Message from the President

The Executive Committee, the Board, Committees and SIGs have been extremely busy since the Annual Meeting in Portland, Oregon. There is just so much happening or promising/threatening to happen that we have been full tilt trying to stay ahead of the wave and influence its direction whenever we see an opportunity. We continue to stay as up to date as possible and find moments when we can represent the interests of our patients and their families as well as the interdisciplinary nature of the work we believe benefits them from a clinical, teaching and research perspective. One example was the number of letters we wrote or helped stimulate in our attempt to preserve consult CPT codes. Unfortunately, we did not succeed in this mission, but we are still a part of a strong movement protesting this change. In this short note, I will try to highlight some of these opportunities and how we are responding. The sections written by the Committees and SIGs within the Newsletter will expand on these brief remarks.

The Annual Meeting in Portland was outstanding. With each successive meeting, the program committee does a better job of feeling and responding to the pulse of our membership and their professional needs. The incredible hard work done by Nancy Lanphear and the Program Committee sets a high bar for our upcoming meetings, but I have no doubt we can do even better. I particularly enjoyed the somewhat more informal nature of the poster and poster presentation sections and the interspersed unstructured time where faculty and fellows could find a moment to discuss successes, frustrations and possible collaborations for the future. Another key facet was that all the committees and SIGs were primed to move forward aggressively, invigorated and guided by the previous strategic planning meeting. Their meetings were directed and particularly productive. The only problem with the Annual Meeting was that you could not be more than one place at a time! How can someone, for example, choose between the ADHD and ASD SIGs? While it can be frustrating, this is exactly the type of problem a program committee likes to hear. Most importantly, since October the work of the SDBP has continued, which is an incredible tribute given how busy we all are in our work and family lives.

I have been particularly in awe of the work by the Benchmarking Quality Group (BQG) under the leadership of Adrian Sandler that has been developing the content and process for systematically documenting and measuring the care we provide and measuring patient outcomes in ASD and ADHD in collaboration with the ASD and ADHD SIGs. In order to achieve their goals, the SIGs, BQG, and the Practice Committee may need to develop or adopt clinical practice guidelines, continued on page 6.

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Committee Updates

Advocacy Committee
Jean Smith, MD, Co-Chair
Lynne Sturm, PhD, Co-Chair

The Advocacy Committee furthers the Society’s goal to “be a leader in advocacy regarding public policy for children and professionals in the field.” At the Annual Meeting, the Committee laid the groundwork for a workshop at a future Annual Meeting for members interested in learning skills for effective advocacy at the local community, state and national levels. We also considered Committee-sponsored posters on members’ advocacy-related projects and activities, and possible articles for the Journal, perhaps as a special “practical advocacy” section. In the months ahead we’ll work on developing links to practical resources on the SDBP website for both professionals and families.

Prior to the meeting, Jean Smith distributed materials from the April Child Mental Health Summit in Denver where she represented the SDBP. The Frameworks Institute project on understanding the current scientific discourse on child mental health introduced the committee members to a fascinating approach to developing advocacy communication messages. The Frameworks approach involves conducting cultural model interviews with the general public to explore how lay persons understand the topic of child mental health. The Committee will continue its work with a conference call in late January, at which time Adiaha Franklin will assume Jean Smith’s role as committee co-chair.

Communications Committee
Robert Needlman, MD, Co-Chair
Susan Rosenthal, PhD, Co-Chair

This year, in addition to its ongoing stewardship of the SDBP website and this newsletter, the Communications Committee has dipped its toe into the bracing waters of online social networking. We explored the options of Facebook and Linked In. Although we have been practicing our Facebook skills and have “friends” from SDBP, we had hoped to use Linked In as our major mechanism. We have an SDBP group, and we have made a communications committee group. We’re thrilled that our new liaison from the trainee section, Nicole Wightman, has brought a jolt of younger energy to power our introduction to the world of virtual connectedness. There hasn’t been a great deal of action in the ether yet, but still, progress is being made.

We’re also continually reevaluating the opportunities and challenges for enhancing communication both within our Society, and between the Society and the outside world. Please consider adding your insights and inspirations to the conversation, digitally or through your analog medium of choice.

Development Committee
Dan Coury, MD, Chair

The Development Committee continues to seek new sources of funds to support the mission of SDBP. With great assistance from Amy Schull in the SDBP Administrative Office, a conference grant was submitted to the Centers for Disease Control and Prevention (CDC). If funded, the conference will allow SDBP to extend its reach to primary care clinicians through additional workshop presentations at the Annual Meeting, as well as help establish an autism spectrum disorder track longitudinally across the meeting. We are also pursuing unrestricted educational grants.

We continue to encourage donations from the membership, and have a goal for 2010 of a donation from 30% of the membership, however large or small. We have had 100% participation from the SDBP leadership (Board of Directors, Committee Chairs) for the past three years, and expect to have this same level of support for a fourth consecutive year. As you look to your plans for donations to your favorite organizations, be sure to keep SDBP in mind.

Education Committee
Franklin Trimm, MD, Co-Chair
Carolyn Bridgemohan, MD, Co-Chair

The Education Committee has had an exciting and productive year. Together with the SDBP leadership, we submitted recommendations to the Association of Pediatric Program Directors (APPD) for revisions to the current guidelines for residency training. These included guaranteeing 36 half-day sessions as part of a required DBPeds block rotation and consideration of expanding required training to two months during residency. These changes arise from ongoing concerns about erosion of the time available for DBPeds rotations as a result of cross-cover duties, duty hour limitations and resident vacations. Additional training is further justified given the practice needs of general pediatricians and the emphasis on DBPeds topics in the ABP General Pediatrics certifying examination.

The Society continues to collaborate with the American Academy of Pediatrics (AAP) in DBPeds education. DBPrep, the highly successful review course jointly sponsored by SDBP and the AAP, will be held in Chicago in 2010. PrepDBPeds is an online self-assessment that provides subscribers with 8 questions per month and helps satisfy requirements for Maintenance of Certification through the American Board of Pediatrics (ABP). COPE, the AAP Committee on Pediatric Education...
continue to have representation and input from SDBP with a focus in 2009 on training future pediatricians for evolving roles in pediatric medicine and international pediatrics, including the potential uses of electronic and social networking modalities in pediatric education.

Members of the Education Committee and Research Committee are currently providing most of the abstract review workforce for DBPeds related topics and themes for the 2010 Pediatric Academic Societies meeting. Up-to-date information about the meeting can be found at: http://www.pas-meeting.org.

At the 2009 SDBP Annual Meeting, our pre-meeting workshop, “Teaching Developmental Behavioral Pediatrics,” drew 60 attendees and included sessions on teaching residents and fellows. A keynote presentation by Tracy Bumsted, MD, MPH, Joe Gilhooly, MD, and Jennifer Gilhooly, RN, MS, CPNP, of Oregon Health & Science University, on generational differences impacting medical education stimulated lively discussion.

At our Committee meeting we discussed development of a web-based resource database; how to provide DBP training and consultation from committee members nationally and internationally; and how to contribute recommendations to the Association of Pediatric Program Directors (APPD) and Residency Review Committee (RRC). We also introduced a new model with specific workgroups to meet the needs for expanded committee goals within the SDBP Strategic Plan. The workgroups and their leaders are listed below:

• Teaching DBPeds Pre-Meeting Workshop. This workgroup will recruit and select presentations for the 2010 workshop in Boston. Leader: Viren D’Sa.
  NOTE: The 2010 workshop will be Tuesday, September 14.

• PAS Invited Science Program Planning. This workgroup will develop proposals for the 2011 PAS Meeting that will be submitted as “Invited Science” sessions. This process gives SDBP an opportunity to assure that cutting edge and high impact topics in our field are presented at PAS. Leader: Bob Voigt.

• Web-Based Learning Resources. This workgroup will develop a web-based bulletin board for posting resources from members for teaching DBPeds. Resources will be available to all SDBP members through the members’ only section of the SDBP website. Leader: Erik Flake

• Medical Student Education. This workgroup will focus on strategies to increase medical student exposure to DBPeds. Leader: Neal Soares

• Consultation Services for Residency Rotation Directors. This workgroup will collaborate with the Fellowship Training Committee to identify what types of support would be beneficial to DBP Rotation Directors and develop mechanisms to address those needs. Leader: Nancy Powers

All SDBP members are invited to join these workgroups and contribute to moving these projects forward. Please contact the co-chairs (Franklin and Carolyn). Other leaders in the Committee include Fellowship Training Committee Liaison, Carol Weitzman, and Trainee Liaisons Caroline DiBattisto and Daisha Seyfer.

Membership Committee
Heidi Feldman, MD, PhD, Co-Chair
Terry Stancin, PhD, Co-Chair

The Membership Committee remains highly committed to its goal of increasing and diversifying the membership of the Society. One extremely important area is racial and ethnic diversity. We are exploring strategies to make membership in the SDBP more attractive for members of other professional groups that focus on serving individuals from under-represented minorities. Our committee recognized that diversity is not just an issue for us but for the society as a whole. Therefore, the Membership Committee put forth a motion to the Board to make diversity a priority for the entire Society, asking all committees to address diversity in their activities. We were pleased that this motion was enthusiastically approved by a unanimous vote of the Board. Look for exciting ideas from other committees in upcoming newsletters and in Society activities.

In the spirit of increasing diversity, we also want to attract psychologists and other non-physicians who work in DBPeds. Terry Stancin has been very active in this area. This year our Annual Meeting included sessions that we hoped would appeal to psychologists, including, “Practicing Collaboratively: Integrated Mental Health Services in Pediatric Primary Care”. Finally, we are trying to recruit trainees to our ranks. Though we have a pipeline for DBPeds fellows and junior faculty, we are working to increase the representation of psychology graduate students and post-doctoral fellows. We worked out a deep reduction in membership fees for any psychology student who is first author on a paper at the Annual Meeting.

We have learned that we build the membership of the Society one member at a time. Remember the motto: Every member, bring a member! Check in with your colleagues at work about whether they belong to the SDBP. Talk up the Society to students who ask for career advice. Advertise your membership in SDBP at all of the events you attend. The SDBP Membership Brochure is on the website. Potential members can apply on-line and get a response with a short turn around. Thanks for your efforts! To get more involved in our Committee, contact us at hfeldman@stanford.edu; tstancin@metrohealth.org.

Program Committee
Nancy Lanphear, MD, Chair

The program committee has the annual task of planning the scientific meeting. We review the process from the previous year, discuss any “hot topics” and begin plans for the next meeting. The discussions are lively and respectful. Proposals for workshops, concurrent sessions and abstracts are reviewed online, and the decisions are made by consensus on conference call.

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Committee Updates

Continued from page 3

We’re delighted to report that the preliminary feedback from the 2009 Portland meeting has been very positive: Nearly everyone (98%) either strongly agreed or agreed that the program was relevant to their work; 98.6% felt that the content matched the stated objectives; and 95% would recommend the meeting to others in our field.

The planning process for the Meeting is lengthy. We strive to balance topic offerings to ensure a program that will appeal to our diverse membership. Our goal is to provide a range of developmental and behavioral topics including both disorders and aspects of normal development and behavior.

In the pre-meeting workshops, we try to offer a venue to learn a new approach in depth and generate discussion. Next year we hope to expand these options with opportunities to learn new skills. In addition, some of our premeeting workshops will be geared to regional general pediatricians and psychologists on key DBPeds topics. These sessions may also help our members strengthen their knowledge in areas outside of their main focus, and should be useful for our trainees, too.

The past few years have included a Teaching DBPeds Workshop that has been held on Friday, prior to the meeting. Next year in Boston, this Workshop will be held on Tuesday, February 14, 2010. Please mark your calendars now, we look forward to seeing everyone in Boston!

The actual meeting includes plenary sessions with abstract presentations. These abstracts are published in the online Journal of Developmental and Behavioral Pediatrics. You can find deadlines and instructions for abstract submission on the SBDP website. Keynote speakers are chosen by the Executive Committee. In addition to the main speech, we always look for other ways to “continue the discussion” with the expert who joins us. We are looking forward to next year’s speaker, Dr. Barry Zuckerman.

The Annual Meeting also provides time for many groups to meet, including our committees, fellowship directors, fellows, and Special Interest Groups. Next year’s meeting in Boston will include a Monday evening workshop on pediatric resident and fellow education presented by the Education Committee. In the past, this workshop has been very well received. We thank everyone for the feedback each year on the Meeting and presenters. Your input truly guides us in the process.

Research Committee
Paul Wang, MD, Co-Chair
Susan Berger, PhD, Co-Chair

The Research Committee held a productive and well-attended meeting in Portland. Some of the biggest topics of discussion were the SDBP Research Grant, workshops on research skills at the Annual Meeting, and an SDBP database on members’ research expertise.

Several strong applications for the SDBP Research Grant were received this year, with the award going to Dr. Ruee Huang, of NYU. Her project is entitled “Infant & toddler media exposure and self-regulation in 3 year old children.” As we move into the new year, Alan Mendelsohn will be assuming administrative leadership of the grant program from Bill Barbaresi and Ellen Perrin, who nurtured it from its beginning. The timeline for applications in 2010 will be shifted slightly, to allow grant funding to begin at the start of the academic year (July). We also hope to attract more applications from PhD members of the Society, and eligibility is now extended to 5 years after post-doc or DBPeds fellowship. Society members should also be aware of the APA Young Investigator Awards, many of which provide funding for topics related to DBPeds.

A workshop on secondary dataset analyses is being planned for next year’s Annual Meeting, and several Research Committee members will be working with Sue Berger to coordinate this. We plan to have the workshop led by researchers who are very experienced and accomplished with secondary data analyses. Watch for more news in the coming months, and please send your suggestions for future research workshop topics.

The SDBP has long wanted to establish a database of research expertise, and this year’s membership renewal process includes a survey to gather such information from SDBP members. If you have already completed the survey, thank you. If not, please give a moment’s attention to this very short (1 to 3 questions) survey when you renew your SDBP membership.

Several other topics were discussed at the committee meeting in Portland, including the MentorMatch program, collaborations with other SDBP groups, such as the ADHD SIG, and collaboration with external groups such as APA and PAS. Elsewhere in the newsletter, you’ll also see short research profiles on SDBP members, which are becoming a regular feature of this newsletter. As always, we welcome your input on current and potential activities of the SDBP Research Committee.

Trainee/Recent Graduate Committee
Lisa Ramirez, BA, Co-Chair
Anna Malia May, MD, Co-Chair
Lauren Boyd, MD, Co-Chair

Our committee has been busy this year, thanks to previous committee chair, Sarah Schlegel. Most importantly, the Trainee/Recent Graduate Ad Hoc Committee is now an official SDBP committee, the Trainee/Recent Graduate Committee (TRGC). During the Annual Meeting last October, the TRGC hosted an informal social event, job search process panel, and trainee luncheon. We elected three new co-chairs, and established official TRGC liaisons for every SDBP committee. Lisa Ysela Ramirez, PhD candidate from Case Western Reserve University is representing psychology trainees and will complete the term of the vacated co-chair; her term will expire at the 2010 Annual Meeting. Lauren Boyd, DBPeds fellow at the University of Chicago, and Malia May, DBPeds pediatrics fellow at...
SIG Updates

ADHD SIG
Mark Wolraich, MD, Chair

The ADHD SIG is focusing on developing a registry for ADHD. About 20 SDBP members participated; a smaller working group was formed to facilitate the work. Mark Wolraich began the discussion at the Annual Meeting in Portland with information about the cost of establishing and maintaining a registry, based on the recommendations from one company with experience in the field. Possible sources of funding will be pursued. In the meantime, SIG members will pull together potential outcome measures, and may pilot them with a few volunteers. Members of the Practice Issues committee contributed information on benchmarks. These discussions will continue so that we can develop appropriate process and outcome quality measures.

Pediatric Nurse Practitioners/Advanced Practice Nurses SIG
Jill Crawford, MSN, CPNP, Chair
Anne DeBattista, MSN, CPNP, Co-Chair

Pediatric Nurse Practitioners in DBPeds have been getting together at the SDBP Annual Meeting for four years. This year, we decided to formalize our relationship with the Society and I am happy to announce that there is a new Special Interest Group (SIG) for Nurse Practitioners. We hope that this SIG will provide a venue for networking, a forum for addressing common concerns, and a launching pad for research.

The Pediatric Nurse Practitioners / Advanced Practice Nurses SIG fits with the Society’s desire to increase the interdisciplinary nature of SDBP, as delineated in the strategic plan. The plan calls for efforts to “encourage development of curricula and mechanisms for DBP training and certification for PNPs.” With the formation of our SIG, we are recognizing SDBP as the organizational home for NPs/APNs who are engaged in practice, teaching, and research in Developmental-Behavioral or Neurodevelopmental Pediatrics.

Two surveys of NPs associated with SDBP have shown that significant issues facing the group include: 1) the lack of formal educational opportunities in the subspecialty; and 2) the lack of a certification that is specific to the discipline. There are no fellowships and no graduate programs in the field. Most NPs have had to learn DBPeds “on the job.” The group drafted a statement of competencies at its meeting last year, to begin to delineate the role of the Nurse Practitioner in DBPeds.

This year’s meeting included a presentation by Susan Van Cleve, MSN, CPNP, discussing the proposed certification being developed by NAPNAP and the Pediatric Nursing Certification Board. While the skill set associated with this certification would be useful in DBPeds practice, issues related to reimbursement for mental health services were raised by the group. On the research side, our visibility was significantly enhanced this year by Anne DeBattista’s poster presentation “Development of Children Born Prematurely: Advantage of Beginning Early Intervention in the First Year of Life.”

The Practice Issues Committee is pleased to announce the Quality Improvement Toolkit. We hope that it will be a helpful and easy-to-use resource for people who are interested in Quality Improvement—either to learn more about the topic in general, to gather ideas about DBPeds-focused quality improvement projects, or to learn how to improve processes involved in clinical practice. The Toolkit is located in the members only section of the Society for Developmental and Behavioral Pediatrics website. Be sure to check it out!

Trainee/Recent Graduate Committee Update

Continued from page 4

Children’s Mercy Hospital, will share position of co-chair for the 2009-2011 term. The goals for the new committee chairs include surveying the trainee membership to better serve the trainee members, and developing future programs according to the feedback received from current trainee members. Please let us know if you have any suggestions.

QI Toolkit
This will be a landmark year for *Journal of Developmental and Behavioral Pediatrics*; a big growth spurt is around the corner. JDBP will increase to 9 issues in 2010. So, more in your mailbox in the new year! But that is really only half of your subscription benefits, and only part of the new additions coming in 2010. The Journal web site is being enhanced substantially to include topical collections, clinical conversations, and other exciting supplementary content such as videos and more figures in color as well as black and white. We are considering quick polls, drawings, and highlighting reviewers who do outstanding reviews. We can add sections just for trainees, nurse practitioners, or other groups. We will roll out these features as soon as possible so keep checking back for these wonders. Since most of the growth in our journal as well as others is taking place electronically, we are retooling to meet that challenge. Subscribers can currently receive eTOCS to automatically receive the Table of Contents in advance of the print publication. We are assembling a working group to help us pick from all the enhancements that are possible. Ideas are always welcome so send us your thoughts.

Our journal crew is expanding as well: Marilyn Augustyn is joining Marty Stein on the Challenging Case section and there are new contributors to the Journal Review section.

Keep an eye out in early 2010 for the special issue, The Genetics and Genomics of Childhood Neurodevelopmental Disorders: An Update, with Nathan Blum as Guest Editor. This surely will expand both our contributor base as well as our readership. Our knowledge of the basic science behind our clinical work moves ever closer to the exploding field of genetics. We know this will be an exciting piece for all of our readers. Another supplement is also in works. We would like to get supplement ideas from all the readers as these are some of the most popular aspects of the journal.

As always, the rate limiting factor of the efficient and excellent construction of the JDBP is the reviewer base. As we expand the Journal, we need more reviewers, mentored trainee reviewers, and established reviewers with more willingness to accept the reviewer invitations. Please enter the reviewer data base if you aren’t there, add to your areas of expertise if you are, and bring in new talent- a colleague, a trainee, or an experienced clinician in your area.

We are always interested in feedback.
Madeline Shalowitz
Madeleine Shalowitz is an Assistant Professor of Pediatrics at the University of Chicago, Pritzker School of Medicine. A developmental-behavioral pediatrician, her research has focused on the relationship of life stressors to maternal mental health and to children's health, growth and development. Madeleine is the principal author of “Crisis in Family Systems” (CRISYS-R) a life stressors instrument that has strong psychometric properties as a correlate of maternal mental and physical health and of children's asthma morbidity. From 2000-2005, Madeleine was co-PI of a 5 year, $2.5 million community-based study on “Social Factors and the Environment in Pediatric Asthma,” funded by the NIEHS. This study established the burden of asthma in low income, inner city Chicago schools and then showed the role of maternal mental health, life stressors and pediatric asthma morbidity. Some key findings of this community-based study indicate that maternal depression is high in low income communities in general, that life stressors, including having a child in poor health, were associated with having more symptoms of depression, but that the asthma diagnosis per se was not a correlate of maternal depression.

Beginning in 2003, Madeleine was supported by NICHD to create an academic - community health partnership called “Community Action for Child Health Equity” (CACHÉ). CACHÉ is part of the Community Child Health Network, along with other sites at Johns Hopkins, Georgetown, UNC, and UCLA. In 2007, CACHÉ and the other sites each were awarded $3 million from NICHD to begin a longitudinal study on how stress gets “under the skin,” causes physiological change, and places the mother at-risk for delivering preterm, impairing fetal growth, and then placing the child at-risk for later challenges in health, growth and development. The study is built on principles of community-based participatory research, in which the study communities participate in the conception of the study, its hypotheses, procedures and interpretation of the results. The study also is noteworthy for involving fathers directly, as equal participants, rather than hearing about the father from the mother. It is also among the first to have complete series of interview and biomarker data from parents in the months prior to becoming pregnant, followed by interviews and biomarker samples during pregnancy. Almost 550 families are currently enrolled, and data collection is ongoing. With ongoing funding, the child born will become the child-of-interest in a longitudinal study of health, growth and development.

Madeleine’s medical training took her from Brown University to Children’s Memorial Hospital and Northwestern University in Chicago. She also holds an MBA and completed an NRSA Fellowship from AHRQ in Health Services Research. Clinically, Madeleine is a national authority on failure to thrive. She serves on the editorial board of JDBP, and was a founding editor of this SDBP newsletter.

Molly Chartrand
LtCol (Dr.) Molly Chartrand, recipient of the inaugural SDBP Research Grant in 2005, is a Developmental-Behavioral Pediatrician in the United States Air Force, currently assigned to Spangdahlem Air Base in Germany. She serves there as chief of Early Intervention Services, and she also provides DBPeds services on a referral basis to children living in military families all over Europe. Her SDBP-funded study assessed the impact that parental deployment had on the behavior of children 18 months to 5 years. The parents and childcare providers of 169 children at a large marine base completed study measures. This was the first study to look at the impact of deployment on young children during the current military conflict.

The data indicated that children aged 3 to 5 years with a deployed parent experienced greater behavioral symptoms than children without a deployed parent. Additionally, children between 18 months and 3 years reacted differently to having a parent deployed than those aged 3 to 5 years. Children in the older age group (3-5 years) with a deployed parent had significantly higher internalizing, externalizing, and total symptom scores on the CBCL than children in the younger age group (18m-3y). This association persisted after controlling for parental stress and depressive symptoms. There was also a trend for childcare providers to report similarly elevated scores on the CBCL-TRF. Additionally, in the sample, older children with a deployed parent were significantly more likely than younger children with a deployed parent, on bivariate analysis, to have clinically elevated internalizing scores. These findings underscore the behavioral and mental health needs of young children living in military families, and argue for larger, longitudinal studies to further define the impact on children of parental deployment during a time of war.

The results of Dr. Chartrand’s study were published in the Archives of Pediatric and Adolescent Medicine in November 2008. For further information on this study or on resources for children with a deployed military parent please contact Dr. Chartrand at mshock123@gmail.com.
Autistic Features in High-Functioning Girls with Aicardi Syndrome

Submitted by: Susan J. Prattm, MD and Barbara L. Kroner, PhD

Aicardi Syndrome is a rare neurological disorder that occurs only in girls and is described as the classic triad of agenesis of the corpus callosum, chorioretinal lacunae, and infantile spasms. As originally described, few affected girls achieve independent ambulation or verbal communication skills. However, more recent reports have indicated that approximately one-third (34%) of girls achieve these developmental milestones as well as higher level skills such as running, self-feeding, toilet training, identifying letters, and reading.

Working at Children’s National Medical Center in Washington, and RTI International, a non-profit research institute, we conducted structured interviews of parents of high-functioning girls with Aicardi Syndrome. Using the Aicardi Syndrome International Registry Questionnaire (ASIRQ), we identified 7 girls with developmental ages of at least 24 months. By parent report, five of the girls communicated verbally, and the other two used some sign language.

The number of autistic characteristics endorsed by parents ranged from two to six, with a mean of four. The most commonly endorsed criteria were delayed speech development in six girls, stereotypical behaviors in five, and stereotypical and/or restricted interests in four. Five girls had prominent sensory processing issues, including increased auditory and tactile sensitivity. Six had unusual memory skills, including remembering precise details of events, people, movies, songs, and placement of home furnishings. None of the girls met full DSM-IV diagnostic criteria for autism, as none met more than one of the criteria for social impairment. However, six of the girls satisfied at least 3 DSM-IV criteria for autism and were classified as having a pervasive developmental disorder, not otherwise specified (PDD, NOS.) Educational and therapeutic interventions for girls with Aicardi Syndrome may certainly be impacted by this developmental diagnosis.


Feeding and GI Problems in High-Functioning Autistic Children

Submitted by: Richard H. Schwartz, MD

Parents of children with autism sometimes complain about unusual or bothersome behaviors during meals. Their comments suggest that gastrointestinal dysfunction is commonplace in children with autism spectrum disorder (ASD). Working at Inova Fairfax Hospital for Children, Vahe Badalyan and I conducted in-depth, structured surveys of parents of high-functioning autistic children. The purpose of the study was to determine whether GI dysfunction is more common in children diagnosed with high functioning ASD, compared to non-autistic siblings. We developed a 41-question structured survey on feeding problems, mealtime misbehavior, and GI dysfunction in 3-12-year old children who had been previously diagnosed with high functioning autism, including Asperger syndrome (AS) and pervasive developmental disorder—not otherwise specified (PDD-NOS). We pilot tested the instrument on 10 parents of children with ASD, as well as specialists in developmental pediatrics and pediatric gastroenterologists, then posted the survey online on a secure webpage site.

Survey respondents were recruited primarily from autism support groups throughout North America. We received evaluable surveys from 226 mostly middle-class parents of children with high functioning autism: 156 with Asperger syndrome (120 sibling controls) and 70 with PDD-NOS (54 sibling controls). Boys comprised 86% of the Asperger syndrome group, 81% of the PDD-NOS group, and 52% of non-autistic siblings.

Feeding problems and misbehavior during meals were more prevalent among children with high functioning children compared to their siblings (p<.001). These behaviors included frequent (i.e., “most of the time”) unusual food preferences (58% vs 4%), insistence on sameness at meals (20% vs 6%), fear of trying new foods (56% vs 11%), pica (9% vs 0%), and misbehavior at school lunchtime (10% vs 0%). Frequent GI dysfunction was also more prevalent in the study subjects (p<.001): oral motor problems (10% vs 0%), unusual posturing associated with eating (14% vs 1%), frequent constipation (26% vs 4%), frequent fecal soiling (21% vs 2%), and underweight (24% vs 7%). We concluded that children age 3-12 years with Asperger syndrome or PDD-NOS have distinctively abnormal feeding behaviors and GI problems compared to their non-ASD siblings. These include insistence on sameness at mealtime, fear of trying new foods, pica, disruptive school lunch behavior, constipation, and soiling. Clinicians should tailor their clinical assessments accordingly.
P.L.A.Y. Project: Home Consultation for Autism

Submitted by: Richard Solomon, MD

The Play and Language for Autistic Youngsters (P.L.A.Y.) Project Home Consulting model is a parent-training program that addresses the need for intensive early intervention for young children on the autism spectrum. P.L.A.Y. is a practical, family-friendly application of renowned child psychiatrist Dr. Stanley Greenspan’s Developmental, Individual-differences, Relationship-based (DIR) framework, popularly known as Floortime. Through structured monthly home visits focused on modeling, coaching and video feedback, consultants train parents to engage their child with autism in ways that promote emotional connection and communication. By training parents to participate in their child’s intervention, the program also promises to be cost-effective. The P.L.A.Y. Project costs under $4,000 per year, in comparison with other interventions that cost $40,000 to $60,000 per year.

With research-design guidance from Michigan State University, community-outreach support from Easter Seals, and a $1.85 million grant from the National Institute of Mental Health, I have launched a three-year randomized, controlled trial to assess the efficacy of the PLAY Project. Drawing participants from five Easter Seals autism service locations, the study compares 60 children, ages 3-5, who participate in The P.L.A.Y. Project over a period of one year, with 60 children who receive standard, community interventions. The study is largest of its kind to date. If it proves the effectiveness of the model, The PLAY Project could be broadly disseminated and serve large numbers of children with autism nationwide.

Positive Developments

SDBP Members Selected for Zero-to-Three Fellowship

SDBP members Irene Loe and Samantha Berkule-Silberman are among 10 researchers selected for the Leaders for the 21st Century Fellowship program by ZERO TO THREE, the National Center for Infants, Toddlers, and Families. During the two year fellowship, Dr. Loe’s two year fellowship project is titled “A family centered approach to a parent-training intervention study.” Dr. Berkule-Silberman’s project is “The impact of a relationship-based pediatric primary care intervention on attachment security in low socioeconomic status families.”

ZERO TO THREE Executive Director, Matthew Melmed, reports: “The members of the 2009-2010 class of Fellows come from eight states and represent disciplines including psychology, pediatrics, child development, parent education, infant mental health, research, social work, and public health. ZERO TO THREE’s mission is to support the health and development of infants and toddlers… The Fellowship program, which began in 1981, is guided by the principles that babies do better when the professionals that serve them and their families are connected across disciplines, are well versed in the latest scientific advances, and are well equipped with the leadership skills needed to manage complex organizations.” For more information, please see www.zerotothree.org/leaders.

(Irene and Samantha are the latest in a long line of SDBP members who have also been fellows of ZERO TO THREE (ZTT). My own experience as a ZTT fellow some 20 years ago was formative and fantastic. Congratulations, Irene and Samantha! I hope you have a similarly wonderful experience, and bring what you learn --and a few of your new ZTT colleagues -- back with you to SDBP. -- R Needlman, ed.)

The SDBP Research Grant...

...is now open for submissions!

SDBP will be awarding $10,000 to one young investigator in the field of developmental and behavioral pediatrics!

Eligibility now extended to 5 years after post-doc or DBPed fellowship

Deadline is April 8, 2010

Visit www.sdbp.org for details!
Thank you Contributors!

We wish to extend our sincere appreciation and recognition to the following SDBP individual donors. Listed below are the 2009 contributors to SDBP: We encourage all members to make a donation to SDBP in 2010.

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SDBP Development Fund

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

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

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

For more information or to donate, please visit www.sdbp.org or call 703-556-9222.

SDBP Email Lists

SDBP has created several new email lists to help members with similar interests more effectively communicate with each other. One has been established for those interested in participating in the ADHD SIG, one for those whose interests lie with the Autism SIG and one for those active in Advocacy work.

The purpose of the ADHD and Autism lists is to facilitate group communication on a more frequent basis rather than the once a year gathering at the SDBP Annual Meeting.

The Advocacy list provides interested members with time-sensitive information & resources about national public policy/advocacy issues that affect the developmental and behavioral health of children and families.

Please contact the SDBP National Office at info@sdbp.org if you would like to be included! Be sure to indicate which email list(s) you are interested in joining.
What Do You Do?  
An Infant Mental Health Practitioner in DBPeds

Submitted by Susan Berger, PhD

Not long ago, I found myself in a familiar situation. I was at a social event chatting with people I had just met when the question came. “So, what do you do,” someone asked. A reasonable enough inquiry but one that always gives me pause. How do you explain the practice of infant mental health? For me, the answer is further complicated by the fact that I work in DBP and train resident physicians in the biopsychosocial aspects of pediatric practice. I responded as I usually do, “How much time do you have?”

Both training and instinct lead me to trust the powerful role relationships can play in guiding very young children into lives of pleasure and competence. I always knew I needed a career with opportunities to help families get started on this healthy emotional path. I did not anticipate that my own road would take me across bridges and spanning disciplines. Maria Robbins said in an essay for NPR’s This I Believe, “Chance has guided me - jolted me sometimes - into paths I wouldn’t have chosen but needed to follow, whether I knew it or not”. It was largely chance that brought me into the world of pediatrics almost two decades ago but chance has not been what kept me here. Repeatedly when I consider ways I can best use my skills and passion to have the most impact for infants and families, I come back to the need to better train pediatricians to understand infant mental health.

There are practical reasons why training pediatricians in social-emotional development and family relationships makes sense. Primary care physicians are the only professionals with an implicit contract to see all families with children between birth and three years of age regularly and frequently in the absence of pathology. Such repeated contact affords a unique opportunity to observe, question and identify worrisome interactions that occur between infants and their parents as well as strengths within the family system. The first developmental-behavioral pediatrician I had the pleasure to work with called pediatrics “preventive mental health”.

Indeed, there is compelling synergy between the principles of infant mental health and those of pediatrics. In describing our field, the Maine WAIMH affiliate writes that infant mental health is “concerned with maximizing the emotional, physical, social and cognitive well-being of zero to five year old children and their caregivers.” On their website, The American Academy of Pediatrics identifies its mission as, “Committed to the attainment of optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults.” Apart from the greater age range addressed by the AAP, these 2 statements are remarkably similar. Where they differ is in the addition of the clause “and their caregivers”.

I will argue that this omission is nominal only. Pediatrics really does respect the importance of context to a baby’s healthy adaptation and recognizes the family as the most important context in the baby’s world. Allmond, Tanner and Goffman write, “Focusing on the family is not a new idea. It is a time-honored tradition in pediatrics to obtain a complete family history when treating a child. Indeed, pediatricians seem to be particularly family-oriented in their views of children and children’s health care. No pediatrician finishes training without the realization that he or she is almost always working with at least two patients simultaneously - the child and the parent (p.5).”

In my work with pediatric residents, I introduce concepts about relationships gleaned from attachment theory. I use terms such as secure base, haven of safety, sensitive care giving and contingent responsiveness. We watch videotapes of well child visits and observe variance in patterns of interactions among parent-infant dyads. We discuss how these differences represent larger internal models of relationships which in turn influence how parents can provide support for their children’s health and development. I integrate relationship principles into discussions of managing common pediatric topics such as sleep, crying, and limit setting. We talk about what to do with concerns when you do not have a diagnosis, per se. We consider what is possible in the primary care setting and what warrants referral for more concentrated support for the family. Training occurs in well-child visits, in appointments specifically for behavioral/developmental concerns, in visits to community settings such as day care centers and in dedicated tutorial sessions.

What is the impact of training? Anecdotally, I see differences in the way residents discuss continuity clinic patients with attending physicians. Last week I heard about how one baby “social referenced” his mother during the exam and another did not; how a parent understood and responded to exactly what her baby wanted though mother was only 17; and how an infant went back and forth between her mother and toys while mother reciprocally gave contact when she approached and let go when she wanted to leave. This did not happen only because I was there that day. We have evidence that resident physicians document more about parent-infant interaction in patient charts after training than before.

Being the only non-physician member of the teaching faculty in my division has not necessarily been an easy road to travel. Living day-to-day in a professional world in which you are a foreigner is probably not for everyone. For those who thrive on diversity, working with pediatricians is a cross-disciplin-
Highlights from Portland 2009

“We had a great turnout in Portland, OR with almost 350 attendees! The following pictures are some of the highlights of the meeting. We look forward to seeing everyone in Boston this year!”

Robin Hansen presents Tom Boyce with the Lectureship Award

John Duby accepts his plaque honoring his time as Secretary/Treasurer

Lenny Rappaport presents Robin Hansen with her President’s Plaque

Those who attended the Board of Directors Meeting take a break to pose

Nurse Practitioners Group

Advocacy Committee

Trainees and Recent Graduates Luncheon

Research Grant Winner, Ruee Hyang (center) with Alan Mendelsohn (left) and Benard Dreyer (right)

Psychologist Group
Attendees Mix and Mingle at Poster Sessions
The Benchmarks of Quality Group (BQG) is an ad hoc working group of the SDBP charged with the responsibility of helping DBPeds use systematic measurement to improve quality of care. We began in July 2009 by surveying the membership regarding metrics of high quality care in two conditions, ADHD and autism. Many quality measures were proposed, and based on feedback from 157 members (thank you!), and additional input from the ADHD and Autism SIGs, a short list of key measures of process and outcomes of care has been compiled (see below). Measures have been chosen based on their value as indicators of quality, their feasibility in a busy practice, and the extent to which they are evidence-based and supported by clinical guidelines.

Our data show that we, as a group, do not systematically measure process or outcomes of the care we provide. In ADHD, fewer than one third of respondents are measuring processes of care. More than 50% of respondents indicated that they are routinely measuring ADHD symptom severity, but no other outcome measures are routinely employed. A similar result was found for autism – fewer than 30% are measuring process of care, and only 21% are attempting to measure outcomes.

Why is this so? Lack of EMR functionality and the prospect of additional documentation and data entry are important barriers. Brief and valid measures of impairment and target symptoms are not readily available. Other variables and constraints outside of our control impact outcomes. Many practitioners are therefore skeptical or concerned that results of benchmarking efforts might penalize them.

The BQG wants to find ways to address these concerns, paving the way for more widespread adoption of performance measurement in DBP practice. We want to pick “the low-hanging fruit” – a small set of essential measures that are clinically relevant and

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<tr>
<th>ADHD – Process of Care</th>
<th>ADHD – Outcomes of Care</th>
<th>Autism – Process of Care</th>
<th>Autism – Outcomes of Care</th>
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<tr>
<td>% New Pt (NP) evaluations in which DSM criteria were used in diagnosis</td>
<td>% of pts seen in f/up for whom there is assessment of function/target symptoms</td>
<td>% of diagnostic evaluations for autism that include comprehensive history, physical examination, and observations of verbal and non-verbal communication, reciprocal social interaction and play</td>
<td>% of pts seen in f/up for whom there is assessment of function/target symptoms</td>
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<td>% NP evaluations in which systematic assessment for comorbidities present</td>
<td>% of pts seen in f/up who demonstrate improved function/target symptoms at 3 months</td>
<td>% of diagnostic evaluations for autism where the physician integrates findings from clinical evaluation (above) with results of standardized testing</td>
<td>% of pts seen in f/up who demonstrate improved function/target symptoms at 3 months</td>
</tr>
<tr>
<td>% NP evaluations where information from parent and teacher obtained</td>
<td>% Follow-up visits for which ht, wt, BP and HR documented</td>
<td>% NP diagnosed with autism whose parents received autism education</td>
<td>% NP diagnosed with autism referred for evidence-based treatment</td>
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<tr>
<td>% of pts seen in f/up for whom there is assessment of function/target symptoms</td>
<td>% Follow-up visits for which ht, wt, BP and HR documented</td>
<td>% NP diagnosed with autism referred for evidence-based treatment</td>
<td>% NP diagnosed with autism for whom genetics testing was recommended</td>
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Help for Children Who Have Experienced a Death

David J Schonfeld of the National Center for School Crisis and Bereavement at Cincinnati Children’s Hospital Medical Center (and former SDBP President) and Marcia Quackenbush have recently completed a booklet for parents of children who have experienced the death of a family member or friend. This booklet, entitled After a Loved One Dies—How Children Grieve and how Parents and Other Adults can Support Them, was developed with a grant from the New York Life Foundation. It provides practical advice on how parents and other adults can support grieving children. It can be downloaded for free as a PDF at www.nylfgriefguide.com, and hard copies can also be ordered at that site. Further information and additional resources can be found at the website for the National Center for School Crisis and Bereavement at www.cincinnatichildrens.org/school-crisis.

Hypnotherapy Farewell

Submitted by Robert Needlman

My first experience with hypnotherapy was either 20 or 21 years ago, at one of the very first SDBP Annual meetings I attended. As you can tell from my waffling on the date, a lot of the details from those early years have now lost their sharp edges. But I recall clearly the sense of revelation I had on learning how hypnotherapy could help in many specific situations, and could enhance every clinical encounter. I was, of course, in the “beginners” track. We listened to short lectures, then practiced in small groups. I remember the pleasure of deep relaxation, imagining I was lying on a beach, letting the warm sand sift through my fingers; and then the thrill of realizing that my hand temperature had actually risen! I remember thinking, at the end of that three-day course that facility in hypnotherapy ought to be a tool in every DBP Pediatrician’s kit. I still think so.

I imagine that many of you have had a similar experience. So, with the announcement that the Hypnosis Workshop would no longer be married to our Annual Meeting, it seems fitting to acknowledge the profound contribution that the course has made to many of us personally, and to our Society. Change, as we developmentalists know, is a two-edged sword; something is gained, and something is lost. With the decision to split off the hypnotherapy course, the Society has gained flexibility for programming for the Annual Meeting. What we have lost is the close identification with this conceptually rich modality, and with the skillful, inspired, and passionate teachers who have been the backbone of the course for all of these years. Here is my personal hope: that the hypnotherapy course will continue, in its own space and time, and that we teachers of DBPeds will continue to locate training in cyberphysiology and self-regulation near the core of our discipline.

Bethesda, MD: Clinical Research Fellowship

The Department of Health and Human Services (DHHS), National Institutes of Health (NIH), National Institute of Mental Health (NIMH) is recruiting developmental and behavioral pediatricians, child psychiatrists, pediatricians, pediatric neurologists, neuropsychologists, and developmental psychologists for research fellowship positions in the Pediatrics and Developmental Neuroscience Branch (PDN) in Bethesda, MD.

This multi-disciplinary clinical research program is focused on understanding the etiology and pathophysiology of autism spectrum disorders (ASD), obsessive-compulsive disorder (OCD) and related conditions. Specific research interests include the regressive subtype of autism, medical comorbidities of ASD, and evaluation of novel therapies for autism, OCD and other psychiatric disorders.

Fellows will have excellent mentoring and comprehensive training in all areas of clinical research, including descriptive studies, clinical trials and neuroimaging studies. Fellows are encouraged to design their own research investigations, including collaborative studies with scientists inside and outside of NIMH. The research fellowship is 2 - 5 years in duration, with positions available in Spring/Summer 2008. Applications will be accepted until the positions are filled.

DHHS and NIH are Equal Opportunity Employers

For further information, or to make application, please contact Susan Swedo, M.D., Chief, Pediatrics & Developmental Neuroscience Branch, 10 Center Drive-MSC1255, Bethesda MD; phone 301-496-5323 and email: swedos@mail.nih.gov.

Milwaukee, WI: Developmental Pediatrician

The Section of Developmental Pediatrics in the Department of Pediatrics at the Medical College of Wisconsin is recruiting a full-time developmental pediatrician. The successful candidate for this position will participate in a multi-disciplinary team that includes developmental medicine, psychology and speech/language pathology at the Child Development Center at Children's Hospital of Wisconsin. Clinical programs include evaluation and treatment of infants, children and adolescents with a wide-range of developmental and behavioral disorders including: cognitive delay, language disorders, autistic spectrum disorders, genetic, metabolic and neurological disorders, learning disabilities, and ADHD. The Child Development Center also provides a full range of clinical services to children who have been adopted internationally. There are many opportunities to collaborate with researchers in genetics, neurology, physical medicine and rehabilitation, and child psychiatry.

Qualifications include board certification in pediatrics and fellowship training and sub-board certification (or eligibility) in either Developmental and Behavioral Pediatrics or Neurodevelopmental Disabilities.

A competitive compensation package and full-time academic appointment will be offered. Applicants should send a letter of intent and current CV to: Mark D. Simms, MD, MPH, Professor and Chief, Section of Developmental Pediatrics, Department of Pediatrics, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI 53226, Phone: (262) 432-6625, Email: msimms@mcw.edu

EEO/AA Employer M/F/D/V

Durham, NC: Clinical Child Psychologist

The Department of Pediatrics at Duke University Medical Center invites applications for a full-time position in the Division of Child Development and Behavioral Health.

The position may involve supervision of pre-doctoral psychology interns and training of pediatric medical residents during their Behavior and Development rotation. Independent or collaborative clinical research opportunities exist and are encouraged.

Applicants must be at the doctoral level with a strong background and career interest in autistic spectrum and neurodevelopmental disorders. The position requires the ability to conduct psychological assessments of youth (preschoolers through adolescents) with autistic spectrum disorders, ADHD, and learning disorders. Applicants must be licensed or license-eligible in North Carolina. Experience with nonverbal cognitive assessments is desired. The ability to provide parent training and evidence-based behavioral treatment for youth with autistic spectrum and related disorders is highly desirable. The successful candidate will have a joint appointment in the Departments of Psychiatry and Behavioral Sciences and Pediatrics.

The practice location is a community-based clinic adjacent to Duke University Hospital staffed by child psychiatrists, developmental-behavioral pediatricians, child psychologists, licensed clinical social workers, licensed clinical addictions specialists, and trainees. We serve a culturally diverse population of youth with developmental, behavioral, psychiatric and medical problems.
Review of applicants will begin immediately and continue until the position is filled.

Letters of interest and curriculum vitae should be sent via email to: Child Psychologist Search Committee, c/o Vanessa Nelson, Administrative Manager at: vanessa.nelson@duke.edu. Minority candidates are strongly urged to apply. EOE/AA

Phoenix, AZ: Developmental Pediatrician
Phoenix Children’s Hospital is seeking a second BE/BC Developmental-Neurodevelopmental Pediatrician to join the Children’s Neuroscience Institute. The CNI is composed of the divisions of Neurology/Developmental Pediatrics, Psychiatry-Psychology, Neurosurgery and Rehabilitation, collaborating in an effort to provide optimal, efficient disease specific care. Responsibilities of this position include participation in the Neuro Developmental Evaluation Program (evaluation and monitoring of young children at risk for developmental disabilities, especially following injuries in the neonatal period), Autism Program, and ADHD clinics. PCH has one of the largest, state of the art neonatal intensive care units in the country with over 100 beds. The successful candidate will play a major role in teaching pediatric residents.

Research interest and experience is considered to be an important component of this position as part of the CNI’s mission to advance the care of children with disorders affecting the nervous system. Applicants should be board certified in Pediatrics and board eligible or certified in Developmental-Behavioral Pediatrics or Neurodevelopmental Disabilities.

Phoenix Children’s Hospital is an equal opportunity employer offering competitive salary (commensurate with training and experience) and benefits in a setting supportive of individual and professional growth. The candidate should be Board Certified or Eligible in Pediatrics and Developmental Pediatrics.

A letter of interest and curricula vitae should be sent to:
Jeffrey Buchhalter, MD, PhD
E-mail: jbuchhalter@phoenixchildrens.com

Portland, OR: Developmental-Behavioral Pediatrician
The Artz Center for Developmental Health and Audiology is seeking a boarded, board-eligible or fellowship trained developmental behavioral pediatrician to join multi-specialty “developmental home” practice. We are located in Cedar Hills in Portland, Oregon

This is an immediate .80-1.0 FTE position. Your responsibilities will include assessment and long term management of young children's behavioral and developmental challenges including developmental disabilities, autism, behavioral, social and mental health disorders. We seek individuals who are focused on a team based model, supporting and strengthening family systems and have experience with problem focused behavioral management.

We offer a competitive salary and comprehensive benefits package. An Oregon license is required with minimum of 3 years experience preferred.

Send letter of interest highlighting clinical interests and resume to:
Allyson Goodwyn-Craine
Interim Executive Director
Artz Center for Developmental Health
1675 SW Marlow Ave. Suite 200
Portland, Oregon 97225
allyson@artzcenter.org
Visit our website at www.artzcenter.org

Saint Louis, MO: Developmental Pediatrician
Saint Louis University, a Catholic Jesuit institution dedicated to student learning, research, healthcare and service is seeking candidates for a faculty position in the Department of Pediatrics. Applicants must have successfully completed fellowship training in Neurodevelopmental or Developmental/Behavioral Pediatrics or have appropriate clinical experience to qualify for subspecialty board certification. The successful candidate will participate in the evaluation and management of the broad array of children with developmental disabilities as well as join our Autism Center of Excellence.

The Autism Center of Excellence is one of three major centers funded by The Missouri Department of Mental Health, Division of Mental Retardation and Developmental Disabilities. It is located within The Knights of Columbus Developmental Center, Division of Developmental Pediatrics and Rehabilitation at Cardinal Glennon Children's Medical Center. The Division works closely with Neurolology, Psychiatry, Psychology, Genetics, Orthopedics, Speech and Language Pathology, Occupational Therapy and Physical Therapy, among other subspecialties. This is an exciting opportunity to join a growing, multi-disciplinary team of professionals committed to improving the clinical and health outcomes of children with autism.

Cardinal Glennon Children’s Medical Center is a 190 bed, Level I Trauma Center located in midtown Saint Louis, adjacent to Saint Louis University. The Hospital serves a diverse population from the inner city, the metropolitan area, and a 200-mile referral radius. Additionally, the Saint Louis community offers a wide variety of cultural and sporting events with a low cost of living and temperate, midwestern climate.

Interested candidates must submit an application, cover letter and current curriculum vitae to http://jobs.slu.edu. A letter of interest and curriculum vitae should be sent to Adrienne Tilbor, D.O., atilbor@slu.edu, Associate Professor, Interim Director, Division of Developmental Pediatrics and Rehabilitation

Saint Louis University is a Catholic, Jesuit Institution dedicated to student learning, research, health care, and service. Saint Louis University is an Affirmative Action, Equal Opportunity Employer,
and encourages nominations of and applications from women and minorities.

Central, TX: Developmental & Behavioral Pediatrician
The Department of Pediatrics of the Scott & White Healthcare system and The Texas A&M University System Health Science Center College of Medicine is seeking a Developmental/Behavioral Pediatrician to fill a full-time position, joining a three-person Division with an active and expanding clinical service. Prospective candidates should be board certified or board eligible in pediatrics and have fellowship training with the potential for board eligibility in developmental/behavioral pediatrics.

This position is primarily clinical with additional responsibilities that include teaching pediatric residents, child psychiatry fellows and medical students. The Developmental Pediatrician will participate in both independent and multi-disciplinary evaluations and in comprehensive treatment. Research and community outreach opportunities are available.

The Scott & White Child Development division sees a wide variety of patients with developmental disabilities, behavioral disorders and genetic disorders.

Scott & White is a fully integrated health system and is the largest multi-specialty practice in Texas, and the sixth largest group practice in the nation. Scott & White employs more than 775 physicians and research scientists who care for patients covering 25,000 square miles across Central Texas. Scott & White has a 636-bed Level I Trauma acute care facility in Temple, an additional 50-bed Long Term Acute Care Hospital in Texas, another 150-bed acute care hospital in Temple, a 76-bed acute care facility in Round Rock (greater Austin area), and a network of 50 primary and specialty clinics throughout the region.

Scott & White offers a competitive salary and comprehensive benefits package, which begins with four weeks vacation, three weeks CME and a generous retirement plan.

Please call or send your CV to: Patricia Balz, Physician Recruiter, Scott & White Clinic or call: (800) 725-3627 or email: pbalz@swmail.sw.org. Scott & White is an Equal Opportunity Employer/No Tobacco-Free Environment.

Cleveland, OH: Autism Program Director
The Children's Hospital Cleveland Clinic invites applications for the opportunity of Program Director at the renowned Cleveland Clinic Center for Autism. The Autism Program Director manages the strategic and clinical operations of all aspects of the Center for Autism. The Center for Autism's state of the art facility is dedicated to autism diagnosis, treatment, education, and research.

We are seeking candidates with a Masters or Doctorate in psychology, education, speech pathology, child development or medicine. A minimum of five years experience conducting evaluations and interventions for children with autism utilizing applied behavior analysis is required. Experience in a center-based program, start-up program or management and supervision and/or ABA certificate eligible is preferred. Exemplary written and communication skills are required. The candidate must be accomplished in working across disciplines in establishing innovative programs as well as with external partners in collaborative efforts for individuals with autism and advocacy efforts.

This dynamic opportunity commands a competitive salary enhanced by an attractive benefits package. Cleveland Clinic offers a pleasant, stable and collegial work environment with an unmatched quality of life.

The same vitality that charges Cleveland Clinic extends to almost every aspect of life in Greater Cleveland. The melting-pot culture that has helped establish Cleveland as a vibrant and versatile metropolitan area adds a unique flair to the lifestyle here. The Cleveland area is a very comfortable and affordable place to live with a variety of available activities, good school systems, and a great place to raise a family.

For further information please contact: Joe Vitale, Senior Director of Physician Recruitment vitalej@ccf.org or apply online at www.clevelandclinic.org
The Cleveland Clinic is an equal opportunity, affirmative action employer. Smoke/drug free environment.

Concord, NC: Developmental & Behavioral Pediatrician
This is a great opportunity for a board certified/board eligible D&B physician, to join a thriving practice that provides services for every type of behavioral and developmental need in Concord, North Carolina, near Charlotte. We are co-located with a pediatric rehab facility offering developmental therapies and have psychologist and therapist on site for meeting our client's needs.

This practice is a part of Carolinas Medical Center-NorthEast, a top 100 hospital for 4 consecutive years and included in the Carolinas Health Care System. At CMC-NorthEast there is Jeff Gordon Children's Hospital maintaining pediatric subspecialties including surgery, cardiology, urology, neurology, endocrinology, pulmonology, hematology/oncology, gastroenterology, pediatric intensivists, hospitalists, neonatology and child psychiatry.

Joseph Stegman, M.D.
joseph.stegman@carolinashealthcare.org
Website: www.behaviorapeds.com
or Donna Talbert, Physician Recruiter
Donna.Talbert@carolinashealthcare.org

Jacksonville, FL, Jacksonville, NC and Portsmouth, VA: Developmental Pediatrician
The Navy Medicine East command is seeking three full time BE/BC Developmental-Behavioral or Neurodevelopmental
Pediatricians to fill positions in Jacksonville, FL, Jacksonville, NC and Portsmouth, VA. Clinical responsibilities include consultation and management for a broad array of diagnoses, to include ADHD, Autism Spectrum Disorders, Cerebral Palsy, Developmental Delay, Disruptive Behavior Disorders, Learning Disabilities and Mental Retardation. Teaching opportunities are available through the local residency programs. The ideal candidates must be passionate about working with children with special needs and demonstrate strong leadership skills to orchestrate appropriate educational and therapeutic services. Starting salary is $125,000 per year, but terms of compensation are negotiable and compensatory to the location and experience of the qualified individual.

Interested candidates should forward their CV to: Scott W. Stuart, CDR, MC, USN, Director, Neurodevelopmental Pediatrics Naval Medical Center, Portsmouth, 620 John Paul Jones Circle, Portsmouth, VA 23708 or email at scott.stuart@med.navy.mil.

**SDBP MentorMatch**

Just one of many SDBP member benefits!

The Fellowship Training and Research Committees of the SDBP have recently established a program for on-going mentoring of junior faculty and trainees in DBP (including MDs, PhDs, and others). To be included in this great program, visit the members only section of www.sdbp.org.

“I met with my mentor for the first time during the annual meeting. He’s been a wonderful motivator and “cheerleader” so far. As an M.D. fellow looking at different career paths, I’ve found his experience and wisdom to be invaluable as I figure out “what next.” He’s been emailing me regularly to check in since SDBP, and he’s made himself available by phone as well. In short, THANK YOU to the SDBP for setting this up and making it happen.” --Andy Barnes, MD, Minneapolis, MN

**SDBP Annual Meeting**

Boston, MA
September 11-14, 2010
Boston Park Plaza

Pre-Conference ½-Day Workshops
Saturday, September 11, 2010

SDBP Annual Meeting
Sunday and Monday, September 12 - 13, 2010

**Please note the Education Committee Workshop has moved to Tuesday for 2010!**

Teaching Developmental-Behavioral Pediatrics
Tuesday, September 14, 2010

Call for Abstracts for Saturday and Tuesday Workshops now open!

Submission Deadline: February 28, 2010

Visit www.SDBP.org for more details!
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<td>APS 68th Annual Meeting “Stress and Health”</td>
<td>Portland, OR</td>
<td>March 10-13</td>
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<td>SBM 31st Annual Meeting &amp; Scientific Sessions</td>
<td>Seattle, WA</td>
<td>April 7-10</td>
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<td>Head Start Tenth National Research Conference</td>
<td>Las Vegas, NV</td>
<td>June 21-23</td>
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<td>26th International Pediatric Association Congress of Pediatrics</td>
<td>Johannesburg, South Africa</td>
<td>August 4-9</td>
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<tr>
<td>AACPDM 64th Annual Meeting</td>
<td>Washington, DC</td>
<td>September 22-25</td>
</tr>
<tr>
<td>SDBP Pre-Meeting Workshops</td>
<td>Boston, MA</td>
<td>September 11</td>
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<tr>
<td>SDBP Annual Meeting</td>
<td>Boston, MA</td>
<td>September 12-13</td>
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<tr>
<td>SDBP Teaching DBPed Workshop</td>
<td>Boston, MA</td>
<td>September 14</td>
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<tr>
<td>American Academy of Pediatrics National Conference and Exhibition</td>
<td>San Francisco, CA</td>
<td>October 2-5</td>
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<tr>
<td>CHADD Annual Conference</td>
<td>Atlanta, GA</td>
<td>November 11-13</td>
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<tr>
<td>APM 57th Annual Meeting</td>
<td>Marco Island, FL</td>
<td>November 10-13</td>
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