SDBP
Society for Developmental & Behavioral Pediatrics

2026 Annual Meeting Program



- Schedule-at-a-Glance
- General Information
- Detailed Meeting Sessions
- Sponsors and Exhibitors
- Advertisements

Sheraton New Orleans
New Orleans, LA
Fri, Oct 23 - Tues, Oct 27



Schedue-at-a-Glance

FRIDAY, October 23 — *All Times Central*

3:00pm – 6:00pm
Board of Directors
ROOM: Edgewood AB (4th floor)

3:45pm – 8:30pm
Research Scholars Symposium
(invitation only)
ROOM: Borgne (3rd floor)

6:00pm – 8:00pm
Board and C/S/S chairs
ROOM: Maurepas (3rd floor)

SATURDAY, October 24 — *All Times Central*

7:00am – 6:00pm
Registration - Napoleon Foyer (3rd Fl)

Quiet Room: Poydras (3rd floor)

7:30am – 12:00pm
Research Scholars Symposium
ROOM: Borgne (3rd floor)

8:00am – 12:00pm (additional fee)
Clinical Symposium 1: Autonomy VS Safety-Navigating Relationships…
ROOM: Maurepas (3rd floor)

9:00am – 12:00pm (additional fees)
Workshop A: How to Pay for Stuff Insurance Won't: Accessing Funding…
ROOM: Rhythms I (2nd floor)

Workshop B: We Love Messy!: Practical Tips for Pediatric Feeding Disorders…
ROOM: Rhythms II/III (2nd floor)

9:00am – 4:00pm (additional fee)
Teaching DBPeds Workshop
See Separate breakout schedule
ROOMS: Bayside AB & C (4th floor)

12:30pm – 4:30pm (additional fees)
Clinical Symposium 2: Adolescent Psychosis in Genetic Develop Delay
ROOM: Maurepas (3rd Floor)

Clinical Symposium 3: From Clinic to Caregiver: Practical…RUBI Parent…
ROOM: Borgne (3rd Floor)

1:00pm – 4:00pm (additional fees)
Workshop C: Leveling Up Your Collaboration with Schools…
ROOM: Rhythms II/III (2nd floor)

Workshop D: From Intention to Implementation: Quality Improvement…
ROOM: Rhythms I (2nd floor)

1:00pm – 5:00pm
Exploring DBP Program: *Dedicated to the Legacy of Nancy Packert Shashaty, MD*
(invitation only)
ROOM: Waterbury (2nd floor)

5:00pm – 6:00pm

1st Time Attendees/New Members
ROOM: Rhythms I (2nd floor)

Mentor/Mentee Session
Rhythms II/III (2nd floor)

5:00pm – 7:15pm - Exhibits
Napoleon CD (3rd floor)

6:00pm – 7:15pm
OPENING RECEPTION & POSTER SESSION 1 (posters 1-64)
ROOM: Napoleon CD (3rd Fl)

SUNDAY, October 25 — *All Times Central*

7:00am – 6:00pm
Registration - Napoleon Foyer (3rd Fl)

Quiet Room: Poydras (3rd floor)

7:00am – 8:15am
***Continental Breakfast* – Napoleon**

7:00am – 6:15pm - Exhibits
Napoleon CD (3rd Fl)

7:15am – 8:15am Committee Mgs:
***Advocacy* - Maurepas (3rd floor)**
***Education* - Rhythms (2nd floor)**
***Practice innovations* – Borgne (3rd fl)**

8:30am – 9:30am
WELCOME & PRESIDENTIAL ADDRESS
ROOM: Napoleon AB (3rd floor)

10:00am – 11:30am
Conversational Roundtable: DBP Across Cultures: Global Perspectives…
ROOM: Rhythms (2nd floor)

Topical Symposia: Play Rx: Reclaiming Play as Developmental Care…
ROOM: Bayside (4th floor)

Research Platform 1: Autism Assessment
ROOM: Napoleon AB (3rd floor)

11:45am – 12:45pm
Trainee/Recent Grad Lunch
ROOM: Waterbury (2nd floor)

JDBP Editorial Lunch *(Invitation Only)*
ROOM: Maurepas (3rd floor)

OR Lunch on your own

1:00pm – 2:30pm
Conversational Roundtable: DBP Experts: Champions of healthcare change…
ROOM: Rhythms (2nd floor)

Topical Symposia: Intersecting Spectrums…Fetal Alcohol and ASD
ROOM: Napoleon AB (3rd floor)

Topical Symposia: Evaluating Children Who are Deaf/Hard of Hearing For ASD
ROOM: Borgne (3rd floor)

Research Platform 2: Systems Based Care
ROOM: Bayside (4th floor)

2:30pm – 3:00pm
Coffee break - **Napoleon CD (3rd floor)**

SUNDAY, October 25 *(Continued)* — *All Times Central*

3:00pm – 4:30pm
Conversational Roundtable: Disability Inclusion in Medical Education…
ROOM: Rhythms (2nd floor)

Topical Symposia: Hot Topics in Behavioral and Pharm Mgmt…ADHD
ROOM: Napoleon AB (3rd floor)

Topical Symposia: Building a Practice-Diverse DBP Research Network…
ROOM: Borgne (3rd Floor)

Research Platform 3: Family & Social Interventions
ROOM: Bayside (4th floor)

4:45pm – 6:15pm
POSTER SESSION 2
(posters 65-129)
ROOM: Napoleon CD

MONDAY, October 26 — *All Times Central*

7:00am – 6:00pm
Registration - Napoleon Foyer (3rd fl)

Quiet Room: Poydras (3rd floor)

7:00am – 8:15am
Continental Breakfast
Napoleon CD (3rd floor)

7:00am – 2:30pm - Exhibits
Napoleon CD (3rd floor)

7:15am – 8:15am Committee Mgs:
***DEI* - Rhythms**
***Membership* - Bayside**
***Past Presidents* - Maurepas**
***Research* - Napoleon AB**

8:30am – 9:30am
Leonard A. Rappaport Lectureship
Thomas Challman, MD
ROOM: Napoleon AB (3rd floor)

9:45am – 11:00am
Lectureship follow up:
Thomas Challman, MD
ROOM: Napoleon AB (3rd floor)

Topical Symposia: Advancing Equitable Care for Neurodevpmntl Populations…
ROOM: Rhythms (2nd floor)

Topical Symposia: The ECHO Model: Moving Beyond Medical Providers…
ROOM: Bayside

Lunch – On your own

12:30pm – 2:00pm
Conversational Roundtable: APC-Physician Practice Model
ROOM: Rhythms (2nd floor)

Topical Symposia: Civic Engagement: An Effective Way to Say "I Do" to Advocacy
ROOM: Napoleon AB (3rd floor)

Research Platform 4: Medical Complexity
ROOM: Bayside (4th floor)

2:00pm
Coffee break - **Napoleon CD (3rd floor)**

2:15pm – 3:45pm
Conversational Roundtable: Beyond Diagnosis: Defining…Longitudinal Care
ROOM: Rhythms (2nd floor)

Topical Symposia: Disaster Preparation for Children with Developmental Disabilities from Policy to Practice…
ROOM: Napoleon AB (3rd floor)

Research Platform 5: Early Assessment & Intervention
ROOM: Bayside (4th floor)

4:00pm – 5:45pm
SDBP BUSINESS MEETING
Society Update, Awards, Leadership Recognitions, Career Awards, *Incoming Presidential remarks*
ROOM: Napoleon AB (3rd floor)

6:00pm – 8:00pm
Social Reception
(heavy snacks, music, mingling!)
ROOM: Napoleon CD (3rd floor)

…and then the rest of the night to enjoy New Orleans!

TUESDAY, October 27 — *All Times Central*

7:00am – 10:00am
Registration - Napoleon Foyer (3rd Fl)

7:00am – 8:15am
Continental Breakfast
Napoleon CD (3rd floor)

7:00am – 11:00am - Exhibits
Napoleon CD (3rd floor)

7:15am – 8:15am Section Meetings:
***APC* – Rhythms**
***Psychology* – Bayside**
***Comm & Private Practice*-Maurepas**
***Fellowship Train Director*- Napoleon AB**
***International* - Borgne**

8:30am – 9:45am
Plenary: Supported Employment for Individuals with Develop-mental Disabilities
ROOM: Napoleon AB (3rd floor)

10:00am – 11:30am
Topical Symposia: Too Much is Never Soon Enough: Payor-Imposed Barriers…
ROOM: Napoleon AB (3rd floor)

Topical Symposia: Redesigning Access: Innovative Pathways…Autism Diagnosis…
ROOM: Rhythms (2nd floor)

Research Platform 6: Mental Health
ROOM: Bayside (4th floor)

11:45am – 1:00pm
The Future of DBP Fellowship Training Discussion
Informal gathering - open to ALL
ROOM: Napoleon AB (3rd floor)

Meeting Adjourned

SDBP
Society for Developmental & Behavioral Pediatrics

#SDBP2026 | Visit sdbp.org/annual-meeting/ for more information & detailed Schedule

General Information

Who Should Attend
This program is planned to meet the needs of pediatricians (researchers, teachers, and/or clinicians), pediatric psychologists, nurses, social workers and other healthcare providers and researchers interested in developmental and behavioral pediatrics. A variety of educational formats will encourage the exchange of new scientific and clinical information and support the interchange of opinions regarding care and management issues relevant to developmental and behavioral pediatrics. Scientific material will be presented through symposia, oral abstracts, concurrent sessions, plenary sessions, small group sessions designed for in-depth exploration of specific topics, and poster presentations.

Purpose
Bring together interprofessional clinicians, educators, and researchers to advance the knowledge and management of children with developmental-behavioral issues and their families.

Objectives
1. Assemble interprofessional clinicians, educators, and researchers to advance the knowledge and management of developmental-behavioral conditions presenting in children and adolescents.
2. Explore variations in and assess outcomes/effectiveness of assessment and treatment practices for developmental-behavioral conditions.
3. Describe the trajectory of various developmental-behavioral conditions throughout childhood and transition into young adulthood.
4. Discuss evidence-based treatments/interventions for various developmental-behavioral conditions and their implementation into practice.

Registration
All attendees must be registered for the meeting. Registration hours are listed in the Schedule-at-a-Glance.

Pre-Conference Sessions

Half-Day Workshops & Clinical Symposia
A select number of courses addressing the needs of pediatricians, psychologists and other professionals caring for children with developmental or behavioral problems will be presented. Registration for these sessions is in addition to the Annual Meeting registration.

Teaching DBPeds Workshop
The annual Teaching DBPeds Workshop is designed to assist program directors, rotation directors, and faculty in the development and implementation of innovative, efficient, and effective curricula and teaching strategies for interprofessional trainees in Developmental-Behavioral Pediatrics. This 6+hour workshop is made up of general sessions and breakout sessions and registration for this workshop is in addition to the Annual Meeting registration.

Annual Meeting Sessions

Abstracts
Abstracts selected for the Annual Meeting will be presented in multiple formats comprised of professional development and research presentations that highlight the most outstanding papers from a variety of subspecialties related to pediatric developmental and behavioral medicine.

Poster Sessions
There will be two different Meet the Author poster sessions highlighting both new and previously presented research. Abstracts presenting new scientific findings will also be published online in the *Journal of Developmental and Behavioral Pediatrics*.

Sponsors & Exhibitors

SDBP would like to thank all our Sponsors Exhibitors who help support our Annual Meeting.

Continuing Education

Satisfactory Completion
Learners must complete an evaluation form to receive a certificate of completion. If you need MOC credit, you also need to pass a posttest with a score of at least 80%. Your chosen sessions must be attended in their entirety. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Society for Developmental & Behavioral Pediatrics. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Amedco Joint Accreditation #4008163.

Professions in scope for this activity are listed below.

Physicians
Amedco LLC designates this live activity for a maximum of 19.25 *AMA PRA Category 1 Credits*™ for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses
Amedco LLC designates this activity for a maximum of 19.25 ANCC contact hours.

Psychologists

This course is co-sponsored by Amedco and Society for Developmental & Behavioral Pediatrics. Amedco is approved by the American Psychological Association to sponsor continuing education for psychologists. Amedco maintains responsibility for this program and its content. 19.25 hours.

The following state boards accept courses from APA providers for *Psychologists/Counselors:* *AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MA, ME, MN, MO, NC, ND, NH, NE, NJ, NM, NV, OH, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY*
MA: *Accepts APA for all classes of psychology license; does not accept APA for licensed counselors (LMHC, LMFT, etc.) except LEP.*
MD: *Does not accept Jointly Accredited content.*
MI: *Accepts courses from APA for Psychologists. No general CE requirement for Counselors.*
OK: *Accepts APA credit for live, in-person activities but not for ethics and/or online courses.*

The following state boards accept courses from APA providers for MFTs: *AK, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IN, KS, MD, ME, MO, NE, NC, NH, NJ, NM, NV, OH, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WDC, WI, WY*
AL MFTs: *Credits authorized by NBCC or any other state licensing agency will be accepted.*
MA MFTs: *Participants can self-submit courses not approved by the MAMFT board for review.*
MI MFTs: *There are no CE requirements for MFTs in MI.*

The following state boards accept courses from APA providers for Addictions Professionals: *AK, AR, CO, CT, DC, DE, GA, IA, IN, KS, LA, MD, MO, MT, NC, ND, NE, NJ, NM, NY (held outside NY ONLY), OK*, OR, SC, UT, WA, WI, WY*

The following state boards accept courses from APA providers for Social Workers*: AK, AR, AZ, CA, CO, DE, FL, GA, ID, IN, KY, ME, MN, MO, NE, NH, NM, OR, PA, VT, WI, WY*

Social Workers

As a Jointly Accredited Organization, Amedco is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. ASWB Learner Level: Beginner/Intermediate/Advanced. Social Workers completing this course receive up to 19.25 continuing education credits.

The following state boards accept courses offering ASWB ACE credit for Social Workers: *AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NC, ND, NE, NH, NM, NV, OH, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV*, WY*
****OK:*** *Accepts ASWB ACE for live, in-person activities but not for ethics and/or online courses.*
****WV:*** *Accepts ASWB ACE unless activity is held live in West Virginia.*
The following state boards accept courses offering ASWB ACE credit for Counselors: *AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, ME, MO, ND, NE, NM, NH, NV, OK*, OR, PA, TN, TX, UT, VA, WI, WY*
MI: *No CE requirement*
The following state boards accept courses offering ASWB ACE credit for MFTs: *AK, AR, AZ, CA, CO, FL, IA, ID, IN, KS, MD, ME, MO, NC, NE, NH, NM, NV, OK*, OR, PA, RI, TN, TX, UT, VA, WI, WY*
AL MFTs: *Credits authorized by NBCC or any other state licensing agency will be accepted.*
MA MFTs: *Participants can self-submit courses not approved by the MAMFT board for review.*
MI: *No CE requirement.*
The following state boards accept ASWB ACE credit for Addictions Professionals: *AK, CA, CO, CT, GA, IA, IN, KS, LA, MO, MT, ND, NM, NV, OK, OR, SC, WA, WI, WV, WY*

American Board of Pediatrics (ABP) MOC

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 19.25 MOC Part 2 points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit.

You must request your certificate within 45 days of the activity to meet the deadline for submission to PARS. Credits are generally reported during the first week of each month for those who claimed during the month prior.

New York Board for Psychology (NY PSY)

Amedco is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0031. 19.25 hours.

ADA Statement

ADA accommodations will be made in accordance with the law. If you require ADA accommodations, please indicate what your needs are at the time of registration. We cannot ensure the availability of appropriate accommodations without prior notification.

Full Disclosure Policy

All faculty participating in the continuing medical education programs are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s). Full disclosure of faculty relationships can be found on the handouts provided at registration.

Meeting Policies

Session Cancellation Policy: SDBP reserves the right to cancel any educational session or social function due to lack of enrollment or other factors. In the event of cancellation, registered participants will be notified by email and will have the option to choose an available alternative.

Cancellation Fees: Cancellation Fees: To cancel your registration and receive a fund, a written request must be received in the SDBP office by October 5, 2026. Cancellation requests received by this date will receive a refund less a $50.00 processing fee. Requests will be processed after the meeting. All requests received after October 5, 2026 will forfeit 100% of monies paid.

Photo Release: By attending this SDBP Meeting, you consent to being photographed during the course of the meeting, with the understanding that these images may be used in SDBP documents and publications only. If anyone prefers to not have their photo used by SDBP, please contact info@sdbp.org. We also request that you notify the photographer at the time a photo is being taken in which you may be included.

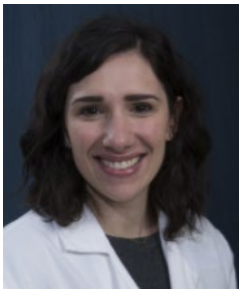
Code of Conduct: SDBP is committed to providing a safe, productive, and welcoming environment for all meeting participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, SDBP staff members, and service providers. SDBP has zero tolerance for any form of bullying, discrimination, or harassment, and reserves the right to take any action deemed necessary and appropriate, including immediate removal from the meeting without warning or refund, in response to any incident of unacceptable behavior. SDBP reserves the right to prohibit attendance at any future meeting, virtually or in person.

Camera and Cell Phone Use: Cameras and video cameras are not permitted in any event during the SDBP Annual Meeting. The use of livestreaming devices and other recording devices is prohibited in any of the sessions. As a courtesy to fellow attendees, please turn off or silence cell phones during educational sessions.

2026 Program Planning Committee



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Sarah Nyp, MD
Children's Mercy Kansas City



Program Committee Co-Chair
Julie Pajek, PhD
MetroHealth Medical Center

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Loyola University Health System

Daniel Coury, MD
Nationwide Children's Hospital

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2026 Leonard A. Rappaport Lectureship Award Recipient



Thomas Challman, MD

Medical Director, Geisinger Autism & Developmental Medicine Institute Fellow
American Academy of Pediatrics

Dr. Thomas Challman is a developmental pediatrician and Medical Director of the Geisinger Department of Developmental Medicine. He also serves as Director of Pediatric Research for the Geisinger Health System. Dr. Challman received his bachelor's degree in biochemistry from the University of Pennsylvania and medical degree from the Georgetown University School of Medicine. Following military service as an Air Force medical officer stationed at Eielson Air Force Base, Alaska, he completed a residency in Pediatrics at the Mayo Clinic in Rochester, Minnesota, and a fellowship in Neurodevelopmental Disabilities at the Kennedy-Krieger Institute/Johns Hopkins School of Medicine in Baltimore, Maryland. Dr. Challman has been at Geisinger since 2002 and helped lead the creation of the Geisinger Department of Developmental Medicine (previously known as the Geisinger Autism & Developmental Medicine Institute), a clinical-research center located in Central Pennsylvania focused on the care of individuals with neurodevelopmental disorders.

DETAILED ANNUAL MEETING SCHEDULE

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

SATURDAY, October 24 — *All Times Central*

7:00am – 6:00pm
Registration

Pre-meeting sessions (workshops & clinical symposia) take place on October 24. See separate schedules for details and fees:

Half Day Workshops & Clinical Symposia
Teaching DBPeds Workshop



6:00pm – 7:15pm
OPENING RECEPTION & POSTER SESSION 1 (posters 1-64)

Sunday, October 25 — *All Times Central*

7:00am – 6:00pm
Registration

7:00am – 8:15am
Continental Breakfast

7:15am – 8:15am
Committee Meetings: ***Advocacy, Education, Research, Membership***

8:30am – 9:30am
WELCOME & PRESIDENTIAL ADDRESS



Robert G. Voigt, MD, FAAP

System Medical Director, Michael R. Boh Centers for Child Development
New Orleans, Covington, Baton Rouge, & Lafayette, Louisiana

Section Head, Developmental Pediatrics; Ochsner Children's Hospital

Professor of Pediatrics; Xavier Ochsner College of Medicine (XOCOM)
New Orleans, Louisiana

Professor, Faculty of Medicine; The University of Queensland Medical School
Brisbane, Australia

10:00am – 11:30am (3 options)

Conversational Roundtable: Developmental Behavioral Pediatrics Across Cultures: Global Perspectives on Practice Diagnosis and Care

Tanaporn Wilaisakditipakorn, UC Davis MIND Institute; Kristina Galura, MD, Southern California Permanente Medical Group; Ayesha Cheema- Hasan, MD, Coralis Health; Denise Bothe, MD, UH Rainbow Babies and Children's Hospital; Pon Trairatvorakul, MBBS, MS, Chulalongkorn University Faculty of Medicine; Jean Paul Rukabyarwema, MD, University of Rwanda School of Medicine

Central Theme

Developmental Behavioral Pediatrics (DBP) is practiced within diverse cultural, healthcare, and educational systems, resulting in wide variation in terminology, scope of practice, and referral pathways. In many regions, there is a significant need for Developmental Behavioral Pediatrics clinicians and limited access to specialized resources. While DBP is well established in some countries, other settings rely on general pediatricians or non-specialists to provide developmental and behavioral care, often with constrained support and infrastructure. Access to evaluation and diagnosis for conditions such as autism, attention-deficit/hyperactivity disorder, and developmental delay varies substantially due to differences in workforce, healthcare systems, and available services. Cultural beliefs and social norms further influence how developmental concerns are recognized, how diagnoses are understood, and whether families engage in recommended care.

This conversation roundtable will bring together clinicians from multiple institutions and diverse practice settings in the United States and internationally to discuss how culture and systems influence DBP practice. Learning from one another across different contexts can help identify adaptive strategies to improve patient care. In addition, understanding cultural influences can strengthen communication with families, increase engagement in care, and support more equitable and effective developmental behavioral services.

Description

This 90-minute conversation roundtable will engage participants in a structured discussion on how DBP is defined and practiced across cultural and healthcare contexts. The session will be moderated by a developmental behavioral pediatrician with experience in cross-cultural DBP practice and will include five panelists representing multiple institutions, disciplines, and international settings.

Keywords: Clinical Practice, Interprofessional Practice

Pre session readings/media for audience:

1. Soares NS, Gajre MP, Manglani MV. Building Developmental-Behavioral Pediatrics in Low-Middle Income Countries Through International Collaboration. *J Dev Behav Pediatr*. 2016;37(6):508-510. doi:10.1097/DBP.0000000000000306
2. Issarraras A, Matson JL, Matheis M, Burns CO. Differences in Developmental Concerns of Young Children with Autism Spectrum Disorder Across Racial/Ethnic Groups. *Dev Neurorehabil*. 2019;22(3):174-179. doi:10.1080/17518423.2018.1504828
3. Divan G, Vajaratkar V, Desai MU, et al. Challenges, coping strategies, and unmet needs of families with a child with autism spectrum disorder in low- and middle-income countries. *Autism Res*. 2012;5(3):190-200. doi:10.1002/aur.1225

Topical Symposia: Play Rx: Reclaiming Play as Developmental Care

Nathalie Martinez, MD, Prachi Shah, MD, Damon Korb, MD, Roula Choueiri, MD

Central Theme

Pediatric primary care has long emphasized developmental surveillance and anticipatory guidance during well-child visits. However, despite growing recognition of the importance of early childhood experiences on long-term developmental outcomes, many families receive limited practical guidance on how to actively promote development through everyday play and interaction. Access to developmentally enriching toys, books, structured activities, and caregiver coaching varies greatly across socioeconomic settings, contributing to inequities in school readiness and developmental support during the critical first five years of life.

This Conversation Roundtable will explore whether developmentally targeted play should be more intentionally integrated into pediatric primary care as a form of "Play Rx." The discussion is informed by experiences across therapeutic, home, and community settings, where play-based developmental strategies can naturally support language, social communication, adaptive skills, creativity, and caregiver-child interaction in both neurotypical and neurodiverse children. In many cases, developmental learning becomes more engaging and sustainable when incorporated into everyday routines and play.

A multidisciplinary panel will discuss practical opportunities, barriers, and ethical considerations surrounding play-based developmental promotion, particularly for underserved communities. The discussion will explore questions surrounding screen exposure, caregiver engagement, equitable access to developmental resources, and how clinicians can incorporate culturally responsive, low-cost, play-based guidance into real-world pediatric practice. The session will also examine whether more intentional developmental promotion within primary care may strengthen early recognition of developmental concerns, facilitate timely referral to supportive services, and empower families to become more active participants in their child's developmental growth during the critical first five years of life.

Description

The discussion will center around several guiding questions: How can pediatric clinicians move beyond developmental surveillance alone and more intentionally promote developmental growth through play? What role can play-based strategies have in supporting language, social communication, adaptive skills, imagination, and caregiver-child interaction in both neurotypical and neurodiverse children? How can clinicians provide culturally responsive, low-cost, age-tailored, and realistic developmental guidance for families with varying access to toys, books, enrichment programs, and therapeutic services? The panel will also explore whether proactive developmental promotion within primary care may strengthen early recognition of developmental concerns and facilitate more timely referrals to supportive services.

The multidisciplinary panel is anticipated to include perspectives from developmental-behavioral pediatrics, neurodevelopmental disabilities, primary care pediatrics, child advocacy, early intervention, and child life.

Keywords: Advocacy, Clinical Practice, Education, Interprofessional Practice

Research Session Platform 1: AUTISM ASSESSMENT

Moderator: Michelle Macias, MD

Results of the TAP Trial: Findings from a 5-Year Multi-Site Study of Tele-assessment of Autism in Toddlers

Zachary Warren, PhD, Laura Corona, Vanderbilt University Medical Center; Devon Gangi, PhD; Sally Ozonoff, PhD, University of California Davis - MIND Institute

EAE Hub Spanish: Outcomes from a novel expansion of Indiana's early autism evaluation hub model for Latine children

Ann Marie Martin; Carrie Leathers, MD; Stephanie Pozuelos, BS; Gisela Perez, BA; Catherine Miller, MS; Angela Paxton, BS; Rebecca McNally Keehn, PhD, Indiana University School of Medicine

Evaluating Structural Stability and Latent Class Invariance of Autism Spectrum Disorder Symptom Classes in a Multi-site Cohort of Toddlers: A DBPNet Study

Elizabeth Harstad, Boston Children's Hospital; Kathleen Angkustsiri, MD, MAS, UC Davis MIND Institute; Julia Anixt, MD, Cincinnati Children's Hospital Medical Center; Maya Golden, BA, Boston Children's Hospital; Holly Harris, MD, Baylor College of Medicine; Khae Saechao, none, UC Davis MIND Institute; Arin Contra Gile, MA; Emily Hoffman, Med, CCRP, Cincinnati Children's Hospital Medical Center; Georgios Sideridis, PhD, Boston Children's Hospital

Age-Related Differential Validity of M-CHAT-R in Chinese Urban Settings: A Retrospective Cohort Study

Zheng GAO, Distinct HealthCare, China

Feasibility and Acceptability for a Novel Diagnostic Autism Medical Necessity Tool

Allison Brazendale, Assess Behavioral Consulting LLC; Halle Singer, BA; Jessica Bradshaw, PhD; Sanjana Oak, MS Oak, MS; Axie Acosta, MA, University of South Carolina; Nicole McMillan, PhD, Children's National ABA

Sunday 11:45am – 12:45pm

Trainee/Recent Graduate Lunch

JDBP Editorial Lunch *(Invitation only)*

Lunch on your own

1:00pm – 2:30pm (4 options)

Conversational Roundtable: Developmental and Behavioral Pediatric Experts: Champions of Healthcare Change for Neurodiverse Adults

Sonal Moratschek, MD, MPH, MetroHealth Medical Center; Paul Dressler, MD, Vanderbilt University Medical Center; Tamela McGraw-Schenck, DNP, RN, APRN, ACNS-BC, CMSRN, MetroHealth Medical Center; Katherine Gibson, M.Ed, BCBA, LBA, Vanderbilt University Medical Center; Sarah McElroy, CNP, APRN-PNP-PC, PMHS, MetroHealth Medical Center

Central Theme

Knowledge and practice of interventions for neurodiverse patients to reduce distress and improve care in inpatient and outpatient settings are described in the literature and practice (Harris H, 2024; Greenwood, E 2024; Nicolaidis C, 2016). Experts in Developmental and Behavioral Pediatrics are often at the forefront of designing and implementing these initiatives. These interventions are generally focused on pediatric populations and use behavioral, communication and environmental strategies. However, implementing these modifications in the adult setting is often a significant challenge. This is related to the limited recognition, knowledge, and support available and can lead to patients, families and providers feeling unprepared in the adult hospital setting. This can contribute to disengagement from the medical system and worsened outcomes for these patients (Akborishoev, 2020). This roundtable discussion aims to expand the knowledge gained from efforts to improve care for transition aged youth and adults as they age out of pediatric services and enter the adult hospital setting. The goal of this roundtable is to explore the role of experts in Developmental and Behavioral Pediatrics as change leaders to target improvements in adult care as our patients age.

Description

This discussion will empower experts in Developmental-Behavioral Pediatrics to be thought and change leaders to better prepare their colleagues caring for neurodiverse transitional aged youth and adults in the adult healthcare setting. We explore the roles of these experts in leading the transformation of adult services and highlight ways to become involved in the education of providers caring for neurodiverse adults. We review models currently being implemented in pediatric focused spaces and discuss ways to share these applications in the adult world. This multidisciplinary panel includes physicians, nursing staff and a board-certified behavioral analyst. It is encouraged that those from institutions with similar initiatives participate to share and grow the space within the developmental and behavioral specialist community. With a variety of institutions represented, we aim to have a robust discussion focused on learning and dissemination of ideas. The goal is to strengthen the development of transitional aged and adult services with the guidance of a developmental and behavioral specialist based on their knowledge in pediatric spaces.

Keywords: Clinical Practice, Education, Interprofessional Practice

Pre session readings/media for audience:

1. Harris HK, Weissman L, Friedlaender EY, Neumeyer AM, Friedman AJ, Spence SJ, Rotman C, Krauss S, Broder-Fingert S, Weitzman C. Optimizing Care for Autistic Patients in Health Care Settings: A Scoping Review and Call to Action. Acad Pediatr. 2024 Apr;24(3):394-407.
2. Walsh C, Lydon S, O'Dowd E, O'Connor P. Barriers to Healthcare for Persons with Autism: A Systematic Review of the Literature and Development of A Taxonomy. Dev Neurorehabil. 2020 Oct;23(7):413-430.
3. Carter J, Broder-Fingert S, Neumeyer A, Giauque A, Kao A, Iyasere C. Brief Report: Meeting the Needs of Medically Hospitalized Adults with Autism: A Provider and Patient Toolkit. J Autism Dev Disord. 2017 May;47(5):1510-1529.
4. Greenwood E, Cooklin A, Barbaro J, Miller C. Autistic patients' experiences of the hospital setting: A scoping review. J Adv Nurs. 2024 Mar;80(3):908-923.

Topical Symposia: Intersecting Spectrums: A Comparative Analysis of Fetal Alcohol and ASD

Catherine Lipman, Cleveland Clinic Children's Hospital; Yasmin Senturias, MD, Atrium Health-Levine Children's Hospital/Wake Forest School of Medicine; Kimberly Burkhart, PhD, Rainbow Babies & Children's Hosp; Denise Bothe, MD, Rainbow Babies and Children's Hospital; Roxanne Chang, MD, Harbor-UCLA Pediatrics; Jasmine Wilaisakditipakorn, MD, UC Davis/MIND Institute; Lynn Cole, DNP, University Of Rochester Medical Center

Description

Building upon a 2025 Society for Developmental and Behavioral Pediatrics roundtable discussion, this proposed symposium addresses provider inquiries regarding the convergent and divergent aspects of Fetal Alcohol Spectrum Disorder (FASD) and Autism Spectrum Disorder (ASD) care. The overlapping phenotypes of FASD and ASD present a clinical challenge. Accurate differentiation is critical to inform tailored interventions, self-understanding, advocacy, and anticipatory guidance. Furthermore, systemic stigma disproportionately restricts funding, research, and resource allocation in the FASD community compared to ASD. To offer equitable, evidence-based care, multidisciplinary developmental and behavioral pediatric providers must understand both clinical overlaps and structural disparities.

This session will progress from foundational research to clinical application via didactics interspersed with video vignettes, audience polling, and discussion. During this session we will:

1. **Synthesize comparative research:** Review comparative literature on FASD and ASD features, establish the importance of differentiation on individual and systems levels, and identify knowledge gaps for future research.
2. **Evaluate intervention cross-applicability:** Compare FASD and ASD specific interventions and critically examine the role of Applied Behavioral Analysis (ABA) for FASD.
3. **Compare origins and effects of stigma:** Examine the history and divergent impacts of stigma on these communities. We will highlight how systemic biases, particularly those affecting birth mothers of children with FASD, shape access to diagnosis, interventions, funding, and research.
4. **Offer practical clinical strategies:** Present real-world examples for managing dual diagnoses and navigating professional disagreements when a child with FASD presents with an existing, discordant autism diagnosis.

Keywords: Clinical Practice, Interprofessional Practice

Topical Symposia: Evaluating Children Who are Deaf/Hard of Hearing For ASD

Susan Wiley, Cincinnati Children's Hosp MC; Rachel St John, MD, UT Southwestern Medical Center; Matthew Fasano-McCarron, PsyD, Children's Hospital of Philadelphia; Megan Pesch, MD, Henry Ford Health System; Michael Hoffman, PhD, Children's Hospital of Philadelphia

Central Theme:

The current prevalence of autism in children in the US is 3.2% (CDC MMWR 2025). In deaf/hard of hearing children, the estimate is higher at 7-9% (McFayden et al 2023). With the advancement of technology children are surviving conditions that can impact both hearing and cognitive function (HIE, congenital CMV, cancer, extreme prematurity, etc.); this increase in prevalence is not surprising.

Our group has observed that deaf/hard of hearing children (DHH) with suspected autism spectrum disorders (ASD) often experience significant delays in being referred for formal autism evaluation. Diagnostic overshadowing can contribute to signs of autism being attributed to a child's hearing status, further exacerbating delays in diagnosis. Medical professionals may not see enough neurotypical deaf children, contributing to a lack of attribution of atypical behavior and language presentations that are consistent with ASD. This delay is further exacerbated by the limitations in valid diagnostic tools for this group of children.

This panel will highlight the presentation of ASD in children who are DHH. Discussions will be centered on increasing familiarity with functioning and development of neurotypical deaf children compared with those with ASD, clarifying diagnostic challenges, and identifying strategies to interpret existing evaluation measures with the goal of greater comfort level to recognize, diagnose, and support children who are DHH with ASD.

Description

This session will address unique diagnostic challenges that present when evaluating children who are deaf/hard of hearing with suspected autism spectrum disorder, an increasingly growing patient population. Discussion will focus on gaining comfort with identifying clinical differences between neurotypical and neurodivergent DHH children, and increasing familiarity with etiologies that put children at increased risk for both hearing and cognitive changes. We will focus on exploring considerations for use of standardized testing in a non-standardized patient population, and the importance of considering multidisciplinary input as part of the autism evaluation.

Keywords: Clinical Practice, Interprofessional Practice

Pre session readings/media for audience:

1. Bonino AY, Goodwich SF, Mood D. Prevalence and Characteristics of Developmental Disabilities Among Children Who Receive Hearing Health Care. Am J Audiol. 2025 Mar 3;34(1):60-71. doi: 10.1044/2024_AJA-24-00118. Epub 2024 Dec 3. PMID: 39626046. https://pubmed.ncbi.nlm.nih.gov/39626046/
2. Dang, Q., Hoffman, M., St. John, R. Diagnostic Overshadowing: A Delayed Diagnosis of Autism Spectrum Disorder in a Child who is Deaf. *The Journal Of Early Hearing Detection And Intervention*, 2022 9(1), 17-21. https://digitalcommons.usu.edu/cgi/viewcontent.cgi?article=1221&context=jehdi
3. Ludwig, N, Jashar, DT, Sheperd K, Pineda, JL, Previ, D, Reesman, J, Holingue, C, Gerner, G. Considerations for the identification of autism spectrum disorder in children with vision or hearing impairment: A critical review of the literature and recommendations for practice. *The Clinical Neuropsychologist,* 2022 36(5),1049–1068. https://www.tandfonline.com/doi/full/10.1080/13854046.2021.2002933
4. McFayden TC, Culbertson S, DeRamus M, Kramer C, Roush J, Mankowski J. Assessing Autism in Deaf/Hard-of-Hearing Youths: Interdisciplinary Teams, COVID Considerations, and Future Directions. *Perspect Psychol Sci*. 2023 Nov;18(6):1492-1507. doi: 10.1177/17456916231178711. Epub 2023 Jun 14. PMID: 37314896; PMCID: PMC10271818. https://pmc.ncbi.nlm.nih.gov/articles/PMC10271818/
5. Shield, A., Graham, P., Neild, R. (2023). Educational Strategies for Deaf Children with Autism Spectrum Disorder (ASD). *Perspectives on Early Childhood Psychology and Education,* 5(2), 157-177. https://digitalcommons.pace.edu/perspectives/vol5/iss2/7/

Research Session Platform 2: SYSTEMS BASED CARE

Moderator: Heidi Feldman, MD, PhD

Access to Information on Insurance Coverage and Eligibility of Clinic-Based Services for Families of Children with Developmental Delays and Disabilities

Anna Whelan; Reilly Goldstrom, BA in Progress ; Samantha Torres, BA in Progress; Daphne Bello, BA in Progress; Cashell Lewis, PhD, LMSW, Institute for Health Research and Policy, University of Illinois Chicago; Reshma Shah, MD, MPH , College of Medicine, University of Illinois Chicago; Tina Schuh, MPH, Institute for Health Research and Policy, University of Illinois Chicago; Sage Kim, PhD, School of Public Health, University of Illinois Chicago

Families' Perceptions of Practices Contributing to Equity in Developmental and Behavioral Pediatrics Outpatient Clinics: A Photo-Elicitation Study

Kate Wallis, MD; Olivia Familusi, MD, MSHP; Kirsty Valerie Bernal, MD; Elizabeth Escobar Gomez, BS; Chinelo Osakwe, Children's Hospital of Philadelphia; Jocelyn Kuhn, PhD, Emory School of Medicine; Irene Loe, MD, Stanford University School of Medicine; Douglas Vanderbilt, MD, MS, MBA, Children's Hospital of Los Angeles; Brian Vazquez, MA; Leo Velosa, MPH; Jennifer Whittaker, PhD, Children's Hospital of Philadelphia

Autism Diagnosis by Primary Care Providers: Geographic Variation Among Medicaid-Enrolled Children in 29 States

Corey Gorgas, Northern Arizona University; Kelsey Watson, MPH; Christina Charlesworth, MPH, Oregon Health and Science University School of Medicine; David Folch, PhD, Northern Arizona University; Veronica Underwood Carrasco, BA; Katharine Zuckerman, MD, MPH, Oregon Health and Science University School of Medicine; Olivia Lindly, PhD, MPH, Northern Arizona University

Integrating Developmental-Behavioral Pediatrics in Safety-Net Primary Care: A Quasi-Experimental Study Referral Access for Publicly Insured Children

Anisha Srinivasan; R. Scott Akins, DO, University of California, Davis / MIND Institute; Julia Fleuret, MPH; Yi Zhang, PhD,; Courtney Lyles, PhD, University of California, Davis/ Center for Healthcare Policy & Research

From Concern to Action: System-Level Barriers to Autism Identification in Children in Out-of-Home Care

Liliana Wagner; Moira Wendel, PhD; Erin Thomson, LCSW; Maryann Rehani, MPH, Waisman Center; Marykay Wills, LCSW; Kelsey Schroeder-Gasser, LMFT, Dane County Dept of Human Services

2:30pm – 3:00pm Coffee Break

3:00pm – 4:30pm (4 options)

Conversational Roundtable: Disability Inclusion in Medical Education: A Health Equity Lens

Trevena Moore, Kansas University Medical Center; Charron Lewis, MD, Case Western Reserve University

Central Theme

In the US, an estimated 21.3% of children (under 18) have a developmental or general disability, while the estimated prevalence in adults is 25%. This represents a large segment of the population with unique health care needs. People with disabilities (PWD) and their families describe facing unempathetic and negative attitudes from their physicians. Compounding this, a recent survey revealed that only 40% of physicians felt confident in their ability to provide care to disabled people. Lack of education, training or experience are likely significant contributing factors. A recent survey indicated that only 45% of allopathic and osteopathic medical schools have a disability awareness program within their curriculum.

In their 2022 policy brief, the National Council on Disability introduced a health equity framework to address the disparate care of PWD. It specifically addressed reforms requiring comprehensive disability clinical care curricula in medical education to mitigate provider bias. Additionally, Section 5307 of the Affordable Care Act acknowledges the necessity of such training, but it is not mandated.

One of the main goals of this roundtable discussion is to identify gaps of medical need based on survey research from patients and their families combined with the lived experience of our panelists. A second goal is to identify opportunities within medical school curriculum where targeted information on PWD can be included.

Description

The roundtable will focus on the following areas:

Who is Disabled? (Definition)

What model(s) of disability are helpful?

What has been the experience of the panelist regarding the topic of disability in their medical training?

How does insufficient or ableist education practices impact future patient experiences and care?

What are the unmet needs of PWD based on research, career expertise and patient stories?

What is the one thing PWD would like to see changed regarding their medical care experience?

What is the one thing each panelist wished they had learned during their medical training?

Panelists will have the opportunity to share their personal lived experience of their own disability or that of a family member with a disability, should they disclose.

Keywords: Advocacy, Clinical Practice, Education, Ethics

Pre session readings/media for audience:

1. Meeks, Lisa, and Neera R. Jain. *Accessibility, inclusion, and action in medical education: lived experiences of learners and physicians with disabilities*. Association of American Medical Colleges, 2018.
2. Seidel, Erica, and Scott Crowe. "The state of disability awareness in American medical schools." *American journal of physical medicine & rehabilitation* 96.9 (2017): 673-676.
3. Keller MA. Doctors and Disability: Improving Inclusion in Medical Education. HCA Healthc J Med. 2022 Jun 28;3(3):179-187. doi: 10.36518/2689-0216.1393. PMID: 37424609; PMCID: PMC10324844.

Topical Symposia: Hot Topics in Behavioral and Pharmacological Management of Adolescent ADHD

Anne Arnett, Boston Children's Hospital; Veronica Meneses, MD, Yale School of Medicine; Tyler Lackey, MD, University of Oklahoma College of Medicine; Carina Vecchi, PsyD, Children Hospital Los Angeles; Elizabeth Diekroger, MD, Case Western Reserve University School of Medicine; Julia Mattson, MD, PhD, Seattle Children's Hospital; Alexandria Dulay, APRN, PMHNP-BC, University of Kentucky/UK HealthCare; Heather Potts, PhD; Virginia Peisch, PhD, Boston Children's Hospital; Najat Fadlallah, MD, Tufts School of Medicine

Description

Attention deficit hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders, affecting approximately 10% of youth in the United States. Although ADHD typically onsets in childhood, symptoms persist into adolescence and beyond. The transition to adolescence is a time of vulnerability for patients with ADHD, as new challenges emerge with respect to academic and functional independence,

psychosocial risks, and changes in medication regimens. This topical symposium, presented by the multidisciplinary SDBP ADHD Special Interest Group, will provide audience members with current information about clinical care for adolescents with ADHD. We will 1) review the evidence base and provide practical tips for executive functioning coaching; 2) present guidelines for screening and intervention for risky behaviors; and 3) discuss pharmacological challenges and solutions in this age group. The symposium will be presented as a combination of didactics and audience participation. Attendees will receive pocket-sized "tip sheets" to take with them, for use as tools in their clinical practice. Within each topic, cultural considerations and adaptations will be emphasized to ensure culturally sensitive clinical care.

Keywords: Clinical Practice

Topical Symposia: Building a Practice- Diverse DBP Research Network: Comparative Findings and Pathways to Engagement

Shruti Mittal, Atrium Health/Wake Forest Baptist; Paul Dressler, MD, Vanderbilt University; Kate Wallis, MD, Children's Hospital of Philadelphia; Brian Harris, MD, Arnold Palmer's Childrens Hospital; Pam High, MD , Brown University; Nancy Roizen, MD, Rainbow Babies Case Western; Brian Tang, MD, Sutter Health; Nate Blum, MD, Children's Hospital of Philadelphia; Purnima Valdez, MD, Duke University; Silvia Pereira-Smith, MD, Medical University of South Carolina

Description:

An established multisite developmental-behavioral pediatrics (DBP) research network has generated important research through 16 academic, fellowship-affiliated DBP programs, with limited representation from Southern states. DBPs in non-fellowship academic centers, hospital-based programs, multispecialty groups, HMO settings, and community-based practices have been less represented, limiting generalizability of network findings. In 2024, a newly established research collaborative was launched to extend participation to 18 DBP non-community-based DBP practices. This symposium presents three coordinated IRB-approved studies from a newly established research collaborative that systematically compare site, provider, and encounter-level characteristics with those of the established network. Together, these studies provide the first systematic attempt to grow an established research network that is more generalizable to the diverse range of DBP practice nationwide, including non-fellowship, community-based, hospital-based, and southern regions of the U.S.

- Study 1 characterizes site-level practice type, workforce composition, autism evaluation capabilities, and access metrics across 18 collaborative sites in 12 states.
- Study 2 compares 33 collaborative providers to 113 providers from the established network on demographics, board certification, time allocation, self-reported expertise, and scholarly activity.
- Study 3 compares 160 collaborative mental health encounters to 1,022 encounters from the established network on patient demographics, neurodevelopmental and mental health diagnostic profiles, psychosocial stressors, clinical management, and psychopharmacologic practices.

The session is structured as three 20-minute data presentations followed by a 25-minute small-group table discussion with audience Q&A and brief whole-group synthesis.

Keywords: Clinical Practice, Research

Research Platform Session 3: FAMILY AND SOCIAL INTERVENTIONS

Moderator: David Schonfeld, MD

Prevalence and Trajectory of Mental Health Disorders Among Mothers of Children with Autism: A Manitoba Population-Based Study

Victoria Lee-Wing, University of Manitoba; Marcelo Urquia, PhD; Gilles Detillieux, BSc (Hons); Sepideh Yousefiasl, BSc; M. Florencia Ricci, MD, PhD, Department of Pediatrics and Child Health, Max Rady College of Medicine

Parenting Stress and Child Symptomatology: Mediating Effects of Parenting Practices

Isabella Evans, MPS; Mackenzie Robeson, MPS; Kimberly Zlomke, PhD, University of South Alabama

Feasibility and Acceptability of a NICU Based Parent Responsiveness and Engagement Program Across Two Neonatal Intensive Care Units

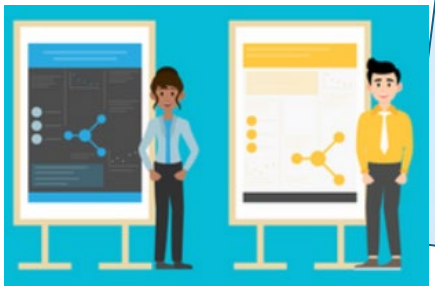
Allison Dempsey; Jacob Holzman, PhD; Danielle Cooke, PhD; Susanne Klawetter, LCSW, PhD; Alejandra Santisteban, MPH; Jessalyn Kelleher, PsyD, University of Colorado School of Medicine

Virtual Bonds Real Connections: Floreo's Immersive Virtual Reality Helps Build Social Skills in Children with Autism Spectrum Disorder
Georgia Barbayannis, George Washington University School of Medicine and Health Sciences; Kevin Shapiro, MD, Cortica Healthcare; Vijay Ravindran, BS; Gregory Downing, DO, PhD; Marsha Stepensky, MSEd, BCBA, Floreo; Shirley Mak-Parisi, MA, Floreo ; Rita Solorzano, MA, Floreo; Sinan Turnacioglu, MD, Children's National Hospital

Improving Confidence in Breaking Bad News: Three-Year Outcomes of a Multimodal SPIKES-Based Curriculum for Pediatric Residents
Elizabeth Volpicelli; Samantha Zimmer, MD, MS; Mai-King Chan, MD, UCLA

Sunday, October 25 *(continued)* *All Times Central*

4:45pm – 6:15pm
POSTER SESSION 2





MONDAY, October 26 *All Times Central*

7:00am – 6:00pm
Registration

7:00am – 8:15am
Continental Breakfast

7:15am – 8:15am
Committee Meetings: DEI, Past Presidents, Practice Innovations,

8:30am – 9:30am
Leonard A. Rappaport Lectureship



Thomas Challman, MD
Medical Director, Geisinger Autism & Developmental Medicine Institute
Fellow, American Academy of Pediatrics

Lecture: Country Roads and Genetic Codes: DBP Through the Eyes of a Rural Neurodevelopmental Pediatrics Clinic
Objectives: Describe the importance of looking beyond diagnostic categories when evaluating, managing, and researching developmental brain disorders; Incorporate advances in genetics into the evaluation of children with developmental conditions

Dr. Thomas Challman is a developmental pediatrician and Medical Director of the Geisinger Department of Developmental Medicine. He also serves as Director of Pediatric Research for the Geisinger Health System. Dr. Challman received his bachelor's degree in biochemistry from the University of Pennsylvania and medical degree from the Georgetown University School of Medicine. Following military service as an Air Force medical officer stationed at Eielson Air Force Base, Alaska, he completed a residency in Pediatrics at the Mayo Clinic in Rochester, Minnesota, and a fellowship in Neurodevelopmental Disabilities at the Kennedy-Krieger Institute/Johns Hopkins School of Medicine in Baltimore, Maryland. Dr. Challman has been at Geisinger since 2002 and helped lead the creation of the Geisinger Department of Developmental Medicine (previously known as the Geisinger Autism & Developmental Medicine Institute), a clinical-research center located in Central Pennsylvania focused on the care of individuals with neurodevelopmental disorders.

9:45am – 11:00am (3 options)

Lectureship Follow Up: Thomas Challman, MD

From Leucovorin Dreams to Camel's Milk Schemes: Separating Science from Snake Oil

Objectives: Discuss current treatment controversies in developmental-behavioral pediatrics; Develop strategies for effectively communicating evidence-based information about popular therapies to families

Topical Symposia: Advancing Equitable Care for Neurodevelopmental Populations: Comparing Proactive Models of Identification Coordination and System Design

Alexandra Seabury, Children's Hospital of Philadelphia; Patricia Runyan, DNP, MBA, RN, NEA-BC, EBP-C; Andrea Hughie, MSN, RN, NEA-BC, Monroe Carell Jr. Children's Hospital at Vanderbilt; Joleysa Silva Manese, DO, UC San Diego; Emily Freid, MSN, RN, CPHQ, CCRN, CPN Children's Hospital of Philadelphia; Cy Nadler, PhD, Children's Mercy Kansas City

Description

Children with neurodevelopmental differences (NDD) experience significant inequities across healthcare settings, including being more likely to experience chemical and physical restraint, more likely to have pain underrecognized and undertreated, and to have higher healthcare utilization, including hospitalization and readmission rates. These disparities are often not due to gaps in clinical knowledge, but rather reflect systems that are not designed to anticipate and accommodate differences in communication, sensory processing, and behavior.

This symposium will present a multi-institutional perspective on innovative models designed to address these gaps by shifting toward proactive, system-level approaches. Presenters will describe: (1) a proactive screening and risk stratification model to identify and coordinate care for patients with anticipated needs across healthcare encounters; (2) a system-wide initiative focused on environmental adaptation, staff training, and standardized supports embedded within routine care; and (3) a patient-centered communication tool designed to improve portability of individualized needs across providers and settings.

Through structured comparison of these models, attendees will gain insight into how different entry points, identification, environment, and communication, can be leveraged to build more equitable systems. The session will emphasize practical strategies for implementation, scalability, and adaptation across diverse clinical settings. The closing discussion will actively engage participants in identifying opportunities to translate these approaches within their own institutions.

Keywords: Advocacy, Clinical Practice, Interprofessional Practice

Topical Symposia: The ECHO Model: Moving Beyond Medical Providers to Improve Community-Based Care and Services for Individuals with Developmental Disabilities

Stephanie Weber, Cincinnati Children's Hospital; Jennifer Smith, PsyD; Pamela Williams-Arya, MD; Allison Blackburn, PhD; Julia Anixt, MD, Cincinnati Children's Hospital Medical Center

Description

The Extension for Community Healthcare Outcomes (ECHO) model is a tele-mentoring program designed to create virtual learning communities of healthcare providers with goals of standardizing best practices for the screening, care, and treatment of various health conditions and improving access to care for underserved

populations. The ECHO model has been applied globally for more than 100 complex conditions, including neurodevelopmental disabilities. Though ECHO was developed for medical professionals, the approach is malleable to engage a vast array of professionals to build knowledge and skills on a topic while also providing connection and support. This symposium will feature a moderator and four speakers, each highlighting complementary Project ECHO Activities developed and implemented for interdisciplinary audiences at one academic medical center. With the ECHO model growing in popularity, and due to the growing volumes of individuals with neurodevelopmental disabilities and the need for expanding workforce development and community capacity, this session will emphasize successful practices to spread knowledge and skills across professions. We will discuss professional development needs for allied health professionals (e.g., speech-language pathologists, occupational therapists, etc.), educators, early intervention and childcare providers, and community members. Descriptive, self-efficacy, and satisfaction data will be shared.
The moderator will provide a brief introduction and framing of the ECHO model and our session objectives. Each speaker will share an overview of their Project ECHO, emphasizing the target audience, core components, implementation considerations, and key lessons learned.
Keywords: Clinical Practice, Education, Interprofessional Practice

11:00am – 12:30pm
Lunch – On your own

12:30pm – 2:00pm (3 options)
Conversational Roundtable: APC-Physician Practice Model

Amber Wright, Oregon Health and Science University (OHSU) - CDRC Eugene; Courtney Tiller, MSN, Orlando Health Children's Neuroscience Institute

Central Theme

As prevalence of developmental and behavioral (DB) conditions continues to rise in the United States, the DB pediatric (DBP) subspecialty is struggling to keep up with the demand to provide timely and accessible care. This is exponentially exacerbated in rural regions. In 2024, Baum and colleagues reported that there was roughly one DBP subspecialist for every 100,000 children per state; Wyoming, New Mexico, and North Dakota do not have any at all. Unfilled slots across DBP fellowship programs continue to exacerbate this shortage (Baum et al., 2024).
Advanced practice clinicians (APCs), including advanced practice registered nurses (typically, nurse practitioners or NPs) and physician assistants or associates (PAs), are working to help alleviate the lack of DBP subspecialty care nationwide. NPs, specifically, report seeing a high volume of patients and are able to diagnose and manage DBP conditions, most commonly supporting children and adolescents with ADHD, global developmental delays, anxiety, non-specific behavior problems, and autism (Zack, 2023). While less ambiguous for PAs, NP scope of practice laws vary and represent an evolving landscape of licensure requirements, especially among states with reduced and restricted practice (AANP, 2026). As such, utilization of APCs in DBP specialty care ranges widely. Additionally, no established guidelines nor research regarding this model of care within DBP yet exists.

Description

This conversational roundtable will include a panel presentation of various APC-Physician dyads within the DBP specialty across the United States and will provide meaningful tools to support implementation of such a model into practice. We will start with a brief introduction to review differences between full, reduced, and restricted practice authority by state, scope of practice for APCs and how this may impact their role in a DBP setting, APC education and role preparation, and discuss training, onboarding and continuing education needs for APCs new to this field. We will also include resources to aid attendees in identifying their state's APC practice environment. The bulk of our session will include a panel of APC-DBP dyads representing various geographic locations and practice types. Our SDBP APC Section Co-Chairs will moderate the panel (Amber Wright and Courtney Tiller).
Keywords: Advocacy, Clinical Practice, Interprofessional Practice

Pre session readings/media for audience

1. SDBP Advanced Practice Clinician Section: https://sdbp.org/section/advanced-practice-clinician-section/
2. National Conference of State Legislatures Nurse Practitioner Practice and Prescriptive Authority: https://www.ncsl.org/scope-of-practice-policy/practitioners/advanced-practice-registered-nurses/nurse-practitioner-practice-and-prescriptive-authority
    a. AANP State Practice Environment: https://www.aanp.org/advocacy/state/state-practice-environment
3. Physician Assistant Practice and Prescriptive Authority: https://www.ncsl.org/scope-of-practice-policy/practitioners/physician-assistants/physician-assistant-practice-and-prescriptive-authority

Topical Symposia: Civic Engagement: An Effective Way to Say "I Do" to Advocacy

Rebecca Lieb, PhD, Kennedy Krieger Institute; Marisa Toomey, MD, University of Kentucky (UK) HealthCare; Jennifer Cervantes, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Yewande Dada, MD, UT Southwestern Medical Center; Dinah Godwin, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Robert Keder, MD, Connecticut Children's / University of Connecticut; Sally Cohen, PhD, RN, FAAN, NYU Rory Meyers College of Nursing

Description

Developmental-behavioral health professionals frequently desire to engage in advocacy but often face significant time constraints, a challenge that civic engagement may help address. Civic engagement encompasses meaningful actions led by individuals to recognize and address the needs and concerns of local groups, regional communities, and/or society as a whole. Common examples of civic engagement include supporting voter registration, writing letters to the editor, and participating in projects to support surrounding neighborhoods. Civic engagement is particularly well suited for professionals with limited time. It offers flexible, meaningful actions that advance social and community support central to the Healthy People 2030 focus on Social Drivers of Health.

The purpose of this symposium is to provide an overview of effective entry points for civic engagement as a form of professional advocacy. It will also provide participants with a meaningful opportunity for a civic engagement advocacy action moment. The symposium will include a representative panel of developmental-behavioral professionals (psychology, medicine, nursing, and social work), including two co-moderators and five panel members with advocacy expertise. It is designed to enhance all participants' advocacy skills - whether a participant is a novice to advocacy or an expert in the field - as they relate to civic engagement.

Keywords: Advocacy

Research Platform Session Platform 4: MEDICAL COMPLEXITY

Moderator: Tanya Froehlich, MD, MS

Healthcare Pathways of Children with Sensorineural Hearing Loss and Autism Spectrum Disorder: A Descriptive Qualitative Study

Sarah Pollick; Megan H Pesch, MD, MS; Batoul Berri, AuD; Tyler G James, PhD, MCHES, University of Michigan

Caregiver-Reported Eating Behaviors Across Neurodevelopmental Profiles: Examining Medical Developmental and Family Factors in a Nationally Representative Pediatric Sample

Haley Hintz, Eastern Kentucky University; Katherine DiGiovanni, MPH; Madison Baker, M.S., University of Kentucky

Exploring Barriers to Genetics Care Delivery for Patients with Neurodevelopmental Disorders

Cassandra Conrad; Amelle Shillington, DO; Barbara Giambra, PhD, APRN; Marrissa Jenkins, BS, Cincinnati Children's Hospital Medical Center

Changes in Academic Accommodations After Pediatric Intensive Care Admission

Claire Foster, Melanie Boyd, MS, PhD , University of Arkansas for Medical Sciences ; Erin Carlton, MD, MSc, University of Michigan; Jill Fussell, MD; Chayla Slaton, PhD; Katherine Irby, MD, University of Arkansas for Medical Science; Peter Mourani, MD, University of Michigan; Clare Brown, MPH PhD , University of Arkansas for Medical Science; Aline Maddux, MD, MSCS, University of Colorado

Prevalence of Secondary Genetic Diagnoses in Individuals with Down Syndrome

Sarah Wilson, MD; Gabriel Anzueto; Charles Brumley , BS, McGovern Medical School UTHealth Houston; Kathyrn Leal, GCG, UTHealth Genetics; Hope Northrup, MD, McGovern Medical School UTHealth Houston; Paul Hillman, MD/PhD, UTHealth Houston

2:15pm – 3:45pm (3 options)

Conversational Roundtable: Beyond Diagnosis: Defining Who Does What in Longitudinal Care of Neuro-developmental Disabilities

Karen Ratliff-Schaub, Prisma Health

Central Theme

Conservatively, 10% of children in the United States have a neurodevelopmental disability (NDD). The prevalence of Autism Spectrum Disorder (ASD) is now estimated at approximately 1 in 31 children in the United States. These rates place increasing strain on the limited Developmental-Behavioral Pediatrics (DBP) and Developmental and Pediatric Psychology workforces. In response to prolonged wait times and access barriers, many health systems have expanded diagnostic capacity by training primary care pediatricians to perform ASD evaluations. At the same time, some DBP practices have shifted toward a predominantly diagnostic role, with ongoing care deferred to primary care providers and community-based services. These shifts have created uncertainty and tension for stakeholders. Primary care clinicians often report insufficient training, time, and resources to manage the longitudinal and complex needs of children with ASD and other NDDs. Families express desire for continued involvement from subspecialty providers, valuing their expertise in navigating medical, behavioral, and systems-level challenges. Within DBP, there is active debate regarding the appropriate balance between diagnostic and longitudinal care, with implications for workforce development and quality of care delivery. This roundtable will convene diverse perspectives to examine the role of DBP professionals in ongoing NDD care at a strategic level. The session aims to identify shared priorities, clarify roles across disciplines, and inform future directions for workforce training and systems design within the field.

Description

This roundtable is designed to facilitate high-level, strategic discussion rather than presentation of individual programs. Panelists will represent key perspectives, including primary care pediatrics, psychology, DBP, and a family voice. The session will begin with brief framing remarks, followed by small-group discussions in which participants will explore three core questions: (1) what are the ongoing care needs of patients and families (2) what should the overarching framework of longitudinal NDD care be, and (3) what are core workforce training needs.

Keywords: Clinical Practice, Interprofessional Practice

Pre session readings/media for audience

1. "Visualizing the Spectrum" in Scientific American Magazine Vol. 334 No. 4 (April 2026), p. 74. doi:10.1038/scientificamerican042026-3vlN9IADXJkPwN6Iz8JKiW https://www.scientificamerican.com/article/the-autism-spectrum-isnt-a-sliding-scale-39-traits-show-the-complexity/.
2. Autism Spectrum Disorder in Primary Care.
3. American Family Physician. 2025. Westby A, Coburn-Pierce M.
4. Primary Care Pediatricians' Perspectives on Autism Care.
5. Pediatrics. 2022. Hamp N, DeHaan SL, Cerf CM, Radesky JS.
6. 063809 Weitzman, C., Nadler, C., Blum, N.J., Augustyn, M., & Panel, Supporting Access for Everyone Consensus (2024, May 1). Health Care for Youth With Neurodevelopmental Disabilities: A Consensus Statement. Pediatrics, 153(5). https://doi.org/10.1542/peds.2023-063809

Topical Symposia: Disaster Preparation for Children with Developmental Disabilities from Policy to Practice: Lessons from Hurricane Katrina, the 2011 Japan Earthquake, & Hurricane Maria

Shuei Kozu, PhD, LICSW, Southern Connecticut State University; Tammy Cassile, DSW, Capitol Prep Schools; Dinah Godwin, MSW, LCSW-S, Baylor College of Medicine at Texas Children's Hospital; Cristina Bird-Callado, MD, Orlando Health Children's Neuroscience Institute Behavioral Health and Development Center; Anna Hickey, PhD, SIU School of Medicine; Robert Keder, Connecticut Children's / University of Connecticut

Description

Wildfires, earthquakes, tornadoes, hurricanes, floods, blizzards, and other large scale natural disasters pose significant threats to vulnerable populations especially children and youth with special health care needs (CYSHCN).
This interdisciplinary symposium will explore disaster preparedness and emergency response considerations for children with developmental disabilities. This session will focus on children with autism and/or intellectual and developmental disabilities (IDD) and preparation and response to large scale natural disasters. Through discussion, practical frameworks, and real-world case examples, participants will examine common unmet needs during disasters, including communication barriers, sensory challenges, medical complexities, infrastructure gaps, and breakdowns in cross-system coordination.
The session will highlight strategies developmental-behavioral pediatric (DBP) professionals can use to support the safety, dignity, and protection of children with developmental disabilities across emergency settings, including evacuation and shelter-in-place planning. Participants get to share their own experiences supporting children with developmental disabilities. They will analyze preparedness models and identify both individual and systemic factors that influence equitable disaster response for children in community and state care settings. Participants will be provided with practical tools to strengthen inclusive, trauma-informed, and coordinated preparedness planning. Emphasis will be placed on accountability, cross-system collaboration, and communication protocols that promote equitable care and support for vulnerable populations before, during, and after disasters.
Keywords: Advocacy, Clinical Practice, Ethics, Interprofessional Practice

Research Session Platform 5: EARLY ASSESSMENT & INTERVENTION

Moderator: Barbara Howard, MD

Determining the Predictive Validity of the RITA-T as a Level 1 Autism Screener in Toddlers from a Sociodemographically Diverse Primary Care Population
Ruth Cadet; Lianna Lipton, MD, MS; Gabriela Davila Mejia; Brianna Francis; Gabriela Canaveral; Malena Aylwin; Nancy Sullivan, PhD; Kathleen Conroy, MD, MS; Carol Wilkinson, MD, PhD, Boston Children's Hospital

Comparison of Parent-Reported Cognitive Functioning and Direct Cognitive Assessment in a Preschool-aged Sample
Isabella Davé, BA; Zachary Warren, PhD; Laura Corona, PhD, Vanderbilt University Medical Center

Preschool ADHD Care in Developmental-Behavioral Pediatrics and Primary Care: A Review of Guideline-Concordant Diagnostic and Treatment Practices
Zeel Patel; Desmond Kelly, MD; Charles Hatcher, MD; Kathryn Stephenson, MD, Prisma Health

PIONEER Study: An International Comparison of Provider Involvement in Early Intervention
Michelle Reinitz; Katharine Zuckerman, MD MPH, Oregon Health and Science University ; Jose Eduardo Lopes Boavida Fernandes , MD, Centro Pediatrico e Juvenil de Coimbra ; James Blackman, MD MPH, University of Virginia School of Medicine; Jaqueline Bernabe Garcia, BS; Benjamin Sanders, MD, MSPH, MS, Oregon Health and Science University

Birth Cohort Assessment of Universal Autism Screening and Referrals Within a Large Diverse Health System
Melissa Maye, PhD; Hsueh Han Yeh, PhD; Lisiyu Ma, MS; Jordan Braciszewksi, PhD; Kennedy Redmond Payne, BA; Shiling Zhang, MS; Yong Hu, MS; Penelope Friday, PhD, Henry Ford Health; Whitney Guthrie, PhD, Children's Hospital of Pennsylvania; Tisa Johnson Hooper, MD, Henry Ford Health

4:00pm – 5:45pm

SDBP BUSINESS MEETING

Society Update, Leadership Recognitions, Research Grant, Career Awards, Introduction of new Board Members, *Incoming Presidential remarks*

6:00pm – 8:00pm

Social Reception

(Heavy snacks, music and mingling!)





Tuesday, October 27 *All Times Central*

7:00am – 10:00am

Registration

7:00am – 8:15am

Continental Breakfast

7:15am – 8:15am

Section Meetings: ***Advanced Practice Clinicians, Community & Private Practice; Fellowship Training Directors, International; Psychology***

8:30am – 9:45am

Plenary: Supported Employment for Individuals with Developmental Disabilities

Sarah Schlegel, Connecticut Children's/University of Connecticut School of Medicine; Gayatri Mahajan, MD, University of California - Davis - MIND Institute; Paul Patterson, MD, PhD, Walter Reid National Military Medical Center

Description

Over the past decade, national statistics cite that only up to approximately 20 percent of working-age individuals with intellectual/developmental disabilities are employed in the workforce (Butterworth et al, 2024), as compared to the general adult employment rate of around 60 percent. Further, as per Butterworth et al, "[f]or individuals with IDD [intellectual/developmental disabilities] who do obtain employment, data consistently show that the majority work part-time in entry-level positions for low income and have limited access to employee benefits." Evidence demonstrates that supported employment increases the likelihood that individuals with IDD will achieve competitive integrated employment (Iwanaga et al, 2024), overall being more successful in the workforce. The systematic review conducted by Nevala et al in 2019 summarized "that secondary and postsecondary education increases the employment of people with ID [intellectual disability] in the open labor market when it includes work experience and personal support services" and that "supported employment also increases employment in the open labor market." This topical symposium will introduce attendees to supported employment so that they may better inform, prepare, and advocate for this programming for their developmental-behavioral pediatrics patients and patients' families. The symposium will open with a presentation on the research evidence base for supported employment and Individual Placement and Support (IPS) model, followed by an overview of the Support. Train. Empower. Propel. (STEP) program model including its development, implementation, and outcomes at a major health system. Two STEP participants — a current intern and an employed graduate — will then offer first-person accounts of their experiences, grounding the evidence in lived reality. The moderator will facilitate a structured panel discussion and audience Q&A, bridging research, program design, and clinical application.

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

10:00am – 11:30am (3 options)

Topical Symposia: Too Much is Never Soon Enough: Payor-Imposed Barriers to Autism Diagnosis and Service Acquisition

Marisa Toomey, MD, University of Kentucky (UK) HealthCare; Yi Hui Liu, MD, MPH, University of California, San Diego; Cy Nadler, PhD, Children's Mercy Kansas City; Karen Ratliff-Schaub, MD, Prisma Health; James Van Buren, MD, University of Kentucky (UK) HealthCare; Rebecca McNally Keehn, PhD, Indiana University School of Medicine

Description

Autism has a current estimated prevalence of 1 in 31 children, making it one of the most common conditions diagnosed and/or managed by developmental-behavioral clinicians. Yet, the demand for such services continues to outpace the number of practicing clinicians in the workforce, leading to waitlists for Autism evaluations that exceed 9-12 months in many US regions. This delay in diagnosis leads to delays in accessing autism-specific interventions and family supports. At the same time, developmental-behavioral clinicians must increasingly navigate ever-changing requirements for diagnostic evaluations. These requirements, driven by payors, for-profit service providers, and state entitlement organizations (e.g., Waiver services), often take the form of mandating specific tools for a diagnosis to be considered valid and/or frequent re-evaluation for authorization of continued intervention services. These mandates are often not based on scientific evidence, limit the professional scope of licensed clinicians, violate mental health parity law, and exacerbate access barriers for children and families.

This session, led by a group of interdisciplinary experts representing SDBP Committee and SIG leaders and members from a variety of institutions and regions across the US, will share their expertise in payor-imposed barriers in Autism service access as well as in developing evidence-based clinical guidelines. Panelists will highlight clinical experiences and data from two surveys on barriers experienced by developmental behavioral clinicians.

Keywords: Clinical Practice, Interprofessional Practice

Pre session readings/media for audience:

1. American Academy of Pediatrics. Autism Diagnosis in Primary Care. https://www.aap.org/en/patient-care/autism/autism-diagnosis-in-primary-care/?srsltid=AfmBOopg5gwqivo6gWP8DgT31qMaHoWffK9pvuGnIX4_GmNFNOx6Ax7t
2. Choi KR, Knight EA, Stein BD, and Coleman KJ. Autism Insurance Mandates in the US: Comparison of Mandated Commercial Insurance Benefits Across States. Maternal and Child Health Journal 2020 July; 24(7): 894-900. doi: 10.1007/s10995-020-02950-2.
3. McBain RK, Cantor JH, Kofner A, Callaghan T, Stein BD, and Yu H. Generosity of state insurance mandates and growth in the workforce for autism spectrum disorder. Autism 2021 May; 25 (4): 921-931. doi: 10.1177/1362361320976744.
4. McBain RK, Cantor JH, Kofner A, Stein BD, and Yu H. State Insurance Mandates and the Workforce for Children with Autism. Pediatrics 2020 Oct; 146(4): e20200836. doi: 10.1542/peds.2020-0836.
5. National Conference of State Legislatures. Autism and Insurance Coverage State Laws. 2021. https://www.ncsl.org/health/autism-and-insurance-coverage-state-laws#:~:text=The%20law%20specifies%20that%20on,through%20the%20state%20medical%20exchange.
6. Tierney C. Insurance Coverage for Autism Testing: What Parents Need to Know. April 2026. https://earlipointhealth.com/insurance-coverage-for-autism-testing-what-parents-need-to-know/

Topical Symposia: Redesigning Access: Innovative Pathways for Supporting Autism Diagnosis in Pediatric Primary Care

Elizabeth Coan, Childrens Hospital Colorado; Abigail Angulo, MD, MPH, Developmental Pediatrics, Children's Hospital Colorado; Meghan Breheney, MD, Developmental Pediatrics; Lisa Hayutin, PhD, Psychology, Childrens Hospital Colorado; Jennifer Suchon, MSN, PPCNP, FNP, PMHS, Primary Care, Northside Health Center; Kaitlin Whelan, MD, Primary Care, Childrens Hospital Child Health Clinic; Rebecca Wilson, PsyD, Psychology, Childrens Hospital Colorado

Description

Autism screening in primary care has become widespread (Monteiro et al., 2019) and community awareness of autistic features has grown (Dillenburger et al., 2013), leading to more conversations about developmental differences during primary care visits. Although these are welcome shifts, many children identified with autistic features in primary care are still referred for specialist evaluations. Specialty clinics have struggled to keep up with demand, resulting in long wait times for evaluation, delays in accessing services, and frustration with the process for families (Boshoff et al., 2021).

Over the past decade, Developmental Pediatrics at Children's Hospital Colorado (CHCO) has developed several physician education and collaborative care initiatives to support PCPs in diagnosing and supporting autistic

youth and their families. This symposium will highlight six of these programs, allowing audience members to compare different models and consider how they may be applied in other settings and institutions.
Our moderator will introduce the overarching mission of improving access through education and community support, followed by brief presentations summarizing the individual branches of this initiative, including implementation strategies, successes, and challenges. Models will include the following: Integrated Primary Care, Elevated M-CHAT Pathway, Partnering with Community Providers, Rural Outreach, Education and Consult through Project ECHO, and Resident Training. A question-and-answer session with our diverse interdisciplinary panel will focus on implementation factors.
Keywords: Advocacy, Clinical Practice, Education, Interprofessional Practice

Research Session Platform 6: MENTAL HEALTH

Moderators: Nancy Lanphear, MD and Robyn Mehlenbeck, PhD, ABPP

Anxiety Moderates the Association Between Adverse Childhood Experiences and Chronic School Absenteeism: A National Survey Analysis
Rhea Kanate; Anusha Kalugotla, MD; Charron Lewis, MD, MetroHealth

The Impact of Emotional Dysregulation on Adaptive Functioning and Anxiety in Children with ADHD
Shanmugapriya Dakshnamoorthy, UCLA

Benzodiazepine Prescribing for Children with Anxiety in Primary Care Across 10 U.S. Pediatric Health Systems
Yair Bannett; Ingrid Luo, MS; Tracy Huang, MSPH; Heidi M. Feldman, MD, PhD, Stanford University School of Medicine

Examining the Relationship Between Current Status in Key Developmental & Behavioral Domains and Overall Function in Children with ADHD: Project STANDARD (Structured Approach to Neuro-developmental Care and Clinical Research Data)
Sarah Weas; George Sideridis, PhD; Julia Berg, MD; Justice Clark, MPH; Marie Reilly, MD; Gabriela Miller, MS, Boston Children's Hospital; Ann Reynolds, MD; Deanna Swain, PhD, University of Colorado School of Medicine; Ramkumar Aishworiya, MBBS, MMed, MRCPCH, National University Children's Medical Institute; Yair Bannett, MD, MS, Stanford University School of Medicine; Nathan Blum, MD, Children's Hospital of Philadelphia; Shang Chee Chong, MBBS, MMed, MRCPCH, National University Children's Medical Institute, National University Health System; Magdalena Dall, MSc, Johannes Kepler University; Jeffery N. Epstein, PhD, Cincinnati Children's Hospital Medical Center; Johannes Fellinger, MD, Johannes Kepler University; Medical University of Vienna; Tanya Froehlich, MD, MS, Cincinnati Children's Hospital Medical Center; Johanna Hofer, MD; Daniel Holzinger, MD, Institute of Neurology of Senses and Language; Johannes Kepler University; Patty Huang, MD, Children's Hospital of Philadelphia; Ying Qi Kang, MBBS, MMed, MRCPCH, National University Children's Medical Institute, National University Health System; Gehan Roberts, FRACP, MPH, PhD, The University of Melbourne; Carol Weitzman, MD; William Barbaresi, MD, Boston Children's Hospital

The Association Between Age at Autism Spectrum Disorder Diagnosis and Comorbid Anxiety Symptoms using the National Survey of Children's Health
Hannah Cohen; Caroline Howard, BS; Lillian Ravikoff, BA, BS; Ruth Milanaik, MD, Northwell

11:45am – Special add-on: The Future of DBP Fellowship Training Discussion

Informal gathering - open to ALL

Annual Meeting Adjourned

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Reference:

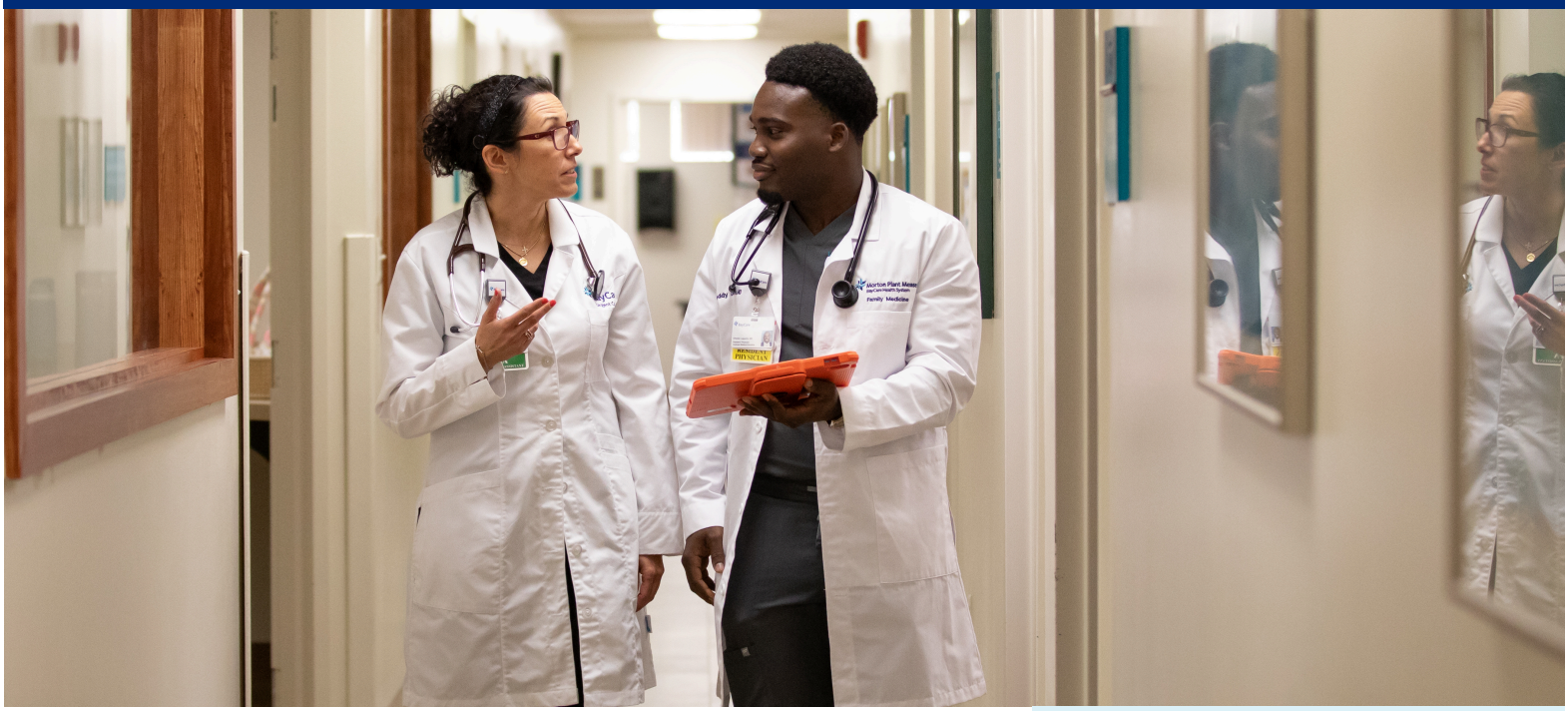
1. Manickam, K., McClain, M.R., Demmer, L.A. et al. Exome and genome sequencing for pediatric patients with congenital anomalies or intellectual disability: an evidence-based clinical guideline of the ACMG. Genet Med 23, 2029–2037 (2021)
2. Wojcik, M. H., et al. Genome Sequencing for Diagnosing Rare Diseases. NEJM. 2024;21:1985–1997
3. Hickey G, Monlong J, Ebler J, et al. Pangenome graph construction from genome alignments with Minigraph-Cactus. Nat Biotechnol. 2024;42(4):663-673. doi: 10.1038/s41587-023-01793-w.

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References: 1. GeneDx Internal Data, Data on File 2026. 2. GeneDx Internal Data, Data on File 2025.

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[1] Accelerating ADHD Treatment With QbCheck & Constellation. https://www.qbtech.com/blog/accelerating-adhd-treatment-with-qbcheck-constellation/