

# Health Psychology Report

## Special Issue Call for Papers

### "Multidimensional approach to research in children and adolescence health psychology"

Guest Editor:

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According to World Health Organization standards, development should always be considered in biopsychosocial context. Thus, human development and health are achieved through interaction and building relationships with the environment, especially in children and adolescents. This may mean that the source and driving force of developmental changes lies in both, the intraindividual systems (e.g., physical, cognitive, socio-emotional system of a person) and interindividual systems (family, school, peers, work). Children have limited possibilities to change the systems in which they are immersed, therefore including a broad biopsychosocial perspective in the research involving children and adolescents seems to be crucial.

Furthermore, thanks to more and more precise measurement tools, we have the opportunity to look at narrow, well-selected areas of human functioning. However, focusing on single variables may cause a loss of a broader perspective. Although it is important to know the impact of e.g., individual cognitive functions on the learning process, they never work in isolation, always in broader systems. It is important to perceive the role of a particular variable not only in the system to which it belongs, e.g. memory for the cognitive system, but also for other systems of the individual, e.g. memory for the social functioning of a human being. That is why it is so important to study, interpret and look at development in a multidimensional way. In the context of children and adolescents, it should be remembered that each of the elements, development systems (physical, cognitive, socio-emotional) influence and interact with each other, and only this multidimensional interaction allows us to thoroughly understand their functioning. Studying systems in isolation, without considering their interactions, can obscure the picture of development and lead to erroneous conclusions.

This is particularly important in the research of children and adolescents with atypical, disturbed development. The family is the first and most important system in which the child is immersed from birth, and shapes its identity and significantly affects its development in the physical, cognitive and socio-emotional areas. The child's disability has an impact not only on its psychosocial functioning, but also strongly affects the entire family system in many aspects. The growing body of research indicates that family with disabled child faces many different non-normative roles and challenges, however current scientific research on the functioning of families with a disabled child provide mixed findings.

On the one hand, the presence of disabled child disrupts the existing family system, relationships between parents and siblings, family routines, plans and socialization, as well as parents' work and family finances. Whereas, on the other hand, research also shows the possible associations with many positive and enriching experiences, including increase of mutual support in family members and their personal growth. Furthermore, little progress in disabled child development is commonly observed, which increases parental stress levels, as well as the lack of institutional support and support from relatives. Studies also suggests that the quality of family functioning may differ depending on the type of disability.

Thus, research in children and adolescence health psychology requires a multidimensional approach, considering their intraindividual heterogeneity (in terms of cognitive, socio-emotional and physical development), as well as the impact of impaired child on family functioning and their role in family system.

The interdisciplinary nature of the above presented issue requires an input of researchers representing different areas of expertise, both scientists and specialists working with children and adolescents on a daily basis, from fields such as psychology, education, medicine, therapy and others.

**Manuscript types can include:** Reports of empirical studies; Brief communications; Reviews; Meta-analyses; Case studies.

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Please consider the following important dates:

DATE	PROGRESS
March, 31, 2024	Submission of a letter of intent and structured abstract (Max 500 words), which includes: (a) full author names, contact details, and affiliations, (b) explanation of why the study is novel and its unique contribution to the field (c) a description of how the study fits with the call for papers to the guest editors: <a href="mailto:sajewicz-radtke@pracowniatestow.pl">sajewicz-radtke@pracowniatestow.pl</a> <a href="mailto:ariadna.lada@ug.edu.pl">ariadna.lada@ug.edu.pl</a>
April, 15, 2024	Notification to authors for the selection
May, 30, 2024	Submission of the first draft via the electronic Editorial System <a href="https://www.editorialsystem.com/hpr">https://www.editorialsystem.com/hpr</a>
July, 15, 2024	Feedback from the first round of reviews to authors
September 30, 2024	Submission of revised papers
October, 31, 2024	Proofs
November, 30, 2024	Publication of successfully reviewed papers

If you have any further questions regarding the content or a timeline, please feel free to contact **Urszula Sajewicz-Radtke, Ph.D., [sajewicz-radtke@pracowniatestow.pl](mailto:sajewicz-radtke@pracowniatestow.pl); Ariadna Łada-Maśko, M.A., [ariadna.lada@ug.edu.pl](mailto:ariadna.lada@ug.edu.pl)**

Looking forward to your cooperation and positive response,

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