, theory-guided intervention, and appropriate and varied statistical approaches in establishing criteria for empirically supported treatments.

The second effort related to intervention was another special issue, on Clinical Interventions in Pediatric Psychology, edited by Dennis Drotar and Kathleen Lemanek. This special issue provides a complement to the EST articles in that the emphasis is on the clinical utility and significance of intervention studies. As Drotar and Lemanek (2001) note, measurement of changes that matter to patients, families, and providers is essential and necessitates a process that bridges rigorous scientific criteria and clinical relevance. The articles in this special issue provide illustrations of evaluation research in pediatric psychology as well as outcome studies and a case study.

The number of empirical research reports on intervention remains quite low in *JPP*. We published 14 papers from 1998 to 2002 that evaluate an intervention. Three of these were published as Brief Reports because the data, while important, were viewed as being preliminary in nature. Table IV summarizes the intervention studies. It is interesting to note that 9 of 13 studies are randomized clinical trials, widely believed to be the most rigorous test of treatments. Four of the reports extend our knowledge base related to procedural preparation and several evaluate interventions for patients, families, and peers of children with chronic illnesses.

In addition to these reports of intervention outcomes, we also published other papers, including program evaluations, that offer data that are important and useful for interventions. For all types of papers, most authors were asked to link their study data to intervention implications whenever possible. Finally, we published two papers that illustrate clinical practice that we hope will provide direction for future intervention research (Barrera, 2000; Kazak, Simms, & Rourke, 2002).

Conducting Clinical Research in the 21st Century. With the growth of research in pediatric psychology, methodological advances are seen, but few summaries and critiques of methods are available. The special issue on methodology provides thoughtful overviews, examples, and discussions of important and frequently used designs, methods, and analysis issues such as approaches to multisource/multimethod data, contrasts and correlations, developmental issues, and mediating and moderating effects, among others. We hope that the papers in this
Indeed, there has been significant growth in clinical research generally over the past 5 years, as well as parallel developments related to the ethical treatment of human subjects and both institutional and governmental oversight of the research process. Advances in research are evident and have made it necessary for us to place the research that we conduct as pediatric psychologists within the broader context of clinical research in medicine. In order to examine publications in *JPP* with regard to some of these changes, I examined the following:

1. **Research Funding.** Over time, the importance of obtaining external funding for research has increased. Particularly with the changes in health care during the 1990s, psychologists found it increasingly important to procure funding to sustain their re-

| Table IV. Empirical Intervention Studies Published in *JPP* From 1998 to 2002 |
|---|---|---|
| **Authors** | **Study Design** | **Sample** |
| Christiano & Russ (1998) | RCT preparatory intervention (information, relaxation, control) | 6–9-year-olds Dental restoration (*n* = 61) |
| Hoesktra-Weebers et al. (1998)* | RCT psychoeducational intervention (intervention, control) Eight 90-minute sessions Postintervention, 6-month follow-up | Parents of children newly diagnosed with cancer (*n* = 81) |
| Hart et al. (1998) | RCT intervention mother–newborn interaction Information feedback about infant behavior; 1-month follow-up | Depressed mothers of newborns (*n* = 27) |
| Hernandez-Reif et al. (1998) | RCT massage therapy to reduce anxiety in parents and children 1-month treatment | 5–12 year olds with cystic fibrosis and parents (*n* = 20) |
| Wysocki et al. (2000) | RCT behavioral family systems therapy, education/support, Current therapy 3 months treatment; 3 month follow-up data reported | Adolescents with diabetes and families (*n* = 119) |
| Chen et al. (2000)* | RCT of intervention to alter memories of previous lumbar puncture | 3–18-year-old children with ALL (*n* = 55) |
| Streisand et al. (2000)* | Pilot study of intervention to reduce parental stress | Mothers of children undergoing bone marrow transplantation (*n* = 22) |
| Zelikovsky et al. (2000) | RCT to reduce child distress and increase coping | 3–7-year-olds voiding cystourethrogram (*n* = 40) |
| Hains et al. (2001)$^*$ | Multiple baseline design to evaluate cognitive behavioral intervention for anger, anxiety, and diabetes-related stress | 12–18-year-olds with diabetes (*n* = 6) |
| Schiff et al. (2001) | Multicomponent preparatory intervention for repeated venipunctures | 4–12-year-olds with HIV (*n* = 43) |
| Greco et al. (2001) | Group intervention for children and “best friend” to increase knowledge and social support Four weekly sessions | 10–18-year-olds with diabetes and friends (*n* = 42) |
| Scharff et al. (2002) | RCT of thermal biofeedback with waitlist and attention controls 2 weeks of treatment with follow-up at 3 and 6 months | 7–17-year-olds with migraine (*n* = 36) |
| Lobato & Kao (2002) | Group intervention for siblings and parents of children with chronic illness. Six 90-minute sessions with follow-up at 3 months | 8–13-year-old siblings and parent (*n* = 54) |
| Brown et al. (2002) | RCT of a home-based educational intervention for caregivers. Eight 90-minute sessions with 3 and 12 month follow-up | Caregivers of 1–7-year-old children with asthma (*n* = 93) |

**RCT** = Randomized clinical trial.

$^*$Brief Report.

$^*$The primary outcome data for this study are reported in another paper (Chen et al., 1999). The present report provides empirical support for the moderating role of pain sensitivity in the context of intervention.
search, particularly for those employed in medical schools. Funding from the National Institute of Health (NIH) remains the “gold standard,” with its highly competitive peer review process and financial incentives to institutions with regard to status and economic issues. In terms of papers that acknowledge grant support and those that indicate funding from an institute of the NIH, 29%–70% of papers acknowledged a grant and 19%–38% noted this to be funding from an NIH-sponsored grant. Roberts (1992) found that 56.6% of papers published from 1988 to 1992 cited grant support. Thus, while somewhat difficult to interpret (and grant acknowledgment may have been overlooked in some papers), grant support for research papers is consistent and likely increasing, with federal awards sponsoring a substantive amount of research published in JPP.

(2). Multisite Investigations. Clinical research is believed to advance in part through the ability to conduct studies at more than one institution in order to accrue larger and more representative samples. The recommendation for multisite investigations is very common in the Discussion sections of our papers. Table I shows that 7%–28% of empirical papers published from 1998 to 2002 were based on data from more than one study site. There are no comparable data from previous years. The data appear to indicate that data from larger collaborative studies are being submitted to JPP.

(3). Ethical and Regulatory Concerns. At the most basic level, it is necessary that research protocols be reviewed and approved by Institutional Review Boards (IRBs) at participating institutions. For research involving human subjects, both adults and children, the determination of how consent and/or assent should be obtained is essential. Although all authors provided written documentation of compliance with the APA Ethical Principles, acknowledgment that research has appropriate IRB oversight and approved consent/assent procedures is necessary. Reports of IRB approval were variable, but increased steadily over the 5 years, from 22% to 61% (Table I). This change was likely due in part to my awareness of this concern and request for this information during manuscript revisions. Reports of assent and consent also increased over the term from 50% to 84%. Using data from the 1997 volume of JPP, Sifers et al. (2002) found that 58.6% of articles mentioned parent consent and 24.1% noted child assent. This rate compared favorably with data that they presented from other pediatric psychology and child journals.

Further clarity is necessary in this area. That is, there are two steps (IRB approval, consent/assent), and both should be reported. IRB approval indicates that the study protocol has been reviewed independently and that the research has been approved. However, IRB approval does not necessarily imply that consent/assent was obtained. The IRB might indicate, for example, that consent is not necessary for a particular study. Local IRBs ensure that research is conducted ethically within a particular community. Of course, it is also important to know that consent and assent were actually obtained. These comments in no way suggest that pediatric psychologists fall short of compliance with research regulations. They do, however, raise the concern that we can easily include information that will demonstrate our awareness of and compliance with important developments in regulatory compliance and research ethics.

Documenting the History of Pediatric Psychology. The journal published its 25th volume in 2000, the same year that the SPP became a division of the APA (Division 54). To mark these achievements, I researched the history of JPP (Kazak, 2000b). The material assembled showed the steady growth and maturity of the journal, in terms of quantities of papers and in the focusing of the field, most notably on empirical research related largely to pediatric chronic illness. Perhaps most interesting was the opportunity to reflect on the stability of the journal and its ability to thrive and survive over a quarter century.

Related to the development of JPP and the field of pediatric psychology, I invited prominent pediatric psychologists to write articles reflecting on their professional and personal evolution in the field and called this series “Pioneers in Pediatric Psychology.” My hope in publishing these papers (by Donald Routh, Eugene Walker, Dennis Drotar, and Gary Mesibov) was to show the evolution and breadth of the field. I thought that the articles would be helpful to students, showing the multitude of paths that people have taken in achieving success in our field, and that they would be inspiring to those struggling with trainee and early career challenges.

Diversity. We live in an increasingly diverse society. Over the course of my editorial term, I have become more attentive to the ways in which JPP can better reflect the diversity of children and families that we serve in terms of their gender, ethnicity, and socioeconomic status.

The JPP editorial team and board reflect a fairly even distribution with regard to gender. This was intentional, but by no means difficult. Providing editorial opportunities for highly qualified pediatric
psychologists, regardless of gender, is an important role of a journal editor. At the same time, it is essential that attention be given to gender; Recent evidence continues to document the challenges faced by women in academic psychology (Kite et al., 2001). In terms of journal leadership, data from APA journals show substantive increases in women editors, associate editors, and reviewers (Kite et al., 2001). For example, 32% of APA journals were edited by women in 2000 and 37% of associate editors were women. Thus, JPP has appeared to have achieved a more gender-balanced editorial team than is typical in our field.

We also had strong representation of female first authors from 1998 to 2002, ranging from 56% to 77%. There is a trend toward increasing numbers of women authors. That is, Roberts and Elkins (1988) reported that in 1976–1977 there were 26.2% female authors (their data included all authors), with an increase to 55.2% in 1985–1986. While it is tempting to attribute this solely to the increasing number of women receiving doctoral degrees in psychology, it is worth noting comparisons with other national data. Gender representation in academia remains skewed, with proportionately fewer women at higher academic ranks and in terms of leadership positions (Kite et al., 2001). Although these are complex issues, it is reassuring to see that research reports written by women as lead authors are being published in JPP, as publications in highly competitive peer-reviewed journals are required for academic success.

With respect to study participants, we maintained a consistent nearly equal balance of males and females over this 5-year period (Table I). The majority of papers report data describing the racial and ethnic background of study participants and also provide some indication of data related to socioeconomic status (Table I). In general, the majority of study participants were Caucasian, although diversity was seen in nearly all samples where heterogeneity would be expected, based on disease and geographic location. The special issue on ethnic minority and low-income families in pediatric psychology generated a large number of submissions. Individually and as a group, these papers provide important data on ethnic minority youths and their families, both in terms of chronic illness and health promotion.

Examination of the papers published from 1998 to 2002 indicates that inclusion of data from family members and studies that examine children with health care concerns that transcend systems (e.g., families, peers, schools, health care settings) remains limited. The most common source of data remains patients, largely via self-report questionnaires, or from testing data. When data from more than one person were published, it was overwhelmingly patient and parent-report. “Parent” generally referred to mothers, although many samples included much smaller representations of fathers and other caregivers. A smaller number of studies included data from mothers and fathers, with two papers focusing exclusively on fathers, reinforcing the persuasive points raised by Seagull (2000) in her criticism of the lack of a family orientation in pediatric psychology. The irony of the lack of family research in JPP is not lost on this editor, whose own work rests at the intersection of pediatric and family psychology. Indeed, the need for research that examines pediatric illnesses in context is clear.

Closing Comments

It is challenging to summarize 5 years of editing in a single paper. While hoping that the data and comments presented in this paper are interesting to general readers (as opposed to only editors who generally relish details of the editorial process), I offer a few general comments. First is the obvious strength of JPP as a scientific outlet. It is a highly competitive journal that has grown and developed to be (arguably) the top journal in its specialty area. The data presented in this report should be helpful in assuring that papers in this journal are viewed as quality publications. I hope that it will also encourage authors to continue to send their best papers to JPP.

The major content area of JPP is pediatric chronic illness. This has been clear throughout the 25-year history of the journal, but may now be even more focused. The overall amount of quality work in chronic illness may have increased. It may also be the case that the chronic course of more pediatric conditions has been appreciated. Even with an increase in number of issues per volume, chronic illness remains most prominent. Although this report summarized work that was accepted, there was no bias apparent to me in terms of those accepted versus submitted by topic. The increase in number of papers based on data from samples of non-ill children (e.g., school and community samples) also indicates that JPP is publishing work that extends our appreciation of health and illness.

One apparent issue facing JPP concerns future growth. The journal is highly competitive and main-
tains a specific focus. It is clearly the outlet of choice for a subset of psychologists and for selected areas of work. Perhaps it should retain this scope and focus. Alternatively, some areas of related work are under-represented and a large number of quality papers are rejected. There is relatively little attention, for example, to professional practice issues. Additionally, research on families and other systems remains less prominent that might be expected. Over the next several years, an increase in the number of papers related to intervention would be expected. Physicians and researchers outside of psychology do not typically send their work to us; as a result, we probably lose the opportunity to publish a subset of papers that are more truly multidisciplinary and that authors direct toward a broader audience. There is no clear answer to the question, and no recommendation intended in these comments. However, a broader array of work could be identified, and, with a well-crafted business plan, expansion might be considered.

Each issue of JPP rests on the efforts of many individuals. I have been fortunate as Editor to have worked with an outstanding team of associate editors, a dedicated and thoughtful editorial board, and many energetic and devoted ad hoc reviewers. The collective commitment of these colleagues is overwhelming in terms of the hours spent reading papers, writing detailed and constructive reviews, and integrating reviews into decision letters. Behind the scenes, the editorial process has been supported by the efforts of Carmen Akins, who tirelessly organized a momentous amount of e-mail and paper, helped ensure that reviews and decisions were completed in a timely manner, and worked to meet all our deadlines! We have also had strong working relationships with the editorial team at Oxford University Press and the support of the Executive Committee of Division 54 of the APA, which have maximized our ability to produce a high quality journal. I feel very fortunate to have edited JPP and contributed to the dissemination of knowledge in our field. In closing, I can only say that being an editor is really not as onerous as many seem to think; The rewards clearly outweigh the inevitable challenges. Thank you all for helping to make it an enjoyable experience!

Acknowledgments

I wish to thank Jackie Fox, Annette La Greca, Kathy Lemanek, and Michael Roberts for their comments on a draft of this paper.

Received February 20, 2002; accepted March 1, 2002

References


