Commentary: The Wright Ross Salk Award: Reflections on Service With a Purpose

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It is certainly a great honor to receive the 2015 Society of Pediatric Psychology Wright Ross Salk Distinguished Service Award and to be given the opportunity to share some reflections on the importance of service in my own career. Psychology is a science, and it is understandable that our journals are filled with the results of our scientific studies and that we spend almost all of our writing time seeking funding for our research or communicating the results of our scientific efforts. It is rare indeed to read anything about service, perhaps a reflection of its perceived importance in the scientific community. In most academic settings, tenure and promotion are based on research, teaching, and service—in that order; service is often viewed as somewhat valuable but of lesser importance to both research and teaching. Yet, when I look at my own professional career, service, and advocacy have played a huge role and one that I have valued as much as my teaching and my research. Consequently, I find it particularly gratifying to be able to write about its importance in a prestigious scientific journal.

In this article, I briefly describe how I became a pediatric psychologist and how my service activities developed and matured. Because my service activities span nearly three decades, I have selected a few illustrative examples that I think might be particularly useful to the reader. Major lessons learned from these experiences are identified, and critical areas in need of pediatric psychologists’ service and leadership are described.

The Serendipitous Pediatric Psychologist

Although the Society of Pediatric Psychology (SPP) was established in 1968 and “affiliated” with the Section of Clinical Child Psychology of the Clinical Psychology Division (Division 12) of the American Psychological Association (APA) in 1969, it did not become a Section of Division 12 until 1980. The Journal of Pediatric Psychology was established in 1973 but not recognized by Psychological Abstracts until 1976 (White, 1991). The establishment of SPP essentially overlapped with my education in psychology; I was an undergraduate in psychology at Cornell University from 1966 to 1970 and then got my PhD in clinical psychology from the State University of New York at Stony Brook in 1974. I was not trained as a pediatric psychologist but did receive excellent graduate training as a clinical child psychologist.

I became a pediatric psychologist entirely by chance. After an internship and postdoctoral fellowship in the Department of Clinical Psychology at the University of Florida Health Science Center, I took a job in the department continuing my clinical child psychology work with a primary focus on how children learn to read. There I met Nathan Perry who was on the faculty. We decided to marry in 1978, but he became chair of the department and the university’s nepotism rules precluded my remaining in the department where my husband was chair. Consequently, I took a position in the Department of Psychiatry. My new boss, the chair of Psychiatry, had a number of problems in his Division of Child Psychiatry; he indicated that this Division did not have a strong positive relationship with the Department of Pediatrics and he had unused beds in his children’s inpatient unit that were coveted by many other medical departments. As a clinical child psychologist, he thought I should fix these problems. I began to explore possibilities and developed a collaboration with the head of Pediatric Endocrinology, who had a long-standing interest in psychological issues pertinent to children with diabetes and their families. Soon, I was using the unused
beds for an inpatient program for children with so-called “fragile diabetes” who were repeatedly in and out of the hospital; I was the director of this inpatient program, a very unusual position for a psychologist.

In 1980, I published a review paper on psychosocial aspects of diabetes (Johnson, 1980), received my first National Institute of Health Grant addressing adherence in childhood diabetes, was running an inpatient program for difficult to manage children with diabetes, and was seeing children with diabetes and their families in an outpatient diabetes clinic (Johnson, 2004). I had become a pediatric psychologist.

The SPP as a Professional Home

By 1980, SPP was well established. It was now a section within Division 12 with an organizational structure, convention programming, and flourishing journal. It also provided a much needed scientific and professional home for those of us doing pediatric psychology across the country with few or no pediatric psychology colleagues at our own institutions. It was my husband, Nathan Perry, as chair of the Department of Clinical and Health Psychology at University of Florida’s Health Science Center, who first suggested a national conference on child health psychology. I co-chaired the first conference in 1988 and six subsequent conferences. Both SPP and Division 38 (Health Psychology) provided financial support. In 1993, I was elected SPP President, offering me an important leadership opportunity, a greater understanding of Division 12 and APA’s organizational structure, and a broader perspective on the primary issues facing pediatric psychologists across the country.

Clinical, Research, and Educational Challenges

As I matured as a scientist and a professional, the challenges facing pediatric psychologists became more and more apparent. These included the inability of most patients to access our services, reimbursement issues for our work, poor understanding and sometimes even lack of respect for our professional and research skills among our medical colleagues, few research dollars devoted to behavioral science by the National Institutes of Health, difficulty finding appropriate publication outlets for our research, and failure of many of our own psychology colleagues to appreciate what we do (Johnson, 2004). Pediatric psychology had matured to such a point that there were strong graduate training programs in pediatric psychology at my own institution and elsewhere. Students were interested in these programs, and admission into the programs was extremely competitive. We were getting the best and the brightest but I worried about their future. I loved what I did and wanted to assure a legacy of well-trained pediatric psychologists. At the same time, I felt I could not ethically continue to train pediatric psychologists without attending to these larger system challenges.

Increasing Impact: Looking for Opportunities and Leveraging Influence

Although SPP felt like home, it was too small and had insufficient resources to address these challenges alone. I began to think about other opportunities or sources of influence that might be helpful.

Division 38

I had been active in Division 38 for some time, participating in the National Working Conference on Research in Health and Behavior, Harpers Ferry, West Virginia, in May of 1988 and co-authored several papers from that conference (Drotar et al., 1989; Sheridan et al., 1989). I served as Associate Editor of its journal, Health Psychology, from 1989 to 1994. I also represented pediatric psychology in a working group of Division 38 colleagues who successfully established specialty certification in Clinical Health Psychology by the American Board of Professional Psychology in 1993. In 1994–1995, I served as President of Division 38, providing new opportunities for leadership and influence. In APA, a division has
more organizational influence than a section of a division, which was SPP’s status at the time. The Division 38 President meets with other division presidents at APA’s Division Leadership Conference. Division 38 had substantial financial resources and many programming hours at the annual convention. At our Division 38 board meetings, members of the various APA directorates met with us to describe ongoing activities and received input about Division 38 concerns. It became quickly apparent to me that while Division 38 resources were greater than the SPPs, APA’s resources were vast and were not being used to address the concerns of pediatric and health psychologists. The APA Practice Directorate, in particular, seemed to be solely focused on the concerns of traditional mental health providers in independent practice. Although many members of SPP and Division 38 were paying the special assessment to address reimbursement and other professional issues faced by practicing psychologists, the concerns of practicing pediatric and health psychologists seemed to be nowhere on their radar screen. Knowing that divisions would have greater influence in numbers, I called a meeting of interested division Presidents at the annual APA meeting. Out of this meeting, the Interdivisional Health Committee (IHC) was born, and the APA Practice Directorate hired two staff (Randy Phelps and Geoffrey Reed) to address our concerns. At its inception, the IHC consisted of representatives of Division 38, Division 17 (Counseling Psychology), Division 22 (Rehabilitation Psychology), Division 40 (Neuropsychology), and SPP. The IHC immediately began to address reimbursement issues facing its membership, including the fact that many of our professional services are to patients with medical, not psychiatric, diagnoses and we use procedures that are not well represented by the 50-min psychotherapeutic hour. Out of these deliberations, the Health and Behavior (H&B) Codes were born. It took many years, but APA shepherded these through the complicated American Medical Association Current Procedural Terminology code process, they were accepted by the Centers for Medicare and Medicaid Services (CMS), and activated by CMS in 2002. About the same time, Division 38, Division 22, and SPP joined forces to establish Clinical Health Psychology as a recognized specialty by APA in 1997.

**APA Board of Professional Affairs**

As I became more familiar with APA and its structures, I saw other opportunities to address the concerns of pediatric and health psychologists. This included serving on the APA Board of Professional Affairs (1998–2000, chair 2000) where I took on the issue of evidence-based treatment guidelines. Pediatric and health psychologists are very familiar and comfortable with evidence-based practice guidelines or standards of care because they are commonly used in medicine. However, at that time, most members of the APA practice community were entirely opposed. I was somewhat aware of this pushback, having done some work on empirically validated treatments for Division 12 (Chambless et al., 1996, 1998; Lonigan, Elbert, & Johnson, 1998), which had come under fire for promoting “manualized” treatments. It seemed to me that psychology would never be accepted as a true health profession if we did not embrace the basic tenet of evidence-based medicine (Johnson, 2012a). I felt the APA Board of Professional Affairs was a very good place to take on this effort, and although I made good progress while on the Board (APA, 2002), it took many more years before APA fully accepted and acted on this principle. Currently, APA is developing evidence-based clinical practice guidelines for depression, obesity, and posttraumatic stress disorder (http://www.apa.org/about/offices/directorates/guidelines/clinical-practice.aspx).

**Robert Wood Johnson Health Policy Fellowship**

In 2001, I had a remarkable opportunity to go to Washington DC as a Robert Wood Johnson (RWJ) Health Policy Fellow, working in the office of Hilary Rodham Clinton. My husband had retired in 1998 and my youngest child graduated from high school in 2000. As most dual career couples know, it is often challenging to balance two careers successfully and compromises are often necessary. My husband felt that I had sacrificed considerably in response to the nepotism rules at the University of Florida and his own job as chair of the Department of Clinical and Health Psychology. He wanted me to do whatever I wanted now that he was retired and our girls were in college. The RWJ fellowship appealed to me because it would bring new learning opportunities for effecting change at the congressional level. I had never had a sabbatical and this offered an exciting new challenge. I was also encouraged to apply by several previous RWJ fellows, including Rick Bucciarelli, the University of Florida’s Associate Vice President of Health Affairs for Government Relations, a pediatrician who was familiar with my work with children who had diabetes and their families. At the time, RWJ fellows were usually MDs so I was very pleased to be accepted, the only woman and the only non-MD in my class of six. It was a life-changing experience for me in many respects. My husband and I moved to Washington and were there when the plane crashed into the Pentagon on 9–11 and, as Senator Clinton represented New York (where I grew up), the psychological concerns of children and families in New York City were of paramount concern in her office. I learned

1 The Society of Pediatric Psychology became Division 54 of the American Psychological Association in 2000.
could no longer provide such a response. I felt that I was serving APA in some other capacity. However, I was surprised at the hostile response to this choice from some psychologists who saw obesity as a medical problem, not a psychological problem, or who thought I was only increasing stigma against overweight people (e.g., Johnson, 2012b, 2012c). I made obesity one focus of my convention programming and talked and wrote about it constantly (e.g., Johnson, 2012d, 2012e, 2013a). I was pleased when APA’s Treatment Guideline Steering Committee selected obesity as a focus of APA treatment guideline development.

As part of the Board’s strategic planning process, we began to look at ways APA could be better structured to meet its goal of expanding psychology’s role in advancing health. Out of these discussions, APA’s Center for Psychology and Health was born (http://www.apa.org/health/).

Lessons Learned
Over the decades of my service to psychology, and to pediatric and health psychology in particular, I have learned many lessons. Although my service was appreciated to a certain extent by my academic institution, it

APA Board of Directors
Over the years, I had become increasingly aware that the APA Board of Directors had considerable influence over association resources and direction. I was also aware of the opportunity to influence the next generation of physicians about the importance of integrating psychological services into health care.
was never highly valued. Rather, my ability to get research grants, publish, teach, and generate patient revenue was what “counted.” Certainly working with like-minded people on issues important to psychology was rewarding to me in its own right. However, I also must acknowledge the role my husband, Nathan Perry, played in my leadership development. Not only did he support my service to psychology, he modeled it. He was a tireless advocate for psychology within the medical institution where he worked, at the state level, and within APA (Belar, 2008); Division 38 named their Career Service award after him. I will always be grateful for his support and guidance through the 29 years of our marriage.

Serve for a Purpose
Perhaps this seems obvious, but service should have a purpose well beyond listing a position or activity on a vita. For me, that purpose was crystallized though my research, professional, and teaching activities. I saw the challenges pediatric psychologists faced and I wanted to do something about them.

Look for Opportunities
Opportunities for service with a purpose may come from all sorts of places, some of them unexpected. Once you are clear on what challenges you want to address, look for openings to address them and volunteer your time and skills.

Opportunities Beget Opportunities
Once you identify an opportunity to address a challenge, if you do that well, other opportunities will present themselves. I have found that opportunities for service are ever-expanding; good work in one area only opens the door for more work in other areas.

Be Strategic
If you serve well, so many opportunities to serve will present themselves that you cannot do them all. You must be strategic and choose those opportunities with the highest likelihood of positive impact. You also must be strategic with each opportunity you engage; choose goals and outcomes that you have a reasonable chance of accomplishing. Stay focused on the purposes you most care about and have the greatest likelihood of impacting.

Collaborate
You are far more likely to reach your goals if you get others—people and organizations—to help. For example, you are far more likely to solve reimbursement problems for pediatric psychologists if you collaborate with pediatricians than if your sole focus is on psychologists. This is true for both individuals and organizations. For example, the SPP is going to have greater impact if it partners with other divisions or particular directorates in APA or with the American Academy of Pediatrics than if it tries to accomplish a particular goal on its own. If you are serving an organization in a leadership role, it is critical that you help the organization identify and pursue those kind of collaborations.

Recommendations for the Future
Despite many years of service, important challenges remain. These include organizational challenges as well as the changing nature of science, health care, and education.

Society of Pediatric Psychology
My hope would be that SPP would serve as an incubator for future leaders not only within SPP but within APA and the larger health care and science communities. SPP is and should be very focused on attracting the next generation of pediatric psychologists to the organization. Young SPP members provide new ideas, energy, and important skills critical to assuring that SPP remains a vital, effective, forward-looking organization. Young SPP members should be groomed for leadership within SPP, and SPP should expect its leaders to go on to play leadership roles in APA and elsewhere. In my view, it is not enough to lead within SPP. You need to grow the SPP leadership opportunity into something more. Within APA, this will mean a willingness to enter the political fray that comes with elections. I realize this is distasteful to many, but SPP’s impact will always be limited if it does not engage the larger APA community.

SPP should always look for opportunities to partner with other groups on issues of mutual concern. The IHC already provides one mechanism for this that SPP should use strategically to effect change in APA and the larger health care system. But there are many other opportunities for possible partnerships outside APA—the American Academy of Pediatrics or other groups with whom individual SPP leaders have developed personal connections.

Integrated Care
It is my hope that integrated care—where all of a patient’s needs are met by a multidisciplinary team that includes a mental health provider—becomes the health care system in this country. The biomedical model can no longer effectively address our current health care challenges (Johnson, 2013a). But, whether integrated care becomes the norm and what kind of mental health care services are offered remains to be seen. Pediatric psychologists have unique skills in this area and need to be at the table, leading in this direction at APA and elsewhere.
Interdisciplinary Science
It has become increasingly clear that interdisciplinary science is the science of the future. No single scientific discipline can successfully address the complex challenges facing our nation and the world (Johnson, 2012). Most pediatric psychologists are scientist practitioners with a great deal of experience working on interdisciplinary science teams. They bring unique skills, experience, and perspectives to the scientific enterprise and should be serving in leadership roles not only within APA but in the larger scientific community.

Education
Graduate education in psychology is currently not prepared to train the numbers of psychologists needed to practice in interdisciplinary integrated care settings or science teams. If health care were fully integrated tomorrow, we would simply not have enough psychologists to fill the need. Similarly, interdisciplinary science teams are and will be the norm. But whether they benefit from psychological expertise will depend on whether psychology is willing to change its graduate training models to include a greater focus on interdisciplinary science. In both arenas, pediatric psychology has much to offer and should lead the discipline in developing new and better models of education.

Conclusions
There are many ways to have professional impact—seeing patients, conducting research, and teaching the next generation of students, to name a few. All are important and many choose to remain focused in one or more of these areas for their entire careers. But in my experience, service is equally important and absolutely critical if we want to assure that patients have access to the services they need, if research is informed by high-quality psychological science, and if we hope to prepare students for tomorrow’s health care and scientific challenges. Service is often required for any meaningful change to occur. Yet, service is often undervalued, or even devalued, within the academic community. As a consequence, we typically have no formalized plan to train students for leadership positions within our graduate educational programs. I consider this a glaring problem that needs our immediate and serious attention.

References