Message from the President

The Board of the Society for Developmental and Behavioral Pediatrics met at the annual Pediatric Academic Society meetings in Vancouver in May. While it was a long way to go to get together, many of the members were able to attend the meeting and we discussed the work of the committees, the special-interest groups and our progress on the strategic plan. The PAS meetings are so packed with Developmental-Behavioral Pediatrics sessions that we were unable to find a time that was free for all of us.

It was incredible to see how many SDBP members, pediatricians, psychologists, and fellows, were presenting their research at these meetings. They had to come and go from the Board meeting and we had to arrange our committee presentations due to so many conflicts. We therefore met from early in the morning till about 10:15, went to a platform presentation on Developmental-Behavioral Pediatrics and then met for the rest of the afternoon. It took us all day to get through our agenda of the many activities of the SDBP. I can remember a day when the PAS meetings had barely one session on Developmental-Behavioral Pediatrics. Our specialty and our society have come a long way.

One of the major topics of conversation at the meetings was the new health-care reform bill. There was much conjecture over how this bill would affect the care of children in general and in particular the care of children with developmental and behavioral issues. Given that Massachusetts passed a similar health-care reform several years ago, we do have some insights here in Massachusetts.

First of all, there is not enough money to pay for expanding services to everyone at current rates of reimbursement. During the boom times in Massachusetts, it all seemed to work, but now we are seeing the necessity to cut back on funding both from the state and from insurance companies. Despite the fact that Developmental-Behavioral Pediatrics services have some of the longest waiting lists in the United States, we are lumped together with other medical specialties and current conversations seem to support the need for increased reimbursements in primary care as opposed to the specialties.

Although cognitive medical specialties as well as the AAP have commented on the need to support non-procedural medical specialties, it is all too easy to imagine how decreased reimbursements will make these already under supported areas more difficult. Psychology services as well continue to come already under supported areas more difficult.

Continued on page 6
Advocacy Committee
Adiaha Spinks-Franklin, 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.

• The Advocacy Committee has been hard at work to increase our visibility within the Society. We have been actively seeking opportunities to inform the membership on the Advocacy Listserv about national events that are germane to the health and well-being of children from a developmental perspective. If you are interested in joining the Advocacy List-Serv, please email amy@sdbp.org and have your email address added.

• Our own Jean Smith, former Co-Chair of the Advocacy Committee, proudly represented the Society at a Senate Briefing in Washington, DC on May 3, 2010, entitled “Healthy Development: A Summit on Children’s Mental Health.” The Society for Research in Child Development and the American Psychological Association were the sponsoring organizations. Jean’s participation in the Senate Briefing was a follow up to her active role in “Healthy Development: A Summit on Young Children’s Mental Health” in Denver, CO, in April 2009.

• An Advocacy Committee Workgroup will be presenting a concurrent session at the 2010 Annual Meeting. We would like to showcase the advocacy work of the membership and urge SDBP members to participate.

• We initiated an email to the SDBP membership encouraging them to provide comments toward the DSM-V Proposed Revisions. The SDBP coordinated an organized response, so Society members could participate in providing comments as a collective group of child development experts.

The Advocacy Committee meets at the Annual Meeting and by periodic conference calls. Please email Lynne Sturm (lsturm@iupui.edu) or Adiaha Franklin (spinks@bcm.edu) for more information.

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

The Communications Committee continues to focus on the publication of the Newsletter, with the very competent and committed input of Amy Schull. We want this to be a Newsletter that represents the entire society, so do not hesitate to send submissions or your suggestions. We embarked on an effort to establish an on-line community with the support and help of Nicole Wrightman, our trainee and recent graduate liaison. Please join the group we have established on “Linked In”. However, it appears that the chair and co-chair are “very old school”, so we need some help. At the recent board meeting, it was decided that perhaps this task belongs with the Trainee and Recent Graduate Committee. So stay tuned! In the meantime, feel free to send any suggestions regarding the newsletter, web page, and online components.

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

Greetings from the Education Committee! Members have been busy with a number of activities since our last meeting in Portland.

Residency Training in DBP
Last fall, the ACGME solicited input regarding residency training from the Association of Pediatric Program Directors (APPD) and the American Academy of Pediatrics (AAP). In response, the Education Committee and SDBP leadership submitted recommendations for revisions to the current requirements for residency training in DBP and also worked with several Committees and Councils in the AAP. The SDBP recommendations included guaranteeing 36 half day sessions as part of a required block rotation for residents and consideration of expanding required training to two months during residency. Unfortunately, the APPD did not ultimately include the recommendations in their response to ACGME and our solution submitted to the AAP Academy Leadership Forum (ALF) was not approved. However, there is still support for the recommendations within the APPD and the Revision Subcommittee. An overall goal of the revision process is to increase flexibility for program planning in light of upcoming additional restrictions on resident duty hours.

The concept of defining a rotation by a specific number of sessions fits well into this process. Stay tuned for updates on this process.

Maintenance of Certification
The SDBP continues to collaborate with the American Academy of Pediatrics (AAP) in DBP education. DBPrep, jointly sponsored by SDBP and the AAP, will be held in Chicago in 2010. Prep DBPeds provides subscribers with 8 questions per month and helps satisfy requirements for Maintenance of Certification through the American Board of Pediatrics (ABP).
Workgroup Updates
Teaching DBPeds Pre(Post)-Meeting Workshop Workgroup leader: Viren D’Sa
Plans are underway for the 2010 Annual Meeting. Our annual Education Workshop will be held on Tuesday, September 14 this year. The Workshop will include an Educational Scholarship poster symposium in addition to a number of exciting workshops on fellow, resident and medical student DBP education and a final joint session presenting ACGME “Hot Topics.” Registration is now open!

PAS Invited Science Program Planning Workgroup leader: Bob Voigt
SDBP members were well represented at the 2010 Pediatric Academic Societies meeting in Vancouver, May 1-4. Members of the Education Committee and Research Committee provided most of the abstract review workforce for DBP related topics and also served as session chairs and moderators. The meeting included high quality scientific sessions, lively poster sessions and invited science presentations on autism and hearing loss.

Web-Based Learning Resources Workgroup leader: Erik Flake
This workgroup is developing a web-based bulletin board for posting resources from members for teaching DBP. Resources will be available to all SDBP members through the members-only section of the SDBP website.

Medical Student Education Workgroup leader: Neel Soares
The Medical Student Education Workgroup is developing a survey of DBP faculty involved with medical student teaching. The Workgroup also plans to develop a brief curriculum for a DBP elective and/or shadowing experience.

Consultation Services for Residency Rotation Directors Workgroup leader: Nancy Powers
This new workgroup will collaborate with the Fellowship Training Committee to provide technical support to DBP Rotation Directors and potentially to Fellowship Directors.

We look forward to seeing you in Boston!

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

The ranks of health professionals that serve children with disabilities should reflect the racial and ethnic profile of the children themselves. To this end, the Society has adopted a Diversity Initiative, an effort to take decisive steps to increase the proportion of regular and associate members from under-represented groups.

The benefits of increasing the Society’s ethnic and racial diversity are clear. They include 1) creating a culturally-competent workforce that provides optimally effective care to patients; 2) providing improved access for the underserved; 3) broadening and strengthening the research agenda; 4) assuring an accurate interpretation of research findings; and 5) augmenting the pool of leaders for our field.

The Membership Committee has proposed several steps to contribute to the Diversity Initiative. The first is to initiate a tracking system to obtain accurate identifying information for new and existing members. The membership application and renewal forms have been revised to include optional check-offs regarding minority status according to current US census designations. We have also requested information on racial and ethnic status for authors who submitted abstracts for the Annual Meeting. We encourage all members and potential members to assist us with accurate tracking by completing this information. Anyone with questions should be provided with the rationale for why the information is sought. A subgroup of the Membership Committee will be charged with tracking this information and reporting back to the full committee on a yearly basis. Certain grant proposals ask for information about the presenters and attendees at the national meetings. In the future, we may use these data to prepare a grant for the Annual Meeting.

The second step toward the Diversity Initiative has been obtaining approval from the Board to offer a one-year discounted rate to new members who are also members of minority professional organizations, such as the National Medical Association Pediatric Section, the National Hispanic Medical Association, the Association of Black Psychologists, the Association of American Indian Physicians, and the National Latino/a Psychological Association. We appreciate the efforts of Adiaha Spinks-Franklin and H. Lynn Starr to identify contacts within these organizations and establish communication links to extend the offer to interested parties. Trainees would be eligible for a similar reduction in trainee membership fees for up to three years.

The third step has been to offer trainee members of these minority organizations the same deep discounts for membership that we have offered psychology trainees who are members of the Society for Pediatric Psychology when they are first author on abstracts accepted for presentation at the SDBP Annual Meeting. The trainee members receive all membership benefits of other trainee members with one exception: instead of receiving a paper copy of the JDBP, reciprocal members would receive online access to JDBP only. Last year six psychology trainees joined the society using this mechanism.

The Membership Committee strongly encourages current members to invite minority staff, trainees, and colleagues to join the SDBP. The Membership Committee looks forward to working with the Program Committee to design sessions at the Annual Meeting that attract ethnic and racial minorities to our meeting. We also look forward to working with the Research Committee to identify mentors for minority members who conduct research on culture, cultural competence, diversity, or disparities. Finally, we encourage any SDBP member to forward ideas and suggestions to the Membership Committee that would help us meet the goal of increasing membership diversity.

Continued on page 4
Committee Updates

Continued from page 3

Past Presidents Committee
Ellen C. Perrin, MD, Chair

Our Committee has continued to arrange and conduct interviews with past leaders of the field and the Society. In addition we are participating in a larger project to create a video remembrance of Dr. Robert Cooke, one of the founders of Developmental Pediatrics. Robin Hansen will take charge of collating, editing, and assembling these interviews.

Past presidents will play an active role in the Fall Meeting, reviewing abstracts and moderating sessions, and we’re considering a workshop on leadership in DBPeds. We welcome suggestions from the general membership (you don’t have to be a past president to have an opinion!)

The Past Presidents Committee initiated the Research Award program, which has subsequently been incorporated into the operations of the Society at large, and Committee members continue to support the award financially and in spirit.

Practice Issues Committee
Rebecca Baum, MD, Co-Chair
Charles Morton, MD, Co-Chair

The Practice Issues Committee continues to highlight and foster innovative ways to improve the practice of Developmental-Behavioral Pediatrics. Last year we completed the Quality Improvement (QI) toolkit, an electronic resource designed to assist members in improving their knowledge of QI. This information was also presented in a workshop by Bob Belknap at the 2009 Annual Meeting. We encourage you to visit the QI toolkit on the “members only” section of the SDBP webpage.

This year we plan to develop a similar electronic resource that focuses on the use of Electronic Medical Records (EMR) in DBP practice. We’ll soon be putting together a working group to create an EMR toolkit and develop a workshop for the 2011 meeting to highlight successful uses of EMRs in the areas of clinical care, QI, and research. We are also exploring electronic ways to exchange ideas with other SDBP members. As we develop these resources, we encourage you to get in touch with our committee if you have ideas to share on the use of EMRs, innovative or interdisciplinary practice models, or any other issues pertinent to the practice of Developmental-Behavioral Pediatrics.

Adrian Sandler from our committee is helping to lead the Benchmarks of Quality Group, a working group charged with promoting performance measurement in DBP practice. We are looking forward to a workshop at the 2010 Annual Meeting by Eugenia Chan and Bob Belknap entitled “Improve your QI IQ.” The workshop will highlight data from the Benchmarks of Quality survey that queried SDBP members about the use of quality measures in the care of children with ADHD and Autism Spectrum Disorders.

Lastly, we are very pleased to announce that the 2006-2007 Practice Issues Survey completed by Robin Adair, Ellen Perrin, and Carol Hubbard has been accepted for publication by the Journal of Developmental and Behavioral Pediatrics. We’re looking forward to the publication of this important manuscript detailing practice parameters and financial factors that impact Developmental-Behavioral Pediatrics.

Trainee/Recent Graduate Committee
Lauren Boyd, MD, Co-Chair
Malia May, MD, Co-Chair
Lisa Ramirez, BA, Co-Chair

The Trainee and Recent Graduate Committee (TRGC) is enjoying its first year as an official committee in SDBP. In keeping with the Society’s goal of interdisciplinary leadership in developmental and behavioral health, the three co-chairs of the committee include trainees from both psychology and pediatrics. TRGC liaisons to each of the other SDBP committees will submit biannual updates to TRGC members via email, outlining committee activities and opportunities for TRGC involvement.

In preparation for the September 2010 meeting, we conducted an online survey of trainees and recent graduates through Survey Monkey shortly after the 2009 meeting. The goal of this survey was to learn more about TRGC members, and ways to improve the SDBP Annual Meeting experience for these members.

In brief,
• 88% of respondents were developmental behavioral pediatrics fellows; 22% were psychology trainees.
• For the career workshop, a request was made to provide information regarding private practice developmental pediatrics positions and part-time positions. It was also noted that this event did not include information for psychology trainees, a possible addition for the 2010 session.
• Cost of travel, cost to register, and difficulty obtaining time away from practice were reasons disclosed for not attending the Annual Meeting.
• Reasons for not attending the TRGC social event included lack of knowledge about the event and arrival to meeting after the event.
• For the next TRGC luncheon, suggestions included time for introductions, more opportunity for mingling, and additional information provided for psychology trainees.
• Finally, TRGC members requested the information regarding board examination preparation be included at the 2010 Annual Meeting.

We have incorporated this feedback into our planning for the upcoming meeting in Boston. We hope all trainees and recent graduates will join us for the career information workshop and luncheon.
**Pediatric Nurse Practitioners/ Advanced Practice Nurses SIG**

**Jill Crawford, MSN, CPNP, Co-Chair**

Anne DeBattista, MSN, CPNP, Co-Chair

The NP Special Interest Group (SIG) has been approved and an email list-serve just launched. We hope that NP’s will use it as a way to share concerns, ideas, research, clinical questions, etc. SIG members will get together face to face at the Annual meeting in Boston in September.

For more information, please contact Jill Crawford (Jill_Crawford@brown.edu) or Anne DeBattista (annede@stanford.edu).

**QI Toolkit**

The Practice Issues Committee is pleased to announce the 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 is located in the members’ only section of the Society for Developmental and Behavioral Pediatrics website. Be sure to check it out!

---

**Committee Contacts**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Co-Chairs</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy Committee</td>
<td>Adieha Franklin, MD, MPH Lynne Sturm, PhD</td>
<td><a href="mailto:spinks@bcm.tmc.edu">spinks@bcm.tmc.edu</a>&lt;br&gt;<a href="mailto:lsturm@iupui.edu">lsturm@iupui.edu</a></td>
</tr>
<tr>
<td>Communications Committee</td>
<td>Robert Needelman, MD Susan Rosenthal, PhD</td>
<td><a href="mailto:Rdn2@po.cwru.edu">Rdn2@po.cwru.edu</a>&lt;br&gt;<a href="mailto:slr2154@columbia.edu">slr2154@columbia.edu</a></td>
</tr>
<tr>
<td>Development Committee</td>
<td>Dan Coury, MD</td>
<td><a href="mailto:daniel.coury@nationwidechildrens.org">daniel.coury@nationwidechildrens.org</a></td>
</tr>
<tr>
<td>Education Committee</td>
<td>Franklin Trimm, MD Carolyn Bridgemohan, MD</td>
<td><a href="mailto:rftrimm@usouthal.edu">rftrimm@usouthal.edu</a>&lt;br&gt;<a href="mailto:Carolyn.bridgemohan@childrens.harvard.edu">Carolyn.bridgemohan@childrens.harvard.edu</a></td>
</tr>
<tr>
<td>Fellowship Training Committee</td>
<td>Carol Weitzman, MD</td>
<td><a href="mailto:carol.weitzman@yale.edu">carol.weitzman@yale.edu</a></td>
</tr>
<tr>
<td>Membership Committee</td>
<td>Heidi M. Feldman, MD, PhD Terry Stancin, PhD</td>
<td><a href="mailto:hfeldman@Stanford.edu">hfeldman@Stanford.edu</a>&lt;br&gt;<a href="mailto:tstancin@metrohealth.org">tstancin@metrohealth.org</a></td>
</tr>
<tr>
<td>Past Presidents Committee</td>
<td>Ellen C Perrin, MD</td>
<td><a href="mailto:eperrin@tufts-nemc.org">eperrin@tufts-nemc.org</a></td>
</tr>
<tr>
<td>Practice Issues Committee</td>
<td>Charles T. Morton, MD Rebecca Baum, MD</td>
<td><a href="mailto:charles.morton@carle.com">charles.morton@carle.com</a>&lt;br&gt;<a href="mailto:rebecca.baum@nationwidechildrens.org">rebecca.baum@nationwidechildrens.org</a></td>
</tr>
<tr>
<td>Program Committee</td>
<td>Nancy E Lanphear, MD</td>
<td><a href="mailto:nlanphear@cw.bc.ca">nlanphear@cw.bc.ca</a></td>
</tr>
<tr>
<td>Research Committee</td>
<td>Paul Wang, MD Susan P. Berger, PhD</td>
<td><a href="mailto:Wangpaulp@yahoo.com">Wangpaulp@yahoo.com</a>&lt;br&gt;<a href="mailto:sberger@northwestern.edu">sberger@northwestern.edu</a></td>
</tr>
<tr>
<td>Trainee/Recent Graduate Committee</td>
<td>Lauren Boyd, MD Anna Malia May, MD Lisa Ramirez, BA</td>
<td><a href="mailto:lacayton@aol.com">lacayton@aol.com</a>&lt;br&gt;<a href="mailto:ammay@cmh.edu">ammay@cmh.edu</a>&lt;br&gt;<a href="mailto:Lisa.Ramirez@case.edu">Lisa.Ramirez@case.edu</a></td>
</tr>
</tbody>
</table>

---

**QI Toolkit**

The Practice Issues Committee is pleased to announce the 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 is located in the members’ only section of the Society for Developmental and Behavioral Pediatrics website. Be sure to check it out!
There are many exciting things happening at the Journal.

We are now publishing 9 issues per year. Although we have had to scramble to pick up the pace, things seem to be coming along well so far. We are above our current year page allowance so there are now empty pages to worry about. Special thanks to the section editors who have risen to the challenge.

We recently published a supplement on the Challenging Cases with Pediatrics again, thanks to Marty Stein and benefactors, Mary Sharkey and our former publisher, Sandy Kasko.

In the fall we will be publishing a Special Issue on genetics and cognition under the expert leadership of Nate Blum. This is bringing in new contributors and, we hope new readers. It will be an exciting issue.

Because we have substantially expanded the number of articles we have published in the last 2 years, don’t be surprised if the Impact Factor takes a dip this year, given how that metric is calculated. And unlike our 401K accounts, it is likely to come back sooner rather than later.

We have one of the lowest self-citation rates around. When you or colleagues send in a manuscript, please see if JDBP has published relevant materials on the topic. That helps the Impact Factor.

Note the expansion of the journal article reviews, in reviewers, in range of journals covered and article type. Thanks to Stu Teplin and the reviewers.

We have a new publisher, Terry Materese. This is good news in that Terry’s expertise is in web publishing and that is where the future of all journals lies. I hope you have taken the time to go to the journal website and will do so regularly as we are changing it as fast as possible. We’re adding new features, new materials and a lot of supplemental materials from the print journal including videos, pictures, and additional data. We are working on collections, rotating features, news issues, etc. And don’t forget the polls!

Here’s what I would like from all of you:

* Log in and look- give us your feedback
* Put the Journal website on your favorites list so you can regularly and easily return. “Hit rate” counts a lot in this world, so hit the site often
* Send in poll ideas and news items of interest to our readership.
* Do the polls

* Participate in the challenging case blogs
* Please give me some feedback on the World Perspective features including the Imagining Each Other pieces.

My personal email has changed: Please feel free to contact me directly with any hints, help, complaints or new ideas. sdixon@ucsd.edu.

Thanks to all of you for your support and promotion of the Journal.
As more and more fellowship programs move towards participating in the National Resident Matching Program (NRMP) to fill their slots, DBP has joined this trend. We anticipate that this will streamline the process for applicants and create less frenzy for both programs and applicants. Other small fellowship programs have reported that participating in the national match program has actually increased candidates entering the field and has resulted in greater geographic heterogeneity in filled slots.

In order to partake in the match, 75% of fellowship programs need to endorse participation along with 75% of available fellowship slots. As Chair of the Fellowship Training Committee, I sent a survey to program directors this past fall and there was overwhelming support to join. DBP can now be found on the NRMP website along with details about the match process. Our subspecialty will not be using ERAS (Electronic Residency Application Service) this year.

Important dates to keep in mind include:
• We are in the Fall match. We will be matching candidates who will be in their 3rd year of residency training (if they are still residents) and who will begin fellowship that coming July.
• In mid-July, NRMP will be sending all of the programs their login and passwords so that they can register and activate their programs on August 11, 2010 when the Match opens.
• On October 6, 2010 the Ranking opens where both programs and applicants can begin to put together their Rank Order List.
• On November 3, 2010 the programs must finalize the number of positions they will offer in the match, which we call their quota.
• The Ranking function closes on November 17, 2010 and all parties must have a Certified Rank Order List by that day.
• Match Day is December 1, 2010!!

If program directors have any questions, they can contact the NRMP (www.nrmp.org) or Carol Weitzman, MD (carol.weitzman@yale.edu).
This year’s meeting in Boston is sure to be well attended and meet the needs of our diverse membership! The Program Committee is looking forward to welcoming everyone to Boston.

The Annual Meeting will again offer a poster symposium that was very popular last year, in addition to 6 other concurrent sessions, two “Meet the Author” poster sessions, Autism and ADHD SIGs, and new this year the Nurse Practitioner’s SIG.

This year’s Lectureship recipient, Barry Zuckerman, MD, will be presenting on Sunday, September 12, 2010.

Dr. Zuckerman’s work transforms pediatric health care to promote early child development and health, expansion of access to basic needs and parenting information. He is also an educator, researcher and policy advocate addressing the needs of low-income families and children and implementation of policy changes to ensure that families’ basic needs are met. His expertise includes the impact of biological, social, health services, and psychological factors on children’s health and development.

Dr. Zuckerman founded three noted programs that use the pediatric setting to raise the standard of service for children in need. The Reach Out and Read Program (ROR) promotes child development and early literacy for young children in primary care settings. The Medical Legal Partnership for Children (MLPC) integrates legal advocacy and policy to improve the effectiveness of care. Healthy Steps is a national program emphasizing child development and a two generational model of care.

Workshops this year are pre- and post-meeting. Confirmed titles may be found of the following page. Please check the SDBP website (www.sdbp.org) for more information!
Saturday Pre-Meeting Half-Day Workshops
Puberty and Sexuality for Youth with Developmental Disabilities and Their Families

Resource Development to Fund Developmental-Behavioral Programs: How to Close the Dream Gap

DB Peds Related to the Generalist and Subspecialty Practitioners
Three presentations included:
• Communicating with Parents about Developmental Screening: Strategies for Implementation
• Early Identification of Infants at Risk for Autism
• ADHD Lecture

Improve Your QI IQ

Reimbursement Strategies For Dbpeds
Two presentations included:
• Using the Coding System to Improve Payment for Developmental/Behavioral Subspecialty Services
• Reading, Writing, RVU’S!

A Dyslexia Primer: Basic Principles of Etiology, Evaluation and Management for the Pediatrician

Saturday All-Day Workshop
Pediatrics and the Family: Incorporating Systems Principles into Practice

Tuesday
Teaching Developmental-Behavioral Pediatrics to Residents
Teaching developmental and behavioral pediatrics, a workshop developed by the Education Committee. If you run a DBP rotation, this workshop should be on your agenda. It will be held on TUESDAY.

Tentative Schedule is as follows:
Session I
• Teaching with Case-Based Learning: Challenging Cases from the JDBP
• Engaging Medical Students in Developmental-Behavioral Pediatrics
• Psychology and Developmental-Behavioral Pediatrics Training: Models of Teaching and Negotiating Professional Roles

Session II
• Changing Behavior: Engaging Residents in Developmental-Behavioral Competencies
• Innovative Techniques for Teaching Residents & Medical Students: The DBP Rotation and Beyond
• Assessing Traumatized Children and Families: Opportunities for Teaching DBP

Session III
• Teaching Pediatric Residents about Autism Spectrum Disorders: A Curriculum Developed by CDC and the Human Resources and Services Administration’s Maternal and Child Health Bureau Developmental Behavioral Fellowship Programs
• Oscar Winning Teaching: Engaging Medical Students in DBP Through Objective Structured Clinical and Ambulatory Stations (Oscars)
• Web-Based Teaching Platform for DBP with a Secure/Private Social Networking Capacity

Online Meeting Registration Now Open at www.sdbp.org!
In April 2009, a planning committee working with the Society for Research in Child Development as the organizational sponsor secured funding and representation from many organizations, including SDBP, for a summit on young children’s mental health at the University of Denver. A broad range of scientific disciplines and professions was represented. The goal was to enhance the public’s comprehension of child development and mental health, focusing on two main questions. 1) What does the science say about young children’s mental health? What promotes it and what derails it? And 2) What of this science can be used by communication science to improve public understanding?

Working in four small groups, Summit participants discussed 1) the importance of mental health for normal child development; 2) everyday challenges for parent and child mental health; 3) prevention opportunities in child mental health; and 4) effective treatments for childhood mental health problems. Within each area, participants were charged to identify empirically supported findings and the most useful ideas for improving public understanding.

The conclusions include the following:
1) Providing support for optimal social and emotional development results in positive outcomes for individuals and society;
2) Parents, caregivers, teachers and others who work with and for children need to be better informed about normal, healthy child development;
3) Families can be strengthened;
4) Decreasing poverty will increase resources to promote children’s mental health;
5) Prevention strategies can address multiple risk factors and reduce mental, emotional, and behavioral disorders;
6) A consistent, coherent prevention message across settings achieves more powerful results;
7) Evidence-based treatments exist for many but not all conditions;
8) Next-generation research can and must develop better treatments.

Key policy implications were articulated based on these ideas. One policy implication is that it is a critical time for policymakers to focus on young children’s mental health in considering a myriad of diverse areas such as child care, early education, welfare reform, child welfare, disasters, health disparities, health care reform, health care delivery systems, mental health parity, school bullying, and teacher preparation. Another key policy implication is that children’s mental health is not confined to a single area of policy. Children’s mental health is intertwined with policies related to health, education, and safety and mental health promotion is a public health concern. From an economic perspective, investing in young children’s mental health can result in savings for both individuals and society in the areas of education, special education, juvenile justice, child welfare, and health care.

A report was prepared based on the Summit’s work, entitled “Healthy Development: A Summit on Young Children’s Mental Health.” Copies can be downloaded from the American Psychological Association at www.apa.org or the Society for Research in Child Development at www.srcd.org (search on “summit” on either site). Information and policy implications from this report were presented at a Senate briefing in Washington, D.C. May 3, 2010.
Special Recognition Award
The Special Recognition Award is an advocacy and service award that, when awarded, is given at the SDBP Annual Meeting. This award provides an opportunity to recognize individuals or organizations whose work aligns with the overall mission and goals of the SDBP in promoting the developmental and behavioral health and well-being of children and families. Previous awardees have been selected from the region around the annual meeting site and presented to individuals and/or organizations during the Annual Meeting. The intent of this solicitation process was to help promote the visibility of the SDBP Annual Meeting in the city and surrounding region, minimize any costs associated with presenting the award in person, and give meeting attendees the opportunity to hear about some of the awardees work. This process has restricted the potential nominee pool to cities and the more northern half of the country and virtually eliminated international nominations. Additionally, finding time in the packed Annual Meeting to present the award in a way that is respectful of the awardees and the SDBP attendees has become difficult at best. For these reasons the selection criteria, process, and awarding of the SDBP Special Recognition Award has been revised as below.

Selection Criteria
The Special Recognition Award recognizes individuals and/or organizations that have made significant contributions to the field of developmental and behavioral pediatrics and whose work is consistent with the SDBP mission statement. Award criteria include but are not limited to those whose professional or organizational involvement has:

- Produced major public benefits in the field of child development and behavior including legislative policy and law or government service
- Led to actions to change the patterns of delivery and access to developmental and behavioral services for children
- Led to reimbursement changes that contribute to the field of developmental and behavioral pediatrics
- Made significant contributions to special populations of children in the areas of development and behavior
- A documented positive influence on teaching/training in the field of developmental and behavioral pediatrics

Process
The Special Recognition Award may be presented at any time of the year, but no more than one will be awarded annually. Nominations may be made to the Advocacy Committee at any time by SDBP membership with nominators providing:

1. A narrative statement on the individuals and/or organizations’ contributions and work as related to the Selection Criteria.
2. A brief resume (individual) or organizational description.
3. Endorsements from other individuals or groups (encouraged).

Three members of the Advocacy Committee including the Chair will review the nominations, seek additional information from nominators and others as deemed needed, and prioritize a list of at least two and no more than four nominees. This list of nominees will be presented to the Presidents’ Committee (consisting of current, past, and elect presidents) for final selection.

Awarding
The awardees will be notified by the Advocacy Chair by phone and a letter signed by both the SDBP President and AC Chair. An announcement of the award will be placed in the SDBP Newsletter accompanied by a description of the awardees’ work.

We encourage everyone to think about some individuals and/or organizations that deserve the Special Recognition Award and submit nominations.

SDBP MentorMatch
Just one of many SDBP member benefits!

The Fellowship Training and Research Committees of the SDBP have recently established a program for on-going mentoring of junior faculty and trainees in DBP (including MDs, PhDs, and others). To be included in this great program, visit the members only section of www.sdbp.org.

“I met with my mentor for the first time during the annual meeting. He’s been a wonderful motivator and “cheerleader” so far. As an M.D. fellow looking at different career paths, I’ve found his experience and wisdom to be invaluable as I figure out “what next.” He’s been emailing me regularly to check in since SDBP, and he’s made himself available by phone as well. In short, THANK YOU to the SDBP for setting this up and making it happen.” --Andy Barnes, MD, Minneapolis, MN
Thank you Contributors!

We wish to extend our sincere appreciation and recognition to the following SDBP individual donors. Listed below are the 2010 contributors to SDBP: We encourage all members to make a donation to SDBP.

**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 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 each of the SIGs: ADHD, Autism and Nurse Practitioner’s, as well as one for those active in Advocacy work.

The purpose of the ADHD, Autism and Nurse Practitioner’s 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 if you would like to be included! Be sure to indicate which email list(s) you are interested in joining.
Probing Traumatic Brain Injuries

Submitted by: Terry Stancin, PhD

Traumatic brain injuries (TBI) are a leading cause of death and disability in youth and therefore represent a major public health problem and an area of growing importance to DBPeds professionals. Improved medical treatment of children with TBI has led to more frequent survival, and concern has increasingly focused on the cognitive, emotional, and behavioral morbidity that occurs following TBI. For the past 20 years, I have had the privilege of collaborating with a team of renowned researchers to examine the long term child and family outcomes of pediatric TBI and to develop innovative clinical interventions to improve outcomes.

Pediatric neuropsychologist Gerry Taylor led initial efforts in a multisite project funded by NICHD to examine the long term child and family outcomes of TBI. Following a cohort of school age children over six year using an extensive battery of psychosocial measures, we found that TBI often results in a variety of negative and persistent sequelae, including cognitive deficits, emotional and behavioral problems, poor school performance, and declines in adaptive behavior, especially for children with more severe injuries. Negative consequences were also found in family members of these children, who struggled to cope with new burdens caused by child disabilities and behavioral changes.

Along with Gerry Taylor (at Rainbow Babies and Children’s Hospital), my core senior collaborators have included psychologists Keith Yeates (at Nationwide Children’s Hospital in Columbus) and Shari Wade (Cincinnati Children’s Medical Center in Cincinnati) aided by major contributions by other senior names familiar to SDBP (e.g., Dennis Drotar). Shari spearheaded a project still underway to follow long term consequences of TBI in families with children under age 7. She is also leading research efforts to examine the effectiveness of internet-based videoconferenced counseling to reach teens and families in their homes to facilitate adjustment following TBI. Keith is leading a study on the social and peer relationships of school age children with TBI; the study includes neuroimaging as well as psychological and behavioral measures. SDBP has always served as my professional home, and I have been pleased to that our research on pediatric TBI has been welcomed at the Annual Meeting and in our Journal.

Editors’ note: Terri is Head of Pediatric Psychology at MetroHealth Medical Center, a public urban tertiary care center and teaching hospital for Case Western Reserve University where she is a Professor of Pediatrics, Psychiatry and Psychology. She had the honor of serving as the Secretary-Treasurer for SDBP (1998-2006) and currently co-chairs the Membership Committee. She recently “re-upped” for a second term on the ABP Subboard for Development-Behavioral Pediatrics, and is one of the Review and Special Articles Editors for JDBP.

18th Occasional Temperament Conference

Submitted by: William 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. Background information is available from me (wbcarey@att.net) or Sean McDevitt (smcd@b-di.com), who have been attending regularly since 1978.
Advocacy Listserv Resources
Are you a recent member of the Advocacy Listserv but would like to see what you missed? In the members only section, click on the Advocacy Listserv link to see a list of resources that were sent to the members.

Find a Clinician . . .
... is a database of member names that are available to members as a searchable directory. If you would like to be included, be sure to log onto the members only section and click on “Find a Clinician”

QI Toolkit
The toolkit is designed to be a useful resource for those interested in Quality Improvement (QI) - to learn more about the topic in general, to learn how to improve processes in clinical practice, or to gather ideas about DBPeds-focused quality improvement projects. The Toolkit is located in the members’ only section of the Society for Developmental and Behavioral Pediatrics website. There is also a mechanism to have add your own QI project to share with others. Be sure to check it out!

Do 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 or 703-556-9222) and/or have them visit the SDBP website: www.sdbp.org.
NPHTI Pediatric Hypnosis Skills Workshop  
Minneapolis ~ Sept. 30 – Oct. 2, 2010

Dear Colleagues,

We would like to invite you to attend the upcoming 3-day pediatric clinical hypnosis skills training workshop offered by the National Pediatric Hypnosis Training Institute. (NPHTI = nifty!)

Faculty: Formerly sponsored by the Society for Developmental and Behavioral Pediatrics (SDBP) for 24 years, our faculty includes long-standing SDBP members whom you may know: Drs. Karen Olness (Past SDBP President), Dan Kohen (Member of SDBP Fellowship Training Directors group), Candy Erickson (Past SDBP Executive Council, Program Director, Course Director of Clinical Hypnosis Workshop, and other Committees), Lonnie Zeltzer (Past SDBP Secretary), Laurence Sugarman, Jud Reaney, Howard Hall, Tim Culbert, and Pamela Kaiser (Past Nominations Committee member).

Clinical Hypnosis in Pediatric Settings: Parents increasingly request therapeutic interventions that go beyond general guidance or medication. Clinical hypnosis has empirical support for a variety of conditions, including procedure-related and chronic pain, anxiety- and stress-related conditions, habit problems, sleep disturbance, and various medical conditions, e.g. elimination disorders, tics, warts, asthma, IBS and FAP, and headaches.

Updated Curriculum: Highlights for the Introductory, Intermediate and Advanced Levels include:
- Expanded emphasis on experiential learning, with supervised practice of hypnosis techniques and therapeutic language (e.g. Intro. level has more than twice the time of other hypnosis workshops)
- Faculty videotapes of their own patients
- Developmental considerations and examples emphasized for all topics
- Broadened networking and expanded opportunities to interact with faculty

ASCH Certification: Our program meets criteria toward certification with the American Society of Clinical Hypnosis (ASCH). The Introductory Workshop fulfills the 24.5 hours required for certification and ASCH membership. Credit for the Intermediate Workshop is 23.75 hours, and the Advanced Workshop is 23 hours.

Sponsor and Date: In collaboration with the Minnesota Society of Clinical Hypnosis and the University of Minnesota Department of Pediatrics, the program will be held September 30 – October 2, 2010 at the Radisson Hotel and Conference Center in a suburb of Minneapolis (Plymouth, MN).

Brochure: We hope that you will take a look at our brochure http://nphti.org/brochure.pdf for more detail. We appreciate your sharing this announcement with your colleagues. Our marketing is limited to email this year.

Early Bird Registration ends August 24, 2010 – act now to take advantage of the discount! Please note that the registration fee includes 6 incredible meals as well as hearty refreshments. The hotel rate is very reasonable, and the foliage may be turning color! To register contact www.cmecourses.umn.edu.

We look forward to the possible opportunity to seeing you this Fall!

Best regards,
Pamela Kaiser, PhD, CPNP  
Co-Director, NPHTI

Daniel P. Kohen, MD, ABMH  
Co-Director, NPHTI
<table>
<thead>
<tr>
<th>WHAT</th>
<th>SDBP LIAISON</th>
<th>FORMAL or INFORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DB-PREP planning committee (partnership between the AAP CME dept.,</td>
<td>Carol Weitzman, MD</td>
<td>Formal</td>
</tr>
<tr>
<td>the AAP SODB and the SDBP).</td>
<td>Franklin Trimm, MD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Robyn Mehlenbeck, PhD</td>
<td></td>
</tr>
<tr>
<td>Committee On Pediatric Education (COPE)</td>
<td>SDBP Education Committee Chair (Franklin Trimm, MD, 2010-2013)</td>
<td>Formal</td>
</tr>
<tr>
<td>Committee on Pediatric Research (COPR)</td>
<td>SDBP Research Committee Chair (Paul Wang, MD, 2005-2011)</td>
<td>SDBP is a liaison, not a voting member</td>
</tr>
<tr>
<td>Section of DB in the AAP (SODB)</td>
<td>Pam High, MD</td>
<td>Formal</td>
</tr>
<tr>
<td>Committee on Psychosocial Aspects of Child and Family Health</td>
<td></td>
<td>Trying to formalize</td>
</tr>
<tr>
<td>ABP and the SubBoard for DBP</td>
<td>SDBP submits names to the ABP – Nancy Lanphear, MD, is currently Chair of the ABP SubBoard for</td>
<td>Informal</td>
</tr>
<tr>
<td>ADHD practice guidelines committee</td>
<td></td>
<td>Trying to formalize</td>
</tr>
<tr>
<td>Council on Children with Disabilities of the AAP</td>
<td></td>
<td>Trying to formalize</td>
</tr>
<tr>
<td>DB Peds Self-Assessment (AAP project to develop SA tool required for</td>
<td>Franklin Trimm, MD, Associate Editor</td>
<td>Not a direct liaison, but trying to</td>
</tr>
<tr>
<td>recertification in DB Peds after 2010.)</td>
<td></td>
<td>formalize</td>
</tr>
<tr>
<td>Society for Research in Child Development (SRCD)</td>
<td></td>
<td>Trying to formalize</td>
</tr>
<tr>
<td>Pediatric Psychology section of APA (Div 54)</td>
<td>Robyn Mehlenbeck, PhD</td>
<td></td>
</tr>
<tr>
<td>Association of Pediatric Program Directors (APPD)</td>
<td></td>
<td>Trying to formalize</td>
</tr>
<tr>
<td>American Academy of Child and Adolescent Psychiatry (AACAP)</td>
<td></td>
<td>Trying to formalize</td>
</tr>
<tr>
<td>AAP Committee on Early Childhood, Adoption, and Dependent Care</td>
<td>Pam High, MD (chair of this committee until 2011)</td>
<td>Informal</td>
</tr>
<tr>
<td>Council of Pediatric Subspecialties (CoPS)</td>
<td>David Schonfeld, MD and Dan Coury, MD</td>
<td>Formal</td>
</tr>
<tr>
<td>International Pediatric Association (IPA)</td>
<td>David Schonfeld, MD</td>
<td>We are a member.</td>
</tr>
<tr>
<td>Pediatric Academic Societies Planning Committee (PAS)</td>
<td>Education and Research Committee Chairs</td>
<td>We are a member.</td>
</tr>
<tr>
<td>NAPNAP</td>
<td>Anne DeBattista, CPNP, liaison to NAPNAP SIGs: Dev Behavioral and Mental Health</td>
<td>Informal</td>
</tr>
<tr>
<td>APA Research Committee</td>
<td>William Barbaresi, MD</td>
<td>Informal</td>
</tr>
</tbody>
</table>
Expectations of SDBP Members as Liaisons to other Societies

Created November 6, 2008

DUTIES AND RESPONSIBILITIES

- Keep the SDBP Executive Director, and President, informed of the meeting days/times.
- When representing SDBP, help promote developmental-behavioral pediatrics and keep the best interests of SDBP in mind!
- When asked for a statement, or appointments, from the society, review this with the Executive Committee or full Board for prior input and approval.
- If appropriate, bring SDBP promotional material to the meeting (membership brochure, meeting information) for dissemination.
- If SDBP covers your costs to attend any of these meetings, submit receipts and a request for reimbursement within 30 days of the conclusion of the meeting.
- Submit a written report to the SDBP Executive Director, and President, within 14 days of the meeting outlining a summary of what took place, highlighting anything in particular the SDBP leadership should be aware of and/or consider taking action.
- If appropriate, write an article for the SDBP Newsletter summarizing the meeting and SDBP’s role to keep the membership apprised of our efforts.

SDBP

“Save the Dates!”

2011 Annual Meeting
September 16-19, 2011
Marriott Rivercenter
San Antonio, TX

2012 Annual Meeting
September 7-10, 2012
Hyatt Regency
Phoenix, AZ
New Bedford, MA: Developmental Pediatrics Practice
I have a busy little Developmental Pediatrics practice in New Bedford, Massachusetts, with an interesting array of patients. I would like to retire within the next year or so. My patients are dependent on me and would appreciate any successor.

New Bedford is an industrial fishing town within commuting distance of Boston, Cape Cod and Providence. Terms are negotiable. Although I work full time, it can easily be transformed into a part time practice. Please call 508-984-7072 and ask for me, Dan Nussbaum.

Chattanooga, TN: Developmental Behavioral Pediatrician
The Siskin Children's Institute-T.C. Thompson Children's Hospital Center for Developmental Behavioral Pediatrics has begun recruitment for a second Developmental Behavioral Pediatrician. Situated in beautiful downtown Chattanooga, and surrounded by a large rural area including Southeast Tennessee, North Georgia, and Western North Carolina, the new center makes it possible for families to receive help closer to home. In the first ten months the center has provided diagnostic and therapeutic care, for over 3000 patient visits, to families in a 165 mile radius of Chattanooga. To learn more, visit www.siskin.org.

Indianapolis, IN: Assistant/Associate Professor of Pediatrics
The Section of Developmental Pediatrics in the Department of Pediatrics at Indiana University School of Medicine is seeking to fill an immediate opening for a full-time clinical track Assistant/Associate Professor of Pediatrics. Candidates should possess a Ph.D. or Psy.D.in Clinical Psychology, have completed an APA-accredited internship in the area of pediatric psychology, and have HSPP eligibility and/or credentialing in the state of Indiana. Applicants should have at least 5 years of clinical experience with children with complex health care needs and co-occurring social-emotional or behavioral concerns. Post-graduate certification/endorsement in infant mental health strongly preferred. Responsibilities will include providing clinical evaluation and intervention services for the busy Developmental Pediatrics Outpatient Service with its various clinics, as well as the direction and expansion of that service. Candidates also should have developed expertise in working with internationally adopted children, providing evaluations, parent education, and counseling services for this population. Applicants should have experience in the area of trauma-informed evaluation and treatment and should have an interest in expanding and leading the emerging trauma-informed service model for the Department. Other responsibilities will include the collaboration with multidisciplinary teams in the hospital setting, supervision/teaching of doctoral level psychology students and medical students/residents, as well as collaboration in research endeavors supporting the mission of the Department. Experience with local, regional, and national presentations strongly preferred.

Please send CV and letter of interest to Dr. D. Wade Clapp, Department of Pediatrics, 702 Barnhill Drive, Indianapolis, IN 46202 or E-mail to dclapp@iupui.eduIndiana University is an EEO/AA employer, M/F/D

Rochester, NY: Developmental Behavioral Pediatrics Opportunity
Come join a progressive, expanding Developmental Behavioral Pediatrics clinical program. This employed, full time position is a joint clinical appointment with Rochester General Hospital (RGH) and Golisano Children's Hospital/University of Rochester Medical Center in metropolitan Rochester, New York. The practice is multidisciplinary including pediatrics, psychology, nurse practitioner, and nursing, as well as having the opportunity to participate in medical education. The candidate should be BC/BE in Developmental Behavioral Pediatrics.

RGH is a thriving medical system with a 528 bed general care hospital including a pediatric emergency department, inpatient unit and busy outpatient teaching practice. Rochester is an affordable medium sized city with extensive cultural, educational and recreational activities and an active pediatric community. Excellent schools including 5 of the top 100 public schools in the country. Four season climate ideal for families.

Please Contact: Kathy Peishel, Sr. Physician Recruitment and Retention Liaison, Rochester General Health System Toll free: (877) 838-7571 E-mail: kathy.peishel@rochestergeneral.org

Greater Chicago Area, IL: Developmental-Behavioral Pediatrics
Located just 40 miles west of Chicago in the Aurora/Naperville area, Dreyer Medical Clinic is a physician governed group with more than 150 physicians in 27 specialties.

Dreyer has an exciting opportunity for an energetic/well trained Pediatrician with a Subspecialty/Interest in
Developmental or a Pediatrician with an interest in ADD. This is an opportunity to augment and grow a multidisciplinary/comprehensive program for developmentally disabled children within Dreyer.

- Dreyer has 13 pediatricians (plus 3 midlevels), as well as 12 Family Practitioners (plus 3 midlevels) in the Family Medicine department who will refer patients to this newly formed department.
- Dreyer’s current ADD Clinic was developed in 1985 by Dr. John Blair- The program is well recognized throughout the Western suburbs. For further information visit: www.dreyermed.com/add
- Competitive two-year income guarantee with the potential to exceed.

Dreyer provides a variety of comprehensive ancillary services, including a strong Psychiatry department (consisting of three full time C&A Psychiatrists, one C&A Psychologist, and one Neuropsychologist), Counseling, Support Groups, Nutrition, pediatric allergist at site, physical medicine and rehab, as well as consultation/ collaboration with up to 27 physician specialties within the Clinic.

Learn more by visiting http://www.dreyermed.com If interested, send your CV to lee.meyer@dreyermed.com Lee can be reached at 630-906-5058.

How Do Physicians Like Working At Dreyer? - In a 2009 survey conducted by the American Medical Group Association, Dreyer averaged in the 98th %tile for all 12 dimensions of Physician Satisfaction! Send your CV to lee.meyer@dreyermed.com Lee can be reached at 630-906-5058.

Marshfield, WI: Developmental/Behavioral Pediatric Specialist
Marshfield Clinic is seeking a Second Developmental/Behavioral Pediatric Specialist at our regional children’s service in Marshfield, Wisconsin.

- Established Developmental/Behavioral Pediatric service in multi-specialty clinic with adjoining St Joseph’s Children’s Hospital (24-bed pediatric unit, 8-bed PICU, 24 bed NICU), renowned research facility, and state-of-the-art medical library
- The opportunity to collaborate with other pediatric specialists in serving children with special needs through multidisciplinary clinics and consultations in a Child Development Center
- Participation in Pediatric and Med-Peds residency training programs to enhance the future of children’s care and development
- A comprehensive Pediatric and Adolescent Medicine Department with excellent primary care and subspecialty providers
- The benefits of a sophisticated, integrated electronic medical record system that allows effective and efficient patient care and instant communication with referring physicians

In addition to a competitive salary, the attractive benefit package includes:

- Life, dental, health, occurrence based liability and disability insurance
- 38 days paid leave to start plus $5800 CME allowance per year
- A fully funded retirement plan and matching 401K plan
- Generous relocation allowance and more

Marshfield is conveniently located with equal proximity to Madison, Milwaukee, the Twin Cities and the beautiful resort communities of the Midwest. Schools are among the best in the country. Housing is affordable and there are no long commutes. For more information contact: Mary Treichel, Physician Recruitment, Treichel.mary@marshfieldclinic.org, 715-221-9774 www.marshfieldclinic.org

Fall River, MA: Developmental/Behavioral Pediatrician
The Fernandes Center for Children and Families (FCCF) at Saint Anne’s Hospital in Fall River, Massachusetts is seeking a Developmental/Behavioral Pediatrician to join its multidisciplinary team.

The FCCF, in partnership with the May Institute, provides evaluation and treatment services for children with a wide range of developmental and behavioral disorders. The physician will work collaboratively with other providers from Rehabilitation and Behavioral Health divisions to assist children with Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorder, Developmental Delays, Anxiety Disorders, Learning Disabilities, and Mood Disorders. Specialty medical services are also available at FCCF, including Cardiology, Endocrinology, Gastroenterology, Genetics, and Growth and Nutrition clinics, which are staffed by physicians from Floating Hospital and Boston Children’s Hospital.

BC/BE in Developmental/Behavioral Pediatrics or Neurodevelopmental Pediatrics and experience in assessment and ongoing treatment, including psychopharmacology required. Numerous opportunities for teaching resident physicians, medical students, graduate psychology students, and nursing students.

Fall River is a beautiful coastal locale, within driving distance of Providence, R.I., Boston, MA, & the White Mountains in N.H. Interested applicants should submit a CV and Cover Letter to: Christine Kady, Physician Recruiter, at Christine.Kady@caritaschristi.org or call 617-562-7717.

Learn more about us:www.caritaschristi.org
<table>
<thead>
<tr>
<th>Event</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDBP Pre-Meeting Workshops</td>
<td>Boston, MA</td>
<td>September 11</td>
</tr>
<tr>
<td>SDBP Annual Meeting</td>
<td>Boston, MA</td>
<td>September 12-13</td>
</tr>
<tr>
<td>SDBP Teaching DBPed Workshop</td>
<td>Boston, MA</td>
<td>September 14</td>
</tr>
<tr>
<td>AACPDM 64th Annual Meeting</td>
<td>Washington, DC</td>
<td>September 22-25</td>
</tr>
<tr>
<td>National Pediatric Hypnosis Training Institute - Three Day Workshop</td>
<td>Minneapolis, MD</td>
<td>September 30-October 2</td>
</tr>
<tr>
<td>American Academy of Pediatrics National Conference and Exhibition</td>
<td>San Francisco, CA</td>
<td>October 2-5</td>
</tr>
<tr>
<td>CHADD Annual Conference</td>
<td>Atlanta, GA</td>
<td>November 11-13</td>
</tr>
<tr>
<td>APM 57th Annual Meeting</td>
<td>Marco Island, FL</td>
<td>November 10-13</td>
</tr>
<tr>
<td>DB:PREP® - An Intensive Review of Developmental-Behavioral Pediatrics</td>
<td>Chicago, IL</td>
<td>December 8-12</td>
</tr>
</tbody>
</table>