

## Clinical Child Psychology: A Practice Specialty Serving Children, Adolescents, and Their Families

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Clinical child psychology is a growing and vibrant field of practice and research within professional psychology. The purpose of this article is to contribute to the recent series of articles on specialties in *Professional Psychology Research and Practice* and delineate the development, design, and purpose of clinical child psychology. The article describes the current trends in the specialty and the challenges clinical child psychologists face in tending to the mental health needs of youth and their families. The need for the specialty and the definition of the scope of the work of clinical child psychologists is described. The parameters of training are also discussed, with a focus on the distinctiveness of the role of the clinical child psychologist. Outlined are applications of the work with children, adolescents, and their families including types of professional practice and collaborations with other professionals.

*Keywords:* clinical child psychology, specialty, specialization, children, adolescents, families, training, practice, research

Even in the best environments, infants, children, and adolescents are vulnerable to range of developmental disruptions. In addition, societal issues and other nonnormative events such as community and family violence, trauma and abuse, family disruption, school deterioration, and terrorism and war place youth at risk for sub-optimal development. Clinical child psychology as a practice field directly addresses the mental health needs of youth and their families by providing professional services that seek to ameliorate the effects of life events when these experiences challenge the expected trajectory of development. The primary role of clinical

child psychologists is to provide therapeutic services for the wide range of cognitive, emotional, developmental, behavioral, social, medical, and family problems presented by youth from infancy through adolescence. Clinical child psychologists, in a broad inclusion, also conduct integrated clinical research into the socio-emotional adjustment, behavioral adaptation, and health status of children and adolescents. The purpose of the present article is to outline the scope of the field of clinical child psychology in a framework that explains the need for specialty, the specific role of the clinical child psychologist, recent shifts in the specialty and the field's response, and directions for the future. This article presents clinical child psychology as a recognized specialty for the series on specialization in *Professional Psychology: Research and Practice* (cf., Clinical Health Psychology: Belar, 2008).

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### Scope of Mental Health Issues in Youth

Knowing how many individuals display psychopathology before adulthood is important because it provides a guide for the scope of the need for treatment, prevention, and research. Exact figures are not easily produced because prevalence rates depend on how disorders are defined, the age range of the population included, the tools used to determine symptoms, and who is asked to report on the presence of symptoms. It is not surprising, therefore, to find some variation in the reported rates of psychopathology in youth. A summary of studies from 1985–2000 shows prevalence rates ranging from 5.4% to 35.5% of youth from age 4 to 18 years old (Fombonne, 2003). Most commonly, research indicates that between 15% and 20% of children and adolescents show evidence of moderate to severe psychopathology (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). If children who have less severe problems that nevertheless interfere with daily functioning are also

considered, the percentage of children affected by mental health problems is much greater than available data suggest.

### Need for Treatment

Historically and consistently, the significant mental health needs of infants, children, adolescents, and their families have not been adequately met (Masi & Cooper, 2006). Many years ago, Wohlford (1990) suggested that perhaps only 10% to 15% of children/adolescents with psychological disorders receive adequate treatment for these conditions. The situation has not significantly improved as Kataoka, Zhang, and Wells (2002) suggest that only 20% to 30% of youth who have a recognized psychological disorder receive any kind of specialized mental health care. More recently, Hedtke, Kendall, Aschenbrand, Puliafico, and Hughes (2003) postulated, "1 in 10 children have mental health problems severe enough to warrant treatment. Yet of those children in need of treatment, less than 20 percent receive appropriate services" (p. 122). Addressing the mental health needs of youth is not restricted to one professional group, but as a specialty, this work is perfectly suited to the skills of the clinical child psychologist. The primary objective of the field is to respond to this need by developing, testing, and providing the most effective therapy and intervention services for addressing the psychological and behavioral health needs of youth and their families. How best to address the mental health needs of youth, however, is not always clear as professionals continue to debate whether mental health efforts should be directed at only those youth who meet criteria for a disorder or if the focus should also be on youth who display impairment or risk for pathology. Moreover, some argue that the field needs to be more proactive and focus on prevention efforts that may help to reduce the numbers of youth in the future who have a need for mental health care (Substance Abuse and Mental Health Administration, 2007).

### Definition of Clinical Child Psychology as a Practice Area

Despite some perceptions that clinical child psychology is a new specialty, it is in fact, one of the oldest applications of psychology dating to the founding of clinical psychology by Lightner Witmer (Routh, 1996). The specialty field has grown to a vibrant and evidence-based practice arena with multifaceted applications in public and private sector services. A formal specialty definition provided through the Council of Specialties to guide the field articulates that:

The research and practices of Clinical Child Psychology are focused on understanding, preventing, diagnosing, and treating psychological, cognitive, emotional, developmental, behavioral, and family problems of children. Of particular importance to clinical child and adolescent psychologists is a scientific understanding of the basic psychological needs of children and adolescents and how the family and other social contexts influence socio-emotional adjustment, cognitive development, behavioral adaptation, and health status of children and adolescents. There is an essential emphasis on a strong empirical research base recognizing the need for the documentation and further development of evidence-based assessments and treatments in clinical child and adolescent psychology. (Clinical Child Psychology Formal Specialty Definition, 2005)

### Reason for Existence

Simeonsson and Rosenthal (2001) argued that provision of psychological services for children relies on developmental theories and knowledge, recognizing and emphasizing that all areas of clinical work with children and adolescents are influenced by developmental factors. Downward extensions of adult-oriented assumptions and clinical techniques are not sufficient when attempting to appropriately respond to the specialized needs of children and adolescents (Roberts et al., 1998). The well-developed (and continually expanding) professional literature on development, psychopathology, assessment practices, and intervention/prevention techniques also dictate that training and application of training be focused on the distinctive and qualitatively different needs of youth to ensure the greatest chance of meeting their mental health needs.

### Areas of Study and Practice

The specialty field took on its current focus guided by the well-established scientist-practitioner tradition. This model continues to drive much of the field today, especially so in recent efforts to provide evidence-based interventions and empirically supported treatments for children and adolescents with psychological disorders (Silverman & Hinshaw, 2008; Steele, Elkin, & Roberts, 2008). The primary function of the clinical child psychology specialty is to advance the scientific and theoretical knowledge germane to the assessment and treatment of problems of physical and mental health development of children and adolescents. This is characterized in a variety of ways. Both as clinicians and researchers, clinical child psychologists first work toward developing the knowledge base for the field of typical developmental processes as a precondition for distinguishing between typical and nonexpected behavior and development. Clinical child psychologists are also interested in explaining how cognitive changes, social relations, and family processes (i.e., parenting behaviors, personal relationships) impact expected child and adolescent development and its impact on the development of child problems.

Beyond typical development, clinical child psychologists place an emphasis on the integration of developmental psychology and clinical child and adolescent psychology reflected in developmental psychopathology. Included in this work is the documentation of prevalence and incidence of child disorders and the development of etiological models of child and adolescent psychopathology. Efforts are also made to develop and test treatment options and treatment effectiveness for specific problems for children and adolescents of different ages (i.e., Wolchik et al., 2002). Within the last 10 years, work on interventions for children and adolescents has taken on a focus on the theories and research evidence bases for the treatment of infant, child, adolescent, and family problems.

To document and treat psychopathology, clinical child psychologists are mindful of the importance of proper assessment. In this vein, clinical child psychologists are devoted to the knowledge of the methods of assessment covering development, cognition, personality, emotion, and achievement. Beyond investigating current psychopathology, clinical child psychologists are also professionals who work on prevention of child, adolescent, and family disorders. To improve the lives of generations of children to come, clinical child psychologists draw from the knowledge of normal

and deviant developmental pathways to develop programs not only designed to treat current problems, but also to deter or preclude the development of new psychopathology.

Because children and adolescents are a vulnerable population, clinical child psychologists also have to manage the special ethical and legal issues relevant to the study and treatment of minors. Consent for treatment and to participate in research requires special attention and sensitivity and the clinical child psychologist must take great care when providing clinical services or including children and their families in research. Finally, with attention to the changing demographics in the United States and sharing an interest with cross-cultural psychology, clinical child psychology has an appreciation for and understanding of principles of diversity and cultural context as they relate to child development, psychopathology, and professional behavior and clinical practice.

### Distinctiveness

The clinical child specialist shares some professional practice activities with other recognized specialties. Most closely aligned practice areas include school psychology and clinical psychology (although some activities may include, for example, aspects of family psychology, cognitive-behavioral psychology, psychoanalytic psychology, and clinical health psychology). Each of these specialties share the importance of course work culminating in an internship, interfacing with the public and private schools, and work to meet the unmet mental health needs of children and adolescents.

More distinctive to clinical child psychology is its focus on mental and physical health of youth and developmental changes across multiple contexts of functioning. The clinical child psychologist for example, is interested in how psychological disorders develop in youth and how the home, social, and academic environments operate to either enhance or diminish mental health functioning. Closely integrated in this specialty is the subarea of pediatric psychology (Roberts & Steele, 2003). Although pediatric psychology is not a separate specialty recognized by on its own by The Commission for the Recognition of Specialties and Proficiencies in Professional Psychology or any other group designating specialties (e.g., American Board of Professional Psychology, ABPP), it is usually subsumed under Clinical Child Psychology. Pediatric psychologists begin their training as clinical child psychologists. A pediatric psychologist, however, usually has additional and specific training in a medical or hospital setting where they most often address the mental health of youth and their families who are managing a chronic illness, an injury, or a medical procedure. With a similar focus to health psychology, in that both are studies of the interaction between mental and physical health, efforts in pediatric psychology, however, are often more developmental in nature and concentrated on youth.

Building on a core domain of knowledge in clinical psychology, the clinical child psychologists emphasizes a developmental orientation. While school psychologists do provide mental health services, the services are provided in the context of addressing the mental health needs required for the child to succeed in the academic setting. Moreover, school psychologists are more likely to be involved in services intended to prevent or provide early identification of mental health problems, rather than providing primary treatment. Although the commonalities across profes-

sional psychology in working with children, adolescents, and their families are notable (i.e., combination clinical/school graduate programs), often the training, traditions, and contexts provide distinctive applications.

### Training in Clinical Child Psychology

Over the past 25 years, the training of clinical child psychologists has been perhaps more aptly described than other specialty training in order to distinguish its practice. The term *clinical child psychologist* is reserved for individuals who have a doctoral degree from one of three training tracks. One, with its emphasis on research, clinical work, and teaching is the doctor of philosophy (PhD). The second emphasizes clinical work and provides a doctor of psychology (PsyD). A third option is from a school of education with a doctor of education in a professional psychology training program (EdD). All three of these degree programs can provide training for a professional competent to work with children and adolescents. Clinical child graduate programs provide training in research methods, assessment, intervention, teaching and supervision, and consultation. Beyond work in the classroom, observing professionals-in-training and supervising professional work are also important parts of a psychologist's training. All programs require hands-on training and practicum experiences as a part of the degree requirement often in community settings. After completing the course work, practicum, and research training, clinical child psychologists must complete a 1-year internship and in most states, complete at least 1 year of postdoctoral training prior to becoming eligible for licensure.

Specialized training is clearly necessary for the ethical and competent practice of this specialty. Training for the specialty practice area has been guided by several formulations. In 1985, a set of training guidelines were formalized by the Hilton Head Conference on Training Clinical Child Psychologists sponsored by the Section on Clinical Child Psychology (Tuma, 1985; see also Roberts, Erickson, & Tuma, 1985). Later, a set of recommendations was produced by a joint task force set up by the National Institute of Mental Health and the Section on Clinical Child Psychology (later Society of Clinical Child and Adolescent Psychology; Roberts et al., 1998). These training recommendations presented topical categories with rationales for inclusion with encouragement to trainers to provide comprehensive, integrated and focused programs to better prepare the professional to serve children and youth. The training recommendations included (a) incorporating lifespan developmental and developmental psychopathology perspectives; (b) identification of a faculty with expertise in psychological assessment and treatment of children and adolescents; (c) provision of training experiences in varied research and practice delivery settings; and (d) specialty training in the fundamental areas of clinical psychology (i.e., assessment, psychopathology, treatment research methods, ethics, etc.), emphasizing assessment and interventions with children and adolescents.

As noted by Prinstein and Roberts (2006), adherence to these recommendations by training programs has been "somewhat mixed" (p. 264). Focused internship training has increased and may follow the "Guidelines for Clinical Child Psychology Internship Training" (Elbert, Abidin, Finch, Sigman, & Walker, 1988), whereas postdoctoral training is also available for practice and

research with even greater specialization to specific areas of interest and activity (Ollendick, Drotar, Friedman, & Hodges, 1988). A series of articles raised issues in training integrating clinical child and adolescent psychology with developmental perspectives (e.g., La Greca & Hughes, 1999). Johnson (2003) also summarized training issues in clinical child and pediatric psychology (see Spirito et al., 2003, for details on pediatric psychology training).

In addition to the basic psychology core trainees need to take basic clinical psychology core topics including general psychopathology, foundations of psychometrics and psychological assessment, foundations of intervention, professional ethics, interviewing and assessment, and diversity issues. These are often integrated with developmental orientations in developmental psychology, family processes and development of children and adolescents. Clinical child and adolescent psychology core topics include child and adolescent psychopathology, developmental psychopathology, child, adolescent, and family assessment, child, adolescent, and family treatment (including prevention), research methods in developmental and clinical child and adolescent psychology, and ethical, professional, and legal issues specific to clinical child and adolescent psychology. Specialty oriented practicum is where the trainee receives training in both the assessment and treatment of problems experienced by children and families. Practicum opportunities involve exposure, experience and some expertise in a wide array of problems displayed by children, adolescents, and their families. These experiences establish the foundation for internship training.

The child and adolescent oriented internship is a significant and essential element of specialty training in which interns receive supervised experiences in assessment, treatment, and consultation. Postdoctoral fellowships often provide the specialist capstone experiences in practice and research in a highly focused manner. Descriptions of specialty training programs are available in the professional literature as well as via Web sites of the numerous programs (e.g., Roberts, 1998; Roberts & Steele, 2003). The Society of Clinical Child and Adolescent Psychology lists predoctoral programs that have self-identified as training with a specialty focus (Directory of Doctoral Training in Clinical Child/Adolescent and Pediatric Psychology, n.d.). The Association of Psychology Postdoctoral and Internship Centers Directory Online (n.d.) lists over 100 internship programs self-identifying as "child/adolescent psychiatric or pediatrics." American Psychological Association (APA) accreditation of predoctoral training programs, internship programs, and postdoctoral programs is a quality assurance mechanism for indicating standards have been met. Accreditation specifically in the specialty of clinical child psychology is not yet available, although accreditation of programs emphasizing clinical child training can be obtained within an existing practice area (viz., clinical; see Roberts, 2006). Training combinations of clinical child and school psychology also are not recognized by the APA Commission on Accreditation under current rules, but are developing within individual training programs. Steps are being taken presently to secure status of clinical child psychology as an accredited practice area.

### Areas of Practice

Today, clinical child psychologists fulfill professional roles in community programs in a variety of settings such as community

mental health centers and children's hospitals, children's service agencies as well as schools, juvenile justice, prevention programs, in-home intervention, and outreach programs. Importantly, a rising number of independent practitioners provide specialized psychological services for children, adolescents, and their families.

### Roles of the Clinical Child Psychologist

Clinical child psychologists provide mental health services in most settings where children and adolescents can be found and in response to the full range of social, emotional, and behavioral problems that they experience. For example, clinical child psychologists work to address the mental health needs of children identified as biologically high risk (e.g., preterm, medically ill, or drug-addicted newborns) and their families, youth with emotional and developmental problems (e.g., depression, autism), children and adolescents with problems including delinquency, substance abuse/dependency, and high-risk sexual behaviors, children and adolescents with signs of cognitive deficits, children, adolescents, and their families coping with injury, trauma and loss as a result of natural disasters (e.g., earthquakes and hurricanes) and human-made disasters (e.g., terrorist attacks, automobile collisions), and children, adolescents, and their families in the pediatric system coping with a variety of health-related problems.

### Procedures and Techniques

The methods that clinical child psychologists use to conduct assessment include open-ended and structured interview techniques, behavioral observational methods, achievement testing, intelligence and cognitive functioning testing, assessment of adaptive behavior, objective and projective personality assessment methods, and family assessment.

Clinical intervention with clients is likely one of the best known roles of clinical child psychologists. Although the professional office is a most common medium for the delivery of services, clinical child psychologists also provide treatment for behavioral management in clients' homes, schools, communities, and health care settings. Most approaches are designed to improve a child's ability to manage his or her behavior, emotions, cognitive deficits, and peer problems. Whereas individual psychotherapy has been the norm for the delivery of services, presently, most treatment is provided both to the individual child as well as to the child in the context of their family. This includes family therapy, parent training and parent education and partnerships with pediatricians, child psychiatrists, school personnel, and other mental health professionals to ensure a positive outcome. Interventions can also include, but are not limited to parent management training and parent education in the home setting; behavioral intervention in the classroom; individual therapy with children and adolescents with a wide range of psychological problems; group therapy and other multimodal treatments for children and adolescents with complex problems. Although most often identified as professionals who provide clinical assistance and treatment for child and adolescent clients, intervention is but one of multiple roles for the clinical child psychologist.

Research is the cornerstone of all clinical work, and the findings of clinical child research provide a rich foundation upon which clinical work is developed. Children of all ages are included in

research in as many settings as there are clinical endeavors including school and community-based research. Most research methods often encourage a multi-informant (i.e., parents, teachers) approach to accurately test a child's psychological functioning. The most common sources for the latest research on clinical child and adolescent/pediatric psychology are the *Journal of Clinical Child and Adolescent Psychology*, and the *Journal of Pediatric Psychology*, although many other professional publications also supply applicable research results. Finally, serving as a consultant to other professionals who work with children is another important role of the clinical child psychologist. Several professionals are often called upon to assess and treat children, and clinical child psychologists often play a pivotal role on these interdisciplinary teams. Clinical child and adolescent psychologists consult with professionals representing a variety of disciplines, including pediatricians, child psychiatrists and child neurologists, child protection workers, teachers, nurses, child care providers, social workers, lawyers, and others concerned with the prevention and alleviation of children and adolescents' problems or their placement in appropriate caregiving and educational environments.

Because clinical child psychologists have a long tradition of work in a variety of health care facilities (e.g., children's hospitals, specialty clinics, residential treatment), clinical child psychologists are not new to collaboration with health care and other professionals in their work. Most mental health problems in general and children and adolescents specifically are seen first by primary-care physicians (James & Folen, 2005). This affords a unique collaboration opportunity for more effective outcome and is an expanding area of practice for the specialist.

Another growing area is the presence of clinical child psychologists in school settings (Weist, Evans, & Lever, 2003). There is a greater dependence on schools than in the past to provide more comprehensive mental health services. In these settings, children and adolescents present with the widest range of mental, emotional, and behavioral difficulties. Many school districts have identified the need of clinical child psychologists in conducting evaluations and to provide consultation in risk assessment and violence prevention to schools and for the most challenging behavior problems of serious emotional disturbance.

Clinical child professionals have had to adjust their clinical work to provide more short-term therapies and clear support as to the evidence base for their clinical practice (Barlow, 1994). Although research on evidence-based approaches indicates that these approaches offer advantage in terms of client improvement over non-evidence-based approaches (Weisz & Gray, 2008), there is a perception that clinical practitioners have been slow to modify practice to incorporate interventions proffered by clinical trial-based research studies. It is not clear if the often asserted gap between researchers and clinicians has more to do with a lack of easy access to the knowledge produced by each or if the gap is more practical in nature, meaning that the applicability of what is learned in a clinical lab varies too much from the kinds of clients typically seen in clinical practice (Steele et al., 2008). Although support can be found for both positions, clinical child psychologists generally agree that dissemination is the most important area for focus to increase the availability and utility of evidence-based practice. While there have been recent developments suggesting there is reason for optimism in bridging this gap, continued efforts are still needed. Recently, the APA Task Force on Evidence-Based

Practice with Children and Adolescents (2008) recommended that, in addition to a need for greater funding for mental health services to youth, greater attention needs to be given to the development of training models (i.e., electronic transmission of programs) and outcome data on clinical trials that may be more easily accessed by a wider audience of child professionals.

### Professional Development

The specialty practitioner and researcher seek to advance their own knowledge and competencies through a variety of activities such as continuing education and by reading professional journals and texts which pertain to the science and evidence-based practice of clinical child and adolescent psychology. The specialist seeks affiliation with relevant professional organizations such as the APA, the Society of Clinical Child and Adolescent Psychology ([www.clinicalchildpsychology.org](http://www.clinicalchildpsychology.org)), the Society of Pediatric Psychology ([www.societyofpediatricpsychology.org](http://www.societyofpediatricpsychology.org)), and other groups that advance the science and practice of clinical child and adolescent psychology.

### Credentialing

Specialty practice in clinical child psychology is credentialed not only by licensure in the state(s) in which the professional psychologist practices, but also with the advanced credential of the American Board of Clinical Child and Adolescent Psychology ([www.clinicalchildpsychology.com/](http://www.clinicalchildpsychology.com/)), which is a specialty board of the ABPP ([www.abpp.org](http://www.abpp.org)). Board certification as a clinical child and adolescent psychologist indicates to the public that the practitioner has met the standards and necessary competencies for specialty practice. The standards for clinical child psychology certification require that the applicant demonstrate professional competency across a variety of areas including, but not limited to, assessment and intervention, interpersonal relationships, knowledge of the science base, and ethical practice. As evidence of the growing recognition of board certification, many institutions providing services to children, adolescents, and families are requiring their psychologists to become certified by ABPP (e.g., Mayo Clinic) and some insurance companies now mandate this for their panels (e.g., Group Health in Seattle). The development of competencies concepts and terminology (Rubin et al., 2007) has not been specifically applied to this specialty (because they also appear not to be set for many other specialties). As the field evolves, it is likely that the development of competencies for clinical child psychology will also. Competencies in clinical child psychology will likely require both basic and advanced training as well as maintenance and enhancement of skills over a professional career.

### Future of the Specialty

Providing effective mental health services to children, adolescents, and their families is an important component for society to grow and prosper. With the changing face of medical care, for instance, ensuring that youth receive the mental health care they need is an ongoing challenge for the field. Scientists and clinicians are actively attempting to bridge the gap between the knowledge gained in the lab and the application and dissemination of that knowledge into real-world settings. With the assistance of orga-

nized efforts like the recent creation of the Task Force for Dissemination of Evidence-based Practice (from Division 53, Society of Clinical Child and Adolescent Psychology), the gap between research and practice might become smaller. Furthermore, in addition to the focus on evidence-based practice, clinical child psychologists are having greater contact with clients from different ethnic backgrounds. As a result of a faster population growth (i.e., higher birth rate, increased immigration), professionals are seeing more children of color in clinical practice. Given that most youth who need mental health services do not receive them, for those who do get access to a mental health professional, it is imperative that the treatment provided is culturally sensitive, in accordance with the specialty's and the profession's ethical standards. Although diversity is a broad term, as these issues relate to ethnic differences, clinical child psychologists recognize that children of color represent the fastest growing population among people of color in the United States (U.S. Census, 2004). Over the next 20 years, children of color will make up the majority of children in the United States, and it is critical that child clinicians understand the unique and distinctive risks and skills that are common to children from different ethnic backgrounds.

### Summary

The clinical child psychology specialty, encompassing a range of concepts and applications, developed within professional psychology meets the psychological needs of children, adolescents, and their families. Competent clinical practice, arising from specialized training and applied experiences, lead to licensure and credentialing to provide psychological assessment and treatment in a range of settings, problems, and population characteristics. By providing a scientific base for the application of interventions, the specialty has grown immensely and continues to grow in its ability to understand and provide for the mental health and behavioral health needs of youth.

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