Tentative

DETAILED MEETING SCHEDULE

Pre-meeting sessions take place on September 19 & 20.
See separate schedules for details and fees.

All sessions below are included in the meeting registration unless otherwise noted.

Saturday, September 20 All times PACIFIC

7:00am – 6:00pm
Registration

11:45am – 12:45pm
JDBP Editorial Board Lunch *(invitation only)*

SDBP Committee Meeting lunches***: Communications, Education, Membership, Practice Issues***

1:00pm – 2:00pm

Welcome & Presidential Address

Benard Dreyer memorial presentation

William J. Barbaresi, MD
Chief, Division of Developmental Medicine,
Boston Children's Hospital
T. Berry Brazelton Professor of Pediatrics, Harvard Medical School

2:15pm – 3:45pm (4 options)

1. Topical Symposium: Partnering with Caregivers in Assessment and Treatment Using a Common Factors and Elements Approach

Kimberly Burkhart, PhD, UH Rainbow Babies and Children's Hospital/Case Western Reserve University; Erin Babbitt, PsyD ABPP-CN, Rainbow Babies and Children's Hospital, University Hospitals; Marie Clark, MD, MPH, UH Rainbow Babies and Children's Hospital; Catherine Lipman, MD, Cleveland Clinic Foundation; Heather Potts, PhD, Boston Children's Hospital/Harvard Medical School; Carolyn Ievers-Landis, PhD, Case Western Reserve/University Hospitals Rainbow Babies & Children's Hospital

Description

This symposium will address the important role caregivers play in preparing their children for developmental-behavioral assessment and their involvement in treatment intervention. Presenters will demonstrate how Motivational Interviewing (MI) strategies are used to strengthen caregiver motivation and commitment to change. Clinicians must be responsive to caregivers and be adept at meeting their needs if caregivers are to be responsive to meeting their children's needs. Common factors are empirically supported therapeutic relationship variables that allow the clinician to be better attuned to their patients and their families. These skills include the formation of a therapeutic alliance, expression of empathy and positive regard, development of goal consensus and collaboration, and use of feedback. Research has shown that two clinician-level variables, direct influence and relationship building are more predictive of positive outcomes than patient-level variables. These common factors emphasize building patient skills and capacities to improve symptom management and behavior change. Over 500 interventions exist to treat child and adolescent mental health disorders. Common elements are the evidence-based interventions used across treatment protocols. Use of common elements maximizes care particularly when resources are limited. The following are the three primary aims of this symposia: 1) identify MI strategies that can be used to strengthen caregiver involvement and commitment to change, 2) identify strategies for applying a common factors approach to engage caregivers in all aspects of the developmental-behavioral care continuum and 3) identify common elements of parent involvement in evidence-based developmental-behavioral related interventions. Simulations will be used to demonstrate how these approaches can engage caregivers in the developmental-behavioral pediatric office visit, neuropsychological evaluation and feedback session, and in the treatment of neurodevelopmental disorders.

Target Audience

This session is for practicing providers across the career spectrum, including advanced practice providers, and trainees in the fields of DBP, psychology, and neuropsychology. The subject matter is especially pertinent to pediatric trainees and those involved in pediatric education as updated training requirements effective in July 2025 include a required outpatient rotation in behavioral and mental health aimed at instructing pediatric residents in the care and prevention of behavioral and mental health concerns, including family systems, and parenting and resilience approaches.

Learning Objectives

1) Learners will be able to identify three common factors that foster the alliance between families and providers in the assessment, diagnosis, and treatment of children with neurodevelopmental disorders.
2) Learners will familiarize themselves with MI's component tasks or processes (engaging, focusing, evoking and planning) and the basic interactive techniques (OARS--open questions, affirmations, reflective listening, and summary reflections) and how to apply these in developmental-behavioral related clinical encounters.
3) Learners will identify common therapeutic elements that involve caregivers and are transdiagnostic.

Keywords: Clinical Practice, Education, Interprofessional Practice

2. Topical Symposium: Children Can Do Hard Things: Providing Clinicians with the Tools to Teach Foundational Parenting Strategies

Damon Korb, MD; Cassie Korbfort, M.S.Ed., Center for Developing Minds

Description

Parents are the most critical component of any behavioral intervention. Clinicians have the opportunity to guide parents by providing specific coaching on how to conquer typical refusals and more difficult behavioral conundrums. We believe that:

- Kids can do hard things if we let them. Kids need to reach mastery. If we give them the opportunity to struggle, persevere, and be successful now, then it will set them up for success in the long run.
- Parents are capable of being firm and nurturing simultaneously, and children need them to be both.
- Being in charge is terrifying to parents, and it is even more terrifying for kids. Kids don't really want to be in charge. They want to feel safe and confident, and we can give them those feelings without letting them control the family dynamic. This presentation includes clinical scenarios and follows the SCRIPT curriculum developed by Presenter B (M.S.Ed.). In this presentation, we will discuss and demonstrate how to:

S - Set clear and appropriate expectations
C - Provide Consistency
R - Self-Regulate and Respond appropriately to behaviors including setting boundaries, following through with expectations, and validating feelings
I - Include the child in daily routines
P - Provide Patience and Positivity
T - Teach the child new skills

Target Audience

Clinicians have only intermittent contact with their developmental and behavioral pediatric patients, so it is critical to efficiently provide effective parenting advice. The targeted audience is clinicians frustrated by their own limitations teaching behavioral management to parents. Trainees and early-career clinicians, who may not have been exposed to this level of behavior coaching, will learn new approaches. More experienced clinicians will be able to fine tune and repackage how they offer parenting tips and guidance.

Learning Objectives: *Attendees will:*

1. Expand their behavioral tool chest with three or more new parenting strategies and verbal scripts that they can share with their patients' families.
2. Be able to modify their own behavior in the office to model and explain appropriate strategies for families.
3. Acquire relatable examples that they can provide to parents for how they can be consistent with clinical recommendations.

Keywords: Clinical Practice, Education, Interprofessional Practice

3. Topical Symposium: No Cape Required: Becoming a Champion for Patients with Intellectual and Developmental Disabilities

Elizabeth Barnhardt, DO, MA(Ed), Nationwide Children's Hospital; Jennifer Cervantes, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Lauren Misik, MD, Nationwide Children's Hospital; Ami Bax, MD, University of Oklahoma; Randall Phelps, MD, PhD, Oregon Health and Science University; Yewande Dada, MD, Children's Health-UT Southwestern

Description

Developmental and Behavioral Professionals are uniquely positioned to be powerful advocates for individuals with intellectual and developmental disabilities (IDD) and their families. Yet, many early-career clinicians feel unsure about how to turn their passion into action. This interactive session will demystify advocacy and provide practical tools, confidence, and inspiration for trainees and recent graduates to engage in advocacy at local, state, and national levels. Participants will explore real-world examples of physician advocacy, build their own advocacy "toolkits," and practice skills that can be applied immediately—whether in a clinic, a school board meeting, or a legislative hearing. No cape required—just your voice, your training, and your heart.

Target Audience

This workshop was conceptualized and developed in response to questions from trainees and recent graduates within SDBP as to how best advocate for their patients and their specialty. Leadership from the Trainee and Recent Graduate Section, the Fellowship Training Special Interest Group, and the Advocacy committee joined forces to develop this interactive session which uses storytelling, case-based discussion, role play, and guided action planning to engage learners with diverse experiences and learning styles. By equipping trainees and early-career DBPs to advocate for individuals with IDD—who often face systemic barriers to equitable care—the session directly supports diversity, equity, and inclusion. It empowers participants to address disparities at multiple levels and amplifies the voices of marginalized communities within developmental and behavioral health.

Learning Objectives

1. Define the role of a Developmental and Behavioral Professional in systems-level advocacy for individuals with IDD.
2. Describe practical advocacy strategies they can use in their own communities and clinical settings.
3. Develop a personalized advocacy action plan based on their unique interests, strengths, and opportunities.

Keywords: Advocacy, Education

4. Research Platform (5 presentations): Developmental-Behavioral Potpourri – *Moderator to come*

Disruptive Behavior During Hospital Admissions for Youth with Autism Spectrum Disorder: Exploring Sociodemographic Disparities

Batool Mehdi, MD, SIU School of Medicine; Cagla Unal, MD, Medical College of Wisconsin; Erika Ward, BS; Morgan McCain, BS, SIU School of Medicine; Niyant Vora, MD, Dwaine & Cynthia Willet Memorial Children's Hospital; Anna Hickey, PhD; Sarah Majcina, MD, SIU School of Medicine

Early Brain Connectivity Patterns and Language Skills in Preschoolers with Autism Spectrum Disorder

Judy Mahmalji, MA, National Institute of Child Health and Human Development; Adriana Rios, MA; Meagan Herrera, BS, San Diego State University; Thien Nguyen, PhD; Amir Gandjbakhche, PhD, National Institute of Child Health and Human Development; Lindsay Olson, PhD; Bosi Chen, PhD; Annika Linke, PhD; Inna Fishman, PhD, San Diego State University

Do Bayley Cognitive Scores in Children Diagnosed with Autism Spectrum Disorder at 12-36 Months Predict Intellectual Quotient Scores at 5-7 Years Old?

Maya Golden, BA; Georgios Sideridis, PhD, Boston Children's Hospital; Stephanie Brewster, MS, CGC, Rosamund Stone Zander Translational Neuroscience Center, Boston Children's Hospital; William Barbaresi, MD; Elizabeth Harstad, MD, Boston Children's Hospital

Verified or Viral? An Analysis of TikTok Nutritional Recommendations for Improving Speech and Communication in Individuals with Autism Spectrum Disorder

Margaret Van Cleve, BA; Alanna Cordner, MS; Tanuja Kothinti, MD, University of South Florida Morsani College of Medicine

Transparent AI-Powered Chart Review for Assessing Guideline-Concordant Treatment of Young Children w/ ADHD

Yair Bannett, MD, MS; Malvika Pillai, PhD; Fatma Gunturkun, PhD; Ingrid Luo, MS; Tracy Huang, MS; Heidi Feldman, MD, PhD, Stanford University School of Medicine

3:45pm coffee break with Exhibitors

4:10pm – 5:40pm (4 options)

5. Clinical Case: Targeted Psychological Assessment Cases within Integrated Neurodevelopmental Clinic

Danielle Wexler, PhD; Jodi Lindsey, MD; Megan Geist, MA; Megan Bone, MD; Rebecca Lieb, PhD, Kennedy Krieger Institute

Description

The Evaluation for Development, Growth, and Education (EDGE) Clinic is an integrated clinic, in which developmental pediatricians and pediatric neurologists team with a clinical psychologist and psychometrician to conduct diagnostic evaluations for children ranging in age from three years through 18 years with concerns for Attention-Deficit/Hyperactivity Disorder (ADHD), learning disorders, Autism Spectrum Disorder (ASD), and other emotional and behavioral challenges. This session is intended to use selected cases to illustrate this model of care with specific attention given to how evidence-based assessment (Youngstrom et al., 2017, 2020), including targeted psychological testing, is used within the integrated team to inform case conceptualization and treatment recommendations. Clinicians will walk-through the relevant background information, current clinical presentation from both a medical perspective and psychological perspective, norm-referenced, standardized psychological test results, subsequent diagnostic impressions, and treatment recommendations. The cases chosen for this presentation highlight the important contributions of both the medical provider and the psychologist within the context of the evaluation, as well as the utility of this model in providing more efficient and effective patient care.

Learning Objectives

1. Describe the evidence-based assessment (EBA) model and how it can be used within the context of targeted integrated neurodevelopmental evaluations.
2. Differentiate how this integrated model of care within the context of neurodevelopmental evaluations is beneficial, relative to models of care where medical providers and psychologists do not conduct evaluations together.

Keywords: Clinical Practice

6. Topical Symposium: Filling the Gap: Accessible Intervention Strategies for Fetal Alcohol Spectrum Disorders

Catherine Lipman, MD, Cleveland Clinic Children's Hospital; Kimberly Burkhart, PhD, Rachel Tangen, PhD, Rainbow Babies & Children's Hosp; Yasmin Senturias, MD, Atrium Health-Levine Children's Hospital/Wake Forest School of Medicine; Lynn Cole, RN, DNP, University Of Rochester Medical Center; Molly Millians, DeD, Emory University School of Medicine; Denise Bothe, MD, Rainbow Babies and Children's Hospital

Description

Caregivers of children with fetal alcohol spectrum disorders (FASD) identify difficulty finding interventions that specifically address their child’s unique needs, high levels of stress, and the need for greater support after diagnosis. Furthermore, a 2023 Society of Developmental-Behavioral Pediatrics survey found that 58% of SDBP member respondents who diagnose FASD have a desire for additional training in diagnosis and management of this complex population. Evidence-based interventions exist that address behavioral, social/emotional and learning needs of children with FASD, but they are often inaccessible. The goal of this symposium is to present core components of various evidence-based FASD-specific interventions to provide practical tips to various types of providers for use in clinical practice. To address some of the most common problems reported by families of children with FASD, such as difficulties with behaviors, social skills, homework, math skills, activities of daily living, executive functioning and caregiver stress, strategies from the following four evidence-based interventions will be presented:

Target Audience

All providers across multiple levels of training and careers who encounter children with FASD, including developmental-behavioral pediatricians, psychologists, neuropsychologists, education specialists, social workers, primary care providers, advanced practice providers, occupational, speech and physical therapists and trainees in medical and psychology fields.

Learning Objectives

1. Explain common behavioral and learning difficulties experienced by children with FASD.
2. Describe the structure, evidence base, and common core components of four FASD-specific behavioral and learning interventions.
3. Implement practical techniques in an office setting to support and manage children and families affected by FASD.

Keywords: Clinical Practice

7. Topical Symposium: Specialty-led Response to the DBP Workforce Shortage: Exploring Models of DBP-Led Training and Collaborative Care for Primary Care Clinicians

Christina Buysse, MD, Stanford University; Marilyn Augustyn, MD, Boston University; Barbara L. Bentley, PsyD, MS Ed, Stanford Children's Health; Garry Crummer, MD, Santa Cruz Community Health Center; Mona Doss Roberts, DO, Boston Medical Center; Kimberley Levitt, MD, University of Michigan; Yi Hui Liu, MD, University of California, San Diego

Description

Workforce shortages in Developmental Behavioral Pediatrics (DBP), which are predicted to increase, create access barriers for children with developmental disorders. These shortages are amplified in low-density rural areas and among patients with public insurance. With nearly 25% of children presenting with DB concerns, PCCs are typically the first clinicians families' encounter. Yet, the majority of PCCs report lack of confidence and knowledge to manage DB concerns. The DBP workforce shortage has attracted the attention of governing agencies. ACGME unsuccessfully proposed eliminating the requirement that DBPs are on faculty at institutions with pediatric residencies. Recently, MCHB required applicants for the 2023 T77 DBP Fellowship training grant to provide 300 hours of extended training in DB care to 5 PCCs per program, in addition to training traditional DBP fellows.

Target Audience

DBP clinicians, researchers, administrators, and scholar practitioners at all levels from early to senior career, training program directors, and primary care clinicians interested in finding solutions for the workforce shortage issue for DBP care in underserved and other patient populations.

Learning Objectives

1. Identify opportunities for Developmental Behavioral Pediatricians (DBPs) to lead the charge in creating training models for primary care clinicians (PCCs) to mitigate DBP workforce shortages, promote healthcare equity, and reduce waitlists
2. Contrast models currently used in Psychiatry and DBP for collaborative care and long-term training of PCCs in diagnosis and management of developmental and behavioral (DB) conditions
3. Generate guiding principles for DBP specialty leadership in training and collaborating with PCCs as they diagnose and manage developmental behavioral conditions

Keywords: **Clinical Practice, Education, Interprofessional Practice**

8. Research Platform 2 (5 presentations): Interactions & Interventions: Importance of Caregivers

Moderator to come

Parental Emotion Regulation Strategies Predict Child Emotion Recognition Ability in ADHD Parent-Child Dyads

Julia Mattson, MD,PhD, Seattle Children's/University of Washington

Caregiver-Focused Interventions for Children with Cerebral Palsy in Low- and Middle-Income Countries: A Systematic Review

Geneva Baumberger, MD Candidate; Courtney Allen, DPT Candidate; Kristen Cunningham, MPH; Melissa R. Thomas, BSPH, Indiana University School of Medicine; Anjali S. Rao, MD, University of Wisconsin School of Medicine and Public Health; Folasade Odeniyi, MPH; Reshma Shah, MD, University of Illinois at Chicago; Megan S. McHenry, MD, Indiana University School of Medicine

Continuity of Caregiving: Observed NICU Engagement as a Marker of Later Home Environments in Preterm Hispanic and Non-Hispanic Families

Pamela Rios, BA, Psychology; Virginia Marchman, PhD; Molly Lazarus, BA, Psychology; Nuria Ontiveros, BA, Psychology, Stanford University, School of Medicine; Melissa Scala, MD, Stanford University; Heidi Feldman, MD, PhD, Stanford University School of Medicine

Exploring Facilitators and Barriers to Parent-Child Play in Young Children: Mixed Methods Study

Sirikarn Chinvannakulchai, MD; Pon Trairatvorakul; Ketsupar Jirakran, MSc; Prapasri Nuntnarumit, PhD, Chulalongkorn University

Feasibility of a Single Session Telehealth Behavioral Parent Training Group for Screen Time Use in Children with ADHD

Virginia Peisch, PhD, Boston Children's Hospital (Developmental Medicine Center); Justin Parent, PhD, University of Rhode Island; Anne Arnett, PhD, Boston Children's Hospital

Saturday, September 20 *continued* All times PACIFIC

5:45–6:45pm – Meet & Mingle sessions – *all are welcome!*

Mentor/Mentee Meet Discussion

This session invites all mentees and mentors where tables will have faculty prepared to discuss negotiating job contracts, obtaining invested time for research, practice development, advocacy, professional development, grants, and other topics. Attendees will have the opportunity to rotate among several tables/topics during the session. This session will also be a great networking opportunity. Faculty mentors will be available to discuss topics and answer questions that attendees have that are not covered at a table.

First Time Attendee Gathering

First time attendees are invited to attend this session where they can engage with others new to the organization as well as SDBP Membership Committee leadership, who can answer questions and elaborate on information being shared about the various committees, sections, and SIGs of SDBP.

JDBP – "Meet the Editors" Session

All are welcome – meet and chat with JDBP editors and learn more about SDBP's Journal.

6:45pm – 8:00pm

Opening Reception &

Poster Session 1 *(posters 1-50)*

Sunday, September 21 All times PACIFIC

7:00am – 5:00pm

Registration

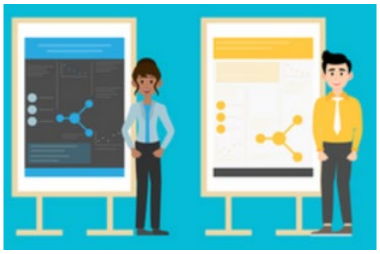
7:30am – 8:30am

SDBP Committee meetings: ***Advocacy, DEI, Past Presidents, Research***

8:00am – 9:00am

Continental Breakfast &

Poster Session 2 *(posters 51-100)*



9:00am – 10:00am
Lectureship Presentation by *Tanya Froehlich, MD, MS, FAAP*

Lectureship Recipient: Tanya E. Froehlich, MD, MS, FAAP
Director, Division of Developmental and Behavioral Pediatrics
Program Director: MCHB-funded Developmental and Behavioral Pediatrics Fellowship
Professor, UC Department of Pediatrics

Lecture: *To come*

10:15am – 11:30am (4 options)

9. Follow-Up Discussion with Tanya Froehlich, MD, MS, FAAP

To come…

10. Topical Symposium: E-Consults: A Reimbursable Approach to Individualized, Case-Based DBP CME for Primary Care Clinicians

Robert Voigt, MD; Ashley Dimitri, MSN, APRN, FNP-C; Caroline Turner, LMSW; Arianne Stallings, LCSW; Mallory Hoffman, LCSW; Erica Caldera, RN; Jasmane Johnson, MHA; Ashley Crowder, MBA; Allison Cragin, MD; Sara Shank, MD, Michael R. Boh Centers for Child Development, Ochsner Children's Hospital

Description

Given the scarcity of board-certified developmental-behavioral pediatricians to refer to and the long wait lists at most developmental evaluation centers, pediatric primary care medical professionals need to manage children and adolescents with developmental-behavioral concerns within their primary care medical homes, despite their previously published lack of confidence in and inadequate educational preparation for doing so. What pediatric primary care medical professionals need most from board-certified DBPs is increased access to DBP diagnostic consultation, improved longitudinal subspecialty DBP-primary care partnerships, and longitudinal continuing medical education in DBP. Recent efforts to meet this need include the Extension for Community Health Outcomes (ECHO) model; however, this requires access to an ECHO academic hub site and videoteleconferencing capabilities, and while this model has been shown to improve clinician knowledge and confidence, there is no evidence that it achieves practice change in DBP (Mazurek MO, et al. JAMA Pediatr 2020 May 1;174 (5):e196306). A more easily accessible model available to all pediatric primary care medical professionals is direct, asynchronous E-Consultation with a board-certified DBP (and interdisciplinary team) via the patient's electronic medical record. Such direct E-consultations are billable and reimburseable, result in direct access to diagnostic consultation advice, can improve longitudinal subspecialty DBP-primary care partnerships, and potentially can provide more effective individualized continuing medical education in DBP in a case-based framework for all referring providers to achieve practice change.

Target Audience

All current and future (DBP fellows) board-certified DBPs (and their interdisciplinary teams) in academic and in community/private practice settings who provide consultation to pediatric primary care medical professionals, and thus, who are positioned to provide longitudinal CME through E-consultations.

Learning Objectives

1. Design sets of "teaching pearls" that pediatric primary care medical professionals must review prior to submitting consult requests to DBP
2. Describe the individualized, case-based, continuing medical education that can be provided via E-consultations (and the billing codes that can be used for reimbursement)
3. Design measures to evaluate practice change associated with continuing medical education provided through DBP E-consult

Keywords: **Problem-based learning; Collaborative learning**

11. Topical Symposium: Let’s Talk About It: Evaluation and Management of Speech and Language as Universal Domains Across Neurodevelopmental Disorders

Lianna Lipton, MD, MSc; Elizabeth Harstad, MD, MPH; William Barbaresi, MD, Boston Children's Hospital; Stephen Camarata, PhD, CCC-SLP, Vanderbilt University Medical Center

Description

Speech and language disorders are highly prevalent, affecting up to 16% of children.[1] Speech and language delays are the most common qualifying reason for Early Intervention and special education preschool service.[2] In a DBPNet study of developmental-behavioral pediatric (DBP) practice, speech/language delay was the reason for referral to a DBP in 46% of patients with Medicaid and 39% with private insurance, and speech/language delay was a provisional or confirmed diagnosis in 54% of patients with Medicaid and 40% of privately insured patients.[3] Speech/language delays and disorders frequently accompany other commonly seen neurodevelopmental disorders, such as Autism Spectrum Disorder, Global Developmental Delay/Intellectual Disability, and learning disabilities. Nevertheless, the field of DBP lacks a standardized approach for assessment of speech/language disorders and referral to intervention. The purpose of this symposium is to provide updates on best clinical practices and the latest evidence in assessment and intervention for children with speech/language delay and disorders.

We will structure our symposium starting with a clinical case. We will then have three individual presentations on functional impairment in communication across neurodevelopmental disorders, appropriate assessment, and best practices for intervention. We will do a breakout discussion with cases that highlight key constructs form the presentations and conclude with a group wrap-up and distribution of a tool for clinical practice.

Target Audience

Our target audience is early- and mid-career faculty, although we anticipate this session will be relevant for clinicians across career stages. We plan to meet the professional development needs of this audience by grounding our discussion in clinical cases, with a focus on skills that are applicable to practice. Given the topic, we believe this will be relevant for physicians, psychologists, and advanced practice providers alike. We will discuss aspects of assessment including both history and direct testing to ensure content is relevant for participants, regardless of their practice setting, including those in private practice and those in more rural areas who may not have as frequent access to speech/language pathologists. This session is also appropriate for DBPs in practice settings where access to interdisciplinary teams may be limited. We will provide a laminated card summarizing some of the key points for clinical assessment for participants to use in patient care settings.

Learning Objectives

1. Explain functional impairment in communication across neurodevelopmental disorders
2. Recognize populations who may require additional considerations for speech/language assessment and intervention
3. Develop plans to strengthen initial clinical assessment of speech and language in children referred for evaluation

Keywords: Clinical Practice, Interprofessional Practice

12. Spotlight Research: SDSU Toddler Autism Project: What We Have Learned from Studying Neurodevelopment in Young Children with Autism

Inna Fishman, San Diego State University

Description – Abstract Summary

Almost 10 years ago, in early 2016, our group began enrolling toddlers (18 months and older) with diagnosis of autism spectrum disorder into a new longitudinal research study of early brain and developmental trajectories in young children with autism. At the time, it had just become acceptable to diagnose autism that early, and ours was among the first – if not the first – study to enroll children with diagnosis of autism, rather than those who are considered at a higher likelihood of autism as younger siblings of children with autism. We have enrolled and have been following over the years >200 children with early diagnosis of ASD as well as typically developing (TD) children, or those who were typically developing at the time of enrollment. This presentation will summarize what we have learned over the years about autism, its presentation and manifestation across childhood, and clinical and neurodevelopmental features and characteristics that we have obtained using natural sleep MRI protocols. Despite the known methodological and practical challenges associated with acquiring MRI data in very young children, our group has been successful in acquiring multimodal MRI data – including anatomical and functional MRI images – collected while these children are naturally asleep at the scanner. This richly phenotyped cohort is characterized with an extensive inventory of measures, including prenatal and early postnatal history, standardized developmental and clinical assessments, history of interventions and educational services, sociodemographic and socioeconomic variables, parental stress and well-being, and multimodal indices of neurodevelopment including various indices of cortical maturation, etc., all of which can be used to predict later outcomes. Among the major findings are: (1) early brain circuit formation is mistimed in autism, as demonstrated by (1a) evidence of widespread alterations in brain connectivity as early as the 2nd year of life, including aberrant connectivity in multisensory brain circuitry which is linked to poorer clinical outcomes, sleep disturbances, and greater autism symptoms, (1b) lack of the expected age-related increase in cortical maturation, including myelination (indexed with a MRI proxy of cortical myelin content), (1c) uncoupling or atypical coupling of the brain structure-function, which is fundamental to TD brain maturation; (2) the almost ubiquitous presence of a broad spectrum of co-occurring neurodevelopmental conditions, other than autism; this is a novel finding because co-occurrence of other behavioral symptoms – well documented in older children and adolescents with ASD – has yet to be described or recognized in preschoolers with ASD.

Learning Objectives

1) Understand brain development trajectories in early life in autism
2) Understand factors contributing to the marked heterogeneity of autism, including phenotypic variability
3) Understand prevalence of co-occurring neurodevelopmental conditions in young children with autism spectrum disorder

Keywords: Clinical Practice, Interprofessional Practice, Research

Sunday: 11:45am – 12:45pm

Trainee/Recent Graduate Lunch

Free for lunch

1:15pm – 2:45pm (4 options)

13. Topical Symposium: Williams Syndrome Across the Lifespan: Interdisciplinary Clinical Updates in Developmental, Behavioral, and Medical Management

Elizabeth Barnhardt, DO, MA(Ed); Rebecca Lyren, PhD; Jessica Bowman, MD; Beth Kozel, MD, PhD; Meagan Horn, MA, CCC-SLP, Nationwide Children's Hospital

Description

Williams Syndrome (WS) is a complex neurodevelopmental condition with a well-characterized genetic etiology and a distinct cognitive, behavioral, and medical profile. Developmental-behavioral pediatricians are frequently called upon to coordinate care for individuals with WS, yet clinical guidance on management—particularly as it relates to mental health and medical comorbidities—continues to evolve.

This interdisciplinary topical symposium will provide attendees with current, practical updates across multiple domains of care for individuals with Williams Syndrome. The session will begin with a review of emerging data on the prevalence and presentation of co-occurring mental health conditions, including ADHD, anxiety, autism spectrum disorder, and depression, along with best practices for screening and diagnosis. Updates from speech-language pathology will follow, highlighting developmental communication milestones, pragmatic language assessment strategies, and the development of joint attention and nonverbal communication skills in this population.

The session will also explore advances in the understanding of the genetic architecture of WS, including the contribution of specific genes to neurodevelopmental and behavioral features, as well as the role of elastin-mediated sympathetic overactivation in shaping behavioral phenotypes. Medical considerations, particularly related to cardiovascular findings beyond intracardiac anatomy, will be reviewed. Specific guidance will be provided on how to safely approach medication management for mental health concerns in the context of cardiac risk and how to effectively collaborate with pediatric cardiology.

The session will conclude with an interdisciplinary, case-based discussion to integrate perspectives and promote clinical problem-solving. Attendees will leave with updated knowledge and strategies for delivering comprehensive, coordinated care to individuals with Williams Syndrome and their families

Target Audience

This session is designed to meet the needs of a diverse audience, including developmental and behavioral pediatricians, advanced practice providers, psychologists, developmental therapists and trainees at various stages of their careers. For early-career professionals and trainees, the session will provide foundational knowledge on the genetics, developmental profiles, and medical comorbidities associated with Williams Syndrome, with practical strategies for assessment and care coordination. For mid- to late-career clinicians, the session offers updates on emerging research, nuanced approaches to diagnosis, genetic modifiers of disease outcomes and interdisciplinary collaboration, especially in managing mental health conditions and navigating cardiovascular considerations related to medication use.

By integrating perspectives from developmental-behavioral pediatrics, speech-language pathology, genetics, and cardiology, this symposium promotes a comprehensive approach to care that reflects the complexity of WS. Through evidence-based content and case-based discussion, attendees will gain actionable tools and clinical insights that can be applied immediately in practice, regardless of experience level.

Learning Objectives

1. Identify common developmental and mental health conditions associated with Williams Syndrome, including ADHD, anxiety, autism spectrum disorder, and depression, and describe appropriate assessment, diagnostic, and treatment strategies across the lifespan.
2. Explain the genetic underpinnings of Williams Syndrome and the role of specific genes—including ELN, BAZ1B and GTF2I—in contributing to neurodevelopmental, behavioral, and physiological features relevant to clinical care.
3. Apply interdisciplinary approaches to care by integrating speech-language assessment strategies, cardiovascular risk considerations, and collaborative medication management into the treatment of individuals with Williams Syndrome.

Keywords: Clinical Practice, Interprofessional Practice

14. Conversational Roundtable: Being Accountable to Ourselves: Engaging in Courageous Dialogue

Jennifer Walton, MD, MPH, University of Miami Miller School of Medicine; Jason Fogler, PhD, Boston Children's Hospital and Harvard Medical School; Jennie Olson, RN MS CPNP PMHS, Children's Village, Yakima Valley Farm Workers Clinic; Jennifer Cervantes, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Robert Keder, MD, Connecticut Children's / University of Connecticut

Central Theme

From intersectionality to double consciousness, from safe space to brave space, our lexicon is evolving, but what about our willingness to get out of our comfort zones and have the crucial conversations needed to attain the goal of a truly anti-racist and anti-ableist society? The purpose of this session is moving from “just listening” to applying what we know about bias, discrimination, and delivering culturally conscious and responsive care to how we engage in conversations with our patients, colleagues, and leadership. We desire to emphasize the role of accountability in SDBP. After a brief didactic reviewing key concepts and important terminology, we will spend the rest of the time engaging in a few activities where there will be dialogue on topics that may be uncomfortable…and necessary. We hope that all participants will be inspired to continue having these courageous conversations and re-discover that they foster growth: in themselves, in their leadership development advocating for the profession, and delivering optimal healthcare for all children and families.

Description

Despite good intentions, bias and discrimination have a well-documented adverse impact, from a structural level to the individual level, in healthcare for specific populations. Developmental-behavioral pediatrics along with psychology and other subspecialties are critically impacted by bias and discrimination on a daily basis. How we describe families to colleagues and/or interdisciplinary team members may influence how we make decisions, even bend the rules or policies (or not). Progress has been made over the years in enhancing knowledge and understanding of how bias and discrimination adversely affect access and navigation of healthcare systems for specific populations. **We are now at a place where courage is necessary.** It is appropriate for individuals to have differing views and perspectives, and the ability to engage in constructive dialogue is vital, especially if we are to deliver optimal healthcare for all children and youth. Leadership development involves having crucial conversations, especially when there is disagreement and how to effectively engage in conflict resolution. We have a rich history focusing on building *knowledge* and *understanding* through listening sessions. It is now time to further our growth by *applying, analyzing*, and *evaluating* our skills through honest conversations. The purpose of this session is to progress toward the idea of ***accountable spaces*** *or a* ***climate of accountability*** wherein a sense of justice and fairness impels a willingness to grow and improve, with missteps and willingness to correct them being an expected part of the process.

Learning Objectives

1. Apply key terminology and their relationship to everyday health disparities experienced in Developmental-Behavioral Pediatric practice. 2. Analyze real life situations for how to operate in comfort zones and learning edges. 3. Evaluate how to apply tools and strategies to continue practicing the engagement in courageous conversations within the accountable space framework.

Keywords: Advocacy, Clinical Practice, Interprofessional Practice, Education, Ethics

Pre session readings/media for audience

Brief Pre-reading/Podcast:

1. Ahenkorah, E. “Safe and Brave Spaces Don’t Work (and What You Can Do Instead)”. Medium, September 21, 2020. https://medium.com/@elise.k.ahen/safe-and-brave-spaces-dont-work-and-what-you-can-do-instead-f265aa339aff

2. Ohio Center of Excellence for Behavioral Health Prevention and Promotion, Raffle, H., & Ahenkorah, E. “Promoting Behavioral Health Equity with Accountable Spaces” Prioritizing Prevention; Podcast, Episode 1, Season 2; 1/24, 2024.

15. Topical Symposium: Improving Access Through Targeted Models of Integrated Care

Rebecca Lieb, PhD; Catherine Stephan, PhD; Matt Edelstein, PsyD; Megan Bone, MD; Megan Geist, MA; Jodi Lindsey, MD; Danielle Wexler, PhD, Kennedy Krieger Institute

Description

At a time when waiting lists for developmental and behavioral practitioners are growing exponentially, it is vital to ensure appropriate access to care for patients with a variety of neurodevelopmental disorders. Further, collaboration across disciplines is an essential component to providing effective and efficient clinical care and reducing duplication of services. This session will highlight three integrated care clinics who support a wide range of neurodevelopmental needs:

The *Evaluation for Development, Growth, and Education (EDGE)* clinic provides collaborative care through a joint evaluation with a clinical psychologist and developmental pediatrician or pediatric neurologist. Together, clinicians conduct diagnostic evaluations (including targeted standardized psychological testing) for children ranging from 3-18 years with concerns for ADHD, learning disorders, autism, and other emotional and behavioral challenges. Providers meet together with the family to gather information, provide diagnostic impressions (including the use of standardized testing), and make recommendations prior to the end of the visit.

Self-Care and Independence Program (SCIP) supports children 13 years and older with spina bifida through a team-based approach to care. Specialties include neuropsychology, physical medicine and rehabilitation, social work, occupational therapy, urology, child life, and nursing. Through consultation, targeted assessments, and follow up, the team works with the patient and their family to build independence, advocacy, and knowledge regarding managing the unique needs related to spina bifida.

The *Synaptopathies Clinic* provides evaluation and clinical care for patients with neurogenetic disorders caused by genes involved in the function of the synapse (e.g., SYNGAP1 and Phelan-McDermid syndrome) Together, disciplines including neuropsychology, behavioral psychology, neurology, social work, genetics, and epileptology engage in collaborative care, which is critical given that synaptic dysfunction can affect many different body systems.

Presenters will provide education regarding the practical and clinical function of each clinic as well as strategies to support effective, targeted interdisciplinary care.

Target Audience

This topical symposium is appropriate for all career development stages, including (but not limited to) trainees, and early/mid-/late career professionals. Given that the focus of the symposium is on integrated care, this symposium is appropriate for trainees and professionals from a variety of disciplines and backgrounds (e.g., developmental behavioral pediatricians, neurologists, psychologists, nurse practitioners, social workers, etc.). The information provided in this symposium will include practical ways to engage and intertwine multiple disciplines to provide high quality, evidence-based, targeted care to youth with neurodevelopmental disabilities.

Learning Objectives

1. Identify strategies to improve patient access to and engagement in neurodevelopmental care
2. Discuss the benefits and challenges of an integrated care model when assessing and treating patients with neurodevelopmental disorders
3. Propose practical methods for the implementation of integrated care across a range of patient populations

Keywords: Clinical Practice, Interprofessional Practice

16. Research Symposia: Early Autism Diagnosis and Management: A Primary and Specialty Shared-Care Model

Chair: Amanda Bennett, MD, Children's Hospital of Philadelphia
Discussant: Rebecca McNally-Keehn, PhD, Riley Children's Indiana University School of Medicine

Symposia Objective

The objective of this research symposium is to highlight innovative models of shared-care between subspecialty and primary care providers to increase access to early diagnosis and intervention for children with autism spectrum disorder.

Abstracts:

1. Early Autism Diagnosis in Primary Care: Empowering PCPs to Assess Autism in Toddlers

Amanda Bennett, MD, MPH; Sarah Wozniak-Kelly, BA, Children's Hospital of Philadelphia; Ritika Kommareddi, BA, LaSalle University; Jennae Reken, MD, Children's Hospital of Philadelphia; Ola Swiatek, BS, University of Pennsylvania; Judith Miller, PhD, Children's Hospital of Philadelphia

Introduction: To evaluate diagnostic outcomes following autism evaluations performed by PCPs. Autism specialist shortages are a major barrier to timely diagnosis and intervention for young children. By training PCPs to recognize and diagnose autism in toddlers with a high-likelihood of autism, we can reduce the age at which children receive a diagnosis, facilitate earlier access to interventions, strengthen care within the medical home, and alleviate burden on specialists.

2. Predictors of Patients Lost to Follow-up in Primary Care-Based Autism Diagnostic Evaluation

Judith Miller, PhD, Children's Hospital of Philadelphia; Ritika Kommareddi, BA, LaSalle University; Sarah Wozniak-Kelly, BA; Amanda Bennett, MD, MPH, Children's Hospital of Philadelphia

Introduction: Four primary care providers (PCP Champions) in two inner city practices were trained in identification of ASD using the Childhood Autism Rating Scale-2 (CARS-2) and the Screening Tool for Autism in Toddlers and Young Children (STAT). Children with a clear presentation of ASD received a diagnosis and were referred to services. Children who did not clearly meet criteria were referred for further evaluation with the Developmental and Behavioral Pediatrics (DBP) department. Some patients referred to DBP were lost to follow-up. This study explores variables associated with likelihood of attending an evaluation with DBP after referral from a PCP Champion.

3. Evaluation of an Early Autism Diagnostic Model in Primary Care

Jennae Reken, MD, Children's Hospital of Philadelphia; Ola Swiatek, BS, University of Pennsylvania; Judith Miller, PhD; Amanda Bennett, MD, MPH, Children's Hospital of Philadelphia

Introduction: Primary care autism diagnostic models may improve access. Studies report that primary care pediatricians (PCPs) can accurately diagnose autism for clear presentation, but errors increase when PCPs attempt to rule-out autism. We evaluated outcomes of a program that trained and supported PCPs diagnosing children with high-likelihood of autism in their medical home.

4. Autism Manager: Preliminary Feasibility and Acceptability of an Epic-Based Management Tool

Judith Miller, PhD; Sarah Wozniak-Kelly, BA; Nicolette Bauermeister, MA, BCBA; Kaitlin Goy, MSN, CRNP, Children's Hospital of Philadelphia

Introduction: The Autism Manager is an Epic-embedded tool designed to standardize and enhance care for autistic patients by centralizing the tracking of milestones, autism characteristics, and recommendations. By assessing usage, provider satisfaction, and acceptability of Spanish-language resources, we aim to refine the tool and maximize its effectiveness in supporting patient care.

2:45pm coffee break with Exhibitors

3:00pm – 4:30pm (4 options)

17. Topical Symposium: Pathological Demand Avoidance: Understanding Our Patients Who “Can’t, Not Won’t”

Bethany Ziss, MD, Allegheny Health Network; Emily Wassmer, MD, Children's Hospital of Philadelphia; Katheryn Frazier, MD, University of Virginia

Description

Pathological demand avoidance (PDA) was first described in the 1980s, referring to a group of children on the autism spectrum who experience marked impairment in response demands. These individuals often have strong language and imagination, coupled with significant anxiety, leading to behavior that is frequently described as oppositional. Both external expectations (e.g., at home or school) and internal sensations (e.g., hunger or fatigue) can trigger distress, and avoidance strategies may range from refusal to negotiation to extreme behavioral outbursts. PDA is often described as a profile rather than a distinct diagnosis, and some prefer the term “persistent drive for autonomy.” Up to 20% of autistic children may fit this profile. Many clinicians are now seeing children with the PDA profile and finding it a useful framework for understanding complex behavioral challenges. Increasingly, caregivers are learning about PDA through social media or peer networks and are actively seeking providers who are familiar with PDA and provide care through this lens. Reduced demands and an accommodative approach are often key, in contrast to traditional behavioral strategies for dysregulation. This session will explore what is - and isn’t - currently known about PDA in the literature, how this profile intersects with other neurodevelopmental diagnoses, and what neurodiversity-affirming strategies are most effective. The symposium will introduce an introductory case, structured overview of PDA traits and differential diagnosis, review of relevant research and gaps, discussion of relationship-based approaches (including low-demand parenting and declarative language), and small-group case discussions. Attendees will leave with greater clarity, confidence, and nuance in supporting families navigating this increasingly recognized profile.

Target Audience

This session is intended for clinicians across all stages of training and practice, including trainees, early-career professionals, and experienced providers. It will be particularly relevant to developmental-behavioral pediatricians, general pediatricians, psychologists, social workers, and other clinicians who work closely with autistic children and their families. Increasingly, families are learning about Pathologic Demand Avoidance (PDA) and are actively seeking providers who are knowledgeable about PDA and able to provide guidance through that lens.

Learning Objectives

1. Recognize key traits associated with Pathological Demand Avoidance (PDA) and how these may present across developmental profiles in children and young adults.
2. Critically appraise the current literature on PDA, including proposed diagnostic criteria and its relationship to other neurodevelopmental conditions.
3. Apply flexible, collaborative, and neurodiversity-affirming strategies to support and advocate for children with PDA in clinical and educational settings.

Keywords: Clinical Practice

18. Topical Symposium: Digital Innovations in Parenting Support: From Meta-Analytic Evidence to Real-World Implementation

Therdpong Thongseiratch, Ramathibodi Hospital Mahidol University; Pon Trairatvorakul, MBBS, MS , Center of Excellence for Maximizing Children’s Developmental Potential, Chulalongkorn University, King Chulalongkorn Memorial Hospital, Thai Red Cross Society; Kelly Kamimura-Nishimura, MD,MS, Cincinnati Children's Hospital Medical Center, University of Cincinnati College of Medicine

Description

Health systems now recognize four evidence-based tiers of digital parenting support—**therapeutic, indicated, selective, and universal**—but few clinicians know how to match the tier to family needs, finance the roll-out, or monitor equity impact. This 90-minute symposium gathers three Developmental & Behavioral Pediatrics (DBP) physicians who have implemented and studied these tiers on two continents.

Target Audience:

This session targets **early- and mid-career** DBP physicians, child psychologists, social-work clinicians, and program administrators who are charged with selecting or implementing digital parenting supports but lack formal training in health informatics, cost analysis, or equity evaluation.

Learning Objectives

1. Compare effectiveness, engagement, and cost metrics across therapeutic, indicated, selective, and universal digital parenting models.
2. Design a workflow-integrated plan to implement the digital tier that matches their local risk profile and resource constraints.
3. Apply an equity-impact checklist to adapt digital parenting interventions for families facing linguistic, socioeconomic, or geographic barriers.

Keywords: Advocacy, Clinical Practice, Research

19. Topical Symposium: Pathways for Developing Equitable Patient Education Resources to meet Family Needs

Ashley McGinn, PhD, Indiana University School of Medicine; Katharine E Zuckerman, MD, MPH, Oregon Health & Science University; Cy Nadler, PhD; Maria Avitia, Ph.D., Children's Mercy Kansas City; Karis Casagrande, PhD, University of Washington; Ann Marie Martin, Ph.D., Indiana University School of Medicine

Description

Families with children who have NDDs are faced with a complex web of services and systems to navigate in order to access evaluation and treatment. DBP clinicians often lack the time and resources to help families navigate these obstacles. After a life-changing diagnosis, families are regularly provided a folder with multiple handouts about their child's condition and interventions. Patient education materials, while well-intentioned, often are perceived as overwhelming to families. Additionally, many materials are only available in English and written at a reading level that is not appropriate for all families. This Topical Symposium will present lessons learned in the process of developing and disseminating patient education materials to enhance equitable knowledge sharing both within traditional hospital/clinic systems as well as through collaboration with community partners. Panelists will discuss adaptations to patient education resources including considering the culture and languages spoken by patients, health literacy & readability scores, and using plain language to communicate diagnosis and treatment recommendations. In addition, various methods of providing patient education will be highlighted, including virtual classes on topics of interest, developing videos to facilitate access, as well as distribution techniques to increase engagement. Finally, the panelists will share resources with the audience and facilitate sharing by attendees, so that others can enhance their practice by sharing resources. Efforts discussed have been conducted within various hospital/clinic settings including at Children's Hospital A, Children's Hospital B, Children's Hospital C, and Pediatric Clinic D. In this symposium, clinicians will share their journeys in developing equitable patient education materials including: identification of patient needs, developing materials in concert with a diverse team; adapting materials for different cultures and language needs; and overcoming obstacles within their systems. This symposium will include live presentations, video and documents developed through various processes, as well as audience Q&A and resource-sharing.

Target Audience

This topical symposium is appropriate for all DBP learners and professionals at any career stage who are interested in learning about adapting patient education materials in their practice. Panelists represent professionals at multiple career stages (assistant, associate, and full professor) as well as multiple professional backgrounds (clinical & school psychologists, pediatrician). This presentation will be accessible to attendees at various career stages using a multimodal presentation format (i.e., traditional oral presentation supplemented by written presentation slides, videos, and audience discussion). Presenters will meet the learning needs of a wide audience through demonstration of collaboration across disciplines both within organizations and by creating partnerships with community organizations. This presentation will be of educational value to those interested in accessible patient education, harnessing technology to facilitate patient engagement, and developing patient education materials that are culturally grounded.

Learning Objectives

1. Learn strategies for adapting patient education materials for families using various formats (print, videos, classes, etc.)
2. Explore approaches for overcoming institutional barriers to resource development.
3. Identify approaches for collaborating with community partners to enhance materials for diverse family needs.

Keywords: Clinical Practice, Education

Sunday, September 21 *continued* All times PACIFIC

20. Research Platform 3 (5 presentations): *The Workforce & Access to Care in DBP* – *Moderator: to come*

Is Two Weeks Enough? Recruiting Medical Students to Developmental Behavioral Pediatrics
Alexa Coon, DO, University of Texas- Galveston; Fabiola Medina, MD, University of Texas; Samuel Wunderly, PhD, Emory

Oregon Psychiatric Access Line for Kids – Developmental and Behavioral Pediatrics (OPAL-K-DBP): Piloting A Novel Approach to Improve Access to Developmental and Behavioral Pediatric Services for Oregon Primary Care Providers
Duygu Unkaracalar, MD; Randall Phelps, MD, PhD; Rhonda Eppelsheimer, MSW; Cambrynne Dejong, MD; Ashley Stone, MD; Benjamin Sanders, MD; Katharine Zuckerman, MD, MPH., FAAP, Oregon Health & Science University

Evaluating a Novel Training Program for Early Childhood Educators of Children with Autism
Kristin Sanchez, MD, Brown University Health; Pamela High, MD, MS, Hasbro Children's /Rhode Island Hospital; Pei-Chi Wu, MD, Brown University; Minerva Ortiz, Parent Navigator, The Autism Project of RI; Stephanie Shepard Umaschi, PhD, Bradley Hospital Brown University Health

The Role of Telehealth in Improving Access Equity via Increased Appointment Completion in Developmental Behavioral Pediatrics
Lauren Misik, MD; Elizabeth Barnhardt, DO, MA(Ed); Daniel Coury, MD; Amrik Khalsa, MD, MS, Nationwide Children's Hospital; Brett Klamer , MS, Ohio State University ; Katherine Steingass, MD, Nationwide Children's Hospital

Characteristics and Expertise of Nurse Practitioners Compared to Physicians in Academic Divisions of Developmental-Behavioral Pediatrics: A DBPNet Study
Nathan J Blum, MD, Children's Hospital of Philadelphia; Pamela High, MD,MS, Hasbro Children's /Rhode Island Hospital; Marilyn Augustyn, MD, Boston Medical Center/ Boston University; Ruth EK Stein, MD, Albert Einstein College of Medicine; Justine Shults, PhD, Children's Hospital of Philadelphia; Nancy Roizen, MD, Rainbow Babies and Children's Hospital/Case Western Reserve; DBPNet Steering Committee, MD, CHOP

4:45pm – 6:15pm
Member Meeting, Awards & Incoming Presidential remarks

The SDBP member business meeting includes: SDBP meeting update; Financial Report; JDBP update; Committee/SIG/Section outgoing chairs and acknowledgment of service; 2024 Career Award recipients, 2024 Research Grant and Award recipients; Recognition of outgoing and new Board of Directors and transition of presidency; *Incoming Presidential Remarks*

7:00pm – 10:00pm - PLEASE BRING YOUR ENTRANCE TICKET!
Social Dinner: *Includes dinner, music, DJ, dancing!*

7:30am – 12:30pm
Registration

7:30am-12:00pm – Exhibits

7:30am – 8:30am
Continental Breakfast

8:15am – 9:15am

Plenary: Because the Internet Said So: A Toolkit for Managing Misinformation in the Age of Social Media

Hannah Perrin, MD, University of California, San Francisco (UCSF); Jennifer Cervantes, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Sally Cohen, PhD, MSN, BA, NYU Rory Meyers College of Nursing; Dinah Godwin, MSW, LCSW-S, Meyer Ctr for Developmental Pediatrics; Robert Keder, MD, Connecticut Children's / University of Connecticut; Rebecca Lieb, PhD, Kennedy Krieger Institute; Marisa Toomey, MD, University of Kentucky (UK) HealthCare

Description

The AAP, AMA, APA, and NAPNAP are just a handful of major national entities that have either named mis-information as a high-priority topic or released consensus statements regarding the health implications of mis-information over the last few years. Misinformation has particularly impacted the field of developmental-behavioral pediatrics by specifically targeting conditions managed by developmental-behavioral specialists, such as autism. Although anti-science rhetoric has been present for decades, several factors have more recently encouraged increasing spread, including institutional mistrust, political polarization, and deepening economic divides. Furthermore, the advent of the internet and social media has created a convenient vehicle for the spread of misinformation. With recent years seeing an increase in research on the psychology of misinformation, developmental-behavioral professionals may wish to better understand why health misinformation spreads and how it changes behavior, and learn how to respond when confronted with misinformation from a patient/family, particularly as this can be complicated by institutional regulations and guidelines.

This symposium will help trainees and professionals across disciplines better understand the phenomenon of misinformation and recognize how it manifests in the field of developmental-behavioral pediatrics; it will equip participants with skills and tangible tools they can use in their practice.

Participants will hear from a guest speaker who is a Nobel Peace Prize nominee in global health and will practice evidence-based strategies for management of misinformation with patients and within their various areas of practice.

Target Audience

This symposium is inclusive of all career development stages, including, but not limited to, trainees, early career, mid-career, late career, and senior-career level professionals. Given that the topic of misinformation intersects across all areas of practice, this symposium would be a fit for trainees and professionals from any discipline and background. Professionals and trainees are faced with the difficult task of upholding their professional ethics and values through management of misinformation with children and families, while simultaneously having to abide by institutional guidelines related to advocacy. This symposium will provide practical strategies for the management of misinformation that can be used in any practice setting.

Learning Objectives

1. Describe in detail the ongoing risk and impact of misinformation to public health and well-being.
2. Define the current trends associated with misinformation and associated challenges.
3. Demonstrate the use of innovative strategies and toolkit materials to practice management of misinformation.

Keywords: Advocacy, Clinical Practice, Interprofessional Practice, Education, Ethics, Research

9:30am – 10:45am (4 options)

21. Plenary follow up session: Because the Internet Said So: A Toolkit for Managing Misinformation in the Age of Social Media

Hannah Perrin, MD, University of California, San Francisco (UCSF); Jennifer Cervantes, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Sally Cohen, PhD, MSN, BA, NYU Rory Meyers College of Nursing; Dinah Godwin, MSW, LCSW-S, Meyer Ctr for Developmental Pediatrics; Robert Keder, MD, Connecticut Children's / University of Connecticut; Rebecca Lieb, PhD, Kennedy Krieger Institute; Marisa Toomey, MD, University of Kentucky (UK) HealthCare

22. Conversational Roundtable: FASD and Autism: Divergent Roots, Converging Challenges --Parsing the Overlap in Social Profiles

Yasmin Senturias, MD, Atrium Health-Levine Children's Hospital/Wake Forest School of Medicine; Catherine Lipman, MD, Cleveland Clinic Children's Hospital; Kimberly Burkhart, PhD, UH Rainbow Babies and Children's Hospital/Case Western Reserve University School of Medicine; Denise Bothe, MD, Rainbow Babies and Children's Hospital; Lynn Cole, RN, DNP, University Of Rochester Medical Center; Tanaporn Jasmine Wilaisakditipakorn, MD, UC Davis MIND Institute

Central Theme

Fetal Alcohol Spectrum Disorders (FASD) and Autism Spectrum Disorder (ASD) are two neurodevelopmental conditions that frequently present with overlapping social difficulties—including challenges with communication, emotional regulation, and social skills. However, the roots of these difficulties differ significantly: ASD stems from inherent differences in social cognition and sensory processing, while FASD-related social difficulties are often driven by impairments in executive function, problem solving, processing speed, memory, and adaptive functioning resulting from prenatal alcohol exposure. This roundtable will explore the nuanced social profiles of children and adolescents with FASD and ASD—individually and when both diagnoses coexist. Clinicians and researchers often encounter cases where FASD and ASD co-occur or are difficult to distinguish, which has important implications for intervention, caregiver education, and service eligibility. The session will discuss clinical, ethical, and diagnostic dilemmas, including how neuropsychological findings, for Autism Spectrum Disorder and DSM 5 criteria for FASD-Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE) and contextual social histories shape diagnostic decisions and impact care delivery.

Learning Objectives:

1. Differentiate the underlying causes and clinical presentations of social and communication challenges in children with FASD versus those with ASD, with attention to neurocognitive and adaptive profiles.
2. Evaluate the interpretation of neuropsychological testing as well as the DSM-5 criteria for ASD and ND-PAE when both conditions are under consideration.
3. Apply multidisciplinary strategies to deliver accurate diagnoses, ensure equitable access to services, and communicate co-occurring or overlapping diagnoses to families with clarity and compassion.

Keywords: Advocacy, Clinical Practice, Interprofessional Practice

Pre session readings/media for audience

1.Waite D, Burd L. Common developmental trajectories and clinical identification of children with fetal alcohol spectrum disorders: A synthesis of the literature. Adv Drug Alcohol Res. 2023 Apr 3;3:10877. doi: 10.3389/adar.2023.10877. PMID: 38389815; PMCID: PMC10880764.

2.Hagan JF Jr, Balachova T, Bertrand J, Chasnoff I, Dang E, Fernandez-Baca D, Kable J, Kosofsky B, Senturias YN, Singh N, Sloane M, Weitzman C, Zubler J; Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure Workgroup; American Academy of Pediatrics. Neurobehavioral Disorder Associated With Prenatal Alcohol Exposure. Pediatrics. 2016 Oct;138(4):e20151553. doi: 10.1542/peds.2015-1553. PMID: 27677572; PMCID: PMC5477054.

23. Topical Symposium: Clinical Trials in Autism: Rationale, Challenges, Progress, and You

Paul Wang, MD, Simons Foundation/CRA

Description

SDBP members are key consumers of intervention research on autism. This presentation will, first, present the rationale for this research – to benefit those who seek such supports. It will then provide an accessible overview of the neurobiology underpinning some current drug development programs, and the challenges faced in clinical trials for both drug and behavioral interventions. These issues will be discussed in the context of recently completed studies that the presenter helped to lead. Finally, the presentation will ask the audience to consider their own potential role in intervention research.

Autism spans a wide spectrum of neurodiversity, from individuals who are fully independent to those with severe impairments in adaptive function, even with environmental modifications and supports. The latter individuals have extensive needs, and almost all on the spectrum desire treatments that might ameliorate their sensory symptoms, thus providing broad motivation for intervention research. The “E:I imbalance” theory posits that the dynamic between excitatory and inhibitory neurotransmission is changed in autism, potentially by excessive excitatory and/or deficient inhibitory signaling. This theory is supported by genomic studies of autism that implicate the genes for the GABA-B receptor. Furthermore, rare variants (“mutations”) in these genes are associated with neurodevelopmental disability. Translating basic science insights into clinical therapeutics is uniquely challenging for neurodevelopmental conditions because the brain is “more different” than other organs in humans vs. laboratory animals. While lab animals can faithfully model diabetes, cancer, and infections, there is no true “animal model of autism.” The effort to develop therapeutics for autism is thus hampered by the large gap between animal models and the human condition. Clinical trials in autism also face large challenges in protocol design. What effect size should be expected? What duration of treatment is needed? What assessment(s) will best reflect treatment effects? Trials to date have used assessments that are designed for diagnosis rather than assessment of change; that may have poor sensitivity to change; that may not provide coverage of the full spectrum of symptoms; and that simply have inadequate psychometrics. Better assessment approaches are needed. Human biomarker studies of sensory processing in autism may provide useful insights for new directions in clinical trials.

Target Audience

Psychologists, physicians, and their allied partners – already are attentive consumers of intervention research in autism. They also can be central players in this research, and should consider taking on such a role more commonly.

Learning Objectives

– Explain the rationale for GABA-ergic drugs in autism
– Identify challenges in clinical trial design for autism interventions
– Appraise your own potential role in clinical trials

Keywords: Clinical Practice, Research

24. Topical Symposium: DBP on the Wards: Systems Change, Collaboration, and Consultation

Alexandra Seabury, MD, MS; Mary Pipan, MD; Kathleen Campbell, MD, MHSc, Children's Hospital Of Philadelphia;
R. Scott Akins, DO, UC Davis

Description

"DBP on the Wards: Consultation, Collaboration, and Systems Change" will highlight the transformative role of developmental-behavioral pediatrics (DBP) in inpatient settings, emphasizing how a variety of approaches can improve care for neurodivergent children in the hospital. This symposium will bring together experts from two large children’s hospitals on opposite sides of the country to explore and compare models of DBP consultation and systems change, as well as the integration of DBP principles into inpatient care. The first presentation will focus on the foundational role of DBP in creating positive and equitable inpatient experiences for neurodivergent children. This includes advocacy, supporting policy changes, education and proactive strategies to support patients and families. It will explore how all institutions and practitioners can prepare patients and families for a more successful and equitable inpatient experience. The second presentation will delve into a systems-level approach that focuses on training staff, creating individualized supports, and pre-visit planning for vaccination, EEG, blood draws and sedated procedures. This model prioritizes inclusion and aims to empower hospital teams to provide better care for neurodiverse children by training staff, providing unit-specific tools and adapting environments. The third presentation will cover the hospital inpatient consultation service, a model that emphasizes direct assessments, testing, and recommendations for neurodivergent children in the hospital setting. This session will also discuss the benefits and challenges of implementing the consultation service. Throughout, case-based examples and the SAFE guidelines will be woven into each presentation as a framework for providing evidence-based, neurodivergent-inclusive care that addresses the needs of these patients within the hospital setting.

Target Audience

This symposium is designed for developmental-behavioral pediatricians (DBPs) and other healthcare professionals involved in the care of neurodivergent children in inpatient settings. It is particularly relevant to those working in hospitals where neurodivergent children may present with complex medical and behavioral needs, often in underserved or minoritized populations. The session will be beneficial for clinicians in early-career and mid-career stages, as well as those interested in systems-level approaches and advocacy for neurodivergent patient populations.

Learning Objectives

1. Describe the role of developmental-behavioral pediatrics in enhancing inpatient hospital experiences for neurodivergent children through advocacy, policy change, education, and proactive care planning.
2. Analyze the programs and inpatient consultation service models, identifying key components and best practices for implementing effective DBP consultation in hospital settings.
3. Develop actionable strategies to enhance collaboration among inpatient teams and implement systems-level changes that improve care for neurodivergent children, incorporating principles of diversity, equity, and inclusion.

Keywords: Advocacy, Clinical Practice, Interprofessional Practice,

11:00am – 12:30pm (3 options)

25. Topical Symposium: From Referral to Relief: Innovating Access to Neurodevelopmental Services through Telehealth Triage

Jonathan Mietchen; Alanna Kessler-Jones, PsyD, University of Wisconsin - Madison

Description

Wait times for pediatric developmental specialty services continue to rise, limiting access to important developmental diagnostic and treatment services. We've all seen patients who, after an extensive wait, it turns out are not appropriate for our clinic, and would be better served by a different specialty. Inappropriate or suboptimal referrals exacerbate this issue leading to frustration for patients and providers alike. From 2022 to present we initiated a telehealth consultation service to assist with the triage of referrals made to a pediatric neuropsychology group in an academic medical center. We met with referred patients via telehealth at time of referral. The purposes of this triage service were to: 1) clarify the referral question, 2) ensure we were the correct subspecialty to answer the referral question; 3) triage the patient appropriately (e.g., ensuring those who needed urgent evaluation were seen immediately; and 4) give the family recommendations while they are waiting for an evaluation appointment. In 2 years, 467 patients were seen through the triage service. We deemed 25% as not appropriate or not needing further neuropsychological evaluation, and 65% were placed on the standard wait list. The last 10% were deemed as needing more immediate evaluation and were evaluated within a few weeks. This process reduced our wait times from 22 to 15 months. It also increased access to pediatric neuropsychology consultation, ensuring patients had an opportunity to talk to a neuropsychologist within a month of referral. This symposium will focus on how we implemented this service, including scheduling, billing, documentation, and triage decisions. We'll discuss how this neuropsychology model may be implemented in other developmental specialties. We'll discuss data showing improved access for families and satisfaction for referring providers. Finally, we'll discuss how our data was used to support a funded LCSW position dedicated to this service.

Target Audience

Inordinately long waitlists and suboptimal referral questions are problems that effect trainees, mid-career, and seasoned clinicians alike. Our presentation will assist clinicians across the spectrum of career development, helping them to optimize their clinic visits, and ensure that patients are being seen by the most appropriate specialty clinic to optimize their evaluation and treatment. This symposium will focus on clinicians in busy clinical practice who see a high volume of patients, and discussing how a telehealth triage consult service can optimize their clinical practice and reduce wait times for families. We feel this model is generalizable to pediatric specialties in a variety of settings. We are located in an academic medical center, and can envision this model improving care at community or private practices.

Learning Objectives

1. Describe the benefits of a telehealth triage service.
2. List the components of an effective triage intake.
3. Identify solutions to barriers that will allow you to introduce a triage model at your institution.

Keywords: Clinical Practice, Interprofessional Practice

26. Topical Symposium: An Infant Mental Health-Informed Model of Care: Promoting Infant Mental Health and Early Childhood Relational Well-being in Pediatric Care

Sherri Alderman, MD, Portland State University; Roxanne Chang, MD, Harbor-UCLA Medical Center; Richard Solomon, MD, Ann Arbor Center for Developmental and Behavioral Pediatrics

Description

Physical, mental, and developmental health are inextricably intertwined. Yet, medical practice often views them separately or overlooks the psychological contributions to health and well-being in infancy and early childhood development. There is vital need to address this issue, especially post-COVID. Fundamental to pediatric practice is promotion of social and emotional (SE) development in infancy and early childhood, a.k.a., infant mental health (IMH). IMH, including relational health, emotional regulation, emerging sense of agency, and more, is foundational to overall development. Yet, little medical education and training include education and skill-building capacity to promote IMH in practice. Pediatric clinic is a setting where promotion of IMH can be embedded into every encounter. IMH involves a two-generation approach with an infant- young child-centric focus. Building pediatricians' knowledge, perceptions, and skills to view early childhood development through an IMH lens has potential for enhancing family engagement, enriching the parent-pediatrician trusting relationship, and positively contributing to the child's physical, mental, and developmental health as well as the pediatrician's sense of professional fulfillment.

Target Audience

This session targets trainees, early-, mid-, late-, and senior career pediatricians in clinical practice, medical school education, residency programs, and/or advocating for infants, young children, their families, and communities. This topical symposium is relevant to clinicians, administrators, scholar practitioners, and child advocates.

Learning Objectives

1. Name three characteristics of healthy infant and early childhood mental health
2. Explore methods for embedding infant and early childhood mental health promotion in a variety of clinical settings that take into consideration the family system with the infant or child at the center of care
3. Identify one feasible change in clinical practice that would enhance promotion of healthy infant and early childhood mental health and relational well-being

Keywords: Advocacy, Clinical Practice, Interprofessional Practice, Education

27. Research Platform 4 (5 presentations): What's in Your Toolbox? – *Moderator: to come*

Measuring Change Using the Vineland Adaptive Behavior Scales in Individuals with Down Syndrome

Emily Denne, PhD; Adam Carle, PhD; Jennifer Bekins, MA, SLP, Cincinnati Children's Hospital; Deborah Fidler, PhD; Kaylyn Van Deusen, MA, Colorado State University; Angela John Thurman, PhD, University of California Davis; Anna Esbensen, PhD, Cincinnati Children's Hospital

Caregiver Perceptions of Autism Tele-Assessment and In-Person Assessment: Results from a Multi-site Study of the TAP

Laura Corona, PhD, Vanderbilt University Medical Center; Devon Gangi, PhD; Sally Ozonoff, PhD; Shyeena Maqbool, BS, University of California Davis - MIND Institute; Makayla Honaker, BS; Anna Kathleen Spitler, BS; Amy Swanson, MA; Zachary Warren, PhD, Vanderbilt University

The M-CHAT Was Positive; What Happens Next?: An Investigation into Referrals Placed at the Time of Autism Screening

Kendall Abbas, MD; Katherine Steingass, MD; Courtney Brown, MD; Mary Ann Abrams, MD; Ann Levine, Psy.D; Elizabeth Barnhardt, DO, MA(Ed), Nationwide Children's Hospital

Diagnostic Accuracy of the Social Responsiveness Scale, Second Edition (SRS-2) in a Developmental Behavioral Pediatric Practice

Sarah Vess, PhD, MED, MBA, BS, Atrium Health Wake Forest Baptist/Wake Forest University; Jonathan Campbell, PhD, Western Carolina University; Tim Immelman, PhD, Atrium Health Wake Forest Baptist/Wake Forest University; Brandon Zhang, BS; Nashali Vescovacci, BS, Wake Forest University; Haley Raper, BS, Atrium Health Wake Forest Baptist

PARALI Flash-Card Battery for Early Dyslexia Risk Stratification: A 60-Second Screening Tool for 5-to 6-Year-Olds in Routine Pediatric Well-Child Visits

Lorin Ferris, MD, Inova Children's Hospital; Isuru Dassanayake, PhD, George Mason University; Mary Elizabeth Calabrese, DO, MPH, Inova Children's Hospital

12:30pm – 1:30pm

Section Meetings*: Advanced Practice Clinicians (APC), Community & Private Practice, Fellow Training, International, Psychology*

Annual Meeting Adjourned