

# *Journal of Pediatric Psychology (JPP), 2003–2007: Editor's Vale Dictum*

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As I come to the end of my term as editor of the *Journal of Pediatric Psychology*, I am pleased to report that our publication continues to improve. As the official record of an academically young field, issue by issue the *Journal* demonstrates that pediatric psychology is maturing into a most productive field.

It has been an honor to edit the *Journal*. As the previous editors did (Kazak, 2002; La Greca, 1997; Roberts, 1992), I have prepared this summary of the *Journal's* status from 2002 through 2007 (Volumes 28–32). I will review significant activities and the process by which manuscripts are chosen and prepared for inclusion. I will describe in broad strokes the authors and their research, and areas in which the field should increase coverage. I will also look at the way in which content reflects larger forces influencing pediatric psychology, and what I believe our profession and publication may look like in the future. Several tables provide detail to support my observations and conclusions.

## Overview

Today, the *Journal* is published more frequently, and in greater length, than in 2003 when I became editor. Those increases, however, would not be significant were they not matched by qualitative accomplishments. Most notably, the *Journal's* impact factor, as measured by citations in scholarly literature, has steadily risen to 3.157 over the last 5 years.

In 2003, the editorial team set out to make the *Journal* author-friendly without sacrificing intellectual rigor. We expanded the number of associate editors to six: Maureen Black, PhD; Barbara Fiese, PhD; Grayson Holmbeck, PhD; John Lavigne, PhD; Raymond Mulhern, PhD; and Lonnie Zeltzer, MD, who managed submissions in addition to identifying topics that merited attention in special issues. Their expertise has been invaluable. With the strong support of an expanded editorial board,

we also sought authors in nontraditional areas such as epidemiology, health services research, and health economics, some of whom had not previously published in the *Journal*. We set up a rotation among editorial board members, who agreed to serve for 3-year terms. We also invited reviewers with particular expertise to join the board. The *Journal* also continued to rely on many ad hoc reviewers: we now have more than 1,000 colleagues assisting in this capacity. The editorial group worked with many junior investigators who were fairly new to our field and when required, we worked more closely with authors to ready their papers for publication, consulting with them through multiple revisions. We strove to include emerging topics by using shorter-form articles or brief reports. All of these steps enabled us to broaden the *Journal's* perspective and increase its intellectual relevance, to make it a reliable source of analysis and comment that would be consulted by scholars in fields beyond our own. Indeed, we have been successful in these areas.

I leave the editorship of the *Journal of Pediatric Psychology* proud of its academic and financial strength, yet with a clear sense that the publication can be improved further. While intervention articles have increased by >50% compared with the previous 5 years (Kazak, 2002), we still do not publish sufficiently in this area, a shortcoming that has persisted since the *Journal's* start. Pediatric psychology has matured to a point at which we are clearly ready to validate experimentally what we have previously demonstrated by correlation. I believe that clinical trials' labor-intensiveness and expense are major hindrances to intervention research, in addition to strict regulatory requirements and the time required to obtain verifiable experimental data. In addition, some pediatric psychologists may be hesitant to enter the fiercely competitive arena of federal funding, monies that are needed to support clinical trials in our field. These factors combine to limit the *Journal's*

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intervention and assessment content. Increasing content in this area continues to be a challenge.

Just as no person can achieve middle age without experiencing loss, neither can an academic field. In the past 5 years, we experienced the loss of two pediatric psychologists who were instrumental to the development of our field, Lizette Peterson, PhD, to whom we dedicated a special issue in 2005, and Associate Editor Raymond Mulhern, PhD, of St Jude Children's Research Hospital, to whom we have recently dedicated a special issue. Ray was adamant that the *Journal's* impact must be paramount in our consideration. I believe we have honored his mandate.

I want to acknowledge the contributions of many individuals who have provided indispensable assistance over the past 5 years, the editorial board members, our contributors, and the representatives of Oxford University Press, all of whom so willingly gave valuable time to nurture the *Journal*. Naturally, expanding the number and size of issues as we have, and spending greater time with authors placed greater demands on the editorial board, whose members responded diligently, cheerfully and for the most part on deadline.

We appreciate the openness and seriousness of our authors, who were unfailingly gracious in accepting (although sometimes questioning) editorial decisions. On a personal note, my time as editor overlapped 8 years of service on the Behavioral Medicine and Intervention Outcomes of the Center for Scientific Review of the National Institutes of Health (NIH). In my time, on a study section, I have seen NIH grants grow into viable research being reported in the *Journal of Pediatric Psychology*, and have watched many former graduate students become junior scholars, some of whom are rising to the senior ranks. Though this forces me to acknowledge growing older, it is an honor and privilege to witness the arrival of the next generation of research and scholars in our field!

Having had the opportunity to observe pediatric psychology from this unique position for the last few years, I am convinced that our field is vibrant and resilient. I look forward to following, and contributing to, its development in future issues.

### Significant Activities

There have been several developments involving the *Journal of Pediatric Psychology* over the past 5 years. These include a significant increase in its size and frequency, presentation of highly relevant issues in great depth, the initiation of electronic submission, an

expansion of the contributor pool and increased support for contributing authors, particularly those beginning their careers as scientists and academic faculty. In 2006, frequency increased from eight to 10 issues each year, and the annual page budget nearly doubled (from 590 pages in 2003 to 1,115 pages in 2006). These increases were approved by the Society of Pediatric Psychology in view of the publication's fiscal health and overall scientific rigor. We maintained the structured abstract format, and continued to include authors' academic degrees, to remain consistent with medical journal format. And then there is the most superficial and obvious change: the *Journal's* return to a Carolina blue cover, as in its earliest issues. Finally, manuscripts became available online within 4 weeks of acceptance through HighWire Press, an electronic journal website, an unprecedented level of access to the most recent research in pediatric psychology.

### Increased Size

The *Journal* has published a total of 441 articles since 2003, compared with 292 in the previous 5 years (Kazak, 2002). Our largest annual increase came in 2006 (Volume 31), when we published 1,115 pages, a 75% increase over the previous year. These increases were prompted by the volume of quality submissions generated by an increasingly diverse group of contributors.

The *Journal* has cultivated epidemiologists and pediatricians as authors, many of them researchers who were contributing their work to other academic publications. We invited experts from around the world to submit manuscripts for the *Journal*, expanding its international perspective. And we opened our pages more widely to junior scholars and graduate students, the people who will carry pediatric psychology into the future.

### Expanding Contributor Pool

Demographically, senior authors<sup>1</sup> in 2007 (Volume 32) were two-thirds female, one-third male, which represents a slight increase in women over the current editorial term, as well as compared with previous terms. In part, this reflects the scientific and scholarly involvement of a greater number of female pediatric psychologists than in previous years. Moreover, I believe that these data also reflect the rising number of women employed in university settings and thriving in academia. Consistently, >60% of *Journal* authors come from academic health

<sup>1</sup>Senior author here is consistent with American Psychological Association usage, that is, the author who contributes most to a paper's conceptualization and writing.

**Table I.** Senior Author Academic Rank

Rank	28 (2003) <i>n</i> (%)	29 (2004) <i>n</i> (%)	30 (2005) <i>n</i> (%)	31 (2006) <i>n</i> (%)	32 (2007) <i>n</i> (%)
Student	5 (8%)	8 (12%)	9 (13%)	17 (16%)	32 (26%)
Instructor	2 (3%)	12 (18%)	0 (0%)	0 (0%)	3 (2%)
Assistant professor	13 (19%)	9 (14%)	12 (17%)	22 (20%)	18 (15%)
Associate Professor	8 (12%)	14 (21%)	10 (14%)	10 (9%)	12 (10%)
Professor	12 (18%)	1 (2%)	0 (0%)	23 (22%)	17 (14%)
Adjunct/Clinical	0 (0%)	3 (5%)	15 (22%)	6 (6%)	5 (4%)
Other	14 (21%)	11 (17%)	8 (11%)	25 (23%)	29 (24%)
Unascertainable	13 (19%)	7 (11%)	16 (23%)	4 (4%)	6 (5%)
Total	67	65	70	107	122

science centers, those affiliated with colleges and universities. Approximately 25% are drawn from independent medical settings, and the remaining work in other professional areas. It is indeed interesting that many of our authors represent traditional academic departments of psychology rather than health sciences centers. In part, this may reflect changing economics in academia, in which pediatric psychologists must support their positions through the generation of external funds. Unless external grant support is available, this may preclude them from conducting independent research. Between one-quarter and one-third of senior authors hold an assistant or associate professorship—the largest segment in terms of academic rank. Consistent with our efforts to broaden authorship, the percentage of senior authors who are graduate students has risen steadily over the last 5 years, from 8% to 26% (Table I). This is the result of the Society of Pediatric Psychology's commitment to the mentoring of students in the scientific arena.

Geographically, our authors are distributed more widely than ever before, thanks both to the advent of electronic submission, and to the international presence of Oxford University Press. Psychologists from Europe, the United Kingdom, Asia, and Australia are now prominently represented in the *Journal's* pages. While the majority of our authors still reside in North America, ~20% come from beyond this continent.

### **Increased Flexibility**

While maintaining a rejection rate of ~75–80% over the past 5 years, the editorial board has been flexible with fledgling authors, helping them refine their work through several iterations, in keeping its commitment to mentor emerging scholars. Increased consultation allowed us to present emerging topics—and researchers—in the *Journal*. In the process, we gave new issues and authors vital exposure to academic criticism.

Given that most pediatric psychology articles report on applied research, much of the *Journal's* increased content concerns investigation with a practical intent, such as studies in clinical settings, including assessment issues and clinical trials. Articles of this type increased from 49% in 2003 to 71% in 2007. Pediatric psychologists are concerned with practice issues in the pediatric health care setting, and their research explores the association of disease and psychological adaptation, as well as chronic disease assessment and management in children and adolescents.

Frequently, we used the brief report format to publish work that was not yet fully developed or in which the number of study participants was too small to warrant a full report. These articles, often just 12 manuscript pages, not only increase awareness of what is on the horizon in pediatric psychology, but stimulate additional work in new areas (Table II). We rarely received manuscripts intended for the brief report format but encouraged authors to resubmit their articles in this format if they were simply judged as not yet being ready for a full publication.

We continued to solicit commentary on emerging areas of inquiry and on articles that warranted additional discussion and when called upon, individual experts complied. However, no unsolicited commentaries were submitted, consistent with my predecessors' experience (Kazak, 2002). Additionally, few case studies were submitted and only three were suitable for publication during this term. For the first 2 years of my editorial term, we solicited literature reviews in areas that we believed capable of stimulating additional research. Here again, few unsolicited reviews were submitted. Admittedly, we had hoped to include a literature review in each issue, but were unable to persuade our colleagues to submit sufficient material. This may reflect increasing pressure on pediatric psychologists to secure external funding for empirical research, and to devote more time

**Table II.** Article Type

Article Type	28 (2003) <sup>a</sup> n (%)	29 (2004) <sup>b</sup> n (%)	30 (2005) <sup>c</sup> n (%)	31 (2006) <sup>d</sup> n (%)	32 (2007) <sup>e</sup> n (%)
Literature Review	3 (4%)	6 (9%)	11 (15%)	6 (5%)	16 (13%)
Basic Research	13 (20%)	11 (16%)	6 (8%)	21 (19%)	8 (6%)
Applied Research	33 (49%)	38 (58%)	38 (52%)	69 (62%)	88 (71%)
Professional Practice	7 (11%)	0 (0%)	3 (4%)	2 (2%)	4 (3%)
Commentary	8 (12%)	7 (11%)	12 (16%)	7 (6%)	4 (3%)
Editorial	3 (4%)	4 (6%)	4 (5%)	7 (6%)	3 (1%)
Total	67	66	73	112	123

<sup>a</sup>Volume 28 had one Meta-analysis counted as Literature Review, one Introduction to special issue counted as an Editorial, and one Consort Statement counted as a Literature Review.

<sup>b</sup>Volume 29 had one Award Address counted as an Editorial, one Book Review counted as a Commentary, one Award Reflection counted as an Editorial and one Introduction to a special issue counted as an Editorial.

<sup>c</sup>Volume 30 had one Foreword counted as an Editorial, two Introductions counted as an Editorial, one Summary of Empirical Reports counted as a Literature Review, one Meta-Analysis counted as Literature Review, one Dedication counted as an Editorial.

<sup>d</sup>Volume 31 had five Introductions to the Special Issue counted as Editorials, one Obituary counted as an Editorial, and one Meta-Analysis counted as a Literature Review.

<sup>e</sup>Volume 32 had three Introductions to special issue counted as Editorials, one Meta-Analysis counted as a Literature Review, one Report counted as a Literature Review, and one Future Implications counted as a Commentary.

to income-generating pursuits, at the expense of these types of scholarly endeavors.

### Special Issues

An expanded publication schedule enabled us to prepare special issues on emerging and developing topics, areas in which colleagues had expressed interest, were investigating or were considering for investigation. The result was 15 targeted issues, sections and miniseries on subjects that included pain, HIV, attention-deficit hyperactivity disorder, posttraumatic stress disorder, adolescent smoking, longitudinal designs, and the effect of substance abuse on development before and after birth, to name just a few. One special issue shed a hopeful light on the progress in treating pediatric cancer: rather than probing the question of grief, cancer studies now focus on survivorship and developmental issues associated with managing cancer (Table III).

We intended for special issues to stimulate investigation into emerging areas, many of which will shape not only pediatric psychology, but mental health care and health care overall. Many topics generated ample submissions, including: posttraumatic stress, edited by Nancy Kassam-Adams, PhD; longitudinal research in pediatric psychology, edited by Grayson Holmbeck, PhD; and pediatric obesity, edited by Maureen Black, PhD and Deborah Young-Hyman, PhD. In 2008, we will publish a special issue on empirically validated assessments, edited by Lindsey Cohen, PhD, that was the result of the assessment task force established by Annette LaGreca, PhD, past president of the Society of Pediatric Psychology.

Eliciting submissions on other topics, however, proved more challenging: I was particularly interested in encouraging more manuscripts on public health and pediatric psychology, and we planned a special issue edited by Bernard Fuemmeler, PhD, MPH and myself, although we had few submissions.

Several public health issues deserve more exposure in the *Journal*, such as access to care, the value of pediatric psychological services in injury and injury prevention, and the capacity of pediatric psychological services to reduce health care utilization and improve outcomes. It may be that experts writing in these areas submit work to scholarly publications in public health and pediatrics, but bringing them to our pages is certainly worth pursuing.

### Bold Editorial Policies

Expanding from 68 members in 2003 to approximately 80 today, the editorial board now includes physicians, public health experts, junior scholars, and individuals holding positions at the National Institutes of Health. Their perspectives, combined with those of the members representing theoretical and clinical psychology, enrich our intellectual foundation, enabling us to explore more issues, attract diverse authors and readers, and gain scholarly relevance. The expanded board has set a bold standard, garnering a diverse group of contributors who research and write on a wide array of topics. The *Journal* is a better publication for their efforts.

### Electronic Production

In the past 5 years, we have made the transition into full electronic production. Beginning in 2004, all submissions

**Table III.** Special Issues, Sections and Miniseries: 2003–2007

Special Issues (13)		
Topic	Publication date	Editor(s)
Training in Pediatric Psychology	Volume 28, Number 2, March 2003	Ronald T. Brown, PhD
Public Health and Pediatric Psychology	Volume 29, Number 6, September 2004	Bernard F. Fuemmeler, PhD, MPH
Surviving Pediatric Cancer: Research Gains and Goals	Volume 30, Number 1, January/February 2005	Mary Jo Kupst, Andrea Farkas Patenaude
Adolescent Smoking	Volume 30, Number 4, June 2005	Laurie Chassin, PhD, Clark C. Presson, PhD, Steven J. Sherman, PhD
Dedicated to Lizette Peterson	Volume 30, Number 7, October/November 2005	David DiLillo George C. Tremblay
Family-based Interventions in Pediatric Psychology	Volume 30, Number 8, December 2005	Barbara H. Fiese, PhD
Prenatal Substance Exposure: Impact on Children's Health, Development, School Performance and Risk Behavior	Volume 31, Number 1, January/February 2006	Maureen M. Black, PhD, Claire D. Coles, PhD
Posttraumatic Stress	Volume 31, Number 4, May 2006	Nancy Kassam-Adams, PhD
Chronic Pain	Volume 31, Number 7, August 2006	Lonnie K. Zeltzer, MD, Jennie C.I. Tsao, PhD, Brenda Bursch, PhD, Cynthia D. Myers, PhD
Longitudinal Research in Pediatric Psychology	Volume 31, Number 10, November/December 2006	Grayson N. Holmbeck, PhD
Pediatric Overweight	Volume 32, Number 1, January/February 2007	Maureen M. Black, PhD, Deborah Young-Hyman, PhD
Attention-Deficit Hyperactivity Disorder	Volume 32, Number 6, July 2007	James M. Perrin, MD
Raymond Mulhern, In Memoriam	Volume 32, Number 9, October 2007	Ronald T. Brown, PhD
Special section (1)		
Families, Youth and HIV: First Generation Intervention Studies	Volume 31, Number 9, October 2006	Geri Donenberg, PhD, Roberta Paikoff, PhD, Willo Pequegnat, PhD
Miniseries (1)		
Broadening the Scope of Practice and Research in Pediatric Psychology	Volume 32, Number 8, September 2007	Glen Aylward, PhD, M. Catherine Freier, PhD

and communications became electronic. The adoption of *Manuscript Central* has helped to ensure that files come to production quickly and in good condition. Though we experienced a few difficulties in moving to electronic production, we worked through problems with the support of Oxford University Press, which has been a valuable partner throughout my tenure as editor. Undeniably, having the *Journal* available in electronic and paper form has vastly increased access and contributed to its growing influence. In 2006, an average of 25,000 articles were downloaded, compared with 5,014 in 2003.

Electronic publication allows individual articles and whole issues to be available online through HighWire Press, weeks earlier than the print version. It enables images to be exported to PowerPoint programs, and content tables and abstracts to be delivered to personal digital assistants. Oxford also has transferred the entire *Journal of Pediatric Psychology* catalog into electronic form, creating a digital archive that dates back to the first issue, Winter 1976.

### Manuscript Reviewing Acceptance Rate

A total of 1,176 submissions were reviewed from 2002 (during my term as editor-elect) to 2007, with an annual average of 129 accepted for publication. This total represents an increase of 65% from the last editorial period, and is consistent with the increased length and number of *Journal* issues. Annual acceptance rates for papers ranged from 14% to 32%, consistent with those under previous editors.

### Editorial/Publication Lag

Editorial lag, the time between a paper being received and authors being notified of publication decisions, was just over 7 weeks, consistent with previous editors. Publication lag, the time between an article reaching final form and being published, however, was shortened dramatically thanks to electronic publication. As noted earlier, advance access is an added benefit of electronic

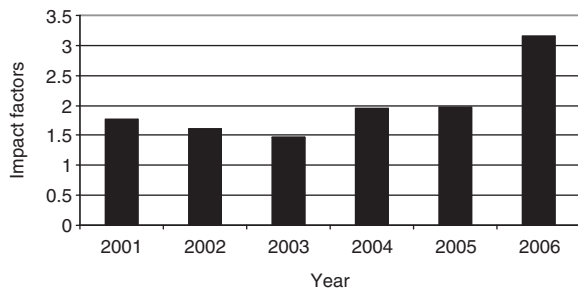


production: individual articles can be posted online as they reach final form and an entire volume is available in just 6 weeks, 2 weeks earlier than the print version.

### Impact Factor

One of the most exciting developments over the past 5 years is the growing recognition of the *Journal of Pediatric Psychology* as a source of credible academic information. Our *Social Science Citation Index* impact factor, which reflects the number of *Journal* citations appearing in other scholarly publications over a 2-year period, has risen to 3.157 (Fig. 1). The *Journal* currently ranks sixth among 53 journals in developmental psychology overall, and compares favorably with well respected publications in children's developmental psychology, including *Child Development*, *Developmental Psychology*, *Developmental Psychopathology*, *Health Psychology*, and the *Journal of Abnormal Child Psychology*.

While impact factor is only one measure of quality, we believe that it signifies the achievement of a certain stature by the *Journal of Pediatric Psychology*. We are proud to be in the company of peer journals that



**Figure 1.** Impact Factors of the *Journal of Pediatric Psychology* from 2001 to 2006.

Figure courtesy of *ISI Journal Citation Reports* (2006), Thomas Scientific Philadelphia, PA, USA.

we respect, and are pleased to have achieved a position on the leading edge of our field, a goal since the *Journal* began publication in 1976. In addition to the number, it is worth noting the array of publications in which *Journal* citations appear. We are encouraged that our content has relevance for so wide a range of academic specialties.

### Trends in Published Articles

#### Author Demographics

The percentage of female authors has increased over time, averaging 65% between 2003 and 2007, compared with 55% between 1988 and 1992 (Roberts, 1992).

Consistent with the *Journal's* efforts to work with emerging scholars, more articles are being written by junior faculty and trainees. In 2007 (Volume 32), more than half of *Journal* articles were contributed by these groups—25% by associate/assistant professors, and 26% by students (Table I). Our authors' professional affiliation has remained fairly constant over the past 5 years: 60–70% come from academic health science centers, 20–30% are employed in independent medical settings, and the remainder work in other areas.

Collaboration has remained an important trend among *Journal* authors: from 2003 to 2007, between 41 and 43% of published papers had three to five authors, possibly due to the increasing use of multi-site studies that has been a trend at the National Institutes of Health (Table IV).

During this period, authors' theoretical orientation with regard to their manuscript was most often biological/medical (ranging from 31 to 39% annually), developmental (13–31%) or social interaction (11–29%). The investigation of psychosocial issues in disease, including

**Table IV.** Number of Authors/Article

No. Authors/Article	28 (2003) n (%)	29 (2004) n (%)	30 (2005) n (%)	31 (2006) n (%)	32 (2007) n (%)
1	10 (15%)	13 (20%)	15 (21%)	10 (9%)	7 (6%)
2	9 (13%)	13 (20%)	19 (26%)	20 (18%)	27 (22%)
3	11 (16%)	10 (15%)	10 (14%)	16 (13%)	27 (22%)
4	10 (15%)	10 (15%)	9 (13%)	17 (15%)	15 (12%)
5	12 (18%)	8 (12%)	10 (14%)	17 (15%)	10 (8%)
6	6 (9%)	5 (8%)	6 (8%)	9 (8%)	17 (14%)
7	6 (9%)	1 (2%)	1 (1%)	12 (11%)	10 (8%)
8	2 (3%)	3 (4%)	1 (1%)	4 (4%)	3 (2%)
9	1 (2%)	3 (4%)	1 (1%)	5 (5%)	5 (4%)
10	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)
>10	0 (0%)	0 (0%)	1 (1%)	2 (2%)	1 (1%)
Total	67	66	73	112	123

the relationship between psychosocial variables and biological indicators of disease (e.g., examining how family functioning predicts HgbA1C, a marker of glycemic control among individuals with insulin-dependent diabetes) is indicative of pediatric psychology's increasing understanding of the pathophysiology of disease (Table V).

### Population Demographics

A high percentage of articles reported on studies of patients with chronic medical conditions (Table VI). This is likely due to the number of pediatric psychologists who work in academic health science centers. More work is needed on acute medical conditions, which are difficult to track because short hospitalizations, increasingly due to managed health care, do not permit the physician-patient exposure required for psychological studies. Ideally, now that the American Academy of Pediatrics has conceptualized attention-deficit/hyperactivity disorder as a chronic illness (American Academy of Pediatrics, 2000), the *Journal* should also increase content in developmental and learning disabilities, because these conditions relate to chronic disease and are very much at the core of the delivery of pediatric primary care. It may be that research on these topics is being directed to more narrowly focused publications, such as neuropsychology

and medical journals. Nevertheless, it is an area for future emphasis.

In terms of age, most studies still involve dispersed age groups, suggesting a lack of focus on discrete developmental stages, as Kazak (2002) and Roberts (1992) noted (Table VII). However, this tendency is beginning to diminish. Gradually, researchers are making an effort to keep age groups homogenous, perhaps due to multi-site studies that make it easier to assemble a population of adequate size within specific age parameters, or due to more stringent requirements of age homogeneity to obtain federal funding. Over the past 3 years, more pediatric psychological studies have focused on adolescents. Happily, it is now possible to study older populations with chronic conditions, because children with diseases that previously had a guarded prognosis now survive longer. Longitudinal studies of children and adolescents with chronic disease will likely be more prevalent, again given the keen interest in the special issue edited by Associate Editor Grayson Holmbeck, PhD (Volume 31, Number 10).

### Grant Support

Funding of pediatric psychological research is directly affected by public policy but with an administrative delay,

**Table V.** Theoretical Orientation

Orientation	28 (2003) <i>n</i> (%)	29 (2004) <i>n</i> (%)	30 (2005) <i>n</i> (%)	31 (2006) <i>n</i> (%)	32 (2007) <i>n</i> (%)
Behavioral	1 (2%)	1 (2%)	2 (3%)	7 (7%)	4 (3%)
Cognitive-Behavioral	2 (4%)	2 (3%)	7 (13%)	7 (7%)	6 (5%)
Supportive/Client-Centered	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Biological/Medical	18 (39%)	13 (24%)	14 (26%)	18 (19%)	26 (24%)
Developmental	13 (28%)	17 (31%)	12 (22%)	16 (17%)	14 (13%)
Social Interaction	7 (15%)	7 (13%)	6 (11%)	18 (19%)	32 (29%)
Neuropsychological	2 (4%)	4 (7%)	3 (6%)	4 (4%)	8 (7%)
Multitheoretical	0 (0%)	2 (3%)	4 (7%)	11 (11%)	7 (6%)
Norm-Based	4 (8%)	5 (9%)	2 (3%)	12 (12%)	10 (9%)
Education	0 (0%)	3 (6%)	3 (6%)	1 (1%)	4 (3%)
Other	0 (0%)	1 (2%)	2 (3%)	2 (2%)	1 (1%)
Total	47	55	55	96	110

**Table VI.** Population Type

Population Type	28 (2003) <i>n</i> (%)	29 (2004) <i>n</i> (%)	30 (2005) <i>n</i> (%)	31 (2006) <i>n</i> (%)	32 (2007) <i>n</i> (%)
General	8 (14%)	18 (37%)	10 (23%)	17 (19%)	22 (23%)
Behaviorally-emotionally disturbed	3 (5%)	1 (2%)	1 (2%)	1 (1%)	3 (3%)
Acute medical	5 (9%)	1 (2%)	6 (14%)	11 (12%)	6 (6%)
Chronic medical	27 (47%)	25 (51%)	22 (49%)	44 (49%)	56 (59%)
Physical disability	1 (2%)	0 (0%)	1 (2%)	1 (1%)	2 (2%)
Developmentally/learning disabled	1 (2%)	1 (2%)	0 (0%)	3 (3%)	1 (1%)
Other	12 (21%)	3 (6%)	4 (9%)	14 (15%)	6 (6%)
Total	57	49	44	91	96

**Table VII.** Population Age

Population age	28 (2003) <i>n</i> (%)	29 (2004) <i>n</i> (%)	30 (2005) <i>n</i> (%)	31 (2006) <i>n</i> (%)	32 (2007) <i>n</i> (%)
Infancy	3 (5%)	3 (6%)	1 (2%)	8 (8%)	2 (1%)
Preschool	0 (0%)	7 (14%)	1 (2%)	4 (4%)	4 (3%)
Middle childhood	2 (3%)	1 (2%)	5 (11%)	20 (19%)	14 (12%)
Adolescence	13 (19%)	4 (8%)	12 (27%)	22 (21%)	35 (31%)
Age combinations <sup>a</sup>	22 (33%)	25 (51%)	17 (38%)	30 (29%)	31 (30%)
Parents <sup>b</sup>	17 (25%)	7 (14%)	8 (18%)	18 (18%)	22 (19%)
Inapplicable	10 (15%)	2 (4%)	1 (2%)	1 (1%)	5 (4%)
Total	67	49	45	103	113

<sup>a</sup>Age combinations are when the ages of the participants are ranging between infancy and adolescence.

<sup>b</sup>If parents and children are both participants of studies they are counted separately.

**Table VIII.** Grant Supported, Organization Funded Studies

Volume (year)	Grant supported <i>n</i> (%)	Organization funded <sup>a</sup> <i>n</i> (%)	Total no. of articles
28 (2003)	32 (48%)	5 (7%)	67
29 (2004)	25 (38%)	7 (11%)	66
30 (2005)	34 (47%)	3 (5%)	73
31 (2006)	67 (60%)	4 (4%)	112
32 (2007)	42 (34%)	3 (2%)	123

<sup>a</sup>Funded by organizations and foundations.

as budgets and directives work their way through federal bureaucracies. So, the effects we see in studies being published currently reflect funding policies dating back as early as the Clinton administration. More authors reported grant support early in my editorial term, particularly NIH funding. During 2006–2007, however, support has decreased due to reductions in federal support that were introduced in subsequent budget cycles (Table VIII).

The expense of research, which is the heart of intervention and assessment, in an environment of reduced funding, suggests that the *Journal* may continue to lack content in these areas.

### Article Types

The distribution of *Journal* articles during the past 5 years has been consistent with that of other editorial periods. The majority are reports on applied research, which increased from 49% in 2003 (Volume 28) to 71% in 2007 (Volume 32). (Note that much of this percentage increase is linked to the overall expansion of articles.) We had limited success in increasing literature reviews: the percentage rose from 4% in 2003 to 16% in 2007. In general, it has been difficult to solicit authors to prepare literature reviews. This may be a function of increasing emphasis on funded research and third-party billing to cover faculty and staff compensation. Recent writing on specific diseases or conditions tended

to center on diabetes, cancer and increasingly, on obesity. We should devote more space to HIV/AIDS, intervention outcomes, and access to and integration of care, among other topics (Tables II and VIII). Some have suggested that publishing additional literature reviews will increase the *Journal's* impact factor, as more of its articles will be cited in these reviews.

As mentioned, topics of particular interest were examined in numerous special issues, a special section, and a miniseries (Table III).

### Research Purpose

As noted, the *Journal* has struggled with a lack of intervention content since its inception, and improving performance in this area has been an ongoing goal. We have made modest progress, increasing intervention articles to 23 from the 14 published between 1998 and 2002 (Kazak, 2002). Due to ~50% increase in *Journal* articles over the past 5 years, however, this represents a smaller percentage (4%) of articles than under previous editors (Table IX).

In an effort to stimulate sorely needed clinical trials, early in my term, we featured articles on the conduct of clinical trials (McGrath, Stinson, & Davidson, 2003; Stinson, McGrath, & Yamada, 2003) and promised assistance for new investigators embarking on intervention research (Brown, 2003). We might hope that the American Psychological Association's support for evidence-based practice (American Psychological Association, 2006), coupled with a health care system that increasingly employs evidence-based medicine and demands that all practitioners demonstrate the efficacy of their clinical work, will encourage increased intervention research in pediatric psychology.

Prevention articles present another gap: between 2003 and 2007 the *Journal* published just eight such articles, peaking in 2005 with five. In the period from 1988 to 1992, 3.8% of *Journal* articles concerned the



**Table IX.** Intervention studies published in the *Journal of Pediatric Psychology* from 2003–2007

Authors	Study Design	Sample
Ellis, Naar-King, Frey, Rowland, and Greger (2003)	Case study; multiple baseline repeated measures design examining the efficacy of multisystemic therapy	Two participants who received therapy and two participants who did not receive the intervention
Barakat et al. (2003)	Social skills training group interventions were compared. An examination of baseline and follow-up measures	5–7 children in each skills group ranging in age from 8–14 years
Applegate, Kelley, Applegate, Jayasinghe, and Venters (2003)	Case study multiple baseline design	Four pediatric residents and 52 parent–child dyads
Ievers-Landis et al. (2003)	Randomized trial of behavioral intervention	354 females ranging from 8 to 11 years
Zebracki et al. (2003)	Randomized trial of an asthma intervention study	175 children ranging in age from 4–12 years and their caregivers were randomized and of those randomized, 124 families completed the study
Burke, Kuhn, and Peterson (2004)	Case study of four children employing a baseline to intervention design with a 3-month follow-up	Four children ranging in age from 2–7 years
Davis, Quittner, Stack, and Yang (2004)	Randomized trial of a CD-ROM intervention	47 children ranging in age from 7 to 17 years
Ievers-Landis et al. (2005)	Randomized controlled trial for the primary prevention of osteoporosis	247 preadolescent females
Stark et al. (2005)	Randomized clinical trial comparing a behavioral intervention to standard of care dietary counseling	49 children with juvenile rheumatoid arthritis
Robins, Smith, Glutting, and Bishop (2005)	Randomized controlled trial comparing cognitive behavioral family treatment to standard medical care in the treatment of recurrent abdominal pain	69 children with recurrent abdominal pain
Kazak, Simms, Alderfer, Rourke, Crump, & McClure (2005)	Randomized clinical trial of a pilot study for caregivers of children newly diagnosed with cancer	38 caregivers of children newly diagnosed with cancer
Brown and Talmi (2005)	Randomized trial of family-based intervention for high risk mother-infant dyads	84 high-risk mother-infant dyads
Lobato and Kao (2005)	Evaluated the impact of a family-based intervention for siblings of children with chronic illness and developmental disabilities	43 healthy siblings ranging in age from 4–7 years
Salmon, McGuigan, and Pereira (2005)	Examined two interventions compared with a standard care condition in enhancing children's memory and distress during a stressful medical procedure	62 children ranging in age from 2.5–7.5 years
Padgett, Strickland, and Coles (2006)	Evaluated the efficacy of a computer based virtual reality game using a multiple baseline multiple probe design in teaching children fire safety skills	Five children diagnosed with fetal alcohol syndrome
Schwebel, Summerlin, Bounds, and Morrongiello (2006)	Evaluated a behavioral intervention designed to increase supervision by preschool teachers using a quasi-experimental times series design	12 female teachers supervised 44 3-and 4-year-old preschool children
Connelly, Rapoff, Thompson, and Connelly (2006)	Evaluated a CD-ROM pain management program for headaches compared to a wait-list control group	37 children attending a pediatric neurology clinic ranging in age from 7–12 years
Krauss, Godfrey, O'Day, and Freidin (2006)	Employed a randomized clinical trial with random-quota dwelling unit sampling and a random invitation to determine whether an interactive training administered to community parents increased their children's reported comfort in interacting with persons with HIV.	238 parent and 238 child participants

(continued)

**Table IX.** Continued

Authors	Study Design	Sample
Dilorio, McCarty, and Denzmore (2006)	Examined the efficacy of a randomized intervention to promote the delay of sexual intercourse.	270 fathers and their sons who ranged in age from 11 to 14 years
Degotardi et al. (2007)	Examined the efficacy of a cognitive intervention designed to reduce pain, somatic symptoms, anxiety and fatigue for children with fibromyalgia	62 children with fibromyalgia and their parents
Melnyk, Crean, Feinstein, Fairbanks, and Alpert-Gillis (2007)	Mothers and children were randomly assigned to a parent-focused educational intervention or control condition	143 mothers and their 2 to 7 year-old children
Barton, Schwebel, and Morrongiello (2007)	Tested a skill-based training method for increasing safe pedestrian behaviors	85 children ranging in age from 5 to 8 years
Conklin et al. (2007)	Randomized controlled trial of methylphenidate in childhood survivors of cancer	122 childhood survivors of childhood cancer [acute lymphoblastic leukemia (ALL) or brain tumor (BT)] with learning impairments

**Table X.** Research Purpose

Purpose	28 (2003) <i>n</i> (%)	29 (2004) <i>n</i> (%)	30 (2005) <i>n</i> (%)	31 (2006) <i>n</i> (%)	32(2007) <sup>a</sup> <i>n</i> (%)	Total <i>N</i>
Assessment	24 (51%)	33 (67%)	27 (63%)	66 (73%)	80 (83%)	230
Intervention	5 (11%)	2 (4%)	6 (15%)	7 (8%)	3 (6%)	23
Prevention	1 (2%)	1 (2%)	5 (11%)	1 (1%)	0 (0%)	8
Explicative	15 (32%)	13 (27%)	0 (0%)	16 (18%)	11 (12%)	55
TOTAL	45	49	38	90	94	316

<sup>a</sup>Volume 32 totals are incomplete since these data were compiled, while the last issue of 2007 was being prepared.

prevention of psychological or physical problems (Roberts, 1992).

The large number of assessment articles is encouraging, as assessment is a precursor of clinical studies. The field has evolved to the point that pediatric psychology now has measures specific to chronic illness, rather than borrowing from the psychopathology literature, as was done a decade ago. I believe that the steady rise in these assessment articles (from 24 in 2003 [53%] to 80 in 2007 [83%]) indicates a maturation in our field that will lead to enhanced pursuit of funding, more clinical research, and an increase in intervention research articles. Clearly, assessment instruments have increased and are well validated, both in the United States and other cultures. These are promising indicators for future intervention research (Table X).

### **Ethical Regulatory Trends**

For the *Journal of Pediatric Psychology*, the most important development in this area since 2003 has been the increased use of conflict-of-interest forms in research, in which the investigator may, for example, own significant stock in a pharmaceutical company. By signing conflict-of-interest forms, investigators attest that they

have no investment in firms funding their research. Verifications of this type underscore the independence and veracity of research in pediatric psychology, which is essential in maintaining the integrity of the *Journal* and all academic publications. While pediatric psychologists may not have as many competing interests as our physician colleagues, an awareness of potential conflicts will help maintain high ethical standards.

Finally, although the majority of authors acknowledge Institutional Review Board Approval (IRB) and consent from caregivers, consistent with the observations of Kazak (2002), fewer articles mention assent from children participating in studies. Also of interest is that over the past 5 years, no articles have appeared on research ethics in pediatric psychology. These important areas cannot be ignored and must become part of our professional conversation—and of this publication—and as our discipline matures.

### **What JPP Reflects About Pediatric Psychology Clinical Practice**

The fact that the *Journal* is a longer, more frequent publication today indicates that our profession is indeed

**Table XI.** Diseases/Medical Conditions

Disease/Med. condition	28 (2003) n (%)	29 (2004) n (%)	30 (2005) n (%)	31 (2006) n (%)	32 (2007) n (%)
Arthritis	6 (22%)	0 (0%)	0 (0%)	2 (3%)	2 (3%)
Asthma	3 (11%)	1 (5%)	2 (6%)	4 (6%)	5 (8%)
Cancer	1 (4%)	8 (40%)	9 (25%)	7 (10%)	10 (15%)
Cystic fibrosis	1 (4%)	0 (0%)	1 (3%)	2 (3%)	0 (0%)
Brain related	1 (4%)	1 (5%)	1 (3%)	0 (0%)	2 (3%)
HIV/AIDS	2 (7%)	0 (0%)	0 (0%)	6 (8%)	1 (2%)
Diabetes	7 (26%)	3 (15%)	9 (25%)	11 (16%)	13 (19%)
Overweight/obesity	1 (4%)	1 (5%)	0 (0%)	0 (0%)	12 (18%)
Transplantation	0 (0%)	0 (0%)	2 (6%)	1 (2%)	3 (4%)
Other	5 (19%)	6 (30%)	12 (33%)	36 (52%)	19 (28%)
Total	27	20	36	69	67

alive and well. And since much of the interest in pediatric psychology emanates from universities and medical centers, I anticipate that future work will increasingly address the areas in which we now see gaps. For example, I expect that the rate of clinical trials and intervention studies will accelerate, enabling the *Journal* to increase its reporting in these areas.

I anticipate that the collaboration indicated by the growing number and diversity of contributors will continue, tapping the talents of junior scholars and their mentors to initiate new studies and increase our understanding. We will become ever more accustomed to working in teams across locations and cultures—to execute studies with greater age specificity, leading to deeper knowledge about preschoolers, middle school-aged children and adolescents.

In this way, the *Journal* is an excellent compass: pointing toward areas in pediatric psychology that merit attention and exploration. These include public health issues such as preventive care, health disparities, and access to psychological services, overuse of emergency room care, health services research, the integration of psychological and primary care, and the psychosocial implications of chronic diseases and conditions, such as HIV/AIDS and bone marrow and organ transplantation (Table XI).

To accomplish these things, we must seek new financial support for increasingly expensive clinical trials. The current wealth of applied research in pediatric psychology presages an increase in clinical research. Coupled with the fact that we work within an evidence-based health care system, an approach that is supported by the NIH and other federal funders, our field is well-positioned to compete for grant support for our research.

### Scientific Research

Many of the trends we have seen reflected in the *Journal* hint at the evolution of scientific research

in pediatric psychology. Children with serious and chronic illness are living longer; this will permit increased study of their psychosocial development and adaptation over time. Interest in longitudinal and experimental research is building, and the *Journal* responded with a special issue that examined current investigations and the statistical methodology being developed to pursue investigations over time (Volume 31, Number 4, Holmbeck, Ed.).

The *Journal* also reflects interest in a range of chronic conditions that affect children and adolescents. Traditionally, cancer has received much attention, but it has now been joined by other chronic illnesses that include diabetes, asthma, and obesity. All research in pediatric psychology will be enhanced by the movement toward multi-site studies, which allow a more coordinated approach to assembling study groups. By widening our net geographically, we can design research with larger study groups that meet more specific parameters. Ideally, this will strengthen the external validity of our studies and lead to more meaningful conclusions. However, such studies are difficult to conduct without adequate grant support.

Increased assessment research has led to the development of new instruments with which to measure psychological, physiological, and sociological conditions and characteristics in children and adolescents. The development of our own instrumentation signifies the emergence of pediatric psychology as an independent field.

### Professional Issues

Pediatric psychology values methodical and intellectual inquiry. We must respond to developments in our field and events in the wider world that affect our profession and patients. This means, that we need to be persistent in pursuing issues that affect the way we do our work, such as funding and regulatory matters relating to research,

health care access and the definition, integration, and compensation of services. We need to rigorously assess the shortcomings of ourselves and our profession, working to remedy them as we pursue high intellectual, ethical, and standards of care.

We need to be more inclusive, to open the profession to colleagues from different experiences and professions. For the *Journal*, this means that the publication must attract diverse authors and editorial board members, extending invitations to scholars of varied ethnicities and countries of origin. We have begun this process by increasing physician representation on the board and adding a prominent physician–researcher, Lonnie Zeltzer, MD, as an associate editor. That said, we need to do more, adding accomplished investigators from schools of nursing and public health who conduct research in pediatric chronic illness. We also need to address the fact that there are few individuals of color or minority status on the editorial board, despite a search that continued throughout my tenure. This may be a staffing issue, in that nearly all pediatric psychologists are of European ancestry. As such, it is a challenge that will take several years to rectify, as more diverse students are recruited and trained.

The *Journal* continues to seek content on professional practice and issues; this is perhaps one of the richest areas for productive discussion, yet one that attracts little attention. While the first issue in 2003 was specifically devoted to issues of training, these articles were actually solicited and edited by me under my predecessor. Perhaps, we are reluctant to examine areas so close to home; that is exactly why we should. Perhaps, we are stymied by financial pressure to produce research with more immediate applications, yet examining our profession can only strengthen the relevance of what we do as clinicians and researchers.

### Concluding Comments

The wealth of investigation and reporting in pediatric psychology that has made it possible to publish longer and more frequent issues of the *Journal of Pediatric Psychology* bode well for our profession. We are rapidly deepening knowledge in our field, establishing its relevance to sister disciplines such as public health, child development, and the neurosciences. New knowledge, communicated in pediatric psychology's expanding literature, signals our ascent as an independent branch of psychology, consistent with the Society of Pediatric Psychology's division status within the American

Psychological Association. We now have many more assessment instruments unique to pediatric psychology than previously. Pediatric psychology has evolved from primarily relying on correlation investigations, which indicates the early adolescence of a field, to the establishment of experimental investigations, signaling maturity.

Again, it has been a privilege and an honor to serve as editor over the past 5 years. Indeed, it has been one of the highlights of my career as a pediatric psychologist. There are several individuals to whom I am grateful, including associate editors Maureen Black, PhD, Barbara Fiese, PhD, Grayson Holmbeck, PhD, John Lavigne, PhD, Lonnie Zeltzer, MD and the late Raymond Mulhern, PhD. Their unwavering support was demonstrated through their diligent management of mountains of manuscripts, and by their service as guest editors of many special issues. They also generously gave their time to critique my editorials, sharing both intellectual insights and practical advice. I am indebted to Susan Simonian, PhD, continuing education editor for the *Journal*, and to Carrie Rittle, MA, who has served dutifully as the editorial assistant during my entire term. I have watched her mature in the process and have had the privilege of watching her family grow. Finally, my sincere appreciation goes to Dennis Drotar, PhD, who will be the next editor. He was unflinching in his devotion, preparing commentaries related to clinical trials, and providing feedback to me on various editorial statements. There is no finer academic citizen and scholar in our field.

I am grateful to Oxford University Press, which has partnered with the Society of Pediatric Psychology to publish the *Journal* over the past decade. No publisher better exemplifies quality scholarship than Oxford. In particular, Shelley Andrews, Executive Editor of journals, has been a superb colleague and friend. The editorial board and reviewers have been most gracious in all of the demands that I have made of them over the past 5 years. Rarely were manuscripts sent back to my office because they could not review them and their comments added so much to the final quality of the *Journal*. Finally, our authors and prospective contributors have always been most kind to me and the associate editors. They took criticism with grace and utilized the review process to enhance their work. When there were delays in reviewing, which were not frequent, and when rejections were issued, authors were remarkably understanding.

As an editor, I have developed even greater respect for the majesty of the peer-review process. Not only does it enhance the quality of what we publish, it shapes pediatric psychology for the next generation of scholars

and enhances the lives of the children we serve. Having had this opportunity to lead our field in this small way has been the capstone of my career, and I want to thank all of those colleagues and friends who worked with me over the past 5 years.

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