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Pediatric topics in the school psychology literature: publications since 1981

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Abstract

Pediatric topics have potential importance to school psychology given the field's new, broadly conceived definition, reconceptualization of schools as health delivery sites, burgeoning pediatric knowledge with educational implications, and expansion of pediatricians' roles into behavioral realms. This article addresses the rate at which pediatric-related articles were published among school psychology journals (*Journal of School Psychology*, *Psychology in the Schools*, *School Psychology International*, *School Psychology Review*, and *School Psychology Quarterly*) from 1981 to 2001. The overall number of such articles increased from 11 during the 1981–1983 interval to more than twice as many during every subsequent 3-year interval. Articles, some reporting empirical findings and others offering reviews or practice suggestions, concerning traditional health conditions and attention deficit hyperactivity disorder (ADHD) appeared to be ample. Fewer articles concerned with school psychologists as health care providers and school psychologist–pediatrician collaboration were found. The available literature seems to support school psychologists' widening role definition.

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The knowledge and skills most crucial to school psychology practice have been vigorously debated on since at least midcentury (Cutts, 1955). Suggested as most important have been skills related to mental health consultation (Caplan, 1970), con-

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sultation to various levels of school systems (Meyers, 1995), behavioral consultation (Bergan & Kratochwill, 1990), psychometric assessment and special education gate-keeping (Sattler, 2001), crisis management (Poland, 1994), and health promotion (Zins, Coyne, & Ponti, 1988). In part to facilitate consensual role delineation, a boldly conceived definition of school psychology was recently reached by a working group and formally endorsed by the American Psychological Association (1998) Council of Representatives, making it the archival definition of school psychology. This resultant archival definition of school psychology explicitly embraces knowledge and skills traditionally viewed as within the purview of pediatrics. Specifically, the definition suggests that populations of interest to school psychologists are “those that experience chronic or acute conditions of childhood and adolescence that influence learning and mental health” (p. 108). Additionally, “consultation with physicians and other professionals concerning the school functioning and learning of children with disorders such as attention deficit hyperactivity disorder (ADHD), learning disorders, chronic illnesses, physical or genetic conditions, and substance abuse” (p. 109) is purported to be within the practice of school psychologists. For example, there is enumeration of specific biomedical disorders (e.g., eating disorders, headaches, recurrent abdominal pain, and traumatic brain injury) and behavioral conditions commonly treated by pediatricians with psychotropic medication (e.g., ADHD) and suggestions that school psychologists evolve illness prevention and disease deterrence programs. Further reflecting role expansion, pediatric settings like children’s hospitals, health departments, and pediatric outpatient offices are endorsed by this definition as legitimate venues for school psychology practice.

It can be argued that societal and school changes compel school psychology–pediatrics cooperation. Pediatricians’ roles have evolved to include intensive involvement in diagnosis and treatment of behavioral or developmental conditions with direct school implications (Ferris et al., 1998). ADHD, a disorder diagnosed in 3–5% of school-age children in the United States (American Psychiatric Association, 1994), is the prime example. Medication is used for 90% of these children to improve school conduct, academic learning, or both (Safer, Zito, & Fine, 1996). Medical providers and school-based personnel must work together if medication is to be properly prescribed and its dosage adjusted to improve behavior and performance while minimizing side effects (American Academy of Child and Adolescent Psychiatry, 1997; Shea, Rahmani, & Morris, 1996). Technological and medical breakthroughs, such as advanced neuroimaging techniques and microscopic analysis and cataloging of genetic material (Filipek et al., 1997; Patenaude, Guttmacher, & Collins, 2002), further draw school practitioners toward biomedical information. Syndromes once thought to be rare (e.g., fetal alcohol syndrome, Tourette syndrome, and inborn errors of metabolism) are now acknowledged as common; recognizing them and understanding their educational implications are important for the practicing school psychologist (Batshaw, 2002; Comings, Himes, & Comings, 1990; Jones, 1996).

Public health policy during the past 20 years has increasingly conceded the role of lifestyle in childhood morbidity and mortality (U.S. Preventive Services Task Force, 1989). Accordingly, prevention programs have been advocated for a wide array of conditions exemplified by head injury, HIV/AIDS, and eating disorders (Zins & Wagner, 1997). School settings are ideal sites for these programs (Short & Talley, 1997; Wodrich,

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