

SDBP  Behavioral Developments
Society for Developmental
& Behavioral Pediatrics

The Newsletter of the SDBP

Dear Members,

Welcome to the spring issue of our newsletter!

This issue highlights several wonderful trainee and recent graduate topics. We start off the issue with a double spotlight for a psychology trainee and recent graduate, **Kristina Rossetti, BA** and **Noelle Vann, PhD**, followed by an interesting perspective piece on a NICU follow-up program, written by **Carrie Cuffman, MD**. You get the chance to meet our **wonderful Twitter team**, which is comprised of several trainees and recent graduates, and to hear updates from the **Trainee/Recent Graduate section**. The **Fellowship Training section** also provided the most recent match statistics for this edition. Finally, check out the new **Exploring DBP Program award** – an excellent opportunity to attract residents to our field.

In addition, the **International SIG** has pulled together a spotlight section on the incredible work of SDBP members around the world and we have a brief update from the **Membership Committee**. Please also check out an important **medication alert on Concerta and new generics** that are coming to market and a statement from the ADHD SIG about the **FDA approval of a new TNS device for ADHD** (also available on the discussion board). We end the issue with some fun Twitter and discussion board highlights as well as important announcements and reminders.

As always, feel free to send us any feedback or newsworthy information to include as you see fit! We welcome submissions from all members and would love to hear from you! **The next submission deadline for content will be June 30, 2019**. Questions about submissions can be sent to schlenz@musc.edu. Thank you!

SDBP Communications Committee



Newsletter Team: Alyssa Schlenz, Shruti Mittal (co-editors, left to right), Janice Wilkins (Association Manager), and Meg Gorham (Newsletter Designer)

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Trainee/Recent Grad Psychology Spotlight

Kristina Rossetti, BA & Noelle Vann, PhD

Submitted by Kim Zlomke, PhD, University of South Alabama



Kristina Rossetti, BA is completing her 2nd-year as a doctoral student at the University of South Alabama (USA) in the Combined Clinical-Counseling Psychology Program under the mentorship of Dr. Kim Zlomke. She has served as the research coordinator for a Parent Child Interaction Therapy (PCIT) study for the past two years. Along with providing therapeutic services to children and families at the USA Psychological Clinic, Kristina has administered developmental assessments in the community at the Developmental Behavioral Pediatric Clinic at USA Women's and Children's Hospital. Kristina's master's thesis is examining the role of resourcefulness in buffering stress and promoting health in parents of children with autism spectrum disorder (ASD). Kristina was recently awarded the Graduate Research Enhancement Award from the Graduate School to support her access of the Interactive Autism Network (IAN) participant recruitment service for her thesis. Kristina recently presented a poster at the Society for Pediatric Psychology Annual Conference in New Orleans on the mediating role of bullying involvement on the relationship between youth BMI and outcomes of flourishing. She has also received Outstanding Graduate Student of the Year Award in Spring 2019.

Kristina is a new member of SBDP and attended her first conference in Fall 2018 in California. She stated, *"It provided me with such a great opportunity to learn firsthand from both medical practitioners and psychologists in the field of developmental-behavioral pediatrics. I can't wait to attend again and I strongly encourage other psychology students and trainees to get involved!"*



Noelle Vann, PhD is currently postdoctoral fellow in Jacksonville, FL gaining advanced competencies in neurodevelopmental assessment and helping to build an integrated behavioral health program at a large pediatric practice. She will be completing a second postdoctoral fellowship at Nemours Children's Specialty Care where she will provide neurocognitive assessments and help to coordinate the pediatric psychology service for Wolfson's Children's. Noelle completed her doctoral training at the University of South Alabama under the mentorship of Dr. Kim Zlomke and her pre-doctoral internship at Tulane University School of Medicine. Her research and clinical interests focus on the of the parent-child relationship in children with chronic illnesses and developmental disabilities. While working with Dr. Kim Zlomke, she participated in a behavioral health consultation service for three pediatric specialty clinics at USA Women's and Children's Hospital and conducted neurodevelopmental assessments and provided PCIT in outpatient settings.

Noelle is looking forward to continuing to develop skills in consult-liaison services, program development, and neurodevelopmental assessment. She feels passionate about promoting integrated behavioral health in pediatric primary care and helping families lead healthier and more fulfilling lives. In her spare time, she enjoys going to the beach with her husband and dog, traveling, and making fitness fun!

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Fellow Perspective on a NICU Follow-Up Program

Learning from Experienced Educators through Creation of a Curriculum, A Trainee's Perspective

Submitted by Carrie Cuffman, MD on Behalf of the Early Childhood SIG;
DBP Fellow at Rainbow Babies and Children's Hospital

I recently had a wonderful opportunity to work with the seasoned educators in the NICU Follow up Interest Group on creating a novel NICU follow-up curriculum. The curriculum will be case-based and will use a flipped classroom approach: a web-based introduction followed by discussion of a case in the classroom. We are striving to fill a gap in pediatric resident and DBP and NICU fellow education and are hoping to eventually expand the curriculum to be used with learners from the many other disciplines that are involved in the NICU follow-up clinic. It has been exciting to bring the trainee perspective to the group and I've enjoyed learning about the process of creating a curriculum. In particular, I appreciated Robin Adair's conceptualization of the components of our NICU follow-up cases and Kendall German's introduction of the flipped classroom model using MDedge.com. (Take a look!

<https://www.mededonthe-go.com/Pediatrics> under the "Neonatology "Neo Flip" Classroom - Respiratory" at the bottom of the page.)

Neonatology "Neo Flip" Classroom - Respiratory

| Course Title | Episodes | Certification | Instructor |
|--|----------|---------------|---------------------------|
| Upper Airway Obstruction in the Newborn | 5 | non-certified | Sripriya Sundararajan, MD |
| Developing Your Expertise as a Flipped Classroom Facilitator | 6 | non-certified | Various |
| Pulmonary Function Testing | 3 | non-certified | Leah H. Carr, MD |
| Heart-Lung Interactions | 4 | non-certified | Russ Kosman, Jr., MD |

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Meet Our Twitter Team and Trainee/Recent Grad Update



Twitter Team 2019!

SDBP's Twitter team is working hard to communicate messages about important topics affecting society, including gun violence and family separation at the border over the past year. These efforts allow SDBP (and DBP) to be involved in important conversations around large societal issues. As of April 2019, SDBP's twitter page has 443 followers! Keep up the great work tweetiaticians!

[@sdbpediatrics](https://twitter.com/sdbpediatrics)
[@jdbp_online](https://twitter.com/jdbp_online)
[#IamDBP](https://twitter.com/hashtag/IamDBP)



Manoj Nair
Cohen Children's Medical Center



Michele Ledesma
Boston Children's Health Physicians



Julia Mattson
Seattle Children's Hospital



Kate Wallis
Children's Hospital of Philadelphia



Shruti Mittal
Medical University of South Carolina



Gabriel Anzueto
University of Chicago



Sandhya Iyengar
Children's Hospital of Philadelphia



Tiffany Munzer
University of Michigan

Trainee/Recent Grad Update

Submitted by Manoj Nair, MD

Since the 2018 SDBP Meeting, our section has collaborated with the Communications Committee to create more brand awareness on social media about our society. We hope to continue to harness the enthusiasm and social media savvy of trainees and recent graduates to tweet, retweet, share, and like posts on issues important to our whole profession. In our tweets, we reflect on academic life, ask questions, promote others, provide insights, share each other's research and other accomplishments, and much more. We aim to be positive, relevant, and informative. **#IamDBP**

We received positive feedback on our 2018 concurrent session titled **Surviving and Thriving in Early Career Development: A Concurrent for Trainees and Recent Graduates**. For the 2019 annual meeting, we wish to build upon this and propose another concurrent session this year for faculty development, building an academic portfolio and career advancement/ promotion. We also are excited to partner with the Advocacy Committee on a half day workshop proposal to prepare participants for legislative hill visits. We also hope to continue and strengthen our opportunities for both receiving and providing mentorship within our trainee population. While we can always learn more from our mentors, our proximity to training makes us a valuable resource for pediatric residents, medical students, and psychology undergraduates.

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Fellowship Training Section Update

Submitted by Bob Voigt, MD

Stats for this year's DBP Fellowship Match (December 2018):

- 35 DBP Fellowship Programs were in the Match
 - 20 programs filled (57%)
 - 15 programs did not fill (43%)
- There were 48 positions offered in the Match
 - 30 positions filled (62%)
 - 18 positions were unfilled (38%)
- Stats are similar to, if not slightly worse than last year's Match, where 21 programs (60%) filled (14 did not fill) and there were 46 positions and 33 filled (67%).

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New Exploring DBP Program for Pediatric Residents

SDBP is excited to announce the launch of our new Exploring DBP Program Awards! Please forward this information to any pediatric residents who would be interested in learning about developmental and behavioral pediatrics and for their chance to attend our September 2019 Annual Meeting for free!

ARE YOU CURIOUS ABOUT THE FIELD OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS?

The New SDBP Exploring DBP Program is a unique opportunity for pediatrics residents to experience the wide world of the subspecialty of DBP.

**NEW
in 2019!**

Dedicated to the Legacy of Nancy Packert Shashaty, MD, the program provides funding for awardees to attend the annual meeting of the Society for Developmental and Behavioral Pediatrics (SDBP). In addition to joining enthusiastic, multidisciplinary attendees at workshops, lectures and poster sessions the awardees will have a personal “tour guide” at the meeting and attend a special session to explore the surprisingly broad range of DBP clinical work, scholarship and practice settings. DBP advocates at the individual, community, and national level for individuals with differences and families from all backgrounds and cultures. DBP partners with many disciplines, agencies and organizations.

This program is supported by the family of **Dr. Nancy Packert Shashaty**, an other-centered developmental-behavioral pediatrician who was dedicated to enhancing the lives of children with disabilities. She was successful in this endeavor because of her kindness, empathy, generosity, intelligence, pragmatism, optimism, humor, and ability to interact with people regardless of station in life, cultural background, ability to comprehend or degree of fear.



The first annual Exploring DBP Awards will be awarded in 2019.

WHAT: Attend the 2019 SDBP Annual Meeting and specific sessions

WHEN: Arrive: Saturday 9/14/19 / Depart: Monday 9/16/19

WHERE: Washington Hilton Hotel, Washington, DC

ELIGIBILITY: Pediatric Residents with an interest in developmental-behavioral pediatrics. The program is not designed for residents currently in the process of interviewing for fellowships or who have already been matched with a program.

MONETARY SUPPORT PROVIDED: Waived registration fees to attend the SDBP Annual Meeting with targeted Exploring DBP Program sessions, air travel/transportation to the meeting, and hotel accommodations at the Headquarters Hotel arriving Saturday, September 14 and departing on Monday, September 16, 2019.

SPECIAL PROGRAMMING: In addition to attending the entire Annual Meeting, a suggested schedule will be designed for the pediatric resident awardees who will be paired with a seasoned Developmental-Behavioral pediatrician and a current DBP fellow to guide them through the program. A special networking event to learn about the field of DBP and the application process will also be included, and awardees will be able to foster relationships with SDBP members in a fun and relaxed environment.

APPLICATION: Residents should apply for the DBP Explorer Awards online by Friday, May 24, 2019.

Submission includes: Applicant CV; One-page summary (appx 300 words) of applicant's interest in developmental-behavioral pediatrics and attending the SDBP Meeting; Verification letter of support from applicant's residency program director approving the time off to attend the SDBP Meeting

[Click here for details and to apply!](#)

For more information on Developmental-Behavioral Pediatrics, visit [About DBP.](#)

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Spotlight on International SIG

Submitted by: Demvihin Ihyembe, MD - Communications Committee Liaison

ANNUAL MEETING ANAHEIM, CA

Thanks to all for a great I-SIG meeting in Anaheim! We were able to use the Zoom Videoconferencing Platform to hear from 4 colleagues doing incredible DBP work in Nigeria and Rwanda. For those who were unable to attend our meeting, we're happy to provide you with a snapshot of the information we learned!

Dr. Demvihin Ihyembe (Consultant DBP in Lagos, Nigeria)

Dr. Ihyembe is a developmental-behavioral pediatrician (DBP) at Oklahoma University Child Study Center. Dr. Ihyembe spoke of the challenges she faced in Nigeria related to providing Developmental-Behavioral Pediatric care during a 10 month sabbatical. These issues included: limited awareness/understanding of disability; limited access to specialist care; lack of specific DBP training; limited educational opportunities for children with disabilities; and the inconsistency of services received due to socio-economic status. Dr. Ihyembe provided single provider consultation services in a private pediatric clinic as well as worked in a multi-disciplinary school-based assessment team.

Dr. Jean Paul Rukabyarwema (Pediatrician in Kigali, Rwanda)

Dr. Jean Paul is a pediatrician in Kigali with a passion for DBP. Mentored by Dr. Robert Needleman, Jean-Paul has a heart for teaching DBP to residents, increasing community knowledge of developmental delays and disabilities, and providing compassionate and evidence-based interventions for children with disabilities. He is the only one in his region with some DBP expertise!

Drs. Ngozi Ulonnam/ Amarachi Funso-Adebayo, (Pediatricians in Lagos, Nigeria)

Drs. Ulonnam and Funso-Adebayo are pediatricians currently working at the Lagos University Teaching Hospital (LUTH). Following their developmental pediatrics rotation, Drs. Ulonnam and Funso-Adebayo developed a strong passion and interest in developmental pediatrics. They were able to share the challenges they have faced with receiving consistent training and supervision in developmental pediatrics in Nigeria. Both are very keen to continue to collaborate with international mentors.

I-SIG INITIATIVE

iCOR2: International Office Collaborative Rounds 2 Project

Dr. Carol Weitzman and **Dr. Heidi Feldman** continue to spearhead the International Collaborative rounds (iCOR2) project. International participation continues to be robust.

International Pediatric Association (IPA)



Check out the International Pediatric Association: www.ipa-world.org! Pay particular attention to the efforts of the Humanitarian Emergencies and the Early Child Development Technical Advisory Groups (TAGs)

We Would LOVE to Hear From You!

Are you doing research related to International Developmental-Behavioral Pediatrics? Have you attended any International DBP conferences – like the **3rd International Developmental Pediatrics Association (IDPA) Congress** to be held between December 9-12, 2019 in Manila, Philippines? Do you travel to provide DBP-related care in low resource settings? Or to immigrant communities? We would love to hear from you and feature your experiences/work!

Demvihin Ihyembe's Contact: dihyembe@ouhsc.edu

PLATFORM PRESENTATIONS

Action Duchenne International Conference 2018 (Birmingham, UK)

Dr. David Schonfeld (Director of the National Center for School Crisis and Bereavement at the Suzanne Dworak-Peck School of Social Work, Professor Pediatrics at the University of Southern California and Children's Hospital Los Angeles) presented Talking with your children about Duchenne



29TH International Pediatric Association (IPA) Congress (Panama City, Panama)

Dr. Karen Olness (DBP and Professor, Case Western Reserve University) and **Dr. Saleh Al Salehi** (DBP and Director, Children's Growth & Development Center at the King Abdullah bin Abdulaziz University Hospital) facilitated a day long workshop

on psychosocial issues in children after a disaster



3rd International Developmental Pediatrics Association Congress (Manila, Philippines)

Dr. David Schonfeld (Director of the National Center for School Crisis and Bereavement at the Suzanne Dworak-Peck School of Social Work, Professor Pediatrics at the University of Southern California and Children's Hospital Los Angeles) will be presenting sessions themed around titles Supporting Children in the Aftermath of a Disaster and The Transdisciplinary Management of School Crisis.

I-SIG MEMBER HIGHLIGHT



The Midwest Consortium for Global Child Health Educators (MWC)

Dr. Denise Bothe (DBP; University Hospitals: Cleveland Medical Center) is member of group of pediatricians from 7 Midwest institutions. The consortium was started almost 10 years ago and remains focused on improving and standardizing global health education of trainees, especially pediatric residents. Members meet yearly to discuss accomplishments and make group plans for the next year's projects. An example of an accomplished project in which the MWC contributed is www.sugarprep.org (based on the simulation use for global away rotations (SUGAR) curriculum). The group's philosophy is based on our very own Karen Olness's teaching and trainings!!



Child Development & Behavior Unit (CDBU), Trinidad and Tobago

Dr. Natalie Dick is the only DBP in the country and is slowly implementing a multi-disciplinary Child Development & Behavior Unit (CDBU) as a "one stop shop" service for diagnosing & managing a wide variety of disabilities in infants, children & adolescents. Dr. Dick is finishing up a project in which the CDBU completed clinical & neurodevelopmental evaluations on a national cohort of children affected by Zika virus, including those with Congenital Zika syndrome. Dr. Dick collaborates with a volunteer psychotherapist to treat with the most under-served children and low income families with developmental disabilities and behavioral problems. The CDBU also hosts visiting professionals in areas of scarce specialty resources and have so far worked with a US Based pediatric

Neurologist/Epileptologist and a UK based pediatric Orthopedic Surgeon.

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Membership Committee Update

Submitted by George Chan, MD

ADHD guidelines: The Membership Committee will be working with the ADHD SIG on reviewing the guidelines before they are disseminated.

New Membership Communications Liaison: There is a new Membership Communications liaison (it's me). Part of the goals of the liaison role will be to work with the Communications Committee to work on spreading awareness of the updated ADHD guidelines. Also, the liaison will be working with the Communications Committee on the Diversity Advertisement Campaign. This campaign has been something the Membership Committee has been working on for the past year, attempting to improve awareness of SDBP activities and conference attendance with professionals who identify as racial or ethnic minorities and groups outside of SDBP membership.

Raising Awareness of SDBP: Other topics of recent discussion include adding an SDBP vendor at a national meeting such as the Pediatric Academic Societies (PAS) to raise awareness and recruit potential members.

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Medication Alert: Concerta and Generics

UPDATE on CONCERTA (Janssen) and New “authorized/true” generic (Teva) and the new “generic Concerta” brands on the market

Submitted by Karen Miller, MD, CCSN, Tufts Medical Center

The marketing deal between Watson/Actavis and Concerta manufacturer Janssen expired 12/31/2017. Generics company Teva picked up the authorized generic. It will still be imprinted with “ALZA” on the barrel-shaped pill. Alza invented the OROS delivery system (see below). The authorized generic is harder to find, and typically requires a special order. It is not readily available from wholesalers. Walgreens pharmacies may carry it when CVS doesn't. If the brand Concerta works best for you, ask your prescriber to stipulate the *authorized generic* from Teva/Actavis. Teva representative suggesting to ask prescriber to add the NDC code. You can find the codes at [Teva's generic of Concerta page](#)



For example, **to request Concerta 18 mg**, the prescriber might want to specify: **Concerta Authorized Generic/Teva, NDC# 00591-2715-01**

The FDA recently approved 3 new generics for Concerta from the following pharmaceutical manufacturers:

- **Trigen Laboratory**
- **Mylan Laboratory**
- **Impax Laboratory**
- **Amneal**

Effective January 1, 2018, many big chain pharmacies have made the decision to carry only one of the 3 new generic Concerta options called methylphenidate ER but they are NOT equivalent to Concerta BRAND name. **Concerta has a unique OROS delivery system.** (see below) Pharmacists and medical professionals who are unaware of the unique properties of the OROS system used in brand Concerta and the “authorized” or “true” generic form Actavis/Teva may assure patients that these new generics are the same as Concerta and may substitute prescription with any of the new products despite our directions that state, **“OROS Delivery System Only, Actavis/Teva generic only”** on prescriptions.

Some of the chains had corporate policy changes mandating their pharmacies to exclusively carry only one of the 3 newer generics. Some patients given the new generics may find that they work well, while others may experience decreased efficacy or have unpleasant side effects.

FDA Approval of TNS Device for ADHD

Submitted by Jason Folger, PhD and Yi Hui, MD (ADHD SIG Co-Chairs)

Statement from the ADHD SIG

Our colleague David Axelson let us know that a novel noninvasive neurostimulator device, **Monarch eTNS**, was just approved by the FDA as a prescription treatment for children ages 7-12 with ADHD who are not taking any medication: [FDA Press Release](#). Children wear it attached to their pajamas while they sleep, and it delivers trigeminal nerve stimulation (TNS) through a self-adhesive patch electrode worn across the forehead. It is hypothesized to work by capitalizing on the trigeminal nerve's projections to regions of the brain involved in selective maintenance of attention.

In our capacity as your ADHD SIG Co-Chairs, Yi Hui and I were asked to opine on this new development in the ADHD treatment landscape. As a Society, we collectively have sat with enough parents of children with ADHD to know that the promise of an effective, non-invasive treatment -- without the side effects of medication or the sweat (and often tears) that comes from exacting implementation of Parent Management Training -- is likely to inspire curiosity, hopeful inquiry, and requests to prescribe this new machine that literally works in their child's sleep. At minimum, we should be prepared to field their questions.

Let us say first that the double-blind, sham-controlled study underpinning the FDA's support is well-designed, conducted by scientists with good reputations at a well-regarded institution, and published in a high impact journal. This study was preceded by a promising open trial¹. Three of the authors disclosed relationships with industry, including the company that makes Monarch eTNS. Quoting from the study's abstract, "Sixty-two children 8-12 years old with full scale IQ of at least 85 and Schedule for Affective Disorders and Schizophrenia-diagnosed ADHD were randomized to 4 weeks of nightly treatment with active or sham TNS followed by 1 week without intervention." After dropout, the final sample that was analyzed included 30 children in the active condition and 26 in the sham condition. The primary outcomes of interest were clinician-rated ADHD-Rating Scales and quantitative EEG. Analysis of secondary cognitive outcomes (e.g., Spatial Working Memory Task; Attention Network Task) are promised in a future publication.

The device was well-tolerated by most of the sample. Children in the active treatment group were more likely to experience the side effects of headache, fatigue, increased heart rate, and increased appetite/weight gain. Results indicated significantly better improvement in the active condition with medium effect size (Cohen $d = 0.5$) that was sustained after one-week posttreatment (Cohen $d = 0.46$). Most of this improvement occurred in the first week of treatment in *both groups*, suggesting a placebo effect; but whereas the active treatment group continued to improve over the remaining four weeks, the sham group "leveled off". Improvements in ADHD-RS total and hyperactivity/impulsivity scores were negatively correlated with activation of right frontal areas on qEEG ($r = -0.34$ to -0.41).

The article briefly notes that "other behavioral outcomes, including the MASC child report, CDRS-R, BRIEF, remaining CHSQ scales, teacher Conners Global Index, and ARI scales were not significant" (bottom p. 406 - top p. 407). In looking at the open study, there were improvements in some measures such as the BRIEF that were not seen in the double-blinded, sham-controlled study. No improvements were seen in teacher-report measures, and no data were collected that could have provided external validation for the study's main findings (e.g., observation or performance data in a laboratory classroom). Open questions remain to be answered about persistence of effects and what should be an appropriate length of treatment. The article reports that "only slightly more than half of those receiving therapy have clinically meaningful improvement" (p. 410), raising the question about for which patients would TNS be best suited.

However, we feel about the study, its sample and effect sizes, measures, analytic method, findings, authors' relationships with industry, etc., it is just one study. Modern technology and sophisticated research review/regulatory systems have enabled us to dramatically accelerate the rate of development, evaluation, and approval of new treatments; but the *standards* by which we evaluate the strength of the evidence in support of these treatments hasn't changed². On its own merits, this single study suggests that TNS is a "Probably Efficacious Treatment" (Level 2), meaning that it was "proven to be superior to a psychological placebo or other active treatment". For TNS to achieve the desired Level 1 rating ("Well-Established Treatment"), however, what is missing is *replication by at least two independent teams of evaluators*. TNS has nowhere near the track record of our established treatments -- each supported by decades of research, systematic reviews, and meta-analyses -- but according to our rules of evidence review, TNS has earned its spot in the race and the opportunity to prove itself.

History tends to repeat itself, and we are reminded of the early days of another technology-based treatment that was in many ways so dramatically different from the current standard of care that it was greeted with wariness and skepticism -- until the evidence accrued. That treatment was Eye Movement Desensitization and Reprocessing (EMDR) for Posttraumatic Stress Disorder, and today it is practically a "household name" in the world of evidence-based psychotherapy. Learning from this experience, our recommendation is to reserve judgment and forthrightly reply to families that there is a single, promising pilot study in support of Monarch eTNS, but much more work needs to be done before it can be held in the same regard as more established treatments like psychostimulant medication and Parent Management Training.

And in the spirit of our evidence review standards, please **DO NOT** take our word for it. The article is attached here ([Journal of the American Academy of Child & Adolescent Psychiatry](#)) for you to review yourselves and come to your own conclusions. Whether or not you choose to share your thoughts on the board is up to you.

Thanks for your attention.
Jason Fogler, PhD & Yi Hui Liu, MD
ADHD SIG Co-Chairs

References

¹ McGough JJ, Loo SK, Sturm A, Cowen J, Leuchter AF, Cook IA. An eight-week, open trial, pilot feasibility study of trigeminal nerve stimulant in youth with attention-deficit/hyperactivity disorder. *Brain Stimul.* 2015;8:299-304.

² Silverman WK, Hinshaw SP. The second special issue on evidence- based psychosocial treatments for children and adolescents: A 10-year update. *Journal of Clinical Child and Adolescent Psychology.* 2008; 37:1–7.

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Twitter Highlights: Tweet at Us!

SDBP @SDBPeds · Apr 4
@SDBPeds represents at #SPPAC2019



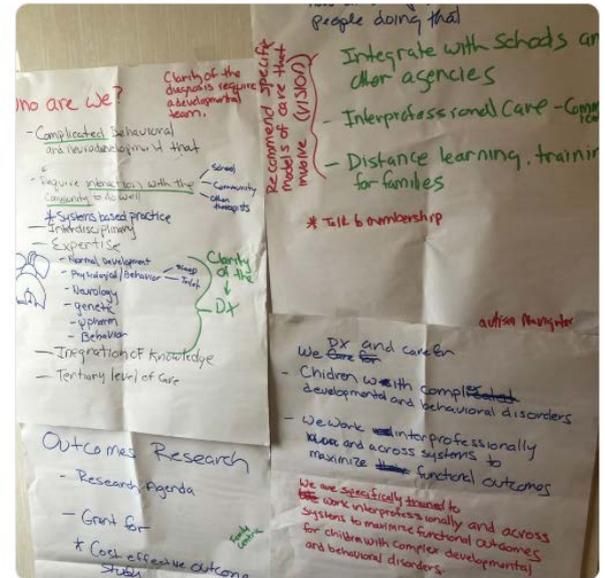
SDBP @SDBPeds · Apr 5
Love seeing all these connections between @SDBPeds and @SPPDiv54 #SPPAC2019



SDBP @SDBPeds · Apr 10
Disability Rights are Human Rights. Be an advocate for the issues you care about. thearc.org/what-we-do/pub... #DPS2019 #AUCD #iamDBP



SDBP Retweeted
Damon Korb @DrKorb · Apr 10
19 brainstorming pages later, leaders are getting closer to the @SDBPeds future of #developmentalandbehavioralpediatrics. @devminds @TStancin @heidfeldman



SDBP @SDBPeds · Apr 5
And that's a wrap! #mchb2019 was a success in sunny #charleston. Congrats to all of the third year #DBP fellows on their #child #development #research and on graduating! We hope you continue to lead, inspire, educate and advocate. #iamdbp @AUCDNews @AndyAUCD @HRSgov @RylinAUCD



SDBP @SDBPeds · Apr 4
Appreciate all the hard work of the key staff at @AUCDNews!



Discussion Board Highlights

Join the [discussion](#) at sdbp.org. Recent topics have including a range of clinical and practice issues, such as:

- Assessment of autism in children with visual impairment
- Assessment tools for assessing ADHD in preschoolers
- ADHD and diet
- Managing insurance issues: coding and denials
- Medication questions/concerns and alerts
- Problematic electronics/screen media use in youth

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Reminders and Announcements

SDBP Reminders: SDBP 2019 Annual Meeting

September 13 - 16, 2019

Washington Hilton, Washington, DC

2019 Lectureship Recipient: Michelle Garcia Winner, MA, CCC-SLP Social Cognitive Specialist, CEO & Founder of Social Thinking

The Research Scholars Symposium will take place just prior to the meeting on September 12-13, 2019

[Information & Application here!](#)

Advocate & Elevate at Capitol Hill with SDBP!

This year, the Advocacy & Trainee and Recent Graduate Committees are partnering to offer SDBP members an exciting opportunity to participate in federal legislative advocacy visits! Participants will schedule and engage in meetings with their legislative members and staff on Capitol Hill to gain experience advocating for children on a federal level.

At minimum, participants will be required to attend a concurrent session on Monday morning to prepare for hill visits which will take place early Monday afternoon. The concurrent will quickly review effective communication strategies to utilize during in-person visits and prepare participants on the specific and timely advocacy topic we will focus on during these visits. We will provide participants with talking points and leave behinds for participants. Hill visits will take place after the concurrent session and conclude with a short debriefing session later Monday afternoon.



If you are interested in participating in SDBP's legislative hill visits at SDBP 2019 or would like to learn more, please contact Jennifer Cervantes: jennifer.cervantes@bcm.edu. Also, feel free to discuss on the SDBP Advocacy Committee message board online. Please look for an email shortly with more detailed information and to sign up!

Go to the [SDBP Meetings Page](#) for more MEETING information and updates!

Stay up to date with our [Calendar of Events!](#)

CALENDAR OF EVENTS

| | | |
|--------------------|--|------------------------|
| May 24 - 26, 2019 | 2nd International Congress of Hypertension in Children and Adolescents | Warsaw, Poland |
| June 12 - 13, 2019 | International Conference on Pediatric Healthcare | Prague, Czech Republic |
| June 28, 2019 | 2019 Down Syndrome Medical Interest Group-USA (DSMIG-USA) Annual Symposium | Pittsburgh, PA |
| July 5 - 6, 2019 | 17th World Congress on Pediatrics and Nutrition | Paris, France |

| | | |
|-------------------------|--|------------------------------|
| September 13-16, 2019 | SDBP Annual Meeting | Washington, DC |
| September 17 - 21, 2019 | 13th European Paediatric Neurology Society (EPNS) Congress | Athens, Greece |
| November 22 - 23, 2019 | Child Development Update 2019 | Toronto, Ontario ~ Canada |
| December 9-12, 2019 | 3rd International Developmental Pediatrics Association (IDPA) Congress | Manila, Philippines |

Have you seen the new Twitter bird on our website? Check our Twitter feed by clicking on the  on the left-hand side of the screen at sdbp.org or follow us [@sdbpeds](https://twitter.com/sdbpeds) and [@jdbp_online](https://twitter.com/jdbp_online).

Awareness Events

- May
 - Asthma and Allergy Awareness Month
 - Global Youth Traffic Safety Month
 - Huntington's Disease Awareness Month
 - Mental Health Month
 - Military Appreciation Month
 - National Foster Care Month
 - National Mobility Awareness Month
 - Physical Fitness and Sports Month
 - Teen Pregnancy Prevention Month
 - National Children's Mental Health Awareness Day (May 6)
 - International Nurses Day (May 12)
 - National Prevention Week by SAMHSA (May 12-18)
 - International Day of Families (May 15)
 - World Asthma Day (2nd Tuesday in May)
 - National Missing Children's Day (May 25)
 - World No Tobacco Day (May 31)
- June
 - LGBT Pride Month
 - National Safety Month
 - Global Day of Parents (June 1)
 - International Children's Day (June 1)
 - National Cancer Survivor's Day (June 2)
 - Autistic Pride Day (June 18)
 - World Sickle Cell Day (June 19)
 - World Refugee Day (June 20)
 - World Vitiligo Day (June 25)
- July
 - Juvenile Arthritis Awareness Month
 - National Cleft and Craniofacial Awareness and Prevention Month
 - National Minority Mental Health Month
 - World Hepatitis Day (July 28)

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