

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

President's Message

Submitted by Terry Stancin

Vegas, Baby!

Are you excited about the SDBP 2015 Annual meeting in Vegas?
I sure am, and here are a few of the reasons:

- Time to connect with former colleagues, students, mentors and to make new friends - especially during planned social events!
- A pre-meeting Research Scholars' Symposium for trainees sponsored by SDBP
- Outstanding pre-meeting workshops including a full-day Teaching DBPeds Workshop with 9 break-out sessions and 8 half day workshops! I want to attend them all!
- Scientific platform and poster sessions, concurrent sessions, and 10 concurrent sessions advancing science and clinical applications of DBP
- Bruce Chorpita, PhD, our Lectureship Speaker and renowned innovator about child mental health service delivery
- Opportunities to engage in SIG and Committee initiatives
- Conference hotel is the newly renovated *Tropicana Las Vegas* on the Vegas strip (and claims to be "complete South Beach-inspired transformation" casino resort)
- An endless supply of entertainment options from (responsible) gambling, to shows, to excellent restaurants to outdoor attractions like the Hoover Dam and Red Rock Canyons



The SDBP Board has focused considerable energy this past year in examining how we support the interprofessional nature of our organization. I hope you will notice the effects of these efforts at the annual meeting. We want your feedback and suggestions.

I have enjoyed the honor of serving as President of SDBP this past year, and thank you for that privilege. I am proud of the accomplishments and advances we have made, and look forward to continuing these initiatives under the capable leadership of Nate Blum. Many thanks to the SDBP Board, Committee and SIG chairs, and SDBP members who have contributed in important ways to Society activities, and to all at Degnon Associates for their extraordinary support.

Hope to see you in Vegas!
Terry



Behavioral Developments

The Newsletter of the SDBP

Volume 19, Issue 3 2015

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please email the editors: Beth Wildman or Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Committee and SIG Reports

[SDBP/SODBP Coding Collaborative](#)

[Education Committee](#)

[Membership Committee](#)

[ADHD SIG](#)

[Early Childhood SIG](#)

[Nurse Practitioners SIG](#)

[Psychology SIG](#)

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive, McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Advocacy Adventures in DBP: My Nepal Experience

Submitted by Ayesha Cheema-Hasan

This summer I attended a course on "Disaster Preparedness: The 18th Management of Humanitarian Emergencies with Focus on Children, Women and Families" at Case Western University in Cleveland OH. There I had the opportunity to meet Dr. Karen Olness, course founder and SDBP past President. Dr. Olness and her husband started a volunteer organization "Health Frontiers" 25 years ago with a focus on outcomes in global health and child development. Their initial effort that continues to this day was to help train medical students in Laos, establishing the first pediatric residency in that country. Over the years they also travelled to many countries following disasters, training individuals to address mental and physical health needs of children in a developmentally appropriate fashion. To date they have helped train 2000 health care professionals on the special needs of children in disaster situations.

The recent earthquake in Nepal in April 2015 affected 35 of its 65 districts and resulted in the death of 8000 people. An additional 8 million people have been affected by this natural disaster, including 1 million children. Communities have experienced significant trauma with damage to important infrastructure including schools and health and educational systems.



Mental health service providers in Nepal have reported an increase in sleep problems in children, including nightmares, disturbed sleep patterns, fears of going to sleep or being alone, frequent nocturnal arousals and desiring to sleep outside. Many children are engaging in traumatic play, compulsive and repetitive in nature, or showing regressive behaviors such as bed wetting, clinginess, anxiety, and refusing to go to school. Some have withdrawn from friends, have poor attention and declining academic performance. Many complain of somatic symptoms such as stomach aches and headaches. There is an increase in suicidal ideation and substance abuse.

In the weeks that followed the worst natural disaster that Nepal has ever experienced, the Nepal Pediatric Society (NPS) felt that they lacked the infrastructure and preparation to handle the sheer numbers of children that were affected by this disaster. Dr. Hemsagar Rimal, director of

NPS-Eastern Chapter and the only developmental-behavioral pediatricians in Nepal, therefore contacted Dr. Olness who invited him to attend the workshop in Cleveland, OH. Dr. Olness helped organize a team of medical providers from the United States, Thailand and Saudi Arabia, who all volunteered and provided their own transport to Nepal. UNICEF, The International Pediatric Association, The Thai Pediatric Society and Health Frontiers provided the financial support for two sets of workshops in Nepal. These workshops were held 2 months after the first devastating earthquake and focused on how developmental variations impact the reactions of children in disasters and ways to address them. The workshops took place over the span of three long intense days each utilizing a problem based learning approach and requiring active involvement of the participants.

I was invited to join this team as a presenter and facilitator. At the workshops we met with many medical providers, teachers, psychologists, home health workers and one nun. The personal stories from these individuals reflected their own trauma. They also expressed feelings of helplessness and frustration in trying to provide optimal care for the families that they were evaluating and treating. The opportunity to share their own experiences helped them in their own healing process. These workshops provided a unique opportunity to network and collaborate with one another and across disciplines. Our hope is that these collaborations will endure. Teaching Nepali medical providers ways of addressing these challenging concerns in a manner that respects their cultural and societal norms was truly gratifying for me.



National Workshop on Psychosocial Support for Children in Disaster. Kathmandu, Nepal July 2015



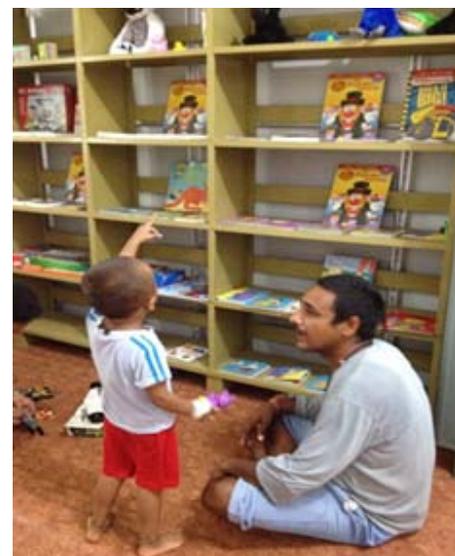
National Workshop on Psychosocial Support for Children in Disaster. Biratnagar, Nepal June 2015

In addition, Reach Out and Read Rhode Island donated books to take to Nepal. With the help of Dr. Rimal at Nobel Medical College Teaching Hospital in Biratnagar, Nepal, we set up a small library in the playroom on the pediatric ward. My team members Dr. Marissa Herran and Dr.

Sasha Yurionas also donated toys for the playroom. We wanted to provide the children with a community room where their parents and caregivers could read to them and play with them. I hope to continue this partnership and to take some more books over in the future.



Playroom: Before



Playroom: After



In the 1990s approximately 100,000 individuals belonging to an ethnic minority group fled Bhutan and were settled in refugee camps all over Nepal. Together with other team members, I visited a UNHCR established refugee camp "Sanischare" in Koss Nepal. Sinischare was one of seven camps established and previously was home to approximately 13,000 refugees. Initially the hope was integration of these refugees into Nepal or repatriation to Bhutan. However, to date there have been very few repatriations. The population of Sinischare is currently estimated at 8000 individuals and the rest have resettled in other countries including approximately 70,000 refugees who have come her to the United States I was interested in understanding the developmental needs of children.



Meeting with the elected officials at Sanischare Refugee Camp

I am grateful for this opportunity during my fellowship training. I would like to thank all the members of this extremely diverse and experienced team, Reach Out and Read Rhode Island for their generous donation, and last, but not the least my colleagues at Hasbro Children's Hospital for supporting me and letting me take the time to pursue my "out of the box" learning experience and a chance to help other communities globally.

Ayesha Cheema-Hasan is currently a Fellow in DBPeds at Brown University, Hasbro Children's Hospital/Rhode Island Hospital

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive. McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Coalition to Support Grieving Students Website Launched

Submitted by David J Schonfeld

Earlier this year, the Coalition to Support Grieving Students launched a new website -- www.grievingstudents.org -- which provides free, practical information geared to classroom educators, principals, administrators, and student support personnel on how to support grieving students. It houses video training modules on over 20 topics featuring expert commentary, school professionals who share their observations and advice, and bereaved children and family members who offer their own perspective on living with loss. Handouts and reference materials which summarize and supplement the training videos can also be downloaded from the website. The modules and supporting material can form the foundation for more structured presentations, or facilitate self-directed professional development. Although developed for use by school professionals, the material is equally relevant to developmental-behavioral pediatric and general pediatric practitioners and trainees (and since it's web-based, can be easily recommended to a broad range of trainees).

The Coalition is led by the National Center for School Crisis and Bereavement and includes the two major teacher unions (the American Federation of Teachers, AFT and National Educational Association, NEA), several school administrator professional organizations (the School Superintendents Association, AASA; the American Federation of School Administrators, AFSA; the National Association of Elementary School Principals, NAESP; and the National Association of Secondary School Principals, NASSP), as well as the National Association of School Psychologists (NASP), the National Association of School Nurses (NASN), the American School Counselors Association (ASCA) and the School Social Work Association of America (SSWAA). All of these organizations have collaborated on the development of the materials over the past two years, endorsed the materials and added their logos, and are now disseminating the materials through their membership, which collectively totals over 4.5 million school professionals. Members of the SDBP can help bring this free resource to the attention of school professionals in their own communities, region and state.

Professionals in schools, or those working with schools, who would like advice or consultation on how to respond to a crisis or loss in a school or community setting are invited to contact the National Center for School Crisis and Bereavement at our toll free number -- 877-53-NCSCB (877-536-2722) -- or by email at info@grievingstudents.org. Thanks to the generous support of the New York Life Foundation, we are able to provide such advice, training materials, and a range of print materials for school professionals and family members (<http://punchout.swervepoint.com/nyl2>) -- all at no cost. You can view an animated 90-second promotional video about the Coalition at <http://grievingstudents.scholastic.com/about-us/>.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology:*
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please email the editors: Beth Wildman or Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Journal of Pediatric Psychology: Special Issue on Family Processes and Outcomes

Submitted by Dan Coury

Call for Submissions

Journal of Pediatric Psychology:

Special Issue on Family Processes and Outcomes

Guest Editors: Cynthia A. Gerhardt, Ph.D., Cynthia Berg, Ph.D., Deborah J. Wiebe, Ph.D., and Grayson N. Holmbeck, Ph.D.

Background

Family factors and processes are key determinants of healthy development and well-being in children and adults. In the context of a pediatric medical condition (e.g., illness or injury), the impact on family members is significant (Kazak, Rouke, Crump, 2003). In addition to managing stressful aspects of communication, decision making, and care of the affected child, families are faced with an increased risk for distress, financial difficulties, and disruptions in family roles and relationships. For some families, strengths and competencies can emerge to buffer or ameliorate the negative impact of these challenges. As noted in recent work on family assessment (Barakat & Alderfer, 2011), as well as evidence-based interventions for families (Law, Fisher, Fales, Noel, & Eccleston, 2014; Mullins, Gillapsy, Molzon, & Chaney, 2014), we have only begun to demonstrate the potential to leverage family strengths to promote positive outcomes for parents and children affected by pediatric illness or injury.

Given the current state of the literature, it is important that we continue to understand the manner in which pediatric conditions affect families and the ability to facilitate a healthy and effective caregiving environment. We must identify the unique aspects of family processes that influence child and family outcomes, particularly the transaction of parent and child factors that lead to various family and medical outcomes. To advance the field, established family assessment measures might be used in tandem with newer innovative methods, and rigorous study designs can be applied across a variety of pediatric populations. Understanding the unique or relative contributions of multiple factors related to family outcomes over time is needed in the context of observational, intervention, and comparative effectiveness research.

Details

The aim of this special issue is to feature research examining the impact of family factors and processes on the health and psychosocial well-being of families affected by pediatric medical conditions. We anticipate manuscripts that focus on a broad range of family factors (e.g., family structure, composition, functioning), pediatric conditions (e.g., illness, injury), and parent and child outcomes, including siblings (e.g., distress, adherence, quality of life). These may include but are not limited to papers focused on: (a) randomized controlled intervention trials; (b) observational studies with prospective, longitudinal designs; (c) novel theoretical perspectives, models, or clinical strategies; and (d) systematic reviews examining the research literature in this area. Inclusion of multiple informants and mixed method approaches is

preferred, particularly those using innovative and established assessments as highlighted in the *JPP* special issue on Family Assessment in Pediatric Psychology (Alderfer et al., 2008; Barakat & Alderfer, 2011). We also expect manuscripts to highlight implications for clinical practice, research, and/or policy.

Submissions for this special issue will be accepted until December 1, 2015.

Papers should be prepared in compliance with *JPP*'s Instructions to Authors (<http://jpepsy.oxfordjournals.org/>) and submitted through the ScholarOne Manuscript Central™ submission portal (<http://mc.manuscriptcentral.com/jpepsy>). Manuscripts will be peer reviewed. Papers that are not appropriate for inclusion in this special issue may be rerouted (with the authors' knowledge and consent) for consideration for publication in *JPP* as regular papers. Please indicate in the cover letter accompanying your manuscript that you would like to have the paper considered for the Special Issue on Family Processes and Outcomes.

Please direct all inquiries to Cynthia A. Gerhardt at cynthia.gerhardt@nationwidechildrens.org.

References

- Alderfer, M. A., Fiese, B. H., Gold, J. I., Cutuli, J. J., Holmbeck, G. N., Goldbeck, L., ... Patterson, J. (2008). Evidence-based assessment in pediatric psychology: Family measures. *Journal of Pediatric Psychology, 33*, 1046-1061.
- Barakat, L. P. & Alderfer, M. A. (2011). Introduction to special issue: Advancing the science of family assessment in pediatric psychology. *Journal of Pediatric Psychology, 36*, 489-493.
- Kazak, A. E., Rourke, M. T., & Crump, T. A. (2003). Families and other systems in pediatric psychology. In Roberts, Michael C. (ed), *Handbook of Pediatric Psychology* (3rd ed.), (pp. 159-175). New York, NY: Guilford Press.
- Law, E. F., Fisher, E., Fales, J., Noel, M., & Eccleston, C. (2014). Systematic review and meta-analysis of parent and family-based interventions for children and adolescents with chronic medical conditions. *Journal of Pediatric Psychology, 39*, 866-886.
- Mullins, L. L., Gillapsy, S. R., Molzon, E. S., & Chaney, J. M. (2014). Parent and family interventions in pediatric psychology: Clinical applications. *Clinical Practice in Pediatric Psychology, 2*, 281-293.

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive. McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Talk, Read, Sing, Screen!

Submitted by Kevin Marks

The national "Too Small to Fail" campaign has a helpful slogan for parents, "Talking is Teaching: Talk, Read, Sing". The trademarked slogan of the "*Thirty Million Words*" initiative is the three Ts: "Tune In, Talk More, Take Turns." I'd like to pose the question... Could our public awareness message to parents be even better? Since research on short-term memory capacity suggests most adults can remember five or less words, I'd like the national message for parents to be "Talk, Read, Sing, Screen!"

What's different is the addition of the word "screen". Developmental delays, disorders and disabilities are common, but opportunities to intervene early are commonly missed because the conditions go unrecognized. Pediatricians and family doctors have an important opportunity, and a serious responsibility, to make sure this doesn't happen. Screening rates are up, but they could be much better. Another problem is the need to properly implement developmental-behavioral screening tools, and then swiftly link at-risk children to evidence-based programs (i.e., early intervention) when screening results are problematic.

To accomplish these goals, parents should expect to fill out a standardized screening questionnaire prior to certain well-child visits. Just like vaccines, it should be an expectation. Increasing parental awareness about the importance of screening could improve the percentage of pediatric healthcare providers using psychometrically sound, broad-band developmental-behavioral screens as wisely recommended by the American Academy of Pediatrics.

So, the new slogan for parents should be "Talk, Read, Sing, Screen!" I posted an expanded version of this comment on the website for the Urban Child Institute <http://www.urbanchildinstitute.org/articles/updates/the-importance-of-social-and-emotional-screening>

Kevin P. Marks is a general pediatrician at PeaceHealth Medical Group in Eugene, Oregon, and is an SDBP member.

Editors' note: "The purpose of this newsletter is to encourage communication among our members. So, we are happy to receive submissions from members who have ideas to share. Thanks, Dr. Marks!"

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology:*
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP 2015 Annual Meeting

Submitted by Robyn Mehlenbeck and Carol Weitzman

The Program Committee is looking forward to welcoming everyone in Las Vegas this fall for the 2015 SDBP Annual Meeting!

SDBP Research Scholars Symposium

Thursday evening, October 1 and Friday morning, October 2

Teaching Developmental-Behavioral Pediatrics Workshop

Friday, October 2

Pre-Conference 1/2-Day Workshops

Saturday, October 3

SDBP Annual Meeting

Sunday and Monday, October 4-5

This year's Lectureship Recipient is Bruce Chorpita, PhD

His Lectureship Presentation is Sunday at 9:00am

Getting More from the Evidence Base for Children's Mental Health

Followed by a concurrent session after the lunch break at 1:45

Creating the Evidence-Based Service System: An Illustration of a Modular Professional Development Model

Friday Teaching Developmental-Behavioral Pediatrics to Residents

Teaching developmental and behavioral pediatrics, a workshop developed by the Education Committee. If you run a DBP rotation, this workshop should be on your agenda. [The complete schedule and workshop descriptions can be found here](#)

Saturday Workshops

[Brief Workshop Descriptions can be found here](#)

Morning Workshops 9:00am-12:00noon

Workshop A: INTERNATIONAL CLASSIFICATION OF DISEASES 10TH EDITION AND DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS: USING A NEW VOCABULARY

Workshop B: THE VALUE OF DBP SPECIALISTS IS IN THE EYE OF THE BEHOLDER: PERSPECTIVES OF FAMILIES, EDUCATORS, PAYERS AND EMPLOYERS

Workshop C: PARENT CHILD INTERACTION THERAPY: ADVANCING ITS APPLICATION

Workshop D: JOURNAL OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS' PUBLISHING ROUND TABLE

Afternoon Workshop 1:00pm-4:00pm

Workshop E: COMPLEXITY BASED CURRENT PROCEDURAL TERMINOLOGY CODING

Workshop F: IMPROVING ACCESS IN DEVELOPMENTAL BEHAVIORAL CLINICS USING
QUALITY IMPROVEMENT METHODOLOGY

Workshop G: THE NUTS AND BOLTS OF TREATING COMMON PEDIATRIC BEHAVIORAL
SLEEP PROBLEMS

Workshop H: EVALUATION OF CURRENT TRANSITION MODELS FOR YOUTH WITH
DEVELOPMENTAL DISABILITIES (DD) AGING OUT OF PEDIATRIC PRACTICES

[Complete meeting schedule](#) with concurrent sessions and abstracts.

Look for [Early Bird discounts](#) for meeting registration!

Visit [SDBP's Annual Meeting](#) page for additional information.

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive, McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Discussion Board Highlights

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.

Q: The U.S. Preventive Services Task Force (USPSTF) just posted a [draft statement](#) on screening for Autism in early childhood for public commentary.

They found that there is currently insufficient evidence to recommend for or against early developmental screening for ASD in children in whose parents have not brought up a concern. [Journal Watch](#)

Anyone have an opinion or reaction to the statement or the language used within the statement? How does this impact our patients and our practices? How does it impact our advocacy efforts? What should be the next steps? Is this of concern or not?

If there is enough interest in this forum, I'd like to summarize our discussion for the editorial blog on JDBP.

Jeff Yang, JDBP Web Editor

A: *Hey all! AAP News interviewed Susan Levy at CHOPS about the USPSTF statement in article titled, "**Academy calls for continued autism screening, despite USPSTF recommendation**"*

Susan's comments were blistering, as well they should be. Here's a link: <http://aapnews.aappublications.org/content/early/2015/08/04/aapnews.20150804-1>. Frankly, the USPSTF seems to be outsourcing its lit reviews and the inexperience/lack of familiarity with content is evident.

Frances

A: I answered questions for the media on this topic. Here are my comments:

Do you agree with the recommendation and does it surprise you? Why or why not?

On a theoretical basis, I agree with the recommendation. If we definitely know that a child has normal development through routine developmental surveillance and screening, there is no reason to do an additional screen for autism.

However, reality is not the same as theory (which is why it surprises me). Can we be certain that the child truly has normal development? We know that only about half of pediatricians do routine developmental surveillance/screening so we can't say with certainty that these young children truly have no problems (if you don't ask the correct questions, you can't get the needed answers). Not all parents have an adequate knowledge base of expected developmental milestones or may be in denial about subtle differences that arise at a young

age. I know of at least one study that reviewed family videotapes and found that children were "symptomatic" months before the family had any concern (this also reflects my clinical experience). Parents may misinterpret some developmental behaviors as normal when they are not (speaking words in a rote, echolalic or labeling fashion rather than in a functional manner, or taking objects apart for the content being interpreted as having an inquisitive mind rather than an autism behavior). If this is their first child, parents may not have a good understanding of normal development and its variations. Therefore, the task force's conclusion does not address the reality of clinical practice.

What are the most important reasons why having separate screening for autism might be useful (or not useful) for pediatricians?

If developmental screening and surveillance were done universally and with a good understanding of the nuances of developmental milestones (see above language example), I do not believe that a separate screen for autism would be necessary. Since this is not the case, the 18 and 24 month autism screen gives us another opportunity to identify children potentially at risk for autism, language problems or intellectual challenges (it is not a good screen for motor function) since the screen asks questions about functions that capture a variety of developmental problems. This is the most important reason for the screen. A second reason is the evolution of autism interventions with recent studies showing improvements in function with "early" intervention (before age 3 years). Identifying a child with autism when young may avoid establishment of "bad habits" in learning and behavior (teach them joint attention and imitation when their developmental trajectory is only slightly skewed rather than far from normal). The authors of the USPSTF report are correct that we need more data to determine if this is true, although Dr. Sally Rogers gave a keynote talk at the recent IMFAR meeting and showed data suggesting outcome is better with earlier versus later intervention. Max Wiznitzer, MD, Rainbow Babies & Childrens Hospital, Cleveland, OH

A: Thanks to all for the discussion of this issue. Echoing your comments, I am also concerned with the logical leap between "we know early intervention works" and "we don't know if early screening adds benefit." We know that experts of all kinds do a poor job at identifying children at risk without screening tools. If anything, screening guidelines should be *more* specific, given how misuse of tools like the MCHAT can undermine screening success (I will be presenting data on this at SDBP in Oct). Does anyone have data on the actual pathways through which children find their way to "specialized ASD programs" (i.e., self refer vs. PCP screening vs. other)?

Our science on intervening with toddlers (i.e., Rogers et al., Autism treatment in the first year of life: A pilot study of Infant Start, a parent-implemented intervention for symptomatic infants. J Autism Dev Disord 2014; 44:2981-95) is emerging but obviously promising. We do need to "connect the dots" between screening and outcomes, but discouraging screening efforts would be counterproductive to these efforts.

Cy Nadler, PhD, Division of Developmental and Behavioral Sciences, Children's Mercy - Kansas City, Assistant Professor of Pediatrics, UMKC School of Medicine

Q: Â Our Center is transitioning to EMR, & we are using the Athena system. I am finding the templates that are available for DBP visits very cumbersome to use. Has anyone in DBP had experience with this system, or have any templates ready-made that may be more user-friendly? Thanks.

Jeannine R. Audet

A: We have been using an online application that collects information from parents and teachers and is downloaded as a Word document into the EMR. It allows for the parents and teachers to type comments in text boxes and also provides information about developmental, behavioral, academic, social interaction and medical data. The answers are stored in a

database that can be used for research. In our practice the parents and teachers complete the questionnaires before their first visit and the clinician has all the information summarized in tables that can compare the responses of multiple caregivers and teachers. It is very easy to use, cuts down on paperwork and administrative costs as well as dictation.

Eric Tridas

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive, McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP Response to USPSTF Draft Recommendation on Screening for ASD in Young Children

Early intervention for ASDs has been shown to optimize long-term outcomes and to reduce ASD-related costs for families and systems of care. Multiple studies have demonstrated that "clinical judgment is insufficient to identify children with developmental disabilities in pediatric practice, and a large body of evidence documents that systematic developmental screening is essential to identify developmental delays and disabilities in a timely manner. As time constraints of general pediatric practice grow, this concern is ever more pressing. Formal screening tools are thus necessary to identify children with developmental differences in general and ASD specifically. In addition, parents with limited knowledge of child development may not raise concerns spontaneously with health care providers. The administration of formal screening instruments during routine primary care visits has the potential to minimize the documented disparities due to SES and ethnicity in the identification and treatment of ASD (Durkin et al, PLOS, 2010; Thomas et al, Autism, 2012).

The USPSTF statement contradicts itself. It indicates that there is "adequate evidence that currently available screening tests can detect ASD in children ages 18 to 30 months." The Task Force acknowledges the efficacy of early intensive behavioral and developmental interventions, and asserts that the potential harms of screening and behavioral treatment are "no greater than small." The USPSTF report concludes that there is insufficient evidence to recommend routine ASD screening because there is a lack of randomized controlled trials of outcomes in screened populations of children. However, this conclusion would be contrary to the Task Force's correct assessment of the advantages of early identification and intervention.

The Society for Developmental and Behavioral Pediatrics (SDBP) is an international organization of health care providers dedicated to improving the health of infants, children, and adolescents by promoting research, teaching and clinical practice in developmental and behavioral pediatrics. We appreciate the recommendations of the USPSTF for more research to help elucidate the potential benefits of early screening for ASD in young children. However, a randomized controlled trial would not be feasible to answer this question, and might be unethical given that evidence supports the efficacy of early intensive intervention. SDBP has encouraged primary care providers to screen all children at 18 and 24 months for ASD and developmental differences, but the extent to which this recommendation is followed remains unknown. Perhaps a closer look at the prevalence of screening would be informative, and may provide a means for comparing outcomes among children who were and were not screened. Another avenue for research is a comparison between autism specific screening tools and general developmental screening instruments in identifying ASD at a young age and ultimate outcomes.

Therefore, SDBP continues to strongly recommend screening for ASD in primary care practices for all children at 18 and 24 months unless definitive evidence emerges that this

practice causes harm, is ineffective in ameliorating the symptoms of autism, or fails to enhance the efficacy of general developmental screening tools in identifying the early signs of autism. Routine screening diminishes the current ASD diagnostic disparity linked to social disadvantage, and ultimately has the potential to improve outcomes and decrease the family and societal burdens of our growing ASD population.

Terry Stancin

President, Society for Developmental and Behavioral Pediatrics (SDBP)

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics

6728 Old McLean Village Drive, McLean, VA 22101

Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP Receives Generous Donation to Help Foster DBP Capacity-Building in Lower-Middle Income Countries (LMIC)

The Society for Developmental and Behavioral Pediatrics (SDBP) is grateful for a generous donation received from Betsy Lozoff, MD that provides seed money to support activities that benefit low-middle income countries where trained professionals and resources for children with developmental and behavior needs are limited.

SDBP is an international organization dedicated to improving the health of infants, children and adolescents by promoting research, teaching and clinical practice in developmental and behavioral pediatrics. SDBP has members from a wide range of low-middle income countries, and many other SDBP members are deeply committed to addressing DBP needs in children in low-middle income countries. The new SDBP initiative aims to facilitate active participation of all those interested.

As part of our initiative, SDBP will have a presence at the 1st International Developmental Pediatrics (IDP) Congress and the 2nd National Developmental Pediatrics Congress that will take place December 2-5, 2015 at the Sabanci Center, Istanbul, Turkey.

(<http://www.idpcongress.org/>) We will also have a meeting during this year's SDBP Meeting October 2-5, 2015 in Las Vegas, NV (http://www.sdbp.org/annual_meeting.cfm) to discuss ways in which SDBP can have a major impact in low-middle income countries.

If you are interested in participating in the meeting in Las Vegas this fall where we will prioritize goals to help advance this purpose and/or in donating to the SDBP LMIC Fund, please contact the SDBP National Office.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

President's Message

Submitted by Terry Stancin

Vegas, Baby!

Are you excited about the SDBP 2015 Annual meeting in Vegas?
I sure am, and here are a few of the reasons:

- Time to connect with former colleagues, students, mentors and to make new friends - especially during planned social events!
- A pre-meeting Research Scholars' Symposium for trainees sponsored by SDBP
- Outstanding pre-meeting workshops including a full-day Teaching DBPeds Workshop with 9 break-out sessions and 8 half day workshops! I want to attend them all!
- Scientific platform and poster sessions, concurrent sessions, and 10 concurrent sessions advancing science and clinical applications of DBP
- Bruce Chorpita, PhD, our Lectureship Speaker and renowned innovator about child mental health service delivery
- Opportunities to engage in SIG and Committee initiatives
- Conference hotel is the newly renovated *Tropicana Las Vegas* on the Vegas strip (and claims to be "complete South Beach-inspired transformation" casino resort)
- An endless supply of entertainment options from (responsible) gambling, to shows, to excellent restaurants to outdoor attractions like the Hoover Dam and Red Rock Canyons



The SDBP Board has focused considerable energy this past year in examining how we support the interprofessional nature of our organization. I hope you will notice the effects of these efforts at the annual meeting. We want your feedback and suggestions.

I have enjoyed the honor of serving as President of SDBP this past year, and thank you for that privilege. I am proud of the accomplishments and advances we have made, and look forward to continuing these initiatives under the capable leadership of Nate Blum. Many thanks to the SDBP Board, Committee and SIG chairs, and SDBP members who have contributed in important ways to Society activities, and to all at Degnon Associates for their extraordinary support.

Hope to see you in Vegas!
Terry

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Committee and SIG Reports

[SDBP/SODBP Coding Collaborative](#)

[Education Committee](#)

[Membership Committee](#)

[ADHD SIG](#)

[Early Childhood SIG](#)

[Nurse Practitioners SIG](#)

[Psychology SIG](#)

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP/SODBP Coding Collaborative

Submitted by Lynn Wegner and Michelle Macias

The Coding Collaborative has organized several ways to provide information on the upcoming changeover to ICD-10 to DBP practitioners.

2015 Annual Meeting Activities

Teaching Use of Behavioral/Emotional Rating Scales to all Levels of Residents - Friday, October 2.

This session will present an overview of a comprehensive toolkit for starting (or organizing) the use of validated behavioral/emotional scales as they are taught to trainees. There are 4 sections to the content: 1. Educating Yourself (focusing on the individual who is going to do the procedure); 2. Preparing Your Clinic (Practice); 3. Advocating with Business Office and Your Coders; 4. Self-Study for Trainees: General Resident Module, and DB Fellow Module. This workshop will be beneficial to both trainees and non-trainees as there is content for personal education, preparing a clinic and advocating with clinic coders/business manager for billing for this procedure.

International Classification of Diseases-10th Edition and Developmental-Behavioral Pediatrics: Using a New Vocabulary – Saturday, October 3, 9-12 am.

This session will briefly review the transition to ICD-10-CM schooled for October 1, 2015. Most of the session will involve hands on code selection for clinical examples provided. There will be discussion of R and Z codes.

Complexity Based Current Procedural Terminology Coding – Saturday, October 3, 1-4pm

This session presents a paradigm for evaluating DB conditions, such as ADHD, through the use of history taking (line of questioning), physical exam elements and procedures recommended by published expert/consensus guidelines. The purpose is to examine what are the evidence-based elements needed in the evaluation and follow-up encounters. DB specialists (actually all pediatricians) may feel they need to ask excessive questions as the current CPT® Evaluation/Management Guidelines are based on adults –not children. The AAP is in the process of requesting new documentation criteria more appropriate for children.

The Coding Collaborative members, after a discussion at our Committee meeting at last year's SBDP meeting, is going to develop elements for the most common conditions we manage and these elements will be identified after reviewing the available expert consensus/guidelines/NIH-funded national projects and finding their specific recommendations.

SDBP/SODBP Coding Collaborative will meet at the annual meeting (Sunday or Monday morning). Everyone who is interested in codes both procedural and diagnostic is invited to join us.

[ICD-10-CM Tweets](#)

Sign up for Twitter accounts to follow our president, Terry Stancin, PhD and also receive your DB ICD-10-CM "Tweet A Day." The complete list of these Tweets will be loaded on our Coding Collaborative section of the SDBP website after our annual meeting this October.

New DB-Relevant CPT© Codes

CPT© code: 96127

Brief emotional/behavioral assessment (Eg. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument. This code was created in response to the Affordable Care Act's federal mandate to [include mental health services as part of the essential benefits](#) that must be included in all insurance plans offered in individual and small group markets. Effective January 1, 2015. More information about this code, including examples, will be on the new Coding Collaborative section of the SDBP website which will be launched very soon.

(NOTE: The Coding Collaborative Co-chair, Lynn Wegner, was a co-author of the AAP 2015 Clinical Report "Promoting Optimal Development: Screening for Behavioral and Emotional Problems." Carol Weitzman, MD, FAAP, Lynn Wegner, MD, FAAP, Pediatrics, Volume 135, number 2, February 2015. This resource has example of instruments, too.)

CPT© code: 99490

Chronic care management services: at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- Comprehensive care plan established, implemented, revised, or monitored.

Note that this code is currently paid for by Medicare, but Medicaid may eventually pay for this as well as pediatric ACOs. Information about this code will be posted on the Coding Collaborative section of the SDBP as it becomes available.

Relevant ICD-10-CM Supplemental Information

"Frequently Asked Questions" from the Centers for Medicare and Medicaid Services website. (<https://questions.cms.gov/faq.php?id=5005&rtopic=1867>).

1. Who is affected by the transition to ICD-10; if I don't deal with Medicare claims, will I have to transition? *Everyone covered by the Health Insurance Portability and Accountability Act (HIPAA) must transition to ICD-10. This includes providers and payers who do not deal with Medicare claims.*

2. Codes change every year, so why is the transition to ICD-10 any different from the annual code changes? *ICD-10 codes are different from ICD-9 codes. ICD-10 has a completely different structure from ICD-9. Currently, ICD-9 codes are mostly numeric and have 3 to 5 digits. ICD-10 codes will be alphanumeric and contain 3 to 7 characters. ICD-10 is more robust and descriptive with "one to many" matches in some instances. Like ICD-9 codes, ICD-10 codes will be updated every year.*

3. Why do the General Equivalency Mappings (GEM) go in both directions (from International Classification of Diseases, 9th Edition, Clinical Modification [ICD-9-CM] to International Classification of Diseases, 10th Edition (ICD-10) and from ICD-10 back to ICD-9-CM)? *For information on the General Equivalency Mappings (GEMs), how they are constructed, how they can be used, and why they can be used as forward and backward mappings, please see the GEMs Guide posted on the [2015 ICD-10-CM and GEMs](#) web page.*

4. Will ICD-10 replace Current Procedural Terminology (CPT) procedure coding? *No. The switch to ICD-10 does not affect CPT coding for outpatient procedures. Like ICD-9 procedure codes, ICD-10 PCS codes are for hospital inpatient procedures only.*
5. How do the General Equivalency Mappings handle situations where there is no translation between and ICD-10 and ICD-9-CM code? *For information on the General Equivalency Mappings (GEMs) and an explanation of this issue, please see the GEMs Guide posted on the [2015 ICD-10-CM and GEMs](#) web page. The issue of “no map flag” is explained in the Guide. This flag is used to indicate a code in the source system that is not linked to any code in the target system.*
6. Do state Medicaid programs need to transition to ICD-10? *Yes. Like everyone else covered by the Health Insurance Portability and Accountability Act (HIPAA), state Medicaid programs must comply with ICD-10.*
7. What methodology is being used in the Medicare Severity Diagnosis Related Groups (MS-DRG) International Classification of Diseases, 10th Edition (ICD-10) conversion? *The goal of MS-DRG ICD-10 conversion is to replicate the current MS-DRG logic. A record coded in ICD-10-Clinical Modification / Procedure Coding System (CM/PCS) and processed according to the converted ICD-10-based MS-DRGs will be assigned to the same MS-DRG as the same record coded in ICD-9-CM and processed according to the current MS-DRG logic. To help with the transition, lists of ICD-9-CM codes that comprise the MS-DRGs (approximately 500 code lists) is translated to comparable lists of ICD-10-CM/PCS codes without changing the underlying MS-DRG logic. This method of replacing lists of ICD-9-CM codes with lists of ICD-10 codes is partially automated using the General Equivalence Mappings.*

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Education Committee

Submitted by Viren D'Sa and Sarah Nyp

The eResources Workgroup has continued to participate in the update of the Education Committee's portion of the SDBP website. Sarah Nyp, co-leader of the eResources Workgroup, has participated in monthly calls with Communications Committee.

The co-leaders of the Curriculum Workgroup, Franklin Trimm and Bill Bryson-Brockmann, working with Bob Voigt, have continued to communicate with representatives from the American Board of Pediatrics (ABP). Together with other representative from select subspecialties, the workgroup is working closely with the ABP on curricular components that provide detail to the Developmental-Behavioral Pediatric Entrustable Professional Activities (EPAs) at the fellowship level. We anticipate an update from this workgroup at the annual Education Committee Meeting.

The Education Workshop Workgroup, lead by Viren D'Sa and Sarah Nyp, is pleased to report that we have a fabulous program planned for the 2015 Workshop. More than 50% of the breakout sessions during the Workshop will focus on aspects of interprofessional training.

As always, we welcome any interested member to join the Education Committee and we encourage the participation of fellows and other trainees. We are looking forward to seeing everyone in Las Vegas!

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Membership Committee

Submitted by Gray Buchanan and Eric Tridas

The Membership Committee continues to implement initiatives to increase membership numbers and organizational diversity (i.e., professional, racial, ethnic, and age). We have sent invitation letters to colleagues in related medical organizations, academic institutions and to physicians board-certified in behavioral and developmental pediatrics and neurodevelopmental disabilities. In addition, a display/demonstration board for use at professional meetings.

To facilitate the application process, we've removed the requirement of a reference from a SDBP member; a professional reference will now suffice. The committee is actively seeking input on how to increase the participation of practicing/community professionals in Developmental and Behavioral Pediatrics in the SDBP, while continuing to expand our membership among academicians.

All members are encouraged to support SDBP Presidential initiative to reach out to colleagues and invite them to join SDBP. The committee is open to new members and welcomes creative ideas. Please contact Gray (gray.buchanan@selfregional.org) or Eric (eric.tridas@thetridascenter.com) if you would like to learn more about our initiatives.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

ADHD Special Interest Group (SIG)

Submitted by Eugenia Chan and Tanya Froehlich, Co-Chairs

ADHD SIG members have been actively pursuing projects that promote the care of children with ADHD.

Clinical Practice Guideline

A Statement of Intent to develop a DBPeds-specific clinical practice guideline for the treatment of complex ADHD has been prepared by ADHD SIG and is currently being reviewed by the SDBP Board.

Highlights of the proposed guideline include the following:

*Features high priority clinical content areas (based on a recent SDBP member survey): ADHD comorbidity with learning, anxiety, depression, and externalizing disorders

*Emphasis on inter-professional collaborative practice as a norm

*Pharmacological treatment for complex ADHD (ADHD with comorbid learning and/or psychiatric conditions), utilizing existing evidence or expert consensus

*Evidence-based behavioral and psychological interventions for children and adolescents with ADHD with co-morbid complex mental health and learning needs

MOC Module

An ADHD Maintenance of Certification Module that is based on recent research advances and publications is currently in the works. This Module will be submitted to the American Board of Pediatrics once completed.

ADHD Resources

There is an open call for all SDBP members to submit useful ADHD Resources (articles, books, handouts, any media) to the ADHD Resource Team, led by Michael Ching. These resources will be posted on the SDBP Discussion Board.

ADHD Forum

The ADHD Forum is thriving on the SDBP Discussion Board. The SIG leadership makes periodic posts to the Forum about recent research advances, clinical issues, and public/media controversies. Adrian Sandler is currently serving as our ADHD Content Expert who is called upon to weigh in as needed for ADHD-related queries and issues on the SDBP Discussion Board.

Partnership with Organizations related to ADHD

ADHD SIG aims to collaborate with related professional and patient/family organizations, such as Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) American Professional Society of ADHD and Related Disorders (APSARD). Many ADHD SIG members are active in CHADD, both at the national and local level. To start, Tanya Froehlich presented a CHADD webinar entitled "Developmental-Behavioral Pediatricians: Who We Are and How We Can Help Kids with ADHD." Currently, ADHD SIG members are exploring benefits and

logistics of an alliance with the APSARD.

SDBP Annual Meeting

A special ADHD SIG presentation will be featured in the upcoming SDBP Annual Meeting in October. Jason Fogler (from Boston Children's) will review evidence-based, developmentally appropriate psychosocial interventions for ADHD, including techniques to address common treatment targets such as impulsivity, executive dysfunction, ineffective work/study habits, and difficulty following routines. Discussion will also include ways to leverage school supports and the use of assistive technologies. ADHD SIG co-chairs will provide an update on the ADHD clinical practice guideline proposal and discuss other SIG business.

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive. McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Early Childhood Special Interest Group (SIG)

Submitted by Robin Adair and Miguelina German, Co-Chairs

This year, EC SIG has successfully conducted an SDBP-sponsored webinar "The General Pediatrician & Screening for Postpartum Mood and Anxiety Disorders." In addition, a survey of North American NICU follow-up programs has been completed.

For the 2015 Annual Meeting in October, two of EC-SIG work groups will conduct educational workshops, the Screening in Primary Care work group and the Postpartum Maternal and Anxiety Disorders work group, while the NICU Follow-Up work group will conduct a concurrent session.

The NICU Follow-Up work group, has submitted a Letter of Intent regarding a position statement on NICU follow-up practice. The work group is currently in discussion with the SDBP Board of Directors.

All SDBP members are welcome to attend the EC-SIG meeting at the 2015 SDBP Annual Meeting in Las Vegas. If you have questions, or are interested in joining the EC-SIG and participating in one of the work groups, please contact one of the co-chairs, Miguelina German, PhD (mgerman@montefiore.org) or Robin Adair, MD (robin@dunn-adair.com).

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Nurse Practitioners Special Interest Group (SIG)

Submitted by Patricia Curry and Anne DeBattista, Co-Chairs

NP SIG leadership is changing. Outgoing co-chairs, Becky Taylor (recently retired) and Anne DeBattista from Stanford Children's Health, will yield their positions to Patricia Curry and Judy Reinhold, both from Cincinnati Children's.

The NP SIG recommends a resource for free, vetted developmental-behavioral and mental health resources: **DBMH Resource** (www.dbmhresource.com). This website is created and produced by the members of the Developmental-Behavioral Mental Health Special Interest Group of the National Association of Pediatric Nurse Practitioners, an affiliate organization of SDBP.

DBMH Resource is an innovative online asset management site for pediatric developmental-behavioral and mental health providers. The site contains 35+ developmental, behavioral and mental health topics, each tagged by age/developmental stage (infant-neonate, toddler, school-age, and adolescence). Each topic is divided into sub-sections which allow the user to navigate easily to the desired piece of information or resource. Resources include assessment and screening tools, position papers and practice parameters, peer-reviewed articles, and resources for further education for providers and families.

The site also includes separate resource pages on primary care-behavioral health integration, prevention, and general resources, which showcase the application of DBP curricula to many related fields. The general resources section houses such topics as advocacy, discipline, mindfulness-based stress reduction, motivational interviewing, and professional organizations of interest to those practicing in Developmental-Behavioral Pediatrics.



[HOME RESOURCE](#) | [TOPICS](#) | [BY AGE](#) | [PC INTEGRATION](#) | [PREVENTION](#) | [GENERAL RESOURCES](#) | [CALENDAR](#)

ADHD Assessment & Screening

Inventories, Checklists

- [Handwritten Teacher Rating, Child \(Free\)](#)
- [Conners Current and Teacher Rating Scale \(CRS\)](#)
- [Parent-completed Child Behavior Checklist \(CB\)](#)
- [ADHD Comprehensive Teacher Rating Scale \(ACTARS\)](#)
- [Autism Inmate Education Questionnaire \(AIEQ\), Sample School Teachers Questionnaire \(STQ\) \(Free\)](#)

Common Co-morbidities

- [Learning Disabilities](#)
- [Depression](#)
- [Anxiety](#)
- [Oppositional Defiant Disorder](#)
- [Conduct Disorder](#)

Position Papers & Practice Parameters

- [AAP 2011 Guidelines on ADHD](#)
- [AACAP Practice Parameters on the Assessment and Treatment of Children and Adolescents with Attention-Deficit Hyperactivity Disorder \(2007\)](#)

Articles

- [Attention-Deficit Hyperactivity Disorder: Effectiveness of Treatment in 66 Sub-Phenotypes: Long-Term Effectiveness in All Ages and Variability in Prevalence, Diagnosis, and Treatment \(Agency for Healthcare Research and Quality, 2011\)](#)

Resources

General Resources

- [AACAP's ADHD Resource Center](#)
- [National Resource Center on ADHD \(CHADD/NIH\)](#)
- [ADHD \(HealthyChildren.org\)](#)
- [Canadian Community Attention-Deficit/Hyperactivity Disorder in Children and Adolescents \(Agency for Healthcare Research and Quality, 2012\)](#)
- [Treatment Options for ADHD in Children and Teens: A Review of Research for Parents and Caregivers \(Agency for Healthcare Research and Quality, 2012\)](#)
- [Diagnosis and assessment worksheet](#)

Behavioral

- [Behavioral Therapy Basics \(and Specifics on Parent Training\)](#)
- [ADHD Working Paper \(Mental Health Clinic\)](#)
- [Parent to Parent \(P2P\) Family Training on ADHD \(Sanjour\)](#)

ORGANIZATIONS & COMMUNITIES

- [Children and Adults with Attention-Deficit/Hyperactivity Disorder \(CHADD\)](#)
- [Attention-Deficit Disorder Association \(ADDA\) – adult focused, but helpful for older adolescents](#)
- [ADHD Aware](#)
- [HADDnet](#)

PROFESSIONAL ORGANIZATIONS

- [American Professional Society on the ADHD and Related Disorders \(APFORD\)](#)

Schools

- [ADHD and School](#)
- [Section 504 in Public Schools \(CHADD, 2014\)](#)
- [Special Education Services \(CHADD, 2014\)](#)

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
 6728 Old McLean Village Drive, McLean, VA 22101
 Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology:*
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Psychology Special Interest Group (SIG)

Submitted by Melissa Armstrong-Brine, Rebecca Hazen, and Cy Nadler, Co-chairs

The Psychology Special Interest Group is excited to announce that our first member meeting will be held at the 2015 Annual Meeting in Las Vegas! Please join us on Saturday, October 3rd at 6:30 pm to hear about our plans, help us develop our goals for 2015-2016, and tell us about your vision for the SIG. Dr. Susan Rosenthal, PhD, has graciously agreed to open our meeting by presenting on how we can make the Psychology SIG a relevant and important experience for members of the the SDBP organization. An informal networking social will follow the meeting. We are looking forward to seeing you there!

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Advocacy Adventures in DBP: My Nepal Experience

Submitted by Ayesha Cheema-Hasan

This summer I attended a course on "Disaster Preparedness: The 18th Management of Humanitarian Emergencies with Focus on Children, Women and Families" at Case Western University in Cleveland OH. There I had the opportunity to meet Dr. Karen Olness, course founder and SDBP past President. Dr. Olness and her husband started a volunteer organization "Health Frontiers" 25 years ago with a focus on outcomes in global health and child development. Their initial effort that continues to this day was to help train medical students in Laos, establishing the first pediatric residency in that country. Over the years they also travelled to many countries following disasters, training individuals to address mental and physical health needs of children in a developmentally appropriate fashion. To date they have helped train 2000 health care professionals on the special needs of children in disaster situations.

The recent earthquake in Nepal in April 2015 affected 35 of its 65 districts and resulted in the death of 8000 people. An additional 8 million people have been affected by this natural disaster, including 1 million children. Communities have experienced significant trauma with damage to important infrastructure including schools and health and educational systems.



Mental health service providers in Nepal have reported an increase in sleep problems in children, including nightmares, disturbed sleep patterns, fears of going to sleep or being alone, frequent nocturnal arousals and desiring to sleep outside. Many children are engaging in traumatic play, compulsive and repetitive in nature, or showing regressive behaviors such as bed wetting, clinginess, anxiety, and refusing to go to school. Some have withdrawn from friends, have poor attention and declining academic performance. Many complain of somatic symptoms such as stomach aches and headaches. There is an increase in suicidal ideation and substance abuse.

In the weeks that followed the worst natural disaster that Nepal has ever experienced, the Nepal Pediatric Society (NPS) felt that they lacked the infrastructure and preparation to handle the sheer numbers of children that were affected by this disaster. Dr. Hemsagar Rimal, director of

NPS-Eastern Chapter and the only developmental-behavioral pediatricians in Nepal, therefore contacted Dr. Olness who invited him to attend the workshop in Cleveland, OH. Dr. Olness helped organize a team of medical providers from the United States, Thailand and Saudi Arabia, who all volunteered and provided their own transport to Nepal. UNICEF, The International Pediatric Association, The Thai Pediatric Society and Health Frontiers provided the financial support for two sets of workshops in Nepal. These workshops were held 2 months after the first devastating earthquake and focused on how developmental variations impact the reactions of children in disasters and ways to address them. The workshops took place over the span of three long intense days each utilizing a problem based learning approach and requiring active involvement of the participants.

I was invited to join this team as a presenter and facilitator. At the workshops we met with many medical providers, teachers, psychologists, home health workers and one nun. The personal stories from these individuals reflected their own trauma. They also expressed feelings of helplessness and frustration in trying to provide optimal care for the families that they were evaluating and treating. The opportunity to share their own experiences helped them in their own healing process. These workshops provided a unique opportunity to network and collaborate with one another and across disciplines. Our hope is that these collaborations will endure. Teaching Nepali medical providers ways of addressing these challenging concerns in a manner that respects their cultural and societal norms was truly gratifying for me.



National Workshop on Psychosocial Support for Children in Disaster. Kathmandu, Nepal July 2015



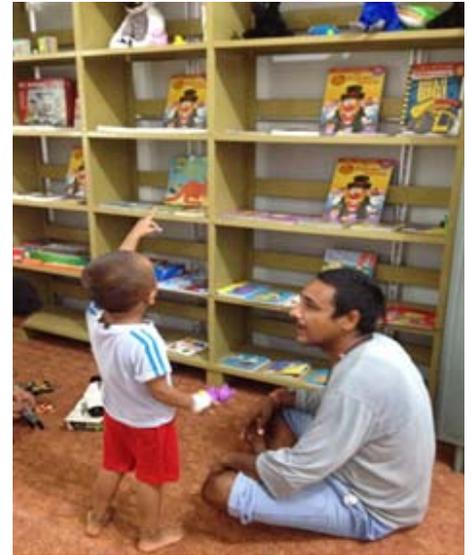
National Workshop on Psychosocial Support for Children in Disaster. Biratnagar, Nepal June 2015

In addition, Reach Out and Read Rhode Island donated books to take to Nepal. With the help of Dr. Rimal at Nobel Medical College Teaching Hospital in Biratnagar, Nepal, we set up a small library in the playroom on the pediatric ward. My team members Dr. Marissa Herran and Dr.

Sasha Yurionas also donated toys for the playroom. We wanted to provide the children with a community room where their parents and caregivers could read to them and play with them. I hope to continue this partnership and to take some more books over in the future.



Playroom: Before



Playroom: After



In the 1990s approximately 100,000 individuals belonging to an ethnic minority group fled Bhutan and were settled in refugee camps all over Nepal. Together with other team members, I visited a UNHCR established refugee camp "Sanischare" in Koss Nepal. Sinischare was one of seven camps established and previously was home to approximately 13,000 refugees. Initially the hope was integration of these refugees into Nepal or repatriation to Bhutan. However, to date there have been very few repatriations. The population of Sinischare is currently estimated at 8000 individuals and the rest have resettled in other countries including approximately 70,000 refugees who have come her to the United States I was interested in understanding the developmental needs of children.



Meeting with the elected officials at Sanischare Refugee Camp

I am grateful for this opportunity during my fellowship training. I would like to thank all the members of this extremely diverse and experienced team, Reach Out and Read Rhode Island for their generous donation, and last, but not the least my colleagues at Hasbro Children's Hospital for supporting me and letting me take the time to pursue my "out of the box" learning experience and a chance to help other communities globally.

Ayesha Cheema-Hasan is currently a Fellow in DBPeds at Brown University, Hasbro Children's Hospital/Rhode Island Hospital

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive. McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Coalition to Support Grieving Students Website Launched

Submitted by David J Schonfeld

Earlier this year, the Coalition to Support Grieving Students launched a new website -- www.grievingstudents.org -- which provides free, practical information geared to classroom educators, principals, administrators, and student support personnel on how to support grieving students. It houses video training modules on over 20 topics featuring expert commentary, school professionals who share their observations and advice, and bereaved children and family members who offer their own perspective on living with loss. Handouts and reference materials which summarize and supplement the training videos can also be downloaded from the website. The modules and supporting material can form the foundation for more structured presentations, or facilitate self-directed professional development. Although developed for use by school professionals, the material is equally relevant to developmental-behavioral pediatric and general pediatric practitioners and trainees (and since it's web-based, can be easily recommended to a broad range of trainees).

The Coalition is led by the National Center for School Crisis and Bereavement and includes the two major teacher unions (the American Federation of Teachers, AFT and National Educational Association, NEA), several school administrator professional organizations (the School Superintendents Association, AASA; the American Federation of School Administrators, AFSA; the National Association of Elementary School Principals, NAESP; and the National Association of Secondary School Principals, NASSP), as well as the National Association of School Psychologists (NASP), the National Association of School Nurses (NASN), the American School Counselors Association (ASCA) and the School Social Work Association of America (SSWAA). All of these organizations have collaborated on the development of the materials over the past two years, endorsed the materials and added their logos, and are now disseminating the materials through their membership, which collectively totals over 4.5 million school professionals. Members of the SDBP can help bring this free resource to the attention of school professionals in their own communities, region and state.

Professionals in schools, or those working with schools, who would like advice or consultation on how to respond to a crisis or loss in a school or community setting are invited to contact the National Center for School Crisis and Bereavement at our toll free number -- 877-53-NCSCB (877-536-2722) -- or by email at info@grievingstudents.org. Thanks to the generous support of the New York Life Foundation, we are able to provide such advice, training materials, and a range of print materials for school professionals and family members (<http://punchout.swervepoint.com/nyl2>) -- all at no cost. You can view an animated 90-second promotional video about the Coalition at <http://grievingstudents.scholastic.com/about-us/>.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology:*
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please email the editors: Beth Wildman or Robert Needlman.

Next Newsletter Submissions
Due by November 5th

***Journal of Pediatric Psychology:* Special Issue on Family Processes and Outcomes**

Submitted by Dan Coury

Call for Submissions

Journal of Pediatric Psychology:

Special Issue on Family Processes and Outcomes

Guest Editors: Cynthia A. Gerhardt, Ph.D., Cynthia Berg, Ph.D., Deborah J. Wiebe, Ph.D., and Grayson N. Holmbeck, Ph.D.

Background

Family factors and processes are key determinants of healthy development and well-being in children and adults. In the context of a pediatric medical condition (e.g., illness or injury), the impact on family members is significant (Kazak, Rouke, Crump, 2003). In addition to managing stressful aspects of communication, decision making, and care of the affected child, families are faced with an increased risk for distress, financial difficulties, and disruptions in family roles and relationships. For some families, strengths and competencies can emerge to buffer or ameliorate the negative impact of these challenges. As noted in recent work on family assessment (Barakat & Alderfer, 2011), as well as evidence-based interventions for families (Law, Fisher, Fales, Noel, & Eccleston, 2014; Mullins, Gillapsy, Molzon, & Chaney, 2014), we have only begun to demonstrate the potential to leverage family strengths to promote positive outcomes for parents and children affected by pediatric illness or injury.

Given the current state of the literature, it is important that we continue to understand the manner in which pediatric conditions affect families and the ability to facilitate a healthy and effective caregiving environment. We must identify the unique aspects of family processes that influence child and family outcomes, particularly the transaction of parent and child factors that lead to various family and medical outcomes. To advance the field, established family assessment measures might be used in tandem with newer innovative methods, and rigorous study designs can be applied across a variety of pediatric populations. Understanding the unique or relative contributions of multiple factors related to family outcomes over time is needed in the context of observational, intervention, and comparative effectiveness research.

Details

The aim of this special issue is to feature research examining the impact of family factors and processes on the health and psychosocial well-being of families affected by pediatric medical conditions. We anticipate manuscripts that focus on a broad range of family factors (e.g., family structure, composition, functioning), pediatric conditions (e.g., illness, injury), and parent and child outcomes, including siblings (e.g., distress, adherence, quality of life). These may include but are not limited to papers focused on: (a) randomized controlled intervention trials; (b) observational studies with prospective, longitudinal designs; (c) novel theoretical perspectives, models, or clinical strategies; and (d) systematic reviews examining the research literature in this area. Inclusion of multiple informants and mixed method approaches is

preferred, particularly those using innovative and established assessments as highlighted in the *JPP* special issue on Family Assessment in Pediatric Psychology (Alderfer et al., 2008; Barakat & Alderfer, 2011). We also expect manuscripts to highlight implications for clinical practice, research, and/or policy.

Submissions for this special issue will be accepted until December 1, 2015.

Papers should be prepared in compliance with *JPP*'s Instructions to Authors (<http://jpepsy.oxfordjournals.org/>) and submitted through the ScholarOne Manuscript Central™ submission portal (<http://mc.manuscriptcentral.com/jpepsy>). Manuscripts will be peer reviewed. Papers that are not appropriate for inclusion in this special issue may be rerouted (with the authors' knowledge and consent) for consideration for publication in *JPP* as regular papers. Please indicate in the cover letter accompanying your manuscript that you would like to have the paper considered for the Special Issue on Family Processes and Outcomes.

Please direct all inquiries to Cynthia A. Gerhardt at cynthia.gerhardt@nationwidechildrens.org.

References

- Alderfer, M. A., Fiese, B. H., Gold, J. I., Cutuli, J. J., Holmbeck, G. N., Goldbeck, L., ... Patterson, J. (2008). Evidence-based assessment in pediatric psychology: Family measures. *Journal of Pediatric Psychology, 33*, 1046-1061.
- Barakat, L. P. & Alderfer, M. A. (2011). Introduction to special issue: Advancing the science of family assessment in pediatric psychology. *Journal of Pediatric Psychology, 36*, 489-493.
- Kazak, A. E., Rourke, M. T., & Crump, T. A. (2003). Families and other systems in pediatric psychology. In Roberts, Michael C. (ed), *Handbook of Pediatric Psychology* (3rd ed.), (pp. 159-175). New York, NY: Guilford Press.
- Law, E. F., Fisher, E., Fales, J., Noel, M., & Eccleston, C. (2014). Systematic review and meta-analysis of parent and family-based interventions for children and adolescents with chronic medical conditions. *Journal of Pediatric Psychology, 39*, 866-886.
- Mullins, L. L., Gillapsy, S. R., Molzon, E. S., & Chaney, J. M. (2014). Parent and family interventions in pediatric psychology: Clinical applications. *Clinical Practice in Pediatric Psychology, 2*, 281-293.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Talk, Read, Sing, Screen!

Submitted by Kevin Marks

The national "Too Small to Fail" campaign has a helpful slogan for parents, "Talking is Teaching: Talk, Read, Sing". The trademarked slogan of the "*Thirty Million Words*" initiative is the three Ts: "Tune In, Talk More, Take Turns." I'd like to pose the question... Could our public awareness message to parents be even better? Since research on short-term memory capacity suggests most adults can remember five or less words, I'd like the national message for parents to be "Talk, Read, Sing, Screen!"

What's different is the addition of the word "screen". Developmental delays, disorders and disabilities are common, but opportunities to intervene early are commonly missed because the conditions go unrecognized. Pediatricians and family doctors have an important opportunity, and a serious responsibility, to make sure this doesn't happen. Screening rates are up, but they could be much better. Another problem is the need to properly implement developmental-behavioral screening tools, and then swiftly link at-risk children to evidence-based programs (i.e., early intervention) when screening results are problematic.

To accomplish these goals, parents should expect to fill out a standardized screening questionnaire prior to certain well-child visits. Just like vaccines, it should be an expectation. Increasing parental awareness about the importance of screening could improve the percentage of pediatric healthcare providers using psychometrically sound, broad-band developmental-behavioral screens as wisely recommended by the American Academy of Pediatrics.

Alas, the new slogan for parents should be "Talk, Read, Sing, Screen!" I posted an expanded version of this comment on the website for the Urban Child Institute <http://www.urbanchildinstitute.org/articles/updates/the-importance-of-social-and-emotional-screening>

Kevin P. Marks is a general pediatrician at PeaceHealth Medical Group in Eugene, Oregon, and is an SDBP member.

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP 2015 Annual Meeting

Submitted by Robyn Mehlenbeck and Carol Weitzman

The Program Committee is looking forward to welcoming everyone in Las Vegas this fall for the 2015 SDBP Annual Meeting!

SDBP Research Scholars Symposium

Thursday evening, October 1 and Friday morning, October 2

Teaching Developmental-Behavioral Pediatrics Workshop

Friday, October 2

Pre-Conference 1/2-Day Workshops

Saturday, October 3

SDBP Annual Meeting

Sunday and Monday, October 4-5

This year's Lectureship Recipient is Bruce Chorpita, PhD

His Lectureship Presentation is Sunday at 9:00am

Getting More from the Evidence Base for Children's Mental Health

Followed by a concurrent session after the lunch break at 1:45

Creating the Evidence-Based Service System: An Illustration of a Modular Professional Development Model

Friday Teaching Developmental-Behavioral Pediatrics to Residents

Teaching developmental and behavioral pediatrics, a workshop developed by the Education Committee. If you run a DBP rotation, this workshop should be on your agenda. [The complete schedule and workshop descriptions can be found here](#)

Saturday Workshops

[Brief Workshop Descriptions can be found here](#)

Morning Workshops 9:00am-12:00noon

Workshop A: INTERNATIONAL CLASSIFICATION OF DISEASES 10TH EDITION AND DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS: USING A NEW VOCABULARY

Workshop B: THE VALUE OF DBP SPECIALISTS IS IN THE EYE OF THE BEHOLDER: PERSPECTIVES OF FAMILIES, EDUCATORS, PAYERS AND EMPLOYERS

Workshop C: PARENT CHILD INTERACTION THERAPY: ADVANCING ITS APPLICATION

Workshop D: JOURNAL OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS' PUBLISHING ROUND TABLE

Afternoon Workshop 1:00pm-4:00pm

Workshop E: COMPLEXITY BASED CURRENT PROCEDURAL TERMINOLOGY CODING

Workshop F: IMPROVING ACCESS IN DEVELOPMENTAL BEHAVIORAL CLINICS USING
QUALITY IMPROVEMENT METHODOLOGY

Workshop G: THE NUTS AND BOLTS OF TREATING COMMON PEDIATRIC BEHAVIORAL
SLEEP PROBLEMS

Workshop H: EVALUATION OF CURRENT TRANSITION MODELS FOR YOUTH WITH
DEVELOPMENTAL DISABILITIES (DD) AGING OUT OF PEDIATRIC PRACTICES

[Complete meeting schedule](#) with concurrent sessions and abstracts.

Look for [Early Bird discounts](#) for meeting registration!

Visit [SDBP's Annual Meeting](#) page for additional information.

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive, McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

Discussion Board Highlights

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.

Q: The U.S. Preventive Services Task Force (USPSTF) just posted a [draft statement](#) on screening for Autism in early childhood for public commentary.

They found that there is currently insufficient evidence to recommend for or against early developmental screening for ASD in children in whose parents have not brought up a concern.

[Journal Watch](#)

Anyone have an opinion or reaction to the statement or the language used within the statement? How does this impact our patients and our practices? How does it impact our advocacy efforts? What should be the next steps? Is this of concern or not?

If there is enough interest in this forum, I'd like to summarize our discussion for the editorial blog on JDBP.

Jeff Yang, JDBP Web Editor

A: Hey all! AAP News interviewed Susan Levy at CHOPS about the USPSTF statement in article titled, "**Academy calls for continued autism screening, despite USPSTF recommendation**"

Susan's comments were blistering, as well they should be. Here's a link:

<http://aapnews.aappublications.org/content/early/2015/08/04/aapnews.20150804-1>. Frankly, the USPSTF seems to be outsourcing its lit reviews and the inexperience/lack of familiarity with content is evident.

Frances

A: I answered questions for the media on this topic. Here are my comments:

Do you agree with the recommendation and does it surprise you? Why or why not?

On a theoretical basis, I agree with the recommendation. If we definitely know that a child has normal development through routine developmental surveillance and screening, there is no reason to do an additional screen for autism.

However, reality is not the same as theory (which is why it surprises me). Can we be certain that the child truly has normal development? We know that only about half of pediatricians do routine developmental surveillance/screening so we can't say with certainty that these young children truly have no problems (if you don't ask the correct questions, you can't get the needed answers). Not all parents have an adequate knowledge base of expected developmental milestones or may be in denial about subtle differences that arise at a young

age. I know of at least one study that reviewed family videotapes and found that children were "symptomatic" months before the family had any concern (this also reflects my clinical experience). Parents may misinterpret some developmental behaviors as normal when they are not (speaking words in a rote, echolalic or labeling fashion rather than in a functional manner, or taking objects apart for the content being interpreted as having an inquisitive mind rather than an autism behavior). If this is their first child, parents may not have a good understanding of normal development and its variations. Therefore, the task force's conclusion does not address the reality of clinical practice.

What are the most important reasons why having separate screening for autism might be useful (or not useful) for pediatricians?

If developmental screening and surveillance were done universally and with a good understanding of the nuances of developmental milestones (see above language example), I do not believe that a separate screen for autism would be necessary. Since this is not the case, the 18 and 24 month autism screen gives us another opportunity to identify children potentially at risk for autism, language problems or intellectual challenges (it is not a good screen for motor function) since the screen asks questions about functions that capture a variety of developmental problems. This is the most important reason for the screen. A second reason is the evolution of autism interventions with recent studies showing improvements in function with "early" intervention (before age 3 years). Identifying a child with autism when young may avoid establishment of "bad habits" in learning and behavior (teach them joint attention and imitation when their developmental trajectory is only slightly skewed rather than far from normal). The authors of the USPSTF report are correct that we need more data to determine if this is true, although Dr. Sally Rogers gave a keynote talk at the recent IMFAR meeting and showed data suggesting outcome is better with earlier versus later intervention. Max Wiznitzer, MD, Rainbow Babies & Childrens Hospital, Cleveland, OH

A: Thanks to all for the discussion of this issue. Echoing your comments, I am also concerned with the logical leap between "we know early intervention works" and "we don't know if early screening adds benefit." We know that experts of all kinds do a poor job at identifying children at risk without screening tools. If anything, screening guidelines should be *more* specific, given how misuse of tools like the MCHAT can undermine screening success (I will be presenting data on this at SDBP in Oct). Does anyone have data on the actual pathways through which children find their way to "specialized ASD programs" (i.e., self refer vs. PCP screening vs. other)?

Our science on intervening with toddlers (i.e., Rogers et al., Autism treatment in the first year of life: A pilot study of Infant Start, a parent-implemented intervention for symptomatic infants. J Autism Dev Disord 2014; 44:2981-95) is emerging but obviously promising. We do need to "connect the dots" between screening and outcomes, but discouraging screening efforts would be counterproductive to these efforts.

Cy Nadler, PhD, Division of Developmental and Behavioral Sciences, Children's Mercy - Kansas City, Assistant Professor of Pediatrics, UMKC School of Medicine

Q: Â Our Center is transitioning to EMR, & we are using the Athena system. I am finding the templates that are available for DBP visits very cumbersome to use. Has anyone in DBP had experience with this system, or have any templates ready-made that may be more user-friendly? Thanks.

Jeannine R. Audet

A: We have been using an online application that collects information from parents and teachers and is downloaded as a Word document into the EMR. It allows for the parents and teachers to type comments in text boxes and also provides information about developmental, behavioral, academic, social interaction and medical data. The answers are stored in a

database that can be used for research. In our practice the parents and teachers complete the questionnaires before their first visit and the clinician has all the information summarized in tables that can compare the responses of multiple caregivers and teachers. It is very easy to use, cuts down on paperwork and administrative costs as well as dictation.

Eric Tridas

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics
6728 Old McLean Village Drive, McLean, VA 22101
Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP Response to USPSTF Draft Recommendation on Screening for ASD in Young Children

Early intervention for ASDs has been shown to optimize long-term outcomes and to reduce ASD-related costs for families and systems of care. Multiple studies have demonstrated that "clinical judgment is insufficient to identify children with developmental disabilities in pediatric practice, and a large body of evidence documents that systematic developmental screening is essential to identify developmental delays and disabilities in a timely manner. As time constraints of general pediatric practice grow, this concern is ever more pressing. Formal screening tools are thus necessary to identify children with developmental differences in general and ASD specifically. In addition, parents with limited knowledge of child development may not raise concerns spontaneously with health care providers. The administration of formal screening instruments during routine primary care visits has the potential to minimize the documented disparities due to SES and ethnicity in the identification and treatment of ASD (Durkin et al, PLOS, 2010; Thomas et al, Autism, 2012).

The USPSTF statement contradicts itself. It indicates that there is "adequate evidence that currently available screening tests can detect ASD in children ages 18 to 30 months." The Task Force acknowledges the efficacy of early intensive behavioral and developmental interventions, and asserts that the potential harms of screening and behavioral treatment are "no greater than small." The USPSTF report concludes that there is insufficient evidence to recommend routine ASD screening because there is a lack of randomized controlled trials of outcomes in screened populations of children. However, this conclusion would be contrary to the Task Force's correct assessment of the advantages of early identification and intervention.

The Society for Developmental and Behavioral Pediatrics (SDBP) is an international organization of health care providers dedicated to improving the health of infants, children, and adolescents by promoting research, teaching and clinical practice in developmental and behavioral pediatrics. We appreciate the recommendations of the USPSTF for more research to help elucidate the potential benefits of early screening for ASD in young children. However, a randomized controlled trial would not be feasible to answer this question, and might be unethical given that evidence supports the efficacy of early intensive intervention. SDBP has encouraged primary care providers to screen all children at 18 and 24 months for ASD and developmental differences, but the extent to which this recommendation is followed remains unknown. Perhaps a closer look at the prevalence of screening would be informative, and may provide a means for comparing outcomes among children who were and were not screened. Another avenue for research is a comparison between autism specific screening tools and general developmental screening instruments in identifying ASD at a young age and ultimate outcomes.

Therefore, SDBP continues to strongly recommend screening for ASD in primary care practices for all children at 18 and 24 months unless definitive evidence emerges that this

practice causes harm, is ineffective in ameliorating the symptoms of autism, or fails to enhance the efficacy of general developmental screening tools in identifying the early signs of autism. Routine screening diminishes the current ASD diagnostic disparity linked to social disadvantage, and ultimately has the potential to improve outcomes and decrease the family and societal burdens of our growing ASD population.

Terry Stancin

President, Society for Developmental and Behavioral Pediatrics (SDBP)

[Contact Us](#) | [Privacy Policy](#)

Society for Developmental and Behavioral Pediatrics

6728 Old McLean Village Drive, McLean, VA 22101

Phone: 703-556-9222 | Email: info@sdbp.org

- ❖ President's Message
- ❖ Committee/SIG Updates
- ❖ Advocacy Adventures in DBP
- ❖ Student Coalition Website Launch
- ❖ *Journal of Pediatric Psychology*:
Call for Papers
- ❖ Talk, Read, Sing, Screen!
- ❖ Annual Meeting Highlights
- ❖ Discussion Board Highlights
- ❖ SDBP Response to USPSTF
- ❖ SDBP Receives Generous
Donation
- ❖ Donors
- ❖ Classifieds
- ❖ Calendar of Events
- ❖ Newsletter PDF

Comments/Suggestions? Please
email the editors: Beth Wildman or
Robert Needlman.

Next Newsletter Submissions
Due by November 5th

SDBP Receives Generous Donation to Help Foster DBP Capacity-Building in Lower-Middle Income Countries (LMIC)

The Society for Developmental and Behavioral Pediatrics (SDBP) is grateful for a generous donation received from Betsy Lozoff, MD that provides seed money to support activities that benefit low-middle income countries where trained professionals and resources for children with developmental and behavior needs are limited.

SDBP is an international organization dedicated to improving the health of infants, children and adolescents by promoting research, teaching and clinical practice in developmental and behavioral pediatrics. SDBP has members from a wide range of low-middle income countries, and many other SDBP members are deeply committed to addressing DBP needs in children in low-middle income countries. The new SDBP initiative aims to facilitate active participation of all those interested.

As part of our initiative, SDBP will have a presence at the 1st International Developmental Pediatrics (IDP) Congress and the 2nd National Developmental Pediatrics Congress that will take place December 2-5, 2015 at the Sabanci Center, Istanbul, Turkey.

(<http://www.idpcongress.org/>) We will also have a meeting during this year's SDBP Meeting October 2-5, 2015 in Las Vegas, NV (http://www.sdbp.org/annual_meeting.cfm) to discuss ways in which SDBP can have a major impact in low-middle income countries.

If you are interested in participating in the meeting in Las Vegas this fall where we will prioritize goals to help advance this purpose and/or in donating to the SDBP LMIC Fund, please contact the SDBP National Office.

- ❖ [Calendar of Events](#)
- ❖ [Donate Today](#)
- ❖ [Job Bank](#)
- ❖ [Related Links](#)
- ❖ [Awards](#)

Development Fund

Donate Today!
Click here!

The fund provides financial support for SDBP programs such as

- **SDBP General Development Fund and New Initiatives**
 As the field of developmental and behavioral pediatrics matures, new initiatives and opportunities continuously arise. The Society created a new strategic plan for 2012-2017 with several new initiatives outlined including an increased multidisciplinary training role, increased participation in initiation of policy statements and expanding our role in the creation of and dissemination of entrusted physician activities for certification and training. Support directed to this fund will be used to support new initiatives initiated by the Board with membership support.
- **SDBP Research Grant Award**
 The SDBP Research Grant Award consists of a one-year grant of up to \$5000 to promote research in developmental and behavioral pediatrics by a young investigator in the field. This has been a goal of the Society for several years, and was finally instituted in 2005. Society resources at present have been able to fund only one award annually; with additional support, SDBP will be able to continue and expand this valuable program which provides support for future leaders in developmental-behavioral pediatrics early in their careers. Support directed to this fund will go directly to support the award.
- **International and Underdeveloped Countries Scholarships and Diversity Fund**
 Developmental and behavioral pediatrics health professionals from other countries benefit from the variety of educational formats that take place at the SDBP Annual Meeting; in addition within the US and Canada there is a need to expand our society into communities and cultures which are underrepresented. However, the costs of travel and registration for residents of some countries pose a significant burden and prevent participation in this conference as do issues of expense to the individual. Availability of these scholarships will encourage the exchange of new scientific and clinical information and support the interchange of opinions regarding care and management issues relevant to developmental and behavioral pediatrics among members from a wide variety of countries and diverse communities. Support directed to this fund will be awarded on an annual basis to any qualified member applicant who applies to the Society to travel to an annual meeting.
- **SDBP Endowment Fund**
 The annual operating budget is tightly planned and managed to predict for variations in membership, meeting attendance and unexpected costs. The Endowment Fund would be a protected fund that would be invested and reinvested annually to build up a solid base from which the Society could function in times of fiscal challenge. Support directed to this fund would only be used by decision of the Executive Board in a fiscal emergency.
- **Help Fund a Fellow to Attend the Research Scholars Symposium at the annual meeting**
 Although all DBP fellows and psychology trainees must engage in scholarly activities during their advanced training, most trainees often have limited opportunities to present their work in progress and gain feedback in a national multidisciplinary forum outside of their institution. Early participation and attendance at SDBP meetings (where they have opportunities to interact

SDBP Discussion Board

Questions for the SDBP Members?
 Thoughts to share?
[Click here](#) to access the Discussion Board.

SPOTLIGHT

 Society for Developmental & Behavioral Pediatrics

Annual Meeting



Registration Now Open

[SDBP response to USPSTF draft recommendation on screening for ASD in young children](#)



Bulletin Board

[The General Pediatrician and Screening for Postpartum Mood and Anxiety Disorders \(PMADs\) Webinar](#)

[Become an SDBP Affiliate Org](#)

[SDBP SIG Guidelines](#)

[Membership Brochure!](#)

with other trainees and faculty and develop leadership skills) is likely to promote heightened engagement in national DBP activities and the development of future leaders in the field. Your tax deductible donation will help support a new Fellows Symposium. Our goal is to raise \$10,000 in member donations towards this symposium. Help make a difference in our future - donate today!

How You Can Help

Support of the SDBP Development Fund is an important and vital way of promoting developmental and behavioral pediatrics through the many activities of SDBP. Contributions can be directed to the General Fund or to programs reflecting your specific interests. Donations can be made at any time and are tax deductible, to the fullest extent as permitted by law.

Suggested Giving

More than \$1000	Benefactor
\$501 - \$1000	Patron
\$251 - \$500	Supporter
up to \$250	Contributor

2015 CONTRIBUTORS

Benefactor

Robert F. Belknap MD, MPH Cohasset MA
Dennis Drotar PhD Brunswick ME
Betsy Lozoff MD Ann Arbor MI

Daniel L. Coury MD Columbus OH
Heidi M. Feldman MD, PhD Palo Alto CA
Ellen C. Perrin MD Brookline MA

Patron

Bonnie W. Camp MD, PhD Denver CO
John C. Duby MD Akron OH
Pamela C. High MD, MS Providence RI
Jean C. Smith MD Chapel Hill NC
Paul Wang MD Madison CT

Anne DeBattista PhD, CPNP, CPMHS Emerald Hills CA
Robin L. Hansen MD Sacramento CA
Nancy E. Lanphear MD Vancouver BC
Terry Stancin PhD Cleveland OH
Lynn M. Wegner MD Chapel Hill NC

Supporter

Nathan J. Blum MD Narberth PA
Michelle M. Macias MD Charleston SC
Martin T. Stein MD La Jolla CA

Paul H. Dworkin MD Hartford CT
James M. Perrin MD Boston MA

Contributor

Robin Adair MD Fairport NY
Julia Anixt MD Cincinnati OH
Marilyn C. Augustyn MD Somerville MA
Blanche Benenson MD Bronx NY
Carol D. Berkowitz MD Torrance CA
Jerome M. Blake MD Sioux Falls SD
Craig D. Boreman MD Dayton OH
Dana Brazdziunas MD Downers Grove IL
Carolyn Bridgemohan MD Boston MA
Michael Ching MD, MPH Honolulu HI

Denise Aloisio MD Fair Haven NJ
Ellis Arnstein MD Bronx NY
Ronald G. Barr MDCM Vancouver BC
Susan P. Berger PhD Chicago IL
Brad D. Berman MD Walnut Creek CA
Robin K. Blitz MD Phoenix AZ
Lauren Boyd MD Maywood IL
Karen C. Bresnahan MD Boston MA
Eugenia Chan MD, MPH Boston MA
Mark Cohen MD, FAAP Santa Clara CA
Beth Ellen Davis MD, MPH University Place

Michael Cupoli MD Chattanooga TN
Irene Cihon Dietz MD Shaker Heights OH
Kathryn A. Ellerbeck MD, MPH Kansas City KS
Jessica E.A. Foster MD Gahanna OH
Linda S. Grossman MD Towson MD
Randi J. Hagerman MD Sacramento CA
Richard Franklin Howes MD, FAAP Lafayette LA
Robert Keder MD Springfield MA
Desmond P. Kelly MD Greenville SC
Damon R. Korb MD Los Gatos CA
Ave M Lachiewicz MD Chapel Hill NC
Michele Laverdiere MD New York NY
Diane Liebe MD, FAAP Yakima WA
Irene Loe MD San Francisco CA
Aparna Mallik MD Montclair NJ
Raun Melmed MD Scottsdale AZ
Monica R. Meyer MD Woodstock NY
Robert D. Needlman MD Pepper Pike OH
Sarah Nyp MD Shawnee KS
Janet Patterson MD Peoria IL
Lisa Albers Prock MD, MPH Wellesley MA
Leonard A. Rappaport MD, MS Boston MA
Benjamin W. Sanders MD, MSPH, FAAP Philadelphia PA
Adiaha Spinks-Franklin MD, MPH Houston TX
Judith M. Stranko-Richard DO Harrisburg PA
Raymond A. Sturner MD Baltimore MD
Carol Weitzman MD Woodbridge CT
Cynthia Wong MD Los Angeles CA
WA
Benard P. Dreyer MD New York NY
Marianne E. Felice MD Worcester MA
Carol B. Garrison MD Kansas City MO
Cheryl H. Hack MD Royal Oak MI
Barbara J. Howard MD Baltimore MD
Carolyn E. Ievers-Landis PhD Akron OH
Constance H. Keefer MD Cambridge MA
Daniel B. Kessler MD Phoenix AZ
Ernest F. Krug III MD Rochester NY
Diane L. Langkamp MD Akron OH
Jack M. Levine MD Great Neck NY
Lynn R. Liston M.S.Ed Belvidere IL
Orawan Louthrenoo MD Chiang Mai
Jack Mann MD, FAAP Portland ME
Alan L. Mendelsohn MD Glen Rock NJ
Karen J. Miller MD Boston MA
Britt Nielsen PsyD Cleveland OH
Lee M. Pachter DO Elkins Park PA
Randall A. Phelps MD, PhD Eugene OR
Charles Ralston MD Murray UT
Nancy J. Roizen MD Shaker Hts OH
Lisa Spector MD Kansas City MO
George S. Starr MD Dewitt NY
Kimberly L. Stringer MD, MPH Flowood MS
Stuart W. Teplin MD Chapel Hill NC
Tanishia Williams MD, PhD New Brunswick NJ
Samuel H. Zinner MD Seattle WA

- Calendar of Events
- Donate Today
- Job Bank
- Related Links
- Awards

SDBP Discussion Board

Questions for the SDBP Members?
Thoughts to share?
[Click here](#) to access the Discussion Board.

SPOTLIGHT

Annual Meeting



Registration Now Open

[SDBP response to USPSTF
draft recommendation on
screening for ASD in young
children](#)



Job Bank

By placing an ad on the website, you will have access to a field of professionals in Developmental and Behavioral pediatrics. In addition to your job being posted, your ad will also be included in SDBP's e-newsletter that is sent out to our more than 800 members. Submitting an ad is simpler than ever, using our automated submission program. SDBP will only accept placement ads from institutions/organizations that are seeking to fill positions within the developmental and behavioral pediatric community. Online posts will expire after 3 months unless notified.

Classified Ads

If you would like to submit an ad, please [Click Here](#). 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. All ads are posted upon receipt of payment.

Available Positions

Position: Behavioral Pediatrician
Minneapolis suburbs, MN
Park Nicollet Alexander Center
Posted: (9/3/2015)

Description:

The Alexander Center for Child Development and Behavior is looking for a fellowship-trained, certified/eligible developmental behavior pediatrician. We are particularly interested in individuals with experience and a strong desire to care for children with cognitive and developmental delays, autism spectrum disorders, genetic syndromes, ADHD and learning disorders. This position includes responsibility for clinical evaluation and management of children seen either individually or within a multidisciplinary framework. Program development, resident teaching and participating in the ongoing work of the department are required. Excellent communication skills and a solid team work approach are important. Clinical research and an appointment in the Division of Pediatrics at the University of Minnesota are possible.

The Alexander Center, located in west suburban Minneapolis, Minnesota, is part of Park Nicollet Health Services, one of the largest group medical practices in Minnesota. We care for children with a wide range of developmental and behavioral concerns. Our professional staff includes developmental/behavior pediatricians, child psychologists, speech-language pathologists, nurses, and dedicated support staff. Our mission is to care for the health, healing and learning of those we serve.

Bulletin Board

[The General Pediatrician and Screening for Postpartum Mood and Anxiety Disorders \(PMADs\) Webinar](#)

[Become an SDBP Affiliate Org](#)

[SDBP SIG Guidelines](#)

[Membership Brochure!](#)

Contact:

Please submit a letter of interest and CV to Jenny Bredeson, Park Nicollet Health Services, 3800 Park Nicollet Boulevard, Minneapolis, MN 55416; Email: bredelj@parknicollet.com; Phone: 952-993-2804; toll free (866) 874-3812. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

[Scroll to the top](#)

Position: Developmental Pediatrician
St. Nicholas Child Health Clinic
Renaissance Health Care Network - NY Health and Hospital Corporation
Posted: (8/25/2015)

Description:

Position: Full time Physician Specialist – Developmental & Behavioral Pediatrician

Agency: New York City Health and Hospitals Corporation/Renaissance Health Care Network Developmental Evaluation Clinic located at St. Nicholas Child Health Clinic in Harlem, NY

Description: The Renaissance Developmental Evaluation Clinic provides comprehensive multidisciplinary evaluations for children and adolescents from infancy to age 21, with suspected developmental, learning, or behavior challenges. The Physician Specialist Developmental Pediatrician conducts comprehensive evaluations of children with a wide range of developmental and behavior difficulties, provides treatment and support to children and families, and education to families as well as members of the evaluation team and staff.

Candidates should have strong interest in evaluating, diagnosing, treating children and adolescents in a team work approach, as well as research, training, performance improvement, and community engagement in a small clinic setting.

Education: Board-certified or board-eligible in Developmental-Behavioral Pediatrics, Neurology, or Neurodevelopmental pediatrics. Experience with children with developmental disabilities is a must.

Language: Fluency in Spanish and/or French is a priority.

Salary: Based on training, experience, and determined through the NYC Health and Hospitals Corporation Human Resources.

Contact:

Contact: Qualified candidates should submit their c.v.'s to Rachel Fichtel, Office of Physician Recruitment, fichtelr@pagny.org

[Scroll to the top](#)

Position: Good Shepherd Rehab in Allentown, PA seeks
Developmental Pediatrician
Allentown, PA
Good Shepherd Rehab
Posted: (8/24/2015)

Description:

Good Shepherd Rehabilitation Network, a nationally recognized rehabilitation leader providing comprehensive, quality inpatient and outpatient services is seeking a board certified/board eligible Developmental-Behavioral Pediatrician to join their growing organization. Opportunity to build your niche in our program and no inpatient responsibilities required. Academic appointment available.

You will be a part of a multi-disciplinary treatment team which includes physical and occupational therapists and speech pathologists in this outpatient-only position. The Pediatric Program at Good Shepherd offers both comprehensive evaluative and therapeutic services for children with a wide spectrum of developmental disabilities.

In this employed position, you will receive a competitive compensation package which includes a production and signing bonus/educational loan assistance option. Our comprehensive benefits include medical/dental insurance, PTO and relocation assistance.

Good Shepherd Rehabilitation Network is a CARF-accredited rehabilitation leader with 57 locations. More than 60,000 people come to Good Shepherd annually for their specialized treatment programs in Amputation Orthopedics, Pediatrics, Spinal Cord Injury, Stroke, Traumatic Brain Injury and more.

This is a remarkable opportunity to join a nationally recognized rehabilitation leader!

Contact:

Please contact Mike Tucker at 1-800-678-7858 x63447,
email mtucker@cejkasearch.com, or visit us at www.cejkasearch.com.

[Scroll to the top](#)

Position: Developmental-Behavioral Pediatrician
Oakland, California
UCSF Benioff Children's Hospitals - Oakland & San
Francisco
Posted: (8/21/2015)

Description:

The UCSF Benioff Children's Hospital Oakland Division of Mental Health and Child Development (DMHCD) in conjunction with the UCSF Division of

Developmental Medicine, are recruiting a full time BD/BC developmental-behavioral pediatrician. This position will involve the assessment and management of children with a wide range of neurodevelopmental & behavioral disorders. We are seeking a passionate d-b ped whose values and clinical practice supports our mission to advance the health and well-being of children through clinical care, teaching, and research, as well as the elimination of healthcare disparities for children and adolescents with developmental and behavioral disorders. The candidate should have experience in working effectively with other disciplines, and with schools and community agencies. Children's Hospital is a major training center in Northern California, and this position will include the teaching of pediatric residents on d-b rotation.

The DMHCD at Children's Hospital Oakland includes Child and Adolescent Psychiatry, Early Intervention Services, high school-based clinics, and other programs within the hospital and community. Close relationships exist with the Neonatal Followup Program, as well as with the Divisions of Ambulatory Pediatrics, Adolescent Medicine, Neurology, Rehabilitation, and Genetics. Since January 2014 the Children's Hospital in Oakland and the University of California San Francisco Children's Hospital were formally affiliated. Opportunities for joint practice, programs and projects in Developmental & Behavioral Pediatrics between the two Hospitals could shape the appointed pediatrician's job description, as desired.

Contact:

A letter of interest and CV should be sent to Lane Tanner, MD, at ltanner@mail.cho.org.

[Scroll to the top](#)

Position: Physician - Part Time or Full Time
Napa and Santa Rosa, CA
North Bay Regional Center-Non Profit Organization
Posted: (8/19/2015)

Description: Are you passionate about providing support for individuals with developmental disabilities? This position provides medical evaluations and recommendations as a member of the interdisciplinary team. Under general direction of the Intake Department Manager, performs a variety of medical functions; provides education to staff, families and professionals of the community; provides the medical component of special clinical programs; assists agencies and professional persons in developing generic services for the developmentally disabled; provides professional review of the medical component of the clinical team's assessments and recommendations; participates on committees and task forces at discretion of supervisor. MINIMUM EDUCATION AND EXPERIENCE Possession of a M.D. degree and five years experience including certification or eligibility for certification by a specialty board such as Pediatrics, Neurology or Internal Medicine.

Considerations: Please visit our website, www.nbrc.net. At North Bay Regional Center we believe that all people with developmental disabilities should have the same opportunities as are available to all other citizens. We offer a

comprehensive program supporting the needs of our communities, provided by driven and passionate employees who ensure that we achieve our goals daily. Benefits: we offer our employees an all-inclusive compensation and benefits plan, including, Medical and Dental Insurance, Life Insurance and Long Term Disability, Retirement plan – CalPERS, Vacation Time and Sick Leave, Training and Orientation, Paid Holidays

Contact: Please visit our website, www.nbrc.net

[Scroll to the top](#)

Position: Pediatric Psychologist
Norfolk, VA
Children's Specialty Group, a specialty group practice associated with Children's Hospital of The King's Daughters
Posted: (8/13/2015)

Description:

Psychologist will work within an interdisciplinary team in the Department of Developmental and Behavioral Pediatrics. This position includes primary responsibility for independent administration, scoring, and interpretation of psychological testing for children and adolescents. Additional job duties may include supervision and training of non-licensed staff and collaborative work with pediatricians and community organizations.

QUALIFICATIONS:

Doctorate degree in Clinical, Developmental or School Psychology

Virginia State license, or license eligible in the state of Virginia

Post-Doctoral experience to include training and experience in developmental evaluations

Demonstrated ability to formulate diagnostic assessment and treatment plan formulation

Broad expertise in the selection and application and interpretation of psychological testing instruments to children and adolescents including intellectual, achievement, and projective tests

Psychologist may have the opportunity to travel to satellite clinics to perform clinical duties. This will be discussed during the interview process.

At least 2 years of experience (post licensure)

One year pediatric experience with children under 6 years

Recent experience in a pediatric setting (within the past 2 years)

Competency with use of tests including: Autism Diagnostic Observation Schedule Second Edition (ADOS-2) and cognitive measures including Wechsler assessments and Differential Ability Scales

Considerations:

Employment opportunity is with CSG, which is the only pediatric multi-specialty practice serving the southeastern Virginia region. CSG is a physician owned group whose mission is to provide the best value in pediatric healthcare to patients, payers, the Children's Health System and our referring physicians. We are committed to providing excellence in clinical services, education and research. CSG physicians serve as the full-time faculty of the Department of Pediatrics at the Eastern Virginia Medical School. CSG offers competitive salary and benefits.

CHKD is one of the nation's top children's hospitals and is Virginia's only free-standing pediatric hospital, serving the families of southeastern Virginia, the Eastern Shore of Virginia and northeastern North Carolina.

Contact:

For more details please contact Drs. Janice Keener and Amy Newmeyer. For applicants, please send a CV and a cover letter to Janice.keener@chkd.org and amy.newmeyer@chkd.org

[Scroll to the top](#)

Position: Division Chief of Child Development
Peoria, IL
University of Illinois College of Medicine at
Peoria/Children's Hospital of Illinois
Posted: (8/12/2015)

Description:

The Department of Pediatrics at the University of Illinois College of Medicine at Peoria (UICOMP), along with its partners at Children's Hospital of Illinois (CHOI) and Easter Seals of Central Illinois, have initiated a national search to find an entrepreneurial leader as the Division Chief of Child Development in order to enhance and grow an important clinical program.

The new Division Chief will be responsible for the comprehensive operations of the division so that, as a whole, the division supports the mission of UICOMP, CHOI, and Easter Seals, including education, clinical services, research and other scholarly activity, and advocacy. The Division Chief will be provided with the resources to recruit additional faculty members to the division with a goal of three clinical faculty. The leadership team is open to considering senior leaders as well as program directors and other mid-career faculty seeking their initial division chief opportunity. Leadership development, mentoring and operational support resources are available for the selected candidate.

Developmental-Behavioral Pediatrician positions require candidates who are BC/BE in pediatrics and have completed fellowship training in neuro-developmental disabilities or development-behavioral pediatrics. These pediatricians support the continued development of five comprehensive service lines within the division of Child Development: cerebral palsy; in-patient consult service; general development; autism and ADHD. Candidates with scholarly and research interests are highly desirable, along with experience in teaching medical students and residents. The compensation and academic rank will be competitive and

commensurate with experience.

The University of Illinois College of Medicine at Peoria is an Equal Opportunity, Affirmative Action employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply.

Considerations:

The University of Illinois College of Medicine at Peoria is one of the regional campuses that make up the nation's largest public medical school. The Peoria campus is known among students for its strong academic setting, demonstrated in small class sizes, rigorous curriculum, hands-on clerkships, numerous residency programs, large referral base and exceptional facilities; and by physicians seeking the ideal combination of teaching and practicing medicine in a research-based university setting.

UICOMP's main clinical partner is the Children's Hospital of Illinois, a 136-bed, full-service hospital, with more than 115 pediatric specialists in 40+ subspecialties, opened a new state-of-the-art inpatient bed tower in 2010. CHOI has the largest and only Level IV NICU outside of Chicago, and carries designations as both a Level I Pediatric Trauma Center and a Pediatric Critical Care Center. Located on the campus of OSF St. Francis Medical Center, it's the pediatric teaching affiliate of UICOMP, the state's only major pediatric teaching hospital outside Chicago. The hospital is also proud to house the St. Jude Midwest Affiliate, which brings some of the care and services offered by St. Jude in Memphis to central Illinois.

Easter Seals of Central Illinois is the largest single provider of early intervention services in downstate Illinois. Other services offered in collaboration with UICOMP and CHOI include developmental therapy, autism spectrum disorder services, and a full range of therapy services (PT, OT, speech, feeding). Easter Seals is also the home of the Ray & Kathy LaHood Center for Cerebral Palsy, which provides a full range of diagnostic and treatment services for children with cerebral palsy and their families.

Contact:

Inquiries should be directed to Jennifer Schaulin at (972) 768-5350 or via e-mail at jennifers@millicansolutions.com.

[Scroll to the top](#)

Position: Assistant Professor In-Residence
Irvine
University of California Irvine
Posted: (8/10/2015)

Description:

The University of California, Irvine, Department of Pediatrics is recruiting a Translational Research Scholar in the area of Development, Health, and Disease Research. The successful candidate will be an outstanding researcher in related aspects of how socio-cultural conditions during pregnancy and early life affect health across generations. The candidate should be able to synthesize information from molecular, clinical, epidemiological and anthropological research towards understanding the

evolutionary context of human health and disease, family and societal structure, and addressing global health challenges. This is an academic senate appointment expected to be at the Assistant Professor level. Salary will be commensurate with training and experience. UC Irvine, located in Orange County, with a population of more than three million, has a long and distinguished tradition of excellence in neuroscience.

Considerations:

Requirements - We invite applicants who currently hold an academic position as Post-doctoral Fellow or Faculty Member of a major institution. Successful candidates must have a PhD or an MD with research experience in evolutionary medicine approaches to studying chronic disease etiology and epidemiology, and early life origins of health and disease. The candidate should have a record of high-quality mentored or independent research, with scholarly activity and publications commensurate with experience. Candidates who demonstrate the ability to be competitive for extramural funding (e.g., current funding or submitted applications for mentored or independent awards, particularly from the NIH) are especially sought. It is expected that the successful candidate will develop an extramurally funded research program at a high level of accomplishment, leading to national and international recognition.

Contact:

For further information and correspondence, please contact Lisa Ross Erickson at lmross@uci.edu

TO APPLY: Please log onto UC Irvine's RECRUIT located at <https://recruit.ap.uci.edu/apply/JPF02969>. Applicants should complete an online application profile and upload the following application materials electronically to be considered for the position:

1. Cover letter
2. Curriculum vitae
3. A description of current research and future plans
4. Names of at least five referees

A separate statement that addresses past and/or potential contributions to diversity, equity and inclusion should also be included in the application materials.

The University of California, Irvine is an Equal Opportunity/Affirmative Action Employer advancing inclusive excellence. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy.

[Scroll to the top](#)

Position: attending physician
Boston
Boston Medical center
Posted: (8/3/2015)

Description:

The Division of DBP at Boston Medical Center and the Boston University

SOM has an opening for a full-time academically –oriented Developmental-Behavioral Pediatrician at the Assistant or Associate Professor level. The Division is composed of FT and PT faculty including nurse practitioners. Opportunities exist to develop new clinical initiatives or to collaborate with existing programs that cross a broad spectrum of DBP areas including autism and chronic disease. Responsibilities include clinical care in outpatient subspecialty area only. Candidates should be BC or BE in Pediatrics and DBP, have a strong interest in clinical care and urban medicine.

Considerations:

The Department of Pediatrics is a growing vibrant setting for professional development.

Contact:

Interested applicants please contact Marilyn Augustyn at augustyn@bu.edu. BMC and BUSOM are Equal opportunity/Affirmative action employers.

[Scroll to the top](#)

Position: Developmental-behavioral Pediatrician
2500 Red Hill Ave. Suite 100 Santa Ana, CA 92705
University of California Irvine - The Center for
Autism & Neurodevelopmental Disorders
Posted: (8/3/2015)

Description:

Innovative Opportunity with UC Irvine & CHOC Children's at
The Center for Autism & Neurodevelopmental Disorders

The Center for Autism & Neurodevelopmental Disorders seeks pediatric medical specialists with interest and expertise in caring for children with autism spectrum disorders, ADHD and other developmental disorders.

The Center is looking for board certified or eligible developmental-behavioral pediatricians, pediatric neurologists or neurodevelopmental pediatricians who want to join our team, work in a multidisciplinary environment and make a difference in the lives of children and families.

Since its opening in 2001, the Center has been a leader in medical assessment, diagnosis, care coordination, family support and education for children with autism and other developmental disorders focusing on children birth through age 5 years. With a recent increase in funding, and a collaborative effort of UC Irvine, CHOC Children's and Chapman University, The Center has expanded to offer a multidisciplinary team of specialists for evaluation, diagnosis and treatment serving children, adolescents and young adults from birth to age 22 years.

We are seeking qualified individuals with a strong commitment to patient care, education, research, and community engagement. The faculty member will provide direct patient care; be involved in teaching and community outreach, and be encouraged to participate in clinical research.

Considerations:

The Center for is located in Orange County, California, which is known for its 42 miles of coastline with such spectacular vistas that many proclaim it the 'California Riviera'. Boasting one of the best climates in the world, with sunshine 342 days per year and an average annual temperature of 70 degrees Fahrenheit, Orange County is known for some of the most diverse landscape imaginable and just an hour's drive from both desert and mountains. Orange County also boasts of such world class attractions as Disneyland and Disney California Adventures, Knott's Berry Farm, Mission San Juan Capistrano, Laguna Beach Pageant of the Masters, and some of the best shopping and dining in all of Southern California.

Contact:

We would appreciate the opportunity to discuss this position with you and share in greater detail why we feel it to be among the top positions available nationally. Please contact The Center's Medical Director, Joseph Donnelly, at (949) 267-0453 or via email at: donnelly@uci.edu for more information. Interested applicants should submit a cover letter and CV. All inquiries will remain confidential without your prior approval.

The University of California, Irvine is an equal opportunity employer committed to excellence through diversity.

[Scroll to the top](#)

Position: Developmental Behavioral Pediatrician
Bedford, MA
Patriot Pediatrics
Posted: (7/28/2015)

Description:

Patriot Pediatrics is a suburban practice located in Bedford, MA, one half hour from Boston.

We are affiliated with Boston teaching hospitals, and our physicians have academic appointments at Harvard Medical School. We currently have availability for a 0.2-1 FTE BC/BE developmental/behavioral pediatrician. The ideal candidate will be experienced with common developmental/behavioral pediatrics issues including sleep, toileting, autism spectrum disorders and educational issues, and will be able to work closely with families, teachers and other health professionals to support the optimal development of children.

Our practice is comprised of three full-time pediatricians, a part-time developmental pediatrician and several part-time pediatric nurse practitioners. The position is flexible, with the candidate working from two to six sessions per week. There is weekend and holiday call (approximately one in every eight weekends and one or two holidays per year), with second call for phone triage one night per week (first call is a night-time nurse telephone triage service). The weekday sessions consist mostly of patient care with typical developmental/behavioral issues, plus some general pediatrics. The weekends or holidays consist of three to five hours of acute, same-day visits on Saturday and Sundays. Salary and benefits are competitive. The candidate will receive an academic appointment in pediatrics at Harvard Medical School commensurate with

experience and accomplishments.

We have a terrific patient population, and a wonderful support staff with medical assistants, nurses, triage nurses and administrative staff. Developmental pediatrics is an expanding part of our practice and we are excited to enhance our capacity in this area.

Contact:

Interested applicants should contact our office manager, Peggy Walukevich at pwalukevich@partners.org

[Scroll to the top](#)

Position: Division Director, Developmental and Behavioral Pediatrics
Iowa City, IA
University of Iowa Carver College of Medicine
Posted: (7/28/2015)

Description:

The Stead Family Department of Pediatrics at the University of Iowa Carver College of Medicine is seeking a Director for the Division of Developmental and Behavioral Pediatrics at the rank of Associate Professor or Professor on the tenure or clinical track. The Director will lead the division's clinical, research and teaching services and will serve as the academic leader for the Center for Disabilities and Development, the State of Iowa's Center for Excellence on Disabilities. The Director will benefit from significant institutional resources, including the University of Iowa Institute for Clinical and Translational Science which houses the University's CTSA program. There are numerous opportunities to build an interdisciplinary research program through collaborations with faculty in Public Health, Pharmacy, Nursing, and other departments in the Carver College of Medicine.

Requirements:

Must Hold MD, DO or equivalent

Board eligible/Certified in Pediatrics and/or Developmental and Behavioral Pediatrics or equivalent training

A record of innovative and effective administrative and fiscal leadership experience

Demonstrated commitment to diversity in the work place as evidenced through teaching, scholarly activity, or past job experience

Desirable qualifications:

5 or more years of experience in an academic health system

Demonstrated history of externally funded scholarly activity

Considerations:

The University of Iowa Carver College of Medicine is one of the top biomedical research institutions in the nation and ranked 41st overall and 20th among public medical schools for NIH funding in FY14. The U.S. News and World Report research ranking places the College 11th among public institutions, and the Stead Family Department of Pediatrics ranked 24th overall and 13th in NIH funding among all public pediatric departments nationwide in FY14. The facilities for patient-care, education, and research are outstanding.

The Stead Family Department of Pediatrics comprises the medical and research staff of UI Children's Hospital. The University of Iowa Children's Hospital is one of the nation's top-ranked pediatric care and research institutions. It is the only university-affiliated hospital in Iowa devoted solely to the care of infants, children, adolescents and young adults, and is Iowa's only accredited Level 1 Regional Resource Pediatric Trauma Center. In 2015-2016, UI Children's Hospital ranked in nine children's specialties in U.S. News and World Report, including cancer, cardiology/heart surgery, diabetes/endocrinology, neonatology, nephrology, neurology/neurosurgery, orthopaedics, pulmonology, and urology. A new 189-bed children's hospital is scheduled to open in 2016.

Contact:

For more information contact:

Raphael Hirsch, MD

Professor and Chair, Stead Family Department of Pediatrics

e-mail: raphael-hirsch@uiowa.edu

Visit us on the web at:

<http://www.medicine.uiowa.edu/pediatrics/>

<http://www.uichildrens.org/>

To apply, please visit The University of Iowa website at

<http://jobs.uiowa.edu>, requisition number 66989.

[Scroll to the top](#)

Position: Developmental Pediatrician Faculty Role at the University of Arizona in Tucson
Tucson, Arizona
University of Arizona
Posted: (7/28/2015)

Description:

Banner Health and The University of Arizona Department of Pediatrics are seeking a Developmental & Behavioral Pediatrician to join Dr. Sydney Rice and Dr. Margaret Trouard at Diamond Children's Hospital in Tucson.

This is an opportunity for a dynamic physician educator to join an established Division for a primarily outpatient, academic role. Spanish skills are a plus.

Tucson (population 1+ million), in southern Arizona, is a mecca for world-class hiking, biking, golfing and more. In the summer months, residents enjoy first-rate spas and resorts, dining out, museums, theaters and the 35 art galleries in its downtown. Tucson boasts 350 sunny days per year with warm winters and hot, low-humidity summers.

The University of Arizona is an equal opportunity, affirmative action organization. The University prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity and is committed to maintaining a diverse and inclusive work environment.

Please contact Travis Knight at 1-800-678-7858 x64458, email tknight@cejkasearch.com, or visit us at www.cejkasearch.com.

Contact:

[Scroll to the top](#)

Position: Developmental Pediatricians
Dallas, TX and Pensacola, FL
Pediatrix Medical Group
Posted: (6/23/2015)

Description:

Pediatrix Medical Group is seeking BC/BE Developmental Pediatricians for our practices in Pensacola, FL and Dallas, TX.

Pensacola, FL

- Direct a new service for developmental support for NICU graduates. In collaboration with Sacred Heart Children's Hospital, provide evaluations and treatment for a wide range of disorders including early childhood developmental delays, autism and genetic syndromes
- Potential for academic appointment through Florida State University
- Opportunity to personally shape the developmental program as you see fit

Located in the Florida panhandle, the coastal town of Pensacola boasts an unparalleled quality of life complemented by diverse and friendly neighborhoods, warm and beautiful weather, unmatched beaches and a community driven towards success. With 343 days of sunshine a year and 56 miles of unspoiled coastline, the area affords plenty of opportunities to relish the great outdoors all year long. The cost of living is affordable and there is no state income tax.

Dallas, TX

- Pediatrician will need to be BC/BE in one of the following subspecialties: neurodevelopment, developmental behavioral, neurology, physiatry or neonatology with experience in seeing older children. General pediatricians with a minimum of 5 years' experience and demonstrated interest in developmental pediatrics are also invited to apply.
- Practice provides inpatient developmental consultation for high-risk infants. Infants are then followed after discharge in an outpatient setting to identify developmental needs and promote optimum development over time.

Dallas is the fourth largest metropolitan area in the United States. This modern city offers residents and visitors alike a chic mystique, great quality of life, affordable housing, a growing economy, vibrant arts and culture and diverse communities for everyone to enjoy. Excellent schools; 54 schools in the Dallas-Fort Worth region were featured in U.S. News and World Report's 2014 America's Best High Schools. There is no state income tax.

We offer competitive salary and excellent benefits.

Enjoy the stability of an organization with more than 35 years of healthcare industry experience. Pediatrix is an Equal Opportunity Employer.

Contact:

To apply for either of these positions or learn more about our benefits and our national group practice, visit www.pediatrix.com/clinicalcareers or contact Francine Messina at 800.243.3839, ext. 5635.

[Scroll to the top](#)

Position: Developmental Pediatrician
Las Vegas, NV
Pediatrix Medical Group
Posted: (7/15/2015)

Description:

Exciting opportunity for a BC/BE Developmental Behavioral Pediatrician or Neurodevelopmental Disabilities Specialist to help build a new NICU follow-up program. The practice focuses on neurodevelopmental follow-up of high-risk infants throughout the Las Vegas Valley. The practice provides inpatient developmental consultation for high-risk infants. Infants are then followed after discharge in an outpatient setting to identify developmental needs and promote optimum development over time. The position provides the opportunity to personally shape the practice. For those with an academic interest, there are also opportunities to support national research efforts through a collaborative of developmental practices across the country.

Long known as a major resort city with world-class entertainment, Las Vegas offers a multitude of opportunities to live, work and play in one of the most magnificent entertainment centers in the world. The splendor of the desert provides a breathtaking backdrop for the outdoor enthusiast to enjoy activities such as golfing, skiing, snowboarding and water sports. The recently opened Smith Center for the Performing Arts offers a wide

array of world-class theater and musical productions. The area is home to 357 public schools along with over 40 large private schools; The University and Community College System of Nevada (UCCSN) is a leader in higher education. With a wide range of housing choices you will find the community that is perfect for you and your family -- from family-friendly neighborhoods, master-planned communities, high-rises, condominiums, golf communities, urban and suburban options -- there is something for everyone. The cost of living is affordable and there is no state income tax.

We offer competitive salaries and excellent benefits including:

- Health (choice of two PPO options), life, vision, dental and disability insurance
- 401(k)
- Annual CME allowance
- Potential for relocation assistance
- Employee stock purchase plan
- Stability in an organization with more than 35 years of healthcare industry experience
- Opportunities to participate alongside physicians in quality improvement initiatives
- Professional liability insurance and assistance with mandatory hospital credentialing and state licensing, and reimbursement of associated fees

Pediatrix Medical Group is an Equal Opportunity Employer

Contact:

To learn more about this opportunity or other Developmental Pediatric opportunities, please visit www.pediatrix.com/clinicalcareers or contact Lori Abolafia, Pediatrix Medical Group, 800.243.3839, ext. 5209.

[Scroll to the top](#)

Position: Medical Director
Phoenix, Arizona
Southwest Human Development/Daniel B. Kessler MD
and Associates
Posted: (7/8/2015)

Description:

UNIQUE PRACTICE OPPORTUNITY/LEAVE WINTER
BEHIND/GET OUT OF THE INSURANCE TRAP

I am currently in Private Practice in Phoenix, Arizona and I will be retiring in 1 year and looking for someone to replace me in a unique practice opportunity. I am employed at Southwest Human Development (SWHD), a premier Birth to Five Organization in Phoenix, Arizona. I perform as their Medical Director for their Children's Developmental Center where we do "transdisciplinary" evaluations for young children seeing kids with delayed development, R/O autism, feeding difficulties, ADHD, etc. We see families in a well equipped play room after a home visit. The team consists of myself, a psychologist, speech pathologist, occupational therapist, and as

necessary a registered dietician. We do extended but not overly lengthy evaluations as we see each family as a team. There are always opportunities to expand this service which has been very well received by the community.

The other component of this unique opportunity is my private practice in D-B Pediatrics where I see patients (birth to 22 years) for all the usual kinds of things. I work with a full time bilingual Medical Assistant and up to half time PNP (who has worked with me for 22 years). We use CHADIS (www.chadis.com) to collect information prior to a family being seen. This system has worked well for me with modifications made over 25 years. There is clearly room to grow and modify and add clinical research opportunities.

I do not take insurance (though families can submit our bills for Out of Network benefits to their health insurance) and have developed an excellent reputation and get lots of referrals. The agency provides me with a beautiful large sunny office, and computer and phone, etc and since we don't do billing that is taken care of. I am happy to provide additional information to the interested and highly competent provider. While I am not "selling" this practice I am not "giving it away" either.

Considerations:

Southwest Human Development is the premier early childhood organization in Arizona and the Southwestern US. It has over 50 programs, employs over 800 employees and has a \$50 million budget. The agency is over 25 years old and my practice has been here for 4 years with tremendous opportunity for growth and innovation.

Contact:

Contact me by e-mail at: DKessler@swhd.org

[Scroll to the top](#)

Position: Developmental Pediatrician
Cleveland, OH
Cleveland Clinic Children's
Posted: (7/1/2015)

Description:

Cleveland Clinic Children's hospital invites applications for the unique opportunity of Developmental Pediatrician at Cleveland Clinic Children's Hospital for Rehabilitation. The selected professional will have the opportunity to join a growing Developmental and Rehabilitative Pediatrics group at a freestanding rehabilitation facility dedicated to the care of children with chronic illness and disability.

Applicants must be Board Certified in Pediatrics and either Board Certified/Board Eligible in Developmental Pediatrics or Neurodevelopmental Disabilities. A faculty appointment at a rank commensurate with academic accomplishments is available at the Cleveland Clinic Lerner College of Medicine of Case Western Reserve University. Ample research opportunities are available within the Lerner

Research Institute. Cleveland Clinic physicians enjoy a collegial work environment within the framework of a large group practice, with a competitive salary enhanced by a very attractive benefits package.

Considerations:

Cleveland Clinic Children's is consistently ranked as one of the best children's hospitals in the United States by U.S. News & World Report and has 429 staffed beds, of which 121 are on the main campus, 25 in our free-standing Children's Hospital for Rehabilitation, and 283 in 4 other satellite hospitals across Northeast Ohio. Our staff includes more than 300 physicians in 55 pediatric medical and surgical specialties providing over 800,000 outpatient visits, 18,000 inpatient admissions, 13,000 surgeries, and accepting over 1,600 transports per year. The Children's Therapy and Rehabilitation program has an inpatient program, outpatient rehabilitation and a range of therapies. Infants through children age 21 receive the right treatment mix to overcome chronic medical challenges. Our Developmental and Rehabilitative Pediatrics group consists of a board-certified developmental and behavioral pediatrician, a nurse practitioner in developmental and behavioral pediatrics, physiatrists, care managers, nurses, therapists, psychologists, social workers and other professionals in numerous disciplines. We are also actively recruiting for another nurse practitioner in developmental and behavioral pediatrics. Additional information can be found online at www.ccf.org/childrens.

Contact:

Douglas Henry, MD

Director, Developmental and Rehabilitative Pediatrics
Cleveland Clinic Children's Hospital for Rehabilitation

Interested Candidates should submit their Curriculum Vitae to:

<http://www.clevelandclinic.org/physicianrecruitment>

[Scroll to the top](#)

Position: Developmental and Behavioral Pediatrician
Oak Lawn, Illinois
Advocate Christ Medical Center
Posted: (6/24/2015)

Description:

Advocate Children's Hospital /Medical Group is currently seeking a Sub-board certified or board eligible Developmental Behavioral Pediatrician to join our growing practice at our Hospital Campus located in Oak Lawn, Illinois. Part of Advocate Health Care, Advocate Children's Hospital is the largest network provider of pediatric services in the state of Illinois with two Chicago area campuses.

In addition to an enthusiastic approach to providing outstanding clinical care for children and a passion for teaching pediatric residents and medical students, we seek a candidate who is an effective team player within a large multidisciplinary group, a history of collaborating with community physicians and a desire to work with an underserved patient population. Neurodevelopmental evaluations of children to include history-taking, physical examination, neurological examination, developmental screening, doing extensive developmental diagnostic evaluations - both with outpatients (primarily) and with inpatients (as consults)

A leading medical group in Chicagoland with over 1,300 + physicians and an operating unit of Advocate Health Care, we offer an excellent work environment and opportunity to join a growing and thriving organization!

Contact:

Please forward CV and detailed cover Letter to: Nancy Mathieu, Physician Recruiter: Nancy.Mathieu@advocatehealth.com

Please visit www.advocatechildrenshospital.com/ach/ and www.amgdoctors.com/about-us/ for more detailed information

[Scroll to the top](#)

Position: Developmental Behavioral Pediatrician
Greenville, NC
Eastern Psychiatric and Behavioral Specialists
Posted: (6/24/2015)

Description:

Private Developmental and Mental Health Practice in Greenville, NC is seeking a Developmental Behavioral Pediatrician or a physician extender with experience in Developmental Pediatrics to join our growing team of professionals. Our practice is a multidisciplinary team that works in collaboration to ensure the best psychiatric and behavioral care for our patients. We are one of the largest psychiatric/developmental practices in Eastern North Carolina offering both pediatric and adult services. We are affiliated with the Brody School of Medicine. Hours:Monday - Thursday 9 AM- 6 PM; closed Fridays.

Considerations:

Greenville is a vibrant university community. East Carolina University offers numerous athletic events, musical concerts, theatrical and dance productions, travel films and lectures. The Greenville Museum of Art contains local art, as well as rotating exhibits. The downtown area is known for its restaurants, Freeboot Fridays, First Friday Art Walks, Wednesday Umbrella Market, Sunday in the Park concerts and the popular PirateFest. The Greenville area offers a wide variety of outdoor activities and an outstanding Recreation and Parks Program. Greenville is located approximately 75 miles from Raleigh and from the coast.

Contact:

For more information, please contact Dr. Susan Foreman at sfore31000@aol.com or Kim Fitzgerald at 252-756-4899 Ext. 216.

- ❖ [Calendar of Events](#)
- ❖ [Donate Today](#)
- ❖ [Job Bank](#)
- ❖ [Related Links](#)
- ❖ [Awards](#)

SDBP Discussion Board

Questions for the SDBP Members?
Thoughts to share?

[Click here](#) to access the Discussion Board.

SPOTLIGHT

SDBP Society for Developmental
& Behavioral Pediatrics

Annual Meeting



Registration Now Open

[SDBP response to USPSTF
draft recommendation on
screening for ASD in young
children](#)

Calendar of Events

Date	Events	Location
Sept 17-20, 2015	EAP Educational Congress & MasterCourse	Oslo, Norway
October 2-5, 2015	SDBP 2015 Annual Meeting	Las Vegas, NV
October 15-17, 2015	The National Pediatric Hypnosis Skills Training Workshops	Minneapolis, MN
Oct 24-27, 2015	AAP 2015 National Conference	Washington, DC
October 26-31, 2015	AACAP's 62nd Annual Meeting	San Antonio, TX
December 2-5, 2015	1st International Developmental Pediatrics (IDP) Congress and the 2nd National Developmental Pediatrics Congress	Istanbul, Turkey
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
May 6–9, 2017	PAS 2017 Annual Meeting	San Francisco, CA
Sept 16-19, 2017	AAP 2017 National Conference	Chicago, IL