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Professional beliefs related to the practice of pediatric medicine and school psychology

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Abstract

This article proposes that pediatric medicine and school psychology are complementary fields. Five professional beliefs are reviewed: (a) the importance of classification, (b) a preference for evidence-based interventions, (c) an endorsement of advocacy in public policy, (d) the importance of working with the whole child including his/her parents, and (e) an assertion of team leadership. Each belief is discussed as a core value of pediatric medicine and considered for points of connection with school psychology. Some of these beliefs are widely shared by school psychologists, others are rejected because of historical and situational factors, and all warrant consideration in light of school psychology's continuing evolution.

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Both pediatricians and school psychologists provide children's services. Both are committed to the application of scientific knowledge in the practice of their respective fields. Both work with other professionals to enhance children's health, support their development, and broadly promote society's welfare. Many of these points were identified and reported by one of school psychology's founders in the early pediatric literature (Witmer, 1896). Nevertheless, each field possesses a unique mission. Pediatric

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medicine primarily concerns treating diseases and promoting health (Mahnke, 2000); it addresses education as a secondary issue, partially because schooling influences overall growth and child development (American Academy of Pediatrics [AAP], 2001c). In

Table 1
Comparison of pediatric medicine and school psychology facts

Dimension	Pediatric medicine	School psychology
Professional preparation	Medical school + 3 or more years of post graduate medical education in pediatrics	Master's, educational specialist, or doctorate (which includes a 1 year internship)
Training emphasis	Pediatric residency: mostly applied mentoring	School psychology graduate school: extensive coursework, research, applied mentoring
Credentials	All licensed for independent medical practice, approximately 65% acquire "board certification" ^a as evidence of advanced specialty competence	Almost all certified for school-based practice; some licensed for independent psychology practice; NCSP ^b or ABPP ^c acquired as evidence of competence by approximately 48% and <5% of eligible school psychologists, respectively
Practitioners' funding	Mixture of private and government, often with salary dependent on productivity (i.e., private practice)	Government, generally with no provisions for productivity (i.e., school employee status)
Professional Affiliations	<i>American Academy of Pediatrics (AAP)</i> , founded 1930; <i>American Medical Association</i> , founded 1847	<i>National Association of School Psychologists (NASP)</i> , founded 1969; <i>American Psychological Association (APA)</i> , Division 16, founded 1945.
Professional mission	AAP: "to attain optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults"	NASP: "to enhance the mental health and educational competence of all children" APA, Division 16: "the enhancement of the status of children, youth, and adults as learners and productive citizens in schools, families, and communities"
Length of formal training in behavior and development	Generally limited, often 4–6 weeks, with integrated experiences concerning these topics during other portions of training	Extensive, essentially comprising the bulk of the of professional training program
Length of formal training in physiology, genetics, pharmacology	Extensive, especially during medical school	Typically included in a graduate course on the biological bases of behavior; may be integrated into other program offerings

^a Offered by the American Board of Pediatrics.

^b Denotes Nationally Certified School Psychologist, offered by the National School Psychology Certification System (eligibility requirements relate to school psychology training, which can be non-doctoral or doctoral, and state-level certification for school psychology practice).

^c Denotes American Board of Professional Psychology, offered by the American Board of School Psychology (eligibility requirements relate to school psychology training, which must be doctoral, and state-level certification or licensure for independent psychological practice).

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