The Psychologist in the Pediatrician’s Office: One Approach to Community Psychology

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ABSTRACT: This paper describes a community psychology program that was based in a pediatrician’s office in a rural community. Three broad categories of psychological problems were encountered: (1) emotional disturbance, (2) developmental delay in children, and (3) ineffective child management procedures used by parents. The advantages and the problems involved in using the pediatric office as a setting to provide primary mental health care to children and families are outlined.

The term “community psychology” can be applied to many activities (Spielberger & Iscoe, 1970). Generally, a community orientation toward delivery of psychological services comprises at least three dimensions: (1) broadening the client population for whom services are available, (2) providing services in facilities more accessible to clients, and (3) moving away from remedial treatment toward prevention of psychological disorder. Thus some community psychologists provide traditional services in nontraditional places such as rural or inner-city settings. Others deemphasize direct services and provide consultation to community agencies. Still others engage in community organization or political activism.

This paper reports on a community psychology program that was based in a pediatrician’s office in a rural community. A pediatrician not only treats physical illnesses of childhood, he is also one of the first professionals to hear about psychological problems as they develop. In terms of the above three dimensions of a community-oriented approach to mental health, a pediatrician has several distinct advantages over a psychiatrist. The pediatrician is more accessible to a larger population of patients because he provides routine, ongoing medical care. Since referrals to a psychiatrist are not usually made until a situation is defined as serious, the psychiatrist in a typical practice is forced to concentrate on remediation. The pediatrician, on the other hand, “has an admirable, almost unique, opportunity to practice preventive psychiatry” (Platou & Woody, 1963, p. 350) because he regularly encounters both (a) serious psychological problems in their developing stages and (b) other problems in child develop-

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ment and interpersonal relations that are not serious enough to require specialized help.

The pediatrician's advantages over traditional mental health professionals in terms of early access to psychological problems of children are balanced by some major problems. The pediatrician is frequently not well trained to recognize such problems (Senn & Solnit, 1968). Even after proper diagnosis of a psychological disturbance, there remains the problem of arranging for treatment in the context of scarce resources and difficulties in interagency communication (Thorpe & Halpern, 1965). Further, parents are not infrequently resistant to hearing about psychological problems in their children and thus hesitant to pursue referrals for treatment. With such a range of difficulties in obtaining treatment for psychological disorders, some pediatricians prefer to focus on purely medical problems or on the medical treatment of psychological problems.

Despite the problems, the importance of pediatricians in the diagnosis and treatment of psychological disorders in children is increasingly recognized. The subspecialty of pediatric psychology has developed partly in response to this recognition (Kagan, 1965; Wright, 1967). Reports on the functioning of psychologists as clinicians in pediatric settings have begun to appear (Routh, 1970; Salk, 1970; Sheinbein, 1973; Smith, Rome & Freedheim, 1967), with most of the emphasis on their diagnostic function in hospital departments of pediatrics.

PURPOSE AND PROCEDURE

The project outlined in this paper had two purposes: first, to explore the advantages and disadvantages of the pediatrician's office as a setting for providing psychological services and, second, to provide professional training in pediatric psychology.

The setting was a pediatric practice in a small rural town. The pediatrician had been instrumental in establishing a community medical center that was the focus of medical care for the town and the surrounding area. It included offices for pediatric and general medical practice, a dentist's office, a pharmacy, and a small hospital. In a large city the clients of a pediatrician, collectively, would probably not think of themselves as a community. In this rural setting, however, the community medical center was the primary source of health care; and the physicians were viewed as a community resource.

The project personnel were all associated with a diagnostic and treatment center for children at a university medical center. There were three psychologists: two interns and their supervisor. The pediatrician held a part-time appointment in the center in addition to her practice in the community. The local school psychologist had received part of her training at the university-affiliated center. The interns spent 1 day a week in the pediatrician's practice. The staff psychologist came for individual supervision. The local elementary school psychologist joined the psychologists, pediatrician, and nursing staff for a weekly discussion of new cases and review of continuing cases.

CLIENTS AND SERVICES

Three major categories of psychological problems are encountered in pediatric practice: (1) emotional disorders in individuals or disturbed relationships in families; (2) delayed or disordered patterns of growth and development, including failure to thrive, mental retardation,