

**Behavioral  
Developments**  
THE OFFICIAL NEWSLETTER OF THE SDBP



Dear Members,

Welcome to the winter edition of our newsletter! The 2020 holiday season is looking a little different this year. We hope you are able to find ways to rest, recharge, and connect with loved ones as COVID-19 surges once again. This newsletter has helped us personally to stay in touch with our work colleagues. We love hearing what our SDBP members are up to! Thank you for everyone who contributed to our winter issue!

In this edition, we are excited to highlight two Shashaty award recipients, a medical student and a pediatric resident, sharing their experience attending the virtual SDBP conference.

We have two ongoing featured columns in our newsletter, one on telehealth and one on Diversity, Equity, and Inclusion (DEI). Our telehealth column, led by Drs. Meagan Butsch and Paul Patterson, focuses on the video telehealth physical examination. To introduce our DEI column, we have a submission on having difficult discussions about racism in medical school.

We are thrilled to collaborate with the practice issue committee to launch a third column highlighting the innovative work of our SDBP colleagues. This edition also provides a list of psychology training programs nationwide.

## Winter 2020

---

### IN THIS ISSUE

[Trainee Spotlight](#)

[Telehealth](#)

[Practice Innovations](#)

[DEI Column](#)

### Committee, SIG, & Section News

[Autism SIG](#)

[Communications](#)

[Psychology](#)

[Fellowship Training](#)

[Announcements](#)

[Social Media Roundup](#)

---

If you missed a committee/section/SIG meeting at the annual meeting, please check out the updates and highlights from each!

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! Questions about submissions can be sent to [alyssa.schlenz@childrenscolorado.org](mailto:alyssa.schlenz@childrenscolorado.org).

Thank you and HAPPY HOLIDAYS!!

### **SDBP Communications Committee**



**SHRUTI MITTAL, MD & ALYSSA SCHLENZ, PhD**

Co-Editors

**MICHELE LEDESMA, MD**

Layout

***We want to send a special thank you to our newsletter contributors over the past year. Thank you for sending us your wonderful content. We could not make the newsletter without you!***

Marilyn Augustyn, M.D., Practice Issues Committee

Lisa Campbell, M.D., Practice Issues Committee

Laura Carpenter, Ph.D., Psychology Section

Marie Clark, M.D., M.P.H., Early Childhood SIG, Special Issue: Advocacy x RACE CARD

Jack Dempsey, Ph.D., Psychology Section

Meagan Busch, D.O., MAJ, MC, USA, Recurring Series on Telehealth

Karla Fehr, Ph.D., Psychology Section

Jason Fogler, Ph.D., Psychology Section

Rob Keder, M.D., Advocacy Committee, Special Issue: Advocacy x RACE CARD

Karen Landmeir, M.D., Special Article

Michele Ledesma, M.D., Annual Meeting Special Graphics, Social Media Highlights

Shruti Mittal, M.D., Trainee and Recent Graduate Section, Special Issue: Advocacy x RACE CARD

Tiffany Munzer, M.D., Special Article  
Cy Nadler, Ph.D., Autism SIG  
David O'Banion, M.D., Practice Issues Committee  
Jennie Olson, RN, MS, CPNP, PMHS, Advanced Practice Clinician Section  
Paul Patterson, M.D., LTC, MC, USA, Recurring Series on Telehealth  
Jennifer Poon, M.D., Education Committee  
RACE CARD, Special Issue: Advocacy x RACE CARD  
David Schonfeld, M.D., Past Presidents Committee  
Alyssa Schlenz, Ph.D., Communications Committee  
Angie Scott, M.D., Ph.D., Autism SIG  
Kimberly Stringer, M.D., Practice Issues Committee  
Barbara True Felt, M.D., Fellowship Training Section  
Bob Voigt, M.D., Fellowship Training Section  
Jenna Wallace, Psy.D., Advocacy Committee, Special Issue: Advocacy x RACE CARD  
Kate Wallis, M.D., M.P.H., Special Issue: Advocacy x RACE CARD  
Jennifer Walton, M.D., M.P.H., Special Issue: Advocacy x RACE CARD

**Member Spotlights:**

Kari Mohrien, PA-C, MSPAS  
Jennifer Lee Hensley, DNP, CPNP, PMHS  
Michele Ledesma, M.D.

**Trainee Spotlights:**

Julia Mattson, M.D., Ph.D.  
Shawna McCafferty, M.D.  
Kara Monnin, Ph.D. (Research Spotlight)  
Rosmary Ros-Demarize, Ph.D.  
Sahana Shankar (& DEI Special Article)  
Sara Williams, M.D.



**Trainee Spotlight**



## Exploring DBP Program – a Resident’s Perspective



**SHAWNA MCCAFFERTY, MD**

PGY3, Medical University of South Carolina

*Shawna McCafferty is a third year pediatric resident at the Medical University of South Carolina. She participated in the Shashaty Exploring DBP Program in person during the 2019 Annual Meeting in Washington, DC. She shares her experience with the program here!*

As a fellowship applicant this year, I was often referred to as a “mature” applicant. That’s fair, as it took me a long time to reach this point. Having enlisted in the US Navy after college, I’m incredibly proud of what I gave and gained from my prior service, but those formative decisions were made purely from a place of survival, given my pervasive fears of continuing my family’s legacy of poverty, homelessness, and substance abuse. All I wanted back then, was stability. When I found it, I also found the unwavering support of a close-knit military community that allowed me to thrive, and eventually, obtain the economic security I needed to transition to medical school.

When I entered medical school, I did so with the support of my husband and my infant daughter. Together, we would navigate the wild road that is medical school, relocation, a year of separation from my children, residency, a third child, and even a pandemic. Underlying my resilient instinct to “just keep swimming”, was a deeper need to be part of a family like I had in the military. Though I was instantly impressed and smitten by the entire department and field of DBPeds during my intern rotation, I wasn’t convinced enough to pursue a fellowship until one of my mentors encouraged me to apply for the Shashaty Family *Exploring DBP Program* Award.

As a scholarship recipient, my experience at the SDBP conference was life changing. If I wanted support, I found it when multiple fellows and program directors I hadn’t met, helped me fix a hotel room snafu on day one. If I wanted to feel valued, I felt that way during a committee meeting where we shared ideas to improve recruitment and membership. If I wanted scholarship, I was nearly overwhelmed by the poster sessions and the impassioned presenters. If I wanted fun, I could not stop laughing and smiling during the reception dinner, as I watched faculty and fellows come together from programs all across the country. I left the program with a phenomenal mentor, assigned as part of the scholarship program, who kept me focused and motivated through a challenging PGY2 year. I owe her so much. I had wanted to grow my professional family, and I found acceptance.

Having just certified my rank list, I am at peace knowing that I have the privilege of spending the rest of my life caring and advocating for the most resilient, complex and vulnerable patients

within pediatrics. I am only here now, because of the knowledge, encouragement, passion and support I gained as a Shashaty Family Scholar. It is just icing on the cake, that I get to do all of this as part of the incredibly supportive DBPeds family.

*Shawna certified her rank list and is waiting to hear where she will match. We wish her all the best!*

## SDBP Annual Meeting Reflection: Exploring DBP Shashaty Program Awardee



**SAHANA SHANKAR**

University of Miami Miller School of Medicine

When I was younger, I imagined my “dream job” and described precisely the career of a developmental and behavioral pediatrician without knowing that the field existed.

Since learning about developmental and behavioral pediatrics, I’ve been nothing but excited. My experience as an Shashaty Family *Exploring DBP Program Awardee* solidified my aspiration to become a developmental and behavioral pediatrician. The sense of community, the selfless commitment of so many to be mentors, and the culture of compassion and dedication to patients and families were a few of the many things that stood out to me during the conference. The genuine joy and passion everyone felt towards their careers was palpable. It was inspiring to hear the transformative initiatives of SDBP members during the committee, section, and SIG meetings. The encouragement I received to get involved and join some of these projects allowed me to recognize the strong sense of support I will continue to feel during my journey to become a developmental and behavioral pediatrician. I feel immense gratitude to have been selected to be part of the Exploring DBP program. It has given me inspiring mentors, a community I feel lucky to be a part of, and a reinforced passion for developmental and behavioral pediatrics.

Dedicated to the legacy of Nancy Packert Shashaty, MD the ***Exploring DBP Program*** is a unique opportunity for pediatrics residents and medical students to experience the wide

world of the subspecialty of DBP. Awardees receive funding to attend the SDBP annual meeting. They have a personal “tour guide” at the meeting and attend a special session to explore the surprisingly broad range of DBP clinical work, scholarship, and practice settings.

This program is supported by the family of Dr. Nancy Packert Shashaty, an other-centered developmental-behavioral pediatrician who was dedicated to enhancing the lives of children with disabilities. She was successful in this endeavor because of her kindness, empathy, generosity, intelligence, pragmatism, optimism, humor, and ability to interact with people regardless of station in life, cultural background, ability to comprehend, or degree of fear.



Special Feature

**Telehealth**



## Concepts for the Video Telehealth Physical Examination



**PAUL PATTERSON, MD, LTC, MC, USA**

Fellow in Developmental-Behavioral Pediatrics

Madigan Army Medical Center

**MEAGAN BUTSCH, DO, MAJ, MC, USA**

Developmental-Behavioral Pediatrics

Tripler Army Medical Center

Telehealth is a resource in our repertoire to provide care to the most vulnerable in our population. There are well known benefits and limitations to the use of telehealth. Here we present some tips for performing a physical examination utilizing telehealth with the understanding that it is not a substitute for a face-to-face clinic encounter. We assume the availability of a high-speed internet connection and a device with high resolution audio and video which includes most current devices. In addition, we are considering the examination

without many of the adjuncts that are available such as home use otoscopes, smart phone applications that can assist with ophthalmic exams, digital stethoscopes or other products.

The telehealth examination is largely observational but this does not mean that we cannot ascertain a great deal of information about a child. Exam techniques vary depending on the child's age, and some of the techniques discussed may not be appropriate for every age. This is not meant to be an all-inclusive list of every component of the physical examination, but rather tips on portions of the examination that may help you expand your telehealth comfort capability and observational agility. Below, we highlight some techniques that are beneficial to our practice in Developmental Behavioral Pediatrics.

### **Preparing**

In preparing for an encounter there are a few items that would be helpful to have but certainly not necessary.

- *For the Provider:* A doll or manikin, a picture book
- *For the Parent:* A doll, a light source (flashlight, smart phone, lamp, etc.), the child's favorite toy, the child's preferred snack in a zip lock bag (or other enclosed case), a ball, a toy car, blocks, bubbles, pencil/marker, paper, a chair or other place for the child to sit independently if able to do so.

The provider may use the doll or manikin to demonstrate certain physical tasks they may want the parent to perform with the child when it is appropriate to do so.

### **The examination**

A significant amount of information can be gleaned through observation. Make the most of the encounter through your observations. If the patient is unable to move closer to the camera on their own, you can direct the parent to move the camera closer to the patient if you want to better visualize certain aspects such as eye movement or tongue placement. Explain to the parent what you see and ask them if this is accurate or ask them to clarify what you believe you are seeing. The following are common elements of a physical examination and some examples of how they can be done when utilizing telehealth platforms. The order of events is less important as you can make observations on different aspects throughout the encounter. For instance, your very first observation during an encounter might be about how the child is sitting. If there are components of an examination that you or the parents feel might be difficult for the child it is often best to save these until the end. Recall that not all portions of the examination we will be discussing here are appropriate for every child and often depend on the age of the child.

Vital signs:

A parent can obtain their child's weight using a home scale. They can also obtain the child's height if they have a measuring tape available. Heart rate can be obtained using some devices such as smart watches and fitness bands if they are available and a child will tolerate it. Blood pressure could also be obtained with the use of a home blood pressure measurement device though this is more difficult with children. If the device has not been calibrated in the clinic with the child prior to a telehealth visit the results should be interpreted with caution.

#### General:

Observing the child's general appearance is important to determine the appropriateness for a telehealth evaluation. We want to determine the comfort of both the child and parent with the medium. It is necessary to determine if they will be able to interact and converse enough for us to obtain the required information from the encounter. Observing a child's interaction with the device, their demeanor, and how they engage with the examiner can all provide helpful insight. Depending on the developmental age of the child you could ask the child to show you a favorite toy or book or name a picture that you display.

#### Head, Eyes, Ears, Nose and Throat (HEENT):

For all facial structures you can observe for size, shape, set, and overall appearance of structures. With parental permission it may even be possible to capture still images to further assess for dysmorphic features.

A parent can use a toy to help assess tracking and extraocular eye movements by moving it in front of the child while in view of the camera. If there is an additional light source and the child cooperates, have the parent shine a light and observe the pupillary response. With proper lighting and camera position you can assess for many common elements of the eye exam such as the palpebral fissures or presence of epicanthal folds. You can also attempt to observe the tongue, palate and dentition depending on the cooperation of the child.

#### Neurologic:

Cranial nerves can be assessed much the same as you would in clinic using many of the same patient maneuvers. Demonstrating the facial movements you want the patient to make (i.e., puff cheeks, raise eyebrows, etc.) can be helpful for the child and the parent to better understand. Have the parent re-position the camera as needed to observe what you need to. Tone is another aspect of the exam that can be assessed via telehealth though not to the extent that you could in a face-to-face visit. Observe how the child sits (on the floor, in the parent's lap, or in a chair). Demonstrate the pull to sit maneuver if appropriate for child's age and ask parent to do it. Demonstrate vertical and horizontal suspension and ask the parent to do it while in view of the camera.

Some components of a motor assessment can also be observed. Throughout the encounter make note of the child's positioning and posture. Note how they sit on the parent's lap, in a

chair, or in the floor. General observations about the symmetry of their movements can often be made while a child is playing with a preferred toy. How a child transitions from prone to sitting or sitting to standing can also provide valuable information. Some information about strength can also be obtained by observing how a child can climb onto a chair or other piece of furniture. Coordination is more difficult to assess via telehealth but there are certainly aspects that are observable. For instance you can observe a child use their finger to pop bubbles that a parent blows. If appropriate assess finger-to-nose by having child touch the device and then their nose. Have the child extend arms to assess for tremor. For a younger child, have them reach for an object held by the parent. Another aspect of the neurologic exam is an assessment of gait. Observe the child walking during the encounter. Depending on child's developmental status you can also assess toe, heel, and tandem gait. Further assessment can also be done by having them stand on one foot and hop on one foot.

#### Musculoskeletal:

Components of the musculoskeletal exam are also possible. If the child is able, have them demonstrate range of motion through demonstrated movements. Have the patient face away from the camera and bend over to assess curvature of the spine. Observe for obvious limb deformities. Have the parent reposition the camera to closely assess the digits on hands and feet to observe for any significant findings such as polydactyl or syndactyly.

#### Other clinical observations:

Overall clinical observations are a key component of the developmental examination and telehealth provides a lot of opportunity in this respect. Social interaction with others can be assessed. Note how a child appears to make eye contact with the examiner over the platform or with the parent. Clarify with the parent when it is unclear. How a child plays can also be helpful information gleaned from observing. Some children will play independently in the background initially while others will want to engage a parent or sibling in play. Ask the parent to engage the child in simple play such as rolling a car or ball back and forth. Ask the parent to provide something to the child that they will need assistance with (i.e., a jar or snack that requires opening). Alternatively, they can provide a preferred toy slightly out of reach of the child to see how they respond. Engage with the child by asking them to draw you a picture. This can provide valuable insight into not only fine motor skills but also problem-solving abilities.

A child's expressive and receptive language can also be evaluated. Sometimes the interaction between the parent and the child will give the most insight in this respect. Observing how they communicate with a caregiver allows you to assess both expressive and receptive language skills. Of course, for older children you the examiner may be able to directly engage with them to assess their skills. Ask the child to repeat a word or several words. If developmentally

appropriate, ask the child to tell a story, name some body parts, or identify some colors around the room.

Skin:

The skin exam is another aspect of the evaluation that can be done via telehealth. Here the proper lighting and camera position are important. Ask the parent if there are any known birthmarks, rashes, or scars. Observe the known skin findings based on parent report while also observing for other significant skin findings. Note the color of skin markings can vary greatly based on the type of device used and the ambient light in the environment and if there are concerns a face-to-face visit may be necessary.

As you can see there are a number of observations that can be made via telehealth encounters to inform your assessment of a child. The aforementioned items are just several examples of how you can use telehealth to perform aspects of the physical exam, and the list is not all-inclusive. Telehealth is not appropriate for all encounters and there are aspects that vary greatly from face-to-face visits, however this should not discourage the use of telehealth when appropriate. There is a wealth of information to be gained through the power of observation.



## INTRODUCING *INNOVATIONS*:

### A New *Behavioral Developments* Column from the Practice Issues Committee

**JASON FOGLER, PhD & LISA CAMPBELL, MD**, Co-chairs

**JACK DEMPSEY, Ph**, Models of Care Workgroup

**KIMBERLLY STRINGER, MD**, DEI Liaison

At the Virtual Annual Meeting, we presented the results of our Innovative Models of Care study, highlighting the work of our colleagues Abigail Angulo, Michael Ching, Joshua Fouts, Jan McGonagle, and Janet Clark. From our survey of 96 Society respondents, including 33 deep-dive qualitative interviews, we learned:

- We are an incredibly creative and dedicated group that has managed to improve trainees' and colleagues' morale, provide outstanding care, and increase revenue despite the increasing demands and pressures of modern healthcare.
- These efforts often come at great personal cost, and one of the goals of this project is to find ways to “work smarter” to hopefully alleviate the “wear and tear” of our work – especially during the pandemic and in anticipation of a large proportion of our workforce approaching retirement age.

Toward that end, we have started this column as one of many means of sharing innovative practices in DBP, Diversity, Equity, and Inclusion, or both. Over these next several issues, we plan to highlight an innovative practice – whether that be a major programmatic initiative with pre/post data or, to quote our colleague Barb Howard, the “bits and pieces” of innovation that we might offer in response to a colleague's question on the Discussion Board. As just one example, these “bits and pieces” might include surveying ACEs in one's patient panel and then deciding to create a list of local food banks to address food insecurity.

Thank you in advance for your energy and contributions. Please submit your ideas or questions about suitability to [jason.fogler@childrens.harvard.edu](mailto:jason.fogler@childrens.harvard.edu).





# Diversity, Equity, and Inclusion



The Diversity, Equity, and Inclusion (DEI) committee was founded at this year's annual conference, and it was amazing to have over 120 members attend the first committee meeting! We are excited to continue the conversation with this special column to highlight DEI work and issues.

We know becoming an anti-racist is a life-long journey that many of us started later in life. We are excited to share this submission by a new SDBP member, **Sahana Shankar**, who is a medical student at University of Miami.



**Difficult Conversations**, a medical school student

organization at the University of Miami Miller School of Medicine, was founded to serve as a space to discuss ethically and emotionally challenging topics. Each series features a student-led, small-group discussion followed by a panel of individuals with relevant lived experiences. Our last topic was Race in Medicine. In our dynamic, thought-provoking small-group discussion, we began by trying to define race and ethnicity, discussed the importance of the historical context of race in this country, dissected the root of health disparities, and debated where race should play a role in medicine. We gained valuable perspectives on these matters by hearing the thoughts of our esteemed panelists, Dr. Henri Ford, Dr. Sonjia Kenya, and Dr. Joseph West. During the panel, we dove into what strikes the panelists most about race in the field of medicine, gained insights on how to tackle racist attitudes, and were humbled and inspired by the steps that our panelists had taken towards increasing representation of minorities in health care and ameliorating disparities. This series from Difficult Conversations provided the opportunity to learn from the perspectives of others, both peers and panelists, and laid the foundation for continued discussions on these extremely important topics.

**Committee, SIG, &  
Section News**



# Autism SIG Annual Meeting Report

[CY NADLER, PhD](#) & [ANGIE SCOTT, MD PhD](#)

Co-chairs



Thanks to all of you for your engagement with the SIG during this fall's annual meeting! We had excellent attendance at multiple SIG-supported events, including our timely concurrent session focused on telehealth assessment and treatment models, the SIG meeting where we discussed child and family resilience and challenges in the pandemic (thanks to Marisa Toomey for leading!), and at our topical discussion session (thanks to Shanna Kralovic!). This new topical discussion venue allowed us to invite Nathan Morgan, a self-advocate and social worker from [Milestones](#) in Ohio, to facilitate a discussion on the “double rainbow” intersection of the autism and gender/sexuality spectrums. As a follow-up to this informative conversation, Nathan recommended the following print resources to clinicians:

- [Gender Identity, Sexuality and Autism](#) by Eva Mendes
- [How to Understand Your Gender](#) by Alex Iantaffi and Meg-John Barker (not autism specific, but does have useful information)
- [The ABC's of LGBT+: Gender Identity Book for Teens](#) by Ashley Mardell (also not autism specific, but a helpful tool for teens)
- [Unconditional: A Guide to Loving and Supporting Your LGBTQ Child](#) by Telaina Eriksen (not autism specific, but a useful guide for parents)

While SIG activities and energies shifted due to COVID-19 this past year, we are excited to renew our focus on a range of priorities, including an updated strategy for SDBP to advocate for improved consistency in state-level and insurance-driven autism diagnostic requirements, as well as addressing health disparities in the autism community. We invite you to let us know what other issues and opportunities should be on the SIG's radar. **Please complete this [survey](#) regarding your availability for monthly SIG calls in 2021 so that we can make sure you are in the loop as we move forward!**

Finally, we express our sincere thanks to Karen Ratliff-Schaub, our outgoing co-chair, who has contributed so much to the SIG's success. Next fall in Austin we will have a lot to celebrate!

CN & AS

## Communications Committee



**JEFF YANG, MD & ALYSSA SCHLENZ, PhD**

Co-chairs

2020 was a busy year for the Communications Committee (CommComm). We started off the year with a lot of Attention...literally, with the launch of the SDBP Complex ADHD guidelines. Michele Ledesma got the word out with a preview and teaser campaign on social media leading up to and during launch week. Did you see our [Instagram](#) and [YouTube](#)? Members of CommComm, EdComm, and the ADHD SIG developed a number of dissemination materials as well. Check out the [Executive Summary](#), comparison table and infographic, key points for various audiences, resource toolkits, and presentation slide deck in the [members only](#) section of our website.

We are also continuing to support our existing communication tools, including a new visual enhancement to the newsletter this year and steady increase in followers on our social media platforms.

Most of our effort for the rest of the year has gone into developing a Strategic Marketing and Communications plan to support SDBP's workforce initiatives. We have been working with Cantor Virtual Marketing and learning a lot about the processes that attract, convert, engage, and retain members. As part of this, we created and promoted the **SDBP Values Survey** at the annual meeting, which gave us insight into what value SDBP holds for its members, so thank you to all that answered! The bottom line? We need to develop high quality content that is easily shareable to give potential members a taste of SDBP, streamline our onboarding experience, provide more points of contact throughout the year, and mentorship that ferries members into active roles within the Society.

Our goal in the coming year is to streamline communication between Sections, SIGs, and Committees, increased collaboration on workforce projects, and help everyone understand how all of these projects fit together. We will also be learning how to use some of the new tools that Degnon has obtained, including the new website system and G Suites. Stay tuned and stay safe! 2021, here we come!

# Psychology Section

**JACK DEMPSEY, PhD & KARLA FEHR, PhD**  
Co-chairs



The Psychology section solicited information from sites with training in Developmental-Behavioral Pediatrics (DBP). Please see information below from sites that responded, including open post-doctoral positions. The Psychology section is interested in continuing to collect information from sites with psychology training in DBP, so please contact the co-chairs if you would like your site to be included in a future directory: [kfehr@siu.edu](mailto:kfehr@siu.edu) and [jack.dempsey@childrenscolorado.org](mailto:jack.dempsey@childrenscolorado.org)

Facility: **Medical University of South Carolina**, Division of Developmental-Behavioral Pediatrics

Location: Charleston, SC

Level of training (grad student, intern, postdoc): clinical psychology interns (through Charleston Consortium Internship) and postdoctoral fellows

Brief description of clinical experiences (if any): our clinical psychology interns and postdoctoral fellows participate in division multidisciplinary clinics (ASD and 0-3) with developmental-behavioral pediatrics fellows and faculty developmental pediatricians; bimonthly division didactic series

Submission deadline: APPIC for interns

Contact person: Catherine Bradley, PhD [bradlecc@musc.edu](mailto:bradlecc@musc.edu)

Website (if available): <https://medicine.musc.edu/departments/pediatrics/divisions/developmental-behavioral>

Facility: **Metro Health System**

Location: Cleveland, Ohio

Level of training (grad student, intern, postdoc): intern and postdoctoral fellow

Brief description of clinical experiences (if any): autism evaluation clinics (0-5, school aged, and Hispanic clinics) on multidisciplinary team including a psychologist, DBP, SPL. Hispanic clinic has Spanish speaking providers; primary care experience with our Comprehensive Care Clinic for children with complex medical and developmental concerns.

Brief description of research experiences (if any) research opportunities available: research includes primary care screening for ASD, disparities in ASD evaluation for Hispanic patients

Submission deadline: N/A

Contact person: Melissa Armstrong-Brine, PhD [marmstrongbrine@metrohealth.org](mailto:marmstrongbrine@metrohealth.org)

Website (if available): <https://gme.metrohealth.org/psychology-residency>

Facility: **SIU School of Medicine, Department of Pediatrics**

Location: Springfield, IL

Level of training (grad student, intern, postdoc): graduate student, intern (must be in a school psychology or combined school-clinical program; part of Illinois School Psychology Internship Consortium), and postdoctoral fellow (not always available; no position currently)

Brief description of clinical experiences: psychological and developmental testing; NICU developmental follow up; consultation with parents, schools, and medical providers; individual therapy; clinical teaching of medical students and residents

Brief description of research experiences: limited, largely focused on quality improvement efforts

Submission deadline: grad students and postdocs - there is no specific deadline, but you are encouraged to contact Dr. Hickey several months prior to your hopeful start date; interns - APPIC deadlines

Contact person: Anna Hickey ([ahickey37@siumed.edu](mailto:ahickey37@siumed.edu))

Facility: **WVU Medicine Children's Hospital, Neurodevelopmental Center**

Location: Morgantown, WV

Level of training (grad student, intern, postdoc): postdoctoral fellow

Brief description of clinical experiences (if any): see flyer on the discussion board

Brief description of research experiences (if any): see flyer on the discussion board

Submission deadline: rolling

Contact person: Jenna Wallace, PsyD at [pedspsychfellowship@hsc.wvu.edu](mailto:pedspsychfellowship@hsc.wvu.edu)

Website (if available): <https://medicine.hsc.wvu.edu/pediatrics/fellowships/clinical-psychology-fellowship/>

## Fellowship Training Section

**BARBARA TRUE FELT, MD & DIANE LANGKAMP, MD**

Co-chairs

**The Fellowship Section meetings:** The Section met online in May, September and during the SDBP Annual meeting on October 9<sup>th</sup>, 2020. In May, anticipated changes due to the pandemic were discussed for: the fellowship applicant interview processes; resident-fellow education; and general recruitment and workforce issues. In September, topics discussed included: experiences with interviewing practices; and how video visits have influenced resident and fellow training. At the annual section meeting in October members reviewed survey results from the Program Directors (see below) and discussed how different programs are checking in

with their fellows during this time.

**Program Director (PD) survey:** PDs were surveyed regarding the effect of Covid-19 (C-19) on fellowship programs. 26/25 PDs participated in surveys conducted in May and September, respectively. While the results were not unexpected, they underscore the work and stress experienced in our programs across the country.

- A majority of PDs reported state restrictions (stay at home, school closure) in both surveys, and institutional direction to convert telemedicine (in May), and to restart in-person (in Sept).
- In May, up to 39% of PDs reported having helped manage fellow concerns related to C-19 (no daycare/school, worries of infection risk/transmission, work adjustment); up to 50% in Sept.
- By Sept, 50% of PDs reported a medium effect of C-19 on fellow clinical experiences; and 40% reported a medium effect or more on research activities.
- By Sept, 60% of PDs reported feeling big/very big stress levels (for the preceding 3 months). 36% of PDs reported a medium stress level, and 76% reported this was “worse than usual”.

**Match Day was December 16<sup>th</sup>!** The Section will conduct a zoom meeting in January to discuss the Match results and next steps particularly with regard to implications for workforce development and DEI factors.

*BF*



**Announcements**



- Please don't forget to **RENEW YOUR DUES** before the end of the year! An email was sent on December 9 with these [new instructions](#) – as you may need to reset your password.
- The [SDBP.org](http://SDBP.org) website has switched over to Wordpress! SDBP is working on incorporating many new features so stay tuned!
- Please take time to read the statement [Recommendations for the Biden-Harris Administration in the Service of Children & Families: A Statement of Priorities from the Society for Developmental & Behavioral Pediatrics](#) which will be published in JDBP.



## Social Media roundup





**Raising Good Humans**  
Dear Media, Aliza Pressman  
Subscribed

5.0 ★★★★★  
455 Ratings

2019–2020  
Parenting

As a parent, do you ever wish someone could just whisper some realistic and trustworthy support in your ear? And not make you feel awful for not having all the answers? Well, that's what I'm here for.

I'm Dr. Aliza Pressman, developmental psychologist, parent educator, asst. clinical professor, and co-founder of both Mount Sinai Parenting Center and SeedlingsGroup. And I'm a mom... trying to raise two good humans myself, so I'm in this with you!

How do you raise an anti-racist? [@theconsciouskid](#) talks about parenting and education through a critical race lens. In addition to some excellent book recommendations, they've also started an Anti-Racist Children's Book Fund to support educators.

On the podcast [Raising Good Humans](#), Aliza Pressman, PhD discusses evidence-based approaches and tools with the intent of making the parenting journey less stressful and more joyful. Dr.

Pressman is the co-founder of the Mt. Sinai Parenting Center, which has also brought us the Keystones of Development Curriculum.



Children's ability to effectively manage their full range of emotions — a.k.a. "Self-regulation" is one of the most important factors for success in school, work and relationships into the long term.

© ryanuy.md

... SDBP Member Ryan Uy, MD, MPH of Children's National Medical Center in Washington, DC breaks down ADHD, Autism, self-regulation, and more on his Instagram account, [@ryanuy.md](https://www.instagram.com/ryanuy.md).

If you've ever been interested to know if dogs can talk... well, they can learn to use an AAC device! Follow Stella and her communication skills along with

speech-language pathologist Christina Hunger, MA, CCC-SLP on [@hunger4words](https://www.instagram.com/hunger4words) on Instagram.



Happy holidays to all, and we look forward to seeing you online and hopefully again in person soon! Connect with us on Twitter, Facebook, and Instagram at [@SDBPeds](https://www.instagram.com/SDBPeds).



Feedback, questions, and submissions can be sent to **Alyssa Schlenz** [alyssa.schlenz@childrenscolorado.org](mailto:alyssa.schlenz@childrenscolorado.org) or to **Shruti Mittal** [shrutimittal88@gmail.com](mailto:shrutimittal88@gmail.com).

