Dear Members,

Welcome to the Spring edition of our newsletter! Spring 2020 has been one for the books with COVID-19 changing our daily lives, both at home and at work. This issue focuses on the impact COVID has had on DBP and the impressive work of SDBP members. While social distancing has made us feel isolated from some, I personally have felt closer and more connected with my SDBP colleagues over the past few months. SDBP Connect is a wonderful initiative by our president, Robyn Mehlenbeck to hear from DBP members. The practice issues committee has been hosting weekly calls on Fridays to discuss the rapidly changing situation with telehealth and has provided an opportunity to share experiences with fellow SDBP colleagues.

In this edition of the newsletter, we highlight DBP trainees from Seattle Children’s and Children’s Hospital of Colorado. We have fantastic updates from the APC Committee that reviews state practice guidelines for APC before and after COVID-19 pandemic, submitted by Jennie Olsen. There are also updates from the Advocacy committee, Practice Issue Committee, and the Early Childhood SIG. David O’Banion initiated a robust conversation of tele-education resources on the discussion board, which we have summarized for our readers here in case you missed it.

David Schonfeld shares a COVID-19 pandemic resource page on the National Center for School Crisis and Bereavement website. Lastly, this issue contains some of our most popular social media posts highlighting articles written by SDBP members.

As always, feel free to send us any feedback or newsworthy information to include as you see fit! We welcome submissions from all members and would love to hear from you! The next submission deadline for content will be June 30th. Questions about submissions can be sent to alyssa.schlenz@childrenscolorado.org.

Thank you!

SDBP Communications Committee

Newsletter Team: Alyssa Schlenz, Shruti Mittal (co-editors, left to right), Janice Wilkins (SDBP Associate Director), and Meg Gorham (SDBP Newsletter Designer)
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Julia Mattson, MD, PhD, is a Developmental-Behavioral Pediatrics Fellow in the Division of Developmental Medicine at Seattle Children’s Hospital/University of Washington School of Medicine. Her clinical work focuses on the evaluation, counseling, and care of children with a broad range of developmental and behavioral challenges. Julia’s research background is in the formation of non-verbal memories and how these neural processes change with age.

Julia attended University of Washington for her undergraduate degree, where she obtained a BS in Neurobiology. She completed her doctoral degrees in medicine and neuroscience at University of Texas Southwestern Medical Center in Dallas, Texas as part of the Medical Scientist Training Program. She completed her residency training in pediatrics at Ann & Robert H. Lurie Children’s Hospital of Chicago, McGaw Medical Center of Northwestern University Feinberg School of Medicine in Chicago, Illinois. Julia is currently involved in research projects investigating differences in memory and attention, as well as parent-child play interactions in children with autism and fetal alcohol spectrum disorders.

She enjoys cycling, dancing, cooking, playing piano, skiing, and experiencing all the beautiful outdoor activities that the Pacific Northwest has to offer. Fun fact: Despite growing up in the Starbucks capital of the world, Julia has yet to have a cup of coffee; this may change shortly as she and her husband have just welcomed a daughter into their family.

Sara Williams, MD, is a Developmental Pediatrics fellow at the University of Colorado/Children’s Hospital Colorado. She completed medical school at the University of Central Florida and her residency in pediatrics at the University of Alabama at Birmingham. Her clinical interests include global health and improving care for transition-aged individuals with neurodevelopmental disabilities.

Her research/teaching interests involve improving the identification of autism spectrum disorder in the Down syndrome population and strengthening the integration of developmental-behavioral topics into pediatric training. During her fellowship, she is also completing a Master of Public Health degree.

Dr. Williams participated in the SDBP Research Scholars Symposium in 2019 and looks forward to becoming more involved in SDBP as she completes her training. In her free time, she loves enjoying the Colorado sunshine with her one-year-old daughter and husband.
Understanding state practice laws and requirements is without a doubt one of the most confusing aspects of practice for Advanced Practice Clinicians (APC) and the physicians who work with them. There is a lack of consistency from state to state, and the laws seem to constantly be changing. Each state develops their own rules and regulations for nurse practitioners, clinical nurse specialists, and physician assistants. Sometimes these rules and regulations are part of a state board of nursing, and other times they are part of the state medical board. Physician assistants may fall under the state medical board, or have their own state PA board.

In the best of times, practice requirements can vary widely between states. In general, APCs can be broadly placed in the following three categories: 1) full practice, 2) reduced practice, or 3) restricted practice. An APC with full practice authority is able to practice independently with the ability to evaluate patients, diagnose, order and interpret diagnostic tests, and initiate and manage treatments, including prescribing a full formulary of medications. APCs in reduced practice states generally are required to have a collaborative practice agreement with another health professional (typically a physician) and may have restrictions on their practice, including a limited formulary (such as no controlled substances) or inability to order DME or therapy. Many collaborative practice agreements require a physician to be available to collaborate with the APC, but do not require on site or in person collaboration. APCs in restricted practice states are generally required to have supervision, delegation, or team management by another health professional (typically a physician) in order to provide patient care. This may include direct in-person supervision of the APC, or a degree of chart review. APCs in restricted states may also have limitations in the formulary or other treatments that they can prescribe. They may also not be able to fully diagnose certain conditions, such as autism spectrum disorders.

So how can you find out the requirements for APCs in your state? The American Association of Nurse Practitioners (AANP) provides an easy to use interactive map on their website (https://www.aanp.org/advocacy/state/state-practice-environment) that allows you to see at a glance which of the above categories your state falls into. It also provides further information regarding requirements for nurse practitioners to practice in the state, as well as the associated laws or practice acts. The American Academy of Physician Assistants (AAPA) provides a state by state breakdown of PA laws and regulations for members on their website https://www.aapa.org/advocacy-central/state-advocacy/state-laws-and-regulations/. A convenient guide for both NPs and PAs can be found at: http://scopeofpracticepolicy.org/practitioners/.

With the current COVID-19 pandemic, many states have declared emergencies to increase the availability of healthcare providers. Further confusing and complicating the practice issue, some states have temporarily suspended or waived certain practice requirements for NPs and PAs. This has essentially granted “full practice” rights to APCs during the pandemic in states that have previously had reduced or restricted practice. For up to date summaries of current practice requirements during the pandemic, please see the following websites:


It remains to be seen how these temporary changes in practice requirements will impact APC practice going forward after the pandemic. Stay tuned for more details in the future!
Committees, SIGs, Sections

Advocacy Committee
Submitted by Jenna Wallace, PsyD

During a recent SDBP Connect call, your Advocacy Committee chairs (Rob Keder and Jenna Wallace) gave an overview of current advocacy issues related to COVID-19. They shared updates from the policy teams at American Psychological Association (APA) and Association of University Centers on Disabilities (AUCD), including legislation affecting access to basic needs assistance and policy statements regarding health disparities and the rights of people with disabilities.

Given the nature of current events and legislative changes surrounding funding and services for the children and families we serve, as well as our interest in advancing legislation that supports DBP practice (e.g. telehealth), the Advocacy Committee will be composing a special edition of the SDBP Newsletter related to current COVID-related advocacy issues and action opportunities. We are seeking contributors with interest and/or expertise in policy and advocacy to submit articles for this special edition, which will be published in early fall prior to our annual meeting.

Please email Rob Keder, RKeder@connecticutchildrens.org or Jenna Wallace, jenna.wallace@hsc.wvu.edu if you would like to participate!

Practice Issues Committee
Submitted by David O’Banion, MD

COVID-19 has been a challenging time in the practice of developmental and behavioral care. We all recognize that the pandemic is creating incredible stress for families and patients and that our care, virtual or in person, will soon be taxed to extreme degrees. Within our practices, the stress on our members is evolving. Weekly, the Practice Issues Committee has and will host a Zoom call with Practice Issues (and other!) SDBP members to understand how these times are affecting your work. At first, we learned from experienced members about televideo-medicine practices. Members shared how particular challenges arose with new vs follow up visits, and how there were some advantages as well. As the pandemic spread to near total transformation for our non-urgent appointments to become virtual, members have shared their particular needs and generously shared useful resources to continue our practice of developmental care (coding, scheduling, technology). Lately, we are discussing advocacy needs for our continued safe survival as a discipline of care. Come join us Fridays at 5PM EST – see the discussion board for the post with Zoom details.

Stay safe, your co-chairs, Lisa Campbell, Marilyn Augustyn, and David O’Banion
Early Childhood SIG (Special Interest Group)
Submitted by Marie Clark MPH, FAAP, UH Rainbow Babies and Children’s Hospital

In order to support interest in the DBP workforce, the Early Childhood SIG has focused on creating high-quality educational materials for trainees in DBP and general pediatrics, as well as those in related specialties and disciplines regarding developmental and behavioral issues in early childhood. The group has continued work on a case-based curriculum to teach learners from a variety of disciplines at different stages of training and practice settings about caring for the developmental and behavioral needs of NICU graduates. The first module on perinatal Hypoxic-Ischemic Encephalopathy and Cerebral Palsy has been piloted with pediatric residents, DBP fellows, and neonatology fellows. Three other modules are currently in progress and focus on developmental and behavioral outcomes and needs following prematurity, in utero substance exposure, and congenital heart disease. The modules are designed with a pre-work presentation reviewed by participants prior to the educational session. During the educational session, participants follow a case from the NICU to early childhood and beyond. Faculty utilize a facilitator guide with embedded discussion questions to guide participants’ learning.

With the educational challenges presented by the COVID pandemic, we have been working to adapt the curriculum materials so that the case discussion portion initially designed to be done in person as a group can be done via a virtual platform such as Zoom. We are also exploring this as a means to have trainees from more than one institution participate in the group discussion together led by a faculty member at one institution. This could facilitate education of trainees at smaller institutions who may have few DBP faculty.

We invite any interested members of SDBP who would like their trainees to participate in the NICU Follow Up curriculum to contact Marie Clark (marie.clark@uhhospitals.org) for additional information.

The combined Early Intervention and NICU Follow-Up workgroup has completed data collection to gather information about variability of early intervention eligibility determination practices, particularly for infants born with medical conditions, across states. They have presented portions of the project at the annual conference and have prepared a manuscript that is currently under review.
Thank you for all SDBP members who shared tele-education resources on the discussion board. In case you missed it, we’ve included a summary of the some of the resources below.

This conversation resulted in the creation of the Education Collaborative for DBP, an initiative by David O’Banion.

To join the ongoing discussion about Tele-Education Resources, Join the Education Collaborative for DBP on the Slack Platform: https://join.slack.com/t/educationcoll-onx1862/shared_invite/zt-dl9hqykj-TI_VuRNRS1B54r5XDm_F2A
This is not an advert for Slack, but if you complete the sign up using that link David O’Banion will help you along! Slack is digital workspace for projects, like this one. So, when someone is offering a cool lecture on a topic, let's say "Neurobiology of Play," then they can post it to our Slack workgroup and everyone that can participate can jump onboard. Slack is mostly intuitive, and David encourages anyone new to it to just push past their anxiety about technology. It is 213% (CI 1.98-2.64 p<0.05) better than email.

David O'Banion:
- Learn the Signs Act Early Case-Based training
- Reach out and Read training
- Read a parenting book and report back
- Review an IEP and report back

Ronald E. Becker:
- Quickly-generated thoughts:
  - I would also think about reading a seminal journal article, book chapter, UpToDate chapter and discuss.
  - I would think about a "remote journal club."
- Have residents explore the family-facing Internet... Look at autism, ADHD, LD resources online?
- Have residents explore IEP resources on line (will vary state-to-state), review regulations/processes and discuss how accessible this info is to parents.

Rebecca Baum:
- We just started having our residents complete the Mount Sinai Parenting Program. I think it's been presented a few times at our annual meeting. It's a great resource that's well suited to virtual learning.

Michele Ledesma:
- Nadine Burke Harris - Childhood Trauma & Toxic Stress
- Dimitri Christakis - Screen Time
- Vibna Krishnamurthy – Inclusion

Samuel H. Zinner:
- Online Modules:
  My DBP website has an online training modules page. Some of the modules are no longer active, and I need to better curate the page, but this can be accessed as follows: http://depts.washington.edu/dbpeds, select Modules
- Online Video Describing The Roles Of A Dbp:
  This is a helpful 35-minute online video featuring Jan McGonagle, MD (DBP): https://www.youtube.com/watch?v=chHRR5B2VuRw
- Online Videos On Dbp Issues & Resources:
  I put a high premium on access to good-quality DBP/care coordination resources for PCPs, DBPs, families. There are some fantastic training videos, modules, and readings, and I organize these by category on my DBP website: http://depts.washington.edu/dbpeds, Select Resources. Many options
Jennifer Poon:

- **IEPs and Section 504, What Pediatric Trainees and Early Career Physicians Need To Know**
  The AAP Council on Children with Disabilities (COCWD), Section on Developmental and Behavioral Pediatrics (SODBP) and the Council on School Health (COSH) are collaborating to host a virtual office hours event for pediatric trainees and early career physicians. Office hours will include a 15 minute didactic presentation followed by 15 minutes of an interactive question/answer session with participants. This session will provide an overview of Individualized Education Programs (IEP) and Section 504. Faculty will also discuss strategies to partner with families/caregivers to ensure a child’s special educational needs are met. Faculty include Nathaniel Beers, MD, FAAP, (COCWD, SODBP, and COSH member) and Cara Coleman, JD, MPH (Family Voices liaison to the COCWD).

  - **Session 1: Prescribing Therapies for Children with Disabilities** (September 2019)
  - **Session 2: Careers Caring for Children with Medical Complexity** (December 2019)

- Our institution uses the online learning system Harbor- happy to share the link to our resident page that has articles and a few recorded presentations, if you email me at poon@musc.edu

- The AAP Council on Children with Disabilities (COCWD), last year started a virtual office hours quarterly for trainees and junior faculty members. Each live event is a 15 minute didactic presentation with 15 minutes of interactive discussion and networking. They are archived as well. The AAP Section on Developmental and Behavioral Pediatrics (SODBP) will be joining COCWD in planning future sessions (and I am a part of that planning, so happy to chat with anyone about questions).

Barbara Howard:

- There are recordings of DBP case conferences and lectures done for the Collaborative Office Rounds sessions on CHADIS.com. https://www.site.chadis.com/case-conferences all freely available.

Jenny Radesky: I’d recommend these podcasts about digital media - not only because I appear in them :)

- [https://www.npr.org/2019/06/20/734533503/parents-check-your-own-screen-habits](https://www.npr.org/2019/06/20/734533503/parents-check-your-own-screen-habits)

Susanne P. Martin Herz: For ASD-related education, I have found the following helpful:

- The Video Glossary on Autism Navigator (requires free sign in) - [https://autismnavigator.com/](https://autismnavigator.com/)

We have also received permission to include Residents in our telehealth visits (Video by Zoom). We will be piloting this week with providers and residents at different remote locations.

Katherine Steingass:

- Our fellows are reading a book for parents and we’re doing book club virtually.
- These are some nice videos for learning and motor exams and CP
  - [https://vimeo.com/293380093?ref=fb-share&fbclid=IwAR1HghXzhUGCZja7iJuoJjZFpBz-HiZFb7X9oIUbip4_eEtjVJdUD06RKw](https://vimeo.com/293380093?ref=fb-share&fbclid=IwAR1HghXzhUGCZja7iJuoJjZFpBz-HiZFb7X9oIUbip4_eEtjVJdUD06RKw)
- AACPDM has also video archives of the plenary sessions from past annual meetings: [https://www.aacpdm.org/education/past-meetings](https://www.aacpdm.org/education/past-meetings)

Jeffrey Yang: CHOP has a nice educational series as well:

- [https://www.chop.edu/centers-programs/chop-open-access-medical-education/behavioral-pediatrics-courses](https://www.chop.edu/centers-programs/chop-open-access-medical-education/behavioral-pediatrics-courses)

Here’s a series of lectures on childhood anxiety from Yale Child Study Center (Youtube)

- Introduction to anxiety and anxiety child anxiety disorders
- Cognitive behavioral therapy for childhood anxiety disorders
- Cognitive behavior therapy -- Creating effective exposures
- Anxiety and the family -- Parenting anxious children
Tele-Education Resources from the Discussion Board, continued

Blanche Benenson: These are sites that we recommend our residents view:
- https://www.youtube.com/watch?v=G5wWVNYLBYk&list=PL1Lk7lwLR9tpJ62Ref_B4r7-MmP9gAlp&index=2
- https://www.youtube.com/watch?v=pZSjm0drIGM&index=9&list=PLUjwYeVC3WAZZJdPkJM0NaTNp1wGo8Ehs4
- https://www.youtube.com/watch?v=8Dv2Hdf5TRg
- www.AutismNavigator.com
- https://www.understood.org/en
- https://www.cdc.gov/ncbddd/childdevelopment/index.html
- https://www.cdc.gov/ncbddd/actearly/act.html
- http://ldnavigator.ncld.org/

Michelle Curtin:
- 1) Ohio AAP's amazing continuing education videos on mental health (about 10-12 topics): http://ohioaap.org/pediatric-education-center#
- 2) University of Nebraska Neurology exam videos: https://library.med.utah.edu/pedineurologicexam/html/home_exam.html
- 3) University of Florida Teaching facial dysmorphology: https://www.peds.ufl.edu/divisions/genetics/teaching/facial_dysmorphology.htm
- Autism Cases (CDC)
- Department of Washington DBP (This site is amazing, you guys should be incredibly proud!)

Reach out and read modules:
- Program overview: https://www.youtube.com/watch?v=nffi-n_HR7o
- 6 mo visit: https://www.youtube.com/watch?v=K1N66EDhbUo
- Young toddler visit: https://www.youtube.com/watch?v=ntZxs_W7
- 3 year old visit: https://www.youtube.com/watch?v=7SEwDRX6_ow
- Children with NDDs: https://www.youtube.com/watch?v=pm9qWUxL0Ik

I particularly like the CHADIS ones on:
- When Parents disagree about diagnosis or medication (CHADIS 1/2017): https://www.youtube.com/watch?v=UqAt7T0SOXk&feature=youtu.be
- Corporal Punishment: https://www.youtube.com/watch?v=Z6e8UnPm8ec&feature=youtu.be

Lauren Boyd:
- I really like Help Me Grow Minnesota's Child Development Videos which focus on child Development broken down by age from 0 to 5. I especially appreciate the videos on 3, 4 and 5 year olds because these are harder to find. https://www.youtube.com/user/HelpMeGrowMN/videos
The National Center for School Crisis and Bereavement has added a COVID-19 Pandemic Response resource webpage to the NCSCB website -- https://www.schoolcrisiscenter.org/resources/covid-19-pandemic-resources/. It includes presentations for pediatricians, educators, and parents on how to talk to and support children during the pandemic.

In addition to requests for information of this nature, I’m also getting multiple requests for how to support grieving children during school closures and social distancing (e.g., grieving children unable to attend funerals or see extended family; school staff unable to reach out to grieving children, etc.) and resources for preparing school staff to support grief due to COVID-associated deaths. It’s a good time to remind people about the free on-line resources of the Coalition to Support Grieving Students, which are a majority video-based. The website is: www.grievingstudents.org.

SDBP is a Supporting Organizational Member of the Coalition. Below is a brief guidance document about grief in children with intellectual and neurodevelopmental disabilities.

Grief Support for Children with Intellectual and Neurodevelopmental Disabilities - January 6 2020

Like all children, children with intellectual and neurodevelopmental disabilities may experience the death of a loved one. These children often face distinctive challenges at such moments.

Educators and providers play a vital role when they talk with children about grief. While every child is unique in the way they grieve, virtually all children will appreciate support and understanding. Adults familiar with the communication style of children with intellectual and neurodevelopmental disabilities have a unique opportunity to engage in these exchanges and conversations.

Here are some points to keep in mind.

**Grief Behaviors**
Children who cannot communicate well verbally will generally express their feelings in non-verbal ways. When grieving, they may show a range of behaviors in response to stress and emotion, including a reappearance of challenging behaviors that they demonstrated in the past or greater intensity in current ones. They may be more irritable or angry than usual.
They might lose weight. They may sometimes regress to earlier activities—being clingy with caregivers or bedwetting, for example.

They may begin or increase self-stimulating behaviors such as pacing, flapping arms or repeating a word or phrase. They might rock, chew on clothes or fingers, or want lots of bathroom breaks during class. They might exhibit disruptive behavior, difficulty concentrating, or want more explanations than usual. They may express their grief through idiosyncratic rituals or other unusual behaviors that are misinterpreted by others.

Offer Explanations Matched to Their Level
It is important for any grieving child to understand four concepts about death (see box). Talk about these concepts in ways that match a child’s developmental level. Follow-up with questions that can highlight any misunderstandings.

Four Concepts About Death
1. Death is irreversible.
2. All life functions end completely at the time of death.
3. Everything that is alive eventually dies.
4. There are physical reasons someone dies.

For example, if you were explaining concept #2 to a child with a developmental age around five years, you might say, “When people die, their body stops working forever. They can’t see or hear, move or feel pain. They aren’t hungry or scared.” If the child then talks about their grandfather’s funeral, you might ask, “What was it like for you when your grandpa was being buried?” If the child replies they thought their grandpa was probably scared, reassure the child again that once someone has died, they no longer feel pain or fear.

The Challenge of Grief for Children with ASD
Children with autism spectrum disorder (ASD) or other neurodevelopmental differences have distinct styles of social interaction. While these children may not be able to verbalize their feelings or ask for support as clearly as other children, they do experience grief.

You may be familiar with some common stressors for children with ASD. These include unexpected events, disruptions in routine, changes in the behaviors of family or peers, powerful emotions, trying to communicate thoughts and feelings, and facing new sensory processing demands.

The death of someone close brings challenges in every one of these realms. A loved one is gone. Visitors show up in the home. There may be new people at the dinner table, a memorial service to attend, or new and confusing emotions to manage.

In addition to the actual loss of the loved one, grieving children experience a range of secondary losses that resonate powerfully for those with ASD. Their routines are likely to be disrupted, perhaps temporarily, but sometimes permanently. There may be a change in family finances, home location, school and social connections. A parent or sibling who has been a vital support may still be alive yet be distracted and less available due to their own grief feelings.

Educators can provide valuable consistency during this time by putting strategies to work that have been effective with the child in other areas, focusing on issues related to grief. Tell a social story about someone who has experienced the death of a pet or family member. Ask a child to demonstrate body language that expresses sadness. Consider using drawing or other techniques to help children express their feelings in other ways. Talk about ideas for regulating the strong emotions that come up while grieving. Validate appropriate feelings that children express such as sadness and reassure children that these difficult feelings are common for all people who are grieving, not just for those with ASD.
Don’t forget to follow SDBP on twitter/facebook/Instagram.

Here are some highlights of what you may be missing!

@SDBPeds
facebook.com/SDBPeds
@sdbpeds

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Society for Developmental and Behavioral Pediatrics

Parenting in a pandemic is hard, and having a child with special needs presents additional challenges. Drs. Kati Walks and Bhupi M. Gundala offer tips on parenting children with special needs during this time: https://www.nutritionalreseaarch.org/…/guest-bolg-post-4-

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Society for Developmental and Behavioral Pediatrics

Who do YOU choose to be during COVID-19?

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Society for Developmental and Behavioral Pediatrics

Have you heard your child ask or complain, “Why can’t we have sleepovers or playdates?” “Why can’t we go to school?” “What happens if I get sick?” or “How will I know if I have the coronavirus?”

How do you handle these parenting challenges? If you have heard any of the above, Dr. Nerissa Bauer of Let’s Talk Kids Health discusses ways to handle this: https://www.letstalkkidshealth.org/…/parenting-in-the-time...
Parenting in a Pandemic
This is an unusual moment in time, but by keeping your family working together with consistent plans and routines, this unpredictable situation should be much more manageable. The goal is not to just survive this break, but to thrive.

Read more from SDBP Past President and author of Raising an Organized Child, Dr. Damon Korb, on Medium https://medium.com/@am.../parenting-in-a-pandemic-5b6f2a58db28
General Announcements and Reminders

**SDBP 2020 Annual Meeting**
October 9-12, 2020
Renaissance Austin Hotel
Austin, TX

This year’s meeting theme: **Coping with Complex problems: Developing Creative Solutions.**

*Please note:* The Annual Meeting is scheduled to be held in Austin, Texas October 9-12, 2020. SDBP is closely monitoring developments due to the uncertainties related to COVID-19 (bans on large gatherings, travel restrictions, etc.), and will continue to assess our plans accordingly. SDBP is committed to having our meeting (whether virtually, face-to-face or a hybrid of both offerings) and appreciate your patience as we navigate these complexities.

We encourage you to apply to programs, submit abstracts and are optimistic that we will be able to offer a robust program in a format conducive to all our attendees!

- **Abstract submissions**
  Abstract deadline: May 19, 2020

- **Research Scholars Symposium**
  Deadline: May 27, 2020

- **Exploring DBP Program for Pediatric Residents and Medical Students**
  *Dedicated to the Legacy of Nancy Packert Shashaty, MD*

  **SDBP & NAPNAP Symposium:** Information coming soon

More information and updates can be found on the [SDBP meetings page](#).

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**Stay up to date with our Calendar of Events!**

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<td>October 2-6, 2020</td>
<td><a href="#">American Academy of Pediatrics (AAP) National Conference</a></td>
<td>San Diego, CA</td>
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<tr>
<td>October 9-12, 2020</td>
<td><a href="#">SDBP 2020 Annual Meeting</a></td>
<td>Renaissance Austin Hotel, Austin TX</td>
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Awareness Events

May
- Asthma and Allergy Awareness Month
- Global Youth Traffic Safety Month
- Huntington’s Disease Awareness Month
- Mental Health Month
- Military Appreciation Month
- National Foster Care Month
- National Mobility Awareness Month
- Physical Fitness and Sports Month
- Teen Pregnancy Prevention Month
- Screen-Free Week (May 4 to 10)
- National Children’s Mental Health Awareness Day (May 9)
- International Nurses Day (May 12)
- National Prevention Week by SAMHSA (May 10 to 16)
- International Day of Families (May 15)
- World Asthma Day (2nd Tuesday in May)
- National Missing Children’s Day (May 25)
- World No Tobacco Day (May 31)

June
- LGBT Pride Month
- National Safety Month
- Global Day of Parents (June 1)
- National Cancer Survivor’s Day (June 7)
- Autistic Pride Day (June 18)
- World Sickle Cell Day (June 19)
- World Refugee Day (June 20)
- World Vitiligo Day (June 25)

July
- Juvenile Arthritis Awareness Month
- National Cleft and Craniofacial Awareness and Prevention Month
- National Minority Mental Health Month
- World Hepatitis Day (July 28)