Message from the President

Our 25th Anniversary

The Society for Developmental and Behavioral Pediatrics was established in 1982 – this year marks our 25th anniversary. Our field, and our Society, has undergone tremendous growth over this period.

In July 2006, Degnon Associates (which celebrated its own 25th anniversary just a few years ago) assumed management responsibility for SDBP, with Laura Degnon becoming our Executive Director. Laura has shown tremendous energy and commitment and demonstrated excellent leadership skills; she managed to become a well informed and effective Executive Director essentially from the very start. I would also like to acknowledge the extraordinary efforts of members of the Society in leadership roles during this transition period, including Past President Paul Dworkin, past and current Secretary-Treasurer Terry Stancin and John Duby, outgoing and current Program Committee Chair Nathan Blum and Nancy Lanphear, and the Executive Council and Committee Chairs. It is truly remarkable how SDBP continued to move forward during this transition in leadership without even seeming to miss a step.

Despite the challenges inherent in the transition, SDBP has retained its strengths and expanded its reach further. Our 2006 annual meeting was our best attended by far and featured an excellent scientific program. The Society’s Journal, under the leadership of Suzanne Dixon and continuing strong support of Mary Sharkey, has continued to grow, receiving numerous high quality submissions and increasing its standing among professional journals. Along with Past President, Paul Dworkin, I plan to explore ways that SDBP can expand our reach further outside of North America. Toward this end, I will be representing SDBP at the end of April at the 4th Asia US Partnership in Early Child Development and Primary Care.

Given this growth during a period of transition, the leadership of the SDBP held a 2-day retreat of the Executive Council, officers, and committee chairs. This retreat was held in Cincinnati February 22-23, 2007 and expertly facilitated by past president Heidi Feldman. It served as an opportunity to reaffirm our identity as an interdisciplinary professional society and much of the strategic plan developed several years prior, while moving us further ahead in developing more specific objectives and strategies for implementa-

Continued on page 4

In this issue

- Presidential Column .................................................1
- Committee and Liaison Updates ..................................2
- Update on DB-Prep .................................................4
- Update on Certification .............................................5
- SDBP Member Contributions .....................................6
- Welcome SDBP New Members ....................................11
- SDBP Strategic Plan ..................................................12
- SDBP Contributors ...................................................12
- SDBP Awards Call for Nominations ..............................13
- Job Announcements ..................................................14
- Calendar of Events ....................................................16
Committee and Liaison Updates

Advocacy Committee Report
Jean C. Smith, Chair

It was a real pleasure to be able to attend the Strategic Planning meeting in Cincinnati this February. The discussions helped provide guidance for the Society's advocacy work that will integrate more closely with the SDBP's overall mission and goals. Policies and procedural guidelines for the Advocacy Committee are being written to provide direction for committee activities in collaboration with other SDBP committees and leadership.

One advocacy activity is to be able to respond in a proactive fashion to issues of concern to the SDBP and membership.

Proactive Response Plan – The Advocacy Committee, in collaboration with the other SDBP committees and Executive Council, will identify one to two advocacy issues for a three year focus with specific action plans. This would allow time to identify those issues particularly relevant to the SDBP mission and committee goals, create a realistic timeline to do research and explore strategies necessary to create an advocacy action plan.

A Rapid Response Plan has been drafted and is currently being revised. Potential strategies for both the rapid and proactive advocacy activities include: increase presence on the SDBP web site, solicit editorials for the JDBP, lend expertise to other professional groups for children with special needs, and partner with other professional groups and organizations in their advocacy efforts.

The Special Recognition Award has been an Advocacy Committee activity for over a decade. Previous awardees have been selected from the region around the annual meeting site and presented to individuals and/or organizations in recognition of their “efforts to promote the health and well-being of children and families”. This award has been useful in providing an opportunity to recognize individuals or organizations whose work aligns with the overall mission and goals of the SDBP. New criteria and a selection process for this award have been written.

Selection Criteria for the Special Recognition Award
The award is to recognize 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. Please refer to page 13 of the Newsletter for further information on the Special Recognition Award.

Practice Issues Committee Report
Robin Adair, Chair

Practice Issues Committee Survey Results Pending
The Practice Issues Committee Survey on practice parameters and financial factors was conducted October 18 through February 18. As a three part survey, there were over 100 responses each to Parts I and II, and over 75 to the supplemental survey. While the hope had been to have some preliminary results to report in this issue of “Behavioral Developments,” as of press time, the data were still being readied for analysis. The survey subcommittee looks forward to presenting results at the SDBP annual meeting this fall and publishing results later in the year.

Practice Issues Survey-Winners!
John Leavell, MD
Amanda Bennett, MD
Shelley Walker, MSSA
Laura Nicholson, MD
Rose Merola, MD

Research Committee Report
Paul Wang, Chair

The Research Committee continues to support research in DBPedaiatrics through a number of activities. These efforts include coordination of the SDBP Research Grant, providing reviewers for SDBP Annual Meeting submissions, providing research mentorship and consulting to both senior and junior members of the SDBP, and sponsoring at least one research-related presentation at the Annual Meeting each year. Last year, this presentation was led by SDBP member Laurie Bauman, PhD, Professor of Pediatrics at the Albert Einstein College of Medicine. Her symposium was entitled “The Art of Conducting Focus Groups: Do’s and Don’ts,” and was very well received.

Establishment of the SDBP Research Grant, spearheaded by Ellen Perrin and Bill Barbaresi, is an achievement about which the entire Society is justly proud. The support of the Society’s membership, especially its past presidents, has been critical to the financial health of this program.

2006 Research Award Recipient
Molinda Chartand, MD
“The Effect of Parental Deployment on the Behavior and Healthcare Utilization of Young Dependent Children in Active Duty Families.”
Boston Medical Center, Marilyn Augustyn, Advisor

2005 Research Award Recipient
Purnima Valdez, MD
“Impact of Media Exposure and Media Content on Later ADHD and Learning Problems.”
New York University School of Medicine, Alan Mendelsohn, Advisor

For the upcoming 2007 Annual Meeting, the Research Committee plans to sponsor a grantsmanship workshop led by Lynne Haverkos, MD, Program Director for Pediatric Behavior and Health Promotion, at the NICHD. The research success of the Society’s junior members is a key to the vitality of the entire Society, and the Research Committee is renewing its emphasis on this goal.

For the last 2 years, the committee also has provided input to the annual Drug Prioritization Hearings, held by the FDA and NICHD, to identify high priority areas.
Liaison to AAP COPR
Paul Wang, Liaison

The Committee on Pediatric Research (COPR), which meets twice yearly, is a standing committee of the AAP. COPR makes policy recommendations to the AAP’s Board of Directors on various aspects of child health research, collaborates with other committees on policy statements, assists in developing testimonies and legislation, and maintains liaison relationships with many national pediatric associations and federal agencies. The SDBP Research Committee chair sits as a regular liaison member of COPR. Among the current activities of COPR are contributing to the revision of the AAP Guidelines on the ethical conduct of clinical trials in children, and consideration of potential new research avenues for the PROS network. COPR is also leading the development of a new AAP statement on research regarding the effects of race/ethnicity, gender, and SES on child health.

Among the research initiatives for which the AAP is advocating is the National Children’s Study, a long-term study to examine the effects of physical, chemical, biological and psychosocial influences on health and development in more than 100,000 American children. Planning for this study is complete, and several vanguard sites are poised to pilot the study, but funding for this widely-endorsed study is threatened in the current federal budgetary climate. The cost of the study would be easily recouped in a single year if its results lead to a mere 1% reduction in the costs associated with treating chronic diseases that may have their origin in childhood.

Education Committee
Franklin Trimm, Chair

The Education Committee currently has 32 identified members. The committee’s last meeting was during the 2006 SDBP annual meeting in Philadelphia. Pam High, who has been the committee chairperson for a number of productive years, gave an update on subspecialty board certification and the DB: PREP program. Further discussions focused on proposals for the 2007 Teaching DB Peds to Residents Workshop and reviewing the results of a needs assessment survey performed by Pam High and Viren D’Sa. Current activities include establishing a listserv to facilitate communication of committee members between annual meetings. Several members of the Education Committee are participating with the Program Committee to develop this year’s Teaching Developmental-Behavioral Pediatrics to Residents workshop. Additional goals for committee focus include establishing a web-based resource for posting educational materials and tools, participate in organizing SDBP input to the American Board of Pediatrics Residency Review and Redesign in Pediatrics (R3P) Committee, coordinating shared needs with Carol Weitzman, Chair of the new Fellowship Committee, and participating in planning DB Prep 2008. The committee recognizes and appreciates the leadership of Pam High for the past several years as she moves to a Board position.

Attention: Nurse Practitioners

In September 2006 at the SDBP annual meeting in Philadelphia, a group of Nurse Practitioners met to discuss our common roles. At that time, we agreed to develop and implement a survey to further clarify the role of the Nurse Practitioner in Developmental Behavioral Pediatrics. That survey is now available and we are looking to find all Nurse Practitioners who practice in this specialty area. The survey can be accessed by sending an email to Jill_Crawford@brown.edu. If you are an NP in Developmental Behavioral Pediatrics or Neurodevelopmental Pediatrics, or know of one, please send an email to be included. We hope to be able to share our results at the SDBP meeting in Providence!
President’s Message

Continued from page 1

It is truly remarkable how SDBP continued to move forward during this transition in leadership without even seeming to miss a step.

In order to meet our new goals and objectives, it is critical that we establish ways for our membership to grow and for our members to become more involved and active within the Society. Toward this end, Laura and I held a series of conference calls with the leadership of each of the Society’s committees, to explore the objectives for the coming year and to ensure that the Society leadership was prepared to support the achievement of those objectives. We have asked each of the committees to engage their membership in activities outside of the annual meeting. I encourage each of you, if you are not already, to become an active member of at least one of the Society’s committees:

Program Committee
Nancy E. Lanphear, MD (Term Expires 2009)
Email: nancy.lanphear@cchmc.org

Advocacy Committee Chair
Jean C. Smith, MD (Term Expires 2007)
Email: jcsmith@co.wake.nc.us

Education Committee Chair
Franklin Trimm, MD (Term Expires 2009)
Email: ftrimm@jaguar1.usouthal.edu

Research Committee Chair
Paul Wang, MD (Term Expires 2008)
Email: paul.p.wang@pfizer.com

Communications Committee Chair
Robert Needleman, MD (Term Expires 2008)
Email: rdn2@po.cwru.edu

Membership Co-Chairs
Heidi Feldman, MD, PhD (Term Expires 2009)
Email: hfeldman@Stanford.edu
Terry Stancin, PhD (Term Expires 2009)
Email: tstancin@metrohealth.org

Practice Issues Committee Chair
Robin Adair, MD (Term Expires 2007)
Email: radair@rcn.com

Fellowship Training Committee
Carol Weitzman, MD (Term Expires 2009)
Email: carol.weitzman@yale.edu

Development Chair
Daniel L. Coury, MD (Term Expires 2010)
Email: dcoury@chi.osu.edu

Carol Weitzman is the chair of a newly established Fellowship Training Committee. We anticipate that other new committees and groups, possibly in the form of Special Interest Groups, will be established to better meet the growing and diverse needs of our membership. Our goal is not only to advance our field, but also to better serve the needs of our membership. Let us know how the Society can be of greater value to you, and let us know how you can help us meet that goal.

We have much to celebrate at the time of our 25th anniversary. I’m excited at the prospect of what lies ahead for the next quarter of a century and invite each of you, as members, to help us reach that potential.

SDBP 2007 Annual Meeting
September 29 to October 1, 2007
Providence, RI

SDBP’s Online Abstract Submission program is now open!!

The deadline for abstract submissions is May 15, 2007, 11:59 pm EST.

Update on DB-Prep

Submitted by: Linda Grossman and Glen Aylward

The most recent DB-Prep course was held in Newport Beach, California in July of 2006. Attendance was good (200+) although lower than the two previous times the course was offered – probably related to the relatively smaller number of people who took the Board certification exam in November of 2006. A significant subgroup of the participants were general pediatricians interested in more intensive training in developmental-behavioral pediatrics. It is estimated that the Society will make approximately $9000 from the 2006 course.

Plans are underway for the DB-Prep course for 2008 or 2009. The hesitation about the date is because the Board exam is being moved from the fall of 2008 to the spring of 2009 but the exact date has not yet been set. The DB-Prep course likely will be offered in January of 2009, depending on the exact dates of the Board exam. It is anticipated that attendance at this course will again be higher as many of us will be up for recertification at that point.
UPDATE ON CERTIFICATION

RE-CERTIFICATION AND MAINTENANCE OF CERTIFICATION IN DBP

Submitted by: Mark Wolraich

In fall of 2006, 131 individuals took the certification exam in DBP and 93 passed (71% pass rate) bringing the total number of people certified in DBP to 520. The next certification examination will be held in March or April of 2009. Certification requires concurrent certification in General Pediatrics, continuous and unrestricted medical licensure, examination of knowledge in a secure testing site and one of the following 3 levels of training or experience: 1) completion of 3 years of fellowship training at an accredited program in DBP which includes at least a year of research mentored by an oversight committee as well as training in clinical, administrative and teaching; 2) completion of a 2 year fellowship in DBP that began before January 2003; or 3) Five non-contiguous years of DBP practice at the subspecialty level completed before January 2007.

Those certified in DBP are required to re-certify every 7 years. Those re-certifying in any pediatric subspecialty are not required to maintain their general pediatric certification. “Re-certification” will be in 2009 only for those initially certified in 2002. This will require continuous unrestricted licensure and a test of knowledge offered in both spring and fall of 2009. Beginning in 2010 re-certification will be replaced for all pediatric subspecialties and for general pediatrics by maintenance of certification (MOC). Part 1 of MOC is Professional Standing and requires valid, unrestricted, continuous medical licensure; Part 2 is Lifelong Learning and requires participation in continuing medical education that includes self-assessment in both knowledge and in decision making skills; Part 3 is Cognitive Expertise and requires a test of knowledge (typically 200 question, closed book) at a secure testing site which is expected to be offered for a month in the spring and a month in the fall for 6 days a week at multiple testing centers; and Part 4 is Performance in Practice which will require peer and patient surveys as well as meaningful participation in a quality improvement project.

Please contact the American Board of Pediatrics (ABP) for updates and verification of any of this information. This information is provided as a summary only. Decisions about these important regulations are formulated and applied by the ABP. Their very informative website is www.abp.org.

AMERICAN BOARD OF PEDIATRICS SUBSPECIALTY FORUM

The fourth meeting of the ABP Consortium addressing Maintenance of Certification (MOC) in Pediatric Subspecialties met in Raleigh, NC July 31st to August 1st of 2006. Michelle Macias (AAP Section on DBP), Mark Wolrich (ABP sub-board) and Pam High (SDBP) represented Developmental-Behavioral Pediatrics. The aims for this meeting were:

1. Bring the Consortium members up to date on the progress of the ABP’s PMCP Part 4 for subspecialists including a new model for two pathways
2. Provide a forum for sharing of successes and challenges from subspecialties that are involved in developing programs that will meet requirements for Part 4
3. Get input from Consortium members about how the PMCP process can be improved
4. Discuss how communication can be improved and what additional help the ABP can provide
5. Provide education about quality improvement
6. Present a framework for new subspecialties to use to develop programs for Part 4

GENERAL MEETING SUMMARY AND FOLLOW-UP

A new model for MOC Part 4 was introduced that was developed in the past year as a follow up to the 2005 Consortium. Part 4 requires meaningful participation in a quality improvement project. The model consists of two pathways to receive credit for Part 4. Pathway A consists of completion of Web based modules. The Consortium was given an update on the development of the current Web based modules for subspecialists, the eQIPP nutrition module developed by the AAP and available on Pedialink and the ABMS patient safety module.

Pathway B enables subspecialists to receive credit for valid participation in established QI programs. The model for creating these programs involves creating systems in pediatrics that allow physicians to measure quality and apply QI principles to improve care in multicenter collaborative practices. Updates on the major national programs led by pediatric subspecialists in pediatric GI, cardiology, critical care, neonatology, and pulmonology were presented. The Consortium also heard the NACHRI strategic plan for quality and opportunity to collaborate with the ABP’s MOC efforts. Cincinnati Children’s Hospital’s nationally recognized institutional approach to quality improvement and to coordination of efforts across multiple subspecialties was presented. Quality improvement as an academic track was discussed and a template for new subspecialties to use to develop national collaborative QI efforts was presented. There was vigorous discussion about what constitutes meaningful participation in quality improvement and more time will be allotted for similar discussion next year. There was significant enthusiasm for replicating and spreading the models represented in the success stories that were presented.

Each subspecialty was given time to discuss where their discipline would like to proceed in developing programs for either Pathway A or Pathway B. In response to this our group formulated a questionnaire that should be distributed to SDBP and AAP SODBP members in the coming months regarding interest in participation in registries and/or special interest groups focusing on either ADHD or Autism. Look for this in your email and let us know of your interest.
Sooner SUCCESS: Assisting Families and Clinicians Connect with Other Community Services

Submitted by: Mark Wolraich

There are many challenges for families of children and youth with special health care needs (CYSHCN) and the clinicians who serve them. Locating resources in the home community is often at the top of the list for both provider and family. Primary care practices are pressed to organize and fund staffing patterns that can help connect their patients to other community services. Adding the function of coordinating access to other community-based services that patients may need is beyond the financial capacity of most practices since those services are not typically reimbursable. Also, locating individuals with adequate knowledge about available resources further complicates the problem.

Sooner SUCCESS, at the OU Child Study Center is building a community-based infrastructure to help ease access to services, better integrate these services and increase capacity within communities to provide services to CYSHCN. The program coordinates the efforts of the health, mental health, social and education systems to improve access to services for individual families, assist clinicians to connect their patients with resources and support communities to build new service capacity.

The project, now in its fourth year of implementation, began as a coalition of family members, public child/youth serving agency managers and advocacy groups. Funding has come from Oklahoma’s CYSHCN Program, the Oklahoma Developmental Disabilities Council, the Oklahoma State Department of Education, the Oklahoma Health Care Authority and a federal grant from the Maternal and Child Health Bureau.

Sooner SUCCESS promotes and strengthens a community-based, integrated service system using a multi-tiered approach, addressing differences in coordination at the state, regional, local and individual level. At the state level, the Sooner SUCCESS State Interagency Council identifies systemic approaches to maximizing service coordination. Regionally, Sooner SUCCESS partners with existing formal and informal service and support systems to identify the status of CYSHCN and the services available to them and their families. The project also works to strengthen communication among the many providers involved in the children’s care. At the local level, the project supports community-based coalitions to identify ways to increase service capacity and respond to individual families’ needs.

Serving as a catalyst at the state and local level, Sooner SUCCESS has partnered with other organizations to build a stronger integrated system of services:
- Dr. Laura McGuinn and Cyd Roberts, MSW, OU Child Study Center, surveyed primary care practices to determine the status of Medical Home implementation across the state. They have established an advisory board that includes several AAP state chapter members and other community members to develop strategies to spread adoption of the concept. The program also provides technical assistance to practices implementing aspects of the Medical Home. From this effort, enhancement of screening and referral practices has been initiated through Setting the Stage for Success, a follow-up to a successful program funded by the Commonwealth Fund in North Carolina providing Oklahoma with technical assistance to improve the quantity and quality of developmental and behavioral screening in Oklahoma’s Medicaid program and enhance communication between primary care practices and community resources.
- In partnership with the University Center for Excellence in Developmental Disabilities, a Medical Home has been implemented in the Pediatric Practice Model clinic at the University of Oklahoma Health Sciences Center. Not only will the children and youth served by that clinic receive comprehensive, coordinated care through a Medical Home, the pediatric residents receiving their continuity of care experience in that clinic will have first hand experience with Medical Home concepts.
- In a primarily rural county, a local planning group initiated a project that will provide a community-based care coordinator to work with four primary care practices to help those clinicians connect their patients to other services. The project is being accomplished in partnership with Oklahoma’s Medical Home initiative at the OU Child Study Center, the Oklahoma Health Care Authority, the Oklahoma Commission on Children and Youth, and the Canadian County Children’s Justice Center. The model employs a community-based care coordinator who is not organizationally attached to any one practice or to any service agency. The care coordinator will work between the practices, service agencies and families. The concept, and the local planning group, originated with one of the Sooner SUCCESS local coalitions. The coalition identified the need to support families’ access to more comprehensive and continuous health care and to support primary care practices serving

Continued on page 7
For the past two years, I have been engaged in projects to provide multi-disciplinary education about developmental disabilities and to diagnose and treat children with disabilities in Belize. This has been very rewarding work and I wanted to share it with SDBP members.

International Hospital for Children (IHC) is an organization based in Richmond, Virginia, whose mission is to link pediatric surgical and diagnostic services to critically ill children from developing countries. The organization is committed to working closely with local providers and organizations to build local capacities. IHC accomplishes its mission by sending clinical teams to partner countries to do diagnostic clinics and surgical treatments (bringing some children to the US for complex surgery), educating caregivers and health care providers, and training health care providers. IHC currently serves Belize, Honduras, Guatemala, Dominican Republic, St.Vincent/Grenadines, and Guyana.

In Belize, IHC partnered with two Belizean organizations – Friends of Pediatrics and Care Belize. Friends of Pediatrics is committed to expanding high quality pediatric care, and Care Belize coordinates and provides early intervention and developmental services for children birth to five.

In November 2004, I went to Belize City with a team of US pediatric surgeons (Neurosurgery, Orthopedics and Urology) to conduct spina bifida clinics, evaluating 55 children and establishing treatment plans. We held a 2-day symposium on spina bifida, attended by close to 200 health care professionals, along with children with spina bifida and their parents.

In 2005 and early 2006, I returned to Belize with a Urology nurse practitioner to do follow-up and teaching regarding the bladder and bowel management protocols in outlying areas. Thirty two children are currently doing well on clean intermittent catheterization. Care Belize’s well-trained field officers have been able to reach children with spina bifida in the most remote parts of the country, and families have been receptive to treatment.

These visits highlighted several other needs for children with disabilities in Belize. I am grateful to IHC for recognizing these needs, venturing beyond their surgery-oriented mission, and providing support and resources to meet these needs. With the help of Friends of Pediatrics, Care Belize, and the Department of Special Education (Ministry of Education), we had a remarkably successful two-day Developmental Pediatrics Conference in Belize City in November 2006. IHC-sponsored faculty included Chris Johnson MD, Marcie Taylor OT, Carl Dunst PhD and myself. Lectures, workshops and panel discussions covered the gamut of clinical topics in developmental pediatrics, with an emphasis on autism, developmental delay, screening, early intervention and education. There were more than 300 attendees, including teachers, parents, and health care providers. Our intentions to provide a springboard for further action were buoyed by the presence and participation of both the Ministers of Health and of Education.

Dr. Chris Johnson, Marcie Taylor, Dr. Maureen Sams-Vaughn (developmental pediatrician from Jamaica) and I staffed clinics in Belize City for children with developmental disabilities. Twenty eight children were evaluated, at least half of whom had an autism spectrum disorder. We initiated parent training in applied behavioral analysis for the families at the clinic.

The work will continue in June, when I will team up with Care Belize to conduct further diagnostic clinics in remote areas for children with developmental problems.

Sooner Success

Continued from page 6

these families with care coordination activities. Service agencies will benefit by having greater access to services across all providers for their clients.

The long-term goal is to make Sooner SUCCESS available throughout the state of Oklahoma and serve as an exemplary model for other states. Dr. Mark Wolraich, the Director of the OU Child Study Center, and Sooner SUCCESS staff are pursuing state funding to replace the term limited grants and contracts that currently support the program and to extend it to other regions of the state. They are meeting with key state legislators to brief them on Sooner SUCCESS and request funding. If you are interested in more information about Sooner SUCCESS, you may contact Louis Worley, Sooner SUCCESS State Coordinator at 405-271-6824 extension 45131 email: louis-worley@ouhsc.edu or Dr. Wolraich at 405-271-6824 extension 45123 email: mark-wolraich@ouhsc.edu.
A Cultural-Developmental Model for ADD and ODD
Management without Medication

Submitted by: DuBose Ravenel

ADD/ADHD and oppositional-defiant disorder (ODD) are widely viewed as neuro-biological etiology with strong genetic influence. Although behavioral methods are recommended before instituting medication therapy, this is seldom done, or only token efforts are made. The arguably definitive study for ADD to date, the MTA study, included a reward-based behavioral approach that was so intensive and expensive as to be impractical for widespread application—and yet even this was found to add little to improving the core behaviors defining ADD. It is understandable that behavioral management of ADD and ODD is generally overlooked.

An alternative non-medical model for managing these children has been developed and applied addressing cultural forces that have been found to impact children’s behavior and learning. It is assumed that most children with ADD or ODD are not neurologically or genetically impaired, but simply affected primarily by reversible or correctable cultural or nutritional factors in their lives. They are considered capable of learning self-control and of assuming responsibility for their behavior. This paradigm for ADD has been reported and updated since. With success in a number of cases, I have begun to offer this approach to parents of otherwise normal children with problems fulfilling ADD or ODD criteria. From my experience most parents, if offered a way to deal with their child’s problems in a corrective manner without relying on drugs, welcome such an approach. This model is consistent with Bandura’s research on the importance of self-efficacy and avoids the external agency implicit in a medical, pharmacological method of management. In his review of the research on self-control, Strayhorn concluded that “Self-control is a psychological skill whose high development could potentially prevent, or aid in the treatment of, vast amounts of psychopathology.”

Although the role of nutritional and dietary factors is usually downplayed, a number of reports suggest that this skepticism is unwarranted. Recognized authority in Nutritional Medicine, Leo Galland, MD has summarized research in the role of these therapies for ADHD and his experience in successfully managing hundreds of children with ADHD without medications over the past twenty years. He provides a user-friendly, practical survey instrument with which to screen ADHD children for a high probability that nutritional factors play a significant role in the genesis of their ADHD behaviors, along with specific recommendation for supplementation in cases where screening suggests this is appropriate.

Cultural factors implicated in this model for ADD and ODD include exposure to electronic stimuli at an early age, parenting philosophy and approach, the impact of educational trends in contemporary America (pushing formal instruction down to younger ages), the aforementioned nutritional factors, and exercise. Furman has described the failure of evidence to support the dogma of ADHD as a disease or neurobehavioral condition and making a plea for individualized assessment in the manner described above. Aunola and Nurmi in their longitudinal study of the association between parenting style and internalization and externalization of problem behaviors, concluded that the parenting style associated with subsequent problem behaviors, some of which are similar to those seen in ADD or ODD cause rather than result from those behaviors. Parent-training centered about training for self-control is provided in two one-hour sessions, restriction of exposure to electronic stimuli imposed, and nutritional and dietary measures implemented.

Although the role of nutritional and dietary factors is usually downplayed,
a number of reports suggest that this skepticism is unwarranted.

The Amish culture demonstrates a natural experiment where the cultural characteristics implicit to this model are followed. Papalos and Papalos, during the course of research among the Amish related to bipolar disorder, found that “symptoms of ADHD were unusual.” In his analysis of the flaws in popular interpretation of research underlying the prevailing medical model for ADD/ADHD, Indiana pediatrician Michael Ruff describes his experience in a small group private practice with the large number of Amish families who are part of his practice:

Similarly, our small group private practice has over 800 Amish families and not a single child in this group has been referred to us by the schools for evaluation or recognized by us as having ADD.

Taking this approach with children fulfilling diagnostic criteria for ADD/ADHD and/or ODD has led to encouraging preliminary results. A number of children have demonstrated virtually complete resolution of the problem behaviors within a few weeks to a few months, and in several cases, follow-up as much as a year later has documented stability in the gains observed. In several cases, children who have been on multiple medications for multiple diagnoses (i.e. ADD, ODD, depression) for several years, yet continuing to struggle, have been enabled to reduce or eliminate their dependence upon medications while enjoying a substantial increase in their well-being and school performance.
Humanizing the Caesarean Birth Experience

Submitted by: Eleanor Blitzer

Fifteen years ago a miracle happened in Fort Myers, Florida. It was then that I was permitted to keep our last baby with me after she was delivered by Caesarean Section. I had been allowed to catch a glimpse of the others, but then they had been whisked away to the nursery, and brought to me “as soon as possible,” which meant a few hours later. I’ll always remember how cheated I had felt when they had brought me my older baby, all bathed and wrapped up, . . . and fast asleep. I had not been able to really make contact with her for nearly 24 hours. But fifteen years ago, a lactation nurse named Vicki Carlson stayed with me during the delivery. When the Nursery nurses came to take my baby away, she prevented them. She stayed with my husband and me so that I could hold my baby. I could watch my baby every second. When I was sewn up, my baby and my husband and Vicky went to the recovery area with me. I never had to lose sight of my baby. And I was able to breastfeed her in that first hour, in a private, unhurried way. Truly a miracle!

After that, I decided to try to change hospital policy so that all moms, including those who had C-sections, could recover with their babies. I got my chance when I was the Department of Pediatrics Chairman in 2000. I got to know all the heads of specialties, and I worked to gain everyone’s support.

. . . I decided to try to change hospital policy so that all moms, including those who had C-sections, could recover with their babies.

When the new Coordinator of Obstetrical Nursing arrived with a background in family-centered care, we launched our program. The program has been going for more than six years. As the C-section rate climbs nationally towards fifty per cent in places, a developmentally sensitive recovery process is more and more important. Yet we must maintain safety.

At the Cape Coral Hospital (part of the Lee Memorial Health Care System in Lee County, Florida) we train the OB nurses in proper recovery technique, so that Anesthesia feels secure they will not miss a rare, but serious complication, and we have a separate OB recovery room. We have two nurses in the room, one for the mother, and one for the baby. One family support person may stay with the mother and baby. At present, we do not include mothers who delivery under general anesthesia.) Parents rave about the program.

We note that babies initiate breastfeeding at 96 minutes of age in our recovery room. Controls (moms who could not participate because of lack of OB nursing staff) initiated at 143 minutes. Two-thirds of the project mothers were exclusively breastfeeding at discharge, compared to 60% of C-section mothers who recovered without their babies.

This program was really possible because of the pioneering work of Drs. Kennel and Klaus. Without them, I would never have known it could be possible. I hope some of you who read this article will want to try to incorporate a similar recovery policy in your own hospitals.
Early-onset oppositional and aggressive behaviors in preschoolers are troublesome for parents and a known precursor to more serious and costly antisocial behaviors (e.g., delinquency, substance abuse) that may persist into adolescence and adulthood (Foster & Jones, 2005). Up to 25% of school-age children have an identifiable emotional or behavioral problem (Perrin & Stancin, 2002). The first 5 years of life are critical to a child’s social-emotional competence and are the ideal time to discuss parenting skills. Pediatricians are in the position to take a more active role in prevention of behavioral issues during counseling at well child visits. Yet, surveys show a large majority of resident physicians feel unprepared to adequately screen and manage these types of issues upon completion of their training (Dworkin, 1979). Therefore, there is an urgent need to develop a systematic method of teaching these much needed skills so that primary care pediatricians may be able to deal with behavioral problems more efficiently in practice. Many of the principles of parenting programs, such as the Incredible Years© can be incorporated into primary care practice (Bauer & Webster-Stratton, 2006). For example, teaching residents how to coach parents to ignore minor misbehavior and using incentives and enthusiastic praise for acceptable behavior will result in parents shifting their responses to the child’s strengths, rather than the negative aspects (Bauer & Webster-Stratton, 2006). To date, the curriculum has not been used specifically for education of future pediatricians.

The approach to this project includes piloting a series of collaborative learning modules based on the Incredible Years curriculum© called Parenting Prescriptions, a condensed form of the program delivered during a 4 week behavioral pediatrics rotation, as well as a structured observation of residents in clinical encounters to document active application of knowledge gained. Parenting Prescriptions has been developed by Dr. Bauer (working closely with Dr. Webster-Stratton) and is comprised of 4 modules that emphasize review and critique of videotape examples, clinically applicable role play scenarios and other group processes to increase residents’ ability to systematically observe parent-child interactions and counsel parents in basic child management techniques within the primary care office setting. In addition to didactics, our project incorporates practice opportunity in a specialty pediatric behavioral clinic and in the residents’ continuity clinics to integrate this knowledge. Residents are systematically observed by faculty who collect objective data and immediate feedback is given to the residents on their interviewing style and counseling skills. This clinical experience will allow residents to directly apply skills learned in Parenting Prescriptions sessions to patient care, while allowing continual troubleshooting with residents in real-time. Our hope is to conduct efficacy and effectiveness trials so that we can standardize this curriculum to share and export this curricula to other pediatric residency training programs across the country.

For more information, and a full list of the references cited, please contact the PI, Dr. Nerissa S. Bauer, MD, MPH, the DBP rotation director and director of the Healthy Families, Happy Kids Behavioral Pediatrics Clinics at Indiana University. She can be reached at nsbauer@iupui.edu or by phone at 317-630-6194.
“eHealth” generally refers to the use of information technology, including the Internet, personal and hand held computers, CD-ROMs, virtual reality, video conferencing, and other forms of information and communication technology, in providing medical care. Within the realm of pediatric psychology, it is more focused, and refers to the use of information and communication technology in the provision of pediatric psychology interventions to children, adolescents, and families. One significant form of eHealth is the use of Internet interventions. This form of treatment has already been shown to be feasible in a variety of pediatric psychology studies such as those focused on asthma, obesity, encopresis, recurrent pain, and traumatic brain injury. Unique aspects of eHealth provide opportunities to obtain real-time sampling of behaviors and symptoms, enhance assessment methodologies, and enable delivery of novel treatments. Although eHealth holds much promise in pediatric psychology, it remains an underdeveloped area that requires focused research efforts to realize its full potential.

This special issue will focus, globally, on eHealth in pediatric psychology. More specifically, a request is made for manuscripts focused on the following: (1) feasibility, efficacy, and effectiveness studies of Internet interventions within pediatric populations; (2) descriptions and early testing of other technologies, particularly as it relates to behavior change and symptom improvement in pediatric populations; (3) use of information and communication technology within the areas of assessment and measurement; and (4) establishment of guidelines, theory, and models within eHealth pediatric psychology research. Original research and review articles will be considered.

Editors for the special issue will be Lee Ritterband, PhD, from University of Virginia Health System, and Tonya Palermo, PhD from Oregon Health & Science University. Please direct any inquiries to Leer@virginia.edu or to palermot@ohsu.edu.

Manuscript submissions are due by February 1, 2008. Please submit manuscripts electronically through the journal’s online submission Web site (http://jpepsy.manuscriptcentral.com) and include a cover letter stating that you would like the manuscript considered for this special issue.
The leadership of the Society has been diligently working on fine-tuning the Strategic Plan. In addition to the Mission Statement and Vision Statement, below are six Goal Statements SDBP will focus on in order to achieve its mission. For more detailed information on how each goal will be achieved, visit our web site at www.SDBP.org, click on About Us, then Strategic Plan.

Mission Statement
SDBP is an interdisciplinary professional organization that promotes the developmental and behavioral health of all infants, children, adolescents and their families by advancing research, education, evidence-based clinical practice and advocacy.

Vision Statement
To be the interdisciplinary leaders in optimal developmental and behavioral health for all children

Core Values
- Biopsychosocial
- Collaboration
- Scientific basis of field
- Interdisciplinary
- Collegiality
- Child and Family Advocates
- Cultural competency
- Teachers/Educators

Goal Statement #1
To become the organizational home for professionals engaged in interdisciplinary approaches to developmental-behavioral health

Goal Statement #2
To form strategic alliances with organizations to promote developmental-behavioral pediatrics

Goal Statement #3
To design and share high quality interdisciplinary education in developmental-behavioral pediatrics

Goal Statement #4
To secure the resources to preserve and enable implementation of the strategic plan

Goal Statement #5
To promote and disseminate research in developmental-behavioral health

Goal Statement #6
To promote high quality interdisciplinary clinical services

SDBP Contributions
We wish to extend our sincere appreciation and recognition of the following donors to the mission of SDBP. Listed below are contributors to SDBP from November 2006 through April 2007 with cumulative donor status:

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It is with great pleasure that the Society for Developmental and Behavioral Pediatrics announces the return of the SDBP Research Grant for 2007. For the third time, SDBP will provide a grant to one young investigator in the field of developmental and behavioral pediatrics. This is an incredible opportunity for one individual looking to obtain financial support of their research, and just one way SDBP continues to fulfill its mission of encouraging research and promoting education within the field.

To be eligible for the SDBP Research Grant, the applicant must be an SDBP member, must not have any prior extramural funding as a principal investigator, and must be a trainee (defined as fellows in Developmental and Behavioral Pediatrics; Post-doctoral fellows in psychology/other PHD programs); or a junior faculty who has completed post-doctoral training within three years of the date of submission of the proposal.

The recipient of the 2007 SDBP Research Grant will be recognized at the Annual Meeting in September, and awarded a grant in the amount of $5,000 for one year. Information for the Research Grant will be available soon on the SDBP website, www.sdbp.org.

The 2007 SDBP Research Grant would not be possible without your financial support. Thank you for your generous contribution, and helping to make the dreams of one young investigator come true. If you would like more information about contributing to SDBP or one of SDBP valuable programs, contact the SDBP National Office at (703) 556-9222, or email info@sdbp.org.

Endorsements from other individuals or groups are strongly 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 SDBP Presidents’ Committee (consisting of current, past, and elect presidents) for final selection. The awardees will be notified by the Advocacy Chair by phone and a letter signed by both the SDBP President and AC Chair.

Please send nominations along with the information under Selection Process above to Jean Smith at jcsmith@co.wake.nc.us by May 15th 2007.
**Position:** Chief, Division of Behavioral Pediatrics and Psychology, Department of Pediatrics, Rainbow Babies and Children’s Hospital, University Hospitals Case Medical Center, Case Western Reserve University - posted 3/19/07 on SDBP website

**Description:** The Department of Pediatrics invites applications and nominations for the position of Chief of the Division of Behavioral Pediatrics. Rainbow Babies & Children’s Hospital is a 267-bed tertiary care academic medical center and is ranked as one of the nation’s top children’s hospitals. University Hospitals Case Medical Center is the primary teaching affiliate of Case Western Reserve University School of Medicine. Rainbow Babies & Children’s Hospital is the #1 ranked children’s hospital in the Midwest (U.S. News) and the top 10 in NIH grant support.

The new Chief will direct the expansion of the academic mission of this Division. We are interested in an individual with a national reputation and a distinguished record of scholarly accomplishment. Administrative experience and a record of clinical excellence are additional prerequisites. This leadership position will include an excellent opportunity for the individual to expand his/her own research program, as well as to develop the Division’s academic focus in collaboration with the Pediatric Neurology Division and Pediatric Psychiatry. The Behavioral Pediatrics Division has a number of established investigators and a funded fellowship training grant. Faculty rank commensurate with experience.

**Contact:** Please send letter and CV to Avroy A. Fanaroff, M.D., Professor and Chair, Department of Pediatrics, Rainbow Babies and Children’s Hospital, 11100 Euclid Avenue, Cleveland, OH 44106-6040, aaf2@case.edu. Case Western Reserve University School and University Hospitals Case Medical Center are committed to Equal Opportunity and World Class Diversity. Applications from qualified women and minorities are encouraged.

**Position:** Tenure Track Faculty, Director of the Asperger Institute, New York University Child Study Center, Endowed Chair – The Recanati Family Professorship, Department of Child and Adolescent Psychiatry, NYU School of Medicine - posted 3/19/07 on SDBP website

**Description:** The New York University Child Study Center announces a search for the Director of the new Asperger Institute, an exceptional program funded by a landmark $30 million donation. The Asperger Institute is dedicated to the development of cutting edge research, educational models for children and adolescents with Asperger Syndrome, and state of the art clinical services, and will include public education, and outreach components.

We are seeking outstanding applicants for a tenure track faculty position for Director of the Institute with expertise in basic or clinical research and clinical treatment in Asperger Syndrome. The academic appointment at the Associate Professor or Professor level will be in the Department of Child and Adolescent Psychiatry, one of only two such independent Departments in the United States. This tenure-track position, which includes an endowed chair, offers exceptional scholarly resources and one of a kind opportunities to interact with world class faculty at related Schools at New York University, its affiliated hospitals, and its collaborative partners, including The Nathan Kline Institute for Psychiatric Research. Research opportunities will incorporate development of genetic and neurobiological models, and neuroimaging studies. The successful candidate will have a Ph.D., M.D., or equivalent degree and will be expected to lead innovative clinical, translational, or basic research, and participate in the design, implementation, and assessment of innovative educational programs, and state-of-the-art clinical services. The candidate is also expected to have active extramurally funded research. Additional details about the Asperger Institute and the NYU Child Study Center can be found at: www.aboutourkids.org.

**Contact:** Application Procedures: This is an electronic application process; please contact aspergersearch@med.nyu.edu for details.

**Position:** Solo Developmental-Behavioral Pediatric practice available, as owner is planning to retire - posted 2/8/07 on SDBP website

**Description:** This is a wonderful opportunity to step into a turnkey, established, highly successful and still growing practice. Location is in a leased, modern free-standing brick office building in a centrally-located professional development. the principal diagnoses include ADHD, Language, Learning, Coordination and Pervasive Developmental Disorders. Referrals come from primary and specialty care physicians, school educational staffs, and other patients’ families. Ocean Springs, MS is a family friendly, mid-upscale art community, voted in top 40 U.S. communities to retire or raise a family. It has low crime, top schools, sailing, boating, deep sea and fresh...
water fishing, golf and hunting. Make a move to enjoy quality of life, professional satisfaction, and 100% reimbursement for your efforts.

Contact: Marianne Allison, CPA at (228) 326-8922 or Carolyn M. Buttross, MD at (601) 928-7094

Position: Director of Psychology for the Division of Developmental and Behavioral Pediatrics (DDBP) - posted 12/14/06 on SDBP website

Description: CINCINNATI CHILDREN’S HOSPITAL MEDICAL CENTER (CCHMC) is recruiting for a Director of Psychology for the Division of Developmental and Behavioral Pediatrics (DDBP). Major responsibilities include overseeing approximately 14 psychology faculty and staff who are dedicated to the multidisciplinary Division of Developmental and Behavioral Pediatrics (Division Director David J Schonfeld, MD) and also part of the Division of Behavioral Medicine and Clinical Psychology (Division Director Lori Stark, PhD). Through various exemplary programs, DDBP provides diagnosis, comprehensive multidisciplinary evaluation, treatment, training and education for infants, children and adolescents with developmental disorders and developmental and behavioral problems. The Division faculty oversee training of postdoctoral fellows in several programs, including the MCHB-funded Leadership Education in Neurodevelopmental Disabilities (LEND) Training Program, and are engaged in clinical, translational and basic research projects. We are seeking a candidate with a strong clinical background and a commitment to an academic career with experience in a leadership position, consistent with the rank of Associate to Full Professor. Research experience and a record of research funding are desired. This position will have many opportunities to mentor Ph.D. and M.D. trainees and junior faculty; funds are available for protected research time and recruitment of additional faculty and staff. Salary is very competitive and commensurate with academic level and productivity. Anticipated start date between July and September 1, 2007. CCHMC is an Affirmative Action/Equal Opportunity Institution, women and minorities are encouraged to apply.

Contact: Send vita, letter of interest, three letters of reference and (p)reprints of research to: Dr. Lori J. Stark, Director, Division of Behavioral Medicine and Clinical Psychology, Cincinnati Children’s Hospital Medical Center, MLC 3015, 3333 Burnet Ave., Cincinnati, OH 45229-3039. If applying by e-mail address application to Dr. Stark but send to Gail.Kerns@cchmc.org.

Position: BC/BE Pediatrician with subcertification in Developmental/Behavioral pediatrics - posted 12/4/06 on SDBP website

Description: ALLENTOWN, PENNSYLVANIA - GOOD SHEPHERD (www.goodshepherdrehab.org). Seeking BC/BE Pediatrician with subcertification in Developmental/Behavioral pediatrics for premier rehabilitation network. Strong interest in autism, cerebral palsy, and musculoskeletal diseases highly preferred. Located in the Lehigh Valley (population 600,000+), this wonderful city offers easy access to Philadelphia (50 miles) and New York City (90 miles).

Contact: For more information, contact Maureen Jamieson, 800-678-7858, x63517, fax 314-726-0026, mjamieson@cejkasearch.com, ID#27452B28

Position: Pediatric Nurse Practitioner - Developmental/Behavioral Pediatrics - posted 10/24/06 on SDBP website

Description: The Neurodevelopmental Center, in the Department of Pediatrics, is accepting resumes for a CPNP to join a team of Pediatricians, Nurse Practitioners and Neuropsychologists. Our patients are children with developmental, behavioral and learning needs. The CPNP role is to participate in the evaluation of children, develop a plan of care and provide follow-up care to manage medications and advise parents regarding educational and therapeutic interventions needed. All staff are expected to participate in teaching activities and research.

Qualifications include a Master’s degree in Pediatric Nursing, Certification as a Nurse Practitioner, eligible for RI license as NP with prescriptive privileges and DEA license. Prior experience as a Pediatric Nurse Practitioner with specialization in Developmental/Behavioral Pediatrics is required. This is a full-time position, with eligibility for faculty status as a Clinical Teaching Associate at Brown University School of Medicine, with no call, nights or weekends required.

Contact: Interested candidates please submit resume to: RoseTremblay(Rose_Tremblay@MHRI.org), Neurodevelopmental Center, 555 Prospect Street, Pawtucket, RI 02860 Call: 401-729-6200. MEMORIAL HOSPITAL OF RHODE ISLAND is An equal opportunity employer m/f/d/v

D&B Pediatrician needed to take over an active practice on the North Shore of Lake Pontchartrain 24 miles from New Orleans. Typical D&B practice; private pay only. Patient population and environs are delightful. I am retiring from Practice in September 2007.

Contact: Office: 985-809-1114 or cell: 504-453-9909.
## 2007 MEETINGS

<table>
<thead>
<tr>
<th>Event</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Association on Intellectual and Developmental Disabilities</td>
<td>Atlanta, GA</td>
<td>May 21 - 24</td>
</tr>
<tr>
<td>25th International Congress of Pediatrics</td>
<td>Athens, Greece</td>
<td>August 25 - 30</td>
</tr>
<tr>
<td>SDBP Hypnosis Workshop</td>
<td>Providence, RI</td>
<td>September 27-29</td>
</tr>
<tr>
<td>SDBP Annual Meeting</td>
<td>Providence, RI</td>
<td>September 29 - October 1</td>
</tr>
<tr>
<td>American Academy for Cerebral Palsy &amp; Developmental Medicine</td>
<td>Vancouver, Canada</td>
<td>October 10 - 13</td>
</tr>
<tr>
<td>American Academy of Child and Adolescent Psychiatry</td>
<td>Boston, MA</td>
<td>October 23 - 28</td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td>San Francisco, CA</td>
<td>October 27 - 30</td>
</tr>
<tr>
<td>Children with Attention Deficit Disorders</td>
<td>Crystal City, VA</td>
<td>November 7 - 10</td>
</tr>
<tr>
<td>Academy of Psychosomatic Medicine</td>
<td>Amelia Island, FL</td>
<td>November 14 - 18</td>
</tr>
</tbody>
</table>