



Society for Developmental and Behavioral Pediatrics

Message from the President Expanding Capacity through Collaboration

During my brief tenure as President of SDBP, I have been incredibly impressed by the breadth and depth of the activities of our modestly-sized organization. Despite prior service on the Executive Council, I did not fully appreciate the "behind the scenes" efforts required to address the myriad of important issues demanding our attention and involvement. At the conclusion of our Fall Annual Meeting, planning must immediately commence for the following year's program. In addition, orienting new officers, establishing new reporting relationships with Association Headquarters and our national office, planning and approving the budget, and preparing the Newsletter are but a select few of the predictable, requisite responsibilities of Society leadership. Yet advancing the mission of SDBP demands that we not merely fulfill our obligatory responsibilities, but that we also address critical, contemporary issues and avail ourselves of time-limited opportunities.



Paul H. Dworkin, MD

We expand our reach and capacity through collaboration. To be successful, Society leadership must embrace collaboration with our membership, Society committees, national office staff, professional societies, and relevant organizations. I am pleased to review highlights of our collaborations to both inform the membership and solicit your interest and involvement.

Collaboration with membership. Our annual membership appeal affords the opportunity to encourage participation on various committees and solicit contributions to support Society initiatives. This year, dues renewal will be conducted online via the member's only section of the website. Members will be asked to consider donations to support SDBP Research Grants and the SDBP Special Projects Fund. Members' responses to the SDBP Practice Survey, which is planned to be re-piloted next July, will help to inform advocacy on public policy and generate recommendations to guide practice development. We are grateful to the efforts of the Survey Subcommittee of the Practice Committee, including Ellen Perrin, Robin Adair, Carol Hubbard, and Vanessa Jensen.

Collaboration with committees. The work of the Society is accomplished through the generous and effective contributions of our Committees. Nate Blum and the Program Committee are planning a 2006 Annual Meeting in Philadelphia that will exemplify the high quality and collegiality so characteristic of past meetings, while incorporating select modifications to accommodate fiscal and logistical realities. Our Membership Committee, led by Glen Aylward, is conducting a membership drive and requesting that current members invite colleagues to join our organization.

Collaboration with national office staff. We work closely with Gail Haas and the staff of Association Headquarters to conduct the business of the Society. We are challenged to ensure that both the basic needs of the Society and growth opportunities are addressed in an effective, fiscally-sound manner. Our financial resources dictate that we simply cannot afford unlimited administrative support. At the same time, we must advance the mission of the

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Children's Hospital of Philadelphia

JOURNAL EDITOR

Suzanne Dixon, MD, PhD
University of California, San Diego
(Emerita)
University of Washington

Executive Director

Gail Haas

SDBP National Office

15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054
856-439-0500
Fax 856-439-0525
email: sdbp@ahint.com
www.sdbp.org

New Officers The SDBP would like to welcome the following

Dr. Susan L. Rosenthal

Dr. Rosenthal is Professor and Division Director of Adolescent and Behavioral Health, University of Texas Medical School at Galveston (UTMB), where she is responsible for service, training, and research programs in psychology, adolescent medicine, and behavioral pediatrics. She completed her PhD at the University of North Carolina and internship at the University of Maryland. She has focused her career on the promotion of adolescent health with special attention to the prevention of sexually transmitted, and other infectious diseases. Often collaborating with physicians, basic scientists, and other psychologists, she has been particularly interested in training medical students, pediatric residents and fellows, as well as psychologists. Her work takes a developmental approach to the problems facing youth, integrating the family, the community, and the medical system.

She has been a funded investigator from NIH investigating sexually transmitted disease prevention from a developmental perspective. She also has researched ways to integrate new adolescent vaccines into


the health care of adolescents, and to foster parental and societal uptake of vaccines for sexually transmitted diseases.

Dr. Rosenthal is a licensed pediatric psychologist, and a fellow in the Division 37 (Child, Youth, and Family) and Division 54 (Pediatric Psychology) of the American Psychological Association. She is a member of the Society of Pediatric Research, and was just awarded the Iris F. Litt Visiting Professorship of Adolescent Health Research. She has over 100 peer reviewed or invited articles or chapters. She was selected to participate in the 2005-2006 Executive Leadership in Academic Medicine Program at Drexel University.

STATEMENT OF GOALS FOR THE SOCIETY

The Society has been unique in its welcoming of collaboration between psychologists and pediatricians. I feel honored to be asked to be a part of the implementation of the Society's mission statement and strategic plan. My priority is to foster the continuation of the Society's success in promoting

research, training, and clinical care in developmental-behavioral pediatrics. My specific goals are to:

- Increase the role of the Society in promoting behavioral preventive strategies for children of all ages, but with a focus on the transition from childhood to adolescence.
- Continue the links between the Society and psychological organizations and between pediatricians and psychologists to enhance the delivery of care to children and families with developmental and behavioral issues.
- Promote the systematic evaluation of residency and fellowship educational programs in developmental and behavioral pediatrics.
- Foster an enhanced role of the Society in the research of developmental and behavioral problems of children and the role the health care system can play in improving outcomes.
- Facilitate opportunities for faculty development to ensure the academic success of researchers, clinicians, and educators of all disciplines. 

Michelle M. Macias, M.D.

Dr. Macias is an Associate Professor of Pediatrics in the Division of Genetics and Developmental Pediatrics at the Medical University of South Carolina in Charleston, SC. Originally from Florida, she began her career as a school-based speech language therapist in San Antonio, TX. She subsequently completed medical school and residency in Pediatrics at the University of Texas Health Science Center at San Antonio, followed by fellowship in Developmental-Behavioral Pediatrics at the University of North Carolina at Chapel Hill. She is board certified in General Pediatrics, Developmental-Behavioral Pediatrics and Neurodevelopmental Disabilities.


Dr. Macias has an active clinical practice evaluating and treating children with a broad range of developmental and behavioral disorders. She is the medical director of Developmental-Behavioral Pediatrics, and program director for the Developmental-Behavioral Pediatrics subspecialty residency training at MUSC. Her research interests and grant activities have focused on developmental screening and biopsychosocial correlates of children with disabilities, especially spina bifida and premature birth.

Professional activities include serving on numerous state and national committees. Currently, she is on the Executive Committee of the AAP Section on Developmental-Behavioral Pediatrics, is liaison to the AAP Council on Children with Disabilities, and is membership chair of the American Academy of Cerebral Palsy and Developmental Medicine. She is on the American Board of Pediatrics general pediatrics certifying examination committee and is one of the developmental-behavioral pediatric representatives to the ABP subspecialties consortium for the Program for Maintenance of Certification in Pediatrics for Subspecialists. On the practical side, one of her accomplishments in South Carolina was to enhance Medicaid reimbursement for developmental-behavioral pediatric services. She is one of several SDBP members involved in an AAP web-based educational module ("Pedialink") on coding and reimbursement for developmental-behavioral problems.

STATEMENT OF GOALS FOR THE SOCIETY

My experience in the academic and clinical sides of pediatrics has given me a broad perspective regarding the realities of practicing developmental-behavioral pediatrics.

A central goal is to enhance the interface between developmental-behavioral pediatricians, neurodevelopmental and primary care practitioners, pediatric psychologists, and other mental health professionals to improve the quality of clinical service, training, and research in development and behavior. My specific goals as a SDBP Council member are to:

- Enhance the national and international visibility of the Society with other related organizations advocating developmental and behavioral issues of children and adolescents.
- Develop practical economic strategies regarding coding, reimbursement and other practice management issues in developmental-behavioral pediatrics.
- Promote educational opportunities in developmental-behavioral pediatric issues for health care professionals.
- Facilitate collaboration of the Society with other professional organizations that focus on the promotion of developmental and behavioral health issues.
- Continue the Society's involvement in developing educational resources to promote effective training in developmental-behavioral pediatrics. 

Individuals to the SDBP Council Committee

Dr. David J. Schonfeld

In July 2005, Dr. David J Schonfeld became the Thelma and Jack Rubinstein Chair and Director, Division of Developmental Disabilities at Cincinnati Children's Hospital Medical Center. After completing training within Boston University's Six Year Combined BA/MD Program, pediatric residency at The Children's Hospital of Philadelphia, and MCHB-funded DBP Fellowship at the University of Maryland, he served as faculty at Yale University School of Medicine for 16 years, where he was Head of the Subsection of DBP and Director of the MCHB-funded DBP Fellowship Program.

A member of SDBP since 1986, Dr. Schonfeld served on the Executive Council (1998-2002) and Nominations Committee (1993-4), was the first Chair of the Research Committee (1996-9), the first SDBP Liaison to the AAP Committee on Pediatric Research (1997-2000), the first SDBP Liaison to the Alliance for Health and Behavior Research (1997-2002), the Chair of the Trainee Manuscript Award Committee (2000-present), and a member of the Editorial Board for *JDBP* (since 1996). He is an active member of the American Academy of Pediatrics, currently serving as Chair of the Committee on Pediatric Research and a member of the Center for Child Health Research Board of Directors and the PROS Steering Committee. Over the past several years he also served as the National Conference and Exhibition Planning Group member responsible for DBP, mental health, and terrorism speaker selection (1999-2004) and a member of the NCEPG Executive Committee, the Task Force on Terrorism (2001-4), and the Committee on Resident Research Grants. In addition, he is one of the initial members of the Subboard of Developmental-Behavioral Pediatrics, as well as a member of APS, APA, SPR, and ASHA.


Dr. Schonfeld's research (funded by NICHD, NIMH, MCHB, WT Grant, and other foundations) has focused on young children's understanding of and adjustment to serious illness (e.g., HIV/AIDS, cancer) and the role of school-based health education and social development instruction in promoting healthy behavior. He has particular clinical interest in pediatric bereavement and school-based crisis response and established a program in school crisis response in 1991 to provide training and consultation to school systems throughout the country and abroad (e.g., from 2001-4 he consulted to NYC Public Schools to coordinate training for school crisis teams post-9-11). Dr. Schonfeld has authored approximately 60 original articles,

books, and book chapters, covering topics that include pediatric bereavement, school crisis response, supporting children in times of crisis, HIV/AIDS and cancer prevention education, and other DBP and general pediatric research and clinical topics.

STATEMENT OF GOALS FOR THE SOCIETY

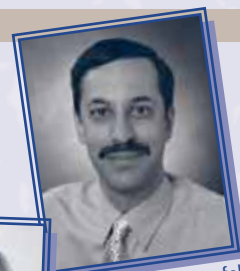
My major goal for the Society is to enhance further its effectiveness in promoting multidisciplinary research, training, clinical care, and advocacy related to the developmental and behavioral needs of children and their families. Specific goals include:

- Maintain and strengthen the Society as the academic home of professionals of multiple disciplines related to developmental and behavioral pediatrics.
- Join with other professional organizations to increase access to and reimbursement for quality DBP clinical services.
- Advocate for increased funding for research and training in DBP and explore mechanisms to recruit, support, and nurture new faculty and researchers in the field.
- Establish the Society as an effective advocate and the premier professional organization for consultation by governmental agencies and other professional societies for questions related to developmental and behavioral concerns of children and their families.

In order to achieve these goals, I would propose we strengthen the Society's collaborative ties with other professional societies with a shared interest (e.g., American Academy of Pediatrics, American Psychological Association, Society of Pediatric Psychology) and engage actively in joint initiatives, while ensuring the Society achieve a stronger and unique voice. In addition, I would like to increase involvement of the Society's membership in fulfilling the Society's mission by: 1) exploring means by which standing committees can remain active and even more productive throughout the year, 2) establishing a means for the creation of time-limited Task Forces to respond to emerging issues, and 3) increasing the number of Society members serving as active liaisons to other professional organizations and representatives on national advisory committees and councils. It will be important to identify funding mechanisms to increase the Society's infrastructure to allow it to achieve its goals. 



Dr. Susan L. Rosenthal



Dr. David J. Schonfeld



Michelle M. Macias, M.D.

CALL FOR NOMINATIONS


The SDBP Nominating Committee requests your nominations for the 2007 SDBP president elect, as well as two available councilor positions (one MD and one PhD). As the SDBP continues to grow and evolve, the council requires high caliber members with the background, skill, and experience needed to help SDBP fulfill its mission, and attend to the society's current and future needs. Service on the SDBP council demands a commitment of time and talent to advance the goals and objectives of the organization.

Each voting member is encouraged to submit nominations for these offices, and members may nominate more than one individual for each open position. All nominees must be members of SDBP in good standing.

This year, nomination information will be posted exclusively in the Members Only section of the SDBP Web site. If you would like to submit a nomination for one of the open positions on the SDBP Council, please visit www.sdbp.org and follow the instructions. Nomination forms are also available at SDBP Headquarters, and can be mailed to you upon request.

All nominations must be received by **Friday, April 14, 2006**.

The SDBP Nominating Committee will review all nominations received by the submission deadline, and email an official ballot to the members to cast their vote.

For more information, or to request a hard copy of the nomination form, contact SDBP Headquarters at (856) 439-0500. 

President's Message

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Society. Prudent and effective management demands optimal communication and collaboration.

Collaboration with professional societies.

We expand the effectiveness of our efforts through collaboration with other professional societies and organizations. Our expertise in disaster relief supported the efforts of the American Academy of Pediatrics (AAP) to address children's critical emotional needs in the aftermath of such recent crises as the tsunami and Katrina. In January, I will represent SDBP at a subspecialty forum organized by the Federation of Pediatric Organizations (FOPO), the Association of Medical School Pediatric Department Chairs (AMSPDC), the Association of Pediatric Program Directors (AAPD) and the Alliance Societies to discuss how to better organize and communicate across subspecialties within pediatrics, as well as how to address fellowship training in our subspecialties. We will continue to participate in such collaborative activities as the revision of clinical practice guidelines for the management of ADHD under the auspices of the AAP. We will also continue to collaborate with the Program Committee of the Pediatric Academic Societies (PAS) to explore joint educational opportunities.

"...Our most important collaboration is with our members. Please be vocal and be involved."

Collaboration with relevant organizations. We benefit from fostering relationships with organizations sharing our mission of promoting children's optimal development. Generous support from the Johnson & Johnson Pediatric Institute for our lectureship and program participation by Ed Schor of the Commonwealth Fund illustrate the impact of such collaboration on the quality of our Annual Meeting. We must continue to foster and sustain such partnerships.


Our most important collaboration is with our members. Please be vocal and be involved. I welcome your comments and suggestions. 

Journal Report

Submitted by: Suzanne D. Dixon, MD, MPH, Editor and Mary Sharkey, Managing Editor

The Journal of Developmental and Behavioral Pediatrics is in its 25th year, showing the vigor of early adulthood and the anxieties of growth.

- Submissions to the Journal continue to climb, with a projected increase for this calendar year as a whole to be about 175% of last year. Acceptance rates are at the 20% level, down from the historical pattern. Letters to the Editor and Commentaries are not at the level we had hoped to see this year. Review article submissions are up, including some in the Basic Science category. The Editorial staff presented a workshop at this meeting to support junior authors through the writing and review process. Handouts are available.
- The Reviewer panel has been expanded but still can use more qualified reviewers. We now have rankings of reviewers available. Most reviewers completed their reviews on time. These timely reviews have been entered into a prize drawing with three prizes to be given out at this meeting (Does not need to be present to win).
- Financially, the Journal is doing well, returning \$80,000 to the Society from the 2004 revenues. We are projecting conservatively at a royalty return of just under \$70,000. The subscription rate is static at about 1400.

- The web-based system for submissions, reviews, and revisions seems to be working well. We continue to smooth out bugs, individualize the system for our journal and make us all more adept at use. Mary still fixes all that needs fixing. The time to first decision is stable at about 37 days. The time from acceptance to publication is now quite long at 168 days. We have a few additional pages for this year and hope to get more for the next year, up to 492.
- A special issue on autism is in development with Robin Hansen leading an outstanding special Editorial Board. One sponsored supplement is in the works. We would like more. There have been discussions with J&J Pediatric Institute sponsorship in conjunction with the SDBP meetings. The clinical tool box section has been dissolved but there is still a desire to encourage practice-related articles.
- Future plans: We hope to recruit a panel of 6-12 editorial board members to look at one issue from cover to cover during the next year to give a critical appraisal of each issue on its own. We are also putting together a committee to do a strategic plan. We have two volunteers and are seeking a gang of six, assisted by our publisher and the editorial group. 

Communications Committee

Submitted by: Robert Needleman, MD

Currently, each issue of the newsletter costs approximately \$3,000 to produce and distribute. Approximately \$2,000 of that represents printing and mailing; approximately \$1,000 represents commitment of time by AH staff.

Newsletter: The purpose of the newsletter is (1) to give members a feeling of connection to the Society in between Annual Meetings, and to enhance the image of the Society; (2) to present information about doings within the Society; (3) to carry reports about projects being done by members, and also stories about people in the Society. We propose to continue the present format: publishing twice yearly. We hope to increase solicitation of reports of members' activities and accomplishments and continue to profile selected members (e.g., new members, long-standing members). We also hope to solicit more feedback from members, so that we can improve the newsletter to better meet members' needs.

Website: The main purpose of the website is to give the Society a web presence. Visitors unfamiliar with SDBP can learn about the Society, its vision, goals, composition, how to join, etc. We also aim (1) to present a range of information of practical interest to members, including information about the Annual Meeting, and other upcoming events; (2) to facilitate communication among members, e.g. by listing members' contact information. The SDBP website should not try to duplicate services offered by the DBPeds site. SDBP members are urged to check out the website: you will find a wealth of helpful information and links, and please give your feedback to the Communications Committee. Your username and password for accessing the member's only section will be sent to you when you renew your membership, or you can get it sooner by emailing tcfield@ahint.com. 

Development Committee

Submitted by: Dan Coury

This past year the Development Committee worked on securing support for the Annual Meeting. Unrestricted educational grants were submitted to several potential funding sources, and we were awarded three grants which allowed the SDBP Program Committee to assemble an outstanding scientific meeting. In addition, Dr. Feldman worked with the Johnson & Johnson Pediatric Institute, a past supporter of the SDBP Lectureship, to secure additional support for this in the future. We will be working to obtain additional support for the 2006 meeting to be held in Philadelphia. In addition, we worked with the Program Committee to secure a record number of exhibitors at the San Diego meeting.

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The SDBP Research Grant Committee, led by Ellen Perrin, obtained funding from past SDBP officers for our first SDBP Research Grant. The Research Grant will be continued in association with the Research Committee.

All of the above represent some of the long-term goals of the Development Committee to support the mission of SDBP. As part of expanding these activities to the general membership, the annual dues statement will now offer the option of donating to these activities in addition to the dues renewal fee.

Appointed to the Development Committee are Dan Coury (Chair), Heidi Feldman, Leonard Rappaport, Hank Shapiro and Ellen Perrin. 

Nominating Committee

Submitted by: Dan Coury

The Nominating Committee met last winter via conference call to assemble the slate of candidates for SDBP officer positions. Dan Coury, Immediate Past President, chaired the committee. After a call for nominations from the general membership, the committee reviewed potential candidates for the positions of President-elect, Executive Council, and Nominating Committee. This year the Committee had several non-MD candidates decline nominations, eventually resulting in a candidate running unopposed for the first time in SDBP history. Due to the

declined nominations, the committee's slate was delayed, resulting in a delay in the ballot being presented to the general membership. The committee recommends that the process be changed so that the ballot can be sent out in late spring/early summer before many members leave on vacation. Dr. Heidi Feldman, immediate past president, will be chairing this year's committee.

On-line voting was an option this year, and was successful. Plans have been made to improve the online mechanism. 

“...This year the Committee had several non-MD candidates decline nominations, eventually resulting in a candidate running unopposed for the first time in SDBP history..”

Education Committee

Submitted by: Pamela C. High, MD

The Education Committee presented its sixth Annual Workshop on Teaching Developmental and Behavioral Pediatrics to Pediatric Residents following the SDBP Annual Meeting in San Diego, CA. More than 70 attended this event. The committee is creating a survey to be emailed to DBP resident rotation directors in order to determine the effects of the 80 hour resident work week on DBP education. The survey will also identify curricular content and resources as well as faculty time commitment. We hope to have these data available for the next annual meeting.


The next DB-PREP will be offered July 20-23, 2006 in Newport Beach, CA. This will be the third of these CME programs designed for both preparation for the certifying examination in Developmental-Behavioral Pediatrics and also

designed for generalists interested in increasing their skills in DBP. Glenn Aylward, Linda Grossman and Pam High, as representatives of the Society, are collaborating with the Section on Developmental-Behavioral Pediatrics of the American Academy of Pediatrics in planning DB-PREP. Course registration is expected to begin in mid- January of 2006. A limit of 270 course participants is expected so interested members should register early. Following the course, it is likely that the syllabus will be available for purchase.

Pam High represented the SDBP at the American Board of Pediatrics 3rd Conference on Maintenance of Certification in Subspecialty Training. Mark Wolraich represented the ABP Section on DBP, and Michelle Macias represented the AAP Section on DBP. At the conclusion of this

meeting, Mark Wolraich took the lead in the development of a quality improvement project on ADHD that was outlined to include revision of ADHD guidelines, revision of the ADHD eQUIPP module, and, eventually, creation of a DBP ADHD registry.

Robin Hansen represented the SDBP at the AAP Committee on Pediatric Education, November 21-22, 2005. Her summary has been sent to the Executive Council.

The third Board Certifying Examination in Developmental-Behavioral Pediatrics will be given in mid-November 2006 by the American Board of Pediatrics. Registration will be online at www.abp.org from February 1, 2006 through March 31, 2006 at 3 PM EST. Late registration will be from April 1, 2006 through May 3, 2006 for an additional fee. 



Charles A. Nelson III, Ph.D.

Dr. Nelson received an honours degree in Psychology from McGill University, a Masters degree in Psychology from the University of Wisconsin, and his Ph.D. from the University of Kansas (in developmental and child psychology). He completed a postdoctoral fellowship in electrophysiology at the University of Minnesota, joined the faculty of Purdue University in 1984, moved to the University of Minnesota in 1986, and moved to Boston in 2005. Dr. Nelson chaired the John D. and Catherine T. MacArthur Foundation Research Network on *Early Experience and Brain Development*, and served on the National Academy of Sciences panel that wrote *From Neurons to Neighborhoods*. His specific interests are concerned with the effects of early experience on brain and behavioral development, particularly as such experience influences the development of memory and the development of the ability to recognize faces. Nelson studies both typically developing children and children at risk for neurodevelopmental disorders, and he employs behavioral, electrophysiological (ERP), and metabolic (MRI) tools in his research.



Ellen Hanson, Ph.D.

Dr. Ellen Hanson is a Developmental Psychologist and Behavioral Specialist at Children’s Hospital (Boston) where she works in the Developmental Medicine Center. She specializes in diagnosis and treatment of children who have significant developmental disabilities, including autism spectrum disorders. Additionally, Ellen serves as a supervisor and educator for professionals in the field of developmental psychology. Ellen is also involved in numerous research projects which include: the diagnosis of autism and outcome of treatment interventions; the genetic basis of autism; behavioral difficulties occurring in children with autism; and executive function/attention in children with autism. She travels frequently domestically and abroad to speak about developmental disabilities and to train individuals on the use of the Autism Diagnostic Observation Schedule and the Autism Diagnostic Interview.



Faten Abdellatif, MD, PhD

Dr. Faten Abdellatif graduated from the Faculty of Medicine, Alexandria University, in 1976, and received her master’s degree in pediatrics in 1981. She received her doctorate from the Higher Institute of Public Health, Alexandria University, in 1986, majoring in Mother and Child

Health. She is currently professor of Child Health in the faculty of Preschool Education, head of the department of Basic Sciences and vice dean of the Faculty. Her responsibilities include teaching graduate and undergraduate students and conducting research, as well as supervising clinical work in an affiliated Childhood Centre which includes a developmental clinic and a rehabilitation center for handicapped children.

She has a special interest in the cognitive development of children, and is designing educational programs for preschool children based on the project approach and museum education according to Dr. Howard Gardner’s Theory of Multiple Intelligences. She is also active in many non-governmental organizations (NGO’s) working in the field of childhood. Upon joining the Society, Dr. Abdellatif wrote, “I believe in the concept of solidarity among people of the world which can be developed through peace education as an early educational intervention.. I am really pleased to be a member of SDBP and hope to collaborate with my peer professionals to develop fruitful work.”



Laura Arnstein Carpenter PhD, BCBA

Laura Arnstein Carpenter Ph.D., BCBA, is an assistant professor of Pediatrics at the Medical University of South Carolina in Charleston, SC. Dr. Carpenter is a researcher and practicing clinician specializing in autism spectrum disorders. She is currently working on a surveillance study of autism spectrum disorders that is funded by the Centers for Disease Control and Prevention. Prior to coming to the Medical University of South Carolina, Dr. Carpenter earned her Ph.D. in clinical psychology from SUNY Binghamton. In addition to being a licensed clinical psychologist, Dr. Carpenter is a Board Certified Behavior Analyst. She has published multiple book chapters and articles, and has made more than thirty presentations at regional and national scientific conferences. Along with two colleagues, she authored a book for school psychologists, special education personnel, and teachers entitled *Medication for Children: A Guide for the Practitioner* (Guilford Press).

DEVELOPMENTAL/BEHAVIORAL PHYSICIANS

Cincinnati Children's Hospital Medical Center, dedicated to serving the healthcare needs of infants, children and adolescents, is currently seeking several Physicians with clinical expertise in developmental-behavioral pediatrics and/or neurodevelopmental disabilities. This will be an opportunity to provide state-of-the-art clinical care to patients in an environment that provides intellectual challenges as well as a rewarding career.

Through various exemplary programs, the Division of Developmental and Behavioral Pediatrics provides diagnosis, comprehensive evaluation, treatment, training and education for infants, children, and adolescents with developmental disorders and developmental and behavioral problems. Our faculty is engaged in a wide range of clinical, translational, and basic research projects along with the teaching of residents and fellows.

Applicants are sought with skills in general developmental-behavioral pediatrics and/or developmental disabilities. Particular expertise in autism, spina bifida, Down Syndrome and Rubinstein-Taybi Syndrome is desired, but not required. This position will require an MD or DO degree from an accredited School of Medicine and eligibility/certification in developmental-behavioral pediatrics or neurodevelopmental disabilities with a strong clinical background and a commitment to an academic career.

DIRECTOR OF RESEARCH

The Division of Developmental and Behavioral Pediatrics at Cincinnati Children's Hospital Medical Center is seeking a Director of Research. The major responsibilities of this position include: development of a coordinated research program, conducting independent research, participation in the training of fellows within the department, and mentoring junior investigators within a multidisciplinary and interdepartmental research environment.

Cincinnati Children's Hospital Medical Center is dedicated to serving the healthcare needs of infants, children and adolescents (see preceding ad).

Applicants sought will be established investigators with a record of research accomplishments in research related to developmental-behavioral pediatrics or neurodevelopmental disabilities or a related area. This position will require a MD or PhD from an accredited school.

Interested individuals may send a letter of inquiry and CV to:

David J. Schonfeld, MD
Professor, Director of Developmental and Behavioral Pediatrics
Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue
MLC 4002
Cincinnati, OH 45229-3039
david.schonfeld@cchmc.org

DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN

The Assessment Center for Children is seeking a sub-board eligible or certified Developmental-Behavioral Pediatrician. The Center is an exciting and innovative multi-disciplinary, multi-agency organization serving high-risk infants and children with developmental & behavioral problems. The Center team includes professionals from the school district, county children's mental health agencies, and the local regional health center. The Center provides children a single point of entry to multiple agencies, and generates a comprehensive plan of care. The practice also includes the High Risk Infant Follow-up Program for the Level III NICU of the Children's Hospital of Central California, and serves as a site for the Developmental-Behavioral Pediatrics rotation for the UCSF-affiliated pediatrics residency.

Contact: David M. Snyder, M.D., FAAP
Assessment Center for Children / EPU
4440 N. First St.
Fresno, CA 93726
Phone: (559) 221-2174
E-Mail: dsnyder@exceptionalparents.org

DEVELOPMENTAL-BEHAVIORAL PEDIATRICIAN:

The Department of Pediatrics at Rhode Island/Hasbro Children's Hospital, Providence, Rhode Island, is seeking a full-time BE/BC Developmental-Behavioral Pediatrician (DBP) to join the Division of DBP. Responsibilities include teaching fellows, residents and medical students in Outpatient, Ward and Nursery settings. Busy multidisciplinary programs in Developmental Assessment, Autism, Learning, Attention and Behavior, Spina Bifida and Feeding are components of this clinical service. It is expected that approximately three quarters of the incumbent's time will be devoted to clinical care and supervision and the remainder to scholarly pursuits. Opportunities for collaboration with faculty in Child and Family Psychiatry, Child Protection, Neonatal Follow-up, Neurology, Genetics and Metabolism and the Brown Center for Infants at Risk are abundant. Demonstrated capability and proven excellence in clinical care and teaching are required. Research experience would be valued. Faculty appointment at Brown Medical School would be expected. Candidate must be eligible for licensure in Rhode Island.

Candidates should submit their letter of inquiry, including CV and the names, addresses and contact phone numbers of three references to Pamela High, MD, Director, Division of DBP, Rhode Island/Hasbro Children's Hospital, 593 Eddy Street, Providence, Rhode Island 02905, (401) 444-5440. Documents may be emailed to PHigh@lifespan.org.

Applications will be accepted immediately for a position as soon as June 2006. Rhode Island/Hasbro Children's Hospital is an Equal Opportunity/Affirmative Action Employer. Salary and benefits are competitive and commensurate with experience. Women and minorities are encouraged to apply.

Terry Stancin, PhD

Since her appointment by then president Ellen Perrin in 1997, Terry Stancin, PhD, has served SDBP as Secretary-Treasurer under seven different presidents and three executive directors for a total of eight years. During that time she has magnified the scope of the position, initiating weekly conference calls with former Executive Director Noreen Spota and continuing this with the present management staff.

She identified some of the negative fiscal trends facing SDBP and proposed feasible solutions. She was instrumental in the process of identifying a new management group and working with them through the transition, advising presidents and council members of important fiduciary decisions, and communicating the actions of the Executive Council to the membership. All the while, she has been active in SDBP in other areas such as participating on the Resident Curriculum Project, presenting abstracts and workshops, serving as a part of the DB-PREP planning and teaching personnel, and most recently as a consultant to the sub-board on Developmental-Behavioral Pediatrics of the American Board of Pediatrics.

Terry accomplished all of these tasks with a warm heart and an infectious smile. She remained steady and mature in the face of great challenges. She charmed the Executive Council with delightful stories of her two daughters. She was an active listener, an excellent collaborator, and a intelligent decision-maker.

The presidents and council members who worked with her in her role as Secretary-Treasurer all agree that Terry has truly been the heart and soul of SDBP during her tenure in this position, and the membership owes her a great deal of thanks for her outstanding dedication and devoted service to the Society.

- Dan Coury

Let's give three cheers for Terry Stancin
For years, our guru of financin'
Mere words can scarcely measure her
Accomplishments as treasurer
Through changes, challenges, and worse
She's been the bearer of our purse
To oversee our treasury
She's risked acute PTSD
Few disciplines acquire adherents
Who serve with so much perseverance
Thanks, Terry, for the years you served
You gave us more than we deserved.

- Robert Needlman

Advanced Parenting Education in Pediatrics

Submitted by: Ellen Perrin


For the past 2 years we have undertaken a pilot/feasibility project with the goal of reducing the incidence and/or level of impairment experienced by young children with ADHD. We introduced into a new context, the primary care pediatric office, a screening protocol and evidence-based group training program for parents of young preschool children at risk for later diagnoses of Attention Deficit/Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder (ODD).

We undertook this research for several reasons. First, ADHD and ODD are among the most frequently diagnosed behavioral disorders among children. Second, though considerable work has been done to improve detection of these conditions in pediatrics practice, much less attention has been focused on pediatric interventions to minimize the rate and level of impairment experienced by these children and their families. Third, there is considerable evidence to support the efficacy of group parent education programs in improving parenting behaviors and in reducing disruptive symptoms in children. Lastly, pediatricians and other child health providers have multiple opportunities to observe and converse with parents and children in the first several years of life, and are better known and available to parents of very young children than almost any other professional adviser. In sum, the pediatric context provides an ideal, yet understudied, site for screening and early intervention activities.

Parents of 2 and 3 year old children filled out a brief screening measure while waiting for their well-child visit. Parents who reported elevated ADHD/ODD behaviors (hyperactivity, impulsivity, inattention, oppositionality, and aggression) were invited to participate in a 10-week parent training group (PTG) situated in the pediatric practice. We used the *Incredible Years* parent training protocol, which has been empirically validated in various settings with children from 3 to 8 years of age. The program was implemented in a large suburban practice and in an urban health center. Comparison groups included parents who received no intervention and parents who received written materials only.

Preliminary results are promising. All changes for both parenting behaviors and child behaviors were in the expected direction for parents in the parent training group. There were significant differences between the PTG and comparison groups in terms of several CBCL subscales, positive parenting, and reports of inconsistent discipline. Participants, pediatricians, and their office staff all expressed a high level of satisfaction with the project.

We recently submitted an R-01 application in order to test the efficacy of the same screening and intervention protocol in a larger number and broader range of pediatric settings and to investigate predictors and moderators of intervention success. The parenting groups will be co-led by a member of the research staff and a member of the pediatric office staff after appropriate training. Assessments will include direct structured observations of children and parents to supplement parent reports.

This research represents a promising opportunity to integrate mental health screening and intervention into the primary care pediatric office. With effective intervention readily available, the benefits of routine screening for developmental and behavioral difficulties in young children will be increasingly apparent. 

Crisis in Children's Mental Health Care: A Well-kept Secret

Submitted by: Karen Saywitz & Laura Nabors

“Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them.”

(Report of the Surgeon General's Conference on Children's Mental Health, 2000)

These are the words of former U.S. Surgeon General, David Satcher, who concluded that our system of delivering children's mental health care was in crisis and that a nationwide overhaul was necessary. Recently, President Bush appointed the New Freedom Commission on Mental Health to re-examine the issue. Preliminary reports referred to the situation as a public health crisis. In response, the American Psychological Association (APA) passed a resolution on children's mental health and funded two task forces to outline the role Psychology should play as a leader in a national reform effort. Both task forces concluded that the public, the policy-makers, and many professionals remain unaware of the problem, recommending that increased awareness both inside and outside of Psychology be a top priority.

In short, one in ten children or adolescents have a serious mental health problem, and another 10% have mild to moderate problems. However, less than half of children with mental health problems actually receive treatment or services. Even then, only one in five receive treatment from a professional specifically trained to work with children or teens.


The costs to our country are staggering. Untreated mental health problems in children can lead to tragic consequences, including suicide, substance abuse, inability to live independently, incarceration, lack of vocational success, and health problems.

WHAT IS AMERICAN PSYCHOLOGICAL ASSOCIATION DOING?

Several divisions of the American Psychological Association have joined efforts in an Inter-divisional Task Force on Children's Mental Health Care to promote the realization of a model for promoting our children's mental health. Components include:

- **Promotion** of healthy social and emotional development for all children
- **Prevention** of mental health disorders in children
- **Early screening and identification of indicators of mental health problems** in schools, daycare, health clinics, emergency rooms, and especially high risk settings such as juvenile justice and child welfare programs
- **Early childhood intervention** grounded in emerging research highlighting the role of environmental factors in brain development
- Universal access to a **comprehensive range of treatments and services** for children and families identified with mental health problems coordinated across agencies and service systems that are **culturally, linguistically, and developmentally sensitive, individualized, family centered, home-school- and community based, and evidence-based**

The Interdivisional Task Force on Children's Mental Health has developed a website to centralize information on children's mental health for both the lay public and professionals. The address is <http://www.apa.org/pi/cyf/cmh>. We have completed a set of *Talking Points* you can use to advocate for reform and educate colleagues in other disciplines found on the

website. We are organizing congressional briefings by experts and a national multidisciplinary summit to address child mental health policy. Bringing these issues to the public will take effort, perseverance, and vigorous lobbying, but the crisis in children's mental health care cannot remain a well-kept secret. Please help us spread the word about children's mental health needs and the need for more mental health specialists to treat our nation's children. 

TO LEARN MORE

See the report of the APA Working Group on Children's Mental Health, 2001, at <http://www.apa.org/pi/cyf/dpnacmh.pdf>

See the Report of the U.S. Surgeon General's Conference on Children's Mental Health, 2000, at <http://www.surgeongeneral.gov/topics/cmh/childreport.htm>.

See Talking Points on Child and Adolescent Mental Health <http://www.apa.org/ppo/issues/tftalkingpoints.html>

Inquiries about the Interdivisional Task Force on Child and Adolescent Mental Health can be directed to Karen Saywitz, Chair, at ksaywitz@ucla.edu.

Productivity Survey to Arrive Soon

Submitted by: Robin Adair, Interim Chair, Practice Issues Committee

The SDBP productivity survey on practice parameters and financial factors impacting developmental-behavioral pediatrics will be going out to members in the next several weeks. **Your participation in this survey is critical.**

Chances are you struggle to meet productivity expectations of your department or practice administrator. Maybe you have had to defend your “numbers” as they were held up against a national dataset. Or perhaps you chafe at having to explain to others, time and again, why your appointments cannot be shortened so you can see more patients. Wouldn't you like people to better understand what you do, and pay you better for it? This survey of SDBP members is aimed to do just that.

Just as immunizing one child fortifies community well-being, your individual participation in this survey is essential to strengthening the argument that developmental-behavioral pediatricians and psychologists should be paid appropriately for the important and time-consuming work we do.

The focus of the survey is productivity, such as how many patients we see and the RVUs we generate. To make that information meaningful, our diverse practices must be described, in order


to appropriately connect productivity numbers with types of practices. Broader descriptors will better explain our field in general (e.g. wait times until appointments).

The survey will arrive via e-mail in the next several weeks and is conducted on-line. In advance you will receive an introductory e-mail with a spreadsheet so you can have the needed data on hand when you complete the survey.*

Please, make a commitment to participate in this survey. **Numbers speak.** Imagine the power of being able to say the survey represents 50%, or more, of the Society's membership as we go to our employers, our payers, our community businesses who negotiate employee benefits, our peers in medicine and psychology, and even our legislators, if necessary, to talk about what we do, how we do it, and what kind of productivity can be expected. This could well be crucial for our profession to survive, grow, and effectively serve the developmental and behavioral needs of children.

*Want to get a head start? Here is some of what will be surveyed: Type of productivity data collected about you (total RVUs, physician RVUs, other type of data); your number of RVUs in the most recently reported 12 months (if known);

“...Imagine the power of being able to say the survey represents 50%, or more, of the Society's membership... This could well be crucial for our profession to survive, grow, and effectively serve the developmental and behavioral needs of children.”

national benchmark data sets used by your employer (MGMA, AMGA, Sullivan-Cotter, AAAP, other); payer mix, by percent (self-pay, uninsured, Medicaid/Medicare/SCHIP, third party, other); number of patients in a typical week (new patient first visits, new patient subsequent visits, follow-up patients, other types of patients); overall no show rate for patients (appointments not kept, not cancelled in advance); wait time between first contact with your office and appointment. 

Dear Members:

Let Your Light Shine in Behavioral Developments

Behavioral Developments, the SDBP newsletter, wants each issue to include at least one report of an innovative project being carried out by an SDBP member. If you're doing something new and interesting in research, clinical programs, education, or advocacy, Behavioral Developments is a good way to spread the word. Projects don't have to be completed; a work- in-progress can also make fascinating reading.

Please send us a brief description, about 300 to 600 words, with enough detail to convey what it is you are doing, why, and how you are doing it. If you have questions about the suitability of your project, please email us at sdbp@ahint.com and we'll be glad to talk with you about it.

Thanks for sharing your inspiration! – Robert Needlman and Gerard Banez, co-editors

Electronic Medical Records and Developmental-Behavioral Screening

Submitted by: Frances Page Glascoe

Of the many factors determining the quality of developmental-behavioral care offered by generalist pediatricians, electronic health records are increasingly influential. Unfortunately, none include a validated, standardized, accurate developmental-behavioral screening test. Instead, EHRs rely on milestones, often drawn from the DDST, a measure that fails to detect the majority of children with developmental-behavioral problems. So it is not surprising that early childhood detection rates remain well below prevalence figures.

What should we do about this? Fix it!! With the help of a colleague, Nick Robertshaw, who is superbly skilled in information technology, we have created an online version of the test I wrote, Parents' Evaluation of Developmental Status (PEDS) along with the Modified Checklist of Autism in Toddlers. The site, <http://www.forepath.org>, can be used by parents or profes-

“...What should we do about this? Fix it!! With the help of a colleague, Nick Robertshaw, who is superbly skilled in information technology, we have created an online version of the test...”

sionals. In either case, parents are presented with the test questions, scoring is automated and the results include a summary for families and a referral letter, when indicated, for sharing with other professionals. The site can interface with electronic records or serve as a stand-alone screening service. Since many professionals still

need paper-pencil response forms in waiting and exam rooms, those are provided, in multiple languages, as part of the license agreement. The cost for professionals is between \$0.50 and \$1.00 per use. There's more information about the service on the website.

We also developed a version that works with computer-assisted telephone interviews and are supporting quite a few research and clinical projects. One is a feasibility study for Great Britain's National Health Service with a goal toward including PEDS in the patient-held electronic records. Parents can plot their child's height and weight on growth charts, locate information on development, safety and health, and complete a screening test.

If you'd like to explore the site fully or have a electronic project to discuss, please email me at Frances.P.Glascoe@Vanderbilt.edu 

AAP Committee on Pediatric Education Meeting


Submitted by: Robin Hansen, SDBP liaison to COPE

Robin Walker, MB, ChB, FAAP is the new chair for COPE. The purpose of the committee is to 'act as a think tank within the AAP for discussion, consensus building and collaboration on emerging issues facing pediatric education. COPE serves in a consultative role to the Advisory Committee to the Board of Education. It is one of two subspecialty societies represented, including Society for Adolescent Medicine. Representatives are requested to serve a minimum of three years.

The 2005-2006 goals and objectives for COPE include : (1) to serve as a resource and clearing house for all COPE constituents on information and programs related to the educational aspects of culturally effective pediatric care; (2) to examine research on resident duty hours as a basis

for policy discussion on the quality of residency education and preparation of residents for realities of practice; (3) to evaluate trends toward the provision of medical education at all levels via web-based platforms, particularly the role of these platforms in assisting residency and fellowship programs in implementing the 6 ACGME core competencies through curricula, toolboxes and other resources; (4) to support the AAP's initiatives in the field of international pediatrics as they relate to educational activities and particularly to promote educational resources to train residents and practicing pediatricians to support disaster relief efforts in the US and abroad; (5) to continue to develop ongoing communication among member organizations/groups about current educational and training issues in pediatrics.

“...The purpose of the committee is to 'act as a think tank within the AAP for discussion, consensus building and collaboration...'”

The Committee and its constituent committees have been very busy, with accomplishments and plans too numerous to report in this newsletter. Interested readers are urged to contact Dr. Hansen directly for a more complete report. 

THE YOUNG CHILD WITH SPECIAL NEEDS CONFERENCE

May 9-13, 2006 - Denver, CO

Attend this multidisciplinary conference to learn more about young children with special needs, ages 0-5 years. Topics include behavioral strategies, neuromotor problems, speech-language disorders, autism and more! Two Preconferences: Managing Disruptive Behaviors and Feeding Disorders. For more information, contact Contemporary Forums at (800) 377-7707 or visit us online at www.contemporaryforums.com.

Pictures from the 2005 SDBP Annual Meeting



San Ysidro Health Center CEO Ed Martinez, who accepted the 2005 Advocacy Award on behalf of San Ysidro, and Dr. Jean Smith, SDBP Advocacy Chair



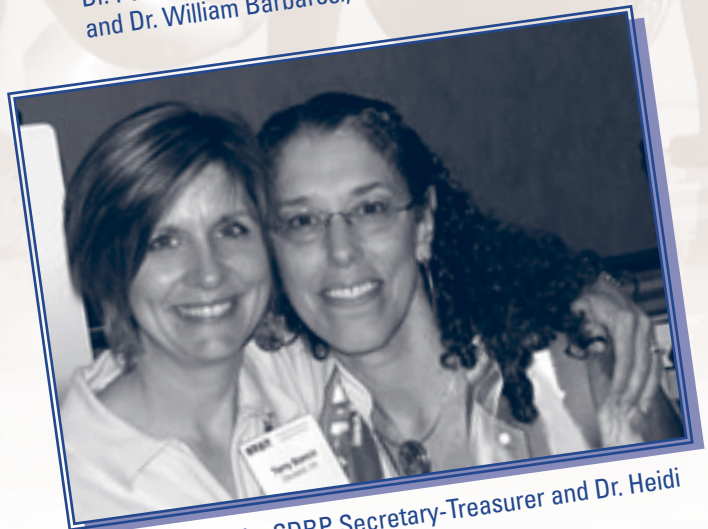
Dr. Pamela C. High,
Education Committee Chair



Dr. Purnima T. Valdez, 2005 SDBP Research Grant Award Winner
and Dr. William Barbaresi, Chair, SDBP Research Committee



Dr. Heidi Feldman, SDBP President



Dr. Terry Stancin, SDBP Secretary-Treasurer and Dr. Heidi
Feldman, SDBP President

SEPTEMBER 24 - 26, 2005
WESTIN HORTON PLAZA
SAN DIEGO, CALIFORNIA



Society for Developmental
and Behavioral Pediatrics

MARK YOUR CALENDAR

2006 Annual Meeting
September 16 – 18
Double Tree Philadelphia
Philadelphia, Pennsylvania

Save the Date and Call for Abstracts

Save the Date

Clinical Hypnosis Workshop
September 14 – 16

Pre Meeting Workshops and Symposia
September 16

Annual Meeting
September 17 – 18

Abstract Submission Site for the SDBP 2006 Annual Meeting Opening March 2006

It's as easy as...



SDBP makes submitting your abstract fast and easy.
Simply type your abstract online and submit it through our website
www.sdbp.org

You may submit as many abstracts as you wish. SDBP welcomes abstracts previously submitted to national or international meetings.

SDBP National Office
15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054
856-439-0500 _ 856-439-0525 • Email: sdbp@ahint.com



SDBP

15000 Commerce Parkway Suite C
Mount Laurel, NJ 08054

**Society for Developmental
and Behavioral Pediatrics**

Phone: 856-439-0500
Fax: 856-439-0525
E-Mail: sdbp@ahint.com
Website: www.sdbp.org

**Regular Membership
2006 Membership Dues Invoice**

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Member Annual Dues: \$ 190.00

I am supporting the SDBP Special Projects with a contribution in the amount of:

\$25 \$150
 \$50 \$200
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Other \$ _____

I am supporting the SDBP Research Grant Award with a contribution in the amount of:

\$25 \$150
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Other \$ _____

TOTAL AMOUNT DUE: \$ _____

Membership dues include: Two issues of the *SDBP Newsletter*, 6 issues of the *Journal of Developmental & Behavioral Pediatrics*, reduced registration fees for SDBP meetings and workshops.

Please return a copy of this invoice with your check made payable to the "SDBP" in US dollars, drawn on a US bank or provide the credit card information requested below and return to the address above.

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Check the one box that best describes you under each category.

Date of Birth Year: _____	Gender:	Practice Type:	Degree:	
	<input type="checkbox"/> Male	A. <input type="checkbox"/> Research	A. <input type="checkbox"/> MD	D. <input type="checkbox"/> Psy.D
	<input type="checkbox"/> Female	B. <input type="checkbox"/> Clinical	B. <input type="checkbox"/> MD, PhD	E. <input type="checkbox"/> MA/MS
		C. <input type="checkbox"/> Teaching	C. <input type="checkbox"/> PhD	F. <input type="checkbox"/> Other _____

Check the one box that best describes you under each category.

Specialty:	Practice Type:	Committee Membership Interests:
A. <input type="checkbox"/> Developmental-Behavioral Pediatrics	A. <input type="checkbox"/> Academic	<input type="checkbox"/> Advocacy Committee
B. <input type="checkbox"/> Neurodevelopmental Disabilities	B. <input type="checkbox"/> Clinic	<input type="checkbox"/> Communications Committee
C. <input type="checkbox"/> General Pediatrics	C. <input type="checkbox"/> Government Employee /Military/ Public Health	<input type="checkbox"/> Education Committee
D. <input type="checkbox"/> Psychiatry	D. <input type="checkbox"/> Hospital Based	<input type="checkbox"/> Membership Committee
E. <input type="checkbox"/> Psychology Subspecialty	E. <input type="checkbox"/> Private solo	<input type="checkbox"/> Nominations Committee
F. <input type="checkbox"/> Social Work	F. <input type="checkbox"/> Private Group, single Specialty	<input type="checkbox"/> Practice Issues Committee
G. <input type="checkbox"/> Nursing Subspecialty	G. <input type="checkbox"/> Private Group Multi Specialty	<input type="checkbox"/> Research Committee
H. <input type="checkbox"/> Other _____	H. <input type="checkbox"/> Other _____	



SDBP

15000 Commerce Parkway Suite C
Mount Laurel, NJ 08054

Society for Developmental
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Phone: 856-439-0500
Fax: 856-439-0525
E-Mail: sdbp@ahint.com
Website: www.sdbp.org

**Trainee
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Member Annual Dues: \$ 105.00

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Other \$ _____

I am supporting the SDBP Research Grant Award
with a contribution in the amount of:
 \$25 \$150
 \$50 \$200
 \$100 \$250

Other \$ _____

TOTAL AMOUNT DUE: \$ _____

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Check the one box that best describes you under each category.

Date of Birth Year: _____	Gender:	Practice Type:	Degree:	
	<input type="checkbox"/> Male	A. <input type="checkbox"/> Research	A. <input type="checkbox"/> MD	D. <input type="checkbox"/> Psy.D
	<input type="checkbox"/> Female	B. <input type="checkbox"/> Clinical	B. <input type="checkbox"/> MD, PhD	E. <input type="checkbox"/> MA/MS
		C. <input type="checkbox"/> Teaching	C. <input type="checkbox"/> PhD	F. <input type="checkbox"/> Other _____

Year you expect to complete your trainee status: _____

Check the one box that best describes you under each category.

Specialty:	Committee Membership Interests:	
A. <input type="checkbox"/> Developmental-Behavioral Pediatrics	E. <input type="checkbox"/> Psychology Subspecialty	<input type="checkbox"/> Advocacy Committee <input type="checkbox"/> Nominations Committee
B. <input type="checkbox"/> Neurodevelopmental Disabilities	F. <input type="checkbox"/> Social Work	<input type="checkbox"/> Communications Committee <input type="checkbox"/> Practice Issues Committee
C. <input type="checkbox"/> General Pediatrics	G. <input type="checkbox"/> Nursing Subspecialty	<input type="checkbox"/> Education Committee <input type="checkbox"/> Research Committee
D. <input type="checkbox"/> Psychiatry	H. <input type="checkbox"/> Other _____	<input type="checkbox"/> Membership Committee

Research Interests: _____

Teaching Interests _____

Special Issues or Concerns _____



Society for Developmental
and Behavioral Pediatrics

CALENDAR OF EVENTS 2006



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2006-2007 MEETINGS	LOCATION	DATE
SDBP Pediatric Hypnosis Workshop www.sdbp.org	Philadelphia, PA	September 14-16, 2006
SDBP Annual Meeting www.sdbp.org	Philadelphia, PA	September 16-18, 2006
SPR/APS/Ambulatory Pediatric Association www.ambpeds.org	San Francisco, CA	April 29- May 2, 2006
American Academy for Cerebral Palsy www.aacpdm.org	Pittsburgh, PA	September 13-16, 2006
Learning Disabilities Association www.ldanatl.org	San Francisco, CA	February 14-17, 2007
American Psychosomatic Society www.psychosomatic.org	Budapest, Hungary	March 7-10, 2007
Society for Adolescent Medicine www.ldanatl.org	Denver, CO	March 28-31, 2007
Society for Research in Child Development www.srcd.org	Boston, MA	March 29 - April 1, 2007

SDBP National Office
15000 Commerce Parkway, Suite C
Mount Laurel, NJ 08054