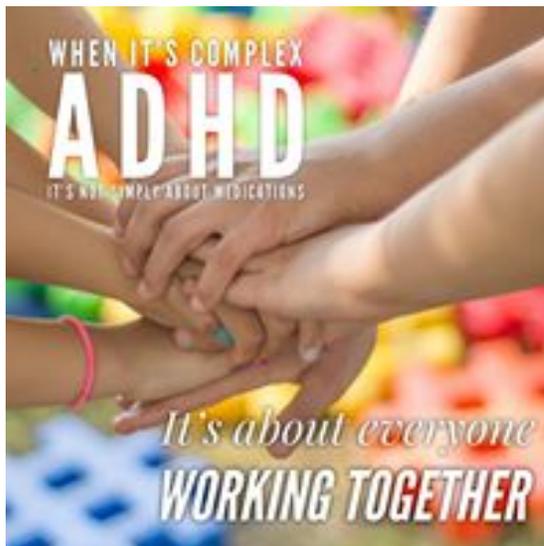


**Dear Members,**

Welcome to the winter edition of our newsletter! To start off, we want to highlight the roll out of the **Complex ADHD Guidelines!** Below are some fantastic **Instagram posts** from our social media chair, **Michele Ledesma, MD** to get us in the dissemination spirit:



This issue also contains wonderful spotlights on trainees and research, including postdoctoral fellow, **Rosmary Ros, PhD** and SDBP Psychology Section Poster award winner, **Kara Ronnin, PhD** We also have a fantastic spotlight on Advanced Practice Clinician (APC), **Kari Mohrien, PA-C, MSPAS**, which highlights the dynamic and varied experiences of members in the APC section. You can find updates from the **Education Committee**, the **Fellowship Training Section**, and the **Advance Practice Clinician Section**. Finally, we have a perspective piece on lessons learned from a recent workforce initiative in pediatric neurology by

**Marilyn Augustyn, MD** and a brief report from the Biennial Conference in Sleep Medicine by **DBP Karen Landmeier, MD**

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 March 31st.** Questions about submissions can be sent to [alyssa.schlenz@childrenscolorado.org](mailto: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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## Trainee/Recent Graduate Spotlight: Rosmary Ros-Demarize, PhD

*Submitted by her mentor, Laura Carpenter, PhD, Medical University of South Carolina*

**Rosmary Ros-Demarize, PhD**, is currently a post-doctoral fellow in Developmental-Behavioral Pediatrics at the Medical University of South Carolina (MUSC). Rosmary completed her doctoral training at Florida International University in the Clinical Science in Child and Adolescent Psychology Program. She completed her pre-doctoral clinical internship at MUSC within the Child Track and was awarded the Clinical Excellence Award during her training. Her primary clinical and research interests focus on the assessment and treatment of disruptive behavior problems in young children with Autism Spectrum Disorder (ASD). Her work primarily focuses on behavioral parenting interventions for this population. Her dissertation included a transdiagnostic examination of self-regulation deficits across preschoolers with ADHD and ASD and examined the efficacy of a behavioral summer intervention and parenting program for a sample of preschoolers with ASD and ADHD. During her post-doctoral training she is gaining extensive competencies in the assessment of neurodevelopmental disorders and has continued to expand her research within the ASD population.



Rosmary is a member of SDBP and participated in the Research Scholar Symposium during the 2019 annual meeting. She hopes to continue expanding her clinical skills and program of research within behavioral intervention and assessment of young children with autism.

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## SDBP Research Spotlight: Kara Monnin, PhD (Psychology Poster Award Winner)

Submitted by Shruti Mittal, MD

Kara Monnin, PhD, graduated from Kent State University's Clinical Psychology program under the mentorship of Beth Wildman, PhD. She is currently completing her postdoctoral fellowship in Solid Organ Transplant at Children's Hospital Colorado. Her poster titled *Parent Perception of Psychosocial Disclosures and Satisfaction with Physician Communication* received the trainee SDBP Psychology Poster award at the 2019 conference and is based on her dissertation research. She is currently a co-chair of the Section on Trainees and Recent Graduates.



### Parent Perception of Psychosocial Disclosures and Satisfaction with Physician Communication

Kara Monnin, Ph.D.<sup>1</sup>, Diane Langkamp, MD, MPH<sup>2</sup>, Beth G. Wildman, Ph.D.<sup>1</sup>

<sup>1</sup>Department of Psychological Sciences, Kent State University, Kent, Ohio; <sup>2</sup>Akron Children's Hospital, Akron, Ohio & NEOMED, Rootstown, Ohio

**KENT STATE UNIVERSITY**  
Department of Psychological Sciences

Abstract	Methods	Results
<p><b>Purpose:</b> There is a lack of data on the relationship between parent perception of pediatrician-parent communication and parent satisfaction, especially with regard to behavioral and emotional concerns. We assessed parent satisfaction with physician communication concerning an externalizing or an internalizing behavior problem with three levels of pediatrician engagement.</p> <p><b>Methods:</b> Using a 3 (level of physician engagement) x 2 (internalizing or externalizing problem) design, 128 parents of children ages 3-10 rated their satisfaction with the physician in a transcript of a simulated well-child visit for a 5 year old.</p> <p><b>Results:</b> A 2 x 3 ANOVA yielded a statistically significant difference for level of physician response, <math>F(2, 119) = 8.12, p = .000, \eta^2 = 0.121</math>. There was a significant interaction between the problem type and level of physician response, <math>F(2, 119) = 3.11, p = .05, \eta^2 = 0.05</math>.</p> <p><b>Conclusion:</b> Findings support that physician communication with parents concerning behavioral and emotional disclosures is related to parent satisfaction and that more time and discussion is not always needed to improve satisfaction.</p>	<ul style="list-style-type: none"> <li>A convenience sample of 128 parents, mostly mothers, of 3-10 year-old children were randomly assigned to one of six conditions: (2 (internalizing vs externalizing) x 3 (level of physician engagement)).</li> <li>Parents completed the Strength and Difficulties Questionnaire (SDQ)<sup>2</sup> and a question of concerns about their child's behavior.</li> <li>Parents read a transcript of a simulated well-child exam.               <ul style="list-style-type: none"> <li>Levels of physician response to the parent's concerns were: minimal physician response, moderate physician response, and thorough physician response.</li> </ul> </li> <li>Satisfaction was assessed using the Princess Margaret Hospital Satisfaction with Doctor Questionnaire<sup>3</sup>.</li> <li>Parents rated whether various communication behaviors occurred in each line of the transcript.</li> </ul>	<ul style="list-style-type: none"> <li>Linear regression yielded a significant relationship (<math>\beta = 0.23, R^2 = .053, p &lt; .05</math>). When participants reported higher frequency of affective physician communication behaviors, they also reported higher rates of satisfaction.</li> <li>Higher levels of physician response yielded significantly more satisfaction (2X3 ANOVA (internalizing and externalizing X different levels of physician response) <math>F(2, 119) = 8.12, p = .000, \eta^2 = 0.121</math>).</li> </ul>
Background	Results	Conclusions
<ul style="list-style-type: none"> <li>Quality physician-patient communication is essential to patient satisfaction and has linked it to important health outcomes, including adherence and physical/mental health outcomes.</li> <li>Affective components of doctor-parent communication appear to be related to satisfaction in adults. Pediatric research is much more limited.</li> <li>Research has identified that patient perception of communication by analogue patients (e.g., use of transcripts) mirrors perception or ratings by "clinical patients" (i.e., ratings of their real-life interactions with physicians).</li> </ul> <p><b>Present Study</b> Utilizing transcripts, we assessed parent perception of different levels of physician engagement with regard to externalizing and internalizing behavior concerns during a 5 year-old well child check.</p>	<p style="text-align: center;"><b>Results</b></p> <p style="text-align: center;">Figure 1: Interaction Effect: Response Level X Scenario Type</p> <p style="text-align: center;">Figure 2: Participant Reported Concerns ("Yes") X Scenario Type X Response Level</p>	<p style="text-align: center;"><b>Conclusions</b></p> <ul style="list-style-type: none"> <li>Findings underscore the importance of physicians asking for information from parents and utilizing affective aspects of communication (e.g., reassurance or encouragement and showing concern).</li> <li>Results support that when parents perceive these behaviors as happening, they report higher levels of satisfaction with the pediatrician in the transcript.</li> <li>Parents who reported having concerns about their child's emotional or behavioral health showed higher levels of satisfaction when physicians responded most thoroughly to disclosed concerns by the mother in the transcript.</li> <li>Findings suggest that physicians need to tailor their communication behavior to the individual parent, rather than rely on "one size fits all" physician communication behaviors.</li> </ul> <p><b>Future Research</b></p> <ul style="list-style-type: none"> <li>Further refine and validate transcript methodology.</li> <li>Examine parent perception of communication and satisfaction within a larger range of developmental and behavioral concerns.</li> <li>Examination of health outcomes such as adherence, and physical and/or emotional outcomes for patients.</li> </ul>
References	<p><sup>1</sup>van Vleet, L.M., van der Wal, L., Albada, A., Spreuwerberg, P.M., Verheul, W., &amp; Bensing, J.M. (2012). The validity of using analogue patients in practitioner-patient communication research: Systematic review and meta-analysis. <i>Journal of General Internal Medicine</i>, 27(11), 1528-1543.</p> <p><sup>2</sup>Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. <i>Journal of Child Psychology and Psychiatry</i>, 38(5), 581-586.</p> <p><sup>3</sup>Loblaw, D. A., Bezjak, A., &amp; Burnston, T. (1999). Development and testing of a visit-specific patient satisfaction questionnaire: the Princess Margaret Hospital Satisfaction With Doctor Questionnaire. <i>Journal of Clinical Oncology</i>, 17(6), 1931-1931.</p>	

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## APP SIG Member Spotlight: Kari Mohrien, PA-C, MSPAS

*Submitted by Jennie Olson, RN MS CPNP PMHS*



Kari Mohrien PA-C, MSPAS has been a Physician Assistant for the past 10 years. She started her career in rural, upstate New York working in a community hospital in Obstetrics and Gynecology with a focus on meeting the needs of underserved families, ensuring access to community resources. She then moved with her husband to Charlotte, North Carolina where they had their son and she transitioned to General Pediatrics. While working in this role, she discovered that her true passion was working with children with ADHD and other school problems. She then transitioned to specializing in Developmental and Behavioral Pediatrics where she enjoys working with children and their families and helping them navigate the challenges that come along with these diagnoses. She loves helping children realize their true strengths and helping parents and families understand how to help their children.

Kari is an active member in SDBP and is a part of the APP SIG and Communications team. She recently collaborated with members of the SDBP at the Annual Meeting to change the name of the APRN section to APP to include all Advanced Practice Clinicians. Kari is also a part of the APP Leadership Team within her hospital system's medical group, where she advocates on issues such as APP practice, compensation, utilization, and continued leadership opportunities. She serves on committees related to becoming a more Trauma-Informed community and Provider Wellness. In her free time, Kari enjoys being outdoors with her husband, son, and dog. She enjoys traveling, reading, and cooking. Kari looks forward to continued work within the SDBP community!

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## Committee, SIG and Section Update

### Education Committee

*Submitted by Jennifer Poon, MD*



Planning for the Education Committee Teaching Workshop during the annual meeting on Friday, October 9, 2020 is underway! We are organizing the Workshop workgroup, which is responsible for planning the Teaching Education Workshop and will be reviewing the proposals for workshop sessions.

The teaching workshop is meant to “train the trainer” in DBP education through innovative methods, as well as the methods of evaluating the outcomes of such methods. Workshop sessions are meant to equip participants with the knowledge and tools to implement similar teaching and evaluation methods at one's home program. Priorities for this year's workshop include, but are not limited to:

- Billing for clinical encounters, while providing supervision of trainees
- How to teach, evaluate, and document professionalism competency
- Performance improvement plans and remediation strategies for learners
- Cultivating career interest in DBP at the undergraduate and resident medical education level

We are looking forward to an excellent program in October in Austin!

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## Advanced Practice Clinician Section

Submitted by Jennie Olson, RN MS CPNP PMHS

Modules from the 2019 SDBP-NAPNAP Symposium are currently available on the NAPNAP PedsCE website. The title of the symposium was “**Psychopharmacology for Children and Adolescents with Developmental Disability: Prescribe Medication without Frustration**”. Faculty for the symposium included Developmental Behavioral Pediatrician Alison Schonwald, psychologist Carrie Mauras, and nurse practitioner Dawn Garzon Maaks. The symposium was recorded and broken down into five shorter modules available on NAPNAP’s PedsCE website (<https://ce.napnap.org/>).

The modules include:

- Psychopharmacology of ADHD (1.00 contact hours);
- Complex ADHD (1.00 contact hours);
- When Stimulants Don’t Work (0.50 contact hours);
- Autism, Intellectual Disabilities, and Genetic Disorders (1.00 contact hours);
- The Family Experience (0.50 contact hours).

All contact hours are classified as psychopharmacology hours. Modules are available to both NAPNAP and SDBP members at the NAPNAP member rate (\$10 per contact hour). Non members of both organizations will pay a higher fee (\$20 per contact hour). NPs and RNs are able to earn CEU/contact hours through the PedsCE website. As the CEU/contact hours are through NAPNAP, they are only accredited in providing nursing CEU. All SDBP members are able to access the modules and complete them, but they cannot currently earn CME for this. These modules have great information in them, and may be appropriate to use with students, residents, and other trainees. Modules will be available on PedsCE until 12/31/2020.

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## Fellowship Training Section

Submitted by Bob Voigt, MD

Not that we needed confirmation, but confirming the SDBP’s existential need to focus on workforce, here are the extremely disappointing statistics for the December 2019 DBP Fellowship Match:

- Only 24 of 46 (52%) available first year DBP fellowship positions filled in the Match
- Only 15 of 34 (44%) certified DBP programs filled in the Match
- DBP had the lowest percentage of positions filled (52%) and the highest number of unfilled programs (56%) of all pediatric subspecialties (see table below)

### December 2019 Subspecialty Match: All Pediatric Subspecialties

Subspecialty	Positions Offered	Positions Filled (%)	Number of Programs	Programs Filled (%)	Programs Unfilled (%)
DBP	46	24 (52%)	34	15 (44%)	19 (56%)
Child Abuse	22	12 (55%)	22	12 (55%)	10 (45%)
Nephrology	64	38 (60%)	41	19 (46%)	22 (54%)
Endo	108	67 (62%)	66	32 (49%)	34 (52%)
ID	73	46 (63%)	53	30 (57%)	23 (43%)
Pulmonary	74	49 (66%)	46	25 (54%)	21 (46%)
Rheum	42	29 (69%)	31	18 (58%)	13 (42%)
Heme/Onc	174	144 (83%)	69	47 (68%)	22 (32%)
Neonatology	265	231 (87%)	95	70 (74%)	25 (26%)
Cardiology	158	146 (92%)	59	47 (80%)	12 (20%)
GI	102	97 (95%)	58	53 (91%)	5 (9%)

Hospital Med	70	68 (97%)	48	47 (98%)	1 (2%)
ER	150	147 (98%)	54	52 (96%)	2 (4%)
Critical Care	198	195 (99%)	71	68 (96%)	3 (4%)

Below is a table containing the DBP Fellowship Match Stats since 2011 to compare to this year's stats:

### DBP MATCH STATS SINCE 2011

Year	Positions Offered	Positions Filled (%)	Number of Programs	Programs Filled (%)	Programs Unfilled (%)
2011	32	25 (78%)	26	20 (77%)	6 (23%)
2012	32	21 (66%)	27	18 (67%)	9 (33%)
2013	37	29 (78%)	29	22 (76%)	7 (24%)
2014	38	26 (68%)	29	17 (59%)	12 (41%)
2015	41	30 (73%)	33	23 (70%)	10 (30%)
2016	48	26 (54%)	36	16 (44%)	20 (56%)
2017	44	31 (70%)	34	22 (65%)	12 (35%)
2018	49	33 (67%)	35	21 (60%)	14 (40%)
2019	46	24 (52%)	34	15 (44%)	19 (56%)

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## Lessons Learned from Child Neurology: Summary from a Recent Workforce Report

Submitted by Marilyn Augustyn, MD (Co-Chair of the Practice Issues Committee)



In September 2017, the Child Neurology Society (CNS) convened a special taskforce to review the practice of child neurology in the US. They distributed a survey to 25 academic divisions of various sizes, as well as to private practices. The survey covered the use of RVU requirements, salary and compensation, time allotted for new and established patients, administrative and teaching mandates, clinical and administrative support, weekly face-to-face patient time, protected time, and educational opportunities. **Results showed high workloads, lack of resources, poor electronic medical record support, and high provider symptoms of fatigue and burnout.** They detail salary and RVU range and discuss bonus systems and time per visit. The study concludes that the **wRVU compensation model is both unrealistic and unsustainable, generating insufficient revenues to support reasonable compensation and not allowing time for non-patient-care duties.** They conclude that in this system even if billing at the most efficient level, a neurologist cannot generate enough revenue to cover their salary when overhead (40%–50% of salary) and the cost of benefits (25% of salary) are considered. This study was a call to action. We need one too!

Article Citation Information:

*Child neurology in the 21st century More than the sum of our RVUs*

Mary L. Zupanc, MD, Bruce H. Cohen, MD, Peter B. Kang, MD, David E. Mandelbaum, MD, PhD, Jonathan Mink, MD, Mark Mintz, MD, Ann Tilton, MD, and William Trescher, MD Neurology® 2020;94:1-8.

#### VIEWS & REVIEWS

## Child neurology in the 21st century

More than the sum of our RVUs

Mary L. Zupanc, MD, Bruce H. Cohen, MD, Peter B. Kang, MD, David E. Mandelbaum, MD, PhD, Jonathan Mink, MD, Mark Mintz, MD, Ann Tilton, MD, and William Trescher, MD

Neurology® 2020;94:75-82. doi:10.1212/WNL.00000000000008784

#### Correspondence

Dr. Zupanc  
mzupanc@choc.org

## DBP Networking and Learning at the Biennial Conference on Sleep Medicine

Submitted by Karen Landmeier, MD (Developmental-Behavioral Pediatrician in Ft. Collins, CO)

While attending the SDBP 2019 Annual Meeting, I introduced myself to Jeff Yang, MD, and inquired how I might expand my foundational knowledge of sleep as it pertains to our patient population. He responded that he had previously attended the Biennial Conference on Sleep Medicine and that the next conference was approaching. In November 2019, I saw Jeff again in Naples, FL at that sleep conference, and I met another DBP colleague, Ann Reynolds, MD. Part of the first day of the conference was dedicated to pediatric *behavioral* sleep medicine. This included several excellent presentations on sleep problems related to: anxiety, ADHD, insomnia, bedtime problems and night wakings, and delayed sleep-wake phase disorder. I was delighted to hear experts in sleep and behavior discuss the general approaches to sleep changes and be able to participate in discussion that dealt with the intricacies of sleep behavior modification in complex developmental and/or psychosocial situations. The remainder of the conference nicely wove together medical and psychological sleep problems and treatments, and all of this took place in the beautiful Ritz Carlton Golf Resort.



## Discussion Board Highlights

Join the [discussion](#) at [sdbp.org](#). Recent topics have including a range of clinical and practice issues, such as:

- Complex ADHD Guidelines updates
- Autism and the criminal justice system
- Resources for children who have been refugees
- Measuring productivity in a private practice model
- Medication questions
- Billing and coding questions
- Advocacy opportunities

**Attention Committee, SIG, and Section Co-Chairs:** Have you seen the **new Discussion Board topic BOARD and CHAIRS**? This button is a great way to connect with other co-chairs and the board!



Topics

**SDBP DISCUSSION BOARD**

**BOARD and CHAIRS**

## General Announcements and Reminders

### SDBP 2020 Annual Meeting

October 9-12, 2020  
Renaissance Austin Hotel  
Austin, TX

### Workshop Submissions are now open!

#### Teaching Developmental - Behavioral Pediatrics Workshop

*Priorities for workshop sessions include, but are not limited to:*

- Training modalities and other strategies that stimulate medical students and other junior-level trainees to further explore training in developmental-behavioral and other mental health fields
- Billing for clinical encounters while providing supervision of trainees
- Teaching, evaluating, and documenting professionalism competencies
- Developing and initiating performance improvement plans and remediation programs for learners

#### Half - Day Workshops

*Priorities for half day workshops include, but are not limited to:*

- Evidence-based implementation of the SDBP Complex ADHD Guidelines, particularly in the areas of parent-training and behavioral intervention
- Advanced psychopharmacology for DBP practitioners
- The Business of DBP: Billing/coding and/or advocating for our field
- Discussing Puberty/Sexuality with youth and families
- Alternative Medicine: state of the science, how to talk to families
- Pediatric Health Promotion: Digital media
- Assessing and managing suicidal ideation/behavior

GO to [SDBP MEETINGS webpage](#)

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### **REMINDER – ADHD Guideline Survey**

SDBP has partnered with the Developmental and Behavioral Pediatrics Research Network (DBPNet) to conduct a research study to identify current practices related to ADHD care among SDBP Members. The survey is designed to be completed by any health professional who might be involved in the diagnosis or treatment of ADHD.

**WHAT** will we ask on the survey?

#### **INFORMATION ABOUT YOU:**

1. You will be asked approximately 12 questions about **DEMOGRAPHIC FACTORS** related to you and your practice. **PLEASE COMPLETE THE SURVEY EVEN IF YOU DO NOT SEE PATIENTS WITH ADHD.** You will only be asked the demographic questions and the survey should take less than 5 minutes.

#### **INFORMATION ABOUT 2 CONSECUTIVE PATIENTS THAT YOU SAW FOR AN ADHD DIAGNOSTIC EVALUATION OR TREATMENT VISIT (medication follow-up or counseling visit).**

There is a separate set of questions for diagnostic and for treatment visits. You will be randomly assigned to complete information on diagnostic or treatment visits unless you only do one of these types of visits.

We will ask about 13-20 questions regarding the child and his/her care (The exact number of questions will vary as some questions are only asked based on your response to an earlier question). **We estimate that it will take about 15 minutes to complete the survey for two patients.**

We are not collecting any identifying information about patients. The principal risk of this study is that your practice patterns could be unintentionally revealed to others. Given the small size of SDBP it is possible that some of the information in the survey could identify a clinician.

We do not offer any compensation for members participating in this study.

**Please click on the link below to get to the survey:** <https://redcap.chop.edu/surveys/?s=8XPEM349N7>

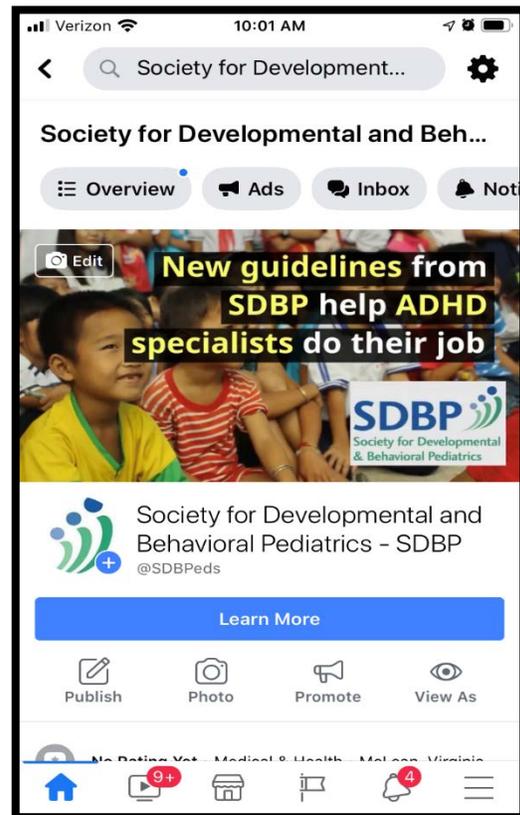
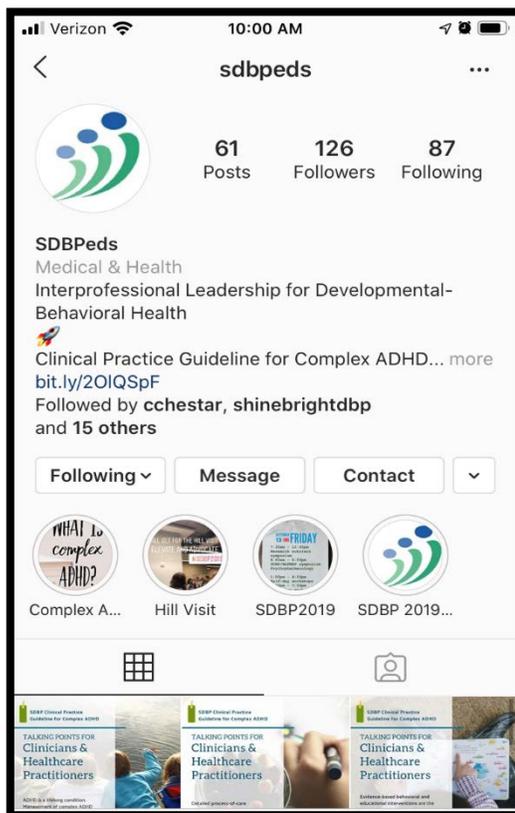
Your completion of the survey will be an indication of your consent to participate in the study. Participation in this study is voluntary. If you decide not to take part or if you change your mind later there will be no penalties or loss of any benefits to which you are otherwise entitled. You can stop being in the study at any time. You do not have to give a reason.

If you have any questions or concerns about participating in this study you may discuss them with Nathan Blum, MD at the DBPNet Network Coordinating Center ([blum@email.chop.edu](mailto:blum@email.chop.edu)) or with SDBP by emailing [janice@sdbp.org](mailto:janice@sdbp.org). The Institutional Review Board at the Children's Hospital of Philadelphia has determined that this study is Exempt from IRB review.

We hope you will be part of this survey to identify how SDBP members care for children with ADHD prior to the release of the Complex ADHD Guidelines.

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**Did you know SDBP is on Facebook & Instagram in addition to Twitter?  
Be sure to follow us!**





@SDBPeds



facebook.com/SDBPeds



@sdbpeds

Stay up to date with our [Calendar of Events!](#)

## CALENDAR OF EVENTS

Date	Event	Location
March 25-28, 2020	<a href="#">NAPNAP 2020 National Conference (National Association of Pediatric Nurse Practitioners)</a>	Long Beach, CA
March 30-April 2, 2020	<a href="#">APPD Spring Meeting (Association of Pediatric Program Directors)</a>	San Diego, CA
April 29-May6, 2020	<a href="#">Pediatric Academic Societies (PAS) Meeting</a>	Philadelphia, PA
September 22-26, 2020	<a href="#">AAPDM 2020 Meeting (American Academy for Cerebral Palsy and Developmental Medicine)</a>	New Orleans, LA
October 2-6, 2020	<a href="#">American Academy of Pediatrics (AAP) National Conference</a>	San Diego, CA
October 9-12, 2020	<a href="#">SDBP 2020 Annual Meeting</a>	Renaissance Austin Hotel, Austin TX
October 19-24, 2020	<a href="#">AACAP Annual Meeting (American Academy of Child &amp; Adolescent Psychiatry)</a>	San Francisco, CA

### Awareness Events

- March
  - American National Nutrition Month
  - Brain Injury Awareness Month
  - National Bleeding Disorders Awareness Month
  - National Developmental Disabilities Awareness Month
  - Trisomy Awareness Month
  - National School Breakfast Week (March 2 to 6)
  - National Sleep Awareness Week (March 1 to 7)
  - Brain Awareness Week (March 16 to 22)
  - National Poison Prevention Week (March 15 to 21)
  - Self-Injury Awareness Day (March 1)
  - Zero Discrimination Day (March 1)
  - National Women and Girls HIV/AIDS Awareness Day (March 10)
  - World Sleep Day (March 13)
  - Kick-Butts Day (Campaign for Tobacco-Free Kids; March 18)
  - World Down Syndrome Day (March 21)
  - International Day for the Elimination of Racial Discrimination (March 21)
  - Purple Day for Epilepsy Awareness (March 26)

- American Diabetes Association Alert Day (March 24)
- April
  - Autism Awareness Month
  - Child Abuse Prevention Month
  - Month of the Military Child
  - Alcohol Awareness Month
  - Sexual Assault Awareness and Prevention Month
  - Stress Awareness Month
  - Youth Sports Safety Month
  - World Autism Awareness Day (April 2)
  - International Children's Book Day (April 2)
  - RAINN Day (April 4)
  - National Alcohol Screening Day (April 7)
  - World Health Day (April 7)
  - Take Our Children to Work Day (April 23)
- 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 (2<sup>nd</sup> Tuesday in May)
  - National Missing Children's Day (May 25)
  - World No Tobacco Day (May 31)

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Questions about submissions can be sent to Alyssa Schlenz: [schlenz@musc.edu](mailto:schlenz@musc.edu)

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