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**SDBP National Office**

6728 Old McLean Village Drive  
McLean, Virginia 22101  
703-556-9222  
Fax 703-556-8729  
email: info@sdbp.org  
www.sdbp.org

## Message from the President

This newsletter provides an opportunity to share with you the exciting outcomes of the strategic planning meeting held March 19-20, as well as update you on other issues important to the Society since our last newsletter. The past several months have been difficult for many of us, both professionally and personally. While still grieving the loss of Bill Cohen, two more of our members passed away unexpectedly, Steve Parker and Bill Frankenburg. Both were very dedicated to the growth of our clinical and research base in developmental behavioral pediatrics from its inception. Their significant contributions to the field will be remembered in our hearts, as well as on our website and in upcoming JDBP articles.



Robin L. Hansen, MD, President

John Duby, our current secretary-treasurer extraordinaire for the past four years, will be stepping down in that role, although we have him tagged for other Society ventures and adventures! He has been remarkable in serving and advising the Society's Board of Directors in financial decision making and in keeping our financial status stable in these very economically unstable times. Our most sincere thanks to John for his dedication- please remember to thank him personally at the Annual Meeting in October, when Marilyn Augustyn will be transitioning in as our new secretary-treasurer. We will continue to be in very capable hands!

Your Board and Committee chairs came together in March to craft a very ambitious, forward-thinking strategic plan for the Society, and I hope that the highlights in this article and the committee reports that follow will stimulate you to join in the process of making the plan a reality. In order to be successful in fulfilling our vision, to be the interdisciplinary leaders in optimal developmental and behavioral health for all children, we will need to engage new members in committees and special interest groups (SIGS), and create strong

collaborations between committees involved in joint goals.

Perhaps the most provocative new component in our strategic plan is the establishment of a new Task Force on Workforce Issues in DBPeds, focused on assuring continued growth in the interdisciplinary fields important to DBPeds. This task force will assess workforce needs in various disciplines, develop materials and methods to introduce the field of DBPeds broadly to individuals in the formative stages in their careers, and promote the development of formal training and certification in DBPeds for nurse practitioners and other non-MDs. This goal is well-aligned with our Society's

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# Committee Updates

## Advocacy Committee

Jean Smith, MD, Co-Chair  
Lynne Sturm, PhD, CO-Chair

One of the SDBP's Strategic Plan goals is "to be a leader in advocacy regarding public policy for children and professionals in the field." To reach this goal, we've developed several new initiatives.

- We're building partnerships with organizations such as the AAP, SRCD, APA and Zero to Three, to expand our opportunity to review pending national legislature and policy initiatives.
- We're developing an Advocacy Email List to communicate time sensitive-information about national public policy issues and equip members to respond at the national, local and state levels. See page 8 for more information.
- We'll increase the number of Commentaries published in JDBP that relate to policy and advocacy topics, as well as reviews of books and films that have policy/advocacy implications.
- We'll facilitate linkages with experts within the SDBP membership when requests for support in conducting advocacy activities are received from SDBP members or from outside professional organizations.

The Advocacy Committee meets at the Annual Meeting and by periodic conference calls. Please email Jean Smith (jcsmith@co.wake.nc.us) or Lynne Sturm (lsturm@iupui.edu) for more information.

## Communication Committee

Robert Needlman, MD, Co-Chair  
Susan Rosenthal, PhD, Co-Chair

The Communication Committee generates ideas for the website and news-

letter, and relies on others (chiefly the wonderful Degnon staff) to implement them. The website continues to evolve in, we think, a positive direction. We hope for more interactivity, more active resource archives, and an increasingly easy to navigate format. The newsletter supplements the occasional emails about Society goings-on and opportunities; it remains an ink and paper production (obviously), and as such has outlasted many far worthier journalistic entities. We hope you enjoy it, while it lasts. We welcome feedback, laudatory and critical both, and would be glad of your company at our annual breakfast meeting (Portland here we come!)

## Education Committee

Franklin Trimm, MD, Co-Chair  
Carolyn Bridgemohan, MD, Co-Chair

The current recession has increased the workloads of many of our Committee members, so we especially appreciate their continuing efforts:

**Education Workshop 2009:** We are finalizing plans for the pre-meeting Education Workshop in Portland, Oregon. The Fellowship Training Committee and Education Committee are joining forces to provide content and choices that span the education continuum from residency through fellowship. We look forward to seeing you all there and learning from your input in the interactive sessions.

**PREP DBPeds:** This online, subscription self-assessment tool is open now, at [www.aapprepdb.org](http://www.aapprepdb.org). A free trial is available. PREP DBPeds is an approved activity for Maintenance of Certification, Part 2. AAP and SDBP are working on an agreement that will increase SDBP's role in authoring and editing this tool.

**DB:PREP 2010:** Members of the SDBP Education Committee are active in the Planning Committee for the next DB:PREP course. The location for the 2010 course is as yet undecided.

**PAS 2009 and 2010:** The SDBP-sponsored sessions at this year's PAS in Baltimore were well received. A working group of the Education Committee has contributed topic ideas for the 2010 meeting in Vancouver. We will be looking for volunteers to help review abstracts for the 2010 PAS meeting again this year, so be on the lookout for an announcement later this year. The Education Committee and Research Committee will jointly coordinate PAS activities in the future.

**DBP Rotation Director Survey:** Sam Zinner, Carol Weitzman and Franklin Trimm would like to thank the 69% of US pediatric residency rotation directors who contributed their time and expertise by completing this survey. Analysis of the responses is underway.

**Web-based Resources:** Eric Flake will be leading a workgroup charged with developing a structure for posting DBP teaching and evaluation resources on the SDBP web. These resources will be indexed on the main web site, with the full contents available to members only.

As always, activities of this committee are open to all SDBP members. Please contact Franklin (rftrimm@usouthal.edu) or Carolyn (carolyn.bridgemohan@childrens.harvard.edu) if you would like to be involved.

## Fellowship Training Committee

Carol Weitzman, MD, Chair

The Fellowship Training Committee has remained busy and working on a number of issues. The first anniversary of the MentorMatch program is

near, and it has been a successful year thus far. See page 7 for details.

The other main accomplishment this year has been the establishment of a email list for program directors to share questions and ideas. We have used this list as an opportunity for programs, who are having their site visits, to access information from others who have gone through this process recently. Please email [info@sdbp.org](mailto:info@sdbp.org) to be included.

At our Annual Committee Meeting, we explored, along with the help of Dan Coury, who is our representative to CoPs (Council of Pediatric Subspecialties), the development of a match for DBP fellowship programs. This will be the focus of our Fellowship Training Committee Meeting at the fall SDBP meeting. It is critical that fellows, program directors and anyone who is affected by this decision participate in expressing their opinions. The Committee continues to work to populate the Association of Pediatric Program Directors Share Warehouse with resources for program directors and those interested and involved in training. We welcome any help with collecting or submitting valuable resources to post. This would include things like evaluation tools, educational materials, program information forms, etc.

Lastly, we are actively at work in planning programming for the Annual Meeting related to fellowship education and have some excellent workshops on teaching lined up. We have paired with the Education Committee and can happily report that Fellowship Education workshops will be more integrated into programming than they have been in past years.

The Fellowship Training Committee continues to reach out to psychologists, nurse practitioners and other non-M.D. professionals as to how this committee could be helpful to you. Please consider joining us and providing ideas and input. See you in October!

### Membership Committee

Heidi Feldman, MD, PhD, Co-Chair  
Terry Stancin, PhD, Co-Chair

The Membership Committee remains active in its goal of increasing and diversifying the membership of the Society. We have three areas on which we are focusing at the present time.

First, we want to attract psychologists and other non-physicians who work on the interdisciplinary teams in DBPeds. Many of you work shoulder to shoulder with PhDs, nurse practitioners, therapists, social workers. We hope that you will encourage your colleagues to consider joining the Society to advance their own professional development and to contribute to the breadth of perspectives.

Second, given that the Annual Meeting this year is in Portland Oregon, we want to attract attendees and new members from the Northwest US and Canada. Please make appeals to your colleagues in that region to join.

Third, we are trying to recruit trainees to our ranks. We have established a good pipeline for DBPeds fellows and junior faculty. The number of psychology graduate students and post-doctoral fellows is limited. We are exploring a range of options to increase the appeal of membership to those groups. We are planning that Terry Stancin and Robyn Mehlenbeck will host a luncheon or workshop at the Annual Meeting, focused specifically on interdisciplinary training. We are open to new ideas to appeal to PhDs and others.

Remember, dear colleagues, our motto: **Every member, bring a member!** If you can attract even one new member to our organization, we will meet most of our strategic goals. The SDBP Membership Brochure remains on the website. Advertise your membership in SDBP at all of the events you attend. Potential members can apply on-line and get a response with a short turn around. Thanks for your efforts!

### Practice Issues Committee

Adrian Sandler, MD, Co-Chair  
Charles Morton, MD, Co-Chair

In keeping with its goal to promote sustainable, high quality interdisciplinary practice in DB Peds, the Practice Issues Committee is working on several fronts:

- **Quality Improvement:** Becky Baum and Bob Belknap have taken the lead in developing a QI Toolkit, a comprehensive web page resource for QI at [www.sdbp.org](http://www.sdbp.org), which will be unveiled at the Portland meeting. It includes an overview of QI, examples of QI projects in DBPeds, a catalogue of QI projects based on responses from SDBP membership to our previous blast mailing, and a bibliography. We also intend to include information about the board recertification process, which is also available at <https://www.abp.org/ABPWebSite/>.
- **Coding and QI Workshop:** The Practice Issues Committee will present a workshop at the Portland meeting on October 3 on "Keys to Successful Practice: Coding and Quality Improvement." Panelists include Michelle Macias, Becky Baum, Bob Belknap and Adrian Sandler. The workshop will include a demonstration of the QI Toolkit (see page 6).
- **Benchmarks in DB Peds:** Several members of the Practice Issues Committee were present at the SDBP Strategic Planning meeting in March 2009. One of the major objectives for SDBP is to support members by identifying benchmarks in practice. To that end, we plan to send out a blast mailing to members to determine what measures of processes or outcomes of care are currently used by those providing clinical care for children with ADHD and autism.
- **Practice Issues Survey:** The Committee is eager to disseminate the Practice Issues survey results. Data analysis and preparation of a manuscript are almost complete, and the Committee intends to make available to members a one page fact sheet for practitioners and payers that will summarize the practice of our subspecialty.

*Continued on page 4*

# Committee Updates

Continued from page 3

- **Inter-Disciplinary Practice:** The PI committee will continue to tap into the collective experience of the membership by soliciting examples of innovative practice models. We plan to highlight these at Annual Meetings (workshop, kiosk) and to disseminate such models through the newsletter, JDBP and on a web page at [www.sdbp.org](http://www.sdbp.org).

- **Electronic Medical Records (EMRs)** The PI committee is eager to solicit members' experience with EMRs in DB Peds practice. We plan to organize a panel discussion on the topic at the 2010 annual SDBP meeting and establish a webpage that includes templates and other resources related to EMR.

If you would like to get involved with any of these initiatives, please contact one of the PI Committee co-chairs, Chuck Morton ([charles.morton@carle.com](mailto:charles.morton@carle.com)) or Adrian Sandler ([adsandler@pol.net](mailto:adsandler@pol.net)).

## Program Committee

Nancy Lanphear, MD, Chair

The Program Committee works throughout the year to shape and present the Annual Meeting. We begin the planning between 1-2 years before each meeting. The first decision is: "Where is the meeting?" This choice is a shared responsibility between the Board, the Committee and Degnon Associates. We aim to move across the country. The credit for the leg work goes to Laura, Amy and their gang at Degnon.

The keynote speaker is decided at least one year in advance by the Executive Committee. The next step is to ensure a place in the meeting for a "Continuing the Conversation" forum to ensure that our meeting participants have a greater chance to interact with these important guests. This varies year to year but we are currently utilizing a concurrent session on the same day as the keynote address.

The Program Committee begins the process of topic selection at the Annual Meeting. While participants are enjoying the conference, committee members are asked to dream about the next one. If you are at the meeting, please feel free to stop any committee member with ideas and feedback.

The Committee has a number of conference calls through the year to choose workshops, abstracts and concurrent sessions. Our goal is to choose the best science, present timely topics, and have a range of selections to present to our diverse membership. In addition, we hope that meeting attendees also have fun and meet new and old friends. The meeting really begins to take shape as we select the pre-meeting workshops. The other pieces fall into place with the selection in June of our concurrent sessions, plenary abstracts and poster sessions.

Two years ago we introduced Special Interest Groups, our newest addition. Please help us shape the course of this collaborative learning environment with your participation and ideas. Each year we eagerly await the feedback provided by the meeting evaluation. It helps guide us in this entire process. If you attend our meeting, know that your voices on those evaluations are heard and discussed.

Looking forward to Portland!! It will be great. Boston in 2010.

## ANNUAL MEETING REVIEW 2008

Have you ever wondered what the reviews to the meeting are? To give you some idea of the general feedback here were your answers:

*Overall quality* rated as Very Good to Excellent: 85%  
*Meeting relevant to work* rated as Very Good to Excellent: 98.5%  
*Content material objective* rated as Very Good to Excellent: 97%  
*Usefulness of handouts* rated as Very Good to Excellent: 76%  
*Comfort of rooms* rated as Very Good to Excellent: 60%

*Would you attend again?*

Yes = 151

No = 2 (too expensive and not enough about their content area)

Don't know = 7 (depending on content, whether cost stays high, if practical)

Keep letting us know by your yearly responses how we are doing. These answers shape subsequent meetings!

## Research Committee

Paul Wang, MD, Co-Chair

Susan Berger, PhD, Co-Chair

As you know, the Society recently revised its Strategic Plan, enumerating 6 over-arching goals. Research is clearly among the Society's primary focuses, with Goal #4 being "to promote and disseminate high quality research in developmental-behavioral health." High-quality research is critical to the developmental-behavioral health of children, and also to the professional health of our Society and its members.

To support this goal, the Research Committee will continue to lead and contribute to various Society activities. The Annual Meeting, of course, is a centerpiece of the Society's research efforts, and the Research Committee participates in review of abstracts for the SDBP Annual Meeting as well as for other pediatric meetings (e.g., PAS) throughout the year. We are excited that the Society is again offering a \$10,000 research grant to a young investigator. Applications are open now (see page 12)! We are also excited to have established the MentorMatch program (see page 7).

Look for periodic Newsletter "spotlights" on junior and senior researchers in the SDBP (see page 12). Please also look for a future survey on members' research expertise, experience, and

willingness to serve on NIH study sections. As always, we welcome suggestions on what else we can be doing to promote the Society's goals, and volunteers for all aspects of our work.

### Trainee/Recent Graduate Ad Hoc Committee

Sarah Schlegel, MD, Co-Chair  
Kristen Bogle, PhD, Co-Chair

The Trainee/Recent Graduate Ad Hoc Committee (TRGAHC) has experienced a busy inaugural year. We continue to pursue development of board review and study guide materials as well as an efficient and useful communication forum for trainees and recent graduates. The TRGAHC has encouraged trainee and recent graduate participation in the Mentor-Mentee Match System and academic opportunities offered by the *Journal of Developmental Behavioral Pediatrics*, such as contributions to "Challenging Cases," book reviews, and manuscript review. In addition, liaison roles to establish relationships with SDBP committees have continued to develop. The TRGAHC was invited to participate in the March 2009 SDBP Strategic Planning Meeting to represent the trainees and recent graduate perspective.

Trainees at all levels and from all related disciplines as well as those who have graduated from such training programs within the past two years are welcome to participate in the TRGAHC. If you wish to become involved or want to receive postings of TRGAHC-specific information, please contact me at [sschlegel@wesleyan.edu](mailto:sschlegel@wesleyan.edu).

[editors' note: We'd like to congratulate Sarah and Kristen for creating a wonderful new Committee with lots to offer our Society. We also appreciate the Committee's acronym, which we find charmingly unpronounceable, particularly in polite company.]



## Join "Find a Clinician"

The "Find a Clinician" searchable directory for the public is now up and running on [www.sdbp.org](http://www.sdbp.org). If you'd like to be included, simply log onto the Member's Only portion of the website and click on the "Find a Clinician Directory" link.

# Welcome New Members!

Richard Adams, MD, FAAP  
Sarah Bauer, MD  
Jayne Bellando, PhD  
David Childers, Jr., MD, FAAP  
T. Sunny Fenikile, MD  
Susan K. Fielkow, MD  
Ana Catarina Garnecho, MD  
Cynthia Gerhardt, PhD  
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Diana Shellmer, PhD  
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Cecelia Valrie, PhD  
James P Van Decar, MD  
Deborah Winders Davis, DNS



## Infant & Child Mental Health Post-Baccalaureate Certificate

Brown University's 2-Year Certificate Program in Infant and Child Mental Health provides professional training to clinicians and researchers through classroom and clinical experience, with an optional research track. The program, open to licensed masters and doctoral level professionals or students in training to be licensed, is offered by the Brown Center for the Study of Children at Risk, The Warren Alpert Medical School of Brown University, Women & Infants Hospital, and the Brown University Office of Continuing Education. For a complete program description and application details visit <http://www.brown.edu/ce/adult/imh>

# Journal News

Suzanne D. Dixon, MD, MPH, Editor  
Mary F. Sharkey, Managing Editor

Did you notice that the *Journal of Developmental and Behavioral Pediatrics* has gone on a diet and is now thinner, more svelt than ever? The paper is lighter weight but we have just as many, actually more, pages of wonderful material to bring you this year and in the years ahead. The cost of paper and postage has gone up everywhere so in a tradeoff with the publisher, we agreed to change paper weight, add more pages, and keep the subscription price the same. So the *Journal* is even a bigger bargain than before.

Speaking of bigger and better, we will be publishing 9 issues per year, starting in 2010. We will keep our wonderful allocation of original research papers in each issue but may spread out our feature sections a bit.

Speaking of great features: The Developmental Disabilities Grow Up series continues to provide wonderful articles by experts in our field. The Research Methodology Briefs continue to bring outstanding contributions that should be part of every DBP training program. And watch for more World Perspectives articles, for a global view of the world of children.

Our Journal web site is now on a new platform that will give us, editors and readers alike, a chance to do a lot of interesting things. We'll offer featured articles, curriculum collections, subject files of articles--the list goes on and on. The interface with PowerPoint will mean that moving material from the *Journal* to the lectern will be easier than ever. Look for announcements throughout the year as we roll out these new features. Click onto the web site to see supplemental material such as videos, colored pictures, additional tables and references. And be sure to sign up for the e-alerts of the table of contents each month to be the first to get the latest from JDBP! The web site is [www.jdbp.org](http://www.jdbp.org).

The fast pace of the *Journal* and the large numbers of submissions mean we need the help of new and established reviewers. Old friends of the *Journal*, please say "Yes" to review requests as we need your wisdom, your diligence and support in nurturing the authors and the integrity of the *Journal*. We particularly ask that you help to recruit and nurture new reviewers, either trainees or others who have not reviewed before. Please reach out to the good clinicians in your midst who bring common sense as well as practical wisdom to the review process, but may not have been involved before. New friends of the *Journal*, please join our community of scholars--we need you! Sign up today by contacting the *Journal* office at [jdbp@earthlink.net](mailto:jdbp@earthlink.net)! We have a whole packet of materials to assist you in getting comfortable with the process.

We would like to hear from any member who wishes to be more involved with JDBP, in any capacity. JDBP drives the mission of SDBP forward. We need strong support from the membership to keep the engine going.



## QI Toolkit

The Practice Issues Committee is pleased to announce the upcoming launch of our Quality Improvement Toolkit. We hope that it will be a helpful and easy-to-use resource for people who are interested in Quality Improvement—either to learn more about the topic in general, to gather ideas about DBPeds-focused quality improvement projects, or to learn how to improve processes involved in clinical practice. The Toolkit will be on-line in October 2009 and located on the Society for Developmental and Behavioral Pediatrics website. For more information on practice issues, look for our workshop at the October 2009 SDBP meeting entitled "Keys to Successful Practice: Coding and Quality Improvement." See you there!



## Save the Date



**2010 SDBP Annual Meeting**  
**September 10 - 13**  
**Boston Park Plaza Hotel**  
**Boston, MA**

# School-Based Computer Attention Training for ADHD

**Submitted by:** Naomi J. Steiner, MD, Amy R. Pettit, PhD, R. Christopher Sheldrick, PhD, David Gotthelf, PhD, & Ellen C. Perrin, MD

The symptoms of Attention Deficit/Hyperactivity Disorder (ADHD) pose significant challenges for children and families. Although many children with ADHD respond well to stimulant medication, others respond partially or not at all. In addition, many parents resist pharmacological treatment and adherence problems are common. Effective behavioral treatments are underutilized. One study showed that fewer than 10% of children are referred for behavioral interventions.

Schools – as well as parents and clinicians – have a vested interest in identifying effective treatments for ADHD. Children with ADHD are at risk for academic underperformance, failure, and dropout. Inattention and hyperactivity force classroom teachers to spend a disproportionate amount of time redirecting children with ADHD.

With these issues in mind, we have developed an innovative partnership between our academic medical center and two public school systems in Massachusetts. The goals are 1) to examine the efficacy of computer-based attention training systems, and 2) to examine the feasibility of implementing these treatments during the school day. We are looking at two different types of computer training systems. One system uses neurofeedback (i.e., EEG bio-feedback) to train children to focus on a task. The other system uses a standard computer format to provide cognitive retraining. These systems are commercial products and academic research

on their efficacy has been limited. Our four-year randomized controlled trial is funded by the US Department of Education.

We are currently enrolling children with ADHD in 17 elementary schools. Once enrolled, children will be randomized to one of two comparable computer training systems, or to a waitlist. Children in the intervention groups will receive three sessions of computer training a week under the supervision of a bachelor's-level coach, up to 40 sessions per child. Waitlisted children will receive the computer intervention during the following school year. Assessments, including parent and teacher feedback and classroom observations, will be conducted at baseline, post-treatment, and at 6-month follow-up. Our study aims to gather additional information about the efficacy of these programs and to identify demographic, clinical, and other factors that may affect treatment response.

Longer-term behavioral interventions such as computer attention training are promising treatments for ADHD, yet barriers including transportation difficulties, competing family priorities, and cost often interfere with their successful implementation. If our study finds these computer systems to be effective, school staff, including special education staff and paraprofessionals, can be easily trained to deliver the programs outside of a research context. This could have broad implications for non-pharmacological treatment for ADHD, and for allocation of education dollars.



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## MentorMatch

**Submitted by:** Carol Weitzman, MD and Paul Wang, MD

The first anniversary of the MentorMatch program is near, and it has been a successful year thus far. A total of 28 mentees have signed up to receive mentoring related to research, clinical work and career development, along with 36 very talented mentors. The mentees have represented varied disciplines and levels of experience, including fellows, junior faculty, and more seasoned clinicians. The excellent response by mentors underscores the commitment that senior members of SDBP feel towards mentoring, scholarship and leadership. The reviews have been glowing; a brief survey of mentors and mentees was overwhelmingly positive. During the upcoming annual meeting we are planning to provide a time for mentors and mentees to meet informally individually and as a group. This will be a great opportunity for existing pairs to renew their connection and to connect with others. We encourage people from all disciplines to consider participating! Program directors, please make your new fellows aware of this program in July and August and remind your more senior fellows of this opportunity. Also, look for our poster at the next Annual Meeting; we'll be there to discuss the program and answer any questions.

# Thank you Contributors!

We wish to extend our sincere appreciation and recognition to the following SDBP individual donors. Listed below are the 2009 contributors to SDBP: We encourage all members to make a donation to SDBP in 2009.

## PATRON

Robin Hansen  
Ellen Perrin  
Jean Smith

## SUPPORTER

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Lawrence Pakula  
David Schor  
Martin Stein

## CONTRIBUTOR

Robin Adair  
Marilyn Augustyn  
Richard Barthel  
Richelle Bautista-Azores  
Susan Berger  
Jerome Blake  
Stephanie Blenner  
Robin Blitz-Wetterland  
Nathan Blum  
Elizabeth Caronna  
William Coleman  
Allen Crocker  
Beth Ellen Davis  
Laura Degnon  
Benard Dreyer  
Kathryn Ellerbeck  
Candace Erickson  
Marianne Felice  
Emily Forrest  
Stanford Friedman  
Lisa Genecov  
Linda Grossman  
Maureen Hack  
Lynne Haverkos  
Alice Heisler  
Pamela High  
Darlene Kardatzke

John Kennell  
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Nicole Tartaglia

*If we somehow didn't list your contribution, please let us know and we'll be sure to correct the omission in our next issue.*



# SDBP Development Fund

The Fund provides financial support for SDBP programs such as:

- SDBP Research Grant Award
- International and Underdeveloped Countries Scholarships
- General Fund for new programs to conduct the SDBP mission

## How You Can Help

Support of the SDBP Development Fund is an important and vital way of promoting developmental and behavioral pediatrics through the many activities of SDBP. Contributions can be directed to the General Fund or to programs reflecting your specific interests. Donations can be made at any time and are tax deductible to the fullest extent permitted by law.

## Suggested Giving

More than \$1000 Benefactor	\$501-\$1000 Patron
\$251-\$500 Supporter	up to \$250 Contributor

For more information or to donate, please visit [www.sdbp.org](http://www.sdbp.org) or call 703-556-9222.



# SDBP Email Lists

SDBP has created several new email lists to help members with similar interests more effectively communicate with each other. One has been established for those interested in participating in the ADHD SIG, one for those whose interests lie with the Autism SIG and one for those active in Advocacy work.

The purpose of the ADHD and Autism lists is to facilitate group communication on a more frequent basis rather than the once a year gathering at the SDBP Annual Meeting.

The Advocacy list provides interested members with time-sensitive information & resources about national public policy/advocacy issues that affect the developmental and behavioral health of children and families.

Please contact the SDBP National Office at [info@sdbp.org](mailto:info@sdbp.org) if you would like to be included! Be sure to indicate which email list(s) you are interested in joining.



# Steven Parker, MD, Remembered

*Some great people make a lot of noise during their lives; others are quieter. Steve was one of those quietly great people, who had a profound effect on our discipline through his brilliant clinical interventions and sensitive teaching. Those of us who were lucky enough to be his students will carry his lessons and his example into our work and our lives.*

—Robert Needlman

Steven Parker passed away on Monday, April 13th, 2009, unexpectedly of complications of cancer. He is survived by his loving wife of 26 years, Karen Parker, his brother Philip Parker, MD and his wife Fran of West Bloomfield, Michigan, niece Rebekah and nephew Daniel. He is also survived and remembered by many friends, colleagues and patients. Steve graduated from Cornell University and the University of Michigan Medical School. He completed his pediatric residency at Stanford University Hospital, and a fellowship in Child Development with T. Berry Brazelton at Children's Hospital of Boston. He started his career in private pediatric practice but after 3 years joined the faculty at Boston University School of Medicine and Boston Medical Center (the former Boston City Hospital). In 1994 he became Director of Developmental and Behavioral Pediatrics at BMC, a position he held for over 13 years. He founded and directed the Comprehensive Care Program at BMC - a national model in family centered care for children with developmental disabilities.

He published many scientific articles on children's development and behavior and was Co-Editor of one of the most successful books for doctors on this subject, *Developmental and Behavioral Pediatrics: A Handbook for Primary Care*, now in its second edition. He was Co-Director of Healthy Steps, a \$40 million national experiment that placed an early childhood specialist in pediatric practices to promote children's social, emotional and cognitive development. He co-authored *Baby and Child Care* with Dr. Benjamin Spock, the last physician to collaborate directly with Dr. Spock on that book. Steve followed in the footsteps of Dr. Spock and his mentor, Dr. Brazelton, by sharing his wisdom directly with parents as the voice of pediatrics for Web MD. His compassion, wisdom and insight in supporting children and families across Boston and the country will not be forgotten.

*Barry Zuckerman and Marilyn Augustyn add:*

Above all else Steve was a gifted clinician educator. He was able to take the most dull subject and make it interesting. He engaged all learners, be they parents, children, medical students, residents, fellows or colleagues, at their level, being neither condescending nor patronizing but empathic. Steve often told families their child had "insert child's name" syn-

drome. Emphasizing the unique strengths and challenges of their child's resilience, Steve comforted families and clarified their child's developmental status. Steve trained hundreds of residents and post graduate fellows in Developmental and Behavioral Pediatrics who are now continuing his work nationally providing the next generation of pediatricians with the knowledge and skills of early childhood development. With his colleague Barry Zuckerman, Steve reinvented the concept of "assessment as intervention," reminding us all of the power we have when we assess a child to truly help the family see their child through new eyes. They expanded on this theme with the term "teachable moments" – a concept that is used every day in primary care pediatrics.

Steve truly "got" the future of medicine in the 21st century by going where few dared to: the internet. He saw it as an extension of how we connect with families -- even families we may never see in the same room. He was able to comfort people on the other side of the world and help them see the strength and meaning in their child's behavior.

He was a superior writer and editor. He had a harsh red pen and was often referred to as the "grammar police" on journal articles and the "slide to text dissociation (STD) detective".

Steve loved a cynical joke. He saw humor in everyday life and was able to reframe even the hardest situation for its positive aspects. Steve loved life and he lived it well. It is perhaps most reflective of Steve's passion for life that few knew how gravely ill he was till the final weeks of his life. That is how Steve wanted it. We want to close with Steve's own advice for parents from his blog; advice Steve lived and would wish us all to do:

***" Enjoy your kids! Enjoy the ride!  
Some day soon you'll wonder how it all  
went by so fast and why you didn't  
appreciate it more as it was happening."***

SDBP 

The Program Committee is proud and excited to welcome you this year to Portland, Oregon, October 2 - 5, 2009. This will be a must-attend conference!

We have strived to prepare the program and pre-meeting workshops to meet the needs of our diverse membership.

**Dr. Tom Boyce** will be our keynote speaker and will bring us some of the latest research on children's responses to stress.

"The fundamental problem I'm studying is why disease and illness in childhood populations is distributed along socio-economic lines," Dr. Boyce explains. "From an epidemiological standpoint, economic status is the most powerful known predictor of how diseases will be distributed within human populations that we know of. My colleagues and I are trying to understand how and why this happens. We're studying the underlying neurobiology and genetic biology that underpins health disparities."

Dr Boyce's presentation and follow up discussion will prove to be thought provoking and will have us all pondering the inter-relatedness of nature and nurture.

***Our Pre-Meeting workshops offer something for everyone!***

**Teaching developmental and behavioral pediatrics**, a workshop developed by the Education Committee, will be held on Friday. If you run a DBP rotation, this workshop should be on your agenda. A few of the confirmed workshop titles are:

**Child Care Partnerships for  
Resident Education and Consultation**

**ROR by the Book: Training Residents in  
Early Literacy Promotion**

**Infusing Infant and Toddler Mental Health  
into Resident Education**

**Co-Locating Developmental Follow-up  
within a Resident Continuity Clinic**

## Hotel Accommodations

Make your reservations by August 28  
to receive the newly **DISCOUNTED** rate of \$149



# PORTLAND 2009

## *Pre-Meeting Half-Day Workshops on Saturday:*

- **NIH Mock Grant Review** for all you researchers who want to be in the “know.”
- **Keys to Successful Practice: Coding and Quality Improvement**, a workshop brought to us by the Practice Issues committee, probably a requirement for all new DBP Docs and a great update for those well established in practice.
- **Psychopharmacologic Interventions for Very Young Children: Context and Guidelines**, presented by Mary Margaret Gleason. (Come prepared, read her review article, and come to learn!)
- **Motivational Interviewing of the ADOLESCENT!** (Who wouldn't want a new approach to deal with this phase of development!)
- **Practicing Collaboratively: Integrated Mental Health Services in Pediatric Primary Care**, a novel approach to integrating mental health and primary care pediatrics; this might be the workshop to replicate in your own community!
- **Chromosome 22q11.2 Deletion Syndrome: Integrating Clinical and Research Experience**, an in-depth overview of 22q11, from a research, clinical and intervention perspective. A framework for other genetic disorders.

**Online Meeting  
Registration Opening Soon  
at [www.sdbp.org](http://www.sdbp.org)!**

The **Pre-meeting Hypnosis workshop** will be outstanding as always (see page 17).

## **Other highlights:**

**Special interest groups** for autism and ADHD. Come participate and shape the future of SIG's in SDBP.

Watch the **SDBP website** for an update on concurrent sessions.

***Be sure to come and mingle with old friends and make new ones!***



# 2006 Research Grant Recipient: Update

Submitted by: Purnima Valdez, MD



Dr. Purnima Valdez, recipient of our 2006 SDBP Research Grant, is a Developmental-Behavioral Pediatrician in the Division of Child Developmental and Behavioral Health at Duke University Medical Center. Her SDBP-funded study looks at whether early preschool media exposure is associated with later hyperactivity-impulsivity and inattention during early elementary school.

Children were followed longitudinally from birth as part of an ongoing study assessing the impact of parenting on developmental and behavioral outcomes. When children were 21 and 33 months of age, 109 caregivers completed 24-hour recall diaries which assessed electronic media exposure during the last typical day. Quantity of exposure, both overall and by content, was assessed. Behavioral assessments were conducted in kindergarten to first grade for 74 of these children, using the Child Behavior Checklist and the Vanderbilt Assessment Scale, parent and teacher forms. Multiple regression analyses were performed adjusting for covariates, intervention status in the larger study, and previous assessments of child behavior. We found significant associations between 21-33 month quantity and content of media exposure and behavior problems in kindergarten to first grade. The strongest associations were seen for exposure to media intended for adolescent/adult audiences with later inattention. An interaction was seen for gender, with stronger associations seen in males. Findings underscore the importance of anticipatory guidance provided by primary care physicians to parents at well-child visits regarding media exposure, including both quantity and content, beginning early in childhood.

Dr. Valdez presented the findings of this study at the 2007 SDBP Annual Meeting in an oral presentation, and is in the process of writing up these findings for publication. For further information please contact Dr. Valdez at [purnima.valdez@duke.edu](mailto:purnima.valdez@duke.edu).



# 18th Occasional Temperament Conference

Submitted by: William B. Carey, MD

Approximately every two years since 1978 a varying group of professionals interested in children's temperament has met to discuss research findings and practical applications in a congenial setting at various locations around the country. The last two meetings were in Providence RI and San Rafael CA. The next one will take place at Bowdoin College in Brunswick, Maine, on October 9-10, 2010.

The meetings have generally been small, somewhere around 50-60 people: psychologists, pediatricians, nurses, psychiatrists, educators, social workers, and others. All are persuaded of the importance of temperament differences in children and come to share their research and clinical experience and to learn from colleagues.

Some of us have been attending from the start, while others have joined along the way. By now some of the original participants have retired or passed on. We feel a strong need to let possible younger participants know of these meetings and encourage their attendance. We are a relatively small group but not an exclusive club. All interested child health care professionals are welcome.

Although there is inadequate attention to temperament in some pediatric and other professional circles, evidence continues to mount that these differences are real, that they matter greatly to children and their caregivers, that they require a different sort of management from reactive behavior problems, and that they are being widely pathologized by persons who are insufficiently informed. This area of investigation is just beginning to take off. These meetings are a good place to find out what is going on and to contribute your findings.

The person to contact about the particulars of the OTC meeting next year is Dr. Samuel Putnam in the Psychology Department at Bowdoin College; [sputnam@bowdoin.edu](mailto:sputnam@bowdoin.edu). Background information is available from me ([wbcarey@att.net](mailto:wbcarey@att.net)) or Sean McDevitt ([smcd@b-di.com](mailto:smcd@b-di.com)), who have been attending regularly since 1978.



## The SDBP Research Grant...last chance for submissions!

SDBP will be awarding \$10,000 to one young investigator in the field of developmental and behavioral pediatrics!

Deadline is August 15, 2009 ~ Visit [www.sdbp.org](http://www.sdbp.org) for details!

# Positive Developments



## **Anne E. Kazak Receives 2009 APF Cummings PSYCHE Prize**

Anne E. Kazak was named the 2009 Cummings PSYCHE Prize recipient by the American Psychological Foundation. The APF Board of Trustees selected Dr. Kazak in recognition of her work expanding the role of a psychologist as a primary care provider working side-by-side with physicians in a healthcare system. Dr. Kazak's

research focuses on families coping with serious pediatric illness. Using developmental and social ecological perspectives, her work seeks to understand how children, families, and other systems respond over time to the demands of illness and treatment.

The APF and The Nicolas and Dorothy Cummings Foundation co-sponsor the annual \$50,000 award. Dr. Kazak plans to use the prize award to advance her work in pediatric healthcare settings and to develop future materials that would be useful for patients, families, and healthcare providers.

"I am very appreciative of the American Psychological Foundation for recognizing my work," said Dr. Kazak. "There is so much more that needs to be done in order to assure the integration of informed behavioral assessment and treatment in medical care. I look forward to continuing our work incorporating behavioral treatments in medical care."



## **Harriet E. McGurk, MD awarded the 2009-2010 Teacher of the Year**

Harriet E. McGurk, MD Associate Clinical Professor, at Columbia University Medical School was awarded the 2009-2010 Teacher of the Year for the Pediatric residency program, an honor awarded by the Columbia Pediatric Housestaff. This award is given to the faculty member who demonstrates strength in

teaching skills, commitment to the residents and who serves as a role model to the entire resident group. As the sole developmental-behavioral pediatrician in the residency program, her developmental-behavioral pediatrics rotation is unique in that she rotates through 4 physically different practice sites, which total 18 separate resident continuity practices. The residents schedule the patients they are concerned about; and she meets with the child, family members and resident and teaches

developmental assessment in the context of the whole family. It is a marvelous opportunity to both learn childhood development in a patient the resident is following longitudinally, and to learn from an interaction with a family with whom the resident already has a relationship. This award is part of the evidence that she has built a very successful training experience.



## **Terry Stancin, PhD, Receives Lee Salk Distinguished Service Award**

Terry Stancin, PhD, was awarded the Lee Salk Distinguished Service Award by the American Psychological Association, Division 54 (pediatric psychology). The award, announced this February, recognizes outstanding contributions to the Society of Pediatric Psychology or pediatric psychiatry in general. Terri's

contributions to the field include not only clinical, research, and administrative work, but also service to the Society of Pediatric Psychology.

Terry's many leadership positions include Chair for the Ohio Chapter of the SDBP; SDBP secretary/treasurer; and (currently) co-chair of our membership committee and Review and Special Article editor for our *Journal*. She is the only PhD consultant member of the sub-board of the American Board of Pediatrics, the group that provides board certification status to pediatricians. She also serves on a sub-board for Developmental and Behavioral Pediatrics.

Terry Stancin embodies the spirit of the award through her service and leadership in professional fields outside of psychology that benefit the field of pediatric psychology.

SDBP 

Promotion? ROI? Nobel Prize? Let your colleagues know! Drop us an email and we'll publish your good news in our Positive Developments section.

--The Editors  
[info@sdbp.org](mailto:info@sdbp.org)

SDBP 

# Framing Mental Health

Jean Smith, co-chair of the Advocacy Committee, represented SDBP at a one day Summit on Children's Mental Health held in conjunction with the annual meeting of the Society for Research in Child Development in April, in Denver. Participants representing various mental health disciplines, government agencies, university and public leaders and national programs, engaged in "essential dialogue and problem-solving" to create an action agenda to improve public awareness of the importance of mental health in healthy development, with a special focus on early childhood.

Researchers from the FrameWorks Institute discussed new methodologies in communication science to design higher impact messages for the public and policy makers. FrameWorks has been funded for several years to investigate and reframe how Americans think about early child mental health. For more information, see ([www.developingchild.net](http://www.developingchild.net)) and ([www.frameworksinstitute.org](http://www.frameworksinstitute.org)). The discussion will also continue in the Advocacy Committee conference calls and our committee meeting this October during the SDBP Annual Meeting in Portland, Oregon. To participate, talk to Jean ([jcsmith@co.wake.nc.us](mailto:jcsmith@co.wake.nc.us)) or Lynne Sturm at ([lsturm@iupui.edu](mailto:lsturm@iupui.edu)).



## President's Message

*Continued from page 1*

commitment to increasing diversity, of all kinds, in our Society membership. The Membership Committee has developed plans for outreach to increase our diversity and to begin to track and monitor our success. Look for the opportunity to allocate funds earmarked for 'Diversity' on your next dues form! Please heed the mantra, 'Every member, bring a member!'

Providing leadership and increased visibility of the Society in advocacy regarding public policy for children and professionals in the field will be the major focus of the Advocacy Committee, in conjunction with the *Journal* and the Communications Committee. Expect more commentaries, articles and opportunities for participating in policy development and advocacy. Development of an Advocacy Email List to provide a mechanism for responding to policy and advocacy issues in a timely fashion is underway, so please respond with your areas of expertise when requested!

Further development and support of research mentoring, including the new MentorMatch program coordinated by the Research and Fellowship Training Committees, ongoing research skill development workshops at the Annual Meeting and "Research Briefs" in the *Journal* are key components of

promoting and disseminating high quality research in DBPeds. The Society is again awarding a \$10,000 research grant to support a young investigator, and strategies for maintaining stable funding for this award are being developed (see page 12 for details). Additionally, the Research Committee and Autism/ADHD SIGS will work to identify opportunities to establish SDBP research networks and sources of funding.

The Practice Issues Committee has been incredibly active in moving forward on new strategies and activities to meet its primary goal of promoting sustainable, high quality interdisciplinary practice in DBPeds. Establishing benchmarks in the field is a critical issue, and the Practice Issues Committee will soon be sending out a survey to identify current measures of process or outcomes currently being used by members in the provision of care for children with autism and ADHD. Committee members are also working on a Quality Improvement Toolkit which will be presented at the Annual Meeting in October and subsequently available on the Society website. See page 3 and 6.

The Education, Fellowship Training and Program Committees were also actively represented in developing new strategies to meet the goal to design, produce and disseminate high-quality interdisciplinary education in DBPeds. Development of web-based catalogs of educational resources that include SDBP workshop presentations, fellowship program materials, and other available educational materials for a variety of training needs is a major activity underway. Close liaisons with the AAP SODBP in educational planning for DB:PREP and PREP DBPeds, as well as with other interdisciplinary organizations in the development of educational products focused on training, patient care and education and condition-specific information for teachers at various levels will be maximized.

The *Journal* continues to play a key role in advancing the strategic activities identified for each of our goals. The possibilities provided by the new web-based platform ([www.jdbp.org](http://www.jdbp.org)) described by Suzanne Dixon in her article, and the plan to move to 9 issues per year in 2010 will be essential components of the role for the *Journal* in expanding coverage of advocacy and policy issues, outreach to diverse, international audiences, and dissemination of high-quality research and educational materials as we work to meet our ambitious agenda.

The committees and SIGs provide the organizational framework critical for successful implementation and completion of our strategic plan. Each committee includes a Board member who serves as the liaison between the Board and committee, staying in close contact with the committee chairs. Please review our new strategic plan online ([www.sdbp.org](http://www.sdbp.org)), contact one (or more) of the committee chairs to become involved if you are not already, and plan now to attend committee meetings at the Annual Meeting in Portland, Oregon, Oct 2-5, 2009. See you there!



# A Model of Efficiency

Submitted by: James Phalen, MD, FAAP

Over the past two years, I have developed a unique clinical model at Wilford Hall Medical Center. Located on Lackland AFB, in San Antonio, Texas, WHMC is the largest medical center in the Air Force. This teaching hospital is home to many residencies and fellowships. We serve 15,000 pediatric and 1,200 adolescent Department of Defense (DOD) dependents locally. Additionally, we accept consultations from military treatment facilities in Texas and neighboring states. Being a referral center for subspecialty care, we see a disproportionate number of patients who have special needs.

Before I began my current clinical model, access to developmental pediatrics was poor. Patients waited up to 8 months to see me, while little changed in their child's diagnosis or treatment. Because of the high mobility of military families, families sometimes relocated to another military facility or separated from the military before they could see me at all. Upon meeting with me, parents often had no idea why their child's primary care manager (PCM) referred them to me or why I was evaluating their child.

Now, a nurse dedicated to my clinic meets with families within 28 days of referral, the period required by the DOD's insurance program. She interviews parents and administers psychometric tools, including The Child Development Inventory; Conners' Parent Rating Scale; Functional Analysis Screening Tool; Child Behavior Checklist; Multidimensional Anxiety Scale for Children;

Children's Depression Inventory, and others. She gives the parents my multipage Developmental Pediatrics Intake Form to return later. The nurse scores and I review all results. We discuss her interview findings and address the parents' and her concerns. From this, we develop a differential diagnosis. She relays these concerns to the child's PCM with recommendations for further evaluations or therapy (eg, neuropsychological testing, audiology, speech-language pathology, occupational therapy), ensuring the earliest possible intervention. If patients have no PCM, she assigns one from within our general pediatric clinic, ensuring continuity of care.

While the family waits to see me, the nurse collects and I review the results of the additional evaluations described above. Children are only scheduled to see me once the parents have completed and returned the Intake Form. Patients now wait only 3 or 4 months to see me. At our first encounter, I have a complete package of information, that helps me narrow down my list of concerns. My 90-minute visit is focused and efficient. For example, I can often complete an evaluation for autism, including administration of The Childhood Autism Rating Scale, portions of the Autism Diagnostic Observation Schedule, review the DSM-IV-TR criteria for autism, and give parents feedback.

With this practice model, 100% of developmental pediatrics consultations result in an evaluation. No consultations are lost. Children receive intervention earlier, see me sooner, and often receive a definitive diagnosis on their first visit. Finally, coders credit my visit as a 99245 and allow for use of 96111 or 96101 for developmental or psychological testing, respectively.



# Integrated Mental Health Program

Submitted by: Patricia C. Davis, MD, FAAP

For the last four years, we have had a very successful integrated mental health program at Columbia Pediatrics in Columbia, TN. Our practice has 8 pediatricians including one developmental behavioral pediatrician, two pediatric nurse practitioners, and one pediatric physician assistant. Centerstone Mental Health, a not-for-profit co-operative, pays for a full-time master's level therapist in our offices. The therapist screens patients while in the office to assess their needs, explains the services available, and makes timely appointments; the therapist then follows up with parents and patient about appointments, coordinates care between the PCP, school personnel, and psychiatrists as needed. Having the therapist in the office helps alleviate the stigma of mental health care. The therapist is also able to co-ordinate mental health care for parents, including mothers with post partum depression. Columbia Pediatrics and Centerstone see patients with commercial insurance, TNCare (Medicaid), and private pay.

We feel that our program continues to be very successful. We have seen an increase in the number of children and parents receiving mental health services, as pediatric providers are now more aware of the services available for children. Communication between mental health care providers and pediatric office providers occurs on a daily basis with both oral and written reports. We have seen a decreased use of crisis team assessments as a result of having a mandatory prescreening agent on sight and by early identification and treatment of patients. Phone consultations between pediatric providers and the child/adolescent psychiatrists have been very helpful. Patient and provider satisfaction are up. Funding is an ongoing challenge, but the program has been supported, so far, because of its recognized benefits.



# Call for Papers for Theme Issue of Archives of Pediatrics and Adolescent Medicine

Submitted by: Frederick P. Rivara, MD, MPH, Editor and Dimitri A. Christakis, MD, MPH, Associate Editor

Influence of birth to five experiences on emotional and psychological health

As summarized in the Institute of Medicine report, *From Neurons to Neighborhoods*, extensive research has documented that the period from birth to five represents a critical window of human cognitive and social development.<sup>1-4</sup> The newborn brain triples in size in the first two years of life in direct response to external stimulation. Early experiences of all kinds -- cognitive and social -- particularly family and parenting experiences, affect children's current and future behavior.<sup>5</sup> Improved imaging techniques, genomic studies and examination of neurotransmitters, cytokines, and hormones have helped to elucidate the biological effects of these early environmental exposures, especially physiological and psychological challenges, on young children's behavior and that of the future adolescent and adult.<sup>6,7</sup>

For the May 2010 theme issue of Archives of Pediatrics and Adolescent Medicine, we are specifically interested in the effects of life experiences and exposures occurring during this critical window of child development on the emotional and psychological health and development – or ill health – of children both during that age and at later ages during childhood and adolescence. We are interested in the range of life experiences from harmful to beneficial. We are especially interested in studies that clarify how biology and early life experiences have both immediate and long-lasting effects on the emotional and psychological health of children

In highlighting the influence of birth to five experiences on emotional and psychological health as a theme issue for *Archives of Pediatrics and Adolescent Medicine* for May 2010, we are interested in papers that peer into all aspects of this critical window of child development. It is our hope that consolidating a broad array of papers into this theme issue will help focus public and scientific attention on this age.

Papers submitted by September 30, 2009 have the best chance of acceptance. Please go to our website at [www.archpediatrics.com](http://www.archpediatrics.com) for full submission information. If you have questions regarding a paper's suitability, do not hesitate to contact us.

1. Shonkoff JP, Phillips DA. *From Neurons to Neighborhoods: The Science of Early Child Development*. Washington, D.C.: National Academy Press, 2000.
2. Kuhl PK NN-. *Early language acquisition: cracking the speech code*. *at Rev Neurosci* 2004; 5:831-843.
3. Kuhl PK, Williams KA, Lacerda F, Stevens KN, Lindblom B. *Linguistic experience alters phonetic perception in infants by 6 months of age*. *Science* 1992; 255:606-608.
4. Meltzoff AN, Moore MK. *Imitation of facial and manual gestures by human neonates*. *Science* 1977; 198:74-78.
5. Perry BD. *Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture*. *Brain and Mind* 2002; 3:79-100.
6. Miller G, Chen E, Cole SW. *Health psychology: developing biologically plausible models linking the social world and physical health*. *Annu Rev Psychol* 2009; 60:501-524.
7. Marin TJ, Chen E, Munch JA, Miller GE. *Double-Exposure to Acute Stress and Chronic Family Stress is Associated With Immune Changes in Children With Asthma*. *Psychosom Med* 2009; 71:378-84.



**D**o you have a colleague who may be interested in SDBP Membership or attending a future SDBP meeting? Please pass their name and contact information on to the SDBP management team ([info@sdbp.org](mailto:info@sdbp.org) or 703-556-9222) and/or have them visit the SDBP website: [www.sdbp.org](http://www.sdbp.org).

# PEDIATRIC HYPNOSIS WORKSHOP

Pre-Conference Workshop of the 2009 Annual Meeting

Pediatric Hypnosis  
Workshop

October 1-3, 2009

Marriott Waterfront Hotel  
Portland, Oregon

Highlights include...

- Providing training in the use of hypnosis and its applications in clinical pediatric setting
- Emphasis on supervised practice of hypnotic techniques offered at introductory, intermediate and advanced levels
- 23 credit hours

\*Internationally recognized faculty...

Daniel Kohen, MD  
Candace Erickson, MD  
Howard Hall, PhD, PsyD  
James Warnke, ACSW

Leora Kuttner, PhD  
Melanie Gold, DO  
Judson Reaney, MD

Robert Deutsch, PhD  
Pam Kaiser, PhD, PNP  
Laurence Sugarman, MD

\*Final faculty roster dependent on registration

*Approval pending by the American Society of Clinical Hypnosis as Meeting the Requirements for Certification and Membership.*

**Register for the 2009 Pediatric Hypnosis Workshop**

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*SDBP: improving the health of infants, children, and adolescents by promoting research and teaching and clinical practice in developmental and behavioral pediatrics.*

# Job Classifieds

## Cleveland, OH: Developmental Pediatrician

The Children's Hospital Cleveland Clinic, Shaker Campus  
The Children's Hospital Cleveland Clinic invites applications for the unique opportunity of Developmental Pediatrician at Cleveland Clinic Children's Hospital.

Applicants must be BC in Pediatrics and either BC/BE in Developmental Pediatrics or Neurodevelopmental Disabilities. This position offers an opportunity for a leadership role as well as opportunities for close collaborations within the Children's Hospital and Pediatric Institute. Cleveland Clinic Children's Health System has approximately 400 beds and three neonatal intensive care units staffed by 250 physicians and over 400 nursing professionals. The Children's Hospital on the main campus is a 125-bed hospital within a hospital. The Shaker Campus is a freestanding pediatric rehabilitation campus. The Shaker campus has both inpatient and outpatient rehabilitation and therapy services for children with chronic conditions, and others recovering from a trauma, surgery, or an acute hospital stay. The inpatient unit is staffed by pediatric hospitalists. Among the preeminent programs at the Shaker Campus includes the Lerner Autism School, the Center for Pediatric Behavioral Health, feeding and gait program. The Children's Hospital on the main campus includes a PICU and NICU that are staffed 24-hours a day with senior staff. Our Pediatric Neurology group is recognized as 4th in the Nation by US News and World Reports and partners. The Children's Hospital is the primary teaching site for 40 pediatric residents and 16 pediatric fellows.

The melting-pot culture that has helped establish Cleveland as a vibrant and versatile metropolitan area adds a unique flair to the lifestyle here. The Cleveland area is a very comfortable and affordable place to live with a variety of available activities, good school systems, and a great place to raise a family.

For further information please contact:  
Joe Vitale, Director of Physician Recruitment, Office of Professional Staff Affairs, E-mail: vitalej@ccf.org, Board-Certified or Board-Eligible Neurodevelopmental or Developmental-Behavioral Pediatrician, Fort Worth, TX

## Fort Worth, TX: The Child Study Center and Cook Children's Physician Network

The Child Study Center in Fort Worth, Texas, and Cook Children's Physician Network, has an exciting opportunity for a Board-Certified or Board-Eligible Neurodevelopmental

or Developmental-Behavioral Pediatrician. This full-time clinician will see a broad based neurodevelopmental practice. Salary and benefits are competitive.

The Child Study Center is a regional center of excellence for diagnosis and treatment of children who have or are at risk for neurodevelopmental disabilities. Other subspecialties represented on the staff include applied behavior analysis, neuropsychology and special education. Cook Children's Genetics and Rehabilitation Services are also on site. Dr. Joyce Elizabeth Mauk is the President/CEO and Medical Director of the Child Study Center.

For immediate consideration, please send CV and letter of interest to jobs@cscfw.org, fax to 817-390-2941 or mail to 1300 W Lancaster Fort Worth, TX 76102. Please visit our website at www.cscfw.org.

## Sacramento, CA: Pediatrician

The UC Davis Health System MIND Institute in Sacramento, CA is seeking a Pediatrician to provide developmental-behavioral pediatric consultations for assessment and treatment of infants and children referred to clinic.

Requires Board Certification in Pediatrics, current medical licensure in California, participation in CME to maintain medical licensure and board certification, current CPR certification.

Position is part-time 75%. For additional information and to apply visit our website at www.ucdmc.ucdavis.edu/hr UC Davis Health System is an Equal Opportunity Employer

## Bethesda, MD: Pediatric and Developmental Neuropsychiatry Fellowship Position, Entry ID: PD-4364

Department of Health and Human Services (DHHS), National Institutes of Health (NIH), National Institute of Mental Health (NIMH)

The Department of Health and Human Services (DHHS), National Institutes of Health (NIH), National Institute of Mental Health (NIMH) is recruiting currently licensed physicians, including developmental pediatricians, child psychiatrists, pediatricians, and pediatric neurologists, for research fellowship positions in the Pediatrics and Developmental Neuropsychiatry Branch (PDN) in Bethesda, MD. This multi-disciplinary clinical research program is focused on understanding the etiology and pathophysiol-

ogy of autism spectrum disorders (ASD), obsessive-compulsive disorder (OCD), and related conditions. Specific research interests include autism, medical comorbidities of ASD, and evaluation of novel therapies for autism, OCD, and other psychiatric disorders. Fellows will have excellent mentoring and comprehensive training in all areas of clinical research, including descriptive studies, clinical trials, and neuroimaging studies. Fellows are encouraged to design their own research investigations, including collaborative studies with scientists inside and outside of NIMH. The research fellowship is 2 to 5 years in duration, with positions available in Spring/Summer 2009.

**REQUIREMENTS:** Current U.S. medical licensure

**Application Instructions:** Applications will be accepted until the positions are filled. To apply, please click on the button below, or contact: Susan Swedo, M.D., Chief, Pediatrics & Developmental Neuropsychiatry Branch, 10 Center Drive-MS1255, Bethesda, MD 20892, E-mail: nimh-asd@mail.nih.gov, Phone: (301) 496-5323. For further information, contact Dr. Swedo directly.

The NIH is dedicated to building a diverse community in its training and employment programs.

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### **Pittsburgh, PA : Assistant/Associate Professor**

The Department of Pediatrics, University of Pittsburgh, is seeking to fill a faculty position at the Assistant/Associate Professor level in the Division of Developmental-Behavioral Pediatrics at the Child Development Unit, Children's Hospital of Pittsburgh. Applicants should be Board Certified in Pediatrics and board eligible or certified in Developmental-Behavioral Pediatrics or Neurodevelopmental Disabilities. This position offers an opportunity for research, teaching, or leadership.

You will join a team of developmental-behavioral pediatricians, pediatric neurologists, psychologists, behavioral health consultants, and pediatric nurse-practitioners. The unit acts primarily as a diagnostic center for a broad range of developmental-behavioral problems including developmental delay, ADHD, autism spectrum disorders, and behavior problems. We have established Down syndrome, Fragile X, and Autism centers. Our Autism center is part of the Autism Treatment Network; our Fragile X center is part of the national Fragile X clinical treatment consortium. The Child Development Unit has had a Maternal-Child Health Bureau funded LEND training grant since 1996. There are additional opportunities to participate in LEND training activities.

This full-time position provides a unique opportunity for patient care, teaching, research, and program development in a growing pediatrics department and division. The CDU is part of a growing Behavioral Health program within the Children's Hospital of Pittsburgh that has close links to Western Psychiatric Institute and Clinic. Salary is commensurate with experience and is indexed to clinical and educational productivity.

The University of Pittsburgh is an Equal Opportunity/Affirmative Action Employer.

Robert B. Noll, Ph.D., Professor (Pediatrics, Psychiatry, and Psychology), Director, Child Development Unit, Medical Director for Behavioral Health, Children's Hospital of Pittsburgh, 3705 Fifth Ave., Pittsburgh, PA 15213. Tel 412 692 6530, robert.noll@chp.edu.

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### **Louisville, KY: Developmental-Behavioral Pediatrician**

The Weisskopf Child Evaluation Center, which provides developmental, genetic, and cytogenetic laboratory services, in the Department of Pediatrics at the University of Louisville School of Medicine is seeking a Developmental/ Behavioral Pediatrician to fill an exciting full-time faculty position at the Assistant or Associate Professor level, on either a non-tenure or tenure track. Prospective candidates should be board certified or board eligible in pediatrics and have fellowship training with the potential for board eligibility in developmental/behavioral pediatrics. The physician will join a dynamic interdisciplinary team of professionals that provide center-based and outreach integrated evaluations and treatment of children with developmental disorders. There are many opportunities for teaching pediatric residents and medical students as well as participation in research.

A letter of interest and curriculum vitae should be sent to: Joseph H. Hersh, M.D., Professor of Pediatrics & Director, Weisskopf Child Evaluation Center, University of Louisville School of Medicine, 571 S. Floyd Street, Suite 100, Louisville, KY 40202-3828, (502) 852-7500, jhhersh01@louisville.edu. AA/EOE

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### **Canton and Newton MA: Developmental Behavioral Pediatrician**

*Applicants must be BC in Pediatrics and BC/BE in Developmental Pediatrics.* The Integrated Center for Child Development (ICCD) is a multi-disciplinary center offering neuropsychological, behavioral, medical, and educational services to individuals with special needs. ICCD provides evaluative and treatment options to individuals with Autism spectrum disorders; learning disabilities; genetic disorders and developmental disabilities; ADHD; psychiatric disorders; and neurological injuries.

The developmental pediatrician would participate in both independent and multi-disciplinary evaluations to formulate diagnostic impressions and provide comprehensive treatment plans. Specialists include neuropsychology, behavioral psychology, psychopharmacology, speech-language pathology, genetics, special educators, psychology/counseling, and assistive technologies. The ICCD is located in both Canton and Newton, Massachusetts and is well known for the highest quality services across a wide geographic area. Susan Manea, M.D., Medical Director, ICCD, 340 Turnpike Street, Canton, Ma. 02021, Phone 781-619-1527, sma-nea@iccdpartners.org

# CALENDAR OF EVENTS

2009 - 2010

<b>Sickkids Centre for Brain &amp; Behavior 1st Annual Symposium</b> www.sickkids.com	Toronto, ON Canada	July 8-10
<b>International Pediatric Association Congress of Pediatrics</b> www.ipa-world.org/IPACongress	Johannesburg, South Africa	August 5-9
<b>Pediatric Educational Excellence Across the Continuum (PEEAC) Meeting</b> www.peeac.org	Arlington, VA	September 11-12
<b>AACPDM 63rd Annual Meeting</b> www.aacpdm.org	Scottsdale, AZ	September 23-26
<b>SDBP Hypnosis Workshop</b> www.sdbp.org	Portland, OR	October 1-3
<b>SDBP Pre-Meeting Workshops</b> www.sdbp.org	Portland, OR	October 2-3
<b>SDBP Annual Meeting</b> www.sdbp.org	Portland, OR	October 4-5
<b>American Academy of Pediatrics National Conference and Exhibition</b> www.aapexperience.org	Washington, DC	October 17-20
<b>CHADD Annual Conference</b> www.chadd.org	Cleveland, OH	October 7-10
<b>18th Occasional Temperament Conference</b> sputnam@bowdoin.edu	Brunswick, ME	October 9-10
<b>Faces of a Health Future: National Conference to End Health Disparities II</b> www.ceehd.com	Winston Salem, NC	November 3-6
<b>SBM 30th Annual Meeting &amp; Scientific Sessions</b> www.sbm.org	Montreal, Canada	November 28
<b>APM 56th Annual Meeting</b> www.apm.org	Las Vegas, NV	November 11-14
<b>Head Start Tenth National Research Conference</b>	Las Vegas, NV	June 21-23, 2010

SDBP National Office  
 6728 Old McLean Village Drive  
 McLean, Virginia 22101