

Pediatric Psychology Seminar

Clinton E. Field, Ph.D.

Class Information

Psychology 6810

Fall 2006

Education Bldg Rm 413C

Wed 10 a.m. – 1 p.m.

Office Information

Education Bldg Rm 473

Phone: 760-4132

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Hours: Mon and Wed 8-9 a.m. or by appointment

Required Text

Brown, R. T. (Ed.). (2004). *Handbook of pediatric psychology in school settings*. New Jersey: Lawrence Erlbaum Associates.

Supplemental Texts

1. Roberts, M. C. (Ed.). (2003). *Handbook of pediatric psychology* (3rd ed.). New York: Guilford Press.
2. Christophersen, E. R., & Mortweet, S. L. (2001). *Treatments that work with children: Empirically supported strategies for managing childhood problems*. Washington, DC: American Psychological Association.
3. Roberts, M. C., & Walker, C. E. (Eds.), (1989). *Casebook of child and pediatric psychology*. New York: Guilford Press.

Course Description and Objectives

This course is designed for graduate students in clinical psychology. The goal is to provide detailed exposure to the traditional problems and associated practice of pediatric psychology. An emphasis will be placed on gaining a conceptual understanding of typical presenting problems and empirically supported interventions common to the field. Borrowing from Gilbert Ryle's book The Concept of the Mind, working knowledge is composed of two dimensions, saying and doing, and the major goal of the class is to obtain "speaking knowledge" as opposed to "doing or working knowledge" since there is not a lab or practicum available in which to put newly learned information into practice. Students should come away from the class being able to say what and why: 1) what are the problems and interventions and 2) why are they the most appropriate forms of treatment.

Course Requirements

1. Read all assigned readings prior to the class discussion of any given topic. The amount of reading may seem a bit heavy but has been greatly limited to be reasonable.

2. Actively participate in class. To help accomplish this, each student will be required to bring two questions or comments to each class period. The question or comment should reflect something you didn't understand and would like to discuss further in class or something that you found interesting and would like to discuss further in class. Questions should be typed on a standard sheet of printer paper and should include your name and the date of the class period.
3. Students are expected to write 350-word (minimum) reaction papers in response to 6 class periods. Each paper should focus on the student's in-depth reflections on one (or two) underlying themes or issues raised during class that are relevant to the practice of pediatric psychology, incorporating the readings assigned for that specific class. Papers should be prepared according to APA style.
4. Each student will complete a clinic handout for a topic covered in class (e.g., providing educational information about a problem or disorder or describing an intervention) suitable for use by a parent or a caregiver (several examples will be provided in class). The handout does not need to be scholarly or need references. It needs to be useable and accurate, readable at the high school level, and provide rationales, steps to follow, and back-up suggestions if things go wrong. It should be 2-5 pages in length and single spaced.
5. Final exam. The final will be a class presentation instead of a written exam. It has been said that "the best way to learn something is to teach it." For your final, you will select a problem common to the field of Pediatric psychology but that was not covered as a topic during the semester. You will research the problem, develop a thorough conceptual understanding of it, learn of the common interventions/treatments for it, identify those with the greatest empirical support, and present this information to the class. Along with your presentation, you should prepare a handout for class members summarizing your presentation and providing authoritative references you have reviewed. Presentations will occur during the final exam time frame specified by the university.

Grading

Class participation: 20%

Reaction papers: 30% (5% each)

Handout: 20%

Final presentation: 30%

A = 90-100%

B = 80-89%

C = 70-79%

D = 60-69%

F = Below 60%

Tentative Calendar of Topics and Reading Assignments

- August 30:**
1. Course introduction
 2. History
 3. Roles and issues

Text: Chapters 1, 38

Supplemental:
Text 1, Chapter 4

- September 6:**
1. Health promotion
 2. Prevention
 3. Coping

Text: Chapters 5, 6

Supplemental:
Mullins, L. L., & Chaney, J. M. (2001). Pediatric psychology: Contemporary issues. In C. E. Walker & M. C. Roberts (Eds.), *Handbook of clinical child psychology* (3rd ed., pp. 910-927). New York: Wiley.

- September 13:**
1. Pediatric psychology in the schools

Text: Chapter 2-4, 37

- September 20:**
1. Disease related pain
 2. Recurrent abdominal pain

Text:
Chapter 17

Supplemental:
Text 1, Chapter 12
Text 3, Chapter 19

Humphreys, P. A., & Gevirtz, R. N. (2000). Treatment of recurrent abdominal pain: Components analysis of four treatment protocols. *Journal of Pediatric Gastroenterology and Nutrition*, 31, 47-51.

- September 27:**
1. Procedure related pain

Supplemental:
Text 1, Chapter 13

Text 3, Chapter 18

Bauchner, H., & Vinci, R. (1996). Parents and procedures: A randomized control trial. *Pediatrics*, 98, 861-867.

Zelikovsky, N., Rodrigue, J. R., Gidycz, C. A., & Davis, M. A. (2000). Cognitive behavioral and behavioral interventions help young children cope during a voiding cystourethrogram. *Journal of Pediatric Psychology*, 25, 535-543.

- October 4:**
1. Headache
 2. Obesity

Supplemental:

Text1, Chapter 31

Barry, J., & Von Baeyer, C. L. (1997). Brief cognitive-behavioral group treatment for children's headache. *The Clinical Journal of Pain*, 13, 215-220.

Braet, C., & Van Winckel, M. (2000). Long-term follow-up of a cognitive behavioral treatment program for obese children. *Behavior Therapy*, 31, ??-??.

Epstein, L. H., Paluch, R. A., Gordy, C. C., Saelens, B. E., & Ernst, M. (2000). Problem solving in the treatment of childhood obesity. *Journal of Consulting and Clinical Psychology*, 68(4), 717-721.

Scharff, L., Marcus, D. A., & Masek, B. J. (2002). A controlled study of minimal-contact thermal biofeedback treatment in children with migraine. *Journal of Pediatric Psychology*, 27(2), 109-119.

- October 11:**
1. Developmental concerns

Text:

Chapter 26

Supplemental:

Text 1, Chapter 29

- October 20:**
1. Feeding disorders

Supplemental:

Text 1, Chapter 28

Text 2, Chapter 13

Cooper, L. J., Wacker, D. P., Brown, K., McComas, J. J., Peck, S. M., Drew, J., et al. (1999). Use of concurrent operants paradigm to

evaluate positive reinforcers during treatment of food refusal. *Behavior Modification*, 23, 3-40.

Freeman, K. A., & Piazza, C. C. (1998). Combining stimulus fading, reinforcement, and extinction to treat food refusal. *Journal of Applied Behavior Analysis*, 31, 691-694.

Piazza, C. C., Fisher, W. W., Brown, K. A., Shore, B. A., Patel, M. R., Katz, R. M., et al. (2003). Functional analysis of inappropriate mealtime behaviors. *Journal of Applied Behavior Analysis*, 36, 187-204.

- October 25:**
1. Asthma
 2. Diabetes

Text:

Chapters 10, 11

Supplemental:

Greineder, D. K., Loane, K. C., & Parks, P. (1999). A randomized controlled trial of a pediatric asthma outreach program. *Journal of Allergy and Clinical Immunology*, 103, 436-440.

Lwebuga-Mukasa, J., & Dunn-Georgiou, E. (2002). A school-based asthma intervention program in the Buffalo, New York, schools. *Journal of School Health*, 72, 27-32.

Wysocki, T., Harris, M. A., Greco, P., Bubb, J., Danda, C. E., Harvey, L. M., et al. (2000). Randomized, controlled trial of behavior therapy for families of adolescents with insulin-dependent diabetes mellitus. *Journal of Pediatric Psychology*, 25, 23-33.

- November 1:**
1. Cancer
 2. Cystic Fibrosis

Text:

Chapters 15, 19

Supplemental:

Text 3, Chapter 16

Bartholomew, L. K., Czyzewski, D. I., Parcel, G. S., Swank, P. R., Sockrider, M. M., Mariotto, M. J., et al. (1997). Self-management of cystic fibrosis: Short-term outcomes of the Cystic Fibrosis Family Education Program. *Health Education and Behavior*, 24, 652-666.

Kazak, A. E., Simms, S., Barakat, L., Hobbie, W., Foley, B., Golomb, V., et al. (1999). Surviving Cancer Competently Intervention Program (SCCIP): A cognitive-behavioral and family therapy intervention for adolescent survivors of childhood cancer and their families. *Family Process*, 38, 175-191.

- November 8:** 1. Juvenile rheumatoid arthritis
2. Cardiology

Text:

Chapter 16

Supplemental:

Text 1, Chapter 23

- Campbell, L. A., Kirkpatrick, S. E., Berry, C. C., & Lamberti, J. J. (1995). Preparing children with congenital heart disease for cardiac surgery. *Journal of Pediatric Psychology, 20*, 313-328.
- Ireys, H. T., Sills, E. M., Kolodner, K. G., & Walsh, B. B. (1996). A social support intervention for parents of children with juvenile rheumatoid arthritis: Results of a randomized trial. *Journal of Pediatric Psychology, 21*(5), 633-41.

November 15: No Class

November 22: Happy Thanksgiving

November 29: DUE: Handouts

1. Regimen adherence

Text:

Chapter 9

Supplemental:

Text 2, Chapter 8

- Rapoff, M. A. (1999). *Adherence to pediatric medical regimens*. New York: Kluwer Academic/Plenum Publishers.

December 6: 1. Behavioral pediatrics

Supplemental:

- Russo, D. C., & Varni, J. W. (1982). Behavioral pediatrics. In D. C. Russo & J. W. Varni (Eds.), *Behavioral pediatrics: Research and practice* (pp. 3-24). New York: Plenum.
- Levin, M. D., Carey, W. B., & Crocker, A. C. (1992). *Developmental-behavioral pediatrics* (2nd ed., pp. 15-23). Philadelphia: Elsevier Science Health Science Division.
- Blum, N. J., & Friman, P. C. (2000). Behavioral pediatrics: The confluence of applied behavior analysis and pediatric medicine. In

J. Austin & J. E. Carr (Eds.), *Handbook of applied behavior analysis* (pp. 161-185). Reno: Context Press.

Monday, December 11: Final Exam: Class presentations (9:30 – 11:20 a.m.)

Academic Honesty

Plagiarizing, cheating, or violating other reasonable standards of academic behavior will not be tolerated. Consequences for students who engage in such behavior range from assignment-specific grade adjustment (a zero on an exam, assignment, or essay) to failure of the course. Complete definitions are available in the course catalogue (catalogue, p. 21).

Disability Policy

In coordination with the Disability Resource Center, reasonable accommodation will be provided for qualified students with disabilities. Please meet with the instructor during the first week of class to make arrangements. Accommodations and alternative format print materials (large print, audio, diskette, or Braille) are available through the Disability Resource Center, located in the University Inn room 101, phone number 797-2444.