Postdoctoral Training Opportunities in Pediatric Psychology: A Review

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Postdoctoral training has become an increasingly more standard route for training in all of the biomedical sciences. Pediatric psychology, as a relatively new subspecialty within clinical child psychology, has emerged principally from training programs at the internship and postdoctoral level. The postdoctoral training programs in pediatric psychology known to be available are briefly reviewed, their characteristics discussed, and then the experience of the Oklahoma University Health Sciences Center postdoctoral training program is reviewed in detail.

This paper is a review of postdoctoral training programs in pediatric psychology. At a national level, the behavioral sciences are but one of the biomedical areas which have experienced an increase in both the number of postdoctoral training programs and the absolute numbers of students seeking and obtaining postdoctoral training (Coggeshall, Norvell, Bogorad, & Bock, 1978). In large part an outgrowth of expanded federal involvement in graduate and postgraduate education since the late 1950s, these areas have slowed in the amount of federal expenditures allocated to them as reconsideration is given to the potential needs for such personnel (Wohlford, 1978). Issues of maldistribution of available resources (geographic, economic, and across age-group specialties) and the role of the mental health provider within the health care system continue to be discussed; yet critics of continued training in basic mental health disciplines generally
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acknowledge that there may be a shortage of professionals to serve children and families. At no point does this shortage become more apparent than at the interface between psychology and pediatric medicine. Recent writers (Engel, 1977; Schneider, 1978; Wright, 1967, 1969, 1975) have commented on the ramifications of this interface, and historically Wright (1967) has presented pediatric psychology as a model for this complex interrelationship.

A thorough exploration of the various models used nationally for training (or retraining) psychologists in pediatric psychology is beyond the scope of this paper but is available elsewhere (Cass, 1974; Roberts, Note 1; Wohlford, 1978).

Intensive review of predoctoral training options is being undertaken from two perspectives. A two-phase national conference is being planned for 1981 which will consider important issues in clinical child psychology training (Tuma, Note 2). Additionally, the Education and Training Committee of Section 1 (Clinical Child Psychology), Division 12 of the American Psychological Association is currently surveying all clinical psychology training programs in the nation under the direction of Constance Fischer, Anthony Mannarino, and Max Magnussen (personal communication) to evaluate training opportunities in the clinical child psychology area.

POSTDOCTORAL TRAINING IN PEDIATRIC PSYCHOLOGY

A less well-surveyed but historically more common route to entering pediatric psychology has been through postdoctoral training at an established center. Traditionally used to provide supplemental training in pediatric psychology to practitioners previously trained in clinical, developmental, or school psychology (Routh, 1977), the postdoctoral training route is being increasingly employed to obtain specialized experience in working with pediatric populations in a health care setting.

From a training perspective, Routh (1975) has concisely outlined the recent history of the field of pediatric psychology, citing as one of its origins the establishment of the University Affiliated Facilities (UAF) programs in 1963. By design, the UAF programs provided specialized practicum training at the postdoctoral level to psychologists from nonclinical as well as clinical backgrounds (Michael-Smith, Note 3), a position reaffirmed at the 1976 meeting of UAF psychology directors (Garner, Robinson, Schroeder, Tymchuk, & Weaver, Note 4). Overall, postdoctoral programs appear to be one of the best ways for well-rounded pediatric psychologists to be trained (Routh, 1977; Schneider, 1978).

The present survey evolved out of the difficulties faced by the authors in their personal search for postdoctoral training and questions raised by
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predoctoral-level interns seeking training in pediatric psychology. Our common experience was that there existed no comprehensive list of postdoctoral training programs in pediatric psychology, with most information on the availability of postdoctoral training positions being listed in a haphazard fashion. The exception to this is a general listing of postdoctoral training opportunities which has been added to the Association of Psychology Internship Centers (APIC) annual handbook.

For purposes of our review, we have characterized pediatric psychology as that subspecialty within clinical child psychology which is primarily concerned with the behavioral, emotional, and developmental problems of children that emerge as a consequence of, or in the treatment of, physical illness in a pediatric medical setting. Although occasionally called upon to address primary psychopathology of childhood, the pediatric psychologist’s usual treatment intervention is short-term or crisis-oriented in nature, with cases requiring long-term interventions being referred elsewhere. Finally, the pediatric psychologist serves as a consultant to the pediatrician and other members of the medical team in the management of behavior crucial to the successful treatment of medical disorders (Roberts, Quevillon, & Wright, 1979; Tuma, 1975; Walker, 1979; Wright, 1967).

Using this framework, the authors conducted structured telephone interviews with program directors from any and all known postdoctoral training programs in pediatric psychology. In the survey, traditional types of information were gathered concerning application dates, location of training programs, number of training positions, stipend (if available), and requirements for participation in the training programs. Additional information was obtained on the varieties of training available within individual settings, the relative training emphases, and program goals and philosophies. An effort was also made to ascertain the nature of the relationship between the pediatric psychology training programs and the respective departments of psychiatry. Finally, program directors were asked to identify any other postdoctoral training programs in pediatric psychology of which they were aware. Resources included: announcements of postdoctoral training positions in clinical child or pediatric psychology listed in the APA Monitor and the Behavior Therapist during the past year, training programs listed in the Directory of Internship and Post-Doctoral Programs in Professional Psychology (APIC, 1978-1979), and the Directory of Practicum and Internship Training Resources in Pediatric Psychology (Tuma, 1976), and other programs identified in the course of the telephone interviews which met the preestablished criteria. A total of 24 program directors were contacted; data were collected on the 14 programs which met the criteria as defined above. In several instances, it was found that programs which had previously sponsored postdoctoral training had discontinued such training (e.g., University of Texas Medical Branch at Galveston). The results of the search
Table I. Postdoctoral Training Programs

<table>
<thead>
<tr>
<th>Institution</th>
<th>Duration</th>
<th>Positions</th>
<th>Funding</th>
<th>Orientation</th>
</tr>
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</table>
| UCLA Center for Health Science  
Marion Davies Children's Clinic  
Los Angeles, California 90024  
Director: Jack Wetter, EdD | 1 year | 6   | No | Varied |
| U. of Colorado Medical Center  
Division of Medical Psychology  
Box C259  
Denver, Colorado 80262  
Director: Richard Crager, PhD | 1 year | 1   | $10,000 | Varied |
| U. of Louisville School of Medicine  
Department of Pediatrics  
334 East Broadway  
Louisville, Kentucky 40202  
Director: Larry Raskin, PhD | 1-2 years | 2   | No | Varied |
| U. of Maryland Hospital  
Division of Adolescent Medicine  
22 S. Greene Street  
Baltimore, Maryland 21201  
Director: Sheridan Phillips, PhD | 2 years | 1   | $10,000-10,500 | Cognitive-behavioral |
| U. of Maryland Hospital  
Department of Pediatrics  
Baltimore, Maryland 21201  
Director: Thomas Kenny, PhD | 1 year | 6   | $5,000 | Varied |
| U. of Oregon Health Science Center  
Department of Medical Psychology  
Portland, Oregon  
Director: Arthur Wiens, PhD | 1-2 years | 1   | $14,000 | Eclectic, social-learning |
| U. of Rochester Medical Center  
Division of Psychology  
Department of Psychiatry  
300 Crittenden Blvd.  
Rochester, New York 14642  
Director: Arthur Orgel, PhD | 2 years | 2   | $10,000 | Varied |
| Division for Disorders of Development and Learning  
BSRC, 220-H  
University of North Carolina  
Chapel Hill, North Carolina 27514  
Director: Carolyn Schroeder, PhD | 1-2 years | 3   | $10,000-13,500 | Behavioral |
| Dept. of Behavioral Psychology  
C/O J. F. K. Institute  
Johns Hopkins School of Medicine  
707 N. Broadway  
Baltimore, Maryland 21205  
Director of Training: Brian Iwata, PhD | 1 year | 3   | $10,000 | Behavioral |
are briefly summarized in Table I. Because of considerable variation in program emphasis, objectives, and philosophy between programs, a more detailed summary of the information was prepared. This detailed summary was not included in the present review but is available upon request from the senior author. The present listing of programs is not an endorsement of any kind; the programs have been self-defined.

RESULTS OF THE SURVEY

The modal postdoctoral program has three funded positions available with stipends of approximately $10,000. It is located in a department of pediatrics and is autonomous from but cooperative with psychiatry.

In order to be considered for postdoctoral training, a candidate will most likely have to be a United States citizen and possess a doctoral degree...
in some applied area of psychology (usually clinical), although some programs will select Fellows with academic psychology backgrounds (e.g., developmental, experimental, educational). Applications must typically be submitted by February 1, and the starting date of the fellowship is usually September 1.

The training period will range from 6 months to 2 years; most are 1-year programs with a possibility of a second year. About 5 hours per week will be devoted to didactic learning and instruction, and approximately 6 hours per week are given to formal supervision.

In decreasing order of magnitude, a prototypic time allotment during the training period would include (a) the direct clinical treatment of children, 55%; (b) teaching, 22%; (c) consultation to hospital personnel and community agencies, 16%; and (d) unfunded research, 15%. A full range of childhood disorders would be seen by the trainee, with learning disabilities and delays in development being the most typical problems addressed. Primary psychiatric disorders would be a rarity in the training experience, largely as a function of the definition of the training area. Most often, the treatment modality would be some form of behavioral intervention, although a full gamut of theoretical orientations was represented across the programs surveyed.

A more complete picture of an exemplary pediatric psychology postdoctoral training program can be obtained by a detailed review of the University of Oklahoma program.

THE OKLAHOMA UNIVERSITY HEALTH SCIENCES CENTER EXPERIENCE

The Pediatric Psychology Service, a division of the Department of Psychiatry and Behavioral Sciences at Oklahoma University Health Sciences Center (OUHSC), annually offers three to five postdoctoral training fellowships. Primary training facilities include the Oklahoma Children's Memorial Hospital, with its respective inpatient units, 40 specialty medical clinics, a pediatric psychology outpatient clinic, the Child Study Center (a diagnostic and treatment center for the neurologically or developmentally handicapped), and the Keys Speech and Hearing Center.

The Division of Pediatric Psychology is composed of seven full-time faculty members whose diverse backgrounds in clinical, developmental, and counseling psychology prepare them for work in a wide range of areas. Although the primary theoretical orientation of the faculty members is behavioral, other forms of therapy are employed when appropriate.

The Division of Pediatric Psychology is dedicated to providing evaluation and treatment services to a variety of pediatric populations and their
families. From a training perspective, it is the underlying philosophy of the program that the pediatric psychologist of the future will need a broad range of evaluative, treatment, research, and consultative skills. In accordance with this goal, the division emphasizes a strong commitment to an interdisciplinary approach to service delivery and the enhancement of the collaborative nature of the task of working successfully with the child with health-related problems.

The fellowship program, which may vary from 1- to 2-years’ duration, is designed on the one hand to provide young PhDs who have been previously trained in clinical child areas with an opportunity to pursue advanced interests in research and service within pediatric psychology. On the other hand, fellowships are provided to seasoned faculty on sabbatical who are interested in exploring individualized, specialized areas of research and service delivery. Funding for fellowships is limited. Full or partial funding is currently available for all postdoctoral positions.

Although the specific character of the training period will reflect the individual interests of the Pediatric Psychology Fellow, there are four components common to the training programs of all Fellows: service, teaching and consultation, research, and professional development. The goal of the service portion of training in the postdoctoral fellowship is to expose the Fellow to a wide variety of clinical problems in both inpatient and outpatient settings. Opportunities are provided for consultation in the inpatient medical setting, where the Fellow is called upon to participate and assist in work with the issues of adjustment to physical illness, death and dying, assessment and management of behavioral and emotional problems secondary to physical illness, and primary mental health care. Psychological evaluations, conducted as a regular part of the training, are performed as an aspect of consultative services to schools, to help family physicians plan appropriate treatment and placements for exceptional children, and for diagnostic decisions that need to be made before a child can be seen on an outpatient basis. Outpatient follow-up and primary mental health care are available through the Pediatric Psychology Outpatient Clinic, thereby offering a continuum of care to those children and their families who are in need of further services once they have been released from the hospital. Psychological evaluations are also conducted for various other agencies in the OUHSC complex, including the Speech and Hearing Center and on the long-term care units of the Hospital.

An important part of the training available to the postdoctoral Fellow is his or her work in teaching and consultation. Within psychology, the postdoctoral Fellow provides training and supervision to psychology interns and practicum students in addition to participating in multidisciplinary seminars and research presentations in both the Department of Psychiatry and Behavioral Sciences and the Department of Pediatrics. Additionally,
postdoctoral Fellows are involved in teaching and consultation with nurses, child-care workers, and medical students as part of the ongoing medical education programs at the Health Sciences Center. As part of the service function of the postdoctoral Fellow, it is expected that he or she will seek out the opportunity to provide consultative services to the various departments at Oklahoma Children's Memorial Hospital (OCMH) as well as various organizations and agencies within the Oklahoma City area. Current Fellows are fulfilling these obligations in a variety of ways. Consultative services are being provided to nursing staff at the OCMH Burn Unit to help them deal more effectively with the personal discomforts surrounding their jobs; an intensive training project in the area of positive behavior management is also being conducted with the entire staff of a long-term medical care unit; weekly staff consultative meetings are being conducted with the local League for the Blind helping them to build a more cohesive team and cope more effectively with stresses of working in a demanding job situation; full-time consultation is provided to the staff and outpatient clinic working with a pediatric cancer population. Through these consultative relationships, the goal is to provide services as well as to communicate sound mental health principles to physicians and nursing personnel through personal contact and interdisciplinary team meetings.

A unique aspect of the pediatric psychology postdoctoral training program at the OUHSC is the active involvement of Fellows in research. Given the heavy service demands placed upon the psychologist in a large medical school setting, much of the research at the Health Sciences Center is clinical in nature. In the past several years, active ongoing research programs under the direction of staff psychologists have utilized postdoctoral Fellows as junior investigators. In more recent years, the postdoctoral Fellows at the Health Sciences Center have begun acting as principal investigators in research projects that they have both conceptualized and developed during their training year. In addition to a variety of single-subject design case studies, each Fellow is currently responsible for one major research project that will be completed within a given year. Among the projects currently underway are two which investigate the use of cognitive behavior-modification techniques in the control of pain and anxiety during highly stressful medical procedures, one in the Pediatric Burn Unit and the other in the outpatient Oncology Clinic. A third project involves a meta-analysis of drug versus behavior therapy control of hyperkinetic behaviors.

Consistent with the emphasis on research conducted in the line of service, an important focus of the postdoctoral program is the professional development of the Fellow. During the postdoctoral year, Fellows are expected to write and submit at least one grant proposal. It is felt that this
provides the Fellow with invaluable experience in the formulation and presentation of research ideas as well as giving the Fellow a set of skills that will help him or her to cope more successfully with the increasingly diverse demands placed upon the professional psychologist. Two such grant proposals, one on the control of depression in pediatric cancer patients and the other involving the identification and treatment of sexually abusive parents, have been submitted to federal agencies and are pending at this time.

The pediatric psychology faculty adhere to the scientist-practitioner model of training as conceptualized during the Boulder Conference of 1949, broadly defined. They take very seriously their responsibility to insure that the Fellow is capable of providing a wide range of psychological services to children in an ethical and competent manner. Professionally, postdoctoral Fellows are regarded as colleagues of the faculty and are involved in many phases of program development. Supervision provided by faculty is viewed as an important component of the professional development of the postdoctoral Fellow.

The professional development component of the program extends beyond the immediate campus, as Fellows are encouraged to present papers at both regional and national meetings. Fellows are additionally encouraged to seek out memberships in a number of professional societies as a means of familiarizing themselves with their roles as psychologists and their obligations and duties to the field of psychology.

**SUMMARY**

Postdoctoral training opportunities in pediatric psychology remain limited in number, despite recent increases in the number of centers offering such training. The results of the survey substantiated the authors’ own experience that information about such training opportunities is not readily available; indeed, most program directors contacted were unfamiliar with any programs but their own. The current review is regarded as a first step toward a more refined evaluation of current postdoctoral training models, their goals, and the efficacy with which they meet those goals.

It is hoped that the present paper may serve as a catalyst for other centers to describe their programs. Program directors are encouraged to submit descriptions of their current or developing programs to the senior author for inclusion in future summaries. If sufficient interest is generated, information regarding such postdoctoral training programs could be included in future editions of the Pediatric Psychology training directory.
REFERENCE NOTES


REFERENCES