Commentary: A Look at Ourselves in the Mirror

William G. Kronenberger, PhD
Indiana University School of Medicine

As a pediatric psychologist with some administrative duties, I keep a file of publications about salaries and work expectations of psychologists. Although these reports have more information than just salary data, more often than not I use them to assist with salary and contract benchmarks for my department. Opipari-Arrigan, Stark, and Drotar's (2005) article adds much to those existing surveys of psychologists in general, because it provides specific information about salaries and work performance of pediatric psychologists. However, the value of this article goes well beyond the salary data presented in Tables 2, 3, 4, 5, and 6. This article echoes the recurrent themes that have defined our field since its inception and that will shape the future of pediatric psychology. It is important for pediatric psychology to take periodic snapshots of these themes, both to provide benchmarks and to develop initiatives to meet future goals. Many key areas are covered by Opipari-Arrigan et al. (2005), but five stand out as recurrent themes for the field of pediatric psychology.

Where We Work: Hospital-Based Versus Private Settings

Almost two-thirds of the respondents to the survey (Opipari-Arrigan et al., 2005) reported working primarily in a hospital setting, with about half in academic medical centers. Other than hospital settings, only private practice (22%) accounted for a substantial percentage of respondents. Although the methodology of the study may have had some impact on these percentages, the data suggest that pediatric psychology continues to be primarily a hospital-based field. Despite these current trends, it is likely that a significant portion of the future growth of pediatric psychology lies in outpatient, primary care pediatric settings (Rae, 2004).

My hospital setting (Riley Children's Hospital at Indiana University School of Medicine) has experienced this issue firsthand. The pediatric psychology/psychiatry service at Riley Hospital frequently is called upon to make outpatient referrals to psychologists in community-based private practices. These referrals are usually made for children who are seen in our outpatient pediatric clinics or who are being discharged from inpatient pediatric units. When we attempted to build a community referral database by sending requests to about 1100 community-based licensed psychologists in the State of Indiana, only 19 psychologists reported completing a 1-year practicum in a pediatric hospital setting, and only eight had completed postdoctoral fellowships in pediatric hospital settings (Kronenberger, 2000). Furthermore, fewer than half of those psychologists were members of the Society of Pediatric Psychology (SPP). By comparison, Riley Hospital alone has over 10 pediatric psychologists (and growing) across various departments. These numbers present a challenge to the continuity of pediatric psychology care for children seen by hospital-based consultation–liaison services, especially for those children who (often because of distance) cannot return to the hospital for outpatient follow-up.

It will be important to follow the trends of hospital versus private–practice-based pediatric psychologists in the coming years. Private practice for pediatric psychologists in community primary care settings is not a new phenomenon (Schroeder, 1999), but it offers significant challenges in addition to possibilities.

How We Fit In: Life in Medical Departments

Most hospital-based pediatric psychologists surveyed by Opipari-Arrigan et al. (2005) are employed in departments other than psychology. Departments of Pediatrics and Psychiatry are by far the most common departmental homes for pediatric psychologists in hospital settings. By definition, pediatric psychology is a field built on multidisciplinary collaboration, and historically, much of

All correspondence concerning this article should be addressed to William G. Kronenberger, PhD, Riley Child and Adolescent Psychiatry Clinic, 702 Barnhill Drive, Indianapolis, Indiana 46202. E-mail: wkronenb@iupui.edu.

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our field has grown from within medical departments. This presents opportunities for interesting cross-disciplinary collaboration and learning, but it also can lead to challenges in managing different perspectives, expectations, and resources. In general, pediatric psychologists surveyed by Opipari-Arrigan et al. (2005) reported mean satisfaction ratings (in areas from salary to performance criteria) in the "neutral" range, with standard deviations suggesting considerable variability in satisfaction. This finding indicates that there are a variety of strategies and outcomes for how pediatric psychologists are able to manage the challenges of work with colleagues from other disciplines. Emphasizing the contributions of pediatric psychology within a multidisciplinary setting (through productive research, evidence-based treatment guidelines, and positive collaboration with colleagues) should therefore continue to be a key part of pediatric psychology training and scholarly work.

What We Do: Blending Clinical and Research Missions

Based on the results of the survey, pediatric psychology has embraced the scientist–practitioner model of clinical psychology. Most hospital-based psychologists in the survey reported having academic appointments, with a relatively even blend of different types (research/clinical, tenure/nontenure) of appointments. Over half of respondents were involved in clinical service and in research. Most reported supporting their salaries in part with clinical service, whereas about a third reported supporting their salaries with research. The take-home message here is that pediatric psychology is a clinician–scientist field and professional community.

"Scientist–practitioner" has become such a mantra in clinical psychology that it can seem like a deceptively simple concept to put into practice. It is not. Fortunately, pediatric psychology has taken some significant steps to recognize the need to blend science and practice. Calls for increased intervention research during the 1990s have culminated in a greater frequency of studies in this area, along with specific encouragement of randomized clinical trials (Drotar, 2005). The publication of an ongoing series of reviews on empirically supported treatments in pediatric psychology (Spirito, 1999) provides evidence-based guidance for clinical interventions. It is critical for pediatric psychology to continue these developments and to disseminate clinically relevant information to members.

As pediatric psychology continues to grow as a scientist–practitioner field, we will need to attend to ways to use research to support clinical work, both to payors and to policy makers. Conversely, applied clinical presentations should be a greater part of pediatric psychology conferences, and pediatric psychology journals should include more applied research. This includes providing more details (such as encouraging access to treatment manuals) about the specifics of interventions described in articles and presentations.

How We Survive: Paying Our Way

To grow, develop, and reach goals as individuals and as an organization, pediatric psychologists need to survive economically. This has been a cause for considerable concern, beginning with salary coverage and extending to other program costs. Although a discussion of suggestions for economic survival (or, stated more positively, success) is beyond the scope of this commentary [see Rae (2004) and Drotar (2004) for discussions], the data of Opipari-Arrigan et al. (2005) make a clear point: increasingly, departments and hospitals expect pediatric psychologists to cover a significant part of their salaries with clinical and research income, and salary coverage considerations drive a proportion of the work in which pediatric psychologists engage. Although salary accountability is nothing new at medical centers, freezes in clinical fee schedules and in grant funding threaten salaries and program development.

Issues of salary accountability are well known to pediatric psychologists with administrative responsibilities, especially within hospitals, private practices, and medical schools. New and even recently vacated faculty positions often must be justified with an identified funding stream. Need (or history) alone is often not sufficient to justify a salary or a new position. For example, despite a 100% increase in referrals to the consultation–liaison service at Riley Children's Hospital between 2000 and 2004, we had to identify a funding stream before we could increase our amount of clinical coverage effort (Kronenberger, 2004). The implication of this fiscal environment is that pediatric psychologists must be advocates not only for our services but also for the resources that support them. This advocacy must occur at all levels, including training, conferences, political contacts, negotiation of insurance contracts, and individual interactions with hospital and departmental administrators.

How We Approach Problems: Attention to Methods

It only takes a brief look at the *Journal of Pediatric Psychology* or attendance at a pediatric psychology conference to see that pediatric psychology is a field that values good research methodology. This is a significant strength, because it gives pediatric psychology credibility within the multidisciplinary health care system. Opipari-Arrigan et al. (2005) provide an extensive discussion of the possible influences of their methodology on their study's results, and I will highlight a couple of their points that may be especially relevant for understanding the results of their survey. First, the survey targeted members of the SPP. The characteristics of pediatric psychologists who are not members of SPP would be interesting to examine and may provide additional areas of direction. Second, the gender differences in the article are striking (and cause for concern), suggesting that some research carefully targeting reasons for gender differences in benchmarks would be important. Opipari-Arrigan et al. (2005) cover several other methodological issues (such as the response rate to the survey), which should be considered in evaluating their results, but overall, their results give a clear and valuable overview of the work performance characteristics of pediatric psychologists.

In sum, Opipari-Arrigan et al. (2005) provide a valuable snapshot of the current status of the work environment of pediatric psychology. Although most of the important issues remain the same over time, it is important to monitor and respond to them so that the SPP membership and the field of pediatric psychology make progress toward teaching, clinical, and research goals. Pediatric psychology needs this kind of look in the mirror every once in a while, and it is important for us to act on what we have seen.

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References

Drotar, D. (2004). Commentary: We can make our own dime or two, help children and their families, and advance science while doing so. *Journal of Pediatric Psychology, 29*, 61–63.

Drotar, D. (2005). Commentary: Randomized controlled trials of psychological interventions with pediatric populations: The time has come and the *Journal of Pediatric Psychology* is ready. *Journal of Pediatric Psychology, 30*, 409–412.

Kronenberger, W. G. (2000). *Development of a pediatric psychiatry/psychology consultation-liaison statewide referral database*. Unpublished report, Indiana State Department of Health.

Kronenberger, W. G. (2004, August). *IU PPCL Service: Organization, mission, clinical activities, structure, and initiatives*. Paper presented at the 2004 American Psychological Association Convention, Honolulu, HI.

Opipari-Arrigan, L., Stark, L., & Drotar, D. (2005). Benchmarks for work performance of pediatric psychologists. *Journal of Pediatric Psychology,* doi:10.1093/jpepsy/jsj068.

Rae, W. A. (2004). Financing pediatric psychology services: Buddy can you spare a dime? *Journal of Pediatric Psychology, 29*, 47–52.

Schroeder, C. S. (1999). A view from the past and a look to the future. *Journal of Pediatric Psychology, 24*, 447–452.

Spirito, A. (1999). Introduction (to the special series on empirically supported treatments in pediatric psychology). *Journal of Pediatric Psychology, 24*, 87–90.