

President's Message

Submitted by Nathan Blum, MD

Greetings and Happy New Year.

It has been a great year for SDBP. We had a record attendance of 443 people at the 2015 Annual Meeting, the SDBP website redesign has been completed, bylaw changes to enhance the efficiency of SDBP governance were passed, and the Board approved the first proposal for SDBP to develop a practice guideline on the management of some forms of complex ADHD.

Thanks to John Duby, Terry Stancin, and Laura Degnon for the leadership necessary for these accomplishments.

Listening to reports from SDBP Committees and Special Interest Groups (SIGs) at the recent Board Meeting I was excited about the increasing number and complexity of the activities in which these groups are involved. Yet I also had some concerns. Many of these activities, like creating practice guidelines or policy statements, supporting young investigators through additional research grants, and other proposals require a significant commitment of SDBP's limited human and financial resources. Although many potential activities seem compelling when viewed on their own, I wondered how the Board assures that it is making the best strategic decisions to invest the Society's resources in the activities most likely to increase member value and support the Society's Mission. Can the Board fully understand and consider the costs and benefits of separate proposals coming from the 17 (and growing number of) Committees and SIGs? Does a decision to support a proposal this year, mean we will not be able to support a proposal currently in development by a Committee or SIG?

Similar to the Board's consideration of changes in the Bylaws to enhance efficiency over the past couple years, I will ask the Board to begin to consider the structure of the Society's Committees and SIGs to assure that the structure allows continued growth, but also efficient vetting of proposed activities to assure that the Board is reviewing and making strategic decisions about the proposals that will most increase value for SDBP members. As we begin this process I hope many of you will contribute your thoughts to the future structure of SDBP Committees and SIGs, realizing that the challenges brought about by our success are great challenges to have. The dedication of all Committee and SIG chairs and their members, is much appreciated. I'm looking forward to us all coming together to ensure we're most efficiently and effectively meeting our member's needs.



- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for](#)
- ❖ [Workshop Submissions](#)
- ❖ [Twitter 101](#)
- ❖ [Discussion Board Highlights](#)
- ❖ [Donors](#)
- ❖ [Classifieds/Job Postings](#)
- ❖ [Calendar of Events](#)
- ❖ [Newsletter PDF](#)

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Committee and SIG Updates

Communications Committee

Education Committee

International SIG

Psychology SIG

Volume 20, Issue 1, 2016

- ❖ [President's Message](#)
- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)
- ❖ [Twitter 101](#)
- ❖ [Discussion Board Highlights](#)
- ❖ [Donors](#)
- ❖ [Classifieds/Job Postings](#)
- ❖ [Calendar of Events](#)
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Communications Committee

Submitted by Damon Korb, MD and Jeffrey Yang, MD

Update Your Member Profile on our new website!

The website has been updated and one of the re-vamped features is the new Find a Clinician section available to members and community at large. The page is an opportunity to get the word out about your practice, research interests, and educational expertise. This site will make it easier to collaborate with colleagues and for prospective patients to find your practice.

Do the following to update your profile:

1. Log onto the website
2. Click on: My Profile
3. Select: Edit my Profile
4. Check the box to indicate that you want your profile to be publicly available.
5. Update the demographic data.
6. Select: Update.

The communication committee will use this column to encourage member interaction with the website. Please contact the communication committee if any corrections should be made to the website.

Media Highlights Submission Form for SDBP Website

To submit articles for **Media Highlights** on JDBP and on the Media News section of the SDBP website homepage, [Click Here](#) - to fill out and submit form.

Volume 20, Issue 1, 2016

- ❖ [President's Message](#)
- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)
- ❖ [Twitter 101](#)
- ❖ [Discussion Board Highlights](#)
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Education Committee

Submitted by Viren D'Sa, MD and Sarah Nyp, MD

The Education Committee had a successful 2015!

The 2015 Teaching Workshop was record-setting with over 150 registrations and more than 120 interdisciplinary professionals attending the entire workshop. Workshops included one common session presenting a simulation method for teaching professionalism and nine break-out sessions, over half of which were interdisciplinary in nature! The workshop materials will be posted in the eLibrary on the SDBP website and a link will be available on the Education Committee page.

We would like to thank everyone for joining us for breakfast during the Education Committee meeting. The Curriculum Workgroup, led by Franklin Trimm and Bill Bryson-Brockmann, provided updates regarding Entrustable Professional Activities (EPAs). Over the past year, the workgroup has worked with the American Board of Pediatrics (ABP) to develop drafts of curriculum elements to allow for integration of EPAs. The workgroup will seek further input from membership as the curricular drafts evolve. Jeff Yang, representative from Communications Committee, demonstrated the redesigned SDBP website and eLibrary. Members are encouraged to submit self-authored resources to the eLibrary for use and reference by other professionals in SDBP.

The Education Committee is excited to report that, over the next year, we will begin working on formulation of a guide to Best Practices in DBP Education. This guide is meant to serve as an empirically based toolkit for education of pediatric residents. Our intention is to provide guidance for training activities that fit within the limited time available during a typical pediatric residency (the month-long rotation and other opportunities). In the future, the toolkit could be adapted to less time-restricted curriculum models in interprofessional training.

We would like to invite any member who has interest in more active involvement or leadership in the Education Committee to contact the co-chairs directly for further information.

Volume 20, Issue 1, 2016

- ❖ [President's Message](#)
- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)

- » [Twitter 101](#)
- » [Discussion Board Highlights](#)
- » [Donors](#)
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International Special Interest Group (SIG)

Submitted by Roxanne Almas, MD, Abigail Kroening, MD, and Ayesha Cheema-Hasan, MD

The International SIG is pleased to announce that we had a wonderfully informative and productive meeting at the SDBP Annual Conference this year in Las Vegas.

We had 28 Attendees at our International SIG meeting and were honored to have several colleagues join us from Thailand, Central and South America, the Middle East, Australia. We are also pleased to report several partnerships with colleagues in African countries, including Rwanda and Zimbabwe.

Dr. Saleh Al Salehi provided an informative presentation on the role of DBP and Networking in Humanitarian Emergencies. Through her presentation on DBP advocacy experiences in Nepal, Dr. Ayesha Cheema-Hasan then provided a beautiful and practical example of how our developmental-behavioral expertise can be utilized post-disaster or post-emergency to support and educate and empower communities as they care for children in need.

Following our guest speakers, the group engaged in a directed discussion around the topic of DBP Initiatives for Low and Middle Income Countries (LMIC), guided with the following questions: What is an appropriate focus for the SDBP and the International SIG at this time? What will have the most impact and add value to the society and its members?

Overall, our discussion focused on drawing upon SDBP's existing infrastructure to promote awareness of the needs of international colleagues while also reducing the barriers (financial, especially) of these colleagues to be a part of the society and, therefore, access all that SDBP membership offers. We discussed using the International SIG as a clearinghouse for ideas and collaboration, particularly through utilization of the SDBP International SIG Thread/Discussion Board and also through documentation of local processes and ecological teaching/techniques. We discussed fostering Mentor-Mentee relationships, including sponsoring LMIC trainees/recent graduates to attend the Research Scholars' Symposium. We also discussed a broader issue of creating or funding a training rotation for international trainees/residents to intensely learn DBP – as currently modeled by some existing programs.

During this 2015-2016 year, the International SIG will work closely with the Executive Committee of SDBP to strengthen international collaborations and develop international developmental-behavioral pediatrics initiatives. The International SIG will continue regular email communications among members of its listserve and will create regional liaisons to facilitate information transfer and collaborative efforts. We will continue to spotlight global developmental-behavioral pediatrics experiences.

International SIG Leadership for 2015-2016

SIG Co-Chair: Dr. Roxanne Almas

SIG Co-Chair: Dr. Abigail LH Kroening

Trainee/Recent Graduate Committee Liaison: Dr. Ayesha Cheema-Hasan

Board of Directors Liaison: Dr. Adrian Sandler

International SIG Spotlight: Pediatrics in Bhutan

Lisa Nalven, MD, FAAP

This past September, I had the opportunity to spend the month at the JDW National Research Hospital in Thimphu, Bhutan through Health Volunteers Overseas (HVOusa.org).

Bhutan is a Buddhist country in the Himalayas with a population of approximately 780,000 people: 95,000 of whom live in the capital city of Thimphu. Forty percent of their population is under 14 years of age and 70 percent of the population continues to live by subsistence farming.

Medical care is free to all citizens and is provided through local Basic Health Units (usually no physician), district hospitals, and 3 regional referral hospitals. The pediatric department at JDW hospital is staffed by 5 attending pediatricians, 4 pediatric residents, and a handful of rotating interns. The attending physicians maintain their knowledge and skills over a breadth of pediatric medicine as there are no subspecialists. Rounding on the wards or observing in the out-patient clinic provides for an excellent experience that includes many textbook cases that are rarely seen in the US. Despite the excellent clinicians and selected modern amenities, (everyone has a cell phone), resources are exceedingly limited, and must be considered in the diagnosis and management of patients. One must be practical when pursuing diagnostic workups and making recommendations to families. Diagnostic tests should only be requested if the test you want to order is available, can be performed within a reasonable amount of time and will change your clinical impression or management. The available medications are primarily generics from India.

The hospital has almost 5000 deliveries per year. There is no universal newborn screening. If a clinical concern arises, thyroid function tests are ordered. There is a 33-bed pediatric ward, 5 bed PICU, 7 bed NICU plus a stepdown unit. Infectious diseases, such as RSV, post strep glomerulonephritis, complications of TB, stomach viruses with dehydration are common causes for admission. Treatment for cancer, congenital heart disease and other complicated cases are referred to hospitals in India, but the patients are then followed locally. Well child care, birth through 14 years, is handled by GP's and nurses (immunization rates are 95 to 100% in the Thimphu region). Although there is an initiative to implement developmental screening at these visits, limited staffing prevents this from occurring. The focus is growth parameters and immunizations. Separately, the pediatric outpatient department sees children 9 to 3 Monday to Friday: 2 physicians are expected to see approximately 50 patients each during that time. This is a walk-in clinic where everyone takes a number and waits for their turn. Some patients are local, while others have travelled by bus and/or by foot over several days. Patients in this clinic may have a simple rash, new diagnosis of nephrotic syndrome or parental concern for ADHD. The attending's diagnostic skills even extend into our specialty of developmental/behavioral pediatrics. Most notable were the attendings' abilities to identify developmental issues in children admitted to the hospital with an acute illness or who first presented at the out-patient clinic with a rash. These clinicians would diagnose FAS, autism, Hunter's syndrome, Williams Syndrome and refer to the limited developmental services that are available.

Developmental therapy services are extremely limited. Typically, there were 4 half day clinics a month run by the general pediatricians. Once a delay was identified, intervention usually relied on a referral to the hospital's pediatric physical therapist who functions as a global developmental expert and "go to" person for identifying resources. The physical therapist and the "technicians" who she trains provide more than PT, they teach parents how to interact with

their children in all domains and to support their development. For most patients, due to geography and limited professional staff, it is the parent that provides most the "therapy" with periodic visits back to a referral hospital. There is also a nonprofit program in Thimphu that provides parent support group for families with children with autism, but is only available to families who live locally. A volunteer physical therapist from England used pieces of donated equipment to cobble together a wheel chair for a 12 year old with severe dyskinetic/dystonic CP, who was still being carried on her mother's back. Management for ADHD can involve a mother sitting in school next to her child all day or a prescription for atomoxetine. Parents (including one who is a school principal) find the concept of a positive behavioral support system counter intuitive. They do not feel it is appropriate to reward a child for behaving properly.



Physiotherapy Department: Photo Used with Permission

I also consulted to a school that had a special education program. There was a self-contained class for some subjects (using PECS and other strategies) and "social" inclusion into a class of 45 mainstream students with one teacher. The ministry of education does not allow students to advance grades without passing a national exam, so there were 14 year olds in a primary class with much younger children. In the mainstream class, these students are left to color and entertain themselves. At the high school level, there is a vocational program available. The children I evaluated typically had moderate to severe intellectual disability associated with CP, FAS, microcephaly, or a genetic syndrome. Children with mild impairments were not referred, possibly due to the fact that they were mastering the rote material that was being taught and could function within a community that still relied heavily on farming and manual labor. Students who are unable to succeed at school are sometimes sent to join the monastery as young as age 7.

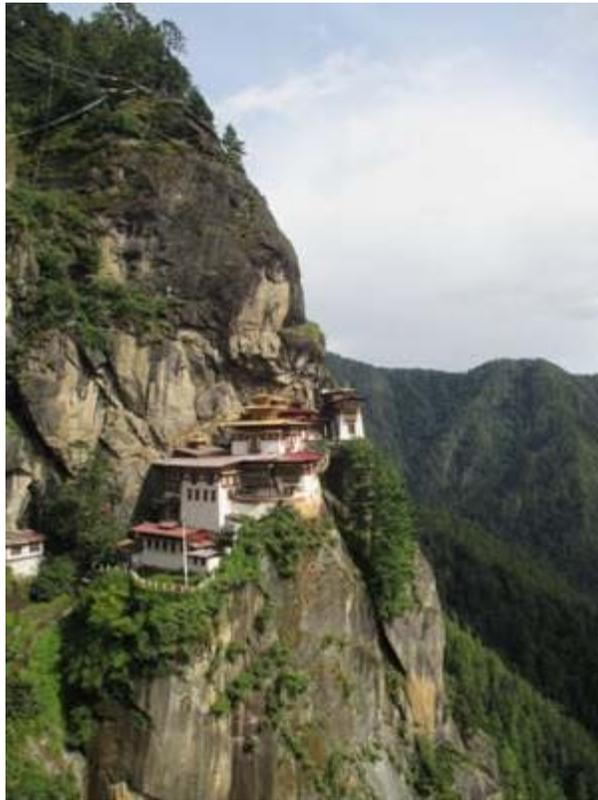


School in Bhutan: Photo Used with Permission

I visited a school for the deaf that is working with a research team from Thailand to develop a native sign language. Currently the deaf students/adults finger spell in English, have a collection of local signs and some ASL. Although I have no knowledge of the national language (Dzongkha), my limited ASL skills were put to use. In the eastern part of the country, there is a school for the blind.

As a developmental pediatrician at the country's primary referral hospital, I was kept busy with daily developmental clinics, inpatient consultations and teaching an enthusiastic group of residents. Although severely under resourced, the hospital in Thimphu had the most to offer. It draws families from around the country, enabling me to see a variety of disorders including: dyskinetic CP from kernicterus, William's syndrome, Down syndrome, neurofibromatosis, FAS, autism and many others. Parental concerns over their child's behavior were ever present. Evaluations and recommendation required being respectful of, and sensitive to, cultural norms and beliefs (seizures are contagious and increase when a child is fed butter and meats) and knowledgeable about the availability of local resources.

Challenges to practicing medicine in Bhutan are numerous, but progress is being made. I found the staff, residents and families to be appreciative of our collective efforts. Outside of the hospital, the Bhutanese people are kind and interested in the "chilops" (foreigners). The country's desire to maintain its traditions, culture, and preservation of the environment stand in contrast to its march toward modernization. The vistas are spectacular and hiking locally and throughout the surrounding districts is a must. The temple, monasteries and other surrounding vistas are well worth the climb!



Tiger's Nest Monastery

Volume 20, Issue 1, 2016

- ❖ [President's Message](#)
- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for](#)
- ❖ [Workshop Submissions](#)
- ❖ [Twitter 101](#)
- ❖ [Discussion Board Highlights](#)
- ❖ [Donors](#)
- ❖ [Classifieds/Job Postings](#)
- ❖ [Calendar of Events](#)
- ❖ [Newsletter PDF](#)

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Psychology Special Interest Group (SIG)

Submitted by Becky Hazen, PhD, Cy Nadler, PhD, and Melissa Armstrong-Brine, PhD

The inaugural meeting of the Psychology Special Interest Group occurred during the 2015 Society of Developmental and Behavioral Pediatrics in Las Vegas, NV. Approximately 60 psychologists and psychology students at various levels of training participated in the meeting. Dr. Susan Rosenthal, PhD opened the discussion with a motivating presentation charging psychologists to make the most of the opportunities a SDBP Psychology SIG offers. Dr. Rosenthal encouraged SIG members to utilize the SIG to advance the role of psychologist in SDBP, but to also utilize the SIG to harness career development, foster research collaboration, and build strong professional relationships with colleagues at other institutions. Following the presentation, Drs. Terry Stancin, PhD and Nathan Blum, MD, the president and president-elect of SDBP respectively, expressed their support for the SIG. Drs. Stancin and Blum challenged SIG members to actively participate in SDBP's committees and programs as well as collaborate with physician and nurse counterparts to develop the interdisciplinary relationships and professional practices that are a foundation of the organization. The goal of the Psychology SIG is to foster psychologist involvement and contributions to SDBP as an interdisciplinary whole, rather than to act as an insular community.

Finally, SIG chairs led an active discussion among the members regarding future directions for the SIG's activities including possible initiatives to: identify and publish guidelines for effective interdisciplinary training, develop mentoring and career development opportunities at future SDBP meetings for trainees and mid-career professionals, enhance psychology pertinent programming at the SDBP annual meeting, explore the utility of defining a DBP psychology subspecialty area, and build a platform to foster interdisciplinary research collaborations within SDBP. Our first step will be to conduct a survey of all SDBP psychologists to understand our diverse membership and invite participation. Look for this survey in your email soon! Results will be summarized in a future newsletter.

We thank all of you who attended the SIG meeting! We look forward to seeing you again next year.

If you would like to join the SIG and sign up for our SIG e-mail list please e-mail Melissa Armstrong-Brine, PhD at marmstrongbrine@metrohealth.org.

- ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)
- ❖ [Twitter 101](#)
- ❖ [Discussion Board Highlights](#)
- ❖ [Donors](#)
- ❖ [Classifieds/Job Postings](#)
- ❖ [Calendar of Events](#)
- ❖ [Newsletter PDF](#)

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Student Spotlight

Submitted by Shruti N. Tewar, MD

Ayesha Cheema-Hasan, M.D. received the SDBP Young Investigator award for 2015. Her research is titled, "Evaluation of Patient Reported Outcome Measurement Information System (PROMIS) Self Report for Peer Relationship and Psychological Distress in Teens with High Functioning Autism Spectrum Disorder". Dr. Cheema-Hasan is a final year fellow in Developmental and Behavioral Pediatrics at Brown University/Hasbro Children's Hospital.

Dr. Cheema-Hasan is interested in working with teenagers with developmental disabilities, especially adolescents with Autism Spectrum Disorder (ASD). The SDBP Young Investigator Award will help her evaluate whether surveys available through the NIH PROMIS program to measure Pediatric Peer Relationships and Psychological Distress Response are accurate and valid self-report measures for youth with high functioning ASD. Her study will help investigators and clinicians assess some of the core outcomes related to ASD.

Dr. Cheema-Hasan enjoys being a member of SDBP. She feels that SDBP has helped her find strong and constructive mentorship across the country. Dr. Cheema-Hasan recommends that all fellows in training should write and submit grant proposals. She warns them not to be discouraged if their proposals are rejected; keep trying! Coming from a clinical background, Dr. Cheema-Hasan found that applying for the SDBP grant was a great learning process. The feedback from the reviewers helped sharpen her research skills and create a stronger research protocol.

In addition to training as a developmental pediatrician, Dr. Cheema-Hasan is passionate about advocacy and working in resource limited developing countries. Apart from being a parent to four children, Dr. Cheema-Hasan has converted her love for photography into a business venture with her friend.

Volume 20, Issue 1, 2016

- ❖ [President's Message](#)
 - ❖ [Committee/SIG Updates](#)
 - ❖ [Student Spotlight](#)
 - ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)
 - ❖ [Twitter 101](#)
 - ❖ [Discussion Board Highlights](#)
 - ❖ [Donors](#)
-

- ❖ [Classifieds/Job Postings](#)
- ❖ [Calendar of Events](#)
- ❖ [Newsletter PDF](#)

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SDBP Annual Meeting: Call for Workshop Submissions

Pre-Meeting Workshop Submissions – NOW OPEN!

The SDBP Program Committee requests proposals for the **Teaching DBP: An Interactive Workshop** and the **Pre-Meeting Workshops** for the upcoming 2016 Annual Meeting. The deadline for proposals is **March 9, 2016**. This call for proposals is for the Teaching DBP: An Interactive Workshop and Pre-Meeting Workshops only. A call for Concurrents, Posters and Papers will go out under a separate notice in mid March.

Plan now to attend SDBP's Annual Meeting, September 16-19, 2016 in Savannah, GA at the Hyatt Regency Savannah.

[Submit your workshop proposal online!](#)

Teaching Developmental Behavioral Pediatrics Workshop

Friday, September 16

Pre Conference 1/2 Day Workshops

Saturday, September 17

SDBP Annual Meeting

Sunday and Monday, September 18-19

This year's Lectureship Recipient is:

Amy M. Wetherby, PhD

Dept. of Clinical Sciences, College of Medicine, Distinguished Research Professor

L.L. Schendel Professor of Communication Science & Disorders

Florida State University

Volume 20, Issue 1, 2016

- ❖ [President's Message](#)
- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)
- ❖ [Twitter 101](#)

- » [Discussion Board Highlights](#)
- » [Donors](#)
- » [Classifieds/Job Postings](#)
- » [Calendar of Events](#)
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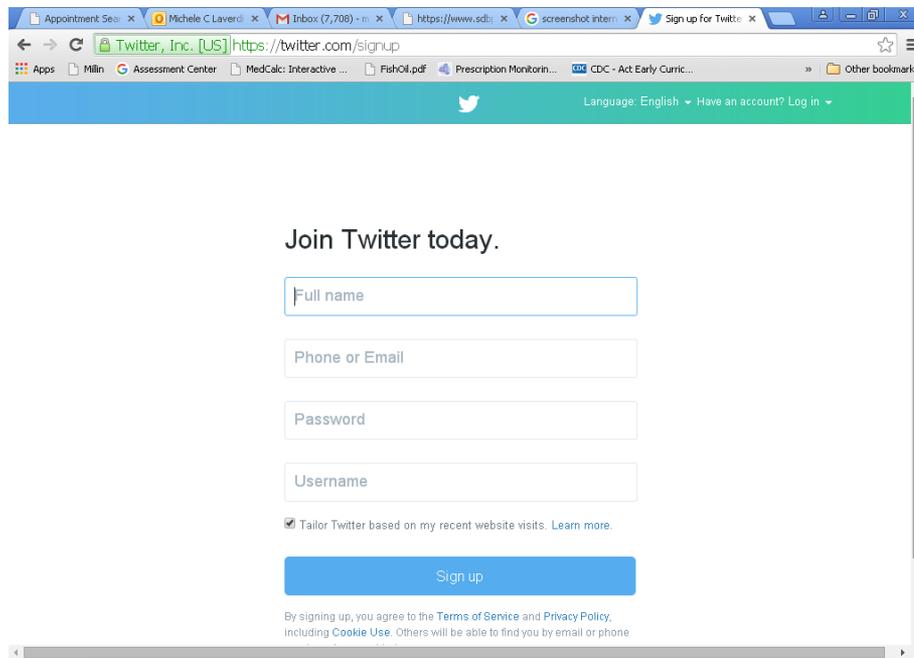
Getting Started on Twitter



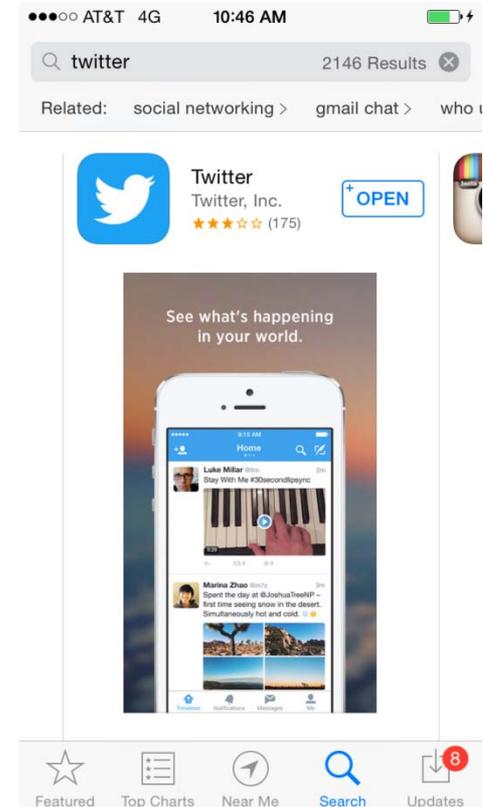
Michele Laverdiere, MD
SDBP Annual Meeting
October 2015
Las Vegas, NV

Twitter 101

- Go to <https://twitter.com/signup>
- OR download Twitter app for smartphone



A screenshot of a web browser showing the Twitter sign-up page. The browser's address bar displays "https://twitter.com/signup". The page has a green header with the Twitter logo and a navigation bar. The main content area is titled "Join Twitter today." and contains four input fields: "Full name", "Phone or Email", "Password", and "Username". Below these fields is a checkbox labeled "Tailor Twitter based on my recent website visits. Learn more." and a blue "Sign up" button. At the bottom, there is a small disclaimer: "By signing up, you agree to the Terms of Service and Privacy Policy, including Cookie Use. Others will be able to find you by email or phone."



Twitter 101

- Enter your name, address, and a password
- Select a username. Twitter will tell you if it's available.
- Click "Create my Account"
- Click the link in your confirmation email to confirm
- Start tweeting!

Twitter 101

- Username suggestions:
 - Your name: @JaneSmith
 - Reflecting profession: @SmithMD or @SmithPhD
 - Reflecting DBP: @JSmithDBPeds

Twitter 101

-Follow @SDBPeds on Twitter!

Appointment Search x Michele C Laverdiere - Outlo... x Inbox (7,708) - mclaverdiere... x SDBP (@SDBPeds) | Twitter x

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Ahead-of-Print: Child Maltreatment and Sexual Risk Behavior: Maltreatment Types and Gender Differences.: Obje... bit.ly/1hYNk9u

SDBP @SDBPeds · 21h
Caring For Transgender Youth: AAP Section on LGBT Health & Wellness

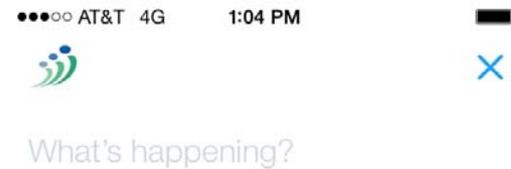
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Twitter 101

- #Hashtags can increase visibility, and help others find tweets with common themes.
- Mentioning @SDBPeds in your tweet assures we will see your tweet

Twitter 101

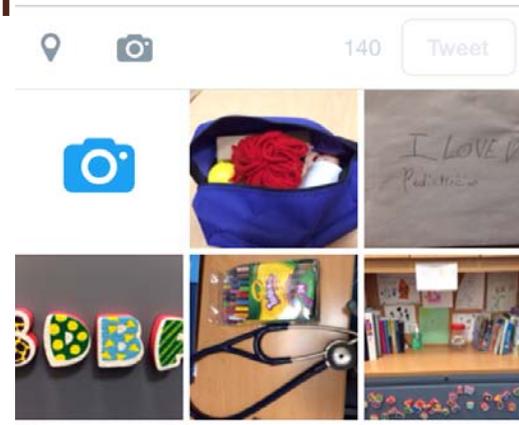
-Sharing photos on Twitter is easy! Let's share one now!



-Take a picture!

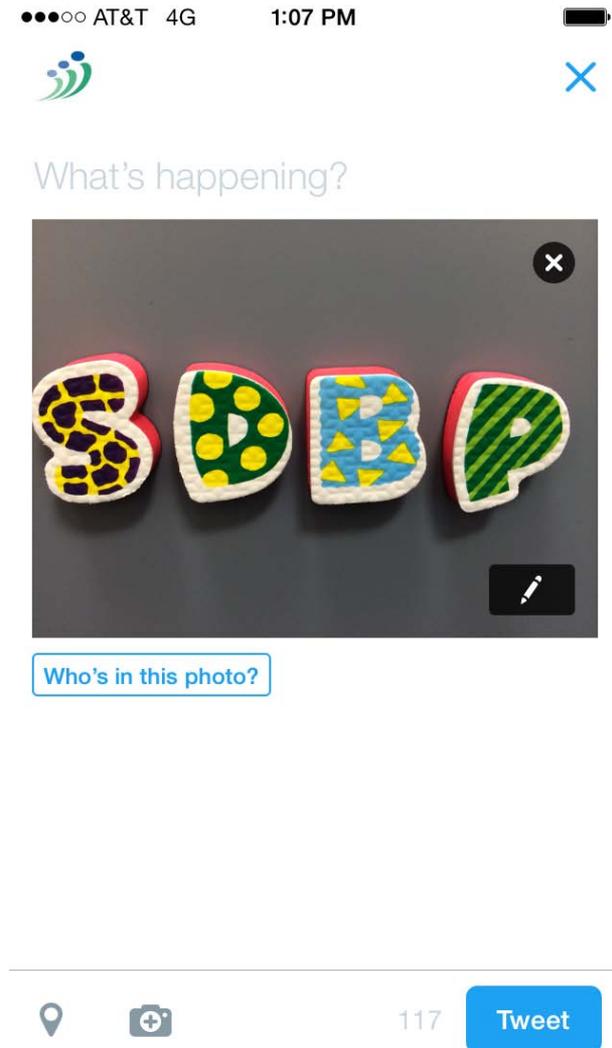
-Go to the new Tweet icon

-Go to the camera icon



Twitter 101

- Select your picture
- Hit the Tweet button!



Twitter 101

-Remember to follow @SDBPeds!



Interdisciplinary Leadership for
Developmental-Behavioral Health

Discussion Board Highlights

Submitted by Jeffrey H. Yang, MD

See what your colleagues are saying and asking on the SDBP Discussion Board! Each issue of the Newsletter will highlight a recent thread on the Discussion Board. Join one or more discussions. Ask your own questions and share your opinions and experiences. Or, just read what others have to say. You can even let people know that you "Liked" their post without having to write anything. The topics are timely. There is always a topic that is interesting.

ASD

Differentiating gynecomastia from fatty tissue with atypical use

This recent discussion board conversation between SDBP members highlighted one of the challenges of managing children on antipsychotics: distinguishing gynecomastia in boys who have steady weight gain.

Dr. Ami Bax asked members whether they found specific approaches such as breast exam, prolactin, ultrasound etc. to be helpful, and how they generally counsel their families.

Members seem to agree that physical exam and palpation of the breasts should be a basic part of assessment; as much can be inferred from what is felt and the pattern of development (e.g. unilateral vs. bilateral).

Dr. Dan Coury went on to poll several colleagues in other disciplines (Endocrine, Adolescent Medicine, Pediatric Surgery) about their view of the issue:

All of the specialists agreed that palpation was the best way to distinguish between "firmer, more fibrous feeling" breast tissue and surrounding adipose tissue; typically with a distinct margin between the two. Pediatric surgery did note that the margin is actually less distinct when it comes to attempting an excision.

None of the specialists recommended use of imaging, e.g. ultrasound, when palpation was unclear. Adolescent Medicine pointed out that there may be little benefit if the findings were so subtle as to be non-palpable. Pediatric Surgery pointed out that patients who request intervention tend to do so because of pain/discomfort (and not cosmetic reasons) thus making imaging moot.

Finally, Endocrine suggested that it is helpful to have baseline Prolactin, Free T4, and TSH level drawn prior to start of antipsychotic medications in order to facilitate addressing abnormal labs if and when they later appear.

Thanks to all members who contributed to this discussion!

- ❖ [President's Message](#)
- ❖ [Committee/SIG Updates](#)
- ❖ [Student Spotlight](#)
- ❖ [SDBP Annual Meeting: Call for Workshop Submissions](#)
- ❖ [Twitter 101](#)
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- ❖ [Classifieds/Job Postings](#)
- ❖ [Calendar of Events](#)
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Comments/Suggestions? Please email the editors: [Beth Wildman](#) or [Robert Needlman](#).

Next Newsletter Submissions Due by April 4th

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CALENDAR OF EVENTS

Date	Event	Location
March 3-6, 2016	5th Global Congress for Consensus in Pediatrics and Child Health (CIP 2016)	Xi'an, China
April 30 – May 3, 2016	PAS 2016 Annual Meeting	Baltimore, MD
September 16-19, 2016	SDBP 2016 Annual Meeting	Savannah, GA
Oct 22-25, 2016	AAP 2016 National Conference	San Francisco, CA
Nov 10-12, 2016	CHADD 2016 Annual International Conference on ADHD	Costa Mesa, CA
May 6–9, 2017	PAS 2017 Annual Meeting	San Francisco, CA
Sept 16-19, 2017	AAP 2017 National Conference	Chicago, IL
Oct 13-16, 2017	SDBP 2017 Annual Meeting	Cleveland, OH

Calendar of Events