

# DEVELOPMENTAL PSYCHOLOGIST

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This article was solicited by Past-President, Katherine Nelson, as part of APA's focus on the impact of psychology on the treatment of cancer.

### **Contributions of Developmental Psychologists to Pediatric Oncology by David J. Bearison**

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Ideally, research in developmental pediatric psychology is a "two-way street." In one direction, theory and findings from established areas of human development are used to understand the course of children's health and illness, while in the other direction, findings enrich basic theories of adjustment and human development. Examples of the first kind might include evaluating the psychological toxicity of a new treatment regimen so that the efficacy/toxicity ratio can be compared with the clinical standard, or improving cure rates by enhancing medication compliance. Examples of the latter kind might include studying clinical populations in order to address basic behavioral

principles, such as how developmental processes relate to children's capacities to comprehend and respond adaptively to stressful experiences. This is because such clinical populations illustrate naturally occurring conditions and treatment events that can be used to systematically test basic theories and behavioral processes that, for various reasons, not the least of which involve ethical and practical constraints, cannot otherwise be achieved by standardized manipulations of experimental conditions.

Children who have cancer, despite the personal and familial tragedy that such a diagnosis brings, have, for developmental psychologists, the potential to empirically mark instances of normal development in extraordinarily abnormal conditions as well as help us understand a broad range of psychosocial stressors associated with the myriad conditions of chronic illness (Bearison, 1998). This is because pediatric cancer encompasses more medical and psychological components than any other pediatric disease (Mulhern & Bearison, 1994). For example, because it potentially affects nearly every major organ system--cardiac, pulmonary, endocrine, visual, and orthopedic--psychologists can study the psychological effects of amputation, sensory deficits, brain damage, and developmental delays; because it involves periods of acute illness that occur in the context of prolonged chronic disease, psychologists can study longitudinally

mechanisms of coping and adaptation, the effects of school absence, quality of life, and family and community relationships; because treatment is invasive, involving painful medical procedures and complex self-regulated routines (including self-medication), psychologists can study pain management and treatment compliance; because its etiology is generally unknown and its treatment typically relies on experimental protocols, psychologists can study patient control issues, causal attributions of health and illness, informed consent and barriers to consent, and patterns of physician-patient relationships and interpersonal communication; because it is curable, psychologists can developmentally study adjustment and adaptation among long-term survivors; and because it is potentially fatal, psychologists can study the course of terminal and hospice care and family adjustment to grief and mourning. These characteristics make pediatric cancer, on the one hand, a useful model for studying the development of remarkable psychosocial effects that not only contribute to the practice of pediatrics but that help us to understand children's (and those who care for children) modes of adaptation to trauma and crises. They also offer opportunities for developmentalists to study the effects of a range of transformative influences in the course of human development (See Bearison & Mulhern, 1994, for a comprehensive review of psychological studies in pediatric oncology).

### **Treatment advances**

Yet, twenty or thirty years ago, before the advent of modern pediatric cancer treatments, children's deaths from cancer were rapid and, hence, there were few opportunities for psychologists to contribute to this area. Their role as members of treatment teams was largely peripheral and behavioral research in pediatric cancer was limited to studies of coping, anticipatory grieving, and mourning. However, once childhood cancer was no longer a prescription for death, and dismal prognoses became more the exception than the norm, opportunities arose at an astonishing rate for developmental psychologists to enter the field of pediatric oncology, as both health care providers and as basic and applied researchers.

Dramatic changes in prognoses occasioned by rapid improvements in medical treatment also

changed professional attitudes in this country about sharing medical information with patients and their families that, in turn, promulgated greater recognition of the psychosocial consequences of having cancer and receiving prolonged and invasive treatments (for both children and adults). This greater sense of openness about talking about having cancer is apparent, for example, in a survey of American physicians. In 1961, 90% preferred not telling cancer patients their diagnosis while 16 years later, 97% preferred openly discussing the diagnosis (Novack et al., 1979). Today this is the norm even among pediatric oncologists who openly discuss the fears and uncertainties their child patients might have about having cancer.

However, as treatment of some pediatric cancers advances, the course of treatment may become biologically more aggressive, more stressful, and, in individual cases, its outcome, more uncertain. For children who cannot be cured, experimental treatment protocols prolong their survival with active disease that complicates their dying process and exacerbates the stress of caring for them. For children who are cured, there are continuing uncertainties about the efficacy of treatment and about having undergone medical regimens whose adverse future effects are yet to be fully understood. For many children in long-term remission, there remains the continuing fear long into adulthood of a relapse or the onset of a new cancer. These kinds of ongoing uncertainties, exacerbated by the generally unknown causes of childhood cancers, capture the psychological impact of having cancer and receiving treatment; its effects extend far beyond the child who has cancer

to his and her parents, siblings, friends, and communities (Bearison, 1991).

Dramatic medical advances have occasioned a place for developmental pediatric psychologists to enter the field in order to improve the quality of life for children who have cancer and their families and to collaborate with pediatric oncologists in developing new medical regimens that reflect the biological as well as the cultural, social, and behavioral aspects of care. The initial core commitment of developmental psychologists in pediatric oncology focused on formulating methods to assess the neuropsychological effects of children receiving radiation treatment. Early findings had

begun to show significant deficits in cognitive functioning among children receiving central nervous system radiation that was (and remains) the common treatment for children who have brain tumors and some forms of leukemia, the most common kinds of pediatric cancer. Developmental psychologists initially responded to a compelling need to design measures and formulate procedures, commensurate with treatment protocols, that could monitor both the short-term and delayed effects of chemotherapy in combination with varying doses of radiation on children's cognitive functioning. As more experimental treatment protocols began to incorporate these kinds of psychological measures, the need grew for pediatric oncology divisions in major medical centers to turn to developmental psychologists.

These increasing opportunities to bring psychologists into oncological practice in teaching and research hospitals not only expand opportunities for psychological studies in pediatric oncology, they also contribute to the increasing involvement of pediatric oncologists in psychological research. From the initial studies of neuropsychological effects of treatment, psychologists have worked with pediatric oncologists to advance medical regimens that improve the quality of life for children who have cancer. Psychologists have sought to promote healthier ways by which society deals with children who have cancer and their families. They have developed and evaluated the effects of interventions that help children and their families cope with the fears, uncertainties, anger, and frustrations of having cancer, including the pain of treatment, medical side effects, the value of treatment compliance, and the uncertainties of survival. They have studied the impact of a child who has cancer on family dynamics and sibling adjustment. They have advocated and suggested means of more open communication with and informed consent from children about treatments and their effects. They have considered the consequences of long-term survival and they have helped families mourn the loss of children who have failed to survive. They have debated the psychosocial and ethical issues involved in genetic testing in children for late-onset cancer. In all of

these efforts, psychologists have relied on a growing body of basic and applied, quantitative and qualitative findings that advance new ways of understanding the development of behavioral and neurological functions in relation to chronic and life-threatening illnesses and that offer new opportunities of assessing behavioral adjustment and ways of coping with stress and trauma (Bearison & Mulhern, 1994).

This paradigmatic model of the scientist/practitioner in pediatric health psychology rests on establishing a place for developmental psychologists to work alongside and in collaboration with physicians and other members of treatment teams in the clinical milieu of hospital practice. Such collaborations offer expanding opportunities for psychologists to balance patient service with scientific research and, thereby, gain credibility among physicians. An added benefit is that with such credibility clinical populations become more accessible to developmental psychologists working outside medical settings.

Today, developmental psychologists are core members of pediatric oncology treatment teams. Their findings help to define some of the critical aspects of clinical practice and biomedical research and have resulted in an impressive body of research. For example, more than 200 studies have been published since the 1960's that deal with modes of coping with and adjusting to pediatric cancer (Kupst, 1994) and coping is only one of many issues in pediatric oncology that have been systematically studied by developmental pediatric psychologists. Indeed, the number of psychological studies in pediatric oncology is grossly disproportionate to the number of children affected by cancer compared with other diseases (Eiser, 1990). It is evidence of the commitment of psychologists to learn about the psychosocial consequences of children who have cancer not only for the sake of the children and their families but also to understand how uncertain and life-threatening conditions early in ontogenesis can transform and test the limits of human development.

**Clinical and developmental approaches to**

## pediatric oncology

The advent of the Society of Pediatric Psychology as a new Division (Division 54) in the American Psychological Association (APA), makes this a propitious time to consider ways in which pediatric oncology, in particular, and pediatric psychology, in general, is a significant and growing domain of inquiry for applied developmental psychology. This new division evolved from having been a subdivision in Clinical Psychology within the APA (Division 12, Section 5) and, most, if not almost all, pediatric psychologists, still consider themselves clinical child psychologists. Yet there are numerous problems with conceptualizing pediatric psychology as part of child clinical psychology. Most notably, such conceptualizations foster a psychopathic orientation to understanding how children adjust to medical trauma. Clinical psychologists are trained to see children as being at risk for psychopathologic symptoms and, accordingly, they rely on diagnostic procedures derived primarily from measures used to assess psychopathology among samples of physically well children. Such measures include various kinds of coping, anxiety, and depression scales that are insensitive to detecting the more subtle kinds of adjustment problems that most often occur within the range of children's normal psychosocial adaptation to serious medical problems, but that are significant developmental stressors that warrant psychological interventions.

Consequently, there is growing recognition among some pediatric psychologists of the value of more normative-based models of child development and, accordingly, pediatric psychology is coming to constitute a significant domain of applied developmental psychology. Unlike a more traditional psychopathologically oriented approach, a developmental approach to children's medical problems is concerned less with boundaries between health and illness, and normality and pathology, than with the extent of adaptation along a variety of change dimensions. Instead of interpreting behavioral responses to the uncertainties and risks of illness in psychopathologic terms, a developmental approach considers developmentally adaptive changes in response to stressful and abnormal conditions that are ontogenetically, socially, historically, culturally,

and biologically constrained. Such an approach has led to new diagnostic procedures that replace those adapted from cases of pathology. Instead, the new approach relies on comparisons with normal (i.e., emotionally adjusted) children who have particular medical problems that pose for them abnormal conditions of adaptation. Such procedures acknowledge inherent limitations caused by particular medical conditions (e.g., limited mobility, compromised sensory modes and neurologic functions that limit day-to-day activities), how these limitations might affect children's social and cognitive competencies, and how they lead to and account for behavioral problems.

Psychological inquiries about children's medical problems, however, involve more than simply accommodating development models to the needs of special populations. They also require an understanding of the biomedical aspects of disease symptomatology and etiologies in order to account for how manifestly similar behavioral phenomena can have different meanings when they are embedded in different biomedical contexts, and, conversely, how biological conditions do not uniformly determine individual reactions. A developmental orientation in pediatric psychology recognizes the reciprocal and transformative relations between psychosocial development and biomedical development and, therefore, works best when it functions in full collaboration with pediatricians who have a particular appreciation for how and why certain aspects of children's medical conditions need behavioral intervention. Such understanding often involves the following kinds of issues: (a) the nature and etiology of the condition in terms of biomedical systems [e.g., congenital, infectious, neoplastic (i.e., new growth), metabolic, traumatic, and iatrogenic], (b) how the condition medically and behaviorally presents itself in the child (i.e., symptomatology), (c) the conditional range of prognoses (including late effects and quality-of-life variables), and (d) treatment and related management issues.

Differences between clinical and developmental approaches to pediatric psychology also are reflected in the ways in which psychologists are trained to deliver services in health care settings. Clinical psychologists, trained to intervene in cases of psychopathology, typically have found their venue in medical centers' psychiatric departments

where they fulfill a liaison role, assisting pediatricians when children's problems of adjustment and coping exceed the limits of ordinary pediatric practice. Developmental psychologists, because they have a different frame of reference, fulfill a different role in pediatric practice. Trained to study the vicissitudes of normative modes of adjustment across developmental domains, they have found their institutional venue in pediatric rather than psychiatric departments where they are concerned primarily with the emotional adjustment of children who have medical problems. Their expertise concerning psychosocial aspects of normal child development is more in keeping with the kinds of issues that pediatricians ordinarily deal with in their daily practice. Because the frame of reference for pediatricians is the developing child, developmental psychology can be seen as a "basic science for pediatrics" (Richmond, 1967). Therefore, pediatricians would be expected to have a stronger functional alliance with developmental psychologists than with clinical psychologists.

### **Diagnostic and Statistical Manual for Primary Care**

Pediatricians, in concert with most pediatric psychologists, have come to recognize, in a very practical sense, the need to disengage children's ways of adjusting to medical problems from many of the assumptions borrowed from psychopathological models of clinical psychology. There is increasing recognition among them, particularly in regard to current restraints in managed care, that existing diagnostic nomenclatures in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric Association, 1994) do not reflect the range of behavioral problems in pediatric practice. This is because DSM-IV is aimed at identifying children who need a range of psychiatric interventions (medication and/or psychotherapy). The DSM-IV does not allow for classifying a broad range of behavioral problems that are within the normal range of adaptation to stress but that, because of their association with chronic and/or acute illnesses and treatment conditions, require

psychological interventions (e.g., secondary depression as a normal reaction to limited functions disease-related). These diagnostic contingencies present a dilemma for the pediatric psychologist seeking guidelines to discriminate between physically ill children who have seemingly psychopathological symptoms secondary to their medical conditions and children whose symptoms are primary expressions of emotional disturbance. For example, among many hospitalized children, and particularly among pediatric oncology patients, "chemotherapy and radiation therapy may induce nausea and vomiting resulting in anorexia and weight loss. Steroid therapy often results in weight gain. Apathy and diminished interest in the environment may be secondary to prolonged fever and neutropenia (low blood counts) or to the effects of antiemetic therapies with sedative properties. Disturbances of sleep-wake cycles are associated with sedation as well as routine inpatient nursing procedures at night. Problems with concentration and decision making may be a direct result of chemotherapies with known acute central nervous system toxicities" (Mulhern, Fairclough, Smith, & Douglas, 1992, p. 315). DSM-IV, as a standard of psychopathological functions, also fails to recognize a range of behavioral issues that are specific to children's ways of coping with the array of invasive and disruptive aspects of having a serious illness (e.g., noncompliance with treatment procedures and high risk behaviors specific to disease management, e.g., unrestricted dietary intake by a diabetic; loss of schooling and separation from peers). Also, the DSM-IV does not adequately recognize culturally specific modes of expressing illness-related behavioral problems. Consequently, the American Academy of Pediatrics has replaced the DSM-IV with a manual of new standards of diagnostic and treatment taxonomies that are more common to the kinds of psychosocial issues found in pediatric practice, the *Diagnostic and Statistical Manual for Primary Care: Child and Adolescent Version* (American Academy of Pediatrics, 1996).

In moving beyond traditional psychopathological models used to train clinical psychologists toward models more aligned with those used to train developmental psychologists, standards of

competency in pediatric psychology need to be grounded in developmental theories and methods that acknowledge boundaries of developmental risk and resilience in how children and their families are able to cope with and adjust to severe and uncertain medical conditions. Such kinds of training also would involve experiences in clinical practices concerning bio-behavioral aspects of pediatrics (i.e., pre- and post-doctoral internships). However, instead of psychiatric departments, the venue of such didactic experiences would be among the divisions in pediatric departments of major medical centers, such as infectious diseases, gastroenterology, hematology-oncology, neonatology, cardiology, nephrology, neurology, pulmonary, and immunology. In the present climate of accountability for every health-care dollar, psychologists in pediatric practice will have to establish clinical credibility by using their research skills to test the cost-effectiveness of their behavioral interventions with children. Such findings will build upon developmental theories that provide an explanatory basis and methodological approach for confirming psychological interventions relevant to the needs of pediatric practice.

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## Report on APA Council

### Nora S. Newcombe, Division 7 Council Representative

The winter meeting of APA Council was held in Washington February 25-27. One of the main pieces of business was authorizing the incorporating of a "companion organization" to APA under section 501 c (6) of the Internal Revenue Code. The purpose is to create a means of engaging in activities that APA is prohibited from doing, as a 501 c (3) organization,

namely, lobbying activities in excess of \$1 million and activities that advance the mutual interests of practitioner members. The new organization will focus primarily on health-care issues and be financed by the special assessment of practitioner members.

There was also a major presentation and break-out

discussion groups on the impact of technology on the various kinds of activities that psychologists engage in.

A group of reps from the science-oriented divisions had lunch with Norine Johnson, incoming APA President. She expressed a genuine interest in issues facing our divisions and is very open to suggestions on how to serve our division better.

**APA MEDIA REFERRAL SERVICE  
SEEKS PARTICIPANTS**

The Public Communications Office invites division leaders to join more than 1,300 of your colleagues in the APA's Medial Referral Service (MRS). The MRS is a database housed in APA's Public Communications Office, which serves as a resource for the national media, locating psychologists with expertise in a variety of topic areas.

APA receives several calls each day from national and local print and broadcast journalists seeking on-the-record interviews or background from leading scientists, practitioners and educators. Requests run

The American Cancer Society offers three new research scholar awards: Research Scholar Grants for Beginning Investigators (up to \$250,000 per year for four years), Research Scholar Grants for Health Services or Health Outcomes Research (up to \$250,000 per year for four years) and Research Scholar Grants for Psychosocial and Behavioral Research (up to \$500,000 per year for five years; preference given to pairs of senior and junior researchers). **Application deadline is: October 15.**  
**Contact:** American Cancer Society, (404) 329-7558; e-mail: grants@cancer.org; web site: www.cancer.org.

the gamut of psychological endeavor. The MRS database allows us to quickly find the right expert for the request, thus making the process a more efficient one for both the reporter and the interviewee. If you are interested in joining the MRS, please contact the Public Communications Office at (202) 336-5700 or public.affairs@apa.org to receive an application.

**Report of the School-to-Work Task Force:  
How Psychology Can Contribute to The School-to-Work  
Opportunities Movement**

summarized by Janis E. Jacobs

The School-to-Work Task Force was created by the American Psychological Association Council of Representatives to examine the role psychology has

played in the national school-to-work initiative and to consider what roles psychology could play in the initiative in the future. The initiative focuses on the

transition of school-age children to work.

The task force represented developmental psychologists, educational psychologists, family psychologists, school psychologists, vocational psychologists, and industrial/organizational psychologists. Janis Jacobs represented Division 7. The task force members discussed the contributions of their respective areas of expertise to understanding the transitions of youth from high school to the world of work. Members felt that the collective knowledge base has much to offer in understanding those transitions and that the fact that this knowledge base has not been a significant part of the national implementation of the school-to-work initiative may account, at least in part, for the initiative's lack of success.

- APA's directorates should foster and disseminate psychological research-based resources on the topics of work, education, and the linkages between the two. In particular, the "Decade of Behavior" initiative housed in the Science Directorate of APA should incorporate school-to-work issues.
- APA should encourage implementers of school-to-work programs to select programs that are grounded in a strong empirical research basis, as programs that are not grounded in empirical research tend not to be successful.

### ***Dissemination strategies***

- APA should work with other education organizations that share an interest in the school-to-work issue. In particular, the National Parent-Teacher Association should be contacted, in light of the important role parents play in guiding their children's career choices.
- APA should also work to disseminate information about successful school-to-work programs with psychologists, as this could potentially be a new marketplace for psychologists.
- Although the federal School-to-Work Opportunities Act will sunset in October 2001, APA should continue to monitor and lobby for

The findings of the task force were presented at the 1999 APA Convention and the full report was completed in December of 1999. The full report is available from APA upon request. The report begins with a brief history of the school-to-work legislation and the sociopolitical context that led to that legislation and continues with discussions of selected psychological literature covering adolescent development as it relates to school and work, age-appropriate assessment of students and programs, learning, agents of influence, and the world of work. Finally, the report sets forth the following recommendations for areas in which psychology could make contributions.

## **RECOMMENDATIONS**

### ***Implementation strategies***

- school-to-work legislation at both the national and the state levels. Additionally, APA should work to ensure that any legislation on school-to-work issues includes a life-span view of psychological, intellectual, and social development, in that workers make career transitions throughout their adult lives.
- In addition to lobbying for increased research funding, APA should also help to compile this psychological research and communicate it to practitioners, as they do not typically have access to this research.

### ***Research directions***

In light of the successes of programs grounded in research, APA should also lobby for increased funding for psychological research in this area, both qualitative and quantitative. Additionally, APA should encourage research efforts to be theory-based, longitudinal in nature, and not just "one shot" studies. Among the areas that are in need of future research are the following:

- Life transitions for non-college-bound youth
- The impact of working during the high school years on different racial and ethnic groups
- The "possible selves" of non-college-bound youth and how this concept relates to employment decisions

- How working youth and adults balance the struggle between work/career issues and family/quality of life issues
- How culture, gender identity, and ethnic identity influence career choices
- How psychologists can help adolescents enhance or improve their decision making around career issues
- How exposure to, experience with, and knowledge about careers and jobs help with the decision-making process (What kind of exposure matters, and when?)
- How early work experiences affect youth
- What role the peer group plays in early work experience and in later career choices
- The design of school-to-work instructional programs based on the science of cognitive psychology, broadly defined
- How to more fully and effectively translate descriptive and theoretical knowledge about the world of work into useful tools for education at all levels (primary, middle, secondary, and adult)
- The interaction of assessment purposes, content, and methods with the developmental levels of children and adolescents on the effectiveness of testing and evaluation programs.
- As a discipline, psychology is grounded in a solid research base. In particular, psychologists have training in assessment issues and in program evaluation. These should be a part of the school-to-work movement.

### **Conclusion**

In summary, the School-to-Work Task Force concluded that psychology has substantive contributions to make to the school-to-work initiative and movement and the expertise to study areas in which new knowledge is needed. Indeed, the task force strongly believe that tapping the collective knowledge base and skills of the psychological disciplines represented on the task force could greatly strengthen and improve the outcomes of this initiative. The recommendations listed above outline several ways that the American Psychological Association can work with its members and with other organizations to ensure that this knowledge base is appropriately considered.

### **APA ANNOUNCEMENT**

The Board of Convention Affairs would like each person with a disability who is planning to attend the Convention in Washington, DC, August 4-8, 2000, to identify himself or herself and to provide information on how we can make the convention more readily accessible for his or her attendance. APA will provide a van with a lift as transportation for persons in wheelchairs, interpreters for hearing impaired individuals, and escorts/readers for persons with visual impairments. We strongly urge individuals who would like assistance in facilitating their attendance at the Convention to register in advance for the Convention on the APA Advance Registration Form which appeared in the March, April and May issues of the American Psychologist and the May issue of APA Monitor. A note which outlines a person's specific needs should accompany the Advance Registration Form. This is especially important for persons who require interpreting services. The deadline for registering in advance for the Convention is June 26.

## DON'T MISS THE APA CONVENTION

AUGUST 4-8 IN WASHINGTON, DC

CHECK DIVISION 7 HIGHLIGHTS BELOW

### Highlights of the APA Division 7 Program

**APA Annual Convention**  
**Washington, DC, August 4-8, 2000**  
 Fred Morrison and Catherine Haden, Co-Chairs

#### Friday, August 4

- 9:00 - 10:50 a.m.     **Symposium:** *Standing on the Shoulders ... Teaching the History of Developmental Psychology*  
 Lynn Liben, Richard Weinberg, Robert Wozniak
- 11:00 - 11:50 a.m.   **Invited Address:** *[NIDA] Etiology of Substance Abuse: From Individual Differences to Different Individuals*  
 Joseph Frascella and Ralph Tarter
- 12:00 - 12:50 p.m.   **Award Ceremony:** *Boyd McCandless 1999 Award -- Pretend Play and a Theory of Mind*  
 Angeline Lillard (presentation of the award by Katherine Nelson)
- 1:00 - 1:50 p.m.     **Master Lecture:** *Richard Lerner*
- 2:00 - 2:50 p.m.     **Symposium:** *New Perspectives on Gender Development*  
 Nathan Fox, Melanie Killen, Michael Lewis, Judith Smetana
- 4:00 - 4:50 p.m.     **Award Ceremony:** *G. Stanley Hall Award -- Following the Infant's Lead from Birth to the Future*  
 Marshall Haith (presentation of the award by Jerome Kagan)
- 5:00 p.m.            **Social Hour:** *Focus on Science*

#### Saturday, August 5

- 9:00 - 10:50 a.m.   **Symposium:** *Feminist Perspectives on Cognitive Development*  
 Patricia Miller, Ellin Scholnick, Robyn Fivush, Katherine Nelson, Janet Hyde
- 11:00 - 11:50 a.m.   **FOS Plenary:** *Francis Collins*
- 12:00 - 12:50 p.m.   **Award Ceremony:** *Eleanor Maccoby Award -- Gender Differentiation in Childhood: Broad Patterns and Their Implications*

*Eleanor Maccoby (presentation of the award by Ellin Scholnick)*

1:00 - 1:50 p.m. **BSA speaker:** Elizabeth Spelke

2:00 - 2:50 p.m. **Invited Address:** *Behavioral Genetics into the 21<sup>st</sup> Century*  
Doug Wahlsten (introduced by Catherine Haden)

3:00 - 3:50 p.m. **Presidential Address:** *Depression and Touch Therapy*  
Tiffany Field

4:00 - 4:50 p.m. **Division 7 Business Meeting**

5:00 p.m. **Division 7 Social Hour** (co-sponsored by Division 20)

Sunday, August 6

9:00 - 9:50 a.m. **Invited Address:** *Developmental Health and the Wealth of Nations*  
Dan Keating (introduced by Fred Morrison)

10:00 - 10:50 a.m. **Symposium:** *Children's Out of School Time: Opportunities and Risk*  
Deborah Vandell, Gregory Petit, Robert Halpern, Mary Larner and  
Jacquelynne Eccles

12:00 - 12:50 p.m. **Award Ceremony:** *Urie Bronfenbrenner Award -- The Contemporary Reconstruction of*  
*Developmental Psychology*  
Sheldon White (presentation of the award by Alex Siegel)

1:00 - 2:50 p.m. **Symposium:** *Contextual Influences on Everyday Problem Solving Throughout The Life Course*  
Organizer: Jennifer Margrett (co-sponsored by Division 20)

1:00 - 1:50 p.m. **Conversation Hour:** *Research Funding Opportunities in Child Development*  
at the NICHD  
Margaret Feerick, Lisa Freund, Reid Lyon

2:00 - 2:50 p.m. **Award Ceremony:** *Mentor Award Celebration*

**POSTER SESSIONS**

Friday, August 4

10:00 - 11:50 a.m. **Psychology and Work**  
**Applied Psychology**  
**Evaluation, Assessment, Measurement and Statistics**

1:00 - 2:50 p.m. **Cultural and Environmental Determinants of Behavior**  
**Influences on Social Behavior**  
**Social Cognition**  
**Gender**

Saturday, August 5

9:00 - 10:50 a.m. **Learning, Memory and Cognition**

***Neuropsychological and Comparative Bases of Behavior  
Psychopharmacology and Substance Abuse  
Individual Differences***

1:00 - 2:50 p.m.

***Motivation and Emotion  
Personal Relationships  
Psychopathology***

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## The 22<sup>nd</sup> Annual APA Race and Walk The Millennium Rat Race

The annual race and walk will be held in Washington, DC as part of the APA Convention. The race will be held on Sunday morning, August 6<sup>th</sup>, at 7 a.m. at scenic Haines Point on the Potomac River. Buses will carry runners and family members to and from the start/finish area from the five major convention hotels. Trophies will be awarded to the overall men's and women's winners and to the top three in each 5-year age group, from under 20 to over 70.

In order to encourage as many early registrants as possible, we are again discounting early registrations. Preregistration will run until August 1<sup>st</sup> -- which means that the entry form and fee must be received by that date. Preregistrations save us loads of effort at the convention and on the day of the race. Please give us all information including age and gender so that the race numbers can be labeled appropriately and save us time in determining your category for the results. **THE ENTRY FEE FOR PREREGISTERED RUNNERS IS \$20.000, which includes a special "millennium" long sleeved, embroidered shirt. CONVENTION AND DAY-OF-RACE REGISTRATION FEE IS \$25.00. Preregistration for STUDENTS is \$10.00 and convention/day-of-race student registration is \$14.00. PLEASE preregister to help us avoid too many day-of-race registrations.**

You can register and/or pick up your race number and T-shirt at the business meeting of Running Psychologists (8:00-8:50 on Saturday, August 5<sup>th</sup>, in the Lafayette Park Room at the Grand Hyatt Washington Hotel) or at the APA Division Services booth in the Washington Convention Center.

Name: First MI Last

Address:

City:

State: Zip: Email:

Home Phone: Work Phone:

Age on August 6<sup>th</sup>: Birthdate: Gender:

Division 47 Member?: Y/N Shirt Size: M L XL

I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Running Psychologists, Division 47 and the American Psychological Association, the City of Washington, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion

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Date

Please return to: Frank Webbe, School of Psychology, Florida Institute of Technology, 150 W. University Boulevard, Melbourne, FL 32901-6988. Tel: (321) 674-8104; Fax (321) 674-7105; Email: webbe@fit.edu.

**THE AMERICAN PSYCHOLOGICAL ASSOCIATION  
PUBLIC POLICY FELLOWSHIP AND INTERNSHIP PROGRAMS**

Seek Applicants for the 2001-2002 Program Year  
APA Congressional and Science Policy Fellowship Programs

**APA Congressional Fellowship Program**

APA Congressional Fellows spend one year working as special legislative assistants on the staff of a member of Congress or congressional committee. Activities may include conducting legislative or oversight work, assisting in congressional hearings and debates, preparing briefs, and writing speeches. Past Fellows have worked on issues as diverse as juvenile crime, managed care, child care, and economic policy.

**William A. Bailey AIDS Policy Congressional Fellowship**

APA and the American Psychological Foundation (APF) established the William A. Bailey AIDS Policy Congressional Fellowship in 1995 in tribute to former APA staff member Bill Bailey's tireless advocacy on behalf of psychological research, training, and services related to AIDS. Bailey Fellows receive a one-year appointment to work as a special legislative assistant on the staff of a member of Congress or congressional committee. They focus primarily on HIV/AIDS or related issues, while engaging in the same types of legislative activities as other APA Congressional Fellows.

**APA Science Policy Fellowship**

In addition to the Congressional Fellowships, APA also provides a Fellowship opportunity for psychologists who wish to gain an understanding of science policy from the perspective of federal agencies. The APA Science Policy Fellowship, begun in 1994, places psychologists in a variety of settings in science-related agencies. Participants in this program have worked in the Office of Science and Technology Policy (OSTP) at the White House, the Office of Behavioral and Social Sciences Research at the National Institutes of Health (NIH), and the National Science Foundation (NSF).

**Applications**

Applicants for the APA Policy Fellowship Programs must be members of APA (or applicants for membership) and must have completed a doctorate in psychology or a related field at the time of application. Applicants must submit a current vita, personal statement of interest, and three letters of recommendation to APA Policy Fellowship Programs, Public Policy Office, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242. The deadline for applications is December 15, 2000. Annual stipends range from \$48,500 to \$61,200, depending upon years of postdoctoral experience and the specific Fellowship sought. More detailed information about the application process can be found at <http://www.apa.org/ppo/fellow.html>. Further inquiries can be directed to the APA Public Policy Office at (202) 336-6062 or [ppo@apa.org](mailto:ppo@apa.org).

**Graduate Student Public Interest Policy Internship**

The APA Public Policy Internship provides graduate students with an opportunity to gain first-hand knowledge of how psychological research can inform public policy, and the roles psychologists can play in its formulation and implementation. The intern works in the Public Policy Office of APA's Central Office in Washington, D.C., on public interest policy issues pertaining to children, women, ethnic minorities, HIV/AIDS, disabilities, aging, lesbian/gay/bisexual concerns, media, and/or violence. The Public Policy Office helps to formulate and implement APA positions on major federal policy initiatives of importance to psychology in the areas of public interest, education, and science.

Applicants must be doctoral students in psychology or a related field in at least the third year of graduate training. APA policy interns work 20 hours per week at a rate of \$14.50 per hour. Application materials comprised of a current vita, a personal statement, and two letters of reference should be sent by March 15, 2001, to American Psychological Association, Public Policy Office/ Internship Program, 750 First Street, N.E., Washington, DC 20002-4242. More detailed information about the application process can be found at <http://www.apa.org/ppo/fellow.html>. Further inquiries may be directed to the APA Public Policy Office at (202) 336-6062 or [ppo@apa.org](mailto:ppo@apa.org).

The Developmental Psychologist is published twice during the academic year by Division 7 (Developmental Psychology) of the American Psychological Association. The deadline for the Fall issue is October 15 and the

deadline for Spring issue is March 1. The Newsletter provides news and information of interest and feature articles that highlight developments in the field. The newsletter also features policy issues affecting individuals and families, announcements of conferences and program initiatives relating to developmental psychology, and information about funding opportunities for members.

The Newsletter is distributed free to members who join Division 7 of the American Psychological Association. For membership information write to Susanne Denham, Ph.D., APA Division 7 Membership Chair, Department of Psychology, George Mason University, MSN 3F5, 4400 University Drive, Fairfax, VA 22030-4444.

**Deadline for Fall 2000 Issue:**

October 15, 2000

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**Address Changes**

Send address changes to APA Membership Department, 750 First Street, NE, Washington, DC, 20002-4242, or call APA at 1-800-374-2721.

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*The Developmental Psychologist*



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