

BEHAVIORAL DEVELOPMENTS



VOLUME 9, ISSUE #1 SPRING/SUMMER 2004

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Message from the President

The last six months have brought a number of changes and new ventures for the Society. In this message I will try to cover all of them and keep the membership abreast of related developments.

First and foremost has been the transition of Society management activities to Nicolette Zuecca of Association Headquarters. Nikki has been enthusiastic in her approach to SDBP, and one of the first recommendations was for the establishment of a strategic plan. Over the past several years the Society has been moving forward based more on momentum than on a clearly charted path, and there was a clear need for a more detailed and thoughtful basis for both short term and long term decisions. The spring executive council meeting included a one day strategic Planning retreat. We were extremely fortunate to have Susan Nelson, CAE, and Steven Echard, CAE, both from Association Headquarters, serve as facilitators for the session. Susan and Steve both have a great deal of experience helping academic societies to identify their purposes in being and translate these insights into coherent and achievable plans. The new strategic plan generated from this retreat, in the form of specific goals and objectives, is presented in this issue of the newsletter, and I encourage you to review and comment on it.



Daniel L. Coury, M.D.

We began by reviewing the Society's mission statement, our fundamental reason for existence. The Mission of SDBP has changed little over the years, but the new mission statement more clearly recognizes our commitment to improving clinical practice and advocacy. Our vision of ensuring that all children achieve optimal developmental and behavioral health will be realized as we carry out our mission. However, there are potential obstacles to reaching our goals. The SDBP leadership delineated several issues that impact on our activities both positively

and negatively. After reviewing these issues and revisiting the mission we identified six major goals:

Our first goal is to refine our organizational structure to better support our mission. This restructuring encompasses several activities. For example, some of our Bylaws need to be moved to become policies and procedures because, as previously worded, they were preventing us from acting as quickly and appropriately as needed. The reporting mechanism between the council and the committees also needed some clarification. A recent change in the format for the Annual meeting allows for a clearly specified time for the committees to meet and conduct their business, something that had not always been available in the past. Perhaps most important was the need for clearer financial policies for the Society.

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Our annual meeting has been operating at a deficit for several years, and our overall fiscal solvency has depended on a variety of other resources that cannot be consistently relied upon. We need policies that promote a more budget neutral approach, and we need to find other potential revenue sources to support the Society and its mission. This year we are seeking sponsors and exhibitors for the Annual Meeting more vigorously than in recent years.

Our second goal is to develop a more diverse and interdisciplinary membership. As I mentioned in my message in the last newsletter, other academic societies share our professional interests and more formal interactions with them would enhance our organization and our activities. The spring executive council meeting was held in conjunction with the Child Health Psychology Conference presented by the Society for Pediatric Psychology (SPP). During that conference, SDBP leadership met twice with SPP leadership to discuss potential joint activities. Issues of interest to both Societies include innovative models of interdisciplinary care, promotion of interdisciplinary research, and promotion of the collaborative missions of our organizations through development of scientific programming at national meetings. One specific action taken as a result of this meeting was to post the call for abstracts for this fall's SDBP meeting in Chicago on the SPP list serve, as well as to make a formal announcement at the plenary session of the Child Health Psychology Conference. In addition, the Great Lakes Regional Chapter of SPP and the Ohio Chapter of SDBP are planning a joint conference to be held in Columbus, Ohio April 21-23, 2005. We see this as a trial meeting for a potential joint conference of


the SDBP and SPP in years to come. Additional possibilities discussed could help SDBP meet goals for research and training as outlined in goals 4 and 6 of the strategic plan.

The new Strategic Plan generated from this retreat, in the form of specific goals and objectives, is presented in this issue of the newsletter, and I encourage you to review and comment on it.

In addition to the points outlined in goal 4, we need to continue to develop collaborations with the American Academy of Pediatrics through its section on Developmental and Behavioral Pediatrics and section on Children with Disabilities. We are in the midst of collaborating on a second DB-PREP course, and there is potential for additional collaborative arrangements in the future. Such future programs may have a different focus, such as an emphasis on interdisciplinary clinical management of various childhood conditions, or primary care management of certain developmental and behavioral concerns.

Goal 5 of the Strategic Plan relates to actions in the area of advocacy for infants, children and adolescents regarding developmental and behavioral services and public policy. Jean Smith and the advocacy committee are already taking an active role in reviewing various issues (use of

the death penalty for juveniles, for example) and developing Society positions on timely topics.

I urge you to review the components of the strategic plan carefully. The plan provides a useful framework for the next steps our Society takes, but will require active ongoing participation by not only the Council but the membership as well. Consider your own interests and take an active role in one of the standing committees of the Society, and help us continue to improve SDBP. 

SDBP Strategic Plan Goal Statements

MISSION STATEMENT

SDBP is an interdisciplinary organization that promotes the health and well-being of infants, children, adolescents and families through research, education, clinical practice and advocacy in the field of developmental and behavioral pediatrics

VISION STATEMENT

To ensure all children achieve optimal developmental and behavioral health

STRATEGIC OBJECTIVES

Goal Statement # 1

To create an organizational structure and resources that will support SDBP goals.

1. Develop written policies and procedures to guide staff, committees and board.
2. Create a formal committee structure and reporting mechanism to accomplish board mandates.
3. Develop financial policies
 - a. Budget-neutral
 - b. Reserves (levels/annual operating expense 50-100%)
 - c. Investment
 - d. Evaluate dues/fees to be sure they are at the appropriate levels
4. Develop other sources of revenue
 - a. Exhibits
 - b. Sponsors for annual meeting
 - c. Endowments
 - d. Grant writing (corporate, private foundations, DHHS, NIH)
 - e. Program development

Goal Statement #2

Membership

Develop a larger diverse and interdisciplinary membership

1. Ensure adequate representation of all constituency groups on the board and committees.
2. Recruit more trainees (medical students, post-docs)
 - a. Raise funds for annual meeting travel grants
3. Develop an active marketing plan to promote the annual meeting, journal, etc to training directors
 - a. Meeting content needs to be more interdisciplinary
4. Charge membership committee with:
 - a. Evaluating eligibility criteria
 - b. Application process (ease)
 - c. Develop an innovative marketing campaign
 - d. Increase total membership by 25% in three years

Goal Statement #3

Research

To support the expansion of research in developmental and behavioral pediatrics.

1. Expand membership and involvement of scientists in areas not currently well represented.
2. Increase NIH and other federal funding for DBP topics
 - a. Develop strategies to increase membership on NIH study sections
 - b. Improve mentoring re: getting K awards, F32 & T32
3. Develop a small grants program
4. Create a virtual committee room for the research committee
5. Lead the development of :
 - a. DBP-PROS Network in collaboration with AAP's research committee
6. Promote and fund innovative interdisciplinary collaborative research
 - a. Develop an inventory of funders (private and government) and their priorities
 - b. Describe research topics, funding sources and publications of SDBP members
 - c. Develop special interest groups at the annual meeting and through a web based committee room to foster collaborative research efforts
 - d. PROS-type network interfaces
 - e. Foster relationships between MD, nursing, PhD graduate students in research
7. Improve the knowledge/skills of fellowship training directors in supporting trainees' research
 - a. PhD researchers to join fellowship training program
 - b. Information about the use of publicly supported databases
 - c. Continue to support research as a part of fellowship training in DBP

Goal Statement #4

Training/Education/Workforce

To promote education in DBP within the field and all related disciplines

1. Develop annual program components and strategies to broaden interest to general pediatricians, medical students and post doc students.
 - a. Develop a one day DBP review course
2. Develop web based CME programs
3. Develop an educational scholarship fund to promote attendance at the annual meeting
 - a. Provide complimentary memberships and subscription to JDBP for medical students, doctoral students, etc.
 - b. RRC collaboration to develop competency based training guidelines for residency
4. Collaboration with American Psychology Association & the Society of Pediatric Psychology
 - a. Interdisciplinary programs, research and practice issues symposium
 - b. Discount joint membership with APA/SPP/ SAM/AACAP/SRCD to include journals and meeting registration discounts

Goal Statement #5

Advocacy


To become an effective advocate for access to the highest quality of developmental and behavioral care.

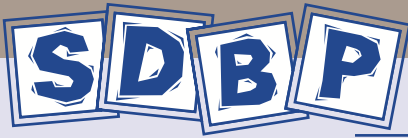
1. Develop issues agenda to assist and maintain proactive stance.
2. Critically and systematically explore strategic partnerships (rules & guidelines)
3. Develop list of talking points (position statements) to allow for rapid response
4. Increase stature of Society through recognitions awards and other methods

Goal Statement #6

Practice Issues

To participate in development of appropriate standards of care that will ensure access to and appropriate reimbursement for continuing services.

1. Publish final results from 2002 survey
2. Further explore implication of trends indicated in survey
 - a. Productivity survey
 - b. Productivity study
 - c. Publication of final results
3. Help define, with the assistance of primary care pediatrics, limits of PC and DBP services
4. Documentation and surveillance of status of DBP clinical guidelines
5. Participate in the development of DBP guidelines (recredentialing process)
6. Develop informational "tool kit" for use by DBP members. 



CLINICAL Hypnosis WORKSHOP

September 30 – October 2, 2004
Millennium Knickerbocker Hotel
Chicago, Illinois


About the Program

This workshop is offered at three levels (introductory, intermediate, and advanced) depending on previous experience in hypnosis. The workshop provides training in the use of hypnosis and its applications in clinical pediatric settings. Emphasis is placed on supervised practice of hypnotic techniques. No previous training in hypnosis is required for the introductory workshop, but *those interested in receiving intermediate and advanced instruction must provide evidence of previous training. Advanced participants must bring a DVD, or VHS videotape of hypnotic work with a patient and a typed case vignette.*

This course has been approved by the American Society of Clinical Hypnosis as meeting the requirements for certification and membership.


Objectives

The objectives of the *introductory workshop* are: 1) to learn 3-5 techniques of hypnotic induction in children; 2) to learn and use one or more self-hypnosis techniques; and 3) to learn the range of applications of hypnotherapeutic strategies in pediatrics.

The objectives of the *intermediate and advanced workshops* are to refine hypnotherapeutic skills and build personal confidence and competence through case discussion and review and supervised rehearsal skill building. The intermediate and advanced workshops will be developed in consultation with the participants in order to address their specific needs in expanding a repertoire of therapeutic techniques and managing resistance and treatment failure. 


For program and registration
information please visit the
SDBP website
www.sdbp.org

Looking Ahead


Although it seems a long time in the future, planning is already beginning for the 2006 SDBP Annual Meeting. A potential site is Montreal. The city is beautiful, and SDBP members from the US are likely to enjoy a favorable currency exchange rate. Please let Dan Coury or Nathan Blum know if you have strong feelings, pro or con, about this location. 

International Society of Hypnosis Triennial Congress

Why not visit Singapore? October 17-22, 2004, the International Society of Hypnosis will host the meeting, including three days of hypnosis workshops, and two days of scientific meetings, at the International Convention/Exhibition Center in Singapore.

Our own Karen Olness is the current president of the ISH. She notes that Singapore is a wonderful, interesting, safe city, with many convenient and inexpensive hotels. Karen purchased her round-trip ticket for less than \$1000. For more information, visit www.icms.com.au 16ish. 

Congratulations, Dan

The Arizona Child Study Center was recently awarded a two-year \$325,000 training grant from the Virginia G. Piper Charitable Trust. The Trust is the largest private foundation in the State of Arizona and probably among the 10-largest in the United States. SDBP's Daniel Kessler, MD, directs the Arizona Child Study Center. For more on the Center and its new programs, contact Danny at the Children's Health Center of St. Joseph's Hospital, 124 W. Thomas Road, Phoenix, AZ 85013 

DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN

Columbus Children's Hospital And Nisonger Center, The Ohio State University

The Department of Pediatrics of Columbus Children's Hospital and the Nisonger Center, The Ohio State University are seeking an experienced board-eligible or board certified developmental-behavioral pediatrician to join the faculty. Specific duties will include participation in an active LEND program, an award winning rural developmental assessment clinic, and other interdisciplinary clinical programs in developmental assessment and behavioral assessment. Demonstrated capability and proven excellence in clinical care and teaching are required. Administrative and research experience would be highly valued. An appointment in the Department of Pediatrics of The Ohio State University College of Medicine and Public Health commensurate with qualifications is expected. Candidates must be eligible for licensure in the state of Ohio.

Columbus Children's Hospital is the fifth largest children's hospital in the United States, and ranks in the top ten in NIH funding. Our developmental and behavioral medical services deliver specialty care through over 5,000 visits annually. The nine member Division is actively involved in clinical research, including an NIMH funded Research Unit in Pediatric Pharmacology (RUPP) and numerous clinical trials in the area of ADHD, depression, and anxiety. Specialty programs include a busy Autism Center with intensive behavioral intervention; and ADHD, Down Syndrome, Cerebral Palsy, Spina Bifida and Infant Neuromotor programs. A new Center for Child and Family Advocacy is under construction, and a new Center for Biobehavioral Research has been funded by Children's Research Institute. An MCHB funded, ACGME accredited fellowship program in Developmental-Behavioral pediatrics provides funding for clinical fellows.

Interested candidates should call or contact:

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Chief, Developmental and Behavioral Pediatrics

Medical Director, Nisonger Center, Columbus Children's Hospital, 700 Children's Drive, Timken G-350

614-722-2438 • 614-722-4966 fax

dcoury@chi.osu.edu



Laura Jelliffe-Pawlowski, MD

Dr. Jelliffe-Pawlowski is a Research Scientist working with the California Lead Poisoning Prevention Branch. She has spent the past fifteen years doing clinical work and research focused on neurodevelopmental disabilities. She has published on the epidemiology of autism, the relationship between birth defects and mental retardation, the neurodevelopmental effects of full-term small-for-gestational-age birth, and lead poisoning in pregnancy.



Alan Weintraub, MD

Dr. Weintraub practices developmental and behavioral pediatrics in Atlanta. He trained in developmental disabilities at the Albert Einstein College of Medicine in the Bronx, New York, and is Board certified in Pediatrics and Developmental-Behavioral Pediatrics. His two particular areas of interest are complex ADHD and psychopharmacology of ADHD; as well as the autism spectrum and the challenges of diagnosis and treatment of autism.




Gopal Srinivasan, MD

Dr. Srinivasan works at Sinai Children's Hospital in Chicago, where he is involved in resident and medical student training. A neonatologist for twenty years, he has a special interest in the problems of high risk neonates, and in serving the underserved.



Diane Liebe, MD

Dr. Liebe serves as Medical Director at Children's Village, a neurodevelopmental center in central Washington state, and is a consultant pediatrician with the state Foster Care Assessment Project (FCAP), the FAS Diagnostic and Prevention Network of Washington state, and The Learning Clinic (a multidisciplinary team serving children with school underachievement.) She has a special interest in the area of autism and pervasive developmental disorders. 

2004 SDBP Annual Meeting

October 1 – October 4 • Millennium Knickerbocker Hotel • Chicago, IL



Thursday, September 30

8:00 AM – 6:00 PM **Clinical Hypnosis Workshop**
Course Chair: Candace Erickson, MD, MPH

Friday, October 1

7:00 AM – 5:00 PM **Registration**

8:00 AM – 6:00 PM **Clinical Hypnosis Workshop**
Course Chair: Candace Erickson, MD, MPH

8:00 AM – 5:00 PM **Family Systems Workshop**
**Session I: Pediatrics and the Family:
Incorporating Systems Principles in to Practice**
Course Chairs: William Cohen, MD and Lane Tanner, MD

1:00 PM – 9:00 PM **Teaching Developmental and Behavioral Pediatrics to Pediatric Residents**
Course Chairs: Robin Hanse, MD and Pamela High, MD

Saturday, October 2

8:00 AM – 6:00 PM **Clinical Hypnosis Workshop**
Course Chair: Candace Erickson, MD, MPH

8:00 AM – 5:00 PM **Family Systems Workshop**
Session II: Families and Pediatrics: Increasing Effectiveness in Hard-to-Manage Cases
Course Chairs: William Cohen, MD and Lane Tanner, MD

8:00 AM – 12:00 NN **Developmental Evaluations for Children Who are Deaf or Hard of Hearing**
Course Chair: Susan Wiley, MD

1:00 PM – 5:00 PM **Successful Family Treatment Approaches for Children with Autism**
Michael Cupoli, MD, Ruth Anan, PhD, Ernest Krug, M.Div., MD, FAAP and Carol Rolland, PhD

1:00 PM – 5:00 PM **DBP Practice Management Update: Setting Standards for Time and Cost Effective Records Documentation and Written Communications**
Course Chairs: Michelle Macias, MD, FAAP and Lynn Wegner, MD, FAAP

3:00 PM – 5:00 PM **Research Mentoring: Individual Mentoring for Junior Investigators**

6:00 PM – 8:00 PM **Welcome Reception**

Sunday, October 3

9:00 AM – 12:00 NN **Oral Abstract Presentations**

10:30 AM - 10:45 AM Break

12:00 NN – 2:00 PM **Poster Session**

JDBP Editorial Board Luncheon

2:00 PM – 3:30 PM **Concurrent Sessions**

1. Genetic Conditions: A Review of the Developmental, Medical and Treatment Approaches for These Conditions

Nancy Lanphear, MD

2. The Pharmaceutical Industry and Developmental-Behavioral Pediatrics: Clinical Trials, Research Funding, and Federal Regulation

Paul Wang, MD

3. Youth Violence and Violence Prevention: Community and Family Interactions

Patrick Tolan, PhD

3:30 PM - 3:45 PM Break

Preliminary Program

- 3:45 PM – 4:45 PM **SDBP Lectureship Award and Presentation**
Matha Denkla, MD
- 4:45 PM – 6:15 PM **SDBP Business Meeting - Discussion of SDBP Strategic Plan**
Daniel Coury, MD, President
- 7:00 PM – 10:00 PM **SDBP Annual Social Event**
The Signature Room at the Ninety Fifth

Monday, October 4

- 9:00 AM – 10:30 AM **When Developmental-Behavioral Pediatricians Go To School - Three Complementary Models of Effective School Consultation**
- 9:00 AM **Clinical Consultation to School Staff**
Linda Grossman, MD
- 9:00 AM **Social Development Instruction**
Roger Weissberg, PhD
- 10:00 AM **School-Based Crisis Preparedness and Response**
David Schonfeld, MD
- 10:30 AM – 10:45 AM **SDBP Advocacy Award**
Recipient: Voices for Illinois Children
- 10:45 AM – 11:00 AM Break
- 11:00 AM – 12:00 PM **Presidential Address**
Daniel Coury, MD, SDBP President
- 12:00 NN – 2:00 PM **Lunch on own**
- Fellows Luncheon/Meet the Leadership**
- Social Concerns Luncheon**
- Developmental-Behavioral Pediatrics Fellowship Program Directors Luncheon**
- 2:00 PM – 4:00 PM **Oral Abstract Presentations**
- 4:00 PM **Adjourn** 

HEALTHY STEPS: A NEW MODEL FOR DB PEDS


Healthy Steps for Young Children, an innovative approach to providing developmental and behavioral care, is the brainchild of SDBP members Barry Zuckerman, Steve Parker, and colleagues. In the program, a Healthy Steps Specialist works alongside the pediatrician or family doctor to support mothers and fathers in nurturing the emotional, behavioral, and intellectual development of children from birth to age three. According to a comprehensive national evaluation, the program works.

In a December, 2003 JAMA article, researchers from Johns Hopkins University reported that Healthy Steps families were more likely than non-participating families to:

- **Ensure that infants sleep on their back to help reduce the risk of Sudden Infant Death Syndrome (SIDS).**
- **Openly discuss feelings of sadness, depression, or anxiety with someone in the pediatric or family medicine practice.**
- **Match their behavior to their child's developmental level, interests, and capabilities when playing with their toddlers.**

Healthy Steps meets key tests of quality in the delivery of medical care set by the Institute of Medicine (IOM), improving effectiveness, patient and family centeredness, timeliness, efficiency, and equity. To learn more, visit www.healthysteps.org or contact Michael Barth, Healthy Steps Director at (703) 934-3090, mbarth@icfconsulting.com.

Dr. Spock for the 21st Century

Robert Needlman, fearless co-editor of *Behavioral Developments*, is pleased to report that he has yet another fine publication under his belt. The eighth edition of Dr. Spock's Baby and Child Care, the iconic parenting book, was released this June by Pocket Books, with Robert as co-author. The book, originally published in 1945, has over 50 million copies in print. The 8th edition includes an expanded, reorganized chronological development section, deeper coverage of autism and ADHD, and a new emphasis on education from early reading aloud through college. Notes Needlman, "New parents, and parents with questions about anything from diapering to divorce, still need balanced, supportive, wise, up-to-date, comprehensive, holistic, accessible, and trustworthy information. Spock's legacy lives on." 



FULLY REVISED AND EXPANDED
FOR THE 21ST CENTURY

DR. SPOCK'S

BABY AND CHILD CARE

8TH EDITION

THE ONE ESSENTIAL PARENTING BOOK

A HANDBOOK FOR PARENTS OF
DEVELOPING CHILDREN FROM
BIRTH THROUGH ADOLESCENCE

BENJAMIN SPOCK, M.D.

Updated and Revised by

Robert Needlman, M.D.

SAVE THE DATE

DB:PREP

An Intensive Review of Developmental
and Behavioral Pediatrics

*Sponsored by the AAP Section on
Developmental and Behavioral Pediatrics*

**American Academy
of Pediatrics**

Society for Developmental
and Behavioral Pediatrics

August 11-15, 2004

The Westin Chicago River North
Chicago, IL

An Education Forum for the Developmental and Behavioral Pediatric Subspecialist:

- Seeking education pertaining to the ABP Subspecialty Initial Certifying Examination
- Seeking education as it pertains to the ADB Program for Maintenance of Certification in Pediatrics
- Seeking current and practical application information in the field of Developmental and Behavioral Pediatrics
- The Primary Care Physician who is seeking information in the field of Developmental and Behavioral Pediatrics

Here's what to expect when you attend

- All In One Place-Extensive Coverage of Developmental and Behavioral Pediatrics Topics
- The Basics and More-Hot Issues and Advances in Developmental and Behavioral Pediatrics
- Meet the Professor-Opportunities for Expert and Peer Networking
- Coding for Developmental and Behavioral Pediatrics-What You Need to Know to Survive
- Tour of Chicago-An Afternoon Free to Shop, Tour and see City Sights

Visit www.pedialink.org for daily
schedules and registration
Details available early 2004

CALENDAR OF EVENTS 2004



MEETING	LOCATION	DATE
Society of Pediatric Psychology www.apa.org/divisions/div54	Charleston, SC	April 14-17, 2004
American Association on Mental Retardation www.aamr.org	Philadelphia, PA	June 1-5, 2004
International Society for the Study of Behavior Development www.issbd.org	Ghent, Belgium	July 11-15, 2004
American Academy for Cerebral Palsy www.aacpdm.org	Los Angeles, CA	September 29-October 2, 2004
Society for Developmental and Behavioral Pediatrics www.sdbp.org	Chicago, IL	September 30-October 4, 2004
American Academy of Pediatrics www.aap.org	San Francisco, CA	October 9-13, 2004
American Academy of Child & Adolescent Psychiatry www.aacap.org	Washington, DC	October 19-24, 2004
Children with Attention Deficit Disorders www.chadd.org	Nashville, TN	October 27-30, 2004
Academy of Psychosomatic Medicine www.apm.org	Fort Meyers, FL	November 18-21, 2004
Learning Disabilities Association www.ldanatl.org	Reno, NV	March 2-5, 2005
American Psychosomatic Society www.psychosomatic.org	British Columbia, Canada	March 2-5, 2005
Society for Adolescent Medicine	St. Louis, MO	March 24-28
Assoc Applied Psychophysiology/Biofeedback www.aapb.org	Austin, TX	March 31- April 3, 2005
Society for Research in Child Development www.srcd.org	Atlanta, GA	April 7-10, 2005
Society of Behavioral Medicine www.sbmweb.org	Boston, MA	April 13-16, 2005
SPR/APS/Ambulatory Pediatric Association www.ambpeds.org	Washington, DC	May 13-17, 2005
International Society on Infant Studies www.isisweb.org	Brisbane, Australia	July 8-11, 2005