

Dear Members,

Welcome to the fall edition of our newsletter! To start off, we want to recognize the leadership of **Damon Korb, MD** this year, who ushered in an important discussion and initiative on workforce issues in DBP. We have published his presidential rhyme at the top of this issue for those who may have missed his speech at the annual meeting. Congratulations and welcome to our incoming president, **Robyn Mehlenbeck, PhD!**



We also want to congratulate the **Program Committee** on another fantastic meeting. This issue contains annual meeting summaries and highlights from our committees, sections, and SIGs – please read each one to hear about the breadth of initiatives being conducted in our society! Additional features of this issue include a spotlight on **SDBP's Research Awardee, Sarah Dubner, MD**, a **top 10 list of tips for finding a new job** from the Trainee/Recent Graduate Section, and an update on the **recent AAP ADHD guidelines**. We end the issue with an In Memoriam for our dear friend and colleague, **Carolyn Bridgemohan**, a true fighter for the field of DBP.

Finally, we want to take a moment to **highlight all of the members who have made contributions to the newsletter this past year**, many of whom have submitted material on behalf of committees, sections, and SIGs. Thank you!

Marilyn Augustyn, Practice Issues Committee

Rebecca Baum, Practice Issues Committee

George Chan, Membership Committee

Marie Clark, Early Childhood SIG

Carrie Cuffman, Early Childhood SIG

Karla Fehr, Psychology Section

Jason Fogler, Psychology Section, ADHD SIG

Demvihin Ihyembe, International SIG

Yi Hui Liu, ADHD SIG

Karen Miller, Education, Practice Issues, Communications Committees

Shruti Mittal, Trainee/Recent Grad Section

Manoj Nair, Trainee/Recent Grad Section

Jennie Olson, Advanced Practice Clinician Section

Jennifer Poon, Education Committee

Karen Ratliff-Schaub, Autism SIG

Alison Schonwald, Fellowship Training Section

Terry Stancin, Past President

Bob Voigt, Fellowship Training Section

Jenna Wallace, Advocacy Committee

Mark Wolraich, Past President

Jeff Yang, Communications Committee

Kim Zlomke, Program Committee

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 January 15th.** Questions about submissions can be sent to alyssa.schlenz@childrenscolorado.org.

Thank you!

SDBP Communications Committee



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

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Presidential Rhyme, Fall 2019 Annual Meeting

A Salute to Great Champions

By Damon Korb, MD

Growing up is not easy, there is so much to fear
And parents don't know when disasters are near
They struggle with milestones, toileting, and temperament
So, they turn to the heroes of behavior and development.

Our society is filled with great champions for children
That have battled the monsters and mean kiddy villains
From founders like Friedman and Richmond and Carey
we have made sure for children that not much is scary.

Hats off to Brazelton, Zuckerman, Haggerty and Olness
Who founded our field with kindness and boldness.
And fighters like Feldman, Wolraich, Dworkin, Blum, Hansen
And, Rappaport, Kelley, Gorski and Stancin.

For some kids a monster is making a friend

Or whining or crying or trying to attend
Teaching the kids to put down their phones
And bullying that's harder than sticks and some stones.
No matter how hyper no matter how shy
We've got the good guys like Duby and High
And Drotar, Alyward, Perrin, and Schonfeld, and Coury
Discovering worries and making them scurry.

Try as we may, we don't always win.
But we battle and fight and we never give in.
We heroes of children come in all shapes and sizes
And sometimes the humblest are also the wisest.
Sadly, we lost a great DBP Champion
Monsters never frightened Carolyn Bridgemohan.

Despite all the kindness and goodness that DBPs bring
There are simply too few of us doing this thing.
So, we set out on a mission and must stay on course
To develop the greatest interdisciplinary workforce.

Special thanks to the leaders who taught me to fight
For struggling children with all of my might.
Lanphear, Howard, Sandler, Coleman, Macias and Stein
These are some of the greatest mentors of mine.

Hopefully I exit with beds tucked in tightly
And a sense of direction with flashlights shined brightly.

Now, who will give childhood monsters all sorts of heck.
3 Cheers for your next president, the Mighty Robyn Mehlenbeck.

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Annual Meeting Twitter Picture Collage



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SDBP 2019 Research Grant Recipient



Research Grant Awardee:

Sarah Dubner, MD Stanford University School of Medicine

Project Title:

Near term white matter microstructure and 2-year neurodevelopmental outcomes in children born preterm after early hydrocortisone

Project Description: Ten to 20% of children born very or extremely preterm develop severe disabilities. Another 50% develop less severe disabilities, including cognitive, motor, language, and related learning disorders. Bronchopulmonary dysplasia (BPD) is a severe complication of prematurity, characterized by chronic pulmonary inflammation, and is associated with cerebral palsy and poor neurodevelopmental outcomes. Adverse outcomes in BPD have been attributed, in part, to local inflammation in the brain and to systemic inflammatory response. Inflammation induces cerebral white matter alterations and affects white matter microstructure development, even in the apparent

absence of injury on clinical MRI. However, these changes are detectable using advanced diffusion MRI (dMRI) neuroimaging techniques. Early hydrocortisone administration, soon after birth, is an intervention aimed at preventing BPD by addressing the relative adrenal insufficiency of prematurity. The effect of IV hydrocortisone on early brain development and on other important, measurable neurodevelopmental outcomes remains unknown.

The goal of the current investigation is to understand the effect of early postnatal hydrocortisone on early brain development and later cognitive and language skills in children born preterm. In the proposed retrospective study, I will use dMRI to compare near-term equivalent age brain white matter microstructure and neurodevelopmental outcomes at 2 years of age in children born at < 28 weeks gestational age between August 2016 and September 2018 who were or were not administered a 10-day course of early hydrocortisone.

The proposed work will be unique in linking a promising NICU intervention, sensitive measures of white matter properties, and neurodevelopmental outcomes. By studying these relations, we expect to learn more about the neural effects of this new treatment and outcomes in children born preterm. This knowledge is critical to designing and evaluating effective interventions aimed at mitigating risks and promoting favorable neurodevelopmental trajectories.

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Top Ten List of Tips for Finding a New Job

Submitted by Brian Harris, MD on behalf of the Student/Trainee and Recent Graduate Section

Arnold Palmer Hospital for Children / Recent DBP Graduate from Boston Children's

Congratulations! You can finally see that light at the end of the tunnel that is medical training. You've made it through medical school, residency, and now fellowship. Finally, the computer algorithm can take a rest and you get to call the shots! Here are some general tips related to finding your new job:



- 1. You have a special set of skills:** Not quite like Liam Neeson (See: Taken), but as you probably already know, developmental-behavioral pediatricians are in high demand. The prevalence of developmental disorders are rising and specialists to help manage these patients and families are in limited supply. As Bridgemohan et al reported, the DBP workforce is projected to shrink by 33% in the next 3 – 5 years. Don't discount the value that you bring to an organization!
- 2. Schedule a meeting with your program director or fellowship mentor(s):** Schedule some time to meet with your program director and discuss your career goals and preferred locations – they might know someone at that institution and can provide a personal recommendation. I would also recommend setting up a meeting with junior faculty over coffee and ask them about their experience on searching for a job. These individuals can be helpful on developing lists of questions to ask prospective employers, what to expect during the interview/recruitment process, and other intangibles that you might not anticipate.
- 3. Be prepared to explain what you do:** Unless there is a well-established program, most organizations only have 1 other DBP or you might be the first to start a new program. The hospitals know that they need a DBP, but often they don't know what you do. During my first interview, I was asked what my role was in the inpatient setting. Needless to say, I replied none. Another important issue is that our field is time intensive. Administrators or physicians in other fields that are part of the search committee may not appreciate the time that goes into taking a comprehensive developmental history or completing developmental assessments.
- 4. The SDBP job bank (<https://www.sdbp.org/resources/job-bank.cfm>) is a good place to start; However, even if there isn't an official posted position at your desired hospital, city, etc., it doesn't mean there isn't a position available:** If you have ties to a particular city for family/personal reasons or would like to work with a particular organization, ask your program director to reach out to them and inquire if they would be interested. Sometimes (as was the case was with me) you might end up with an opportunity that you didn't know existed.
- 5. Determine what is important to you:** Is it salary, number of sessions per week, appointment template (how much time for new patients versus follow-ups), protected time for research, etc. Some things (e.g., salary) are relatively inflexible, especially if you are looking at an academic position. However, other things may be negotiable. If you don't ask, then you'll never know if they would accept your requests.
- 6. Make sure everything is in writing:** During your recruitment, employers may offer that they are looking to bring in support staff, they may suggest a session count per week, or offer protected time for research. Make sure you have answers to some of these questions and request that these are written into your contract. For example, in my initial meeting with my practice administrator, I found out that my schedule was templated for additional weekly clinic sessions. This was quickly corrected to the terms as documented in my contract.
- 7. Review your contract / Read the fine print:** Most likely, when you receive your 20 or 30 page contract littered with a bunch of legal terms, you'll want to tear your hair out or just read the first page with your salary and sign right away. I would recommend having an employment lawyer review your contract. It is important to know what all the legal terms mean, is there a non-compete clause, what is your malpractice coverage / tail insurance, what are your rights regarding termination of employment (these can all vary by state).

8. **Mostly say yes, but it's OK to also say no:** When you start your new role, everyone in the organization will be thrilled to have you on board. With that said, many opportunities to collaborate with other departments, community organizations, or within your division will flood into your inbox. Your first instinct may be to try and please everyone and say yes to all of these opportunities. I would suggest that you be selective. As you build up your practice, learn a new medical record system, and establish your work routine, you may find that your time may be limited.
9. **Ask and (usually) you will receive:** Similar to an earlier bullet point, as you transition into your new role, you might find that you need various things to complete your job. This might include ordering new assessment protocols, medical equipment (e.g., Wood's lamp), toys for the waiting area, support staff, etc. Most administrators are open to supporting you and your practice, but require you to take the initiative to request what you need.
10. **Have Fun!:** Enjoy that #attendinglife! You deserve a break after completing your medical training – go on a trip with your family or visit friends. Negotiating some time off between the end of fellowship and beginning your new job can help you to relax and refresh so that you can be energized to hit the ground running when you start your new job.

If any recent grads have any follow up questions, please feel free to contact Brian at:
Brian.Harris2@orlandohealth.com

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New AAP ADHD Guidelines

Submitted by Mark Wolraich, MD, Oklahoma University Health Sciences Center

The AAP guidelines for ADHD have been recently released. The recommendations are quite similar to the previous guidelines and the results of the research reviews showed little change; however, there are some modifications. We first of all have made the Process of Care Algorithm more prominent and have added an additional supplement that outlines the barriers to implementing the guidelines and action steps to help remove the barriers. There is also more of a discussion of the issues of communication and coordination of services. We also clarified behavior therapy to be more specific, particularly in young children to mean parent training in behavior management. The new guidelines have then been used to revise the ADHD Toolkit, the ADHD EQIPP module, the parent book and the parent pamphlet. In addition, in the October issue, a group of us wrote a historical perspective on ADHD and the guidelines. In addition to myself, both Eugenia Chan and Tanya Froelich play important roles on the committee.



PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents
Mark L. Wolraich, Joseph F. Hagan Jr, Carla Allan, Eugenia Chan, Dale Davison, Marian Earls, Steven W. Evans, Susan K. Flinn, Tanya Froehlich, Jennifer Frost, Joseph R. Holbrook, Christoph Ulrich Lehmann, Herschel Robert Lessin, Kymika Okechukwu, Karen L. Pierce, Jonathan D. Winner, William Zurhellen and
SUBCOMMITTEE ON CHILDREN AND ADOLESCENTS WITH
ATTENTION-DEFICIT/HYPERACTIVE DISORDER
Pediatrics 2019;144;
DOI: 10.1542/peds.2019-2528 originally published online September 30, 2019;

Haven't read the new guidelines? Read them [here!](#)

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Committee, Section and SIG Annual Meeting Highlights

Advocacy Committee

Submitted by Jenna Wallace, PsyD

Over 100 members of SDBP joined the Advocacy Committee on Capitol Hill during the annual meeting to meet legislators and advocate for children's rights. Here's what you should know:

- The Advocacy Committee workshop generated excitement for Hill visits and was focused on practical skills when meeting with legislators.
- Participants expressed excitement after their visits with state legislators. A majority of the meetings went very well, with legislative assistants showing gratitude for the input from members of our organization. Check out the [SDBP Discussion Board](#) to read reflections from your colleagues who attended or to post your thoughts.
- The Autism CARES Act passed the Senate on 9/19/2019, just days after our visits! It was later signed into law by President Trump on 9/30/2019.
- Our members created relationships that will help them to be valuable assets to their representatives in the future.

Keep your eyes open for more advocacy action opportunities on the listserv and discussion board!





Education Committee

Submitted by Jennifer Poon, MD

The Education Committee hosted a successful workshop this past October at the national meeting in Washington, DC. We had a total of 108 registrants in attendance! The education workshop for 2020 will be Friday, October 9. Be on the lookout for an open call for workshop proposals in *late January 2020*.

For those interested in getting more involved with the committee, please look out for the following upcoming opportunities:

- Review of proposals for Education Committee Workshop
- Working with the Complex ADHD Guidelines Dissemination and Implementation Group on creating materials

Advanced Practice Clinician Section

Submitted by Jennie Olson, RN MS CPNP PMHS

1) SDBP-NAPNAP Symposium

The 2nd annual SDBP-NAPNAP symposium held in Washington DC on Friday, September 13th prior to the annual SDBP meeting was a success! The topic was “Psychopharmacology for Children and Adolescents with Developmental Disability: Prescribe Medication without Frustration.” Faculty for the symposium included developmental behavioral pediatrician Alison Schonwald, psychologist Carrie Mauras, and nurse practitioner Dawn Garzon Maaks. The symposium was well attended with 109 attendees, including: 53 physicians, 41 advanced practice clinicians, and 12 fellows. The symposium is put on jointly by SDBP and NAPNAP (National Association of Pediatric Nurse Practitioners) to help provide education and training for nurse practitioners and other advanced practice clinicians who are working in DBPeds or want to gain more expertise in working with this population in primary or specialty care. If you missed this year’s symposium, don’t worry! Modules will be available on the NAPNAP PedsCE website for purchase. Both SDBP and NAPNAP members can purchase the modules at the NAPNAP member rate. While the modules are available to everyone for learning purposes, PedsCE is currently only able to provide CME credit to RNs and NPs.



2) Modules Available from 2018 SDBP-NAPNAP Symposium

Modules from the 2018 SDBP-NAPNAP symposium are currently available on the NAPNAP PedsCE website. The title of the symposium was “Developmental Behavioral Diagnosis and Management in Pediatrics”. The focus was on two case studies, one on ADHD and one on autism. The presentations were case-based and presented by an inter-professional team. The ADHD case study was presented by Developmental and Behavioral Pediatrician Dr. Tanya Froehlich, DBP psychologist Dr. Casey Krueger, and Pediatric Nurse Practitioner Dr. Susan Van Cleve. The autism case study was presented by Developmental and Behavioral Pediatrician Dr. Carolyn Bridgemohan, DBP psychologist Dr. Casey Krueger, and Pediatric Nurse Practitioner Dr. Beth Heuer. The symposium was recorded and broken down into six shorter modules available on

NAPNAP's PedsCE website (<https://ce.napnap.org/>). The modules include: Case Study#1 ADHD – Part 1 - Adolescent – 1 contact hour Case Study: ADHD – Part 2 - Adolescent – 0.75 contact hour Case Study: ADHD - Part 3: DBP Clinic: Treatment Approaches, Psychopharmacology Treatments – 1 contact hour; and Case Study#2 Developmental Delay and Autism in a Young Girl – 1 contact hour Case Study: Assessment/Diagnosis for Autism 1.5 contact hour Case Study: Management and Treatment after ASD Diagnosis – 0.75 contact hour. The coupon code is SDBPMEM2018. It will make the cost of the course \$10 for those that are not NAPNAP members. \$10 is equal to the fee for NAPNAP members, so all NAPNAP and SDBP members will pay the same price, \$10. Non-members of both organizations will pay the higher fee. It will not reduce the price any lower than the NAPNAP rate if they are already a NAPNAP member. It is only set to work on the 6 courses that we archived, and after the sixth use, the coupon will no longer work for that individual. NPs and RNs are able to earn CEU/contact hours. As the CEU/contact hours are through NAPNAP, they are only accredited in providing nursing CEU. All SDBP members are able to access the modules and complete them, but cannot currently earn CME for this.

3) Change in Name to Advanced Practice Clinician (APC) Section

During the Advanced Practice Nursing Section meeting in Washington DC, there was discussion regarding changing the name of the Section to be more inclusive. When we were first recognized by SDBP, we were the Nurse Practitioner SIG. The name was changed to Advanced Practice Nursing SIG to be more inclusive of other advanced practice nurses working in DBP, such as clinical nurse specialists. As the distinction between SIGs and Sections was clarified within SDBP, we changed to the Advanced Practice Nursing Section. At the annual meeting, there was a consensus among the group to change the Section name to **Advanced Practice Clinician (APC) Section** to incorporate physician assistants. This was proposed to Section membership after the annual meeting, and there was agreement to move forward with this change.

4) Goals for Next Year

During the Section meeting, we also established the following goals for the upcoming year:

- A) Continue to work on workforce issues, including identifying training and education opportunities for APCs in DBP. We plan to update our website page to include information and links related to training opportunities.
- B) Develop a strategy to share clinical resources with other section members. Again, we would like to add this to our web page. We have also started a discussion board post related to available resources.
- C) Have at least one APC Section member on each of SDBP's committees and SIGs to increase our visibility and participation in SDBP.

Early Childhood SIG: Highlight on the Opioid Epidemic

Submitted by Marie Clark, MD, MPH

As SDBP members are likely well-aware, the opioid epidemic has had a significant impact on child health across the country. Several members of the Early Childhood Committee came together at the annual meeting in Washington, DC, to present a Concurrent Session entitled "Caring for Children and Families Affected by the Opioid Epidemic." Katherine Steingass, Allison Dempsey, Kristin Hannibal, Nina Sand-Loud, Juan Lozano, and Hanein Edrees co-presented the session on the final day of the meeting. The session focused on preventive strategies, moving from a focus on primary prevention towards and then addressing both secondary and tertiary prevention strategies. The group defined primary prevention as an effort to reduce the occurrence of in-utero opioid exposure. Effective treatment of known in-utero opioid exposure to reduce severity of consequences was described as a secondary prevention strategy. The tertiary prevention approach was depicted as ensuring positive long-term health outcomes for children with in-utero opioid exposures and their families. The group noted that the third strategy is where health professionals in the field of Developmental-Behavioral Pediatrics can have the most impact.

Providers who care for affected children and their families should be familiar with the common associated behavioral concerns and the related supports that are indicated. For example, in utero drug exposure is associated with increased rates of attention problems, externalizing behaviors, and possible learning difficulties. It can be difficult to separate the effects of prenatal drug exposure from environmental stressors. The effect of maternal substance abuse on child outcomes involves multiple prenatal and postnatal influences. Children with a history of in utero drug exposure should be considered to be at risk for developmental and behavioral challenges. However, positive experiences and a supportive environment can alter a child's developmental trajectory towards a more positive outcome. Promoting optimal developmental and behavioral outcomes for this population will require an inter-professional approach and cross-system collaboration between medical and mental health professionals, public agencies, and community programs.

Thus, the key take-away point was the need for interdisciplinary/inter-professional and cross-systems collaboration, such as with Early Intervention programs, to address the needs of affected children and families. This may be an advocacy opportunity for clinicians in different states to address.

From the Psychology Section: Keeping the Momentum Going After the Annual Meeting...

Submitted by Jason Fogler, PhD and Karla Fehr, PhD

We had much to celebrate as a section this year at the Annual Meeting, between a record high number of Psychologist and Psychology-Trainee led posters, presentations, and workshops and the inauguration of our new **Psychology Section Poster Prize**. Congratulations again to Melissa Rafferty (Honorable Mention; Faculty Mentor: Becky Hazen) and Kara Monnin (Winner; Faculty Mentor: Beth Wildman)! Psychologists led the charge to revise our membership bylaws to allow for individuals from diverse professional backgrounds to be voting and office eligible members of SDBP. This year, we also plan to continue our discussion of restructuring membership in a way that would allow for trainees and non-physician members to participate at a lower fee.

At this year's meeting, we brainstormed initiatives for the coming year, and we hope that you will join the following efforts:

1. Recruitment & Membership (Melissa Armstrong-Brine & Melissa Gonzalez)

- We are developing a "Welcome Packet" to give to new student and full members who join SDBP. We want to make sure the content is applicable to psychologists and psychology trainees and would love a psychologist to work with our team to develop the content of that packet. Much of it is already planned.
- We are hoping to work with the Psychology Section to develop a workshop that would help pull in psychologists to the SDBP annual conference in a similar way that the NAPNAP program has nurse practitioners. So far, we have discussed that maybe an "administration" type bootcamp would be good where issues about personnel management, financial/business planning, communicating with high level hospital administration, and time management can be outlined with a target audience of advanced early career, mid-career, and early late career psychologists. We need someone to coordinate the effort.
- Again, with the help of the psychology section we want to identify people who can help us communicate with members of the APA divisions and organizations that likely have a number of psychologists who would be interested in SDBP. We need liaisons for Divisions 7, 25, 33, 37, 53, 54 & possibly ABAI. We discussed both a Social Media campaign and setting up booths at conferences (SRCD, SPP, ABCT, others?)
- Can we cultivate closer, more pertinent collaborations? SPP has a particular interest in chronic pain, for example.
- Lastly, we would love a psychologist to help us with our efforts to recruit trainees and new members from Texas where the annual meeting is next year. We are looking for people who are willing to do both onsite visits to schools in their area and people who are open to phone/email contact with training and clinic directors in Austin, Dallas, Houston, and San Antonio.

2. Mentorship

- We want to encourage you to apply to be mentors in response to the email from earlier this month about the new pediatric resident scholarships and mentor program. The Board wants applicants to this

scholarship to have the full interdisciplinary perspective that we are uniquely positioned to be able to offer.

- We discussed giving talks to psychology students (grad and undergrad) at their campuses to plant the seed of DBP/Pediatric Psych as a career option
- How can we increase retention in the Society after the initial offerings we provide to first-time attendees and students?

3. Thank you Notes to Department Chairs (to increase name recognition)

4. "Knowing Our Constituency" (Cy Nadler and others)

- Consider re-sending an update of the survey we sent after the 2013 meeting

5. Think about engaging content for Austin!

Please email Jason (Jason.Fogler@childrens.harvard.edu) and Karla Fehr (kfehr@siu.edu) if you would like to assist in any of the above efforts.

ADHD SIG: The Year in Review

Submitted by Yi Hui Liu, MD, MPH and Jason Fogler, PhD

With the introduction of our Society's first national guideline and the update of the ADHD guidelines from the AAP, it has been an exciting year to say the least. We as a SIG have been and continue to be actively involved in the creation, evidence review, and now, implementation and dissemination of the new SDBP Complex ADHD Practice Guideline, slated for publication in JDBP in January 2020. We are humbled and inspired by your energy and selfless support for this effort, which we saw in action at our working meeting on Saturday evening in D.C. Please connect with Lisa Campbell (lbcampbell@cmh.edu), Jeff Yang (jeffrey.h.yang.md@gmail.com), Jennifer Poon (poon@musc.edu), Eugenia Chan (Eugenia.Chan@childrens.harvard.edu) or either of us if you wish to help in dissemination and toolkit development.

Professor Tom Power of CHOP did double duty at the annual meeting co-presenting on the new Guideline and presenting with Eva O'Malley on the topic of Family Empowerment in ADHD.

Monarch eTNS has entered the race as a non-pharmacological treatment for ADHD. We offer a link to our review from this spring of the preliminary research on this new device [here](#).

Thank you for a year of extraordinary achievement and collaboration. We look forward to keeping up the momentum in 2020!

Your SIG Co-Chairs,

Yi Hui Liu & Jason Fogler

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Jason.Fogler@childrens.harvard.edu



Autism SIG

Submitted by Karen Ratliff-Schaub, MD

SDBP Annual Meeting: Autism SIG members were very busy in Washington DC! Many attended the Saturday evening SIG meeting to learn about the activities of the past year and future opportunities for involvement. The following afternoon, there were lively discussions inspired by panelists Angie Scott, Cy Nadler, Katharine Zuckerman, Abha Gupta, and Melissa Weddle during the concurrent session “How to be an Autism expert in the internet age.” Thanks to all of our presenters, as well as everyone who participated and help make both sessions very informative.

Ongoing Activities:

- Since the annual meeting, Autism SIG members Karen Ratliff-Schaub and Parul Vora have, on behalf of the SIG, had the pleasure of reviewing the Complex ADHD guidelines and giving feedback.
- **SDBP Autism Services Initiative:** The Autism SIG, in partnership with the Practice Committee and AUCD, will be looking at the issue of state requirements for diagnosis and service eligibility. This was inspired by a discussion board post highlighting the variability of requirements from state to state and between various payers. Next steps for this initiative include forming a working group (SDBP and external partners) to refine variables of interest and develop a data collection tool for dissemination through the AUCD network. Once there is data, a descriptive analysis and finding will be disseminated. Some members have already indicated interest in working on this; if you haven't signed up but would like to join the effort, please let Cy know.
- **Periodic telephone meetings:** Every other to every month, depending on activity, the Autism SIG will hold a call. Open to any member, the calls will focus on updates of activities and planning for new ventures, including next year's annual meeting. It will be here quicker than we think! Any and all are welcome to join the calls. Look for details about time, call in numbers, etc. on the discussion board in the very near future.

We welcome everyone's questions, thoughts, comments and ideas. Don't wait until next year's annual meeting! This is your chance to get more involved with the SIG!

Karen Ratliff-Schaub Karen.ratliff-schaub@prismahealth.org
Cy Nadler cnadler@cmh.edu

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Discussion Board Highlights

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

- Highlights from the Capitol Hill visits
- Thoughts on fellowship training and the workforce shortage
- Coding for prematurity and coding resources
- Commercial genetic testing
- Autism Spectrum Disorder vs. early onset psychosis
- Autism Spectrum Disorder diagnosis in children with global delays or intellectual disability

Also **NEW** to the Discussion Board is a topic area for **Current Events**. Please submit any newsworthy current events that relate to DBP and our social media team will use the posts to craft messages on our social media platforms.

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In Memoriam: Carolyn Bridgemohan



We lost a dear friend and colleague this year and would like to take a moment to recognize her wonderful spirit and achievements. Her obituary can be found [here](#) and you can access her “I am DBP” video on [YouTube](#). Please also read lovely comments about Carolyn from SDBP members on the [Discussion Board](#), with a thread entitled “Our dear friend, Carolyn Bridgemohan.”

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General Announcements and Reminders

- Follow us on Twitter, Facebook, and Instagram!



@SDBPeds



facebook.com/SDBPeds



@sdbpeds

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

CALENDAR OF EVENTS

Date	Event	Location
December 9-12, 2019	3rd International Developmental Pediatrics Association (IDPA) Congress	Manila, Philippines
February 22 - 23, 2020	Global Pediatrics and Child Health Conference	Dubai, UAE
March 25-28, 2020	NAPNAP 2020 National Conference (National Association of Pediatric Nurse Practitioners)	Long Beach, CA
March 30-April 2, 2020	APPD Spring Meeting (Association of Pediatric Program Directors)	San Diego, CA
April 29-May6, 2020	Pediatric Academic Societies (PAS) Meeting	Philadelphia, PA
September 22-26, 2020	AAPDPM 2020 Meeting (American Academy for Cerebral Palsy and Developmental Medicine)	New Orleans, LA
September 22-26, 2020	AAPDPM 2020 Meeting (American Academy for Cerebral Palsy and Developmental Medicine)	New Orleans, LA
October 2-6, 2020	American Academy of Pediatrics (AAP) National Conference	San Diego, CA
October 9-12, 2020	SDBP 2020 Annual Meeting	Renaissance Austin Hotel, Austin TX
October 19-24, 2020	AACAP Annual Meeting (American Academy of Child & Adolescent Psychiatry)	San Francisco, CA

Awareness Events

- December
 - Aids Awareness Month
 - World Aids Day (Dec. 1)
 - International Day of Persons with Disabilities (Dec. 3)
 - Human Rights Day (Dec. 10)
 - Safe Toys and Gifts Month
- January
 - National Birth Defects Month
 - National Mentoring Month
 - Mental Wellness Month
 - National Folic Acid Awareness Week (first full week of January)
 - National Human Trafficking Awareness Day (Jan. 11)

- No Name Calling Week (Jan. 20-24)
- February
 - National Children's Dental Health Month
 - Congenital Heart Defect Awareness Week (Feb. 7 to 14)
 - Eating Disorders Awareness and Screening Week (last week of February)
 - Teen Dating Violence Awareness Month
 - World Cancer Day (Feb. 4)
 - Give Kids a Smile Day (Feb. 5)
 - National Donor Day (Feb. 14)

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Questions about submissions can be sent to Alyssa Schlenz: schlenz@musc.edu

Society for Developmental and Behavioral Pediatrics
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