Message from the President

The Real Work Starts Now

The leadership of the SDBP, including the officers, Executive Council, committee chairs and Executive Director, have spent much of the past year on the development of a new strategic plan for the Society. As one would expect (and hope), most of the goals of the new plan align very closely with those of the plan from 2004. The current plan outlines 6 major goals:

• to become the organizational home for professionals engaged in interdisciplinary approaches to developmental-behavioral health,
• to form strategic alliances with organizations to promote developmental-behavioral pediatrics,
• to design and share high quality interdisciplinary education in developmental-behavioral pediatrics,
• to secure the resources to preserve and enable implementation of the strategic plan,
• to promote and disseminate research in developmental-behavioral health, and
• to promote high quality interdisciplinary clinical services, including evidence-based practice, financial viability of developmental-behavioral pediatric practice, and work force development.

Much effort was put into not only identifying these overarching goals, but also articulating specific objectives and effective implementation strategies. It was this latter effort that required many months of further refinement of the plan following the planning retreat held in February. This summer, the Society leadership approved the strategic plan.

The real work starts now. While I commend and thank the leadership of the Society for all their planning efforts, we need to recognize that a planning document is of little value unless the work is carried out. To implement the many strategies outlined in the plan, we will need the support of our full membership (including new members we have yet to recruit). I encourage every member of the Society to review and become familiar with the plan (www.sdbp.org/about/FINALJuly2007.pdf). Identify at least a few strategies that you feel you can contribute your efforts toward achieving. Join the committee(s) that are assigned to these tasks and/or contact their leadership to volunteer your support. Consider also how the work of other organizations you belong to can contribute to achieving the objectives and goals outlined in the plan. We recognize that the goals we have set out to achieve are ambitious; while our Society can take or share a leadership role, we can not do it alone – that is why we added a specific goal to form strategic alliances with organizations to promote developmental-behavioral pediatrics. We have initiated discussions aimed at increasing our formal liaison relation...

Continued on page 3
Committee and Liaison Updates

Practice Issues Committee Report
Robin Adair, Chair

As is evident throughout this issue, the Executive Council undertook a review and revision of the Society’s strategic plan this year. The Practice Issues Committee, which is open to new members, will address the following Goal 6 objectives of the July 2007 Strategic Plan:

1. Analyze, interpret and disseminate the results of the Practice Parameters and Financial Factors survey.
2. Facilitate discussion of practice issues, to include: sessions on coding at annual meetings, venues for discussion at the annual meeting and DB:PREP; and collaboration with the AAP Section on DBP.
3. Determine strategies to champion interdisciplinary practice, to include publicizing successful models of interdisciplinary practice.
4. Evaluate the needs for SIGs and research registries for quality improvement in clinical practice.
5. Promote best practices in DBP to all child health care providers, to include exploration of development of standards of care.
6. Consider collaborating with other relevant groups to conduct a workforce analysis for the field.

Any SDBP member interested in any of the above objectives is welcome to attend the committee’s business meeting, 7:00-8:00 AM, Sunday, September 30.

The Practice Parameters survey was the focus of the committee’s work this past year. On Sunday, September 30, all SDBP members are welcome to a presentation and discussion of survey results at the committee’s meeting, 8:00-9:00 AM. In addition, throughout the day, Sunday, September 30, there will be a poster presentation of a survey-based overview of full time developmental-behavioral pediatricians.

Survey subcommittee members will be available, poster-side, for questions from 6:00-7:00 PM.

Education Committee Report
Franklin Trimm, Chair

The Education Committee is alive and well with 32 members. Some of our activities this year are described below:

- A listserv was established early in 2007 and has been utilized in helping address some activities of the committee. Most recently, members of the committee contributed to the American Academy of Pediatrics Committee on Pediatric Education's efforts to establish a resource listing of educational tools for teaching culturally effective pediatric care. The resources identified by members were substantial and represented our Society well to this AAP committee. Messages to the committee members can be sent to: SDBP-EducationCommittee@LISTSERV.SDBP.ORG.
- The 2007 Education Workshop on Resident Education, organized by the Education Committee, will be held as a pre-meeting workshop on Friday, September 28, 2007 from 1 PM to 5:30 PM. The workshop is organized to help DB Peds residency rotation directors and faculty address the challenges of teaching a large curriculum content in a limited time. There will be a variety of small group sessions facilitated by educational experts presenting creative methods to teach residents specific content, including parenting, performing developmental-behavioral assessments, normal development, developmental screening, and pediatric sleep problems. There will also be sessions on interactive teaching methods and evaluation of a longitudinal curriculum. The workshop is being supported for the second year by a grant from The Commonwealth Fund. Thanks to Nancy Lanphear, MD, Chair of the Program Committee, for her work in accomplishing this. Make your plans and join us for this exciting workshop.
- The Society is now a sponsoring organization for the Pediatric Academic Societies. A mini-course proposal on teaching DB Peds was submitted and accepted for presentation at the 2008 annual meeting in Hawaii. Additional opportunities for members of the Education Committee and the Society to contribute to the efforts of the PAS annual meeting will be upcoming, including being a reviewer for abstracts submitted in the categories that relate to our field.
- The new Strategic Plan for the Society includes a number of opportunities for the committee and its members to contribute. Currently, we are working to establish an up-to-date directory of all the residency rotation directors in pediatric residencies in North America. An email has been sent to the residency program director in each program asking them to identify the DB Peds rotation director in their program. If you see your program’s director, ask them if they have responded and encourage them to do so if they haven’t.
- Our committee will meet at the upcoming annual meeting in Providence on Monday morning, October 1, from 7:00 to 8:30 AM. Please join us as we discuss additional roles the committee can play to contribute to education in DB Peds and to the mission of our Society.

Membership Committee
Heidi M. Feldman and Terry Stancin, Chairs

The Membership Committee has become energized in order to meet Goal 1 of the strategic plan. First, with the challenge of increasing membership, we are expanding the committee. With the goal of greater diversity of the membership, we added a psychologist co-chair and another psychology member to the committee.

To increase participation of fellows, residents, and students, we will include trainees on the committee. The Committee now
consists of Heidi Feldman, Adrian Sandler, Diego Chaves-Gnecco, and Terry Stancin. Stay tuned for additional members. Second, as per the strategies outlined in the strategic plan, we solicited input from psychologists about how the society could best meet their needs. We heard from approximately 60 individuals by email and had a dynamic telephone conference call August 2. Third, we began circulating information about the annual meeting to LEND Directors and psychologists, particularly to encourage interdisciplinary attendance at the annual meeting. Finally, we are evaluating an introductory offer for membership plus meeting attendance for new members.

We recognize that the best public relations for SDBP is an excited, engaged membership. We encourage you to determine who in your unit or division is a member of the society. Check in with the psychologists, nurse practitioners, social workers, and therapists. If, as we suspect, you find many colleagues who have never considered membership, assuming they were not welcome, ask them how the society could enhance their professional development and work life. Invite them to participate with you in workshops, concurrent sessions, or abstracts. Show them the offerings of the annual meeting. Pass along your copy of the Journal. Seek out the students for whom a small society with strong personal relationships might be attractive as a place to present their projects.

With coordinated and concerted efforts, watch us grow and develop!

Fellowship Training Committee
Carol Weitzman, Chair

The DBP Fellowship Training Committee has had a busy and productive year. As our first official year as a committee, we focused on preparing current and future program directors for the reporting requirements of the ACGME. To this end, Mary Pipan and Carol Weitzman submitted a workshop proposal for the pre-meeting educational workshops that will focus on teaching the ACGME competencies and evaluating programs, fellows and faculty. Dan Coury, Franklin Trimm and Adam Pallant will be presenting at the workshop on different aspects. We hope to have a fellowship relevant workshop submitted each year and anticipate that this will be a valuable and informative workshop.

The other major thrust of the committee in the past year has been to develop a webpage on the SDBP website that will serve as a warehouse of materials that can be used by existing and new programs to evaluate all aspects of their program. In addition, we are gathering current PIFs that we can post for centers considering applying for accreditation. Last, we have added links to valuable websites related to ACGME competencies and writing PIFs.

In the coming year, we hope to continue to develop the webpage, submit another workshop proposal and examine membership in SDBP among fellows who have graduated training programs. We are looking for additional members who wish to contribute ideas and some effort over the next year.

Practice Issues Survey Results

September 30 Annual Meeting Presentations

• Presentation and Discussion: All SDBP members are welcome to a presentation and discussion of Practice Issues survey results at the Practice Issues Committee meeting on Sunday, September 30, 8:00 to 9:00 am.

• Poster: Throughout the day, Sunday, September 30, there will be a poster presentation of a survey-based overview of full time developmental-behavioral pediatrians. Survey subcommittee members will be available, poster-side, for questions from 6:00 to 7:00 pm.

President’s Message

Continued from page 1

ships with other organizations and have already become a formal affiliate of the Pediatric Academic Societies.

Let me reassure you that we have not spent the past year only planning for the future. The Society’s leadership and committee members are already hard at work on implementing many of the strategies – examples of their accomplishments will be found throughout this newsletter. I invite all of you to attend the committee meetings at the annual meeting to learn about progress made and to sign up to help implement the remaining strategies.

It has been a privilege serving as the President of SDBP over this past year. At the upcoming annual meeting in Providence, we will celebrate our 25th anniversary of the Society. While we already have an impressive history as a Society and can be proud of the many accomplishments we have achieved collectively to advance the field of Developmental-Behavioral Pediatrics, I am even more impressed by the opportunities that lie ahead. While I will be handing over the position of President to Glen Aylward, PhD at the upcoming meeting, I look forward to continuing to work to advance the Society’s mission – which is even more relevant and critical today than it was when the Society was first formed – and hope that you all will join me in that effort.
Developmental-behavioral Pediatric Workforce, Education and Certification

As of December 2006 there were 87,515 General Pediatric Diplomats of the ABP and 17,490 Pediatric Subspecialty Diplomats. In this database DBP has 520 Diplomats which makes us larger than 3 other pediatric subspecialties: Rheumatology (237), Neurodevelopmental Disabilities (241) and Adolescent Medicine (505) but smaller than the pediatric subspecialties in Nephrology (668), Pulmonary (821), Gastroenterology (872) and Infectious Diseases (992). In comparison, the American Board of Psychiatry and Neurology (ABPN) reports that there are 6,141 Diplomats in Child and Adolescent Psychiatry (219 certified in 2006), 1,545 Diplomats in Child Neurology (46 certified in 2006) and 55 additional Diplomats in Neurodevelopmental Disabilities (with exams scheduled for September 2007). Workforce information in pediatric psychology is more difficult to access since the American Psychological Association considers a doctorate from an appropriately qualified program and a license to practice issued by the relevant governing jurisdiction to be the qualifications for professional practice as a psychologist, so no parallel certifying board to the ABMS, ABP or ABPN exists.

The third certifying examination in DBP was given by the ABP in November 2006. According to the ABP currently 511 people whose average age is 50.6 years are certified in DBP. The distribution of certified DBPs, like all of medicine, is very uneven. States with the largest number of DBPs are New York (50), California (48), Massachusetts (39), Ohio (29), and New Jersey (27), while Alaska, New Hampshire, North Dakota and Wyoming have no board certified DBPs and Washington DC, Idaho, Montana, Nevada, South Dakota, West Virginia and Wisconsin each have only 1 DBP. The states with the highest DBP-to-child ratios (per 100,000 children) are Vermont (3), Massachusetts (2.7), Rhode Island (2.4), Connecticut and Maine (both 1.8), Hawaii (1.7), Maryland, New Jersey and, South Carolina (all 1.2), Minnesota, New York and Ohio (all 1.1), Delaware and Kansas (both 1), and Washington DC, Mississippi, Nebraska, North Carolina, and Washington state (all 0.9). States with the lowest DBP-to-child ratios are the 4 above with no DBPs followed by Wisconsin (0.1), Nevada (0.2), Colorado, Georgia, Idaho, Kentucky, Louisiana, Michigan, Texas and West Virginia (all 0.3), Arizona, Florida, Illinois, Indiana, Iowa, Missouri and Tennessee (all 0.4), as well as Alabama, California, Montana, Oklahoma, South Dakota, Utah and Virginia (all 0.5).

The next DBP certifying examination will offered in early Spring 2009 and this will be the last opportunity for initial applications from those grandfathering in to take the DBP certifying examination. The year 2009 will also be the year that those certified in DBP by the first examination given in 2002 will need to apply for re-certification. In 2009 only recertification will require continuous, unrestricted licensure and a cognitive examination of knowledge competence (closed book, 200 questions) offered during the months of March and October 2009 at Prometric testing centers (formerly Sylvan Learning Centers) domestically and internationally. Those re-certifying in DBP will not be required by the ABP to recertify in General Pediatrics.

Beginning in 2010 the process of recertification will be replaced by the process of Maintenance of Certification (MOC) for general pediatrics and for all pediatric subspecialties including DBP. MOC will be a continuous process requiring 1) valid, continuous, unrestricted licensure, 2) documentation of lifelong learning through knowledge and decision skills self-assessment, 3) a secure examination (closed book, 200 questions) offered for several weeks in the spring and fall each year, and 4) patient surveys and demonstrated participation in quality improvement initiatives. Those needing to maintain certification in 2011 cannot revert to the 2009 process outlined above. Those working on MOC in subspecialties, will not be required by the ABP to maintain general pediatric certification. Individuals should check their personal web account (Physician Portfolio) from the ABP Home page (www.ABP.org) for their own requirements.

The SDBP and the SODBP of the AAP will co-sponsor their fourth preparatory course in DBP, DB-PREP: 2008 at the Westin Buckhead in Atlanta, Georgia on December 4-7, 2008. The course will be designed to help prepare DBPs for initial certification and for recertification in DBP, and it is also designed to address the educational goals of academic generalists wishing to increase their skill in teaching DBP to residents and of general pediatricians wanting to improve their ability to diagnose and treat children in their practices presenting with a range of DBP conditions and concerns. SDBP planning group members include Glenn Aylward PhD, Linda Grossman MD and Pam High MD (Chair). SODB planning group members are Quentin Humberd MD, Franklin Trimm MD and Lynn Wegner MD as well as Richard Tuck MD from the AAP’s coding committee.

Developmental-Behavioral Pediatric (DBP) certification requires 3 years of fellowship training in an accredited DBP fellowship program, which includes at least 1 year of research (scholarly pursuit) in addition to certification in general pediatrics which requires 3 years of pediatric residency education (alternate paths and grandfathering exist – see www.ABP.org). According to the ACGME, in 2006 a total of 71 DBP fellows were training in one of 33 accredited fellowship programs (57% of 124 accredited slots were filled), although the ABP reports 81 DBP fellows the same year. Three of these 33 programs had no

Continued on page 6
Mid Level Developmental-Behavioral Pediatric Assessments

Submitted by: Desmond Kelly, MD

In most centers, the limited capacity of developmental-behavioral pediatric practices to keep up with the demand for their services has created long wait-list times and has delayed needed interventions. However, not all of the children who are referred need a comprehensive and time-consuming “tertiary level” assessment. Some with problems that are limited to one developmental domain could be referred directly for therapeutic intervention, and some might have variations in development that do not need special intervention at that time. Determinations about needed services frequently cannot be made by telephone triage or questionnaire alone. We have implemented and studied a mid-level assessment provided by a nurse practitioner and social worker to determine the most appropriate disposition for children referred with ill-defined developmental-behavioral problems.

The mid-level assessment consists of a social-emotional and developmental assessment, medical history, and physical examination. Physicians in our referral area fax a standardized referral form to the Division. If the child meets inclusion criteria for mid-level assessment (i.e. preschool-aged child with ill-defined developmental-behavioral concerns), an appointment is scheduled and medical-developmental history questionnaires are mailed to the child’s parent for completion prior to the visit. During the research phase of the project, we used the Behavior Assessment System for Children – Structured Developmental History (BASC-SDH), but are currently using our own form. Social-emotional and behavioral problems are assessed by questionnaire and interview. Instruments we have used include the Behavior Assessment System for Children, Second Edition (BASC-2), Parent Rating Scale—Preschool (PRS-P); the Infant-Toddler Social and Emotional Assessment (ITSEA), the Strengths and Difficulties Questionnaire (SDQ) and the Ages & Stages Social-Emotional Questionnaire (ASQ: SE). The Modified Checklist for Autism in Toddlers (MCHAT) is also administered if there are concerns regarding language and social development. The Developmental Assessment of Young Children (DAYC), an instrument that combines parent report and direct observation, is administered by the clinicians (nurse practitioner assesses Physical Development and Cognition, and social worker does Social Emotional, Communication, and Adaptive Behavior subtests). The nurse practitioner reviews medical history and performs a physical and neurological examination, and the social worker explores any issues raised in the questionnaires. Algorithms are utilized to direct recommendations for further evaluation or interventions. Outcomes include: referral back to primary care physician with suggested resources for behavioral or developmental interventions; follow-up developmental monitoring by nurse practitioner; further evaluation by a developmental therapist (e.g. Speech-Language); or comprehensive evaluation by one of our developmental-behavioral pediatricians or psychologists, focusing on problems identified by the MLA. A written report outlining the findings and recommendations is mailed to the parents and referring physician. Those children needing more comprehensive diagnostic assessment receive expedited appointments. Information is provided to parents and referring physicians to facilitate any other referrals or interventions.

A study of the feasibility and cost-effectiveness of the model was funded through a grant from The Commonwealth Fund. Over the 8-month study period the project conducted MLAs for 116 children (mean age 47.7 months, 70% male, 70% non-Hispanic Whites). The wait time for a developmental-behavioral assessment for the target population decreased from 168 days to 26 days. The majority of referrals were found to have significant developmental behavioral concerns warranting further diagnostic testing and treatment, with 75% having at least one delay (most frequent in the social-emotional domain - 46%). More than 80% of the parents were satisfied with all aspects of the MLA, and 75% or more of the physicians were satisfied (with the exception of their ability to implement the recommendations - 53%). The project experienced a low level of reimbursement by private insurance (39% of patients) for procedure codes utilized. We continue to modify the program to streamline the process and to address reimbursement challenges (cannot see private insurance patients unless NP is credentialed with the carrier). We have also modified the inclusion criteria to focus on young children needing a second-level assessment rather than a diagnostic evaluation. We have developed a manual detailing the MLA procedures, and this is available on request from the author (dkelly@ghs.org).
Play and Language for Autistic Youngsters (P.L.A.Y.)

Submitted by: Richard Solomon, MD

The Play and Language for Autistic Youngsters (P.L.A.Y.) Project is a national autism training program, founded by Richard Solomon, MD, a developmental and behavioral pediatrician based in Ann Arbor, Michigan. The program is dedicated to empowering parents and professionals to implement intensive, developmental interventions for young children with autism (18 months to 6 years) in an effective and efficient way. The P.L.A.Y. Project Home Consultation Program is currently being delivered in over 20 states by about 60 agencies and schools.

The 5 key components of The P.L.A.Y. Project Model are:

• MD early identification and referral of young children with autism spectrum disorders (ASD)
• Home consultation services to train parents in our early intervention model
• Training of professionals to disseminate the model
• Community outreach that 1) educates parents and professionals regarding National Academy of Sciences (NAS) recommendations and 2) promulgates developmental, individualized and relationship-based interventions (DIR) based on the work of Stanley Greenspan, MD and Serena Wieder PhD
• Research, including recent publication of a peer reviewed article* and an ongoing NIMH controlled trial

The P.L.A.Y. Project Home Consultation Program trains parents to work with their young children with ASD. It is play-based, relationship-focused, individualized to each child’s developmental level, time-intensive and can be integrated with school and other therapies. The model is family-friendly, cost effective, and easily replicated.

• The visits last 3 hours and are roughly divided into 1/3 modeling, 1/3 coaching and 1/3 feedback.
• All visits are videotaped and, after the visit, parents are sent written recommendations along with video footage of the visit.
• Home consultants provide suggestions for playful activities and practical techniques to guide play. The aim is to help children gain pragmatic language and social skills by promoting contingent, reciprocal, fun interactions.
• Parents are expected to provide 2 hours per day of direct play-based interactions which, along with more typical interactions (feeding, bedtime, bathtime, etc.), adds up to over 25 hours per week.
• The program is consistent with the National Academy of Sciences guidelines.

Dr. Solomon is currently conducting a new study of The P.L.A.Y. Project Home Consulting model through the support of a grant from the National Institute of Mental Health (NIMH). This controlled clinical trial has research-design guidance from Michigan State University, and community-outreach support from Easter Seals. The P.L.A.Y. Project is rapidly growing and new research* suggests that our play-based model is effective and efficient. As our services and research continue to develop, we move closer to our goal of meeting the increasing national need for affordable intensive early-intervention programs for children with ASD.

It was a tremendous honor to be the 2006 recipient of the SDBP Lectureship Award and talk about 30 years of research on iron deficiency and infant behavior. The research would not be possible without wonderful colleagues. At the University of Michigan, I particularly want to mention SDBP members Barbara Felt and Sheila Gahagan and Kinesiology professor Rosa Angulo-Barroso.

I am delighted to share some further developments here. Our results on long-term follow-up were published in the November issue of the Archives of Pediatrics and Adolescent Medicine and captured the attention of the national media. Using a sample in Costa Rica, followed from infancy to 19 years, we showed a widening gap in cognitive performance for youth from lower SES families who had iron deficiency as infants. The gap in their cognitive test scores increased from about 10 points in infancy to 19-25 points at the transition to adulthood. I was interviewed by CNN, and the story ran the morning of Tuesday, November 7. You may recall that was Election Day. Iron deficiency’s brief moment in the spotlight was totally obscured by other events!

Two years of writing and revising grants finally paid off this past year. The adolescent follow-up of the Chile cohort of about 1200 received renewed funding from NICHD. In addition to cognitive, motor, social-emotional, and neurophysiologic long-term outcomes, we will consider genetic influences for the first time. This work continues with long-standing colleagues, Drs. Patricio Peirano, Cecilia Algarin, and Marcela Castillo, at the Institute of Nutrition, University of Chile. We will also see whether iron deficiency – an early insult to the dopamine system – alters the risks of substance use and progression (NIDA grant to Jorge Delva, University of Michigan School of Social Work).

Our cross-species Program Project grant on Brain and Behavior in Early Iron Deficiency was renewed (NICHD). The next focus is on the timing of iron deficiency, with in-depth examination of the effects of prenatal iron deficiency in human infants and developing rats and monkeys. We also seek to identify brain-behavior effects that can be reversed with iron, depending on whether iron deficiency occurs pre- or postnatally. The infant study will be conducted in Hangzhou, China, in collaboration with the Children’s Hospital, with project leadership from Drs. Zhao Zhengyan and Shao Jie.

Finally, we received NICHD funding for another study in China in conjunction with a pregnancy nutrition study funded by the US CDC. Our study will assess behavior and development in infants whose mothers were randomly assigned to folic acid alone, iron plus folic acid, or multi-micronutrients during pregnancy. It adds a postnatal randomized controlled trial of iron supplementation in the first 6 months. The study, in collaboration with Dr. Li Zhu at Peking University Health Sciences Center, will involve over 2,500 infants and support causal inferences about pre- vs. postnatal iron supplementation.
Being awarded the SDBP Young Investigators Research Grant was just like one of those reality TV shows where some unknown person with a modicum of talent is plucked from obscurity and given a chance to make something of themselves -- only I was that unknown person! As an Air Force pediatrician, starting my fellowship at Boston Medical Center, I wanted to investigate the impact of military deployments on the behavior and well-being of young children in military families. After much investigation, I discovered the best place to do that was at Marine Barracks Camp Lejuene in North Carolina, which is not anywhere near Boston. The SDBP research grant enabled me to partially fund a research assistant and allowed me to travel to North Carolina to coordinate the project. Without those funds, this project would never have gotten off the ground.

This project, just a conversation at the beginning of my first year, is almost completed now 2 years later. Working on this project has helped me, in DB parlance, enhance my self-regulatory skills while working with three IRBs, has tested my executive function skills while organizing and coralling a project across the country, and has improved my ability to shift cognitive set between clinical work and research. I am very grateful to the SDBP for sponsoring my research project and providing me with the support needed to grow as a researcher.

Now for an update on the progress of the project. As my mentor, Dr. Deborah Frank, always tells me -- “My dear, nothing is as easy as it looks” -- and she was right. If you thought that there was a high level of bureaucracy surrounding your institution’s IRB, try the US Military on for size! My funding was awarded in September, 2006, pending IRB approval -- which did not happen until April of 2007. We began data collection in May, 2007, in North Carolina and have enrolled 200 out of the calculated 300 children needed for our analysis. Data entry is progressing slowly but steadily. I hope to have preliminary statistics to share with you at the annual meeting in September and share a few of the heart-wrenching and heart-warming stories that I have heard over the last few months to anyone who would like to listen. I plan on submitting the completed data set to the September 2008 meeting of the SDBP to deliver the full product you helped create.
Announcements

Meetings of Interest

Pangea 2007 – A conference for the future of pediatric wellness. Sponsored by the Integrative Pediatrics Council and endorsed by the American Academy of Pediatrics, the UCSF Department of Pediatrics, and the UCSF Osher Center for Integrative Medicine, the Pangea 2007 conference provides a forum for presentation and intentional dialog about leading topics in pediatric integrative medicine. The two-day program will be held this year in San Francisco on October 25th and 26th. Topics include environmental health, neurodevelopmental disorders, atopic conditions, and vaccines. For more information and to register, go to: www.pangeaconference.com.

At the AAP meeting in San Francisco this October the Council on Community Pediatrics has developed a full day conference titled “The Power of the pediatrician: Problem solving strategies to meet your patient’s mental health needs”. This is section h programming and will feature many speakers who are SDBP members (including Dr Schonfeld). There will also be a poster session. For more information contact Ronald Marino, DO, MPH: rmarino@Winthrop.org

Funding Announcement

The Commonwealth Fund is interested in receiving proposals for research that will enhance the ability of primary care providers to offer better quality preventive care and developmental services to young children. The Fund is particularly interested in improving the quality of anticipatory guidance and parent education, care coordination between primary care practices and community resources to serve children with or at risk for developmental problems, and screening for developmental problems and family risks. Projects could address the current status of care in these areas, contribute to the establishment of standards of care, evaluate clinical tools, approaches or exemplary models of care, or address policy barriers. Instructions for submitting a letter of inquiry are available at <http://www.commonwealthfund.org/loi/>, or investigators may contact Edward Schor, MD, Director, Program for Child Development and Preventive Care at ELS@CMWF.ORG or 212-606-3847.

SRCD Fellowships in Public Policy

Policy Fellowships with the Society for Research in Child Development will be available for 2008-09. The deadline for applications is December 15, 2007.

SRCD Policy Fellows - in both Congressional and Executive Branch placements - work as “resident scholars” at the interface of science and policy. The goals of these fellowships are: (1) to contribute to the effective use of scientific knowledge in developing public policy, (2) to educate the scientific community about the formation of public policy, and (3) to establish a more effective liaison between developmental scientists and the federal policy-making mechanisms.

SRCD Fellows participate with other scientific disciplines in the fellowship programs of the American Association for the Advancement of Science. Since 1978, SRCD has recruited more than 110 fellows.

Both early and mid-career doctoral level professionals of all scientific disciplines related to child development are encouraged to apply. For more information and application instructions, please visit www.SRCD.org/policyfellowships.html.

Welcome New Members!

Stephanie J. Anderson, MD, Greenville, SC
Julia Anixt, Silverspring, MD
Barbara L Bentley, PsyD, MS Ed, Palo Alto, CA
Jerome M. Blake, MD, Sioux Falls, SD
Kathleen Burke, MD, Las Cruces, NM
Dianne Cosica, MD, Boston, MA
Catherine C. Davis, MD, Boston, MA
Sarah Fernsler, MD, Orefield, PA
Gregory Gamboa, BA, San Antonio, TX
Katherine Haynes Burns, MD, Little Rock, AR
Joseph J. House, Ed.D, Minneapolis, MN
Richard Franklin Howes, MD, FAAP, Lafayette, LA
Lawrence Kaplan, MD, ScM, Lebanon, NH
Doreen Karoll, MD, Lexington, MA
Carolyn A. Kipes, MD, Kansas City, MO
Kimberly Lakes, Redlands, CA
Elaine LeClair, PhD, Boston, MA
Sarah Nyp, MD, Shawnee, KS
Ishrat Siddique, MD, Los Angeles, CA
Anopawula Spinks-Franklin, MD, MPH, FAAP, Houston, TX
Jane Squires, PhD, Eugene, OR
Hanes M. Swingle, MD, FAAP, Mobile, AL
Jogesh Syalee, MD, FAAP, Howard Beach, NY
Karin E. Vander Ploeg Booth, MD, Chicago, IL
Who Should Attend
This program is planned to meet the needs of pediatricians (researchers, teachers, and/or clinicians), pediatric psychologists, nurses, social workers and other healthcare providers and researchers interested in developmental and behavioral pediatrics. A variety of educational formats will encourage the exchange of new scientific and clinical information and support the interchange of opinions regarding care and management issues relevant to developmental and behavioral pediatrics. Scientific material will be presented through symposia, oral abstracts, small group sessions designed for in-depth exploration of specific topics, and poster presentations.

Goals
After attending this meeting, participants will be able to:
• Describe social and economic policy issues that affect the healthy development of children
• Explain how an individual pediatrician or program can advocate for families
• Discuss the results of current research
• Demonstrate strategies and skills for teaching others about topics in developmental-behavioral pediatrics

Pre-Meeting Half-Day Workshops
A select number of courses addressing the needs of pediatricians, psychologists and other professionals caring for children with developmental or behavioral problems will be presented again this year. Workshops will be in half-day formats. Registration for these sessions is in addition to the annual meeting registration. Registration is limited in some sessions, so please register early.

Abstracts
Abstracts selected for the 2007 SDBP Annual Meeting will be presented in plenary and poster sessions highlighting the most outstanding papers from a variety of subspecialties relating to pediatric developmental and behavioral medicine. All accepted abstracts of new and previously presented research will be published in the official SDBP program book. Abstracts presenting new scientific findings will also be published in the Journal of Developmental and Behavioral Pediatrics.

Exhibits
A limited number of tabletop exhibits are available. Complete information can be found at www.sdbp.org.

For more information and to register, please visit our web site at www.sdbp.org.
World-renowned Children’s Institute in the Southeast is seeking a Behavioral-Developmental Pediatrician to serve in their unique, multidisciplinary academic practice opportunity. Offering an employed position, excellent salary, plus usual and customary benefits including 403b + match, and the opportunity to assist in designing the curriculum for the Behavioral-Developmental Pediatric program. This new state-of-the-art Institute has specifically designed this space for a developmental/behavioral practice, serving children of all abilities, including those with special needs. The additional space adjoining the Institute is designed for a wide variety of teaching and research activities. This rapidly growing area rests amidst panoramic mountains and rivers – one running directly through the downtown Historic District. You will delight in the vast array of cultural activities such as the symphony, opera, theater, and Children’s Discovery Museum. If you are an outdoor enthusiast, enjoy a game of golf on Bermuda fairways, hiking through a lush mountain laurel, equestrian events, hang gliding, kayaking, and/or rock climbing. Not to mention, the best of professional and collegiate sports, parasailing, fishing, boating and marinas. Great restaurants and shopping abound! Contact: Craig Fowler at 800-492-7771, email: cfowler@phg.com.

Marquette General Health System is seeking a developmental – behavioral pediatrician to join our staff in Marquette, Michigan. This employed physician will direct and further expand services in the area of developmental – behavioral pediatrics currently under the direction of a retiring physician. Services and programs exist in the area of school dysfunction, multi-handicapping chronic conditions such as cerebral palsy and related disorders, fetal alcohol spectrum disorders, NICU follow-up, and developmental delay/autism with opportunities for expansion of services in these and related areas. The candidate will join an established Department currently staffed with three general pediatricians, neonatology, and pediatric cardiology with availability of consultation from visiting specialists and telehealth capabilities. Candidate will become a member of our dynamic 200-member medical staff. Our active staff is 100% board certified or board eligible and committed to the highest standards of excellence. Experience an exceptional quality of life in an area known for its natural beauty with opportunities for all varieties of recreational pursuits and quality family life. Contact: Mike Gokey at 906-225-6919, e-mail msgokey@mgh.org.

This large Neurology group in the Raleigh is seeking a second Developmental Pediatrician to join their Pediatric Neurology Department. This group, founded in 1982 is one of the most prestigious Neurology groups in the country. They are seeking a second Developmental Pediatrician to join their ranks as they expand into a beautiful new office building. The culture in the group reflects stability, fairness, work/life balance, cooperation, and excellent patient care. The group is looking for a Board Certified or Board Eligible candidate who wants to work either Full or Part time. This is an employment opportunity where you can focus on practicing medicine rather than on the headaches of running a business. With an excellent payor mix, an incoming Developmental Pediatrician can expect a great work/life balance and an excellent income level. The incoming candidate will be practicing 100% Developmental Pediatrics with zero call responsibilities. This is a clinical practice opportunity with a well defined need. A healthy supply of referrals will be provided to you from the Pediatric Neurologists. Using this same source for patients, the existing Developmental Pediatrician has more than a six month waiting period to see new patients. For these reasons you can expect to walk right into a thriving practice. If you have never visited Raleigh/ Durham, NC and the Research Triangle you are in for a treat! This rapidly growing southeastern community is a great destination due to the beautiful setting, unbeatable climate, vast cultural amenities, and quality of life. The community offers an atmosphere of friendly people, excellent home values, professional sports, an international airport, and countless shopping and dining choices. Many of the physicians working in this city have a hard time deciding what to do on their weekends whether taking in a show or game in the city, driving west to a mountain get-away, or heading east to lounge on the beach. Contact: If you are interested in learning more please call Nathan Lenyszyn, at 800-306-1330.
### 2007 MEETINGS

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<thead>
<tr>
<th>Event</th>
<th>Location</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>SDBP Hypnosis Workshop</td>
<td>Providence, RI</td>
<td>September 27-29</td>
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<td><a href="http://www.sdbp.org">www.sdbp.org</a></td>
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<tr>
<td>SDBP Annual Meeting</td>
<td>Providence, RI</td>
<td>September 29 - October 1</td>
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<td><a href="http://www.sdbp.org">www.sdbp.org</a></td>
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<tr>
<td>American Academy for Cerebral Palsy &amp; Developmental Medicine</td>
<td>Vancouver, Canada</td>
<td>October 10 - 13</td>
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<td><a href="http://www.aacpdm.org">www.aacpdm.org</a></td>
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<tr>
<td>American Academy of Child and Adolescent Psychiatry</td>
<td>Boston, MA</td>
<td>October 23 - 28</td>
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<td><a href="http://www.aacap.org">www.aacap.org</a></td>
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<tr>
<td>American Academy of Pediatrics</td>
<td>San Francisco, CA</td>
<td>October 27 - 30</td>
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<td><a href="http://www.aap.org/nce">www.aap.org/nce</a></td>
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<tr>
<td>Children with Attention Deficit Disorders</td>
<td>Crystal City, VA</td>
<td>November 7 - 10</td>
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<td><a href="http://www.chadd.org">www.chadd.org</a></td>
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<tr>
<td>Academy of Psychosomatic Medicine</td>
<td>Amelia Island, FL</td>
<td>November 14 - 18</td>
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<td><a href="http://www.apm.org">www.apm.org</a></td>
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**SDBP has a new logo!**

SDBP is proud to present its new logo, and new colors, in this edition of *Behavioral Developments*. Thanks very much to Suzanne Dixon, MD, MPH, Frances Glascoe, PhD, Mary Sharkey and Laura Degnon for working with outside companies to help produce what we see here as our final logo, recently voted on and approved by the Executive Council. We hope you like our new look!