

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ SDBP on Twitter
- ❖ Challenging Cases
- ❖ *Journal of Pediatric Psychology*:  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board
- ❖ Highlights
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please email the editors: Beth Wildman or Robert Needlman.

Next Newsletter Submissions  
Due by July 28th

## President's Message

Submitted by Terry Stancin, PhD

Greetings Friends and Colleagues! I am so excited about the many projects and activities of SDBP, and wish I could adequately convey how busy we are carrying out our important mission and strategic plan. Here is a short list of some of the current initiatives of the Board:

- Explore expanding the Research Grant program with an Endowment Fund
- Creation of Trainee awards for meeting posters
- Continued support for the Research Symposium for trainees and junior faculty
- Initiatives to grow the interprofessional base of the Society
- Development of Clinical Guidelines
- Exciting new opportunities to broaden the international reach of SDBP
- Implementation of an extensive website redesign
- Archiving SDBP historical information
- Invited representation at national pediatric leadership meetings at the Institute of Medicine, American Psychological Association, American Academy of Pediatrics
- Collaboration on a white paper report on financial impact of pediatric integrated care
- Collaboration with AAP on a comprehensive workforce survey



The Board continues to work on enhancing the governance structure of the Society in order to best serve member needs. Special thanks to John DUBY, Past-President, for his continuing leadership on addressing SDBP governance issues. As you may recall, last year the Board proposed changes in bylaws related to Board composition and election procedures, and these changes were not approved by the membership. The Board greatly appreciates the input we have received about these proposed changes, and is planning to submit a revised proposal to the membership for consideration in early August 2015. The proposed changes will be presented as separate votes rather than as a package to allow the membership to decide on the merit of each one. Before the ballot is presented to the members in August, we will share the proposal for review and comment. **Look for blast emails outlining the proposed changes and a discussion board thread to allow members to offer their perspective on the proposed changes.**

The annual meeting plans are rapidly coming together for what should be one of our most exciting meetings ever. We were pleased to have had a record-setting number of abstract submissions this year, which we hope will translate to a very well attended meeting. We are honored that Bruce Chorpita, PhD will be the Lectureship Keynote Speaker; Dr. Chorpita is a well-known child clinical psychologist from UCLA whose work has focused on advancing the effectiveness of current mental health practice technologies for children and adolescents.

Special thanks to the Program Committee and their leaders, Co-Chairs Robyn Mehlenbeck and Carol Weitzman, and to Amy Schull at Degnon for their tireless efforts.

On a final note, it is with mixed emotions, we bid farewell to Mary Sharkey, our long-time Managing Editor of JDBP. Mary has accepted a full time Managing Editor position at another journal, and we are so happy that she has this wonderful opportunity. However, we will miss the “heart and soul of the Journal” (as she was described by Editor, Lee Pachter), and know that although we will find someone else to run the journal operations, we will surely never be able to replace her. Be sure to join me at the Annual Meeting in congratulating Mary and expressing our gratitude for her 23 year contribution to the Journal and SDBP.

Hope to see you in Vegas!

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- ❖ *Journal of Pediatric Psychology:*  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board
- ❖ Highlights
- ❖ Donors
- ❖ Classifieds
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- ❖ Newsletter PDF

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## Committee and SIG Reports

[Education Committee](#)

[Fellowship Training Committee](#)

[Early Childhood SIG](#)

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ SDBP on Twitter
- ❖ Challenging Cases
- ❖ *Journal of Pediatric Psychology*:  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board
- ❖ Highlights
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

---

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## SDBP Twitter



Follow @SDBPeds!

SDBP invites you to become a Twitter follower. Our Twitter handle is @SDBPeds.

SDBP Tweatiatrician, Michele Laverdiere, MD, is now posting societal news, advocacy issues, and more. (Only info that is appropriate for the public will be tweeted. More confidential info should be shared on the Discussion Board in the Members Only section of the SDBP website). In addition, the SDBP/AAP SODBP Coding Collaborative will post an ICD-10 Tweet a Day from now until Oct. 1, 2015. These codes have been cross-walked forward and backward between ICD-9-CM and ICD-10-CM by Lynn Wegner, MD, Coding Collaborative Co-Chair. We hope you enjoy these tweets and feel more prepared for ICD-10-CM's roll-out on 10/1/2015.

Have questions about Twitter or suggestions for Tweets? Email us at [info@sdbp.org](mailto:info@sdbp.org) with the word "Twitter" in the subject.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ SDBP on Twitter
- ❖ Challenging Cases
- ❖ *Journal of Pediatric Psychology:*  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board  
Highlights
- ❖ Donors
- ❖ Classifieds
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- ❖ Newsletter PDF

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Due by July 28th

## Spotlight: Challenging Cases

Please share your comments on Challenging cases posted on the Discussion Board, they make excellent teaching opportunities and watching the comments and discussions of our colleagues and trainees will enrich us all. Fellowship directors, please encourage your fellows to post comments, as well.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ SDBP on Twitter
- ❖ Challenging Cases
- ❖ *Journal of Pediatric Psychology:*  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board
- ❖ Highlights
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

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Due by July 28th

## Call for Submissions

*Journal of Pediatric Psychology:*  
Special Issue on Psychology in Pediatric Primary Care  
Guest Editors: John V. Lavigne, PhD

### Background

Problems with the delivery of health/mental health care in the United States are well known. We rank 37th overall in certain measures of health care outcomes, and the goal of achieving the Triple Aim--improving the health of the nation as a whole, improving the individual quality of health care, and doing so at a low cost ([McDaniel & deGruy, 2014](#))--remains elusive.

Pediatric psychology's ability to play a role in improving health and mental health care delivery via integration of psychological services into primary care settings has been recognized for at least 35 years. During that time, however, there has not been a major expansion of the delivery of mental health services via integration with primary care that has been accompanied by outcomes research or the development of a strong empirical basis for the effectiveness of an integrated approach. The passage of the Affordable Care Act, however, has emphasized the importance of such collaborative efforts and may offer the opportunity for the expansion on integrated services. Stancin and Perrin ([2014](#)) have clearly articulated the importance of integrated behavioral health and pediatric services, the opportunities that exist for clinical collaboration, and different models of collaborative or integrated care. They have noted the need for research on integrating psychology into primary care, documenting the quality of services, and studying cost offset.

### Details

The aim of this special issue is to go beyond the reports in the literature that have spelled out the need for, and potential advantages of, integrated psychology and pediatric services, and begin assembling the existing database for research in that area that can provide the groundwork for setting a research agenda. Reports are needed that review existing studies of the processes involved in identifying behavior problems in children ([Costello et al., 1988](#); [Lavigne et al., 1993](#)), studying existing screening efforts used in primary care that point the way to an improved screening process ([Power et al., 2014](#)); examine existing studies of psychological interventions in primary care ([Kolko, Campo, Kelleher, & Cheng, 2010](#); [Lavigne et al., 2008](#)), and examine what the advantages and limits of such interventions might be for cost savings and cost offset in primary care settings. Studies to be considered for the special issue will include systematic reviews of these topics, as well as reports on program development that include assessments of service delivery usefulness or outcomes.

Submissions for this special issue will be accepted until December 1, 2015

Papers should be prepared in compliance with *JPP*'s Instructions to Authors

(<http://jpepsy.oxfordjournals.org/>) and submitted through the ScholarOne Manuscript Central™ submission portal (<http://mc.manuscriptcentral.com/jpepsy>). Manuscripts will be peer reviewed.

Papers that are not appropriate for inclusion in this special issue may be rerouted (with the authors' knowledge and consent) for consideration for publication in *JPP* as regular papers. Please indicate in the cover letter accompanying your manuscript that you would like to have the paper considered for the Special Issue on Psychology in Pediatric Primary Care.

Please direct all inquiries to John Lavigne at [jlavigne@luriechildrens.org](mailto:jlavigne@luriechildrens.org).

#### References

- Costello, E. J., Costello, A. J., Edelbrock, C., Burns, B. J., Dulcan, M. K., Brent, D., & Janiszewski, S. (1988). Psychiatric disorders in pediatric primary care: prevalence and risk factors. *Archives of General Psychiatry*, *45*(6), 1107-1111.
- Kolko, D. J., Campo, J. V., Kelleher, K., & Cheng, Y. (2010). Improving access to care and clinical outcome for pediatric behavioral problems: A randomized trial of a nurse-administered intervention in primary care. *Journal of Developmental and Behavioral Pediatrics*, *31*, 393-404.
- Lavigne, J. V., Binns, H. J., Christoffel, K. K., Rosenbaum, D., Arend, R., Smith, K., . . . McGuire, P. (1993). Behavioral and emotional problems among preschool children in pediatric primary care: Prevalence and pediatricians' recognition. *Pediatrics*, *91*, 649-655.
- Lavigne, J. V., LeBailly, S. A., Gouze, K. R., Cicchetti, C., Pochyly, J., Arend, R., . . . Binns, H. J. (2008). Treating Oppositional Defiant Disorder in primary care: A comparison of three models. *Journal of Pediatric Psychology*, *33*(5), 449-461.
- McDaniel, S. H., & deGruy, F. V. (2014). An introduction to primary care and psychology. *American Psychologist*, *69*, 325-331.
- Power, T. J., Koshy, A. J., Watkins, M. W., Cassano, M. C., Wahlberg, A. C., Mautone, J. A., & Blum, N. J. (2014). Developmentally and culturally appropriate screening in primary care: Development of the behavioral health checklist. *Journal of Pediatric Psychology*, *38*, 1155-1164.
- Stancin, T., & Perrin, E. C. (2014). Psychologists and pediatricians: Opportunities for collaboration in primary care. *American Psychologist*, *69*, 332-343.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ SDBP on Twitter
- ❖ Challenging Cases
- ❖ *Journal of Pediatric Psychology:*  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board
- ❖ Highlights
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

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## The Care of Children with Spina Bifida In Belize 2004-2014

*Submitted by Adrian Sandler, MD*

For the past 11 years, I have had the pleasure and privilege of helping to establish a spina bifida program in Belize. In 2004, I was invited by World Pediatric Project [www.worldpediatricproject.org](http://www.worldpediatricproject.org) (formerly known as International Hospital for Children) to attend a spina bifida symposium and multidisciplinary clinics for children with spina bifida in Belize. WPP worked closely with its Belize partners - health care providers, NGOs and Belize Ministries of Health and Education - to establish this program. The program was also supported by the enthusiasm and generosity of Belizean parents and donor families.

WPP links pediatric diagnostic and treatment services to critically ill children from 6 countries in Latin America and the Caribbean, including Belize, Honduras, Guatemala, Dominican Republic, St Vincent and Grenadines/Eastern Caribbean, and Panama. WPP achieves its mission by sending teams of physicians (mainly pediatric surgical subspecialties) to partner countries, bringing to the US those children who require especially complex treatment that cannot be provided locally, providing primary prevention (such as folic acid supplementation), and by building local capacity through training of doctors and nurses. WPP maintains an active database of children who are followed in the program.

Since its inception, the program has been multi-disciplinary. In 2004, our team included Orthopedics, Neurosurgery, Urology, Developmental Pediatrics and Physical Therapy, and we saw 55 children. As the program has matured, we have moved towards a more focused team of Developmental Pediatrics, Urology and Orthotics. Prior to 2004, few children with hydrocephalus were shunted and the outcomes were very poor. WPP provided additional training and support to a neurosurgeon in Belize City, and now newborns with spina bifida are transported to Belize City, where they are effectively closed and shunted. The clinic has local Neurosurgery expertise available when needed. Pediatric Anesthesia and an OR nurse join the team after clinic for urological surgery. A separate Orthopedics team travels to Belize several weeks before spina bifida clinic to manage clubfoot and other orthopedic issues. Physical and Occupational Therapy come to Belize in the weeks following spina bifida clinic to provide treatment and training for local therapy follow up. The clinic provides continuity of care for established patients (many of the children from the earlier years are now older adolescents), and each year we see a few additional infants with spina bifida.

In 2008, WPP launched a folic acid distribution program, which was rapidly expanded to the entire country. In recent years, the Belize government has implemented food fortification programs (rice with iron, masa with folate), and we are seeing a significant decrease in neural tube defects and iron deficiency.

My role as Developmental Pediatrician is broad. I help with management of neurogenic bladder and bowel, working closely with a Urology nurse practitioner. We teach clean intermittent catheterization and self-cath, and distribute catheters and supplies. I prevent pressure sores

and assist with wound management. I give guidance to the orthotist with regard to bracing needs, and I refer patients when needed to Orthopedics, Neurosurgery and Neurology. I attend to general health and developmental-behavioral concerns. Every year, I have an opportunity to diagnose and treat children with other puzzling neuromuscular conditions, including cerebral palsy, muscular dystrophy, dermatomyositis and genetic disorders. It is gratifying to see how the care of children with spina bifida has changed dramatically over the past decade in Belize. We are no longer seeing children die from untreated hydrocephalus or neglected renal failure. Children are on CIC and wearing custom-fitted orthotics. They are attending and participating with peers in school rather than languishing in isolation at home.

For more information, please feel free to reach out to Adrian at: [adrian.sandler3@gmail.com](mailto:adrian.sandler3@gmail.com)

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- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ SDBP on Twitter
- ❖ Challenging Cases
- ❖ *Journal of Pediatric Psychology*:  
Call for Papers
- ❖ Spina Bifida in Belize
- ❖ Discussion Board  
Highlights
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

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Next Newsletter Submissions  
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## Discussion Board Highlights

See what your colleagues are saying and asking on the SDBP Discussion Board! Each issue of the Newsletter will highlight a recent thread on the Discussion Board. Join one or more discussions. Ask your own questions and share your opinions and experiences. Or, just read what others have to say. You can even let people know that you "Liked" their post without having to write anything. The topics are timely. There is always a topic that is interesting.

Q: I have been having increasing concerns about practitioners or schools districts providing (or not) an ASD diagnosis based on a child's performance on the ADOS. My understanding of the use of the ADOS in research settings is that it is always used along with the ADI-R so that the evaluator is including both historical information provided by a parent who has long experience with their child over multiple settings. The ADOS is a sampling of behavior in a semi-structured play based assessment and captures nothing about the child's interactions with peers. Many high functioning children on the Spectrum do better with adults than similar aged peers and that is what is captured on the ADOS. These children are not captured on the ADOS even though the appropriate module is administered to them based on their language abilities. This is not appropriate and should be discouraged. Any thoughts?

A: We use the ADC>S-2 in conjunction with naturalistic observation (school etc), interviews, broad developmental assessment and questionnaires. We always find it interesting to see how patents 'perform' in the context of more or less structured tasks. We were recently trained in the 3Di which is a computer based interview which was designed in the UK specifically to identify "milder" ASD-related patterns. Our colleagues in Australia have now started using it as well. We use other tools such as the Symbolic Play Test to capture additional observations in the younger children. Our goal is to be comprehensive in our understanding, not to rush to diagnose, and we are fortunate to have the luxury of this approach. My feeling is that the ADOS is neither necessary (depending on other assessment data) nor sufficient for clinical diagnosis.

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Q: I've been following along with this discussion about using the ADOS. I was wondering what opinions people had about ADOS results in children with anxiety? I have noticed that I will get a "positive" ADOS report as part of materials to review prior to meeting a patient, but once in the office my team feels strongly that the child has severe anxiety. This has happened most commonly with preschool aged children (4-8 years), but there have been several notable cases of children in the 2-3 year range as well. What is happening in your practices?

A: We are seeing children with ASD, anxiety, the two together and other diagnoses...we have the most discussion and difficulty with children having "positive" ADOS results but who per history and presentation during evaluation have severe anxiety. Certainly there is a proportion of patents seen that are referred with a diagnostic question of ASD rule out, but I have noted a

significant percentage of these patients (perhaps 15-25%) are diagnosed at the end of our multidisciplinary team evaluation with anxiety disorder (often GAD). I was wondering what people were seeing in terms of the efficacy of the ADOS in evaluating these children. Are these clinically anxious children coming up "positive" on ADOS with any consistency?

Visit the discussion board to see more comments on these topics and more!

<http://www.sdbp.org/discussboard/login.cfm>

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