

Pediatric psychology: Health psychology of the child A new discipline for a contemporary approach to child health

Pr ZENAD Dalila^{1,*} Lakhdar GHERARA²

Laboratoire Psychologie de la santé : Prévention et Qualité de Vie , Université ALger^{1,*}

University of Algiers 2 ^{*2}

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Abstract:

The field of pediatric health psychology is vast, multifaceted and multidisciplinary. Encompassing the well-being of infants, children, adolescents and young adults, it focuses on health (for example, the absence of illness, health behaviors and prevention), as well as diseases and injuries (major and minor, chronic and acute). Child health psychology is unique because it is inspired by other specialized areas of psychology, including developmental, clinical, child and adolescent clinical, health, social and family psychology. In collaboration with pediatricians, nurses, social workers, psychiatrists and other health care providers, child health psychologists select and evaluate a variety of problems (for example, compliance, pain, medical stress and trauma, neurocognitive functioning) and design and implement interventions aimed at reducing distress, promoting adaptation and maintaining health. Pediatric psychology offers a professional framework consistent with the themes of this chapter on child health psychology. The complete integration through several disciplines and accents goes beyond the scope of a single chapter. In the current summary of child health psychology, we integrate the diverse literature on the evaluation and intervention of child health psychology within the parameters of three targeted basic hypotheses (social ecology as an organizational framework, the resilience of patients and families, and evidence-based evaluation and intervention are essential for positive results) and three levels of intervention (universal, selected, indicated/clinical) which, according to us, are crucial to advancing the health and well-being of children and their families.

Keywords : pediatric psychology/ health psychology /multidisciplinary/ Child health psychology/ Child development

1.Introduction :

Child psychology (Child development or developmental psychology) is a discipline of psychology that has as its object the study of the thought processes and behaviors of the child, his psychological development and his possible problems. It takes into account her environment.

Childhood is a time of intense changes. These changes affect physical development (and motor skills), the brain, cognition (memory, reasoning, understanding of the world...), language and the ability to communicate, learning (reading, mathematics), emotions and their management, social relationships, health in general.

Several risk factors on physical and mental health are listed. The child's environment, his family, his peers, his preschool and school environment, and his general environment greatly influence his development. These factors help the child to develop his skills (example: bilingualism, resilience) but can also affect his normal development and well-being (examples: lack of self-confidence, intellectual retardation, anxiety...).

Child psychology is a discipline close to medical disciplines and human sciences centered on childhood: the history of childhood, cognitive neuroscience of development, pedagogy, clinical child psychology, child psychopathology, pediatrics, child psychiatry. The discipline borrows and shares its methods and concepts with the other branches of psychology, such as cognitive psychology, psychometry, social psychology, intercultural psychology and psychoanalysis.

Childhood development, at the physical level, but above all psychic, is the object of study of what is called pediatric psychology. It is, in fact, a question of studying the perception that children have of their person within the environment where they evolve.

Pediatric psychology specializes in the study of the psychological processes of childhood, being part of infant development. It was born during the nineteenth century, its origin stemmed from biology. But in the twentieth century, this field of study expanded through various theories such as psychoanalysis, cognitive psychology and constructivism.

The contributions of Jean Piaget defined the direction taken by pediatric psychology with his "Theory of Learning". The Swiss psychologist has devoted himself to research in the field of the different stages of infant development. So, he offered a **description of how children perceive themselves. As well as the way they perceive the world.** And this from their birth until adolescence.

A pediatric health psychologist specializes in the evaluation and treatment of the psychological aspects of chronic or acute diseases. The goals of therapy often include understanding the psychological impact of a new medical diagnosis, improving the quality of life of children, increasing adherence to medical treatments and reducing the impact of a disease on the well-being of the child and the family.

Our goal in this field is to adopt a multidisciplinary approach to treatment. With your permission, we will work in collaboration with your medical team to establish individualized treatment goals for your child and your family.

2.What is pediatric health psychology?

Pediatric psychology, the interface of health psychology and clinical child psychology, has developed over the past 35 years to become an independently-recognized field. Pediatric psychology explores the interrelation between the psychological and physical well-being of children, adolescents and families, taking care of the development processes and physical, cognitive, social and emotional functioning related to health and illness. Specific topics of importance for this field include how psychosocial and developmental factors contribute to the etiology, evolution, treatment and outcomes of pediatric conditions; assessment and treatment of behavioral and emotional concomitants of illness, disease and developmental disorders; and the promotion of health and health-related behaviors and the prevention of diseases and injuries in young people. Full volumes have been devoted to describing and summarizing the field of pediatric psychology.

Pediatric medical psychologists are trained to assess and treat behavioral and emotional factors that impact a child's medical conditions. These experts work with children and families to promote healthy behaviors. They often work with doctors, nurses, parents, teachers and social workers. Pediatric medical psychologists can work with children and families in inpatient units, in specialized pediatric clinics (such as cardiology or oncology) or with families as part of a follow-up.

Common concerns for which a pediatric medical psychologist can help you:

- Dealing with a new or existing medical diagnosis.
- Stress and adaptation of parents and siblings.
- Distress with medical procedures, such as blood tests.
- Coping with pain and other physical symptoms.
- Problems with taking medications.
- Sleep problems.
- Anxiety, worries and fears.
- Trauma and post-traumatic stress disorder.
- Depression and suicidal thoughts.
- Difficulty following instructions or taking action.
- Attention deficit/hyperactivity disorder (ADHD).
- Learning or attention problems at school.
- Concerns about feeding/eating or going to the toilet.
- *-Transition from pediatrics to adult care.

This article discusses some of the principles of pediatric psychology, followed by an overview of four areas of concern in the field and a brief discussion of two ethical problems faced by pediatric psychologists.

A. Basic principles of pediatric psychology

To understand pediatric psychology, it is important to explore the basic assumptions that underlie and guide the field. The biopsychosocial model, the systemic approach, a developmental perspective and the emphasis on prevention reflect the basic assumptions of the field.

1-Biopsychosocial model

As in health psychology, pediatric psychology recognizes that multiple factors converge and interact to influence the etiology, evolution and outcome of mental and physical conditions. Specifically, biological, emotional, behavioral, interpersonal and cultural factors are accepted as influencing health and illness.

2-Systemic approach

Pediatric psychologists generally accept that children are integrated and interact reciprocally with various social systems. The socio-ecological model provides a framework for understanding these different systems, which range from the immediate family of the child, to peers, to social institutions such as schools, hospitals and religious organizations, to the broadest influences of the legal system, to societal values, technology and culture. Each of these systems influences and is influenced by the medical conditions of childhood.

3-Development perspective

Childhood is a period during which many dramatic changes occur in biological, cognitive, emotional and social abilities. Thus, pediatric psychologists adopt a developmental perspective, accepting that individuals of different ages have different abilities (for example, physical, cognitive), needs (for example, care), goals (for example, autonomy, intimacy) and social environments (for example, at home, school). Families, as systems, are also accepted as having development trajectories. The way in which health and illness problems are addressed by children and families is influenced by the stage of development.

3. Importance of prevention

Just like pediatric medicine, pediatric psychology aims to promote healthy behaviors and prevent health problems. This principle of pediatric psychology is evident in efforts to identify and intervene with families at risk of adaptation difficulties in response to a chronic illness, to promote adherence to medical diets, to educate children and parents regarding the development and maintenance of healthy lifestyle behaviors (proper diet/nutrition), and prevent drug and alcohol abuse, accidents and injuries.

4. Topics of interest in pediatric psychology

Pediatric psychology is a vast field. Four topics are presented to give an overview of the types of important issues in this area: adaptation to chronic diseases, adherence, pain and distress management and developmental disorders.

1-Adaptation to chronic diseases

Thanks to advances in medicine, previously fatal childhood conditions can now be treated with medical treatments applied consistently, often over the long term. Thus, the number of children living with chronic diseases such as asthma, cancer, cardiovascular diseases, cerebral palsy, cystic fibrosis, diabetes, muscular dystrophy, kidney disease, rheumatoid arthritis, sickle cell

disease and spina bifida has increased. Pediatric psychology is interested in the emotional and behavioral adaptation of children and families to these chronic medical conditions.

Research has shown that there is no simple or direct relationship between chronic physical conditions and psychological adaptation. Most children and families with chronic health problems adapt well; however, these families are at increased risk of adjustment difficulties. To facilitate clinical remediation and prevention efforts, research in pediatric psychology has attempted to identify correlates and predictors of adaptation to chronic diseases. These research efforts suggest that children and families are at a higher risk of difficulties when the child's disorder impairs brain function, when the child reports high levels of stress and a low level of self-esteem, when the child's mother is very anxious and when the family is characterized by low levels of cohesion and support.

2-Adhesion

The rates of non-compliance (*i.e.* the failure to adopt and/or maintain the prescribed medical treatments) among pediatric samples have been estimated between 50% and 89%. Given these alarming figures, a major effort within pediatric psychology has been the identification of factors contributing to adherence to treatment and methods to improve adherence. Although this field of investigation faces methodological challenges, such as how to accurately measure this concept, certain factors have been identified in studies as contributing to compliance. These factors include the characteristics of the child's illness, the child's level of development, the individual psychological characteristics of the child (for example, emotional and behavioral problems), the functioning of the family and the interface between the family and the health care team.

Research has suggested that adherence is more difficult to maintain when a disease is chronic and the treatment regimen is complex. In addition, adolescents, compared to younger children, and young people with emotional and behavioral problems, unlike those who function within normal limits, have more difficulty adhering. The family plays an important role in the observance of the medical regime. As a rule, parents who know and master the treatment regimen and support it have more adherent children. Finally, compliance is more frequent when there is a positive relationship between the medical team and the family. Successful interventions to improve compliance involve simplifying the medical regime, educating the child and the family about treatment, ensuring parental participation or supervision, encouraging developmentally appropriate self-monitoring of behaviors and reinforcing desired behaviors.

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3-Pain and distress management

Pain and distress management is one of the most difficult, but most common, problems for pediatric psychology. For this reason, research on the evaluation and management of pediatric pain has developed significantly over the past 10 years. Experts generally agree that pediatric pain experiences can be classified into one of four categories: pain associated with chronic

illness (e.g., arthritis, sickle cell disease), pain associated with injuries or trauma (e.g., burns), pain associated with unobservable events (e.g., headaches, abdominal pain) and pain associated with medical procedures (e.g., lumbar punctures).

By definition, pain is a subjective experience. As such, the evaluation of pediatric pain is complex and often involves a combination of child report, parent report and independent observation depending on the type of pain and the level of development of the child. The majority of pediatric pain treatments involve cognitive behavioral techniques, including positive reinforcement, imaging/distraction, relaxation, modeling, role-playing games and supervision by the therapist, medical staff or parents. These techniques have been shown to be effective in reducing pain and distress and improving children's cooperation during procedures and may be more effective when used in combination with pharmacological strategies (for example, numbing creams).

4-Development problems

Pediatric psychology focuses on developmental problems and is therefore also interested in evaluation and intervention for developmental problems. There is a wide range of developmental problems addressed by pediatric psychologists, including high-risk early childhood, eating disorders, growth retardation (Delayed Growth), elimination disorders, habit disorders (for example, tics), sleep disorders, attention deficit/hyperactivity disorder, autism and mental disorders. mental retardation, anorexia nervosa, bulimia and obesity, as well as neglect, physical violence and sexual violence. The majority of these problems intersect with the interests of clinical child psychology, but some have specific medical aspects and are therefore frequently brought to the attention of pediatric psychologists. To illustrate the role of pediatric psychology with regard to a developmental problem, high-risk early childhood will be addressed.

A high-risk childhood can occur due to prematurity, congenital anomalies, prenatal exposure to substances or infections, or difficulties during labor and delivery. Pediatric psychologists serve high-risk infants and their families by assessing and promoting the health of the infant, the adaptation of the parent(s), the infant-parent relationship and the collaboration between the family and the team of the neonatal intensive care unit. The pediatric psychologist can also continue to evaluate the physical, cognitive, emotional, behavioral and social development of high-risk infants as they age, in order to determine if there are emerging difficulties to be solved.

5.Ethical problems related to pediatric psychology

Ethical decisions in pediatric psychology are complicated because this field must meet and balance the needs of children, their families, the health care system and society in general. Ethical decisions are further complicated by variations in laws between local jurisdictions (for example, the age of consent). Two particularly salient issues are informed consent and confidentiality.

Because children do not have the cognitive capacity necessary to fully understand the severity and nature of their treatment, they are not legally able to give informed consent to their treatment. Instead, the parents give their consent. Nevertheless, it is important to protect the child's right to be an informed participant in his care. Therefore, children should have information presented in a way that is understandable to them and should have the opportunity to voluntarily consent to treatment without coercion.

Likewise, pediatric psychologists must address issues of confidentiality. Children do not have the same right to privacy as adults due to their minor status, but it is important to establish an environment of trust in which the child feels able to disclose sensitive information. Thus, pediatric psychologists must discuss and establish confidentiality guidelines in collaboration

with the parent(s) and the child, specifying the types of information that will be shared with the parent. Of course, the legal limits of confidentiality (mandatory reporting of abuse and intention to harm oneself or others) must be respected and explained to children in terms that they can understand.

To summarize, pediatric psychology is a multidisciplinary field stemming from the clinical psychology of children and health. Pediatric psychology integrates the biopsychosocial (BPS) model, the systemic approach, a developmental perspective and the emphasis on prevention. The areas of interest of pediatric psychologists include the adaptation of children and families to chronic diseases, compliance, pain and distress management and developmental disorders. Informed consent and confidentiality are important ethical **issues** in this area.

6.How is the study of the child treated in the field of pediatric psychology?

Considering the child in all its complexity, this discipline addresses the motor, linguistic, perceptual, emotional, physical, cognitive and social characteristics of the child. Pediatric psychologists can be based on one scientific school or another, thus feeding interventions with the contributions of each theory.

Pediatric psychology is therefore interested in the way in which each evolutionary stage operates in a child, or vice versa, by establishing parameters and codes (which generally gives rise to a wide margin of relativity) in the field of child mental health.

Thus, pediatric psychologists treat each child in their environmental context. Of course, it is essential to know and treat the environment when carrying out a diagnosis and treatment. Thus, the professional must establish how:

- * The variables of the context (school, family) and the biological (genetic) characteristics confluence in the child's behavior
- Environmental changes have an impact on the child's mental health.

Experience of pediatric psychology in Europe:

In France, the status of the psychologist in the hospital is quite recent. Defined by the law n° 91-748 of 1991 on hospital reform of the public health code, it does not cover the function of liaison psychologist unlike Belgium. At the nephrology-dialysis department and psychology unit of the children's University hospital of Brussels, the exercise of liaison psychology is daily. Here is a testimony of it.

In the hospital context, the psychologist is required to perform multiple liaison functions with the child, his family and caregivers gravitating around the sick child. It promotes cross-departmental, interdisciplinary child-parent-caregiver and intrapsychic liaison. He thus works to maintain a psychically containing environment for the sick child and his family.

In the complex setting of the pediatric hospital, the liaison psychologist works with children of all ages and their families, in the context of chronic or acute diseases, in connection with the healthcare teams (doctors, nurses, childcare workers), the psychology unit, paramedical staff (speech therapists, physiotherapists, occupational therapists), social partners, schools and the child psychiatry service.

In this complex environment, the psychologist is led to carry out liaison work at multiple levels to promote the maintenance of a holding, in the sense of Donald W. Winnicott, sufficiently adequate of the child by his parents and of the whole family by the caregivers. It will therefore have a "containing" function and promote emotional safety in each of the actors of hospitalization. It will allow the constitution of a real "transitional" psychic space (Winnicott, 1971) to allow everyone to think about themselves, but also to think about the other, illness and hospitalization.

7. Interventions in pediatric health psychology:

1- Intervene with the child

In the hospital, the psychologist does not act in a classic psychotherapy setting. However, its function can be qualified as therapeutic in that it supports the child's psyche in the "work of the disease" (Pardinielli et al., 1996).

Thus, illness and hospitalization can imply for the child a significant narcissistic injury. The normal course of life is interrupted. The image of the body is reached and can be modified, reshaped. Hospitalization and care increase dependence on adults, caregivers and parents. The body is the object of intrusive care. "In most cases, narcissistic involvement produces a regression which is followed by a long elaboration work (work of the disease). The manifestations of this "work" can be found mainly in the child's games, in his "infantile theories of illness", but also in the way he represents his sick body to himself. The role of the parents is decisive in the failures of this psychic process which tends towards the integration of the child's illness into his history" (Pardinielli, 1996).

In this context, the liaison psychologist will be a "facilitator", helping the child to make sense of what he is going through and to integrate the illness and hospitalization into his life story. In addition to speech, play, drawing, the psychologist has various therapeutic media designed especially for hospitalized children (for example, brochures, DVDs, surgical dolls). Experiences and emotions are often expressed through these media and are accompanied and supported by the words and gestures of the psychologist.

The psychologist also remains very attentive to the "depth" of the child's psychic life. Indeed, as Pierre Marty conceptualizes (Marty et al., 1963) through the idea of "operative thinking", the disease and the anxiety it causes in the child and his parents (especially in the context of chronic illness) risk obliterating the child's reverie abilities, "crushing" the psychic space necessary for elaboration. Working on the imagination and creativity and helping the child to find the pleasure of the game will help to promote the re-emergence of this psychic space.

2-Intervene with parents:

The psychologist will therefore accompany the parent-child relationship, sometimes damaged by the disease, and by medical equipment and immobilization sometimes necessary because of the child's state of health. he encourages parents to continue to fulfill their role with the hospitalized child (in daily care, games, toilet, meals) and to maintain adequate interactions with him. The parents thus remain a solid reference point for the child, ensuring continuity that will help him to overcome the trauma of hospitalization.

In this context, the question of the "right word" arises. Indeed, we receive parents who are experiencing very heavy emotions. It is difficult for the psychologist to maintain a position of classic benevolent neutrality, as Yolande Arnault expresses it: "To let oneself be penetrated by the distress of the other, but to remain present, without escaping into vain and useless words like an admission of helplessness, who can push, in order to get out of the discomfort caused, to stammer a few awkwardly lenient words – and for whom in the background? But on the contrary, listening, welcoming, not judging, is it already relieving? Is it enough? " (Arnault, 2005.)

Thus, the psychologist must be both empathetic and containing. The question of the right word in these support interviews is therefore fundamental and difficult. She has no established answer and rests with each new situation, implying for the psychologist to readjust his positioning to the most correct, for each patient and for each family.

It also has a support function for parents in the ordeal represented by the illness and hospitalization of their child. It is this support that will eventually create favorable conditions for the elaboration and the putting into words of their experiences and their feelings. In this context, collaboration with adult psychologists-psychiatrists is to be thought of, to create interrelations favoring the rightful place of everyone. Indeed, the child psychologist deals primarily and mainly with the "parent" part of the adult.

Moreover, the psychological intervention in the hospital does not forget the siblings and the other members of the extended family. This work sometimes requires the intervention of several psychologists to take care of the different members of the family (parents, in-laws, grandparents, siblings, others), psychologists who must maintain consistency between their respective interventions.

3-Intervene with caregivers:

As explained earlier, the presence of the psychologist at the general hospital is relatively recent. Thus, in some hospitals, and in some departments, the place of the psychologist is acquired, his role understood and his usefulness recognized. In other places, the psychologist still has to find his place, to be accepted, to establish a collaboration with the healthcare team.

Moreover, this place is never completely acquired. Regressions are always possible when the service is compromised, for example in the event of the death of a patient or significant changes in the functioning of the service. The possibilities of collaboration are of course played out in the dynamics of the service, but also on a case-by-case basis. Indeed, the alliance is also to be worked on and maintained with each caregiver, each one's defenses allowing him more or less to come into contact with the emotional aspect of the care and the encounter with a suffering being.

The role of the psychologist involves being part of the team while at the same time being external to this healthcare team. Indeed, he must be able to keep a step back from what is being played out in the group that the caregivers form, in terms of conscious and unconscious psychic movements. He must be able to feel the emotions of the group, but have the necessary perspective to understand them, use them and not get carried away by them. Of course, it is not a question of taking an analytical, interpretative look at the members of the team, an intrusive and inappropriate look which, of course, would lead to the rejection of the psychologist out of the group, but of being able to provide the team with a perspective and moderation in relation

to its reactions in difficult situations. However, as explained by the theories on the dynamics of groups (Kaës, 1999), it is particularly difficult to maintain oneself thus at the edge of the group, neither inside nor outside.

It is also not a question for the psychologist to find the "ideal" distance from the team, and which would be the same for all. In fact, each psychologist will position himself differently in relation to the team: some will stand as close as possible to the daily lives of patients and caregivers, while others will stay further back, with a more global look. This is played out according to the sensitivity of each one, his theoretical orientation, but also the place that it is possible to take in a given team at the moment when the psychologist enters it.

Because of this particular situation, the team psychologist can play a role with the caregivers when his position, half inside, half outside, is not compromised: liaison meetings with the medical team, joint consultations, regular contacts with the team around a situation, for example. He can also occasionally play a listening and support role with a caregiver who would be put in difficulty by an emotionally heavy situation and which would resonate particularly with him.

But this role must sometimes be played by a professional outside the team, in situations where the psychologist appears positioned inside the team, caught up in group psychic movements, as for debriefings during the death of a child, for example.

Thus, the psychologist of a healthcare team cannot be its supervisor. But in that it challenges the team on how it works, it allows caregivers to take a step back and think about their professional practice.

4-The connection between the child: his family and the caregivers:

-Create a link

The liaison psychologist communicates formally and informally with the other caregivers around their common patients. He works to create a bond, to weave with the caregivers a kind of net of containing and carrying words for the child and his family. Indeed, by promoting communication around the patient, it will facilitate the coherence of interventions and, by the same token, extend its containing function to all caregivers.

-Facilitate communication

Moreover, the position of the psychologist allows him to link the different experiences of the child, the parent and the caregiver. He thus creates a coherence by sometimes linking behaviors that seem to oppose each other at first glance. In this way, it can facilitate mutual understanding and participate in defusing misunderstandings and conflicts between children, parents and caregivers (Giordano, 2009).

-Promote the subjectivity of the patient

Often, getting sick means becoming the object of medicine and caregivers. The liaison psychologist will work with teams and patients on the issue of subjectivity: the patient, the object of medicine, is also and above all the subject of his life experience!

Illness and hospitalization are in themselves sources of suffering, physical and psychological. But when the patient's place as a subject comes to be denied, his psychic suffering intensifies.

However, as Laurent Morasz explains (Morasz, 2003), recognizing the patient as a subject implies for the caregiver to accept to enter into an authentic relationship with this patient, from person to person.

However, the more difficult the situation is medically, the more we observe a tendency of the caregiver to take refuge behind technical acts or words, without emotionally engaging in the relationship with the patient. By this attitude, the caregiver seeks to protect himself from an overflow of psychic suffering, the patient "diffusing" his painful affects around him. However, this defense mechanism used by the caregiver is unsuitable, because it thus closes itself to the possibility of elaborating an inevitable painful emotional experience in connection with his professional activity.

The psychologist will then intervene to promote the resumption of the human bond around the patient. This can be done as part of liaison meetings with the medical team: simply talking about the patient (and his family), naming him and saying a few words about his life story, what this situation can make him experience, indirectly allows caregivers to work on their own emotions vis-à-vis (about) a situation.

It may also happen that a caregiver comes to ask for help, a listening, directly from the psychologist. The latter will then accompany the caregiver in putting his experience into words, to allow him to elaborate his painful emotions and accept them, over time, without exhausting himself.

8. Conclusion:

At the pediatric hospital, the psychologist fulfills multiple missions, all at the service of the same objective. Indeed, in the particularly frightening context of illness and hospitalization, and to minimize the traumatic impact, the psychologist will work with the healthcare team and the family to maintain a psychically containing and, as much as possible, protective environment around the hospitalized child. It is also this secure framework that will create favorable conditions for the putting into words and the psychic elaboration for each actor of this experience: child, parent and caregiver. We perceive here the full meaning of the word "liaison": the psychologist works on weaving sufficiently good links between the various actors to protect the psyche of each one as well as possible?

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