Growing Up in the Society of Pediatric Psychology: Reflections of an Early Career Psychologist

Laura E. Simons, PhD

Division of Pain Medicine, Department of Anesthesiology, Perioperative and Pain Medicine, Boston Children’s Hospital and Department of Psychiatry, Harvard Medical School

All correspondence concerning this article should be addressed to Laura E. Simons, PhD, Pain Treatment Service, Boston Children’s Hospital 21 Autumn St. Boston, MA 02215, USA.
E-mail: Laura.Simons@childrens.harvard.edu

Received September 29, 2012; revisions received October 30, 2012; accepted November 6, 2012

As an eager undergraduate from Ohio University searching for the perfect clinical psychology graduate program, I had two primary criteria: (1) a pediatric psychology focus and (2) one that is located south of the Mason-Dixon Line. I grew up in Ohio and envisioned graduate schools as an opportunity to not only pursue my passion to work with children in the medical setting but also to enjoy a warmer climate. Although I gained valued experience as an undergraduate researcher on my honor’s thesis working in a health psychology laboratory with Chris France, PhD, and Steve Patterson, PhD, at Ohio University, I was applying to graduate school with zero pediatric research experience. I applied to 10 programs, interviewed at three, and was accepted at one. Ronald Blount, PhD at the University of Georgia (UGA) took a risk on an unpolished, overly enthusiastic young woman, and I am forever grateful.

For those of you who do not know Ron Blount well, he is a die-hard Society of Pediatric Psychology (SPP) enthusiast, and it did not take me long to understand why. When I found out that I had received the 2012 Donald K. Routh Early Career Award, I was elated. As I said to my husband, I was recognized by “my people.” SPP is an energized, fun-loving community of trainees and professionals who are passionate about improving the lives of children in the medical setting. This award gives me the opportunity to step back and reflect on where I have been and where I am headed, as I transition beyond an early career pediatric psychologist.

I am a firm believer that it all begins with good mentoring. Fortunately, SPP is replete with a cadre of mentors and members that take the job of mentoring seriously (e.g., http://www.apadivisions.org/division-54/leadership/mentorship/index.aspx [Aylward, Odar, Kessler, Canter, & Roberts, 2012; Canter, Kessler, Odar, Aylward, & Roberts, 2012; Drotar, 2003; La Greca, 2004]). Through the course of my training and even now, I have received sage advice that has guided my career, with much of the credit owing to my graduate mentor, Ron Blount. The first guidance I received was (1) Get involved, get inspired. During my interview at UGA, Ron encouraged me to join SPP so that I could get acquainted with the community through the quarterly publication, Progress Notes, and receive the Journal of Pediatric Psychology to keep up with the latest research in the field. He also mentioned an upcoming pediatric camp as a great opportunity to get “a feel for the field.” I had no idea how formative that experience would be. I volunteered at Camp Braveheart for children with congenital heart defects and heart transplants, a week-long camp held at Camp Twin Lakes (www.camptwinlakes.com) in Rutledge, Georgia, the week before beginning graduate school at UGA. I returned each year during my graduate training. Serving as a camp counselor at Camp Braveheart offered me the opportunity to live in close quarters with these children and get a glimpse of their daily struggles. I worked alongside physicians, nurses, child life specialists, and other medical staff from Sibley Heart Center at Children’s Healthcare of Atlanta (CHOA). I was deeply affected by the psychosocial issues many of these children face and the normalcy provided through the camp experience. This inspired my clinical drive and several potential research ideas. I began graduate school ready to design and implement my master’s thesis.

After listening to me enthusiastically rattle off my experiences at camp, Ron provided his next piece of advice: (2) Get into the literature. To design my study effectively, I needed to know what had been done in the past and how...
I could build on existing research to make a new, unique contribution. Not surprisingly, the article that served as a model for my study, “Psychosocial changes associated with participation in a pediatric summer camp,” was published in the *Journal of Pediatric Psychology* (Briery & Rabian, 1999). As an aside, Briery continued his passion for pediatric camps and is now camp director for Children’s Association for Maximum Potential (CAMP), a special needs camp in Texas.

Through the collaborative ties I developed as a camp volunteer, I was able to execute my master’s thesis examining the impact of Camp Braveheart on emotional adjustment. Armed with data and results, I was ready to take Ron’s next piece of advice: (3) Get your work out there. He urged that if it is not published, it cannot contribute to our understanding of a particular phenomena and help move the field forward. Even if it is only an inch, every inch counts. Although this point resonated with me, getting published is not just about desire; I believe it is about persistence and follow-through. My thesis was not published in the first, second, or even third journal that I submitted it to, but when it was finally published (by the time I was a postdoctoral fellow), I could confidently say that I contributed to the empirical support of pediatric camps for children with medical conditions (Simons et al., 2007). Data collected in that study also began my foray into measure development (Simons, Gilleland, Hubbard, Blount, & Campbell, 2008).

Beyond publishing, getting your work out there also meant presenting at conferences, which leads me to the next piece of advice: (4) Get to know people. Fortunately, SPP is a friendly group of folks; therefore, getting acquainted with fellow trainees and leaders in the field was easy at my first National Conference on Child Health Psychology (NCCHP) in Charleston, South Carolina, in 2004. I recall the thrill of seeing “celebrities” from the pages of *JPP* and being struck by how everyone just seemed to know each other. Attending these conferences almost a decade later, the NCCHP now feels to me much more like a reunion of good friends and comrades, rather than just a professional meeting. Getting to know people, not just their work, enabled me to create collaborative ties that continue today.

During my training at UGA, Ron was a strong proponent of clinical work informing research and research informing clinical care, and thus inspired the next point: (5) Allow clinical work to fuel research. As my hospital-based clinical training under the mentorship of Laura Mee, PhD at CHOA became focused on adolescent transplant patients, and, in particular, on the topic of adherence, my research ideas began springing up in this domain. As an important aside, Dr. Mee was not only a fabulous mentor and an SPP and University of Florida enthusiast but she was also a mother of two young children. She modeled work–life balance and showed me that I could be a pediatric psychologist and a mom. Now, a mother of two myself, I am eternally grateful for that exemplar.

Through my work with adolescent transplant patients at CHOA and during my internship at the University of Florida Health Sciences Center under the direction of Jim Rodrigue, PhD, and clinical supervision of David Janicke, PhD, I formulated my dissertation examining health-related quality of life in adolescent transplant recipients. My crowning achievement from that work was my first publication in *JPP* on the development of a measure to assess barriers to medication adherence (Simons & Blount, 2007). I saved that journal when I received it in the mail and gave it to my parents.

When it came time for a postdoctoral fellowship, I decided to return to my (mentor’s) roots, pediatric pain. The beauty of pediatric psychology is that you do not have to be pigeonholed into one particular medical discipline or topic. I approached my fellowship as an opportunity to gain a new skill set as a pediatric psychologist, and I just happened to fall in love with pediatric pain in the process. Under the mentorship of Lisa Scharff, PhD, for clinical work, and Deirdre Logan, PhD, for research, I joined the Pain Treatment Service at Boston Children’s Hospital (BCH) as a fellow, and in 2008, I joined the faculty, accepting a staff position in the new Mayo Family Pediatric Pain Rehabilitation Center (PPRC).

The PPRC is designed for patients with significant pain-related disability who have not responded to traditional multidisciplinary outpatient treatment for pain. In working with these difficult-to-treat patients, it became clear to me that at least one factor was interfering with their progress, pain-related fear, thus leading to the next piece of advice: (6) Create a niche. After a review of the literature, I noted that extensive research in adult pain supported the interfering role of pain-related fear on functional outcomes in chronic pain patients (Leeuw et al., 2007; Vlaeyen & Linton, 2000). In addition, there were several published measures to assess pain-related fear in adults, such as the Tampa Scale for Kinesiophobia (Roelofs et al., 2011). Despite this foundation, there was little work examining this construct in children with chronic pain.

Through support from an internal career development award from BCH, I developed a measure to assess pain-related fear in children, the *Fear of Pain Questionnaire* (Simons, Sieberg, Carpino, Logan, & Berde, 2011). This led to further funding from the American Pain Society to examine pain-related fear in the context of the PPRC.
(Simons, Kaczynski, Conroy, & Logan, 2012) and lastly to my newest adventure, examining the neural correlates of pain-related fear through functional neuroimaging (supported by a K23 Career Development Award from Eunice Kennedy Shriver National Institute of Child Health and Development/National Institutes of Health). This accomplishment led to the next piece of advice: (7) Seek funding for your work. After receiving the Student Achievement in Research and Scholarship (STARS) grant as an undergraduate at Ohio University, I thought carefully how I was going to spend my $800 award. Would it all go to buying Gatorade for the fluid-loading condition in my study or would I also use some of the funds to buy more electrode tape? It was not much, but it was my first grant, and it still has a line on my curriculum vita.

As I continue to implement the advice I have received over the years, I look toward the future with two additional thoughts. Going forward as I make the transition beyond early career pediatric psychologist I plan to 8) Stay involved. You will soon be hearing from me as the incoming editor of Progress Notes, walking in the footsteps of my graduate mentor who served as editor over 20 years ago. Fortunately, I won’t have to use a saddle stapler like he did to put together each issue by hand! Lastly, I am most delighted to be in the position to give back and 9) Be a mentor. Cultivating mentoring skills began long before my faculty appointment as a graduate trainee working with undergraduate research assistants and graduate students in their early stages of training. Mentorship is not only an opportunity to give back, but I can selfishly say that it is incredibly rewarding to support a young individual’s developing career trajectory. I look forward to paying it forward for many years to come.

**Funding**

This was supported by a K23 Career Development Award from the Eunice Kennedy Shriver National Institute of Child Health and Development HD067202, the Sara Page Mayo Endowment for Pediatric Pain Research and Treatment, and the Department of Anesthesiology, Perioperative and Pain Medicine at Boston Children’s Hospital.

**Conflicts of interest:** None declared.

**References**


