

Behavioral Medicine II: Pediatric Psychology 7018/8018  
Spring Semester 1999

Instructor: Sydney Ey, Ph.D.  
Meets: Wednesdays, 9-12, Room 208  
Office Hours: Tuesdays 11:15-12:15 or by appointment (Office: 318; Phone: 678-5569)

Overview:

The course will emphasize the many facets of pediatric psychology, including basic research, consultation, clinical intervention, and health promotion with pediatric populations. Traditional child clinical and family therapy will not be covered in detail in this course; interested students may take my other course in "Child and Adolescent Psychotherapy." Psychosocial aspects of children's health will be the focus of the course; physiological aspects of a disease or disorder will be discussed as well. In each class the speaker will typically review the research and clinical intervention on a particular health issue or medical disorder. Issues related to the practice of pediatric psychology will be highlighted through class discussion, readings, and demonstrations in and out of class. The course is not designed to be a practicum experience and therefore cannot serve as a substitute for actual experience with pediatric clients. Students, however, will be exposed to clinical practice through class demonstrations and observation of a hospital group therapy experience.

Suggested prerequisites: As this is an advanced graduate seminar, I will assume that you have a background in graduate level statistics, research design, case conceptualization, the DSM-IV, and writing clinical reports. Please feel free to meet with me if you have any questions about the course.

Required Readings:

Roberts, Michael C. (Ed) (1998). Handbook of Pediatric Psychology (2<sup>nd</sup> edition) New York: Guilford. (at bookstore)

Kinko's course packet of additional required readings may be purchased at Kinko's at 4691 Poplar Avenue (near Perkins). Ask for Pediatric Psychology packet on hold.

Note: Readings listed for each class are the ones you need to have read for that class.

Evaluation:

Students will be evaluated on the following course work:

1. You will be required to turn in a reaction paper of 1 page only (typed please) based upon all of the readings each week. Its ok if you want to focus on one reading more

than the others. Sometimes they hang well together, sometimes they don't. Just as long as you read all of them and come prepared to discuss them. The reaction paper might consist of questions that you have about the readings, thoughts you have about the proposed treatment, personal reactions to these cases, and future research directions you might propose etc... As the ability to express oneself well in writing is an essential skill as a psychologist, I will consider the quality of written expression in the reaction papers. I will provide you with feedback by the next class. 10 papers worth 4 points each are due over 14 classes—you may skip 4 classes' papers = 40 points total)

- Regular attendance of classes is required. If you cannot attend due to a conflict, please let me know. Try to arrange to borrow notes from another student. You will be encouraged to participate in class discussions and exercises such as role plays. It will be important to be prepared to discuss the readings in class. Grading is based upon whether you have prepared for classes (done the readings, come with questions or comments) and whether you add to the class discussion in a meaningful way (quality of comments will be appreciated more than quantity). (20 points total)
- You will have the opportunity to observe a pediatric psychologist at Le Bonheur Children's Medical Center conduct an inpatient psychiatric therapy group. Some of the group participants are hospitalized due to nonadherence to medical regimens (e.g., diabetes) as well as psychological problems. Within two weeks of the group observation, you will turn in a reaction paper. I will distribute a set of guidelines on the structure and content of this paper. In the next class, be prepared to discuss the group (20 points total)
- A 45-minute presentation of the latest psychosocial research on a specific pediatric condition or disorder including issues related to prevention and/or psychological treatment will be required. Presenters will be expected to review 10 articles in a particular area, pass out copies of one key article (e.g., recent review) for the class to read prior to their talk, and hand out a copy of their references list. (50 points total)
- A take-home midterm (20 points) and final exam (50 points) consisting of short-answer questions and a case conceptualization and treatment plan for a pediatric case will be given. The exams will be based upon the readings, lectures, and class discussions.

Final Course Grade will be based upon the sum of all the above course activities:

A 180-200, B 160-179, C 140-159, D 120-139, F < 119 points

## Class Topics & Homework

### **Jan 20            Perspectives on Illness: The Pediatric Psychologist and the Child**

- Introductions
- Class Syllabus
- Pediatric psychologists' perspectives on illness
- Children's perspectives on their illness

Readings: Thompson, R.J. & Gustafson, K.E. (1996). Adaptation to Chronic Childhood Illness (pp.181-224). Washington, D.C.: American Psychological Association.

Readings: Roberts text, chapter 1

### **Jan 27            Psychosocial Adjustment to Acute and Chronic Illness in Youth**

- Dimensions of Illness/Injury
- Research literature on adjustment of child and family

Readings: Roberts text, chapters 5, 7

Readings: Drotar, D. (1997). Relating parent and family functioning to the psychological adjustment of children with chronic health conditions: What have we learned? What do we need to know? Journal of Pediatric Psychology, 22, 149-165.

Sign up for Le Bonheur group therapy observations

Sign up for class presentations

### **Feb. 3            More on Family Influences & Treatment Adherence**

- Parental and family functioning in face of childhood illness/injury
- Treatment adherence assessment and intervention

Readings: Quittner, A.L., Espelage, D.L., Opiari, L.C., Carter, B., & Eid, N. (1998). Role strain in couples with and without a child with a chronic illness: Associations with marital satisfaction, intimacy, and daily mood. Health Psychology, 17, 112-124.

Readings: Durbin, M. (1997). From both sides now: A parent-physician's view of parent-doctor relationships during pediatric cancer treatment. Pediatrics, 263-267.

Readings: Roberts text, chapters 4, 32

### **Feb. 10            The Art of Consultation in Pediatric Settings**

- Guest speaker: Ric Steele, Ph.D., Behavioral Medicine, St. Jude Children's Research Center: "Logistics and Ethics of Consultation" (10-11:45)

- Professional Practice Issues

Readings: Roberts text, chapters 2,3

**Feb. 17      Working with Hospitalized Children**

- Guest speaker: Glenn Anne Martin, Ph.D., Psychiatry, Le Bonheur Children's Medical Center (9-11) "Pediatric Psychological Consultation at Le Bonheur"
- Preparation for Hospitalization and Medical Procedures  
Readings: Roberts text, chapter 9  
Readings: Peterson, L., Oliver, K.K., & Saldana, L. (1996). Children's coping with stressful medical procedures. In S.A. Wolchik and I.N. Sandler (Eds.). Handbook of children's coping: Linking theory and intervention, (pp. 333-360).

**Feb. 24      Anticipatory Grief and Bereavement: The Impact upon the Family/ Pain Assessment**

- Guest speaker: Shawn Phipps, Ph.D., Behavioral Medicine, St. Jude Children's Research Center: "A Child Facing Death: Transference and Counter-Transference Issues in Therapy" (9-11)
- Overview of pain assessment  
Readings: Roberts text, chapters 6, 8  
Readings: Walco, G.A., Cassidy, R.C., & Schechter, N.L. (1994). Sounding board: Pain, hurt, and harm. The ethics of pain control in infants and children. New England Journal of Medicine, 331, 541-544.

**March 3      Pain Management & Neuropsychological Assessment with Special Populations**

- Guest speaker: Vicky Brewer, Ph.D., pediatric neuropsychologist, UT, "Neuropsychological Assessment of Children" (time tba 1 \_ hours)
- Pain management intervention  
Readings: Sattler, J. selected readings on pain management  
Readings: Roberts text, chapter 19

⇒ Pass out **take home midterm exam** (Due March 8 at 9 A.M. in my box in the mail room)

**March 10      Treatment of Enuresis & Special Topics: Student Presentations**

- Guest speaker: Arthur Houts, Ph.D. "Treatment of Childhood Enuresis" (10:00-12)
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Readings: Roberts text, chapter 28

**Mar 17        Spring Break (no class)**

**Mar 24        Special Topics: Student Presentations**

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chapters

**Mar 31        Special Topics: Student Presentations**

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chapters

**Apr 7         Special Topics: Student Presentations**

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chapters

**Apr 14        Special Topics: Student Presentations**

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chapters

**Apr 21        Health Promotion in Children and Adolescents**

- The role of youth health attitudes (e.g., risk perceptions)
- The role of parents in injury prevention

Readings: Roberts text, chapters 10, 11

Readings: Epstein, L.H., Saelens, B.E., Myers, M.D., & Vito, D. (1997). Effects of decreasing sedentary behaviors on activity choice in obese children. Health Psychology, 16, 107-113.

Readings: Morrongiello, B.A. & Rennie, H. (1998). Why do boys engage in more risk taking than girls? The role of attributions, beliefs, and risk appraisals. Journal of Pediatric Psychology, 23, 33-43.

Readings: Potts, R. & Swisher, L. (1998). Effects of televised safety models on children's risk taking and hazard identification. Journal of Pediatric Psychology, 23, 157-163.

Readings: Roberts, M.C. & Warren, J.S. (1998). Commentary: Television, children's health, and safety behavior, and pediatric psychology. Journal of Pediatric Psychology, 23, 165-168.

## **Apr 28            The Future of Pediatric Psychology**

- Research To Be Done
- Clinical Intervention
- Training Issues

Readings: Koetting O'Byrne, Peterson, L., & Saldana, L. (1997). Survey of pediatric hospitals' preparation programs: Evidence of the impact of health psychology research. Health Psychology, 16, 147-154.

Readings: Breunlin, D.C., Mann, B.J., Richtsmeier, Z., Lillian, Z., Richman, J.S., & Bernotas, T. (1990). Pediatrician's perceptions of their behavioral and developmental training. Developmental and Behavioral Pediatrics, 11, 165-169.

Pass out **take home exam** at end of this last class. (Exam due May 3 at 9 A.M. in my box in the mail room)

### Student Presentations:

Please review the topics below and pick one that interests you. We will divide up topics in class. In addition to reviewing the relevant textbook chapter, conduct a PsychLit search of the psychological treatment of this particular disorder. Review 10 articles within the past 10 years. Pick a key article and pass out copies of this article to each student and the instructor one week prior to the presentation. On the day of the presentation, hand out to the other students and instructor copies of your reference list. Your presentation should be no more than 40 minutes to allow for 10 minutes of questions.

### Example of a presentation outline:

1. Incidence of childhood diabetes (who it affects, when in life course)--brief
2. How diabetes affects child's health in short and long-term, types of medical treatments used, side effects of these treatments--brief
3. Psychological issues related to diabetes on children and families—main topic
4. Quantitative research on psychological intervention with diabetic children and their families—main topic
  - a. review several articles' findings
5. Propose areas for further research
6. Lead 10 minute discussion with class by asking class several questions about this field of research/practice.

You will be graded upon the content, organization, clarity and creativity of your presentation and your ability to lead a class discussion.

### Topics include:

Pediatric Asthma

Cystic Fibrosis

Diabetes in Childhood

Diseases of the Circulatory System: Sickle Cell Disease and Hemophilia

Childhood Cancer

Sexual Behaviors and Problems in Adolescents (e.g., AIDS, pregnancy)

Juvenile Rheumatoid Arthritis and Neuromuscular Conditions

Renal and Liver Disease: End stage and Transplantation Issues

Pediatric Burns

Prematurity and Neonatal Intensive Care

Pediatric Feeding Disorders/ Failure to Thrive

Pediatric Abdominal Disorders: Inflammatory Bowel Disease, Rumination/Vomiting, &

Recurrent Abdominal Pain

Sleep Disturbances in Children