Message from the President

State of the Society

The focus of my incoming president’s address at the SDBP annual meeting in Cincinnati was to try to set the current state of the Society in the context of its developmental history and ‘environmental impact’. These are turbulent times, to say the least, and we must all be actively involved as a society and as individuals to work for change in our local, national and international environments that moves our mission forward: to promote the developmental and behavioral health of all infants, children, adolescents and their families by advancing research, education, evidence-based clinical practice and advocacy.

Our society has been incredibly successful in meeting the timelines and implementation goals of the 2007 Strategic Plan, thanks to the hard work of the membership, committees, Board and Degnon Associates. Our SDBP ‘footprint’ has definitely grown as a result! The committee reports included in this newsletter highlight the many activities completed and underway which address our strategic plan. We have been so successful, in fact, that we are meeting in March to update the 2007 plan with new activities and timelines to meet our long-term goals.

Now is the perfect time to review our strategic plan on the website, share your ideas and suggestions with any Board member or committee chair. I strongly encourage EVERY member to participate in some way to increase the impact of the Society, whether by contributing to the website resources, sharing our resources with your colleagues and encouraging them to become members, or participating on committees. Given the wide breadth of activities being undertaken by the committees, there should be something of interest to every member in SDBP; most committees are open to all members.

Thank you to Adiaha Spinks-Franklin for her article on the importance of increasing diversity in helping us to meet all of our society goals. The Membership Committee challenges ‘each member, bring a member.’ Meeting this challenge by prioritizing diversity of race, ethnicity and culture as well as interdisciplinary diversity will increase the impact of SDBP.

We now have established guidelines for international SDBP affiliates (sdbp.org bulletin board) and expect to have several new affiliates soon. SDBP is a member organization of the International Pediatric Association, with David Schonfeld representing us on the planning committee for the IPA Congress of Pediatrics meeting, August 2010, in Johannesburg, South Africa. We also have guidelines for establishing Special Interest Groups (SIGs) available on the website bulletin board, another possible forum for focusing on issues of diversity important to the Society goals.

Continued on page 13
Committee Updates

Communications Committee
Robert Needlman, MD, Chair
If information is water, the small (but powerful) Communications Committee is our Society’s irrigation system. We set the direction for the newsletter and website, in collaboration with other committees and the Society’s leadership, and in response to feedback from anyone who offers. Please consider joining us, or simply lend us your perspective (contact: Robert. needlman@case.edu).

Development Committee
Dan Coury, MD, Chair
The Development Committee continues to encourage members to add a tax deductible donation to their SDBP membership renewal each year. Donations of any size are welcome, and donors are recognized both through the newsletter and through a prominent posting at the Annual Meeting.

We are also continuing to seek additional support for the Annual Meeting, as it is our single greatest expense in our annual budget. This year we submitted a conference support grant to NIH, and are hopeful that we will be funded. This would help to increase the research component of our meeting by supporting research presentations by world-class investigators, clinicians and policy makers.

We are also continuing to seek funding to support the SDBP Endowment, the Research Grant Award, and other projects that are brought to the Board of Directors.

Education Committee
Franklin Trimm, MD, Co-Chair
Carolyn Bridgemohan, MD, Co-Chair
Our 2008 workshop, Teaching Developmental-Behavioral Pediatrics to Residents, was a success! The workshop, given October 17 in Cincinnati, included interactive sessions highlighting creative methods for teaching residents about normal development, behavior management, mental health, ADHD and autism, as well as sessions on teaching DBP longitudinally. We appreciate the generous support of The Commonwealth Fund in helping fund this annual workshop.

We had excellent participation at our annual committee meeting in Cincinnati, in spite of the 7:00 AM start time, with 26 of our 45 members present. Carolyn Bridgemohan has agreed to serve as Co-Chair. Activities and plans of the committee include:

Pediatric Academic Societies Meeting: As an affiliate member of PAS, SDBP will be sponsoring two scientific Topic Symposia in the PAS scientific program for the 2009 meeting in Baltimore focusing on autism and the environment and developmental screening. SDBP will also be co-sponsoring sessions on maternal use of antidepressants during pregnancy and Klinefelter syndrome as a model of progressive developmental and behavioral concerns with special needs for transition to adulthood. A workgroup consisting of Lisa Albers Prock, Lauren Boyd, Carolyn Bridgemohan, Linda Grossman, Robin Hansen, Pamela High, Marty Hoffman, Barbara Howard, Nancy Lanphear, Georgina Peacock, Mary Pipan, Nancy Powers, Neel Soares, Franklin Trimm and Robert Voigt will begin work soon on developing themes and topics for potential scientific sessions for the 2010 PAS meeting. Members of the Committee make up a large portion of the team that will be reviewing PAS abstracts for the 2009 meeting in DBP, autism, ADHD and neurodevelopmental disabilities.

2009 Education Workshop: Recognizing the need to provide faculty development for teaching DBP across a broad continuum of educational levels, we’ve named the 2009 annual workshop Faculty/Fellow Development in Teaching Developmental and Behavioral Pediatrics: An Interactive Workshop. Committee members who will be developing the 2009 workshop include: Nerissa Bauer, Nathan Blum, Lauren Boyd, Carolyn Bridgemohan, Viren D’Sa, Robin Hansen, Courtney Johnson, Pamela High, Marty Hoffman, Maya Lopez, Laura McGuinn, Georgina Peacock, Mary Pipan, Nancy Powers, Neel Soares, Maria Stanley, Franklin Trimm, and Robert Voigt.

Teaching Culturally Effective Pediatric Care: Members of the Education Committee contributed to the development of educational goals and objectives and a catalogue of educational resources for teaching culturally effective care developed by the AAP Committee on Pediatric Education (COPE). These products can be found on the AAP COPE website: www.aap.org/visit/cope.htm.

New Survey of DBP Resident Rotation Directors: A survey eliciting information about the block rotation in DBP in each residency program has been distributed. Developed by Sam Zinner in conjunction with Carol Weitzman (SDBP Fellowship Committee) and Franklin Trimm, the survey will provide helpful information about what content is being taught, what resources are available or not available for managing the rotation, and factors that may promote success.

Educational Resources on the SDBP Website: A workgroup consisting of Elizabeth Allen, Nerissa Bauer, Carolyn Bridgemohan, Jessica Foster, Nancy Lanphear, Yi Hui Liu, Maya Lopez, Laura McGuinn, Nancy Powers, Renée Rodrigues Maria Stanley and Franklin Trimm will begin developing a set of resources for teaching DBP on
the SDBP website. A catalog of resources will be available on the public website, however the actual resources will only be available in the Members Only section.

**DB:PREP 2008:** Under the leadership of Pam High, a very successful intensive review course was held December 4-7 in Atlanta, Georgia. Pam has been the Chair of the Program Committee for a number of courses and has guided the development of the course into an outstanding venue for both DB Pediatricians and General Pediatricians. The course is sponsored by SDBP, AAP, and AAP Section of Developmental-Behavioral Pediatrics. Linda Grossman will be a Co-Chair of the Program Committee representing SDBP for the next few years. A number of committee members also serve on the Program Committee and as presenting faculty at the meeting.

**PREP DBPeds:** This is a new self-assessment tool developed by the AAP and modeled after the successful PREP self-assessment tools currently available in General Pediatrics, Neonatology and Pediatric Critical Care. A set of 20-25 questions will be available online each quarter addressing areas covered by the DBP board examination. Each question is accompanied by an evidence-based critique. PREP DBPeds is a subscription program, however a free trial is available at www.aapprepdb.org. The editorial board of this project includes members of SDBP and the Education Committee.

These activities represent our commitment to education about DBP from residency through CME. We anticipate looking at ways to enhance training of medical students in DBP in the future as well.

**Fellowship Education Committee**
Carol Weitzman, MD, Chair

The Fellowship Education Committee has had an exciting and productive fall. During the fall meeting, we conducted a lively workshop on mentoring. Current junior faculty, fellows and senior faculty shared their experiences. Together with the Research Committee, we created the Mentor Match program (see page 14). With the help of Dan Coury, our representative to Council of Pediatric Subspecialties, we also explored the development of a match for DBP fellowship programs.

The Committee continues to work to populate the Association for Pediatric Program Directors Share Warehouse with resources for program directors and those interested and involved in training. We still need more resources such as evaluation tools, educational materials, or program information forms; please help us if you can.

Although the 2009 Annual Meeting seems very far away, we have already begun to work on educational programming related to fellowship education and again welcome input from the membership.

Lastly, we are developing a program director’s list-serve to provide a forum to discuss training issues. We would especially welcome input from psychologists, nurse practitioners and other non-M.D. professionals.

**Membership Committee**
Heidi Feldman, MD, PhD, Co-Chair
Terry Stacin, PhD, Co-Chair

The Membership Committee is gearing up to increase the membership of the Society to meet the goals of our Strategic Plan. Each of us has identified organizations or constituencies we will approach in an effort to promote membership in SDBP. For example, Heidi Feldman and Nancy Roizen will contact Project Directors and faculty members from the University Centers of Excellence in Developmental Disabilities and Leadership Education in Neurodevelopmental Disabilities. Gisela Porras and Heidi Feldman are identifying all DBP fellows to encourage them to join the Society. We are also asking program directors to consider paying the dues for their fellows.

H. Lynn Starr and Adaiha Spinks-Franklin are contacting organizations that represent physicians and health professionals from under-represented minorities, such as the National Medical Association, National Hispanic Medical Association and National Latina Latino Psychological Association. Jill Crawford will try to attract nurse practitioners who specialize in development and behavior.

Terry Stacin and Robin Melhnenbeck are exploring several strategies to increase the appeal of SDBP to pediatric psychologists. To this end, they will consider planning a luncheon or workshop at the Annual Meeting and will increase the focus on interdisciplinary training at the Annual Meeting. The nurse practitioners have established such a model, using time at the Annual Meeting to work on professional development activities for their discipline around a certification in developmental-behavioral pediatrics.

The Membership Committee would like to deputize the entire society as members of our committee. Join the campaign: Every member, bring a member! If you can attract even one new member to our organization, we will meet most of our strategic goals. So, discuss the many advantages of membership in SDBP to your colleagues and office mates. Talk to the nurse practitioners, psychologists, and therapists with whom you work. Freely circulate the SDBP Membership Brochure that is on the website. Advertise your membership in SDBP at all of the events you attend. Thanks!

**Past Presidents’ Committee**
Ellen C Perrin, MD, Chair

The Past Presidents’ Committee assists with fundraising, particularly for the Research Award program, and serves as the ‘institutional memory’ of the Society. Committee members participate in the Annual Meeting (e.g. by moderating sessions), and the Chair serves as a liaison with the Board of Directors.

Looking forward, past presidents may become more involved as mentors, advisors, and consultants to Society members. In addition to participating in the Research Mentors program coordinated by the Research and Fellowship Education Committees, we offer to serve as mentors or consultants for fellows and junior faculty who are interested in advice to guide their careers; and for members of the

Continued on page 4
Committee Updates

Continued from page 3

Society who are facing more mid-level career decisions, such as considering a move, starting a new program, anticipating a promotion/tenure process, or having conflicts with a division head or department chair.

Continuing the theme of upper level mentorship, we plan to develop a workshop focusing on principles of management, leadership, and administration. This workshop would be directed towards members who are considering or moving into positions as Division Directors or Program Directors. Barbara Howard and Heidi Feldman will take the lead in this project.

The process of interviewing past presidents as the core of an oral history of the Society has begun, with planned interviews with several senior members this Fall and Winter. We have asked Robin Hansen to serve as the historian for this project.

Finally, Past Presidents will continue to make significant financial commitments to the Society, both to the general fundraising effort and to the Research Award fund.

Practice Issues Committee
Adrian Sandler, MD, Co-Chair
Charles Morton, MD, Co-Chair

The Practice Issues Committee had a productive meeting in Cincinnati with almost 20 members present. We are working on several fronts:

- The Committee is eager to disseminate the Practice Issues survey results. Data analysis and preparation of manuscript are in process, and the Committee intends to make available to members a one page fact sheet for practitioners and payers that will summarize the practice of our subspecialty.
- Under the leadership of Becky Baum, the Committee sent out a blast mailing to SDBP members soliciting brief information about QI projects. There were 21 responses representing a range of topics, settings and objectives. Most projects were related to satisfaction of care, adherence to guidelines (ADHD, autism), and enhancing quality of care. Our goal is to have a continually updated web page resource (QI Toolkit) on QI projects. This may involve sending out solicitations to members in blast emails, and follow-up contact between members of the Practice Issues Committee and respondents. We also intend to include information about the board recertification process, which is also available at https://www.abp.org/ABPWebSite/.
- Des Kelly and other members of the Committee participated in a workshop at the Cincinnati meeting addressing the challenges of long wait lists in DBPeds and how interdisciplinary models have proven useful. Many models of care have been implemented, including use of nurse practitioners, psychologists, telemedicine, online web-based PCP referral resource systems, small multidisciplinary prescreening teams, education of primary care physicians, and methods of triage. The Committee intends to tap into the collective experience of the membership by soliciting examples of innovative practice models and highlighting these at the Annual Meeting (workshop, kiosk) or on a web page at sdbp.org.
- There are considerable challenges and great regional variation in the use of CPT codes. Some members may successfully negotiate reimbursement for specific codes with payers, some may at least get RVUs for work done. The Committee will work with the Program Committee to include a Coding Workshop at the next Annual Meeting.

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

Research Committee
Paul Wang, MD, Co-Chair
Susan Berger, PhD, Co-Chair

In the weeks preceding the Annual Meeting in Cincinnati, the SDBP MentorMatch program was kicked off by the Research Committee in collaboration with the Fellowship Education Committee. Over 25 mentor-mentee pairs have already been matched in this program, and they are beginning to converse on issues related to research design, manuscript and grant preparation, career development, and related topics. (Please see announcement on page 14 in this newsletter, or the SDBP website, for additional details on MentorMatch.)

The same two committees sponsored a workshop at the Annual Meeting on the “Scholarly Activity” required of DBP fellows. Critical, take-home messages were the importance of careful selection of a research topic and of a mentor who is experienced and invested in the research topic. Fellows should strongly consider selecting a project that allows them to join a research team at their institution that is already working on topics closely related to the fellow’s interests. The best mentor for any particular fellow may be either a PhD or an MD, and might have their primary appointment in other sections of the medical school or other departments in the fellow’s broader university. Mentors and Scholarly Oversight Committees should meet regularly with fellows to review their progress and to provide ongoing input and supervision.

At the Annual Meeting, this year’s SDBP Research Grant recipient, Nicole Tartaglia of the University of Colorado, was announced. (Again, please see separate announcement in this newsletter.) We plan to highlight past winners’ research progress in future issues of the newsletter.

Two upcoming conferences are of significant interest. First, the SRCD (Society for Research in Child Development) meetings will be held in Denver, April 2-4, 2009. Please see page 11 about SRCD and our planned “tour guide” program for SDBP members. The PAS meetings will be held in Baltimore, from May 2-5, 2009. The Research Committee plans to identify PAS sessions focused on research-training topics that would be of particular interest to our membership, and will distribute emails with this information.
Finally, the Research Committee welcomes the input and participation of all SDBP members. If you have suggestions for future committee initiatives, or if you wish to engage in ongoing projects, please contact us.

Trainee/Recent Graduate Ad Hoc Committee
Sarah Schlegel, MD, Co-Chair
Kristen Bogle, PhD, Co-Chair

The Trainee/Recent Graduate Ad Hoc Committee (TRGAHC) convened its official inaugural meeting at the SDBP’s 2008 Annual Meeting. The TRGAHC serves three purposes: 1) developmental-behavioral pediatrics trainee and recent graduate (within the past two years) representation and voice within the Society, 2) organized forum for addressing training issues, and 3) support for recent graduates.

At the meeting, Kristen Bogle, psychology postdoctoral fellow at Greenville Children’s Hospital, was elected to be a co-chair (2008-2010). Members volunteered to be liaisons to the Society’s committees. The TRGAHC will pursue further development of web-based board review.

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

SDBP

See you in Johannesburg
South Africa
August 5-9, 2010
The 26th International Pediatric Association Congress of Pediatrics
www[ipa-world.org/IPAcongress

Journal News

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

The Journal of Developmental and Behavioral Pediatrics is pleased that 2009 will bring some exciting new features to the readership. The capabilities of the web based journal will be substantially improved and enlarged, making the electronic JDBP an enhanced asset to your subscription.

• The Rich Media feature will allow for the posting of video clips, movable images, color pictures and figures, and audio without additional cost to authors. In our field where behavior is at the core of our work, this should bring added vitality to reports and expanded presentation capacities to the authors. Our first such offering will appear with the February 2009 issue. The print presentation will feature a link to video material that brings the article to life, so tune in! We are one of the first journals to have this as an offering and this is yet another good reason to send in your submissions to JDBP. We are actively soliciting submissions that have the potential for the Rich Media feature.

• 2009 will bring a New Web Platform for JDBP. This will mean a subscriber can customize the cataloging of journal articles based upon individual interest, reference link from articles and convert material into Power Point presentations with ease (and appropriate attribution, please). Search capabilities will be enhanced as well. We will also be grouping articles, such as the Challenging Cases and Research Methodology Briefs so that all of us, but particularly trainees and program directors, can find these materials easily.

• A new review series is being launched, Developmental Disorders Grow Up. This is a series of solicited review articles from senior authors that track various conditions from childhood into adult life. These perspectives will enrich us all and will be a good reason to share the Journal with your adult medicine colleagues.

Did you know?...........

• You can sign up on the JDBP web site to be sent the Table of Contents electronically? Do it today!
• The new Publish Ahead of Print feature means that the time from acceptance to publication is about three months. And most of that wait is attributable to preparing the page proofs. So if you want things out without delay, JDBP is the journal for you.
• The full archive of the Journal back 27 years can be accessed at your local library through OVID.
• We have an increased page allotment for 2009 so your subscription fee will bring you more in the year ahead.

This is an exciting time of growth for JDBP! Give us your feedback and suggestions.
Highlights from Cincinnati 2008

The 2008 meeting turned out to be a great success with over 350 attendees! Please enjoy these pictures, highlighting some of the fun and networking that took place. The Pre-Meeting workshops were once again well attended covering 13 different topics over Friday and Saturday. The ADHD and Autism SIGs were so popular last year, they were again offered, in addition to another Special Session – Practical Pointers for DBP Practice and were once again a huge hit. Fourteen (14) abstracts in 3 different plenary sessions, six concurrent sessions and 65 posters were presented in two different “Meet the Author” sessions.
There is growing consensus that early identification of developmental and behavioral disorders is essential to providing adequate treatment to children, yet these disorders are typically under-identified. The Council on Children with Disabilities of the American Academy of Pediatrics (AAP) recommends that child health care providers perform ongoing developmental surveillance during all routine health supervision visits, supplemented with standardized screening instruments at specified ages.

Surveillance is typically informal, without validated instruments or systematic documentation. In fact, appropriate instruments do not currently exist to systematically conduct and document surveillance. To fill this gap, our team at Tufts Medical Center has worked for the past several months to create a new surveillance instrument with funding via a planning grant from the Commonwealth Fund. We reviewed expert guidelines on screening and surveillance, evaluated existing screening instruments for both validity and feasibility in pediatric care, and consulted with experts in the field, including those researching creative uses of technology to support screening and surveillance.

We believe that systematic surveillance could be markedly improved if there were a readily-available, validated assessment instrument. For such an instrument to be practical in a pediatric setting, it must be short (<10 minutes); it must include information about 3 domains (family risk factors, emotional/behavioral status, and developmental milestones); it must provide easily interpreted output through which pediatricians can monitor responses over time; and it must clearly suggest appropriate further evaluations, observations, and/or referrals.

To meet these needs, we have identified and adapted a number of freely available, domain-specific instruments to create a new measure designed to survey family risk factors, emotional/behavioral status, and developmental milestones in young children, which we have called the SWYC (Survey of Wellbeing of Young Children).

Through additional funding from the Commonwealth Fund, the next phase of our project is to finalize the SWYC by determining which questions to ask at each age to minimize the length of the instrument for any one child, and to provide a metric by which clinicians can interpret the results on a particular child. Normative data will be collected by field testing the SWYC in pediatric practices. Our goal is to obtain a sample of 300 parents of 0-5 year-old children from primary care practices, 50 children who have been referred for evaluation by a developmental-behavioral pediatrician, and 50 children followed because of premature birth. We will use the field test data to analyze their concurrent and predictive validity.

We will produce final SWYC forms for each pediatric visit, and a manual detailing scoring criteria and validity data for each SWYC form. This project will also set the stage for further validation of the instrument.

Because the SWYC will be in the public domain, providers will be able to use it free of charge, and other research teams will be able to further investigate its use, for example by incorporating it into some of the many computer-based screening systems currently under development. Our long-range plan is to provide this instrument to pediatricians via an electronic platform such as the CHADIS, which will allow for seamless follow-up of surveillance results by directed screening, and appropriate longitudinal documentation.

Widening Our Focus

A society’s newsletter owes its first allegiance to the society itself; it’s supposed to let the members know what the president has in mind, what the committees are up to, what the other members are accomplishing. So, why does this issue of Behavioral Developments include profiles of two entirely different professional organizations? A glance at their initials holds a clue. SDBP, SRCD, and SPP have more in common than the starting “S.” All three share a commitment to children, families, behavior, and science. With these commonalities in mind, the Communication Committee decided that if our society wanted to reach out to kindred professionals, we needed to invite them to reach in to us. Thus, the present issue proffers snapshots of the Society of Pediatric Psychology and of the biennial meeting of the Society for Research in Child Development. At the same time, these societies have agreed to run stories about SDBP in their own newsletters. We hope these complementary pieces will inspire us and our multidisciplinary colleagues to acts of mutual professional cross-pollination. Happy explorations!
Thank you Contributors!

We wish to extend our sincere appreciation and recognition to the following SDBP individual donors. Listed below are the 2008 contributors to SDBP: We encourage all members to make a donation to SDBP in 2009.

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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.

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 Laura Degnon, SDBP’s Executive Director, at 703-556-9222.
The Diseasing of America’s Children
Exposing the ADHD Fiasco and Empowering Parents to Take Back Control
Thomas Nelson, 2008
ISBN: 0785228861

SDBP member, Bose Ravenel, and John Rosemond, have written a book challenging conventional beliefs about common childhood behavioral syndromes identified as ADHD, ODD, and Childhood Bipolar Disorder. They offer an alternative paradigm to the prevailing neuro-biological, genetic model to explain the behaviors, and present examples of successful management of real-life children using their alternative cultural-developmental, non-medical model.

13th Management of Humanitarian Emergencies
Focus on Children and Families
June 15-19, 2009
Case Western Reserve University in Cleveland, OH

Now in its 13th year, this intensive, interactive course examines the most important problems and priorities in disaster situations as they specifically relate to children and families. Taught by faculty with years of field and management experience, topics include Vulnerable Populations, Nutrition Issues, International Humanitarian Law, Personal Preparedness, Security Issues, and much more. By offering a solid mix of didactic lectures, problem-based learning exercises, skills training and practice, this course will provide the preparation you need to effectively serve in these critical situations. This was the first course to significantly emphasize the needs of the most vulnerable and numerous victims of disaster – children and families – and remains the program by which similar efforts are benchmarked.

In addition, the 3rd Biannual Advanced Program for Graduates of our week-long course will be held concurrently, on June 18 & 19, 2009. The focus will be on “The Professionalization of the Humanitarian Worker” and the keynote speaker will be Karen Hein, MD, (Clinical Professor of Pediatrics, Epidemiology and Population Health, Albert Einstein College of Medicine in New York; Past President of the William T. Grant Foundation; Former Executive Officer of the Institute of Medicine).

For further information contact Joan Farmer (Joan.Farmer@uhhospitals.org or phone 216-983-1237) or visit http://cme.case.edu

Help with Design of Program Needed
Emmett Francoeur MD, CM, FRCP/C
Director, Child Development Program
McGill University Health Center

Over the past several years we (the Montreal Children’s Hospital) conducted a strategic analysis of the needs of our population and we chose several clinical areas which deserved support in their commitment to excellence. We termed one of these clinically integrated service areas Brain, Development, Behavior, a unit comprising Neurology, Psychiatry, and Developmental Behavioral Pediatrics (with the inclusion of Genetics, Neurosurgery, and neonatal follow-up as needed).

Presently we are meeting to organize our administrative layout, including use of central triage for various needs, e.g., early developmental impairment formerly termed global developmental delay. We are thus enlisting the aid of our colleagues in SDBP. Are there any models of this kind of effort elsewhere in North America? Our interest is presently clinical, although we expect that the research arm of the enterprise will build on the activities already present in each Division.

I look forward to your responses. My e-mail address is Emmett.francoeur@muhc.mcgill.ca

CDC & AUCD Convene Act Early Summits to Enhance Early Childhood Systems for Autism Spectrum Disorders and Related Developmental Disabilities

In partnership with the Centers for Disease Control and Prevention (CDC) National Center on Birth Defects and Developmental Disabilities (NCBDDD), the Association of University Centers on Disabilities (AUCD) convenes Act Early Summits as a new initiative of CDC’s “Learn the Signs. Act Early.” campaign (LTSAE). LTSAE seeks to increase the awareness of developmental milestones and the importance of early identification and intervention for children with signs of autism spectrum disorder (ASD) and related developmental disabilities. The Act Early Summits is a forum to bring together stakeholders to address challenges and opportunities in early identification, diagnosis, and service provision and coordination for children with ASD and their families.

Region 7 and Region 6 Summits were held in Kansas City, MO and Albuquerque, NM in spring of 2008. Teams were convened from Iowa, Kansas, Missouri, Nebraska, Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. Participants were from entities such as state offices on health, early intervention, special education, developmental disabilities, and Head Start, as well as representatives of community service providers, state legislators, pediatric medical home providers, parents and advocacy organizations.
Diversity in the SDBP

Submitted by: Adiaha Spinks-Franklin, MD, MPH

SDBP has a strong commitment to multiculturalism in medicine. We understand the importance of respecting cultural values when caring for patients. In fact, two of the core values in our strategic plan are the biopsychosocial model and cultural competency.

One of the major strengths of any organization lies in the diversity of its membership. There are many benefits to having a racially and ethnically diverse organization. Research suggests that physicians and psychologists of color are more likely to care for populations of color. As a result, they bring a unique perspective to medicine, education, research and patient care. Increasing the diversity of our Society may also help us meet Strategic Plan Goal 3: “To design, produce, and disseminate high-quality interdisciplinary education in developmental-behavioral pediatrics”; and Goal 5: “To promote and disseminate research in developmental-behavioral health.” By having a more multicultural membership, we are allowing ourselves to the services of an even stronger pool of educators, clinicians and researchers.

Many developmental and behavioral topics suffer from a dearth of research that explicitly focuses on children of color. Areas that could benefit from greater ethnic and cultural awareness include autism, attention deficit hyperactivity disorder, learning differences, identity development, and many others. Having a multicultural membership may provide us with alliances that will strengthen the Society’s ability to produce and interpret the quality products we pride ourselves in.

We need to increase the diversity of the membership in the Society for Developmental and Behavioral Pediatrics. In order to do so, we should seek to develop relationships with organizations comprised largely of providers of color. The Membership Committee is already taking steps in this direction. I am confident that a diverse Society will be a strong Society.
Keeping track of ADHD patients in a typical pediatric clinic can be a daunting task. For those children treated with medication, regular follow-up visits are needed, rating scale data from teachers and parents or some other type of direct communication needs to be collected and missed appointments need to be monitored. Many of these children are treated with stimulant medications that require a monthly prescription. To feel comfortable continuing these medications the provider needs information about the child’s behavior at home and school, along with potential side-effects. A registry system can help a pediatric clinic implement these guidelines systematically and consistently.

In order to improve care of their ADHD patients, Fridley Children’s and Teenagers’ Medical Center implemented an ADHD Registry in March, 2006. The clinic is located in the northern suburbs of Minneapolis and has 4 board certified pediatricians, along with 2 certified pediatric nurse practitioners. To date 439 patients are being tracked in the registry. Providers routinely use the Parent and Teacher Vanderbilt Assessment Scales in initial diagnostic assessment and medication monitoring. These rating scales are completed online, scored and faxed to the clinic. Parents of treated children are also asked about possible side-effects. Each report displays previous submissions chronologically (grouped by parent or teacher) to compare changes in symptoms and functional areas.

Initial assessment for ADHD begins with parent and teacher completed Vanderbilt Scales. If a diagnosis is made and treatment recommended the parents are given a folder that explains the clinic’s ADHD care system, use of the Vanderbilt Scales for monitoring, educational materials regarding childhood ADHD and release of information forms for the teacher.

All patients beginning ADHD treatment are entered into the ADHD Registry. The registry information is updated at each follow-up visit. After starting medication patients are scheduled for a return visit in 30 days. Prior to the visit another Vanderbilt Scale is collected to gauge progress and check for possible medication side-effects.

Once acceptable improvement is achieved the patient is seen on a systematic basis for medication monitoring. Follow-up visits are entered into the ADHD Registry and the “Due for Mailing” date is set at one month before the visit. On this date a parent and teacher assignment form is mailed which requests an updated Vanderbilt Scale.

Weekly review of the registry can help identify patients who are overdue for a medication check or an updated Vanderbilt. In these cases parents are mailed a letter informing them that their child is overdue for a follow-up visit or called if the Vanderbilt has not been completed. For parents without Internet access, hard copies of the online Vanderbilt forms are available. The hard copy results can be easily keyed into the website by office staff. All teachers in Minnesota have classroom Internet access and few request a hard copy.

Use of the ADHD Registry at Fridley Children’s and Teenagers’ Medical Center has brought better uniformity to patient care, insuring regular monitoring of those children. The web-based method of collecting the Vanderbilt data is much more efficient than paper forms and teachers in particular prefer Internet delivery of their ratings. They know that the completed rating will be received by the student’s provider, not possibly lost in transit. Most parents appreciate this type of careful attention to their child’s care and welcome regular communication with the provider. The system is relatively easy to set up and has application in most pediatric clinics that might want to bring more uniformity to their ADHD treatment protocol. We will gladly provide more information on request.

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.
Positive Developments
(Formerly Members’ Updates)

Regina A. Gargus has been selected as the Medical Director for the new Siskin Center for Developmental and Behavioral Pediatrics at the Siskin Children’s Institute. Located in Chattanooga, Tennessee, Siskin Children's Institute is dedicated to improving the quality of life for children with and without special needs and their families since the 1950’s. The Institute achieves its mission through education, outreach programs, research, and now specialized pediatric health care.

Dan Coury has been appointed to the new post of Medical Director for the Autism Treatment Network (ATN), a program of Autism Speaks. He’ll work with Jim Perrin and the Clinical Coordinating Center at the MassGeneral Hospital for Children, and with ATN program staff and the participating ATN centers, to develop a strategic vision for the ATN. Dan will lead the development of clinical guidelines and will have a major role in the implementation of the ATN’s research agenda for a recently funded Health Resources and Services Administration grant. He will be based at Nationwide Children’s Hospital and Ohio State University and maintain a portion of his effort in clinical service to families of children with developmental disabilities.

Sheila Gahagan has been appointed to the Martin Stein Endowed Chair in Developmental and Behavioral Pediatrics at the University of California San Diego. Dr. Gahagan was previously Professor of Pediatrics and Director of Developmental-Behavioral Pediatrics at the University of Michigan. In her new position as Chief of the Division of Child Development and Community Health in the Department of Pediatrics at UCSD and Rady Children’s Hospital, Dr. Gahagan will direct educational and clinical programs as well as a new research agenda that focuses on health disparities in child development, behavior and health. Dr. Gahagan’s current research, funded by the NIH, is on early socioeconomic and psychosocial risk for obesity.

I am very excited that the Past Presidents Committee is committed to developing an oral history of the Society, before we lose some of that history! This will be an important vehicle for reflection and documentation of the impact the Society has had on our environments over the years since its formation in 1982. Several past presidents have been interviewed, with several more scheduled in the next few months. Thank you to Ellen Perrin for her leadership in this effort.

SDBP will have a big footprint at the 2009 PAS meetings, thanks in large part to the efforts of Franklin Trimm and the Education Committee. The committee is already at work for 2010, so please contact members with suggestions for themes and topics. Sue Berger is the SDBP liaison to the Society for Research in Child Development (SRCD), whose meeting in April also reflects the impact of the research of many SDBP members. Planning for our upcoming SDBP meeting in Portland, Oregon (Oct 1-5) is well underway, with Tom Boyce as our Lectureship speaker – not to be missed! Start making your plans to attend now.

Many, many thanks and kudos to Pam High for her leadership as outgoing Chair of the Program Committee for DB-PREP, and to Glen Aylward and Linda Grossman for representing SDBP on the committee. Linda will be taking Pam’s place, joined by Elizabeth Allen and Robyn Mehlenbeck.

The Communications Committee has done a tremendous job of expanding our ‘online environment’ with their redesign of the website—be sure to check it out! The Journal of Developmental Behavioral Pediatrics also has enhanced online resources, including publication ahead of print, Rich Media supplemental digital content and enhanced search capabilities. The Research committee has launched the MentorMatch to enrich the resources available to nurture new researchers. We have a new ad-hoc Trainee/Recent Graduate committee for those of you in the early stages of development and involvement with the Society.

Both the Society and the Journal have reached a developmental stage where we are ‘players’ in the global environment, in charge of our destiny, and in a place to achieve our vision: To be the interdisciplinary leaders in developmental and behavioral health for all children. I look forward to working with you to identify and strengthen ways in which SDBP can be a nurturing, positive part of the personal and professional environments in which each of you live and work.

Join “Find a Clinician”

The “Find a Clinician” searchable directory for the public is now up and running on www.sdbp.org. If you’d like to be included, simply log onto the Member’s Only portion of the website and click on the “Find a Clinician Directory” link.
Welcome New Members!

Frank Aiello, III, MD
Mark Bertin, MD
Lauren Boyd, MD
Dana Brazdziunas, MD
Patricia Curry, MA/MS
Eileen A. Dolan, MD
Jennifer Ehrhardt, MD
LtCol Christine Erdie-Lalena, MD
Jill Gilkerson, PhD
Anjali Goel, MD
Harry Hazelwood, MD, PhD, MPH
Lisa Jacola, MA/MS
Alexandra Klimentopoulou, MD
Olaf Kraus de Camargo, MD, PhD, FRCPC
Jean-Francois Lemay, MD, CCFP, FRCPC, CPSQ
Holly Renee Martin, MD
Melissa Meier, MD
Lawrence Newman, PhD
Anna Marie Ocampo, MD
Eileen Ann Quinn, MD
Daniel Schulteis, MD
Neelam Kharod Sell, MD
Jan Harold Sia, MD
Mary C. Stoner, MA/MS
Susan M. Strahosky, MD
Stephan Sulkes, MD
Paula Sullivan, PhD
Tasha Taylor, MD
Lindsay Redican Tellefsen, MD
Melissa Ann Thingvoll, MD
Sherri Thomas, MD
Teri Turner, MD
Lulu Wang, MD
Max Wiznitzer, MD
Frederick Zimmerman, PhD

2008 SDBP Research Grant Winner

The 2008 SDBP Research Grant was awarded to Dr. Nicole Tartaglia, a developmental-behavioral pediatrician at The Children’s Hospital, Denver, and a member of the faculty at the University of Colorado School of Medicine. Nicole had previously completed her DBP training at the MIND Institute and UC-Davis. Nicole is currently the director of the Denver Fragile X Clinic, and also recently started the “the eXtraordinary Kids Clinic,” a multidisciplinary clinic for children and young adults with sex chromosome abnormalities such as XXY (Klinefelter syndrome) and Triple X syndrome.

As Nicole explains, XXY and XXYY syndromes share a phenotype that includes language-based learning disabilities and other psychological problems. In both conditions, testosterone deficiency develops during adolescence, leading to the need for testosterone replacement therapy to complete pubertal development and for long-term health benefits such as increased bone density. Although these health benefits are clear, the psychological effects of testosterone treatment have not been well studied and many physicians are reluctant to start testosterone therapy due to concerns that it will increase negative behaviors. Nicole’s new study will evaluate changes in behavior, executive function, and motor skills after initiation of testosterone in children with XXY and XXYY syndromes. Results of her pilot study, which is being partially funded by the SDBP, will help in the design of a larger study on this topic. Ultimately, Nicole’s research should help physicians and families determine the risks and benefits of testosterone therapy in these and other syndromes.

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
The purpose of the Society of Pediatric Psychology is to support and to encourage the evolution and development of pediatric psychology in its scientific, applied, and professional aspects. As the mission statements of SDBP and SPP indicate, the two societies share many common interests. We also share several members, including outgoing SDBP President Glen Aylward who was president of SPP in 2003, and SDBP Past President Dennis Drotar who was president of SPP in 2005.

The aim of this column is to invite SDBP members to consider joining SPP. Currently SPP has approximately 1,800 members, including allied health professionals, physicians, and students.

SPP offers many opportunities for professional growth and development. One program links early career members and students with mentors across a wide spectrum of topics, including career advice and research. SPP also offers mentorship on manuscript reviewing through our flagship journal, *The Journal of Pediatric Psychology (JPP)*. In this program students, fellows or early career faculty are formally paired with an ad hoc or editorial board member of JPP to learn about the peer review process in the context of doing reviews for JPP. For those members more advanced in their careers, our SPP website offers information on leadership and administrative career paths ranging from reviews of books to workshops and training on the topic of leadership.

SPP also has a number of awards that recognize achievement in our field through mentorship, service and research. We also offer grants and awards to students including the Marion and Donald Routh Student Research Grant and Lizette Peterson Homer Injury Prevention Grant that we currently sponsor jointly with the CDC.

A final area of common interest is the promotion of evidence-based treatments. A series of reviews of the empirical literature on the psychological treatment of a wide range of pediatric disorders was published in JPP; and in 2005 Anne Kazak and Anthony Spirito published the book, *Effective and Emerging Treatments in Pediatric Psychology*. Currently SPP has a task force led by Tonya Palermo and Gerard Banez (recently co-editor of Behavioral Developments), to define outcomes for pediatric interventions in clinical settings. The first topic reviewed was outcomes for psychological interventions for pain; the outcomes appeared in the Fall 2008 edition of the SPP newsletter. I invite readers to visit the SPP website www.societyofpediatricpsychology.org to learn more and download a membership application.

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**Plan now to attend the SDBP 27th Annual Meeting!**

**October 2 – 5, 2009**

**Portland, OR**

SDBP Hypnosis Pre-Conference Workshop  
October 1 - 3, 2009

SDBP Education Committee, Research Committee and other Pre-Conference Workshops  
October 2 - 3, 2009

SDBP Annual Meeting  
October 4 - 5, 2009

www.sdbp.org

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The Society for Developmental and Behavioral Pediatrics (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. Comprised of more than 700 members, the society strives to promote an understanding of the social, educational, and cultural influences on children.

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Congratulations to our Lectureship Winner  
**Tom Boyce, MD**

W. Thomas Boyce, MD is a Professor of Pediatrics at the University of British Columbia, and is the Sunny Hill Health Centre BC Leadership Chair in Child Development in the Human Early Learning Partnership and the Centre for Community Child Health Research. A social epidemiologist and developmental-behavioral pediatrician, Boyce’s research addresses the interplay among neurobiological and psychosocial processes leading to socially partitioned differences in childhood disease. A central goal of his work is the development of a new synthesis between biomedical and social epidemiologic accounts of human pathogenesis and an articulation of the public health implications of this synthetic view.
Lexington, MA: Massachusetts General Hospital for Children/ LADDERS

The LADDERS program invites applications for the unique opportunity of Developmental Pediatrician at the Massachusetts General Hospital for Children.

Applicants must be BC in Pediatrics and either BC/ BE in Developmental Pediatrics or Neurodevelopmental Disabilities. This position offers an opportunity for research, teaching or leadership.

The LADDERS program is a world renowned multidisciplinary program for children, adolescents and adults with autism, pervasive developmental disorders, Rett syndrome, learning disabilities, Attention Deficit Disorder, seizures and headaches. With the support and commitment of the Massachusetts General Hospital, we seek to expand the program so that the highest quality services reach both children and adults. Our site is located in the historic suburb of Lexington Massachusetts. The opportunities for collaboration with the Boston MGH site are numerous.

Interested applicants should send a CV and letter to: Ann M Neumeyer, MD, Associate Director, LADDERS, MGHfC, 1 Maguire Road, Lexington, MA 02421-3114, Phone: 781-860-1700, aneumeyer@partners.org

Baltimore, MD: University of Maryland, Department of Pediatrics

The University of Maryland, Department of Pediatrics is seeking a developmental-behavioral pediatrician to join the faculty at the assistant professor level. The applicant must be Board Certified in Pediatrics, have completed fellowship training in developmental-behavioral pediatrics or neuro-developmental disabilities, and be eligible to take the appropriate Sub-Board. The Division is especially looking for a candidate interested in behavioral and developmental problems in school age children and adolescents, who will work with schools and other community agencies, who will develop a research agenda related to behavioral and developmental issues, and who will be involved in developing and assessing innovative curricula for resident and fellow training.

The Division of Behavioral and Developmental Pediatrics at the University of Maryland provides inpatient consultation and outpatient services at University of Maryland Medical Center. The Division is particularly well known nationally for its model programs providing consultation to community programs throughout Maryland including early intervention programs, child care centers, schools, programs providing specialty services for children with disabilities, and health departments. The Division also is well known for its outstanding fellowship program in developmental-behavioral pediatrics and excellent training in developmental & behavioral pediatrics for pediatric residents.

The School of Medicine is one of the eight professional schools on the modern, urban campus of the University of Maryland Baltimore. The campus is within walking distance of a number of attractions including the Baltimore Inner Harbor, National Aquarium, Baltimore Convention Center, Hippodrome Theatre, Orioles Park at Camden Yards and Baltimore Ravens M & T Bank Stadium. The campus has easy access to all major highways and BWI airport and is close to Historic Annapolis, the Chesapeake Bay, Washington DC, and many residential communities with excellent public and private schools. Additionally, the area offers an excellent quality of life with extensive cultural and recreational opportunities.

The University of Maryland, Baltimore is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply. Please refer to position # 03-314-333

Contact: Maureen Black, PhD, John A. Scholl Professor of Pediatrics, Department of Pediatrics, 737 West Lombard St., Room 161 Baltimore, MD 21201, Tel 410-328-6666, mblack@peds.umaryland.edu

Phoenix, Arizona: Arizona Child Study Center

The Arizona Child Study Center, of the Children's Health Center of St. Joseph's Hospital and Medical Center in Phoenix, Arizona is looking for a developmental pediatrician to join our growing staff. The individuals should be Board Certified or Board Eligible in Pediatrics and either Developmental and Behavioral Pediatrics or Neurodevelopmental Disabilities. This fellowship-trained physician will participate in a comprehensive clinical program that emphasizes a biopsychosocial approach to the evaluation and treatment of infants and children with a range of neurodevelopmental disabilities as well as complex learning and behavioral problems. Our care model is whole child oriented and family centered.

The preferred candidate will be eligible for a faculty appointment at the assistant or associate professor level at the University of Arizona College of Medicine Department of Pediatrics. This position is primarily a clinical one with additional responsibilities that include the teaching of
pediatric residents and medical students. Opportunities exist to participate in collaborative research with colleagues in child psychiatry, pediatric neurology, and genetics through the University of Arizona College of Medicine, the Barrow Neurological Institute, and the Southwest Autism Research Center. Collaboration with other community based organizations such as Southwest Human Development is also possible.

A competitive salary and attractive benefits package is available in this attractive, growing, vacation wonderland. Have the best of both worlds!

Contact: Interested candidates should forward correspondence and curriculum vitae with references to: Daniel B. Kessler, MD, Director, The Arizona Child Study Center, St. Joseph’s Hospital and Medical Center, 3600 N. 3rd Avenue, Phoenix, AZ 85013, Dan. Kessler@chw.edu

Illinois: The University of Illinois College of Medicine at Peoria (UICOMP) and The Children’s Hospital of Illinois (CHOI)

The Department of Pediatrics of the University of Illinois College of Medicine at Peoria (UICOMP) and The Children’s Hospital of Illinois (CHOI) have initiated a national search to identify candidates for two newly created positions in Developmental - Behavioral Pediatrics.

The new Developmental-Behavioral Pediatricians will support and be responsible for the continued development of five comprehensive service lines within the Division of Child Development. These service lines include: In-patient Consult Service, Cerebral Palsy, Autism, ADHD, and General Development. Scholarly and research interests are highly desirable, along with experience in teaching medical students and residents. The candidate must be board-certified in Pediatrics and fellowship trained in Neuro-Developmental Pediatrics or Developmental-Behavioral Pediatrics. The compensation package and academic rank (Associate or Assistant Professor) will be competitive and commensurate with experience.

Other highlights:
• Outstanding opportunity to immediately assume leadership role and expand existing service lines within the Division.
• Autism is a strategic focus for the Division of Child Development therefore interest in Autism is a plus.
• Excellent relationships and good linkage with schools, primary care physicians and therapy providers in the community already exist.
• Nationally respected pediatrics, medicine-pediatrics, and residency programs.
• A new, 8-story, 440,000 square foot Children’s Hospital (scheduled for completion in 2010) integrating children’s services within one building.
• A family-oriented community with a good school system, low crime rates, and a reasonable cost of living. Peoria is less than three hours from Chicago and St. Louis.

The University of Illinois College of Medicine at Peoria supports a thriving education program with approximately 20 categorical pediatric residents and 32 combined medicine-pediatrics residents. The pediatric subspecialty programs also meet the pediatric rotation requirements for more than 70 additional residents in various disciplines. The Department of Pediatrics has 72 faculty members covering most pediatric subspecialties and primary care.

The Children’s Hospital of Illinois is the primary pediatric teaching facility for the University of Illinois College of Medicine at Peoria. CHOI is a 127-bed facility that offers over 50 pediatric programs and services. These programs represent over 60 pediatric specialists in 24 different disciplines. CHOI is the only full service tertiary hospital for children in central Illinois.

We are interested in speaking to those in practice as well as fellows currently in training. Please contact Jennifer Schaulin at (972) 768-5350 or via email at jennifers@millicansolutions.com for more details. The University of Illinois is an Affirmative Action/Equal Opportunity employer.

Mountainside, NJ: Children’s Specialized Hospital

Children’s Specialized Hospital, New Jersey’s largest provider of both inpatient and outpatient services to children with developmental disabilities, seeks two Board Eligible/Certified Developmental and Behavioral Pediatricians. The appropriate candidates will join our staff of 8 Developmental Behavioral Pediatricians, 3 Pediatric Psychiatrists, 1 Pediatric Neurologist and 4 Pediatric Physiatrists, as well as 7 Nurse Practitioners to assist in care. Additionally, we have a large and talented complement of psychologists, physical, occupational and speech therapists on staff. With 16,000 patients in our system, we serve a large population of children with special needs such as Autistic Spectrum Disorder, Attention Deficit/Hyperactivity Disorder and Cerebral Palsy.

Earlier this year, we completed the construction of a state of the art inpatient rehabilitation hospital on the campus of Robert Wood Johnson University Hospital in New Brunswick and are fully renovating our main outpatient site in Mountainside, New Jersey. We currently have three outpatient facilities located in northern and central New Jersey and we anticipate continued growth. We are affiliated with UMDNJ- Robert Wood Johnson Medical School and our faculty is eligible for academic positions at the medical school. There are ample opportunities to participate in student teaching and research. Our remuneration and benefits package are very competitive.

Recently honored as 2008 Best Place to Work in NJ by NJBIZ. If you would like to be considered, please email: umehna@childrens-specialized.org, fax 908.301.5531, or send your CV to: Children’s Specialized Hospital, Attn: Dr. Mehta, Associate Medical Director, 150 New Providence Road, Mountainside, NJ 07092. EOE M/F/D/V. CHILDREN’S SPECIALIZED HOSPITAL, An Affiliate of the Robert Wood Johnson Health System, www.childrens-specialized.org.

Continued on next page
Salt Lake City, UT: University of Utah School of Medicine

The Division of Pediatric Behavioral Health in the Department of Pediatrics, University of Utah School of Medicine has immediate openings for a pediatric medical psychologist and a pediatric neuropsychologist with interests in the assessment and treatment of children with chronic medical illness. These individuals will provide direct patient care and consultation to children and adolescents referred to the Division of Behavioral Health, and will support the academic goals of the Division.

Candidates must have a Ph.D. in clinical psychology from an accredited program and be eligible for licensure in the State of Utah. Candidates for the medical psychology position must have a strong clinical background in the care of medically ill children and adolescents, including psychotherapy and group or family therapy within a clinical setting; and program development, evaluation skills and consultation skills. Neuropsychology candidates should also have a strong background in the clinical care of medically ill children and adolescents with additional experience in the administration and application of neuropsychological testing. Successful candidates will receive faculty appointments at the University of Utah at a level based on clinical and academic credentials.

The Department of Pediatrics has an established faculty development and mentoring program designed to help faculty succeed in translational or basic research, and to thrive as educators. The Salt Lake City metropolitan area offers an excellent quality of life with immense cultural and recreational opportunities readily available. The University of Utah offers an excellent benefits package and competitive salary commensurate with rank and experience. The University of Utah is an Equal Opportunity Employer and encourages applications from women and minorities.

Interested individuals should send or e-mail a cover letter and curriculum vitae to: D. Richard Martini, M.D., Chief - Division of Behavioral Health, Department of Pediatrics, 100 North Mario Capecchi Drive, Salt Lake City, UT 84113, E-mail: richard.martini@hsc.utah.edu

Indianapolis, IN: The Indiana University School of Medicine Department of Pediatrics at Riley Children’s Hospital

The Indiana University School of Medicine Department of Pediatrics at Riley Children’s Hospital, Indianapolis, IN, is seeking a full-time, BE/BC Developmental-Behavioral Pediatrician, Neurodevelopmentalist, or Hospitalist with experience with children with developmental disabilities to join its comprehensive and growing Developmental Pediatrics program. The section provides care for a busy inpatient service and outpatient specialty clinics for Down syndrome, feeding disorders, developmental assessment, newborn follow-up, autism/behavior, cerebral palsy, spina bifida, intrathecal baclofen, and international adoption. Opportunities available for program development, clinical research, community outreach, and teaching. Riley Hospital is consistently ranked among the top children’s hospitals in the nation, has a beautiful pediatric outpatient center, and will complete a new ten-story inpatient tower in 2009. Indianapolis offers an excellent lifestyle with affordable housing and quality schooling options. Clinical or tenure track available. Rank open. Competitive compensation and benefits. Employer will assist with relocation.

For more information contact Marsie Harrington at 317-274-4264 or harrimg@iupui.edu. Indiana University is an EEO/AA Employer, M/F/D

Ann Arbor, MI: University of Michigan

The Department of Pediatrics at the University of Michigan’s C.S. Mott Children’s Hospital seeks a Board-Certified or Board-Eligible Developmental-Behavioral Pediatrician to join 3 Developmental-Behavioral Pediatricians, 7 Pediatric Psychologists and 2 Adolescent Medicine specialists in the Division of Child Behavioral Health, with a new ACGME-approved Developmental-Behavioral Pediatric fellowship. We seek an additional faculty member to expand our clinical services and opportunities for fellow, resident and medical student training. We are especially interested in individuals with interest and expertise in one or more of the following areas: Autism, Infant/Toddler Feeding Problems, ADHD/School Functioning, and Elimination Disorders. An interest in research related to clinical and educational programs is desirable. The Pediatric Department has over 200 faculty members and a new children’s hospital under construction. The University of Michigan is located in Ann Arbor, a vibrant university community with excellent schools.

For immediate consideration, please send CV and letter of interest to: David E. Sandberg PhD, Director, Division of Child Behavioral Health, University of Michigan, Email: dsandber@med.umich.edu

West Virginia: The West Virginia University School of Medicine

The West Virginia University School of Medicine, Department of Pediatrics is seeking a board eligible/board certified Behavioral Developmental Pediatrician to join the developmental team at the Klingberg Center at West Virginia University School of Medicine. WVU Children’s Hospital provides access to advanced technological resources and comprehensive pediatric services at a premier tertiary referral center for the state of West Virginia with a collaborative academic atmosphere.

Contact: Maggie Jaynes, MD, Professor, Department of Pediatrics; c/o Laura Blake, Director, Physician Recruitment, Fax: (304)293-0230, Email: blakel@wvuh.com, www.hsc.wvu.edu/som/pediatrics/klingberg/index.asp, WVU is an EO/AA Employer. Position will remain open until filled.

Springfield, IL: Southern Illinois University School of Medicine

The Division of Developmental Behavioral Pediatrics/Psychology
in the Department of Pediatrics at Southern Illinois University School of Medicine announces an opening for a Developmental/Behavioral Pediatrician at the Assistant/Associate Professor level. The position involves evaluation and treatment of a broad range of developmental/behavioral disorders, as well as teaching medical students and residents. Areas of interest are open, but skills in neurodevelopmental disabilities, medication management of children with various developmental disorders and behavioral issues, and/or ASD/ADHD are desired. Involvement with medical diagnostics for Early Intervention is possible, as is participation in NICU follow-up and consultation to the Children’s Evaluation Clinic. Compensation and benefits are competitive.

Qualified candidates should submit a letter of interest and curriculum vitae to Glen P. Aylward, PhD, ABPP, SIU School of Medicine, Department of Pediatrics, PO Box 19658, Springfield, IL 62794-9658. Candidates may also contact Linda Skeadas, Office Administrator, 217-545-7732, fax 217-545-7782, or lskeadas@siumed.edu. SIU is an EO/AAE.

Rochester, NY: University of Rochester

We are recruiting for at least two Developmental and Behavioral NDD Pediatricians to join the faculty in Neurodevelopmental and Behavioral Pediatrics at the Golisano Children’s Hospital at Strong. The division employs 80 faculty and staff and is the home to UCEDD, LEND, ATN, and DBPeds fellowship programs with an active research portfolio related to autism, Down syndrome, obesity, transition to adulthood, medical care for people with developmental disabilities, neurotoxicology, and physical disabilities. Research and teaching will be expected in addition to clinical care.

Contact: Susan L. Hyman, MD, Chief, Division of Neurodevelopmental and Behavioral Pediatrics; susan_hyman@urmc.rochester.edu

Mobile, AL: University of South Alabama College of Medicine

The Department of Pediatrics at the University of South Alabama College of Medicine is currently seeking candidates for a third faculty position in Developmental-Behavioral Pediatrics.

Duties include patient care at the USA Pediatric Disease Management Center, the primary referral center for the region, as well as teaching medical students and residents. Candidates should have fellowship training or substantial clinical experience in DBPeds. Unique opportunities for program development and clinical research within the department and with community agencies are available. This is an outstanding opportunity to join a congenial, diverse, expanding department committed to providing its faculty with the opportunity to achieve academic and professional growth.

For information, please contact: Franklin Trimm, MD, Professor and Vice Chair of Pediatrics, University of South Alabama Children’s & Women’s Hospital, 1700 Center St. Mobile, AL 36604, Phone: (251) 415-1087, Email: rtrimmed@usouthal.edu.

Boston, MA: Floating Hospital for Children, Tufts-New England Medical Center

Join a large and thriving Division of Developmental-Behavioral Pediatrics within the Floating Hospital for Children, Tufts-New England Medical Center, Boston MA. Appointment at Assistant or Associate Professor level at Tufts University School of Medicine. The Division has a strong commitment to teaching at all levels, research, and care of children from birth to 21 with the broad spectrum of developmental and behavioral disabilities. Current faculty include 6 Board-certified developmental-behavioral pediatricians, a neuropsychologist, a speech & language pathologist, an educational specialist, and a social worker. Several ongoing research projects have NIH as well as foundation support.

Send letter of interest and CV to Ellen C. Perrin, Division of Developmental-Behavioral Pediatrics, Floating Hospital for Children, 750 Washington Street Box 334, Boston MA 02111, or EPerrin@tufts-nemc.org.

Spartanburg, SC: Family Medicine Residency Program at Spartanburg Regional

An exceptional opportunity is available for a board-certified pediatrician to join the Pediatric Faculty for the Family Medicine Residency Program at Spartanburg Regional, affiliated with the Medical University of South Carolina. The Pediatric Faculty includes three Board-certified pediatricians and two pediatric nurse practitioners. The new faculty member will be involved in teaching family medicine residents in the inpatient and outpatient setting, Spartanburg Regional Healthcare System is an integrated healthcare delivery system anchored by Spartanburg Regional Medical Center, a 588-bed teaching and research hospital. The system offers a range of specialized healthcare services that is unrivaled in its five-county service region. Physicians with two plus years experience in a practice setting and/or teaching program are encouraged to respond.

Please forward curriculum vitae to Hospital Recruiter Kristin Baker, kbaker@srhs.com or Cathy Benson, cbenson@srhs.com or call 800-288-7762 for more information, or visit our website at www.spartanburgregional.com.
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<tr>
<th>Event</th>
<th>Location</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>APS 67th Annual Scientific Meeting</td>
<td>Chicago, IL</td>
<td>March 4-7</td>
</tr>
<tr>
<td>AAIDD Disability Policy Seminar</td>
<td>Washington, DC</td>
<td>April 27-29</td>
</tr>
<tr>
<td>Pediatric Academic Societies Annual Meeting</td>
<td>Baltimore, MD</td>
<td>May 2-5</td>
</tr>
<tr>
<td>AAIDD Annual Conference</td>
<td>New Orleans, LA</td>
<td>June 10-12</td>
</tr>
<tr>
<td>International Pediatric Association Congress of Pediatrics</td>
<td>Johannesburg, South Africa</td>
<td>August 5-9</td>
</tr>
<tr>
<td>Pediatric Educational Excellence Across the Continuum (PEEAC) Meeting</td>
<td>Arlington, VA</td>
<td>September 11-12</td>
</tr>
<tr>
<td>AACPDM 63th Annual Meeting</td>
<td>Scottsdale, AZ</td>
<td>September 23-26</td>
</tr>
<tr>
<td>SDBP Hypnosis Workshop</td>
<td>Portland, OR</td>
<td>October 1-3</td>
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<tr>
<td>SDBP Pre-Meeting Workshops</td>
<td>Portland, OR</td>
<td>October 2-3</td>
</tr>
<tr>
<td>SDBP Annual Meeting</td>
<td>Portland, OR</td>
<td>October 4-5</td>
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<tr>
<td>American Academy of Pediatrics National Conference and Exhibition</td>
<td>Washington, DC</td>
<td>October 17-20</td>
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<tr>
<td>CHADD Annual Conference</td>
<td>Cleveland, OH</td>
<td>October 7-10</td>
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<tr>
<td>SBM 30th Annual Meeting &amp; Scientific Sessions</td>
<td>Montreal, Canada</td>
<td>November 28</td>
</tr>
<tr>
<td>APM 56th Annual Meeting</td>
<td>Las Vegas, NV</td>
<td>November 11-14</td>
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