I would love to start this article by saying that I was born to be a pediatric psychologist, that I knew from infancy this is what I wanted to do, and that this is all I have ever dreamed of. Of course we all know that this is untrue or at least greatly exaggerated. Truthfully, my childhood career aspirations included being a ninja, an astronaut, or the pilot of a fighter jet that turned into a robot (this was so I could protect the planet from alien invaders who were 30 feet tall). This all changed in the fall of 1981. At 6 years of age, I spent 2 weeks in the pediatric intensive care unit at Stanford Hospital, admitted for diabetic ketoacidosis (DKA, or “Dead Kid Already” as they called it on the unit). My recollection of the education provided to me at the time was as follows: (1) you can never eat sugar again, (2) you have to take one shot a day for the rest of your life, and (3) there was no chance ever of being a pilot or astronaut because “diabetics can’t fly planes” (remember this was 1981). So at the tender age of 6, having been recently diagnosed with type 1 diabetes, my desired career choices were quickly narrowing (aside from being a ninja of course). I needed a new profession.

It is not too much of a stretch to consider that this was the experience that started me on my path toward pediatric psychology. I was discharged from the hospital a few days before Halloween to the Great Candy Banishment that ruled the pre-Diabetes Control and Complications Trial era style of diabetes management (Diabetes Control and Complications Trial Research Group, 1994). While in the hospital I had made a few friends, including my pediatric intensive care unit roommate who had what I later learned was acute lymphoblastic leukemia. Two lasting impressions stood out to me at that time around discharge. The first was as I cannot have any Halloween candy, I should find a way to give mine to those children in the hospital who could not go out and get their own. The second (and more pertinent to this article) was that having diabetes (and other things that make you stay in a hospital) really stinks and that maybe someday I could make it less “stinky” for kids when I was a “grown-up” (but, for now, giving them my candy would have to do). I had never heard of psychology, much less pediatric psychology. I also did not know what it took to become a pediatric psychologist, what they did, or could do—but, from that moment on, that is where I was headed.

Fast forward nearly 20 years to when I began graduate school in clinical psychology at the University of Wisconsin, Milwaukee. After brief stints as a preschool teacher, group home counselor, and jazz musician in the time between getting my undergraduate degree and starting graduate school, I came to Milwaukee to work with two pediatric psychologists (W. Hobart Davies, PhD, and Anthony Hains, PhD). I was drawn to their work because they were training students to make life less “stinky” for children and families with chronic illnesses. During this time, I developed an interest in how, or whether, individuals with chronic illness should disclose their illness to others (Berlin, Sass, Davies, & Hains, 2002; Berlin, Sass, Davies, Jandrisevits, & Hains, 2005; Jastrowski, Berlin, Sato, & Davies, 2007; Marcks, Berlin, Woods, & Davies, 2007). The issue of disclosing information was also my first publication in the Journal of Pediatric Psychology (Berlin, Sass, Davies, & Hains, 2002; Berlin, Sass, Davies, Jandrisevits, & Hains, 2005; Jastrowski, Berlin, Sato, & Davies, 2007; Marcks, Berlin, Woods, & Davies, 2007). The issue of disclosing information was also my first publication in the Journal of Pediatric Psychology (Berlin, Sass, Davies, & Hains, 2002; Berlin, Sass, Davies, Jandrisevits, & Hains, 2005). Generally, this work showed that disclosing one’s chronic illness is generally a good thing. Through these early papers, I learned that I absolutely loved statistics and that using quantitative methods, answering important research questions, and contributing to the research literature were ways in which I could potentially help better the lives of children and families.
Armed with a passion for diabetes, statistics, and pediatric psychology, I began to collaborate on a line of programmatic research that tested and refined a theoretical framework among youth with type 1 diabetes. We largely explored adherence in social situations (Berlin et al., 2006; Hains, Berlin, Davies, Parton, & Alemzadeh, 2006; Sato et al., 2008). This research documented how social support differentially linked cognitions about peers, teachers, and friends with regimen adherence difficulties, stress, and medical outcomes (Hains et al., 2007, 2009). Equally important to me, this research also suggested that thinking differently about diabetes might make living with diabetes “stink” less.

At roughly the same time in my life, I was excited to explore the clinical aspects of pediatric psychology and began an external placement as a trainee at the Children’s Hospital of Wisconsin. Here, the supervision (and more importantly, the mentoring) I received from Alan H. Silverman, PhD, and Elizabeth Fischer, PhD, helped to shape my interests in pediatric gastroenterology and showed me how research and clinical activities could be woven together. A large proportion of my pediatric gastroenterology research at this time was conducted using data gathered during clinical service (Berlin et al., 2010; Berlin, Davies, Silverman, & Rudolph, 2011; Davies et al., 2006; Silverman et al., in press). Through my work at the Children’s Hospital of Wisconsin, I was able to complete my dissertation, a project where I blended my research and clinical interests. This project was presented in 2008 and was also my first award from the Society of Pediatric Psychology (the 2008 SPP Outstanding Student Poster Award; Berlin, Davies, Silverman, Fischer, & Rudolph, 2008).

For internship, I was very fortunate to match to Brown Medical School’s pediatric psychology track, where under the mentorship of Debra J. Lobato, PhD, I was able to continue integrating my pediatric gastroenterology clinical and research interests (Berlin, Davies, Lobato, & Silverman, 2009; Berlin, Lobato, Pinkos, Cerezo, & LeLeiko, 2011). I stayed at Brown for a National Institutes of Health T-32 Postdoctoral Fellowship, where I continued to specialize in pediatric psychology and biostatistics with a mentoring dream team headed by Debra Lobato, PhD. This team of mentors and supervisors also included Elissa Jelalian, PhD; Elizabeth McQuaid; Ronald Seifer, PhD; Abbe Garcia, PhD; Wendy Plante, PhD; Jack Nassau, PhD; Marina Toulou-Shams, PhD; Robyn Mehlenbeck, PhD; Julie Boergers, PhD; Judith Owens, MD, MPH; Neal LeLeiko, MD, PhD; and Gregory Fritz, MD. I was fortunate to have the perfect blend of research and clinical training. I was exposed to many new opportunities that ultimately enhanced and expanded my interests to include pediatric obesity (Berlin, Hamel-Lambert, & DeLameter, 2013; Luzier, Berlin, & Weeks, 2010), diversity and health disparities (Berlin, Hamel-Lambert et al., 2013; Heckman, Berlin, Heckman, & Feaster, 2011; Heckman, Berlin, Watakakosol, & St. Pierre, 2011), and applied quantitative methods (Berlin, Parra, & Williams, 2013; Berlin, Rabideau, & Hains, 2012; Berlin, Williams, Parra, 2013; Brady, Evans, Berlin, Bunford, & Kern, 2012; Karazsia, Berlin, Armstrong, Janicke, & Darling, 2013; MacLaren-Chorney, Garcia, Berlin, Bakeman, & Kain, 2010). During my fellowship, I was also proud to join the editorial board of the Journal of Pediatric Psychology and was honored to receive, in 2008, the first ever SPP Diversity Research Award.

The confluence of these experiences has led to my current program of research that focuses on the familial, behavioral, and cultural factors that promote health and reduce morbidity in childhood chronic illness. My current projects are examining models of stress and adaptation to promote quality of life and regimen adherence among adolescents with type 1 diabetes; identifying the influence of cultural and family factors on children’s weight, diet, and mealtime behavior; and integrating quantitative and behavioral methodologies to inform, develop, and refine clinical health interventions to reduce and eliminate health disparities. Certainly the experiences I have briefly described have led me to this program of research. Most importantly, I am very thankful to all the amazing mentors I have had over the years. Their support and guidance is largely responsible for my having the great honor of being the recipient of the SPP Routh Early Career Award.
So what advice would I give others who are early in their training or career and/or considering pediatric psychology? The first piece of advice is a meta-recommendation: make your time and effort count. By the time most students of pediatric psychology earn their doctorates, they have taken many courses and have absorbed many other professional experiences. To the extent possible, try to have these experiences lead to some sort of a tangible product, whether it is a paper, a presentation, an appropriate line on your curriculum vitae, or all three. For example, in my first semester of graduate school at the University of Wisconsin-Milwaukee, I took a graduate research methods course with my primary mentor (W. Hobart Davies, PhD) entitled “Experimental Child Psychology.” With institutional review board approval, this course required students to collect, analyze, and write-up data related broadly to the topic of child psychology. Given the work I had put into this project, it made sense to try and submit this paper for publication. In fact, my very first author publication (Berlin et al., 2002) was the paper originated in this class. Encouraged by this publication, I continued to work with my primary mentor throughout graduate school and beyond to routinely add to these data collections. To date, many of my publications have resulted from this collaboration (Berlin et al., 2002; Berlin et al., 2010; Berlin, Davies, et al., 2011; Berlin, Sass, Davies, Jandrisevits, et al., 2005; Berlin, Sass, Davies, Reupert et al., 2005; Davies, Berlin, & Telega, 2003; Jastrowski et al., 2007; Marcks et al., 2007; Medrano, Berlin, & Davies, 2013).

Making time and effort count also applies when learning new skills (as faculty, fellow, or otherwise). Over the years, I have been interested in how to model statistically, contingencies in dyadic interactions, yet most of the writing on this topic was difficult to follow for those looking for an accessible introduction to the topic. On fellowship, I was fortunate to be able to meet with Jill MacLaren-Chorney, PhD (who coincidentally received the Routh Early Career Award in 2010), and Abbe Garcia, PhD, in an attempt to wade through this literature. Having “put in the time” to learn about these approaches, it occurred to us that we should write the kind of paper we wished was available when we were learning about this approach. This paper recently appeared in the Journal of Pediatric Psychology (MacLaren-Chorney et al., 2010). A similar process occurred more recently when I was learning to use latent variable mixture modeling (LVMM). As with sequential analyses, there were many technical papers on LVMM, yet not many of these were accessible introductions. As such, I was determined to not only learn LVMM, but to write introductions for the readership of the Journal of Pediatric Psychology on cross-sectional (Berlin, Williams, et al., 2013) and longitudinal (Berlin, Parra, et al., 2013) mixture modeling.

My second piece of advice is to train broadly and be open to new experiences (that at first might not seem relevant). My training in clinical psychology at the University of Wisconsin-Milwaukee was generalist, and one of my rotations on internship was “out of track” in a partial hospitalization program using dialectical behavior therapy with adults. I believe my broad training has made me a better psychologist (pediatric or otherwise) than I would have been had I focused more narrowly. These broad experiences also helped my program of research by exposing me to intervention and research methodologies encountered less frequently in the world of pediatric psychology. For example, during graduate school, I served as a therapist on a research study investigating mechanisms of change among adults diagnosed with depression and personality disorders. For this project, not only was I obtaining a breadth of training, I was able to build my publication record (Busch, Kanter, Callaghan, Weeks, Baruch, & Berlin, 2009) and gain an enduring interest in how these modern behavior therapy approaches may be relevant for pediatric psychology.

My recommendation of broad training also applies to training within pediatric psychology. I was fortunate to have a fairly broad range of experiences on internship and postdoctoral fellowship. My later clinical training was typically done in the context of specialty clinics or rotations that allowed for specialized training. This specialized training focused on feeding disorders, toileting problems, sleep, pain, biofeedback, anxiety disorders, obsessive compulsive disorder, consultation/liaison, suicide assessments, community asthma education, weight management, infant mental health, early intervention/prevention, and outpatient psychotherapy. In addition to expanding my clinical training, these experiences also increased my exposure to many styles of supervision and mentoring. Having this breadth of training within and outside of pediatric psychology has also allowed me to treat and supervise a wider range of cases as faculty.

My third piece of advice is to develop marketable skill sets. As pediatric psychologists this might include expertise in training, delivering, and/or supervision of specific types of assessments (e.g., autism diagnostic observation schedule; Lord et al., 2000; hypothalamic–pituitary–adrenal function via salivary cortisol), interventions (e.g., motivational interviewing, Suarez & Mullins, 2008; dialectical behavior therapy, Miller, Rathus, & Linehan, 2007), and/or the use of advanced statistical/research methods. Having nearly failed my undergraduate Introduction to
Psychological Statistics, my first year of college at the University of California-Santa Cruz (full disclosure), I would have never imagined that one day I would grow to love teaching, applying, and writing about statistics, or co-found (with Bryan Karazsia, PhD) the SPP’s Pediatric Research/Innovative Statistical Methodologies Special Interest Group (Karazsia & Berlin, 2013). Part of the initial appeal of statistics was the doors it opened to publishing. I learned quickly that having a skill set that was in demand and one that applied broadly to the field was helpful to being productive. As a result, I was able to expand my training, publications, and topics to new areas (Busch et al. 2009; Kanter, Mulick, Busch, Berlin, & Martel, 2007; Przeworski et al., 2011).

The last piece of advice that I might offer is to seek out multiple mentors and mentees. Consistent with recommendations from the 2012 awardee, Laura Simons, PhD, mentoring is key (Simons, 2012). In my own professional development, I have been fortunate to have many individuals who I consider to be mentors. Often graduate students consider their primary advisor as their sole mentor. I took a different approach: soak up as much mentoring as possible, whenever and wherever you can. This, as it turns out, is the norm in pediatric psychology, with pediatric psychologists reporting an average of more than six mentors (Aylward, Odar, Kessler, Canter, & Roberts, 2012). Given my experiences as a mentee, I feel a karmic debt to serve as mentor to others. This, I believe, should be the pool of mentors from which to draw advice, recommendations, knowledge, and collaboration.

In closing, as I write this nearly 32 years to the day of my initial diabetes diagnosis, I realize that I have several things I would like to say to the 6-year-old me sitting in the pediatric intensive care unit. First, eat sugar (but make sure you bolus and get some exercise). Second, fly a plane. Third, having diabetes does “stink,” yet it does not have to “stink” all the time. Fourth, pediatric psychologists rock—they are grown-ups who make things less “stinky” for kids and families. Oh yeah, one last thing: in 2005, be on the lookout for “YouTube.” YouTube will give you all you need so you can train to be a ninja.

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References


