Message from the President
Loss of a Pioneer in Developmental/Behavioral Pediatrics

I write my first president’s message to convey the sad news that our friend and colleague, Marvin Gottlieb, MD, PhD, passed away on January 10th in Memphis, TN. However, rather than dwell on the sadness of this announcement, I prefer instead to remember and pay tribute to the accomplishments of a true pioneer in D/B Pediatrics and to his status as a true gentleman of pediatrics. In so doing, I solicited comments from several of our past presidents and others who knew Marvin well. These are included below.

Briefly, Marvin earned his BA from NYU, received an MS and PhD, from George Washington University, and an MD from the University of Tennessee College of Medicine. His residency was at Mt. Sinai Hospital. Marvin had a Pediatrics practice in NY and NJ for 8 years, and then spent 12 years at U of TN, and it was here that he began his work in setting the foundations for the specialty of D/B Pediatrics as we know it today. He moved to the Hackensack University Medical Center in 1981 as Director of the Institute of Child Development, and subsequently became Chair of Pediatrics in 1992, serving in that position until his retirement in 2000. In 2004, Marvin received the C. Anderson Aldrich Award from the SODB.

An excerpt from an article about the Institute for Child Development written in the 1980’s truly demonstrates Marvin’s passion and vision:

“Talk to the Medical Director of the Institute for Child Development and you come away feeling as though you had just spoken to Michelangelo as he stared at the empty expanse of ceiling in the Sistine Chapel, or Christopher Columbus setting out to cross the Atlantic. To Dr. Gottlieb, helping a child through the maze of developmental milestones is, indeed, as exciting as charting an unknown ocean or creating a masterpiece on a blank canvas. ‘This is an exciting field of medicine,’ he said. ‘Developmental pediatrics is in its infancy; we’re still in the crawling stage. More than anything else, day by day we’re learning that there’s an awful lot we don’t know about a child’s development. Every child is a crucible of developmental happenings, and my role, the role of the developmental pediatrician, is to become that child’s advocate, making sure he attains the best quality life as possible.’”

Other comments:
Marvin Gottlieb was my friend. He became my friend because he knew the value of friendship and he knew how to demonstrate his devotion to those in need and to those he loved. Marvin was a serious thinker and a tireless doer. His effective advocacy founded innumerable contributions to the welfare and well-being of children and families, to his profession and to his community. The primary instrument for his efficacy was relationship. Marvin cultivated and connected loyal friends with irrepresibly infectious joy, humor, grace, and

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Committee Updates

Research Committee Report
Paul Wang, MD, Co-Chair
Sue Berger, MD, PhD, Co-Chair

The Research Committee enters 2008 with new leadership and with a renewed commitment to fostering research in Developmental-Behavioral Pediatrics. Sue Berger, PhD, of Northwestern University and Children’s Memorial Hospital has joined Paul Wang, MD as Co-Chair of the committee. Their joint chairmanship reflects the Society’s commitment to interdisciplinary collaboration.

This year, the committee plans to create a database of SDBP research experts and their areas of topical and methodological expertise. The database will serve multiple goals, including the identification of potential NIH study section members and the revitalization of mentoring activities (focused both on SDBP trainees and junior faculty). We will be coordinating our mentorship activities with the SDBP Fellowship Committee.

We are pleased to report that the Mock Grant Review we sponsored at the 2007 Annual Meeting was well attended and very well received. We are planning another workshop this year, tentatively focused on secondary dataset use and analyses.

We welcome your input and participation. Contact Sue (sberger@northwestern.edu) or Paul (paul.p.wang@pfizer.com) with your ideas, comments, and offers to join in the committee’s work.

Fellowship Training Committee
Carol Weitzman, MD, Chair

The Fellowship Training Committee has completed its inaugural year and is poised to grow as a resource for all those concerned with advancing fellowship education. Highlights of the fall include:

- A superb workshop outlining strategies to meet the ACGME competencies was conducted by Dan Coury, the DBP Program Director at Children’s Hospital in Columbus, Adam Pallant, the Pediatric Residency Director at Hasbro, Franklin Trimm, Pediatric Residency Director at University of South Alabama and Mary Pipan, DBP Program Director at CHOP. They covered topics including Curriculum Development, Evaluation Tools and the Individualized Learning Plan and fellow portfolio. Although it was held late on a Friday evening, the turn-out was terrific with more than 35 people in the audience. I think everyone left with greater familiarity about ACGME requirements and how to meet these goals.

- Our annual committee meeting featured a wonderful talk on Adult Medical Education Strategies for Lifelong Learning by Dr. Brian Alverson, who is the inpatient resident education coordinator and the lead pediatric hospitalist at Brown.

The committee is working on a number of issues - some that we began last year and some new ones too.

- We have created a members-only page on the SDBP website to serve as a warehouse for evaluation tools from various DBP fellowship programs. If you have evaluation tools you really like or ones you really dislike, please send them to us so we can post them. Just make sure to tell us which are which! For ones that you disliked, tell us why so we can file them under ‘common evaluation pitfalls’. We would love to have some PIFs from programs that have gone through recent site visits. Please feel free to delete any information that you feel is sensitive or you do not want to share with other programs. Send them to me at carol.weitzman@yale.edu

- There has been some enthusiasm for creating a listserv for those of us interested in fellowship training issues and we hope to see that up and running within the next few months.

- There has been a recent decision by CoPS (Council of Pediatric Subspecialties) to recommend that all pediatric subspecialties use ERAS (electronic application service) for fellowship applications and participate in the NRMP (i.e., National Residency Match Program) using one of two match dates. If you have ideas about this, please email me directly and I will provide aggregate feedback to Dan Coury who is our representative to CoPS.

- An exciting development for the coming year is that the Fellowship Training Committee and the Research Committee are partnering to invigorate the distance mentoring program, a program that has existed for a number of years but a little bit below the radar screen. We hope to establish an interdisciplinary program to match fellows, post-docs and junior faculty who are SDBP members with mentors at other programs who have similar interests. We hope to have this going within the next few months. If you think you might want to become a mentor, please let me know. I think this is a wonderful opportunity to help fellows get connected to the Society.

- We are thinking about advanced training for clinicians of other disciplines and would like this committee to be an interdisciplinary home for those involved in teach-
Practice Issues Committee Report
Adrian Sandler, MD, Co-Chair
Charles Morton, MD, Co-Chair

The Practice Issues Committee met in Providence to discuss the results of the practice issues survey and to consider the Committee’s action plan for the coming year.

The Society is very grateful for the efforts of Robin Adair, Ellen Perrin and Carol Hubbard, who worked with great determination on the survey last year. Also, special thanks go to Robin, who completed her term as Chair of the Practice Issues Committee. The data were reviewed at the Committee meeting.

It is anticipated that the survey results will be posted on the sdbp.org website and possibly published in a peer reviewed journal. Also, a one-page fact sheet for practitioners will be developed that summarizes some of the practice data, providing essential information for payors and administrators about DBP practice.

The Coding workshop by Lynn Wegner and Michelle Macias at the annual meeting was very successful and well attended. We discussed the possibility of having an annual pre-conference workshop on Coding in DBPeds along with a briefer Coding Update within the annual program.

Quality Improvement is an increasingly important issue. The Practice Issues Committee is planning to solicit information from members about QI projects, completed or in progress. We will present a compilation on sdbp.org, to serve as a repository of good ideas and methods to facilitate future QI efforts.

Many of us have adopted electronic medical records in recent years, often with little guidance. There are many different EMR products, each with its own strengths and weaknesses for DBPeds practice. We hope to pull together members’ experiences with these products, and will ask members who have created templates specific to DBPeds to make some of these available to others. Thanks to Becky Baum and others on the Committee who will be spearheading this effort.

Other projects under consideration include putting examples of “superbills” on the website and gathering information from members about innovative interdisciplinary practice models. Input on these and other practice issues will be very welcome.

Program Committee Report
Nancy E. Lanphear, MD, Chair

2008 Meeting Plans
The Program Committee is hard at work. The business of planning a meeting begins at the previous meeting. We met in Providence to discuss plans for the Cincinnati 2008 meeting. We are very excited that Tom Wassink, MD has been chosen as the 2008 keynote speaker to discuss the genetics of autism. As in last year’s meeting, a second session with the keynote speaker will occur to continue the discussion that is started in the keynote address.

In planning the meeting, we review the previous year’s evaluations and suggestions. We strive to maintain a balance between development and behavior, trying to ensure that the meeting will have components for anyone working in the broad field of developmental and behavioral pediatrics. Abstracts for the plenary sessions and posters are judged on relevancy to clinicians and relevancy to researchers. We try to keep a balance of “hot topics” in the concurrent sessions to ensure a balance across the whole meeting.

A special note concerning abstracts which are submitted: It is now required that you answer the statement of whether your research has been approved by your institutional IRB. If you answer “No” to this question, it does affect how your abstract is reviewed, as it would be considered specifically not in a research capacity. We ask that if you are pursuing research that is exempt, you obtain a letter from your IRB chair, stating that this is exempt in your institution. Individuals on the Program Committee can be helpful in understanding this ruling and are happy to entertain questions about any of the business of our committee along the way.

Wishing you the best in 2008 and hope to see you in Cincinnati.
The 2007 meeting was a great success but “Pictures speak louder than words.” So please enjoy the pictures below. Over 350 attendees participated in the 2007 Annual Meeting. Highlights include the successful Pre-Meeting Workshops with a total of 14 different topics, including a series on Teaching DBP to Residents and other educational ½ day workshops. The new ADHD and Autism SIGs were very popular and are sure to be included in the 2008 Annual Meeting. Fifteen (15) abstracts in 3 different plenary sessions, 40 posters in the “Meet the Author” session and nine concurrent sessions were presented.

Jack Shonkoff, MD is presented the 2007 Lectureship Award from David Schonfeld, MD

David Schonfeld, MD presented Candace Erickson, MD, MPH with an anniversary clock in celebration of her 25 years as Chair of the SDBP Hypnosis Workshops.

David Schonfeld, MD with his President’s Plaque

Congressman Patrick J. Kennedy (D-RI) stopped briefly in the Past Presidents’ Luncheon.

Past Presidents in attendance (from left to right)
Back Row: Martin Stein, MD, Paul Dworkin, MD, Ellen Perrin, MD, Mark Wolraich, MD, Barbara Howard, MD, Dan Coury, MD, David Schonfeld, MD and Glen Aylward, PhD (current president);
Middle Row: Allen Crocker, MD, Esther Wender, MD and Stan Friedman, MD; Front: Bill Carey, MD and Heidi Feldman, MD, PhD

Mingling at the Wine & Cheese Reception

Fun at the Dinner Social

Congressman Patrick J. Kennedy (D-RI) addressed the entire group of meeting attendees on Monday afternoon
SDBP Annual Meeting

October 16 – 20, 2008
Cincinnati, OH

Hypnosis Pre-Conference Workshop
October 16 - 18, 2008

SDBP Education Committee, Research Committee and other
Pre-Conference Workshops
October 17 - 18, 2008

SDBP Annual Meeting
October 19 - 20, 2008

Now accepting submissions for Paper, Poster and Concurrent Sessions
Deadline: May 15, 2008 ~ visit www.sdbp.org

SDBP Research Grant Award - Now open for Nominations!
This year, SDBP will be awarding $10,000 to one young investigator in the field of developmental and behavioral pediatrics! This is an incredible opportunity for one individual looking to obtain financial support of their research, and just one way SDBP continues to fulfill its mission of encouraging research and promoting education within the field. Deadline: July 15, 2008.

Special Recognition Award
The Special Recognition Award is an advocacy and service award that has been given at the annual SDBP meeting for over a decade. This award provides an opportunity to recognize individuals or organizations whose work aligns with the overall mission and goals of the SDBP in promoting the developmental and behavioral health and well-being of children and families.

For details on nominations visit http://www.sdbp.org/awards/awards.htm
New ADHD Self-Report Tool

Submitted by: Joseph House, EdD

In our work evaluating and treating kids for ADHD we saw a need for a DSM-IV based self-report form that could be used with latency age and adolescent patients. We knew from our clinical experience that core inattentive symptoms often are not reported by classroom teachers and even parents using currently available DSM based tools, yet are clearly present upon clinical evaluation. Affected individuals are often aware and can report discontinuous attention in social, study or classroom situations while adult observers are unaware of the difficulty these individuals experience. Often adults attribute a young person’s disorganization and forgetfulness to laziness or a lackadaisical attitude rather than to difficulty sustaining attention to task. Adolescent females especially can have quite subtle symptoms and daily struggles with attention and memory that are known to them but missed by adult observers.

We decided to develop a self-report tool that would reflect DSM-IV ADHD criteria with wording easily understood by kids 12 and older. Using the Vanderbilt Assessment Scale as a template we constructed the Youth ADHD Self Rating (YASR) and have used it for the past year in our clinical work. Our young patients have not had any difficulty understanding the questions or format used. Administration takes less than 10 minutes, scoring takes about two minutes. We have found the YASR especially helpful in giving us more diagnostic confidence when we have cases of high school age patients whose Vanderbilt teacher results are WNL but parent and youth clearly endorse significant levels of core inattentive symptoms. Like the Vanderbilt, the YASR includes comorbid items that help screen for anxiety or depression.

The YASR parallels the Vanderbilt with clinical symptom and performance items. It contains a total of 38 items; the first 30 use a standard symptom frequency format of never, sometimes, often and very often. An answer of often or very often is counted as a positive symptom. The final 8 performance items are rated as poor, below average, average, above average, or excellent. Those marked as below average or poor are considered significant impairment.

We decided to shorten the number of comorbid items found in the Vanderbilt. For example the parent initial version has 22 ODD/Conduct Disorder items, which we shortened to 5, all core symptoms of ODD. We kept the 7 anxiety/depression items. The performance items are the same as are found in the parent version.

Adolescents can be quite reticent and non-specific in describing their concerns and issues when brought in by their parents for an assessment. Filling out a self rating form helps many kids to express more specifically their personal experience by structuring their responses with specific symptom-based questions. Acknowledging their oppositional conflicts with parents or sad mood on a form like the YASR can serve as a springboard for opening up communication between the child and parents.

We are now in the process of adding the YASR to our website, www.kids4health.net so that it can be completed online along with our parent and teacher Vanderbilt forms. After completing a rating, the form will be scored and a report sent to the clinician’s office similar to our ADHD Med Tracking system. Just like the Vanderbilt forms, the YASR can be used to track progress of kids being treated for ADHD. Indeed, for many adolescents it may provide the only objective response tracking methodology. Having baseline and ongoing treatment data that is objective and easy to read can definitely help improve our care of ADHD patients.

If anyone would like to use the YASR please email Dr. House. If you have any suggestions for changes or additions please let us know.

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Do you have a colleague who may be interested in SDBP Membership or attending a future SDBP meeting? Please pass their name and contact information on to the SDBP management team (info@sdbp.org or 703-556-9222) and/or have them visit the SDBP website: www.sdbp.org.
We formulated “ASAP” in response to our most pressing request associated with autism diagnostic referrals. When there is a suspicion of autism, ASAP is how soon parents and pediatricians want children to be seen! The reality is often quite the opposite and so we have assembled a multidisciplinary team to include those who know the children best – parents, pediatricians and early intervention providers, together with a specialized speech pathologist and a developmental pediatrician from our medical center. The primary programmatic goal is to answer the question, “Does this child have autism?” A corollary goal is to offer a 2 to 4 week turnaround time from referral to conclusion. Other programs exist to offer more detailed developmental analysis and higher level differential diagnosis.

We support the principles from the most recent AAP practice parameter, relying on primary care providers to conduct developmental surveillance, and to screen for autism at 18 and 24 months, and to screen all children with risk, eg. “red flags”, or siblings with the diagnosis. In Connecticut, on request, Birth to Three will administer the M-CHAT to any child with such concerns, in addition to conducting standardized developmental assessment on all children referred for early intervention.

We ask the PCP to complete a careful history (including “red flags” checklist), 3 generation pedigree, physical and neurological exam, and to have specifically raised concern about a diagnosis of autism with the parents.

The children seen in ASAP have been referred to appropriate early intervention services and we request a brief, focused statement of observations and concerns, as well as the results of any standardized developmental assessment. Working with a local Birth to Three provider, we have developed an outline to optimize their statement of concerns.

The ASAP team at the medical center consists of a specialized speech pathologist and a developmental pediatrician. The speech pathologist uses an autism observation tool and appropriate standardized testing. The developmental pediatrician reviews all prior data and conducts a 45 minute direct structured observation, which may include the Childhood Autism Rating Scale. An additional 30 minutes is allotted for confirmatory discussion and outline of “next steps”.

Our goal is to offer an answer to the presenting question immediately and to provide the family a useful note, articulating the diagnosis and practical next steps, within 48 hours of the visit. The notes are templated as much as possible to minimize dictation time and costs, and we maintain a resource list for additional referrals – advocacy, mental health, medical sub-specialties, etc.

Preliminary feedback from our families has been positive, with the promptness of scheduling and quick answers outweighing possible misgivings about a brief diagnosis format.

Our next steps are to collaborate with area pediatric practices to support their confidence using the “Autism Tool Kit” to better identify those children in need of diagnosis.

We hope to study the efficacy of this lower cost, efficient model for initial diagnosis of autism.

If you would like further information, feel free to contact Ann at: Amilane@ccmckids.org

submitted by: Ann Milanese, MD

A special luncheon to honor the past presidents of the Society during our 25th anniversary was held on the last day of the 2007 annual meeting and was attended by over half of the past presidents (see picture in the 2007 Meeting highlights). As a result of the meeting, the group decided that they would like to form a Past Presidents Committee; Ellen C Perrin will be the new Chair to coordinate the group’s activities and to provide input to the Executive Council.

Some potential roles of past presidents discussed at the meeting include:

1) Assist with maintaining and recording the institutional memory of the Society, including the history of its founding.

2) Serve as consultants to the Executive Council, Officers, or Committees (or Committee Chairs). Past presidents were also invited to serve as members of a committee.

3) Volunteer to play a role in the Annual Meeting – such as moderating a session or helping to plan a special session.

The Group will meet at the SDBP annual meeting, and communicate by conference call or electronically between the meetings.

submitted by: David Schonfeld, MD
Choosing a Developmental Screening Instrument

Submitted by: Gretchen W. Hagelow, MPA

In a new toolkit, Pediatric Developmental Screening: Understanding and Selecting Screening Instruments, published by The Commonwealth Fund, former SDBP President Dennis Drotar, PhD, of Cincinnati Children’s Hospital Medical Center, Paul Dworkin, PhD, of Connecticut Children’s Medical Center, and Terry Stancin, PhD, of Case Western Reserve University School of Medicine provide pediatric practices with practical guidance for understanding and selecting developmental screening instruments to use in primary care practice.

The toolkit has two sections. The first, “Defining Your Practice’s Screening Needs,” addresses five major considerations for practices looking to introduce a screening instrument into their work. This section allows each practice to identify appropriate instruments based on issues such as patient characteristics and available practice resources. The second, “Guides to Facilitate Your Choice and Use of Screening Instruments,” provides detailed information on validated developmental screening instruments across a set of variables, including type of developmental delay, materials cost, format, required resources, available training, scientific validity, and contact information for technical assistance.

Given the American Academy of Pediatrics’ recommendation for structured developmental screening to be included as a routine part of well-child care visits, this toolkit is a valuable resource for practices looking to select and use developmental screening instruments. The toolkit can be found online at: http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=614864

Commonwealth Fund

Submitted by: Laura Sices, MD

In the new Commonwealth Fund publication, Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement, Laura Sices, MD of the Boston University School of Medicine, and an SDBP member, reports that there is significant under-detection of developmental delays in early childhood.

While developmental delays are present in at least 10 percent of young children, Sices found that early intervention programs serve only 2.3 percent of children under the age of three. In addition, though the American Academy of Pediatrics guidelines support the use of validated screening tools, these instruments are neither widely nor systematically used in pediatric practice. Sices concluded that it will be necessary to address financial and educational barriers to physicians’ use of developmental screening tools. The report includes a series of recommendations to strengthen developmental surveillance and screening, and therefore to improve developmental outcomes for young children.

The full report is available online at: http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=605625&doc=605625

Members’ Publication

Submitted by: Ellen C. Perrin, MD

NEW! Developmental-Behavioral Pediatrics: Evidence and Practice - Text with CD-ROM

By Mark Lee Wolraich, MD, Paul Howard Dworkin, MD, Dennis D. Drotar, PhD and Ellen C. Perrin, MD; $125.00, Hardcover, Reference; Mosby Title, ISBN: 032304025X, ISBN-13: 9780323040259

Description

Based on the Diagnostic and Statistical Manual for Primary Care: Child and Adolescent Version (DSM-PC), this state-of-the-art reference expertly guides you through normal and abnormal development and behavior for all pediatric age groups. See how neurobiological, environmental, and human relationship factors all contribute to developmental and behavioral disorders and know how to best diagnose and treat each patient you see.

http://www.us.elsevierhealth.com/product.jsp?isbn=9780323040259
Contemporary Attachment Theory Offers New Paradigm for Behavioral Pediatrics

Submitted by: Claudia Meininger Gold, MD

As a scholar with the Berkshire Psychoanalytic Institute, I have had the privilege of being exposed to an explosion of knowledge in human development which integrates psychoanalysis, attachment theory, behavioral genetics and molecular biology, while simultaneously treating children in my busy behavioral pediatrics practice. I believe these concepts offer an opportunity for a paradigm shift in how we as pediatricians think about and treat behavior problems in young children.

John Bowlby was among the first to place attachment at the center of human development when he described the relationship between the child and primary caregiver as essential to the survival of the species. Subsequent research has focused on the qualities in this relationship which facilitate healthy development. Central to this work is the construct of reflective functioning (RF). Arietta Slade describes the concept as follows: “Reflective functioning can be understood narrowly as the capacity to understand one’s own and others’ behavior in terms of underlying mental states and intentions, and more broadly as a crucial human capacity that is intrinsic to affect regulation and productive social relationships.” It is related to empathy, but has both a cognitive and affective component. Peter Fonagy and his group developed a measure for RF and found that a parent’s capacity for RF is closely correlated with a child’s security of attachment. Allan Schore has described how the child’s ability to regulate affect is learned through the attachment relationship with the primary caregiver. Karlen Lyons-Ruth has shown that it is often an unintegrated trauma in the primary caregiver’s life which interferes with the capacity for reflective functioning. Recent research by David Reiss and his colleagues is looking at the child’s genetic contribution to the attachment relationship and how gene expression may be modified in the setting of enhanced parenting capacities.

Based on the above research findings, I propose two fundamental changes to our discipline. First, that we redefine most “behavior problems” in young children as “symptoms of affect dysregulation” and understand these symptoms as being due to a combination of biological vulnerability to dysregulation in the child, and disturbance of reflective functioning in the primary caregiver. Second, that we redefine our task from “managing behavior problems” to “facilitating reflective functioning in the primary caregiver.” Pediatricians may be uniquely suited to this task, because caregivers trust and respect us, often more than they do mental health professionals.

So what do we do? We offer an empathic environment to hear the caregiver’s experience of the child. Out of this grows a caregiver’s capacity to do the same for his/her child. If we sit on the floor with a young child and caregiver, we are, in a sense in the transitional space between the child’s and the caregiver’s experience. The child has the opportunity to see the caregiver reflecting on his/her mental state in real time. Often in the context of the relationship with the clinician, the caregiver will be able to identify whatever in his/her life is interfering with his/her capacity to reflect on the child’s subjective experience. Once the caregiver is able to join the child’s subjective experience, the affect dysregulation resolves. Minimal “behavior management” is necessary. As Arietta Slade writes, “What I am helping you [the caregiver] do is develop a way of thinking about your child; what to do will flow easily from that.”

I have applied these concepts to my work with surprisingly profound and rapid changes in children and families. My hope is that as these concepts penetrate the discipline of pediatrics, they will offer us powerful new tools in the ever expanding crisis in children’s mental health.

References
Autism Spectrum Disorders (ASDs) represent a growing percentage of children in Tennessee with developmental problems, based upon information from national surveys and data from Tennessee’s Early Intervention System. In order to address this need, the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) included validated screening tools for ASDs into its office based training program for primary care providers. This initiative, Screening Tools and Referral Training (START), was funded as a sub-project of the TennCare (State Medicaid) EPSDT grant process. This initiative has increased the recognition and referral of a wide variety of children with developmental, behavioral and emotional concerns across the state. However, resources to confirm the presence of an ASD as a specific diagnosis are limited to a few developmental centers at present, and waiting lists for evaluations are several months. Recent research has shown that ASDs do respond to specific early intervention treatments, and outcomes are improved when treatment is started early. Delays in diagnosis of ASDs are leading to delays in implementing specific treatments, which can affect outcomes for these children.

In order to address this need, TNAAP, in collaboration with Vanderbilt University’s Treatment and Research Institute for Autism Spectrum Disorders (TRIAD), developed a training initiative for a group of 4 primary care pediatricians in Middle Tennessee to perform valid extended developmental assessments of children who had been previously screened as having a possible ASD. The goal of the training was to allow the clinicians to categorize the children as either ASD present, ASD not present, or Needs more detailed evaluation, and to do so in the space of a one-hour consultation. The training consisted of a two day workshop in July 2007 covering ASDs and assessment tools that could be implemented in the office setting. The training was both didactic and case-based with families and children brought in for supervised practice assessments. Information on proper coding and reimbursement advice was included, as each office was responsible for seeking reimbursement for services provided. The state director of Tennessee’s early intervention program worked with TNAAP to improve intervention to families based upon the assessments.

Pediatricians agreed to set aside approximately 1 slot weekly in their schedules to provide the assessments. Following completion of training, pediatricians performed several videotaped assessments each and received review and feedback from TRIAD to assure consistent administration. At this time, review of videotape assessments combined with TRIAD office visits to the practices has indicated that 3 of the 4 pediatricians are demonstrating ability to assess independently. Now the next group of children assessed by the trained pediatricians will be retested by TRIAD staff, blinded to the initial assessment, to ensure that the office assessments are at an acceptable level of diagnostic accuracy, and technical assistance will continue to all pediatricians who need additional training or resources. Information is shared in a collaborative learning style by email, a web based listserv, and conference calls. An overall program assessment and recommendations for continuation, modification and expansion will be completed at the end of the project period in 2008. The project is funded by a grant from the Bureau of TennCare.

The contact Person for the Project is

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COPE Update

Submitted by: Franklin Trimm, MD, COPE Liaison and Chair, Education Committee

The American Academy of Pediatrics (AAP) Committee on Pediatric Education (COPE) held its annual meeting in Chicago, IL on November 18-19, 2007. Several topics of importance to present and future Pediatric education were discussed and are summarized here.

Physician Re-entry into the Workforce. With the growing proportion of women in pediatrics and other specialties, there will likely be an increase in the number of pediatricians taking an extended leave during their career or returning to medicine after retiring. This has serious implications for the overall supply of the physician workforce. Physicians returning to the workforce will face questions about their competence to resume clinical practice. The educational needs of physicians who wish to return to clinical practice are extremely diverse. A “one-size-fits-all” approach is, therefore, unlikely to be effective; and yet the costs of providing customized education to each physician would be prohibitive. Physicians who choose to leave the workforce for a period of time also risk losing their state licensure, their Board certification and hospital privileges. The American Academy of Pediatrics (AAP) has established the Physician Reentry into the Workforce Project with four workgroups focusing on the concerns noted above. For further information see the Workforce’s web site at www.aap.org/reentry.

Residency Review and Redesign in Pediatrics Project (R3P) Changes Direction. A project is under way to assess general pediatric residency training and design the best education for pediatricians now and in the future. Three colloquia were convened between August, 2006 and August, 2007 to create a shared body of knowledge through dialogue within the pediatric community. The three colloquia focused on the likely evolution of pediatric practice and the pediatric work force over the next twenty years, methodologies of assessment of clinical performance, and the contrast between projected needs and what is possible with current residency training. When the project began the intent was to make specific recommendations for changes in pediatric residency education. However, during the third colloquium it was agreed that it would be more useful to create an environment that encourages innovative approaches to achieve specific outcomes for pediatric residency education, rather than prescriptions as to how those outcomes should be achieved. The ongoing responsibility of the R3P project will be to determine how best to foster goal-oriented innovation in pediatric residency education, how to initiate, facilitate and sustain it, how to oversee it, and finally how to disseminate proven innovations. For more information or to give feedback to the project go to the R3P section of the American Board of Pediatrics website, www.abp.org.

Resident Education in Environmental Health and Medical Toxicology. The AAP Committee on Environmental Health (COEH) has developed educational strategies targeted at healthcare providers. Dr. Helen Binns, Chair of the COEH, presented these strategies, including: expanding the pool of individuals trained in environmental health, equipping individuals to provide education in environmental health topics, training clinicians on pediatric environmental health, expanding interest in Environmental Health throughout the AAP, and providing readily available guidance to AAP members. Some existing resources include a series of web-based case studies on environmental health from the CDC at www.atstdr.cdc.gov/csem/csem.html; a series of webcasts from the EPA available at yosemite.epa.gov/ochp/ochpweb.nsf/content/2007activities.htm; and the 2nd edition of the “greenbook”, Pediatric Environmental Health, 2003, free to all AAP members and to all incoming pediatric residents. For more information on the latter, call 866-843-2271.

Resident Education in the Uniformed Services. A presentation by Capt. Gregory Blaschke, MD focused on the unique aspects of pediatric education in the uniformed services and the impact of military action on families and children. Possible benefits of utilizing resources and methods of the uniformed services health system in traditional programs of education and health care will be further explored. In the near future the slides from this presentation will be available on the AAP website on the Committee on Pediatric Education (COPE) page.

International Pediatric Education. Two separate focus areas have been addressed by COPE and the AAP Section of International Child Health (SOICH). 1) International experiences can help improve the knowledge, cultural competence, and skill set of residents for delivering medical care in underserved, multicultural, and disaster-stricken areas both in the US and around the world. However, many pediatric residency programs encounter barriers in developing international rotations and electives for their residents. Programs that have been successful in establishing such experiences could be a valuable resource in helping other programs. The Global Health Educational Council (GHEC) is in the midst of surveying every medical residency program on their international rotations and is going to develop a large resource online. 2) Rotations in underserved areas can improve the skills of residents in providing care to diverse patient populations with respect to race, ethnicity, culture, socioeconomic status, and other personal attributes. However, rigid rules for federal funding of graduate medical education have created financial, administrative and other barriers to educational experiences that take place outside of the residency program’s sponsoring institution. To help address and remove these barriers, the AAP submitted a resolution to the American Medical
The Special Recognition Award has been given at the annual SDBP meeting for over a decade, recognizing individuals or organizations whose work aligns with the Society’s mission of promoting the developmental and behavioral health and well-being of children and families. In order to enhance the visibility of the SDBP annual meeting and minimize costs associated with presenting the award in person, previous awardees have been chosen from the geographic region in which the annual meeting was held. This process restricted the potential nominee pool to cities in the northern half of the country and eliminated international nominations. Finding time in the packed annual meeting to present the award appropriately has become difficult at best. For these reasons the selection criteria, process, and awarding of the SDBP Special Recognition Award have been revised as follows:

**Selection Criteria**
The Special Recognition Award recognizes individuals and/or organizations that have made significant contributions to the field of developmental and behavioral pediatrics and whose work is consistent with the SDBP mission statement. Award criteria include but are not limited to those whose professional or organizational involvement has:

- Produced major public benefits in the field of child development and behavior including legislative policy and law or government service
- Led to actions to change the patterns of delivery and access to developmental and behavioral services for children
- Led to reimbursement changes that contribute to the field of developmental and behavioral pediatrics
- Made significant contributions to special populations of children in the areas of development and behavior
- A documented positive influence on teaching/training in the field of developmental and behavioral

**Process**
The Special Recognition Award may be presented at any time of the year, but only one award will be made annually. Nominations may be made to the Advocacy Committee at any time by SDBP members. Nominators should provide:

1. A narrative statement on the individuals and/or organizations’ contributions and work as related to the selection criteria.
2. A brief resume (individual) or organizational description.
3. Endorsements from other individuals or groups. (Encouraged)

Three members of the Advocacy Committee including the Chair will review the nominations, seek additional information from nominators and others as needed, and prioritize a list of at least two and no more than four nominees. This list of nominees will be presented to the Executive Committee (consisting of the President, President-Elect, Immediate Past President and Secretary-Treasurer) for final selection.

**Awarding**
The awardees will be notified by the Advocacy Chair by phone and a letter signed by both the SDBP President and AC Chair. An announcement of the award will be placed in the SDBP Newsletter accompanied by a description of the awardees’ work.

We encourage everyone to think about some individuals and/or organizations that deserve the Special Recognition Award and submit nominations.

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**Welcome New Members!**

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<thead>
<tr>
<th>Charles Ronald Bauer, MD, Miami, FL</th>
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<tr>
<td>Gregory Blaschke, MD, MPH, San Diego, CA</td>
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<td>Denise Brown-Triolo, MD, Cleveland Heights, OH</td>
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<td>Michael Ching, MD, PhD, Civer City, CA</td>
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<td>Mark Cohen, MD, Santa Clara, CA</td>
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<td>Anne DeBattista, MS, PNP, Palo Alto, CA</td>
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<td>Rich C. Gilman, PhD, Cincinnati, OH</td>
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<td>Eleanor Gottesman, MD, Cleveland, OH</td>
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<td>Caroline Hill, MD, Johns Island, SC</td>
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<td>L. Kari Hironaka, MD, Needham, MA</td>
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<td>Aasma A. Khandekar, MD, Boston, MA</td>
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| Amanda M. Merchant, MD, Greenville, SC |
| Suzanne L. Miller, MD, Meridian, MS |
| Aradhana Pandey, MD, Brooklyn, OH |
| Alyssa Piljan-Gentle, MD, Cincinnati, OH |
| Mary Jane Pionk, MD, La Jolla, CA |
| Gisela Porras, MD, East Providence, RI |
| Brian J Que, MD, Honolulu, HI |
| Arathi Reddy, MD, New York, NY |
| Michele Rock, DO, South Portland, ME |
| Milla S Rosen, MD, Hamden, CT |
| Varina Wolf, MD, Houston, TX |
In Memorium

Submitted by: Frances Page Glascoe, PhD

On October 29, 2007 while exhibiting at the American Academy of Pediatrics’ conference in San Francisco, Nicholas Robertshaw, age 56, died suddenly of acute myocardial infarction. Nick co-authored and designed Peds: Developmental Milestones. A portion of its proceeds are donated to support www.dbpeds.org. He was a computer engineer by training and wrote original software including a text-based analyzer that enables ‘Parents Evaluation of Developmental Status’ to be administered online with automated scoring, summary reports for parents, and referral letters when needed.

A modern-day Renaissance man, Nick was an accomplished master of the (diabolically difficult) Jeffries Duet concertina. He studied English folk music and dance and was a member of the Foggy Bottom Morris Men. As a child, Nick was a treble in British cathedral and parish choirs. When grown, he sang lyric opera tenor, acting the role of Major General in a Washington, DC area production of ‘Pirates of Penzance.’ Nick was also a songwriter and crafted witty songs in the style of English Music Hall. Several videos of his performances can be seen on his life celebration website: http://rememberbignick.pbwiki.com/

As a frequent exhibitor at SDBP conferences, Nick was much appreciated by colleagues in developmental-behavioral pediatrics for his exuberance, humor, diversity of thought, warmth and wisdom.

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SDBP Development Fund

The Fund provides financial support for SDBP programs such as:
- SDBP Research Grant Award
- International and Underdeveloped Countries Scholarships
- General Fund for new programs to conduct the SDBP mission

How You Can Help

Support of the SDBP Development Fund is an important and vital way of promoting developmental and behavioral pediatrics through the many activities of SDBP. Contributions can be directed to the General Fund or to programs reflecting your specific interests. Donations can be made at any time and are tax deductible.

Suggested Giving

More than $1000 Benefactor $501-$1000 Patron $251-$500 Supporter up to $250 Contributor

For more information or to donate, please visit www.sdbp.org.

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Thank you Contributors!

We wish to extend our sincere appreciation and recognition to the following SDBP individual donors. Listed below are the 2008 contributors to SDBP as of 2/14/08:

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SDBP
Boston, MA: Chief, Division of Developmental-Behavioral Pediatrics, Department of Pediatrics, Tufts University School of Medicine, Floating Hospital for Children at Tufts-New England Medical Center

The Department of Pediatrics, Tufts University School of Medicine seeks a Chief for our Division of Developmental-Behavioral Pediatrics. The Floating Hospital is undergoing rapid expansion in conjunction with new community partnerships and subspecialty care growth, and this is an exciting opportunity for further development of this Division.

The Division has a strong commitment to teaching at all levels, research, and care of children from birth to 21 with the broad spectrum of developmental and behavioral disabilities. Current faculty includes six Board-certified developmental-behavioral pediatricians, a neuropsychologist, a speech & language pathologist, an educational specialist, and a social worker. Several ongoing research projects have NIH as well as foundation support. The successful candidate will possess outstanding clinical skills, demonstrated leadership abilities, a strong interest in clinical education, and must qualify for a faculty appointment at the rank of Associate Professor to Professor in the Tufts University School of Medicine.

The Floating Hospital for Children is a 128 bed full-service Children’s Hospital with a more than 100-year history of providing outstanding community based academic pediatric care.

Contact: John R. Schreiber, MD, Leona and David Karp Professor and Chairman, Department of Pediatrics, Tufts University School of Medicine, Chief Administrative Officer, The Floating Hospital for Children, 750 Washington St., NEMC #286, Boston, MA 02111, Ph: 617.636.8031, FAX: 617.636.8391, Email: jschreiber@tufts-nemc.org.

Tufts-New England Medical Center/PT-NEMC are an Equal Opportunity/Affirmative Action Employer

Worcester MA: Developmental-Behavioral Pediatrician at Children’s Medical Center / University of Massachusetts Medical School

The Division of Developmental and Behavioral Pediatrics at UMASS-Memorial Children’s Medical Center and the University of Massachusetts Medical School has an opening for a full-time academically-oriented Developmental-Behavioral Pediatrician at the Assistant or early Associate Professor level. The Division is composed of full-time and part-time professional faculty, and is closely allied with a large, regional Early Intervention Program. Opportunities exist to develop new clinical and research initiatives, or to collaborate with existing programs that cross a broad spectrum of DBP topic areas. Responsibilities include clinical care in the subspecialty area, teaching medical students, pediatric residents and other post-graduate students, and the initiation/continuation of research. Candidates should be Board-Certified or Board-Eligible in Pediatrics and Developmental/Behavioral Pediatrics, have a strong interest in clinical care, teaching and a clear commitment towards research. The Department of Pediatrics is a growing, vibrant setting for professional development. The Medical Center is located 40 miles west of Boston, with easy access to all that the New England region has to offer. Salary is very competitive and the benefits package is generous.

Contact: Dr. William Garrison, Director of Developmental and Behavioral Pediatrics, UMASS-Memorial/Children’s Medical Center, A2-215, 55 Lake Avenue North, Worcester MA 01655. E-mail: garrisow@ummhc.org; 508-856-3028/3149; Fax 508-856-6740.

Boston, MA: Developmental/Behavioral Pediatrician, Pediatric Neurologist, Academic Generalist Pediatrician, or Child Psychiatrist, MassGeneral Hospital for Children, Autism Treatment Network/Autism Speaks

We are recruiting a developmental/behavioral pediatrician, pediatric neurologist, academic generalist pediatrician, or child psychiatrist to take on major leadership responsibilities for clinical aspects of the national Autism Treatment Network (ATN), a program of Cure Autism Now and Autism Speaks that has its clinical coordinating center based at the MassGeneral Hospital for Children. This person may be based in the MGH Center for Child and Adolescent Health Policy and the MGH/LADDERS program, a multidisciplinary diagnosis and treatment program for children and youth with autism and other neurodevelopmental disorders, although there is flexibility in the position and the potential for a base in another academic health center or community. If based at the MGH, this faculty member will have an appropriate academic appointment at Harvard Medical School. The ATN has as a primary goal the development of a network of multidisciplinary programs providing high quality care to children and adolescents with autism spectrum disorders and their families. Currently including five clinical treatment sites across the country, the ATN will expand to 12 sites in 2008 and 18 in 2009. Candidates
should have substantial clinical and research experience and some funding. This position comes at a time of a major expansion of the Autism Treatment Network and provides an opportunity to have a major impact on the care system for children and adolescents with ASD.

Contact: James M. Perrin, MD, Professor of Pediatrics, Harvard Medical School, Director, MGH Center for Child and Adolescent Health Policy, Director, Division of General Pediatrics, Vice Chair for Research, Massachusetts General Hospital for Children, 50 Staniford Street, #901, Boston, MA 02114, 617-726-8716, jperrin@partners.org.

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San Diego, CA: Developmental-Behavioral Pediatrician to support our Maternal Child Health Program

Are you the type of physician that likes to make a difference and change lives? Then San Ysidro Health Center (SYHC) may be the ideal place for you. Located in sunny San Diego, California, SYHC works on a daily basis, “to protect, promote, and improve the health and well being of our community’s traditionally underserved and culturally diverse people.” The Developmental-Behavioral Pediatrics Service is an integral component of the state-of-the-art Maternal Child Health Center, which is now under construction and expected to be completed by late 2008.

We have an immediate opening for a Developmental-Behavioral Pediatrician to support our Maternal Child Health Program. As a Specialist at SYHC, the Developmental-Behavioral Pediatrician will consult on patients referred from our General Pediatricians, Family Practice physicians, and local schools and community services agencies. You will be responsible for evaluating, diagnosing, and treating/referring infants with suspected developmental delays and children with school problems, behavioral problems, and chronic disabilities. Our model of comprehensive care includes a Pediatric Care Coordination Team and Child/Adolescent Psychiatry and Psychology. Part of this full-time position includes providing general pediatric care. Spanish speaking skills preferred.

Contact: Matthew G. Weeks, MD, Chief Medical Officer, San Ysidro Health Center, 4004 Beyer Blvd., San Ysidro, CA 92173, (619) 662-4103, Email: mweeks@syhc.org, www.syhc.org.

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Boston, MA: Tufts-New England Medical Center

Join a large and thriving Division of Developmental-Behavioral Pediatrics within the Floating Hospital for Children, Tufts-New England Medical Center, Boston MA. Appointment at Assistant or Associate Professor level at Tufts University School of Medicine.

The Division has a strong commitment to teaching at all levels, research, and care of children from birth to 21 with the broad spectrum of developmental and behavioral disabilities. Current faculty include 6 Board-certified developmental-behavioral pediatricians, a neuropsychologist, a speech & language pathologist, an educational specialist, and a social worker. Several ongoing research projects have NIH as well as foundation support.

Contact: Ellen C. Perrin, MD, Division of Developmental-Behavioral Pediatrics, Floating Hospital for Children, 750 Washington Street Box 334, Boston MA 02111, or EPerrin@tufts-nemc.org.

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Spartanburg, SC: Family Medicine Residency Program

An exceptional opportunity is available for a board-certified pediatrician to join the Pediatric Faculty for the Family Medicine Residency Program at Spartanburg Regional. The Pediatric Faculty includes three board–certified pediatricians and two pediatric nurse practitioners. The new pediatric faculty member will be involved in teaching family medicine residents in the inpatient and outpatient setting, including bedside teaching, informal discussions and didactic lectures. The Residency program is affiliated with the Medical University of South Carolina. Physicians with two plus years experience in a practice setting and/or teaching program are encouraged to respond.

Spartanburg Regional Healthcare System is an integrated healthcare delivery system anchored by Spartanburg Regional Medical Center, a 588-bed teaching and research hospital. The system offers a range of specialized healthcare services that is unrivaled in its five-county service region, featuring world-class specialty centers making SRHS the region’s preferred provider of comprehensive healthcare services.

Located in the foothills of the Appalachians Mountains, Spartanburg offers a family-oriented community with an affordable cost of living, excellent educational systems and a diverse employment base. Spartanburg is home to BMW as well as over 100 international companies located in the service area. Spartanburg offers a blend of the South with sophisticated restaurants, theatre, private schools and cultural amenities. There is excellent hiking, hunting, fishing and cycling available in close proximity. The beaches of South Carolina are only three hours away!

Contact: Hospital Recruiter Kristin Baker, kbaker@srhs.com or Cathy Benson, cbenson@srhs.com or call 800-288-7762 for more information. You may also visit our website at www.spartanburgregional.com EOE

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Morgantown, WV: West Virginia School of Medicine

The West Virginia University School of Medicine, Department of Pediatrics is seeking a board eligible/board certified Behavioral Developmental Pediatrician to join the developmental team at the Klingberg Center at West Virginia University School of Medicine. Opportunities for clinical and basic science research exist.

Continued on next page
St. Louis, MO: Division of Developmental Pediatrics, Saint Louis University School of Medicine, Cardinal Glennon Children’s Medical Center, Director and Two Additional Faculty Positions

Saint Louis University, a Catholic Jesuit institution dedicated to student learning, research, health care, and service is seeking candidates for a faculty position in the Department of Pediatrics at the Assoc Prof/Prof rank as the Director of the Division of Developmental Pediatrics at Cardinal Glennon Children’s Medical Center. The Division Director will manage a broad range of programs, including a newly-funded Autism Center at the Knights of Columbus Developmental Center; a developmental disabilities diagnostic program; and a pediatric rehabilitation program. Outpatient programs include clinics devoted to Cerebral Palsy, Meningomyelocele, Hypertonia and Brain Injury. The Division works closely with Neurology, Psychology, Genetics, Orthopedics, Occupational Therapy, Physical Therapy, Speech and Language Therapy, among other specialties. The Division of Developmental Pediatrics participates in an active inpatient/outpatient medical student and resident teaching program. The Missouri Department of Mental Health, Division of Mental Retardation and Developmental Disabilities has recently awarded funding to establish an Autism Evaluation and Management Center, which will allow for significant expansion of the Knights of Columbus Developmental Center.

There are two additional faculty positions available at the Assist/Assoc Professor rank. The successful candidates will participate in the evaluation and management of the broad array of children with developmental disabilities as outlined above, as well as to contribute to the teaching, academic and service missions of Saint Louis University. Opportunities are available for clinical and health outcomes research in collaboration with a number of academic units within the Department and University.

Cardinal Glennon Children’s Medical Center is a 160-bed free standing hospital located in midtown Saint Louis, adjacent to Saint Louis University. The Hospital serves a diverse population from the inner city, the metropolitan area, and a 200-mile referral radius. The medical staff includes over 90 full-time Saint Louis University School of Medicine faculty.

Contact: Timothy Fete, MD, Chair, Division of Developmental Pediatrics Search Committee, Department of Pediatrics, Saint Louis University School of Medicine, 1465 South Grand Blvd, St. Louis, MO 63104. Telephone: (314)268-4150; Fax: (314) 268-4021; email fetetj@slu.edu.

Atlanta, GA: Private Practice DBP

Exciting opportunity for a DB pediatrician interested in working in an insurance-free environment. 30 year old private practice in DBP using traditional and integrated medicine techniques seeks a colleague to eventually become a partner. Located in a sunny Atlanta suburb. Contact Linda Nathanson-Lippitt: doctorlindanl@bellsouth.net; 770-850-8789.
12th Management of Humanitarian Emergencies
Focus on Children and Families

For: Pediatricians, Primary Health Providers, NGO Relief Professionals, and Mental Health Professionals interested in training that targets the special needs of children and families during and following disasters

Monday – Friday, June 16-20, 2008
Cleveland, OH, 44120, USA

Sponsored by:
Case Western Reserve University
School of Medicine

Presented by:
The Rainbow Center for Global Child Health

With the support of:
Master of Public Health Program in the Dept. of Epidemiology & Biostatistics, Case
The Center for Global Health and Diseases, Case

Endorsed by:
The International Pediatrics Association (IPA)

This intensive, interactive 5-day course examines the most important problems and priorities in disaster situations as they specifically relate to children and families. Taught by faculty with years of field and management experience, topics include Vulnerable Populations, Nutrition Issues, International Humanitarian Law, Personal Preparedness, Security Issues, and much more.

By offering a solid mix of didactic lectures, problem-based learning exercises, skills training and practice, this course will provide the preparation you need to effectively serve in these critical situations. Many who attend already have experience with humanitarian emergencies but desire enhanced understanding and skills. This was the first course to significantly emphasize the needs of the most vulnerable and numerous victims of disaster – children and families – and remains the program by which similar efforts are benchmarked.

Participants should have a Graduate degree or above. The course is approved for AMA PRA Category 1 credit. Both dormitory and hotel housing available. Tuition: TBA.

To request a course brochure call Joan Farmer at: 216/983-3152,
E-mail: Joan.Farmer@UHhospitals.org or visit our website at: http://cme.case.edu

University Hospitals
Case Medical Center

Case Western Reserve University
School of Medicine
generosity. This pioneering scientist, clinician and administrator exemplified the energy that inspires children to develop when the mind, body, spirit and soul engage in concert.

– Peter A. Gorski, MD, MPA

Marvin Gottlieb created the Journal of Developmental and Behavioral Pediatrics. He did this before the sponsorship of a society, without an existing editorial board, and without advertisements to help defray costs. At first there were no subscribers or contributors of articles. In short, he started from scratch. He interested a publisher, Williams and Wilkins, through their representative, Alma Wills. He recruited an editorial board and contributors.

The early volumes of JDBP were edited and proofread personally by Marvin, with help from his wife. The Journal became Marvin’s “labor of love”. He attended to all aspects of publishing the Journal—developing policies and guidelines for authors to final layout. Circulation reached 1400, and despite a net loss for the publisher, he persuaded Williams & Wilkins to continue their involvement in JDBP.

When the Society for Developmental and Behavioral Pediatrics was formed and assumed sponsorship of JDBP, I was chosen to replace Marvin as Editor to better integrate the goals of the Society and the Journal. I did not look forward to this transfer of the Journal, obviously taking away from Marvin “his baby”. It was thus a pleasant surprise that Marvin was most helpful and gracious in showing me all aspects of how the Journal was published, literally handing me his files. Any resentment of my assuming his role certainly was not obvious. For years he was available to me as a consultant as the Journal struggled to maintain the high standards set by Marvin.

Now that the Society and the Journal have matured and are organizationally stable, we should not forget the pioneer who significantly contributed to make this possible, Marvin Gottlieb.

– Stan Friedman, MD

Marvin Gottlieb was an early leader in the field of developmental behavioral pediatrics. His enthusiasm and energy were remarkable, and encouraged us. If younger colleagues reading this are sometimes dismayed by the lack of value or support for this field in 2008, the situation was far worse 30 years ago. Dr. Gottlieb managed to develop a journal “from scratch”, organized excellent conferences (the Hackensack conferences), and edited substantial books on developmental and behavioral pediatrics. He also had a remarkable talent for encouraging younger colleagues to enter this complex field.

His life helped many children directly and will help many children yet unborn because he recognized the importance of behavioral and developmental issues and because he did something about it.

Blessed be his memory.

– Karen Olness, MD

Starting early in his career, Marvin Gottlieb worked persistently and enthusiastically on behalf of children and adolescents with developmental and behavioral problems. He developed a model program and provided outstanding annual courses that attracted a large and loyal group of attendees. I believe that those who attended the conferences and his teachings were important factors in the launching and development of the Society for Developmental and Behavioral Pediatrics.

Marvin was a warm, enthusiastic booster and contributor to our field. I have particularly vivid, warm memories of a week when I traveled with him to a meeting in Israel. Together we explored that remarkable country and learned much from the people we met, thanks to his many acquaintances and the friends we met.

– John Kennell, MD

As a former editor of the Journal of Developmental and Behavioral Pediatrics, my indebtedness to Marvin is perhaps obvious. Marvin’s vision, creativity, genius, and industriousness led to the creation and development of the Journal. His efforts gave credibility to our discipline at its most formative stage, lending support to the quest for subspecialty certification and affording a fledgling Society for Developmental and Behavioral Pediatrics the opportunity to enhance its purpose and importance through a key acquisition. Marvin’s creation of the Journal afforded me an immensely rewarding, enjoyable, and challenging opportunity. I am proud to be listed with Marvin (and my immediate predecessor, Stan Friedman) as Editors Emeriti on the Journal masthead.

Less obvious is my more personal indebtedness to Marvin. Growing up in Bergen County, New Jersey, I recall a modest Hackensack Hospital that was not distinguishable from its many peers in a region of considerable population growth. I followed the remarkable evolution of this institution under Marvin’s leadership and its ultimate reincarnation as Hackensack University Medical Center, including the Institute for Child Development and the Don Imus Pediatric Center for Tomorrow’s Children, with amazement and admiration. I recall with fondness and gratitude Marvin’s invitation to visit his institution to present grand rounds.

– Peter A. Gorski, MD, MPA
Because of its proximity to my hometown, my elderly parents wished to attend the presentation. Marvin could not have been more gracious in extending his warmth and hospitality (and enhancing my status within my own family through his generous introduction)!

Yet perhaps my most endearing gratitude to Marvin is for engendering within my family and me a love of the South and its inviting beaches. Marvin first introduced us to the pleasures of Hilton Head, SC many years ago, when he invited me to speak at his annual Memorial Day CME course. Multiple appearances cultivated our appreciation for the southern, low country lifestyle and directly inspired our many family vacations on Hilton Head, as well as later trips to the beaches of Charleston and, ultimately, the Outer Banks of North Carolina. Even our vacation home ownership on the Outer Banks can be directly traced to Marvin’s influences, as can our children’s decisions to pursue their college education in the south.

Indeed, our indebtedness to Marvin is multi-faceted. My family and I join in extending our condolences to his family on their loss.

– Paul H. Dworkin, MD

Marvin was a wonderful and special person. He had a passion for helping children and their families and was an active child advocate on many levels. He was a brilliant leader and mentor. Marvin was tireless in his effort and concern in improving systems and enabling programs to develop. He is recognized for leading the amazing accomplishment of having Hackensack University Medical Center be designated as a Children’s Hospital.

Marvin created a family atmosphere at work. He always recognized his staff for their hard work and accomplishments. In fact, when recognized himself for his achievements, he demurred and gave credit to the administration of the hospital for their support as well as to his staff for their hard work. He led numerous colleagues through pathways that ended in great achievements and success. His confidence in his staff created a myriad of unique opportunities in the development of new programs and helped them accomplish their professional goals.

Marvin was recognized as well for his deep commitment to the education of medical students and residents. He loved teaching. His artistic ability would shine in his slide shows. Marvin used no less than two projectors in his presentations (his trademark). He wowed his audience.

Marvin lent his wisdom and expertise in numerous articles, books, chapters and as a keynote speaker, guest lecturer, visiting professor for numerous continuing education programs and national conference. He held numerous leadership roles in professional societies, receiving several fellowships and serving on many task forces and national committees. He was a man of remarkable accomplishments held in the highest regard by his colleagues. Marvin was a man of exemplary character and exceptional determination who dedicated his life to improving the quality of life of children and their families.

Marvin was a “mench”. He was a true gentleman and was a father figure to many of us. Marvin personally touched so many people’s lives. He always had an open door policy that extended to anyone and everyone. He was a truly “gifted” and compassionate man. Marvin’s wife, Alice, was also amazing; she worked alongside Marvin in a very quiet, supportive way. They complemented each other and were an incredible couple.

– Randye Huron, MD

To describe Marvin is to talk about the true meaning of teaching by example. He set standards for himself so high, that everyone he met was immediately drawn to him. These standards were both professional and personal and emanated from him in such a way that to be associated with him in any way was to be inspired by him.

Professionally, Marvin could out-work, out-write and out speak anyone that I have ever encountered. His prolific writings and countless lectures reached thousands of parents and professionals. But this is not where he had his greatest impact. Of course he always thought and worked on a grand scale: being one of the founders an entire Pediatric Sub-Specialty, starting a scientific journal, creating institutes, conducting national meetings, writing textbooks, developing an entire children’s hospital. I could go on about his grand achievements and great legacy, but it was on an individual level that Marvin had his greatest impact.

We knew that Marvin could and would do anything to help us. Marvin was the consummate teacher. He taught all who would watch him how to work, how to live, how to play, how to love family, friends, and his fellow man.

– John Williams, MD

In closing, I hope that these comments highlight some of the extraordinary qualities that helped define Marvin. Like many of you, I am honored to have known him as a mentor, colleague, and most importantly, as a friend. He will always be remembered as one of the elite few who have provided the initial foundation for the ‘epigenetic’ development of our specialty, developmental and behavioral pediatrics.

– Glen P. Aylward, PhD

SDBP

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<tr>
<th>Event</th>
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<tr>
<td>APA 2008 Leadership Meeting in Academic Pediatrics</td>
<td>Orlando, FL</td>
<td>March 12-14</td>
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<tr>
<td><a href="http://www.ambpeds.org">www.ambpeds.org</a></td>
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<tr>
<td>APS 66th Annual Scientific Conference</td>
<td>Baltimore, MD</td>
<td>March 12-15</td>
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<td><a href="http://www.psychosomatic.org">www.psychosomatic.org</a></td>
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<td>SBM 29th Annual Meeting</td>
<td>San Diego, CA</td>
<td>March 26-29</td>
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<td><a href="http://www.sbm.org">www.sbm.org</a></td>
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<tr>
<td>29th Annual Duncan Seminar Cerebral Palsy Today and Tomorrow: Updates in Evaluation &amp; Treatment</td>
<td>Seattle, WA</td>
<td>March 28</td>
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<td><a href="http://www.seattlechildrens.org/education/outreach.asp">www.seattlechildrens.org/education/outreach.asp</a></td>
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<tr>
<td>Pediatric Academic Societies &amp; Asian Society for Pediatric Research Joint Meeting</td>
<td>Honolulu, HI</td>
<td>May 2-6</td>
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<td><a href="http://pediatrics.hawaiiconvention.com">http://pediatrics.hawaiiconvention.com</a></td>
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<tr>
<td>AACPDM 4th East European and Mediterranean Cerebral Palsy and Developmental Medicine Conference</td>
<td>Eilat, Israel</td>
<td>May 28 - 31</td>
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<td><a href="http://www.eemcpdmd2008.com">www.eemcpdmd2008.com</a></td>
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<td>AAIDD 2008 Annual Meeting</td>
<td>Washington, DC</td>
<td>May 28-30</td>
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<td><a href="http://www.aamr.org">www.aamr.org</a></td>
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<td>AACPDM 2008 Annual Meeting</td>
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<td><a href="http://www.aacpdm.org">www.aacpdm.org</a></td>
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<td>AAP National Conference and Exhibition</td>
<td>Boston, MA</td>
<td>Oct 11-14</td>
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<td>SDBP 2008 Hypnosis Workshop</td>
<td>Cincinnati, OH</td>
<td>October 16 - 18</td>
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<tr>
<td>SDBP 2008 Education/Other Workshops</td>
<td>Cincinnati, OH</td>
<td>October 17 - 18</td>
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<td>APM 55th Annual Meeting</td>
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