Message from the President

Namaste.

There is a definite buzz throughout the Society this year. As you will read in this issue, we are proudly moving forward along the Strategic Plan laid out in the Spring of 2004. I will share just a few highlights.

**SDBP Research Award.** The Research Committee has been extremely active this year. As part of the Strategic Plan, the committee conceived of a grant award as a symbol of the Society’s strong commitment to research and as a stimulus for young researchers. Under the capable leadership of Bill Barbaresi and with the talented fundraising abilities of Ellen Perrin, the Research Committee has made this dream a reality. The Past Presidents generously provided the funding for the initial grant award. Notices about the grant will have been circulated by e-mail and posted on the website by the time of this printing. (See announcement, page 6)

On behalf of the Society, I would like to extend my sincere thanks to the Research Committee and its dedicated leadership for this outstanding new program. Please encourage fellows and young faculty to submit applications. And please consider making your own contribution to this worthy cause the next time you pay dues.

**SDBP Practice Survey.** The Practice Committee has long recognized the importance of understanding how members of the Society spend their time and earn their living. Clinical practice is a central component of that formula for many of us. Other subspecialties have benefited from detailed surveys of their members, documenting practice patterns and challenges in this modern era of health care financing. Under the steady leadership of Alex Geertsma, the Practice Committee has called for a comprehensive survey of practice patterns of the Society’s members. Ellen Perrin, Robin Adair, and Carol Hubbard are in the final phases of preparing a detailed on-line survey, including a plan for the rapid analysis of the data. At our Annual Meeting in San Diego, they will provide us with the details about completing the survey, which will be circulated to all members in the fall. The Society is providing modest funding to facilitate this project. (See article, page 9)

On behalf of the Society, I want to thank the Practice Committee and the Survey Subcommittee for the hard work of preparing the survey. When it becomes available, I urge you all to complete it carefully. As you all appreciate, the greater the accuracy of the results, the more value we gain from the effort. Please take the time to gather documents and records before completing the survey to make sure your responses are accurate. If you feel so inclined, you can make a special contribution in addition to your standard dues, to support this effort.

**Journal of Developmental-Behavioral Pediatrics.** Our Journal has had a banner year. The on-line manuscript submission and review process has dramatically shortened the lag time for processing. The supplements have been extremely well received. The financial status of the Journal is improving, providing an enormous boost to the Society. Many thanks to Suzanne Dixon, our gifted editor; to Lippincott, Williams and Wilkins for all of the support it offers.

Continued on next page
The Journal at 25!

By Suzanne Dixon with assistance from Mary Sharkey

The Journal of Developmental and Behavioral Pediatrics is in good health, academically, financially and operationally. This is the 25th year as shown in our shower of silver fireworks on the cover of this year’s issues.

THE SCHOLARSHIP SIDE

Academically, we continue to receive a variety of good manuscripts, up in number to 124 for 2004, an increase of 18 over 2003. We accepted 27 or 22% last year; down from the historical pattern of about 30%. We have about 20-25 manuscripts “in play” at any one time. We have asked for more pages for this next fiscal cycle to expand the number of articles we publish.

While the interval from submission to first decision is down significantly, the lag from acceptance to publication is getting longer, now at about 9 months.

The current manuscripts are getting a very thorough going over by reviewers and editors alike and I think they are stronger for those efforts. We have expanded the panel of reviewers but we are still in need of more qualified reviewers to add to the panel. With the increase in the number of manuscripts and the more rapid turnaround, this need is critical. It is also critical to nurture a younger generation of reviewers.

Toward that end, the editorial group will do a workshop during this fall meeting to assist in the submission of strong articles and to make the whole process familiar to potential contributors and reviewers. We also plan to give prizes at the annual meeting from the pool of reviewers who send in reviews ahead of time. Some journals offer CME’s to the reviewers. We have explored that option and feel that it is too much trouble without a significant benefit.

The review articles continue to be lined up ahead in great strength; we have enough currently submitted to fill through April 2006. We will publish two per issue this next year with the proviso that the two articles are substantially different.

Supplements: The Challenging Case supplement went out with Pediatrics in November. We plan on another sponsored supplement for October. We are also planning a special edition on autism with Robin Hansen as special editor. Announcements have gone out.

THE FINANCIAL AND OPERATIONS SIDE

Financially, we are in good shape as well. The Journal continues to make money for the Society; our royalty in 2004 was about $80,000.

Diana Pesek has done an outstanding job as our publisher at LWW, and we have made the transition to web based management with only mild turbulence. We can stay on top of each submission, track its progress and communicate effectively within our editorial group and with authors and reviewers. The web management allows each editor to link to Medline from the manuscript site and check both for new reviewers who work in this field as well as to check for duplicate publication. Each review is rated for quality and that information is in the data base. Those with consistently bad ratings can be avoided and we are now considering how to reward those who really do provide us and the contributors with outstanding reviews. This system also enables us to monitor how many requests have been made to an individual, who has requested a sabbatical from reviewing and for what dates and how many requests are honored, ignored or declined. Big Daddy is watching- we know it all!

Goals for the coming year:

• Smooth out operations, particularly for rereviews
• Reward good and timely reviewers - watch for a special event at the fall meeting
• Expand reviewer panel
• Invite/ inspire more commentaries
• Look for more supplement proposals
• Begin long term planning for the JDBP with a special panel of advisors

Continued from page 1

Annual Meeting. The Annual Meeting is in sunny San Diego, September 24-26. Nate Blum and the Program Committee have assembled an extremely interesting set of sessions. Dan Coury has been extremely successful at soliciting unrestricted contributions for the Meeting. Thank you, Nate and Committee and Dan for your strenuous efforts. I want to mention a bit about the keynote speaker, Andrew Meltzoff. He is a world-renowned expert on infant cognition whose book, The Scientist in the Crib, has captured the interest of scientists and parents alike. He is also a compelling speaker. I am confident that he will teach us a lot.

“…the Annual Meeting solidifies our camaraderie and reaffirms our commitment to Developmental-Behavioral Pediatrics.”

The Hypnosis Course will precede the meeting, beginning Wednesday evening, September 21. The Education Workshop, always a popular option, will run Monday afternoon, after the major plenary sessions. Check out the website, www.sdbp.org, for details.

I urge you all to come to the Annual Meeting this year. We recognize that travel has become challenging in this era of increased practice pressures and decreased professional development funding. Nonetheless, the Annual Meeting solidifies our camaraderie and reaffirms our commitment to Developmental-Behavioral Pediatrics. West Coast members, you often struggle to get to the East Coast meetings. Please come out for this meeting. Bring your colleagues and friends, not only Developmental-Behavioral Pediatricians and Psychologists, but also General Pediatricians, Nurses or Nurse Practitioners, Social Workers, Educators, Advocates, and others committed to improving the health and well-being of children.

I hope you all can sense my excitement and pride about the Society. Please lend your support in whatever way you can to this organization. Make sure that it represents you.

Namaste. ☀️🙂
This year for the first time, the Great Lakes Regional Conference on Child Health was jointly sponsored by the Society of Pediatric Psychology (SPP) and the Society for Developmental and Behavioral Pediatrics (SDBP). The Great Lakes Conference is the longest continually-run regional pediatric psychology meeting in the United States. Scheduled on a biennial basis, the meeting took place at The Hilton Columbus in Columbus, Ohio, from 4/21/05-4/23/05. The joint sponsorship reflected both organizations’ interest in collegial interchange and was meant to serve as a springboard for future planning efforts. A total of 206 child health professionals were pre-registered, including the largest number of pediatricians to attend.

Following clinical workshops on Ethical issues, Pain, and Psychopharmacology and an opening poster session/reception, the conference began with keynote addresses by Dr. Denny Drotar, SPP President and former SDBP President, and Dr. Dan Coury, current SDBP President. In their presentations, both highlighted the potential of SPP-SDBP collaboration for mutual support, collaborative research opportunities, and collaborative training programs. Dr. Drotar pointed out that “pediatricians and other professionals have a lot to teach and psychologists have a lot to learn (and vice versa).” To the psychologists in attendance, he pointed out that “APA and SPP are not the be all and end all” (referring to the American Psychological Association) and stressed that “there is strength in numbers and shared commitment.” The meeting featured symposia on (1) Issues in pediatric sleep, (2) Neurodevelopment and early intervention, and (3) Pediatric obesity. Each symposium represented a collaboration between pediatric psychologists and pediatricians, many of whom are actively involved in SDBP. Of special interest to the many trainees at the meeting were the various Professional Development seminars/roundtables. These included: (1) a thought-provoking and engaging seminar on “How to be – and find – a great professional mentor,” presented by Dr. Sharon Berry; (2) a roundtable on “Developing multidisciplinary clinical care in pediatric settings,” presented by an “All-Ohio, all-the-time” contingent of pediatric psychologists; and (3) a roundtable on “Negotiating your job,” given by psychologists working in a variety of child health settings.

The meeting’s social event was dinner and a show at the Funny Bone Comedy Club and Café, located in the Easton Town Center shopping/restaurant complex next to the Hilton. At the meeting’s conclusion, a number of hearty souls reportedly braved cold and wet weather to attend the Ohio State University Spring Football game.

The next Great Lakes Regional Conference on Child Health is scheduled to be held in Cincinnati, OH, in April, 2007. To further promote SPP-SDBP collaboration, a greater effort will be made to encourage pediatricians and other SDBP members to present and attend. Drs. Drotar and Coury invite ideas and strategies for a shared agenda, including planning of future collaborative meetings.

By Gerard A. Banez, Ph.D., The Children’s Hospital, The Cleveland Clinic, Cleveland, OH
DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN

Carle Clinic Association, a 300-physician owned and operated multispecialty group practice, is seeking a BE/BC Developmental-Behavioral Pediatrician to join an established department in Urbana, Illinois.

We offer the opportunity to work with a wide range of interests, including emotional/behavioral impairment, language delay, ADHD, autism, and developmental delay, and to lead an interdisciplinary diagnostic team (Child Disability Clinic). Our diverse Pediatrics department includes 20 Pediatricians (including 3 Pediatric Neurologists). The Carle Clinic staff includes Child Psychologists, Child Psychiatrists, Pediatric Social Workers, Pediatric Speech/Language Therapists, Physical Therapists, and Audiologists. We also offer the opportunity for academic/research affiliation with the University of Illinois at Urbana-Champaign.

For further information, please contact:
Dawn Dvorak, Search Consultant
Carle Clinic Association
Fax: (217) 337-4119
Telephone: (800) 436-3095, extension 4103
Email: dawn.dvorak@carle.com


PSYCHOLOGISTS & PEDIATRICIANS

At the Vanderbilt Center for Child Development (www.VanderbiltChildDevelopment.us), we are attempting a reconceptualization of the traditional developmental clinic. We seek to use a biopsychosocial model rather than a largely medical model, emphasizing functional assessment (e.g., routines based; response to intervention) and consultation to families and communities on interventions. Applicants for the psychology positions should be eligible for healthcare professional licensure by the State of Tennessee (i.e., 3 years experience as a licensed psychologist). Applicants for developmental pediatrician positions should be board-certified general pediatricians and board-eligible or –certified for developmental-behavioral pediatrics or neurodevelopmental disabilities. These positions would be Assistant/Associate Professors in the Department of Pediatrics, Vanderbilt University Medical Center. Send an e-mail message with attached CV to Robin.McWilliam@Vanderbilt.edu.

Robin McWilliam
R. A. McWilliam, Ph.D.
Director
Center for Child Development
Professor of Pediatrics and Special Education
Vanderbilt University Medical Center
415 Medical Center South
2100 Pierce Avenue
Nashville, TN 37232-3573
Robin.McWilliam@Vanderbilt.edu
615-936-2985
http://www.VanderbiltChildDevelopment.us

DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN

The Department of Pediatrics at the University of South Alabama is seeking candidates for a second faculty position in Developmental-Behavioral Pediatrics. Duties include teaching and patient care with an interdisciplinary team. Candidates should have fellowship training or substantial clinical experience in Developmental-Behavioral Pediatrics. Opportunities are available for program development and clinical research in our new Center for Chronic Diseases in Children. Academic rank will be commensurate with training and experience. Join a congenial, diverse, expanding department committed to providing the opportunity for academic and professional growth while enjoying the climate, affordability, and high quality of life of the Gulf Coast. USA is an Affirmative Action/Equal Opportunity Employer

Contact: Loran Clement, MD, Professor and Chair
USA Department of Pediatrics
1504 Springhill Avenue, Room 5309
Mobile, AL 36604

You can now place a classified ad in the SDBP newsletter and on the SDBP website. SDBP will only accept placement ads from institutions/organizations that are seeking to fill positions within the developmental and behavioral pediatric community. By placing an ad in the newsletter and on the website, you will have access to a community of professionals in the field.

If you would like to submit an ad for our newsletter or website, please send this directly to Mariela Rodriguez, mrodriguez@ahint.com. Artwork and company logos will not be accepted.

Advertising will be billed at a rate of $10.00 per line, based on final layout. A sample layout and preliminary invoice will be sent to the advertiser prior to publication.
Sooner SUCCESS: A Model for a Family-Centered, Community-Based, System for Children and Youth with Special Health Care Needs and their Families

By Mark Wolraich

Sooner SUCCESS, a model development project at the University of Oklahoma Health Sciences Center, is building a community-based infrastructure for the care of children and youth with special health care needs (CYSHCN). SUCCESS stands for State Unified Children’s Comprehensive Exemplary Services for Special Needs. The program will coordinate the efforts of the health, mental health, social and education systems regionally and across the state. Sooner SUCCESS seeks to provide each family with (1) coordinated, ongoing comprehensive care within a medical home and the child’s local school system; (2) a financial plan to pay for needed services; (3) early and continuous screening for special needs, including risk for abuse and neglect; and (4) help with transitions to all aspects of adult life, including adult health care, work and independence. Families will partner in decision-making at all levels.

The pilot project, now in its second year of implementation, began as a coalition of family members, public service managers and advocacy groups. Funding has come from the Oklahoma’s CYSHCN Program and the Oklahoma Developmental Disabilities Council. The collaboration has grown to include The Oklahoma Health Care Authority, The OU Child Study Center, and Oklahoma’s University Center for Excellence in Developmental Disabilities.

The pilot project, now in its second year of implementation, began as a coalition of family members, public service managers and advocacy groups. The model promotes and strengthens a comprehensive, unified 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 family’s needs.

The long-term goal of Sooner SUCCESS is to develop a model for an integrated system of services in a six-county, primarily rural region. Eventually, we hope to replicate the system throughout the state of Oklahoma, and to offer it as an exemplary model for other states. In May 2005, Dr. Wolraich was awarded a Maternal and Child Health Bureau grant to replicate the model in a metropolitan region. For additional information about the project, 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.

Changes at the Top

The position of Executive Director of SDBP, held for the last year by Nicolette (Nikki) Zuecca, is turning over. Nikki has taken on the Executive Director title for another one of the professional societies managed by Association Headquarters (AH) – a move up for her. Our new Executive Director, Gail Haas, has worked at AH in various posts, including as Assistant Executive Director for the Society for Behavioral Medicine. She and Nikki have worked closely in the past, and have offices right across the hall from each other. Over the past weeks, they have spent hours reviewing the SDBP list of projects, in order to make the transition a smooth one. SDBP President Heidi Feldman notes, “Gail has demonstrated her enthusiasm for her new position and is quickly getting up to speed.” Congratulations to Nikki for her promotion, and best of luck to Gail as we go forward together!

— Robert Needlman
Our research at the Olson Huff Center in Asheville NC has focused on the potential augmentation of stimulant effects in children with ADHD by adding placebo to the regimen and then decreasing the dose of the stimulant. In a pilot crossover study of 26 children with ADHD who had been stable on the same dose of a stimulant for the previous 3 months, we compared the effects of (1) their usual dose, (2) 50% of that dose, and 3) 50% of that dose plus placebo. The placebo was administered in open label, i.e., with full disclosure to child and parent. We found that there was short-term benefit of the 50% plus placebo condition, i.e., the group as a whole maintained effective ADHD control and had fewer reported side effects than they did on their usual dose.

Our subsequent research (supported by the National Institute of Mental Health) has focused specifically on a conditioned placebo treatment in ADHD. We have enrolled 70 children age six through twelve years, and subjects will have completed the protocols within 3 months. In one experiment, each child goes through a double-blind dose finding procedure, in which the effects and side effects of placebo and different doses of mixed amphetamine salts are compared in random order. We are examining potential treatment order effects during dose finding, as this may shed light on the question of conditioned placebo effects. We hypothesize that subjects’ response to the placebo may be higher when the placebo is taken after a period of effective stimulant dose – after the subject has “learned” to respond to the conditioned stimulus - than when the placebo is taken before the effective stimulant dose.

“We are examining potential treatment order effects during dose finding, as this may shed light on the question of conditioned placebo effects.”

In another experiment, we take the most effective dose for each child as determined in dose finding, and then randomize the children to one of three groups. The study group goes through a one-month period of deliberate conditioning, during which they take the most effective dose of the stimulant along with a separate and distinctive placebo capsule administered in open label. Then the subject continues to take the placebo capsule along with 50% of the dose of the stimulant. Another group remains on the most effective stimulant dose alone and the third group goes through dose reduction without the addition of placebo. We are using quantitative and qualitative methods to compare the efficacy, side effects and acceptability of the conditioned placebo treatment group with the other two control groups. Our preliminary findings suggest that the conditioned placebo dose reduction method is very acceptable to children and parents. Children in this group appear to do better in terms of ADHD control and stimulant side effects. Most of the children who complete the conditioned placebo dose reduction do very well and their parents choose to keep them on the 50% dose plus placebo for another 3 month maintenance period. Most of those children maintain their effective ADHD control during the 3 months.

Given the widespread and growing concerns about side effects of commonly used psychoactive medications in children, we believe this innovative research involving therapeutic uses of placebo effects may hold great potential to improve healthcare.

REFERENCES

New SDBP Research Grant Award

This year, for the first time, the Society will offer a one-year grant of $5,000 to promote research in Developmental and Behavioral Pediatrics by a young investigator in our field. The initial SDBP Research Grant award was funded by contributions from a number of former Presidents of the SDBP. The grantee must be an SDBP member. Grant applications are judged by the Research Committee. The deadline for receipt of completed grant applications is August 15, 2005. For more information please visit our website at www.sdbp.org, or contact Gail Haas, Executive Director of the Society (ghaas@ahint.com).
SATURDAY, SEPTEMBER 24, 2005

8:00 AM – 12:00 PM
Concurrent Pre-Meeting Workshops

WORKSHOP A
Improving Developmental Services: Pediatric Generalists and Specialists in the Office and in the Community
Neal Halfon, MD, Edward Schor, MD, Martin Stein, MD, Lane Tanner, MD

WORKSHOP B
Sleeping in San Diego: A Primer for Developmental Behavioral Pediatric Providers
Judith Owens, MD, MPH, Jodi A. Mindell, PhD, and Mark G. Goetting, MD

WORKSHOP C
Getting into Print: The Inside Track on How to Get Your Work Published
Suzanne Dixon, MD, MPH, Lee Pachter, DO, Glen Aylward, PhD, Robin Hansen MD, and Mary Sharkey

WORKSHOP D
Controversies in the Diagnosis and Treatment of Pediatric Mood Disorder
David A. Mrazek, MD, Lynn Mowbray Wegner, MD, and Laurel K. Leslie, MD

10:00 AM – 12:00 PM
Pre-meeting Research Mentoring: Individual Mentoring for Junior Investigators Offered by the SDBP Research Committee

12:00 PM – 1:00 PM
Lunch On Own

1:00 PM – 2:30 PM
Concurrent Sessions

Concurrent Session 1
Dysmorphology
Ken Lyons Jones, MD

Concurrent Session 2
Missteps in the Dance: A Relationship-Focused Approach to Children with Behavior Problems
Prachi Shah, MD and Cheryll Bowers-Stephens, MD

Concurrent Session 3
Mentored Career Development Awards (K Grants): Practical Information for Students, Fellows, and Junior Faculty Considering a Research Career
Laura Sices, MD, Lynne Haerkerkos, MD, Carolyn Ievers-Landis, PhD and Dennis Drotar, PhD

2:30 PM - 2:50 PM
Break

2:50 PM - 3:00 PM
Welcome

3:00 PM - 5:00 PM
Plenary Session I
Abstract Presentation

5:00 PM - 5:30 PM
Break

5:30 PM - 7:30 PM
Welcome Reception and Poster Session

SUNDAY, SEPTEMBER 25, 2005

7:30 AM – 9:00 AM
Fellowship Program Directors’ Meeting with Breakfast

7:30 AM – 9:00 AM
Concurrent Committee Meetings
Communication Committee Meeting
Practice Issues Committee Meeting

9:00 AM – 10:30 AM
Plenary Session II
Abstract Presentation

10:30 AM – 10:45 AM
Break

10:45 – 12:00 PM
Plenary Session III
Abstract Presentation

12:00 PM - 2:00 PM
Luncheons
Fellows Luncheon
Editorial Board Luncheon

2:00 PM – 3:30 PM
Concurrent Sessions

Concurrent Session 4
The Death of a Child: What the Pediatrician Should Know
Esther Wender, MD and William Coleman, MD

Concurrent Session 5
Transition Planning for Adolescents with Down Syndrome and Other Cognitive Disabilities
Bill I. Cohen, MD and Sheila A. Cannon, MEd

Concurrent Session 6
Spirituality in Pediatrics: What is it, How Could One Measure it, What is its Place in Practice
Gary Walco, PhD and Susan O. Cohen, MA, ADTR, CCLS

2:30 PM - 3:00 PM
Break

3:00 PM - 4:15 PM
Lectureship Award and Presentation
The Scientist in the Crib: Minds, Brains, and How Children Learn
Andrew N. Meltzoff, PhD

4:30 PM - 6:00 PM
SDBP Business Meeting

7:00 PM –10:00 PM
Dinner Social Event: The Prado at Balboa Park
MONDAY, SEPTEMBER 26, 2005

**Concurrent Committee Meetings**
- Research Committee Meeting
- Advocacy Committee Meeting
- Education Committee Meeting

9:00 AM - 10:15 AM
- Plenary Session IV
- Abstract Presentation

10:15 AM - 10:30 AM
- Break

10:30 AM - 11:30 AM
- Presidential Address
  Heidi Feldman, MD

11:30 AM - 12:00 PM
- Incoming President Address and Conclusion of the Meeting
  Paul Dworkin, MD

1:00 PM - 7:00 PM
- Post-meeting Education Workshop
  Offered by the SDBP Research Committee

---

**Clinical Hypnosis Workshop**

**September 21 – 24, 2005**
Sheraton Suites San Diego • San Diego, California

**ABOUT THE PROGRAM**
This workshop is offered at three levels (introductory, intermediate, and advanced) depending on previous experience in hypnosis. The workshop provides training for physicians and other pediatric health care professionals in the use of hypnosis and its applications in clinical pediatric settings. Emphasis is placed on supervised practice of hypnotic techniques. No previous training in hypnosis is required for the introductory workshop, but those interested in receiving intermediate and advanced instruction must provide evidence of previous training. Advanced participants must bring a DVD, or VHS videotape of hypnotic work with a patient and a typed case vignette.

This course has been approved by the American Society of Clinical Hypnosis as meeting the requirements for certification and membership.

**INTRODUCTORY WORKSHOP HIGHLIGHTS**
- Introduction of Faculty
- Introduction to Hypnosis (Definitions, History, Theories of Hypnosis, Myths and Misperceptions, Susceptibility, Hypnotic Phenomena)
- Group Hypnotic Experience
- Stages of Hypnosis and Principles of Induction; Presenting Hypnosis to the Patient
- Demonstrations of Induction Methods
- Introduction to Small Group Practice
- There will be at least 9 hours of supervised small group practice over the course of the workshop
- Developmental Considerations: Hypnotic Approaches at Different Ages
- Preschool Techniques
- Intensification (Deepening Involvement) andAlerting
- Formulating Suggestions: The Language of Hypnosis
- Integrating Hypnosis into Clinical Practice:
  - Approaches to Anxiety
  - Hypnotic Approaches to Pain Management
  - Acute Pain
  - Chronic Pain
  - Chronic Illness (e.g., Asthma, Tics, C.F., Inflammatory Bowel Disease)
  - Elimination Disorders: Enuresis, Encopresis
  - Habits
  - Sleep Disorders
- Self-Hypnosis for Clinicians, Children, and Parents
- Ethical Considerations / Informed Consent
- Physiologic Controls: Biofeedback / Hypnosis Interface and Psychoneuroimmunology
- Hypnosis in the Practice of:
  - General Pediatrics
  - Developmental-Behavioral Pediatrics
  - Psychotherapy
  - Nursing and Child Life
- Getting Started in Practice: Ongoing Training, Continuing Education, Supervision, Organizations, Hypnosis Boards, Certification, Questions and Answers

**You must make your reservations by Tuesday, August 30th** to receive the group rate. After this date rooms are on a space and rate available basis. For housing and registration information, please visit our website at www.sdbp.org.
I graduated as a Dipl.-Psych with the specialty areas of Clinical and Health Psychology from Johannes Gutenberg-University, Mainz, Germany in 1996. In addition, I received my doctorate degree in Clinical Psychology from the University of Indianapolis, teaching graduate and undergraduate students, supervising the clinical work of doctoral students, conducting research, and having administrative responsibilities. I also gained experience as an ad-hoc journal reviewer and IRB Committee Member. Currently I am employed as a Clinical Psychologist for the Section of Developmental Pediatrics at the Indiana University School of Medicine where I provide services to children with developmental delays, pervasive developmental disorder, and behavior difficulties. I have a particular interest in infant mental health, as well as parent stress, grief, and adjustment to parenting a child with special needs.

As I remain interested in research, I hope that I will be able to contribute in some way to the field in the future. Personally, I was blessed with a daughter about one year ago and thoroughly enjoy every moment and aspect of motherhood.

I am excited to be a member of SDBP and hope that I will get the opportunity to network with other professionals in the same area of practice.
<table>
<thead>
<tr>
<th>MEETING</th>
<th>LOCATION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Society for the Study of Behavior Development</td>
<td>Melbourne, Australia</td>
<td>July 2-6, 2005</td>
</tr>
<tr>
<td><a href="http://www.issbd.org">www.issbd.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Society on Infant Studies</td>
<td>Brisbane, Australia</td>
<td>July 8-11, 2005</td>
</tr>
<tr>
<td><a href="http://www.isisweb.org">www.isisweb.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society of Pediatric Psychology</td>
<td>Washington, DC</td>
<td>August 18-21, 2005</td>
</tr>
<tr>
<td><a href="http://www.apa.org/division/div54">www.apa.org/division/div54</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Academy for Cerebral Palsy</td>
<td>Orlando, FL</td>
<td>September 14-17, 2005</td>
</tr>
<tr>
<td><a href="http://www.aacpdm.org">www.aacpdm.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDBP Pediatric Hypnosis Workshop</td>
<td>San Diego, CA</td>
<td>September 21-24, 2005</td>
</tr>
<tr>
<td>American Association on Mental Retardation</td>
<td>Washington, DC</td>
<td>September 21-24, 2005</td>
</tr>
<tr>
<td><a href="http://www.aamr.org">www.aamr.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Hypnosis Workshop</td>
<td>San Diego, CA</td>
<td>September 22-24, 2005</td>
</tr>
<tr>
<td>SDBP Annual Meeting</td>
<td>San Diego, CA</td>
<td>September 24-26, 2005</td>
</tr>
<tr>
<td>American Academy of Pediatrics</td>
<td>Washington, DC</td>
<td>October 8-11, 2005</td>
</tr>
<tr>
<td><a href="http://www.aap.org">www.aap.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with Attention Deficit Disorders</td>
<td>Dallas, TX</td>
<td>October 27-29, 2005</td>
</tr>
<tr>
<td><a href="http://www.chadd.org">www.chadd.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academy of Psychosomatic Medicine</td>
<td>Albuquerque, NM</td>
<td>November 17-20, 2005</td>
</tr>
<tr>
<td><a href="http://www.apm.org">www.apm.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities Association</td>
<td>New Orleans, LA</td>
<td>March 1-4, 2006</td>
</tr>
<tr>
<td><a href="http://www.ldanatl.org">www.ldanatl.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Psychosomatic Society</td>
<td>Denver, CO</td>
<td>March 1-4, 2006</td>
</tr>
<tr>
<td><a href="http://www.psychosomatic.org">www.psychosomatic.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society of Behavioral Medicine</td>
<td>San Francisco, CA</td>
<td>March 22-25, 2006</td>
</tr>
<tr>
<td><a href="http://www.sbm.org">www.sbm.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society for Research in Child Development</td>
<td>Boston, MA</td>
<td>March 29 – April 1, 2006</td>
</tr>
<tr>
<td><a href="http://www.srcd.org">www.srcd.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPR/APS/Ambulatory Pediatric Association</td>
<td>San Francisco, CA</td>
<td>April 29- May 2. 2006</td>
</tr>
<tr>
<td><a href="http://www.ambpeds.org">www.ambpeds.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>