



# SDBP ANNUAL MEETING Sessions

The Society for Developmental and Behavioral Pediatrics is offering NEW formats this year comprised of a number of professional development and research presentations sessions.

**Topical Symposia:** topics that are conceptual or relevant to practice issues, clinical care, training, or research, intended to allow the audience to compare/contrast models, understand multiple perspectives on issues, and engage with conceptual questions (previously called concurrents).

**Conversational Roundtable:** An engaging conversation among 3-4 scholars/ practitioners, with a focus on a central question or theme.

**Hot Topics:** A forum for professional conversations on today's hottest topics within developmental-behavioral pediatrics.

**Research Symposia:** A cohesive group of empirical research presentations on singular or related topics.

**Spotlight Research:** A forum to debut new, ground-breaking, or innovative findings in the field of developmental & behavioral pediatrics and for senior researchers to present their body of research to colleagues.

**Research Platform:** single study research presentations grouped together for a themed oral presentation.

**Poster Symposium:** single study research posters grouped together by topic, combines poster viewing and a brief presentation by the author of key findings.

## Fall 2022 Annual Meeting DETAILED SCHEDULE

*All sessions are included in the meeting registration unless otherwise noted.*

### Saturday, October 22, 2022

**12:00pm – 1:00pm MDT**

**JDBP Editorial Board Lunch** (*invitation only*)

**SDBP Committee Meetings: Communications, Education, Past Presidents**

**1:00pm – 1:45pm MDT**

**Welcome & Presidential Address**

**Marilyn Augustyn, MD**

Director, Division of Developmental and Behavioral Pediatrics  
Boston University School of Medicine/Boston Medical Center



## 2:00pm – 3:15pm MDT (4 options)

### 1. Topical Symposium: Autism in NICU Graduates: Diagnosing Autism in Young Children with Medical Complexity

*Katherine Steingass, MD, Nationwide Children's Hospital, Hilliard, OH; Lindsay Bartram, DO; Elizabeth Barnhardt, DO; Amber Dupre, MS, CCC-SLP, CLC; Ann Levine, Psy.D; Marilee Martens, PhD, Nationwide Children's Hospital, Columbus, OH*

#### **Brief Description:**

Purpose: Prepare attendees to evaluate ASD in medically complex children to ensure timely diagnosis and intervention for ASD in children with multiple disabilities

Need: Diagnosing autism spectrum disorder (ASD) is more challenging for children with a history of prematurity or neonatal encephalopathy and resulting medical complexity. Children born preterm are at increased risk for ASD, with risk increasing with decreasing gestational age. Neonatal encephalopathy is also associated with increased risk of ASD. These children have higher rates of medical comorbidities including hearing and vision impairments and other developmental conditions such as cerebral palsy and significant cognitive delay which can make identification of ASD more challenging. Opportunities to interact with peers may be limited in children with bronchopulmonary dysplasia due to the need to limit viral exposures. Although it is important to monitor for ASD in children who required neonatal intensive care, commonly used screening tools have known higher rates of false positives in these populations, and diagnostic tools are not standardized for some situations (e.g. ADOS in non-ambulatory child). In addition to complexities involved in evaluation, families of these children have often been on an emotional journey related to receiving difficult medical news which may affect how they respond to an ASD diagnosis.

#### **Target audience:**

Clinicians of various disciplines (developmental behavioral pediatrics, psychology, speech language pathology, advanced practice nursing, general pediatrics, social work) across the range of career development stages.

#### **Learning Objectives:**

At the end of the session, attendees will be able to: Differentiate characteristics of ASD from those of significant cognitive delay; Distinguish behaviors indicative of ASD from those that can be attributed to sensory impairment (hearing or vision); Adapt interdisciplinary team evaluation processes to accommodate individual patient and family medical, cultural, and psychosocial needs.

**Keywords:** Clinical Practice, Interprofessional Practice

### 2. Topical Symposium: Improving Developmental and Behavioral Outcomes in Children with Chronic Illness

*Mark Swanson, MD, UNR Medical School, Reno, NV*

#### **Brief Description:**

Developmental and behavioral professionals have a growing opportunity to help children with chronic illness improve their cognitive, academic and social outcomes. Sickle cell disease (SCD), spina bifida, muscular dystrophy, congenital heart disease (CHD) and cleft palate are all conditions in which children have higher rates of developmental, school and emotional/behavioral problems. Life expectancies in all these conditions have improved to the point that clinics serving them need to shift focus from physical health to school performance and emotional development, so they can live fulfilled adult lives. Regular, proactive evaluation by DB professionals can trigger academic and behavioral interventions that lead to improved school and emotional outcomes. Transition points should be targeted: KG readiness, 3rd grade, middle school, high school. Families need care coordination to find the services identified through enhanced assessment of development, educational achievement, behavior and social-emotional adjustment.

#### **Target audience:**

Psychologists, developmental pediatricians, social workers, physical therapists, occupational therapists, speech therapists who will all be able to expand their practice scopes and increase reimbursement opportunities by offering services to children with chronic illnesses seen in specialty clinics.

#### **Learning Objectives**

Identify physiologic and psychosocial risk factors that threaten development and behavior in children with chronic illnesses; Detail evidence of altered development and behavior in children with specific conditions: congenital heart disease, sickle cell disease, spina bifida, muscular dystrophy, cleft palate; Describe a systematic approach to developmental follow-up that will improve assessment and intervention in children with chronic illnesses.

**Keywords:** Interprofessional Practice

### 3. Topical Symposium: Continue to Improve EPIC Efficiency! How to Use Tools/ Builds Within EPIC to Reduce Documentation Time: Round 2

*Paul Dressler, MD, MPH, Developmental Medicine at Vanderbilt University, Nashville, TN; Veronica Bordes-Edgar, PhD, University of Texas Southwestern Medical Center, Dallas, TX; Allison Dempsey, PhD, University of Colorado Health, Aurora, CO; Jack Dempsey, PhD, Children's Hospital Colorado, Aurora, CO; Lisa Herzig, MD, St. Charles Hospital, Seattle, WA; Patty Huang, MD, Children's Hospital of Philadelphia, Philadelphia, PA; Abigail Kissel, MD, University of Texas Southwestern Medical Center, Dallas, TX; Maria Mendoza, MD, Norton Children's Hospital- University of Louisville, Louisville, KY; Rohan Patel, MD, University of Carolina, Columbus, OH; Karen Ratliff-Schaub, MD, Prisma Health, Greenville, SC; Brian Tang, MD, Sutter Health- PAMF, Palo Alto, CA*

**Brief Description:** Increased demands to reduce wait times, increased clinic volumes, and shared notes with families make the ability to efficiently and accurately document a requirement for preventing burn out. Last year, we presented ways to improve efficiency in the EPIC EMR system. This was well received and requests were made to continue this as an annual session. The purpose of this year's session is to review new EPIC foundation builds available to all who have EPIC, share new tricks to improve efficiency, discuss interdisciplinary documentation, improving telehealth experience, and how to help resistant adopters. Each topic will have its own section that will include brief didactic, resources to take home, audience participation in real time polls, and opportunity for question/ answer.

**Target audience:** The target audience is any a provider who has utilizes EPIC electronic medical record system as well as other providers who want to take these tools and templates to create similar models in other electronic medical record systems. In regards to career development, this talk is aimed to reach all levels, from a trainee to senior faculty as all are impacted by inefficiencies in the medical record system and would benefit from learning resources and tools to improve their experience.

**Learning Objectives:** Participants will be able to go back to their institutions to access new EPIC Foundation builds and then implement them into their practice; Participants will have knowledge on how to access general EPIC resources that help improve efficiency in documentation, gathering data through EPIC, document interdisciplinary clinics, and manage issues around open notes; Participants will have tools on how to approach colleagues who are late adopters to using tools with the EMR.

**Keywords:** Clinical Practice, Interprofessional Practice

### 4. Hot Topics: Who, What, and How of Education (4 hot topics)

#### Making the SDBP Google Classroom Work For You

*Catherine Lipman, MD, Case Western Reserve University, Cleveland, OH; Anna Hickey, PhD, Southern Illinois University School of Medicine, Springfield, IL; Elizabeth Barnhardt, MD, Nationwide Children's Hospital, Columbus, OH*

**Brief Description:** The SDBP Google Classroom was created in 2021 to provide a space to share developmental-behavioral pediatric and psychology education resources that have been reviewed by members of the SDBP Online Education Work Group. We will introduce attendees to the SDBP Google classroom, demonstrate navigation of the classroom, and encourage active participation. We will review how members have used it to invite grand rounds speakers, create individualized curricula for learners and share expertise at a national level.

#### Cognitive and Academic Assessment of English Learners (ELs): Challenges and Solutions

*Jessica Emick, PhD, Fielding Graduate University, Willoughby Hills, OH*

**Brief Description:** This presentation will share key information relevant for professionals related to evaluating for learning and speech issues with ELs using the Culture-Language Interpretive Matrix (C-LIM) as a framework. Brief guidance will be provided related to ways to consider context, how to select tests, and how to interpret tests within the frame of C-LIMS.

#### Incorporating Neurodiversity Education into Medical Training

*Mason Rostollan, MS; Angela Scott, MD, PhD, University of Arkansas for Medical Sciences, Little Rock, AR*

**Brief Description:** Neurodiversity refers to the naturally occurring variation in human minds that occurs within a population. The neurodiversity movement advocates the social model of disability, in which politics, the physical environment, and society create a less than optimal space for individuals who are different. In contrast, the medical model views disability as an innate problem or deficit associated with an individual. In the education of healthcare professionals, the medical model is not only the dominant position, but is traditionally presented uncritically as the only available model. In recent years, however, the neurodiversity movement has begun to show an activist-centered lens through the social model of disability. In this Hot Topics session, members will discuss the role of neurodiversity in medical training and its role in patient care.

## Art of Medicine, Art in Medicine, Art as Medicine!

*Kanchana Boseroy/ Roychoudhury, MD, Melmed Center, Scottsdale, AZ*

**Brief Description:** In this presentation, use of different arts modalities in various aspects of health care will be presented in an artistic manner. Visual arts, Performing arts including dance, drama, music, poetry/ spoken word and written art, cartoons, films, videos and even a recorded puppet show with voice done by children with disabilities will be shown. We will review literature and research on Art in Medicine as published in peer reviewed journals. But most of all, we will have fun seeing art used in real life with children, families and communities. The presenter will show personal use of art in different countries and cultures, in different languages and used for different issues.

**Keywords:** **Advocacy, Clinical Practice, Education, Interprofessional Practice**

**Saturday, October 22, 2022 continued**

**3:30pm – 5:00pm MDT (3 options)**

### **5. Topical Symposium: Exploring New Models of Multidisciplinary Care for Developmental Behavioral Pediatrics- Different Approaches for Different Practice Settings**

*Kathryn Ostermaier, MD; Leandra Berry, PhD; Holly Harris, MD; Dinah Godwin, MSW, LCSW-S; Jennifer Cervantes, MSW, LCSW; Jennie Torres, MSW, LMSW; Michelle Yu, APRN, FNP, Texas Children's Hospital, Houston, TX; Tiffany Bittner, MSN, RN, Texas Children's Hospital, Houston, TX; Anthony Malone, MD; Jenny Torre, MD; Matthew Hickling, CPNP-PC, MSN, CapitalCare Developmental Pediatrics, Latham, NY*

**Brief Description:** Access to care in Developmental Behavioral Pediatrics is an ongoing challenge. This topical symposium will present different multidisciplinary approaches, with the goal of maximizing access and quality of care. A private practice model of collaborative care will be presented that uses multiple levels of medical providers that addresses the serious workforce shortage in Developmental Behavioral Pediatrics. This model shows how registered nurses, nurse practitioners, general pediatricians and DBP physicians can share referrals and patients while working efficiently and competently. The presentation will describe practice related data for each group such as scheduling, productivity, coding, reimbursement, family perceptions, record keeping, and diagnostic considerations. A large academic model will also be presented showing that a longitudinal “roadmap” to care utilizing a multidisciplinary team of professionals (MDs, PhD’s, NPs, SWs, and RNs) helping families at various times along the childhood continuum could substitute for multiple MD/PhD return visits and allow DBP physicians and psychologists to focus on what we do best: making developmental diagnoses through neurodevelopmental assessment and attempting to determine medical etiological diagnoses. This symposium is intended to help clinicians find innovative ways to increase access, provide high quality care and support to their communities using a multidisciplinary model regardless of practice type.

**Target audience:** This symposium is intended for a target audience in various career development stages (trainees and early to late career practitioners), as well as a variety of professionals in the developmental-behavioral pediatrics realm such as physicians, psychologists, advanced practice providers, nurses and social workers. This symposium is intended to challenge the audience to consider innovative changes for their practice to meet their community’s needs.

**Learning Objectives:** Attendees should be able to consider alternative models of care that utilize a multidisciplinary team of professionals to decrease waitlist times and improve access to care; leave with new tools to address patient needs at various childhood time periods of transition, and will understand the role that caregiver educational workshops play in the longitudinal care of children with developmental disabilities; have a better grasp of some of the practice management issues that need consideration in a model of collaborative care.

**Keywords:** **Clinical Practice, Interprofessional Practice**

### **6. Research Symposium: Integrating Multiple Research Approaches to Advance Neurodevelopmental and Medical Care for Sex Chromosome Aneuploidies**

*Nicole Tartaglia, MD, MS, Children's Hospital Colorado/University of Colorado Anschutz Medical Campus, Aurora, CO*

*Chair: Rebecca Wilson, PsyD, University of Colorado School of Medicine*

*Discussant: Laura Pyle, PhD, Children's Hospital Colorado*

#### **Abstract Integrative Summary:**

This session will demonstrate the opportunity and power of utilizing different methodologies in DBP research to answer clinical questions, inform interdisciplinary care and counseling, and generate new hypotheses, using research in children with sex chromosome trisomies (XXY/Klinefelter syndrome, XYY, Trisomy X) as an example population.

Prenatal diagnosis of sex chromosome trisomies is increasing, leaving DBP providers to provide care for a growing number of infants at risk for neurodevelopmental disorders including speech-language and motor disorders, learning disabilities, ADHD, anxiety, and autism. We will highlight findings from a prospective natural history study of all SCTs, a randomized clinical trial of infant testosterone therapy in XXY, a qualitative interview study in Trisomy X, and a hypothesis-generating metabolomics analysis to demonstrate strengths and limitations of each research approach, while highlighting innovative findings and care implications for DBPs. Discussant will encourage discussion of strengths and limitations of each research approach for evaluating clinical questions, as well as encouraging audience input into unanswered questions, generalizability of findings, and how results might impact recommendations for developmental care and treatment guidelines.

**Participant Abstracts:**

**The eXtraordinary Babies Study: Findings from a Natural History Study inform Early Medical Care and Developmental Screening Recommendations**

*Jennifer Janusz, PhD, University of Colorado School of Medicine, Children's Hospital Colorado, Aurora, CO; Nicole Tartaglia, MD, MS, Children's Hospital Colorado/University of Colorado Anschutz Medical Campus, Aurora, CO;*

*Susan Howell, MS, CGC; Shanlee Davis, MD, PhD, University of Colorado School of Medicine / Children's Hospital Colorado, Aurora, CO; Christina Miller, BS; Jillian Kirk, BS, University of Colorado School of Medicine, Aurora, CO; Mariah Brown, BS, University of Colorado School of Medicine, Aurora, CO; Judith Ross, MD, Nemours Children's Hospital, Wilmington, DE; Rebecca Wilson, PsyD, University of Colorado School of Medicine / Children's Hospital Colorado, Aurora, CO*

**Testosterone Effects on Short Term Neurodevelopmental Outcomes in Infants with XXY: A Randomized Clinical Trial**

*Shanlee Davis, MD, PhD, University of Colorado School of Medicine, Aurora, CO; Nicole Tartaglia, MD, MS, Children's Hospital Colorado/University of Colorado Anschutz Medical Campus, Aurora, CO; Mariah Brown, BS; Talia Thompson, PhD; Laura Pyle, PhD; Jennifer Janusz, PsyD; Phil Zeitler, MD, PhD, University of Colorado School of Medicine, Aurora, CO*

**An Emotional Journey: Parent Experiences of Raising Young Daughters with Prenatally Identified 47,XXX (Trisomy X)**

*Talia Thompson, PhD, University of Colorado School of Medicine, Aurora, CO*

**Discovery of Aberrant Metabolic Pathways in XXY/Klinefelter Syndrome: Metabolomics Analysis**

*Shanlee Davis, MD PhD, University of Colorado School of Medicine, Aurora, CO; Philip Zeitler, MD, PhD, Children's Hospital Colorado, Denver, CO; Nicole Tartaglia, MD, MS, Children's Hospital Colorado/University of Colorado Anschutz Medical Campus, Aurora, CO; Peter Baker, MD, University of Colorado School of Medicine, Aurora, CO*

**Keywords:** **Research**

**7. Clinical Case Session: *Information to come***

**Saturday, October 22, 2022 continued**

**5:00pm – 6:00pm MDT**

**SDBP Section Meetings: *Advanced Practice Clinician / Fellowship Training/ Psychology***

**6:00pm – 6:30pm MDT**

**Mentor & Mentee Meet up/ *First time attendees & New member welcome***

**6:30pm – 8:00pm MDT**

**Opening Reception & Poster Session 1**





**Sunday, October 23, 2022**

**7:30am – 8:30am MDT**

**SDBP Committee Meetings: DEI, Research, Practice Issues**

**Morning walk/activity**

**9:00am – 10:15am MDT (3 options)**

### **8. Topical Symposium: Interdisciplinary Models for Improving Healthcare Transition and Adult Healthcare Provision in Individuals with Intellectual and Developmental Disabilities (IDD)**

*Jessica Sanders, MD, University of Colorado, Denver, CO; Sarah McSwegin, LCSW, Children's Hospital Colorado, Aurora, CO; Eleanor Floyd, MD, University of Colorado and Children's Hospital Colorado, Aurora, CO; Cristina Sarmiento, MD, University of Colorado and Denver Health, Denver, CO; Michael Puente, MD, University of Colorado and Children's Hospital Colorado, Denver, CO; Dan Wood, PhD MB.BS FRCS Urol, University of Colorado School of Medicine, Aurora, CO*

**Brief Description:** Youth with intellectual and developmental disabilities (IDD) face unique challenges when transitioning from pediatric to adult healthcare. They struggle with access to care and experience poorer health outcomes when transitioning to adulthood. This interactive, interdisciplinary topical symposium will explore unique programs designed to overcome some of these barriers and improve the healthcare transition process for this vulnerable population. We will frame our symposium with a case of a young adult patient with intellectual disability and multiple complex medical problems. This patient will begin in our Developmental Pediatrics Transition Clinic, and will ultimately “visit” other clinics. Through this case, participants will learn how providers in different disciplines and at different institutions work together to care for each of these patients’ needs. A social worker, who is the co-leader of the Transition Clinic, will describe the Transition Clinic’s structure, patients served, metrics utilized, and patient outcomes, including employment outcomes. As in real life, we will identify unmet medical and transition-to-adulthood needs in this patient, and present questions to the audience about what path to take next to address these needs... Through this case-based session that incorporates polling and interactive question-and-answer, participants will learn about this innovative interdisciplinary, asynchronous model developed to help meet the complex medical, developmental, and social needs for youth and young adults with IDD as they transition to adulthood.

**Target audience:** will include clinicians from all specialties and career development stages, as the interactive presentation will challenge all participants to think in innovative ways of how to help patients in Developmental Behavioral pediatric practices approach the transition to adulthood process. Clinicians, administrators, and clinician-researchers will benefit from this discussion of diverse viewpoints and experiences in the transition-to-adulthood process.

**Learning Objectives:** 1) Describe a model of an interdisciplinary Transition Clinic housed within a Developmental Pediatrics department, 2) Compare at least 3 different models of specialty care for youth and adults with intellectual and developmental disabilities, 3) Understand how asynchronous specialty care can contribute to well-integrated, complex care for patients with IDD.

**Keywords:** **Clinical Practice, Interprofessional Practice**

### **9. Topical Symposium: Evolving Models for ASD Evaluation: Comparing Innovative Community**

#### **Partnerships**

*Melissa Doyle, PhD, LCSW, Bernard & Millie Duker Children's Hospital, Albany, NY; Ami Bax, MD, University of Oklahoma, Oklahoma City, OK; Rebecca McNally Keehn, PhD, Indiana University School of Medicine, Indianapolis, IN; Maria Stanley, MD, University of Wisconsin, Madison, WI; Rene Jamison, PhD, University of Kansas Medical Center, Kansas City, KS; Sheri Ravenscroft, MD, Dell Children's Medical Center, Austin, TX; Leslie Speer, PhD, Quadrant Bioscience and Frazier Behavioral Health, Cleveland, OH; Jennifer Shannon, MD, Cognoa, Seattle, WA*

#### **Brief Description:**

Although the prevalence of Autism Spectrum Disorder (ASD) is increasing,<sup>1</sup> the number of available Developmental Behavioral Pediatric (DBP) providers is declining. Provider shortages delay evaluation and treatment, with greater effects on minoritized children.<sup>2</sup> Delayed treatment limits optimal development of cognitive, verbal, and social skills, academic performance, and functional life skills.<sup>2</sup> Further, expectations to improve practice efficiency contribute to stress<sup>3</sup> and impact recruitment of new DBP providers.<sup>4</sup> Innovative community partnership models of ASD evaluation improve access to care and reduce DBP burden.

#### **Target Audience:**

DBP clinicians, regardless of location or team composition, all face the same challenges to increase equitable care access and family satisfaction while strengthening practice efficiency and reducing provider stress. This program will describe innovative

collaborations with community partners that are scalable and replicable for varying practice sites. The proposed program will garner interest from physicians, advanced practice providers, administrators, psychologists and researchers and from all career levels including trainees, early career, mid-career and late career.

#### **Learning Objectives**

Describe innovative community partnership models that increase access to ASD evaluations; Identify how collaborative partnerships improve 4 target areas of focus: improve equitable care access, increase family satisfaction, strength practice efficiency and reduce provider stress; Outline how these practice innovations are replicable and scalable for other DBP sites.

**Keywords:** **Advocacy, Clinical Practice, Interprofessional Practice**

### **10. Research Platform: Diversity Considerations in Clinical Practice (4 abstracts)**

#### **Preferred Family Language and Telehealth Uptake for DBP Assessments: A DBPNet Study**

*Annie Kennelly, MD, Baylor College of Medicine, Houston, TX; Sarah Wozniak, BA; Sansanee Craig, MD; Carina Flaherty, BA; Katherine Kellom, BA; Jaclyn Cacia, BA, Children's Hospital of Philadelphia, PA; Audrey Christiansen, MD, BMC, Boston, MA; Lucero Cordero, BA; Priscilla Ortiz, PhD, Children's Hospital of Philadelphia, PA; Kristen Stefanski, MD, Akron Children's, Akron, OH; Kate Wallis, MD, MPH, Children's Hospital of Philadelphia, PA*

#### **Racial/Ethnic Disparities in Rates of Behavioral Screening: A Case of Simpson's Paradox**

*Talia Benheim, BA, Massachusetts General Hospital, Boston, MA; Radley Christopher Sheldrick, PhD, Boston University School of Public Health, Boston, MA; Ellen Perrin, MD, Tufts Children's Hospital, Boston, MA; Anamika Dutta, BA; J Michael Murphy, EdD, Massachusetts General Hospital, Boston, MA*

#### **Use of Telemedicine in Spanish-Speaking Families during the COVID-19 Pandemic**

*Odeilis Dominguez, MD; Michael Lewis, PhD; Margaret Whedon, PhD, Rutgers-RWJMS, New Brunswick, NJ*

#### **Latinx Parent Educational Perspectives: Aspirations and Implications for Pediatrics**

*Jaime Peterson, MD, MPH, OHSU, Portland, OR; Alejandro Robles, N/A, Southern Oregon University, Ashland, OR; Veronica Carrasco, BA; Julia Zavala, BA, Oregon Health Science University, Portland, OR; Nelda Reyes, MA, ABCultural Drivers, Portland, OR; Lisa Chamberlain, MD, MPH, Stanford University, Palo Alto, CA; Katharine Zuckerman, MD, MPH, Oregon Health and Science University, Portland, OR; Janine Bruce, DrPH, MPH, Stanford University, Palo Alto, CA*

**Keywords:** **Clinical Practice, Education, Research**

**Sunday, October 23, 2022 continued**

**10:30am – 11:30am MDT**

### **Lectureship Presentation: *Margaret Montoya, JD***

Professor Emerita of Law at UNM School of Law

Former Senior Advisor, Chancellor of Health Sciences Center

**11:45am – 1:00pm MDT (4 options)**

### **11. Research Spotlight: The Impact of Abuse, Neglect, and Social Experience on Behavior and Development: A 30-Year Perspective**

*Lane Strathearn, MD, PhD, University of Iowa, Iowa City, IA*

#### **Brief Description:**

Infancy is a time of rapid neural development, in which repetitive, attuned social experiences are transformed into neural connections that become the foundation for social and cognitive development. Likewise, pregnancy, childbirth, lactation, and caregiving experience appear to prime a mother's brain to respond to infant cues by engaging specific neuroendocrine systems, including the dopamine reward and the oxytocin affiliation systems. Our research over the

past three decades has explored the impact of early experience—both positive and negative—on child development. Drawing upon a 30-year longitudinal study from pregnancy (Mater-University of Queensland Study of Pregnancy, or MUSP), we have shown that child maltreatment, particularly emotional abuse and/or neglect, is associated with a wide range of long-term adverse health and developmental outcomes, including cognitive, psychological, addiction, sexual health, and physical health outcomes assessed in up to 5200 offspring. Overall, our innovative research program has helped focus attention on the profound long-term impact of abuse, neglect, and early social experience on many outcomes relevant to developmental and behavioral pediatrics.

#### **Learning Objectives**

Upon completion of this Spotlight Research Presentation, participants should be able to: Explain basic neural mechanism through which early experience impacts child development, including dopamine and oxytocin pathways; List the developmental and behavioral outcomes associated with child abuse and neglect, particularly psychological maltreatment; Identify psychosocial risk factors for ongoing developmental and behavioral concerns, in order to provide appropriate support for families.

**Keywords:** Research

## **12. Lectureship Follow up session - Margaret Montoya, JD** *information to come*

## **13. Topical Symposium: Operationalizing DEI in DBP Practice: A Sampling & Discussion of Innovative Programs**

*Jason Fogler, PhD, Boston Children's Hospital, Boston, MA; Kimberlly Stringer, MD, MPH, University of Alabama-Birmingham, Birmingham, AL; Lisa Campbell, MD, Children's Mercy Hospital, Kansas City, MO; Barbara Bentley, PsyD, MS Ed; Christina Buysse, MD, Stanford Children's Health, Palo Alto, CA; Jennifer Walton, MD, MPH, Nationwide Children's Hospital, Columbus, OH; Yamini Jagannath Howe, MD, Lurie Center for Autism, Massachusetts General Hospital & Harvard Medical School, Lexington, MA*

#### **Brief Description:**

Following our Society's call to action to increase our attention to (and implementation of) principles of Diversity, Equity, and Inclusion (DEI) in our Journal and the last two Annual Meetings, colleagues throughout the Society are seeking guidance as to how to operationalize these principles in clinical practice. What would an anti-racist clinic look like, not only from an aspirational viewpoint but in day-to-day operations? In this Topical Symposium, we will consider this question by presenting varying real-life examples of specific innovative, DEI-focused-implementation strategies being utilized by the presenters with guided audience discussion of generalizability of each approach so that the audience can reflect on how to implement DEI efforts at their own local institution.

#### **Target Audience:**

This workshop presents varying approaches that would be relevant to a broad audience in DBP seeking to review ideas for working towards a more inclusive and anti-racist medical community. Examples would apply to the academic educator as well as the clinician seeking to improve their local practice.

#### **Learning Objectives:**

Learn to implement a model for training primary care providers and developmental behavioral pediatrics learners to screen for Adverse Childhood Experiences (ACEs) and increase their ability to address adverse Social Determinants of Health (SDoH) and toxic stress by promoting resilience and emphasizing family and cultural strengths in the clinical setting; Gain knowledge of a validated instrument to measure perceptions of racism experienced by patients in your clinic and learn how to utilize it in your clinical practice; Identify ways our DBP clinical practice may limit access for those who really need us (and conversely, examine deliberate ways to make autism assessment or other services more accessible to diverse families).

**Keywords:** Advocacy



## 14. Research Platform: ASD Potpourri (4 abstracts)

### Sexual and Reproductive Health Service Utilization Among Youth with Autism Spectrum Disorder (ASD) and/or Intellectual Disability (ID)

Thomas Kunich, BS; Catherine Bradley, PhD; Laura Carpenter, PhD; Andrea Boan, PhD, PA-C, Medical University of South Carolina, Charleston, SC

### Tele-PCIT: Initial Examination of Internet Delivered PCIT for Young Children with Autism

Rosmary Ros-Demarize, PhD; Andrea Boan, PhD; Catherine Bradley, PhD; Jordan Klein, PhD; Laura Carpenter, PhD, Medical University of South Carolina, Charleston, SC

### Physical and Chemical Restraint in Hospitalized Children with Autism Spectrum Disorder (ASD)

Mary Elizabeth Calabrese, DO; Carol Weitzman, MD; Georgios Sideridis, PhD; David Davis, MN, RN, NEA-BC, CSSGB; Lauren Herr, MBA, MPH, Boston Children's Hospital, Boston, MA

### Characterizing Mental Health in Boys vs. Girls with ASD or Suspected ASD

Lindsay Olson, PhD, CU Anschutz / JFK Partners, Denver, CO; Allison Meyers, PhD, Children's Hospital of Colorado, Denver, CO; Richard Boles, PhD, University of Colorado School of Medicine, Denver, CO; Audrey Blakeley-Smith, PhD; Judy Reaven, PhD, CU Anschutz / JFK Partners / Children's Hospital of Colorado, Denver, CO

**Keywords:** [Clinical Practice](#), [Research](#)

## Sunday, October 23, 2022 continued

**1:10pm – 2:20pm**

*Trainee/Recent Grad Lunch*

**2:30pm – 4:00pm MDT (3 options)**

## 15. Topical Symposium: Fetal Alcohol Spectrum Disorders: Recognition, Diagnosis and Management Strategies in Developmental-Behavioral Pediatric Practice

Yasmin Senturias, MD, Atrium Health, Charlotte, NC; Susan Butross, MD, University of Mississippi Health Care, Jackson, MS; Kimberly Burkhart, PhD, Catherine Lipman, MD, Rainbow Babies and Children's Hospital, Cleveland, OH; Prachi Shah, MD, University of Michigan, Ann Arbor, MI; Denise Bothe, MD; Rachel Tangen, PhD, Rainbow Babies and Children's Hospital, Cleveland, OH; Susan Barner, MBA, NC FASD Informed, Chapel Hill, NC; Kimber Mork, LCSW, Atrium Health, Charlotte, NC, Lea Moon, parent of a teenager with an FASD, Charlotte, NC

### Brief Description:

Fetal Alcohol Spectrum Disorders are a spectrum of conditions arising from prenatal alcohol exposure. They are characterized by central nervous system abnormalities, facial dysmorphism, growth deficits, and birth defects. Children with FASD exhibit neurobehavioral features which include problems in these three domains: self-regulation, neurocognition, and adaptive skills in the background of prenatal alcohol exposure. Studies show that the full range of FASDs in the United States may be as high as 1 to 5 per 100 school children (or 1% to 5% of the population) and is likely encountered in every Developmental and Behavioral Pediatric practice. However, many children remain undiagnosed or are diagnosed at an older age when traditional treatment modalities have been unsuccessful. In this session, members of the newly formed SDBP FASD Special Interest Group will discuss clinical signs and symptoms of FASD as well as pathways to a diagnosis and differential diagnoses; share information on the different diagnostic systems for FASD and resources for clinicians, including scripts to guide discussion of the diagnosis with families; present treatment strategies ranging from early intervention services, developmental therapies, behavior management, parent education, child educational services, social skill intervention, medical care, medication management, and community supports. We will highlight multidisciplinary management of children with FASDs as well as existing evidence-based strategies. We will also feature a panel of experts from the FASD SIG as well as a parent who will share her experience in raising a child with an FASD. She will also share the perspective of her son who is living with an FASD.

**Target audience:**

The target audience is all developmental behavioral pediatricians, APPs, pediatricians, psychologists, licensed clinical social workers and other professionals who see patients with a history of prenatal alcohol exposure or who have signs and symptoms of FASD. This session will provide them tools in recognition and management of FASDs.

### **Learning Objectives**

Discuss clinical signs and symptoms of FASD and provide pathways to a diagnosis and differential diagnoses; share information on the different diagnostic systems for FASD and resources for clinicians, including scripts to guide discussion of the diagnosis with families; discuss perspectives from a panel consisting of diagnosticians who will discuss approaches to diagnosis and a parent who will discuss the impact of the diagnosis on the family.

**Keywords:** **Advocacy, Clinical Practice, Education, Interprofessional Practice**

## **16. Conversational Roundtable: International Collaboration in Developmental-Behavioral Pediatrics: Enhancing Practice, Education and Research Through the Cross-Cultural Lens**

*William J. Barbaresi, MD, Boston Children's Hospital/Harvard Medical School, Boston, MA; Jason Fogler, PhD; Elizabeth Harstad, MD, MPH, Division of Developmental Medicine, Boston Children's Hospital, Boston, MA; Daniel Holzinger, PhD; Johannes Fellingner, MD, Research Institute for Developmental Medicine, Johannes Kepler University, Linz, NA, Austria*

### **Central theme of roundtable:**

International collaboration in developmental-behavioral pediatrics offers a unique opportunity to enhance clinical practice, research and education through cross-cultural perspectives that inform each of these domains. International collaboration has led to joint efforts in clinical care, research and education that are especially important in the context of overwhelming demand for clinical care, limited support for clinical programs, workforce challenges and the need to raise the profile of the field through research. Discussants in this roundtable have engaged in a 15-year-long collaboration (BOLD-the Boston Linz Developmental Collaboration) that began with a mutual examination of clinical programs, leading to a faculty exchange program. The exchange has facilitated comparisons of team and consultative models of care for diagnostic programs and education for parents of children with common neurodevelopmental disorders.

### **Learning Objectives:**

To examine the benefits of international collaboration to enhance developmental-behavioral pediatric clinical care, education, and research, with a focus on the ways in which the cross-cultural lens informs each of these domains; To describe specific strategies that have enabled this sustained, successful collaboration, including faculty exchanges, educational programs, clinical collaboration and joint research projects; To consider barriers to international collaboration, including the ways in which addressing issues such as demand for clinical services, professional education and workforce challenges, and development of clinical research programs can be enhanced through collaboration.

### **Suggested Readings or Media for audience prior to session:**

Holzinger D, Laister D, Vivanti G, Barbaresi WJ, Fellingner J. Feasibility and Outcomes of the Early Start Denver Model Implemented with Low Intensity in a Community Setting in Austria. *J Dev Behav Pediatr.* 2019 Jun;40(5):354-363. doi: 10.1097/DBP.0000000000000675. PMID: 31107360.

Holzinger D, Weber C, Barbaresi W, Beitel C, Fellingner J. Language Screening in 3-Year-Olds: Development and Validation of a Feasible and Effective Instrument for Pediatric Primary Care. *Front Pediatr.* 2021 Nov 23;9:752141. doi: 10.3389/fped.2021.752141. PMID: 34888268; PMCID: PMC8650498

Fellinger J, Linzner D, Holzinger D, Dall M, Fellingner M, Fogler J. Development of Deaf Adults with Intellectual Disability in a Therapeutic Living Community. *J Deaf Stud Deaf Educ.* 2020 May 30;25(3):261-269. doi: 10.1093/deafed/enz056. PMID: 32313924.

**Keywords:** **Clinical Practice, Education, Interprofessional Practice, Research**

## **17. Poster Symposium: ASD Screening/Diagnosis (5 abstracts)**

*20-minute viewing, 10-minute presentations, 20-minute discussion*

### **Boosting Capacity to Screen and Care for Underserved Children with Autism Spectrum Disorders Through a Community-based, Interprofessional Training Program for Pediatric Care Clinicians**

*Belinda Ohagan, MA, Boston Medical Center, Boston, MA; Jacey Greece, DSc, Boston University, Boston, MA; Rachel Amgott, NP, Boston Medical Center, Boston, MA; Julie White, MS; Ilana Hardesty, BA, Boston University, Boston, MA; Amy Ursitti BS; Sarah Foster, MA; Alana Chandler, BS; Marilyn Augustyn, MD, Boston Medical Center, Boston, MA*

### **Provider and Clinic Variability in Referral Rates after a Positive Developmental Screen**

*Mohadeseh Solgi, BS; Catrina Calub, MA; Alicia Feryn, MS; Eric Fombonne, MD, Oregon Health and Science University, Portland, OR; Cheryl Matushak, BS, Oregon Pediatric Society, Portland, OR; Abby Bush, MPA, Help Me Grow, Portland, OR; Katharine Zuckerman, MD MPH, Oregon Health and Science University, Portland, OR*

### **Repetitive and Restricted Behaviors During Early Development in Infants at Elevated Likelihood of an Autism Spectrum Diagnosis**

*Alex Job Said, BS; Caitlin Clements, PhD; Lisa Yankowitz, PhD, Boston Children's Hospital, Boston, MA; Helen Tager-Flusberg, PhD, Boston University, Boston, MA; Charles A. Nelson III, PhD, Harvard Medical School, Harvard University, Boston Children's Hospital, Boston, MA; Carol Wilkinson, MD, PhD, Harvard Medical School, Boston Children's Hospital, Boston, MA*

### **Validation of the Telehealth Rapid Interactive Screening Test for Autism in Toddlers (RITA-T)**

*Roula Choueiri, MD, Boston Children's Hospital, Boston, MA; Garrison William, PhD, University of Massachusetts Medical School, Worcester, MA; Valerie Tokatli, BA, Boston Children's Hospital, Boston, MA*

### **Psychometric Properties of the Autism Spectrum Disorder Parent Report for Outcome Monitoring (ASD-PROM)**

*Nicole Baumer, MD; Katherine Pawlowski, BA, Boston Children's Hospital, Boston, MA; Joseph Amaral, PhD, The Medical College of Wisconsin, Milwaukee, WI; Georgios Sideridis, PhD; April Levin, MD, Boston Children's Hospital, Boston, MA*

**Keywords:** [Clinical Practice](#), [Education](#), [Interprofessional Practice](#), [Research](#)

**Sunday, October 23, 2022** continued

**4:00pm – 5:00pm**

#### **Business Meeting & Incoming Presidential remarks**

The SDBP member business meeting includes: SDBP meeting update; Financial Report; JDBP update; Committee/SIG/Section outgoing chairs and acknowledgment of service; 2022 Research Grant recipients; Recognition of outgoing and new Board of Directors and transition of presidency; *Incoming Presidential Remarks*



**5:00pm – 6:30pm**

#### **Poster Session 2**



**5:45pm – 6:45pm**

#### **Special Interest Groups: FASD/Autism/ Community & Private Practice**

**7:00pm – 10:00pm**

#### **Social Dinner**



**Monday, October 24, 2022**

**7:30am – 8:30am MDT**

***SDBP Committee Meetings: Advocacy, Membership, Program***

**8:30am – 9:30am MDT**

**PLENARY: Don't Just "Wait and See": A Process for Improving Early Detection of Developmental Disorders**

*Michelle M. Macias, MD, Medical University of SC, Charleston, SC; Toni M. Whitaker, MD, University of Tennessee Health Science Center, Le Bonheur Children's Hospital, Memphis, TN; Julie Pajek, PhD, MetroHealth Medical Center/Case Western Reserve University, Cleveland, OH*

**Description of Symposia**

Despite policy recommending developmental surveillance at every routine health supervision visit and universal developmental and autism screening at select health supervision visits for early detection of developmental disorders, fewer than 50% of developmental disorders are identified before school age.<sup>1</sup> The CDC's "Learn the Signs. Act Early." (LTSAE) program aims to improve the early detection of developmental disorders. Co-authors for the recent updates to the LTSAE milestone checklists<sup>2</sup> and the publication outlining changes<sup>3</sup> will discuss the revision process and major changes. Presenters will review existing evidence on developmental milestones, discuss criteria for milestone selection, and highlight additional features on the checklists (e.g. open-ended questions, act early messaging, early intervention information, expanded developmental promotion and early relational health information)... In a moderated panel presentation and Q&A session, speakers will incorporate perspectives relevant to the expected varied audience by sharing extensive expertise in training and guidance for DBPs, other pediatric care providers, and psychologists. Challenges found during the process as well as limitations will be discussed. Presenters will address implications for both clinical practice, education, and training.

**Target Audience:**

This presentation will be appropriate for trainees and practicing professionals at a variety of career stages in several related fields. While the general approach of using milestones to monitor development is not new, historical use has been with milestones set to ages that represent average ages of attainment. Regardless of career stage, clinicians will likely find the discussion of the milestones revision process and use of Act Early milestones set at levels for most children to be useful for clinical practice, teaching trainees, and providing appropriate information for practicing professionals. The presentation will highlight procedural elements in considering evidence-based reviews and participation in national initiatives.

**Learning Objectives:**

Describe components of developmental surveillance; Explain how evidence-based developmental milestones used in parent-engaged developmental monitoring can improve care; Use resources from national initiatives to support developmental surveillance, screening, and training for professionals and trainees.

**Keywords:** **Clinical Practice, Education**

**9:45am – 11:00am MDT (4 options)**

**18. Plenary Follow up Discussion**

*Michelle M. Macias, MD, Medical University of SC, Charleston, SC; Toni M. Whitaker, MD, University of Tennessee Health Science Center, Le Bonheur Children's Hospital, Memphis, TN; Julie Pajek, PhD, MetroHealth Medical Center/Case Western Reserve University, Cleveland, OH*

**19. Research Symposium: Racial, Ethnic and Sex Disparities in Identification Across Autism/Developmental Disability Service Systems**

*Chair: Cy Nadler, PhD, Children's Mercy Kansas City, Kansas City, MO  
Discussant: Purnima Valdez, MD, Duke University School of Medicine*

**Description:**

Attendees will identify empirically identified disparities in autism/developmental disability identification across multiple service systems and formulate opportunities to improve diagnostic equity.

### **Participant Abstracts**

#### **Predictors of Early Intervention Referral after a Positive Developmental Screen in Community Primary Care Clinics**

Mohadeseh Solgi, BS; Catrina Calub, MA; Alicia Feryn, MS, Oregon Health and Science University, Portland, OR; Eric Fombonne, MD; Cheryl Matushak, BS, Oregon Pediatric Society, Portland, OR; Abby Bush, MPA, Help Me Grow, Providence Swindells Center, Portland, OR; Katharine Zuckerman, MD, MPH, Oregon Health and Science University, Portland, OR

#### **Understanding Disparities in Latino Children with Autism: Is there a Match in Medical Diagnosis and Educational Eligibility?**

Elizabeth Kaplon, PsyD, University of Colorado Denver, Denver, CO; Nuri Reyes, Ph.D., University of Colorado School of Medicine, Aurora, CO

#### **Racial Disparities in the Clinician-Reported Validity of Autism Diagnostic Evaluations**

Cy Nadler, PhD, Children's Mercy Kansas City, Kansas City, MO; Lisa Wiggins, PhD, Centers for Disease Control and Prevention, Atlanta, GA; Maureen Durkin, PhD, DrPH, University of Wisconsin School of Medicine and Public Health, Madison, WI; Nuri Reyes, PhD; Steven Rosenberg, PhD, University of Colorado School of Medicine, Aurora, CO; Lauren Eck, M.Ed., Washington University in St. Louis School of Medicine, St. Louis, MO; Julie Daniels, PhD, University of North Carolina, Chapel Hill, NC; Robert Fitzgerald, PhD, Washington University in St. Louis School of Medicine, St. Louis, MO

**Keywords:** **Advocacy**, **Clinical Practice**, **Interprofessional Practice**, **Research**

## **20. Research Platform: Service and Delivery (4 abstracts)**

### **Informatics-based Intervention to Improve Documentation Efficiency**

Jack Dempsey, PhD, University of Colorado School of Medicine, Aurora, CO; Abigail Angulo, MD; Rebecca Wilson, PsyD; Lisa Hayutin, PhD; Elizabeth Bennett, PhD, University of Colorado Anschutz Medical Campus, aurora, CO

### **Task-shifting as a strategy to increase capacity for patient care in a high volume developmental and behavioral pediatrics clinic: A quality improvement study**

Rhea Patel, BDS; Sara Bastin, MEd; Belinda O'Hagan, MA, Boston Medical Center, Boston, MA; Emily Feinberg, ScD, CPNP, Boston University, Boston, MA; Marilyn Augustyn, MD, Boston Medical Center, Boston, MA; Jocelyn Kuhn, PhD, Boston University, MA

### **Lifetime Earning Potential in Developmental and Behavioral Pediatrics and Its Association with Workforce Distribution**

Eva Catenaccio, MD, The Children's Hospital of Philadelphia, Philadelphia, PA; Jonathan Rochlin, MD, Maimonides Medical Center, New York, NY; Marilyn Augustyn, MD, Boston University School of Medicine, Boston, MA; Carol Weitzman, MD, Harvard School of Medicine, Boston, MA; Harold Simon, MD, MBA, Emory University School of Medicine/Children's Healthcare of Atlanta, Atlanta, GA

### **The New Frontier of Adult Developmental Behavioral Care: What do Patients and Caregivers Value?**

Jessica Sanders, MD, University of Colorado, Denver, CO; Ashley Daffoe, MA; Brooke Dorsey Holliman, PhD, University of Colorado School of Medicine, Children's Hospital Colorado, Denver, CO

**Keywords:** **Advocacy**, **Clinical Practice**, **Interprofessional Practice**, **Research**

## **21. Spotlight Research: ADHD SIG Spotlight: Motivational Interviewing to Enhance Engagement in the Treatment of Attention-Deficit/Hyperactivity Disorder (ADHD)**

Emily Haranin, PhD, University of Southern California Keck School of Medicine, Los Angeles, CA; Elizabeth A Diekroger, MD, Rainbow Babies and Children's Hospital, Cleveland, OH; Jason Fogler, PhD, Boston Children's Hospital & Harvard Medical School Division of Developmental Medicine, Brookline, MA; Margaret Sibley, PhD, University of Washington School of Medicine/ Seattle Children's Research Institute, Seattle, WA

### **Description**

This research spotlight presentation will highlight key barriers and strategies to enhance engagement and delivery of evidence-based treatments for ADHD — largely drawn from MI. Strategies for identifying and assessing baseline barriers will be discussed, as will strategies that have been shown to enhance treatment engagement including patient and parent goal setting, psychoeducation, and collaborative/ shared decision making around treatment choices. The basic relational and technical



components of MI will be reviewed with specific application to pediatric treatment of ADHD. Special topics will include using an MI framework to promote provider engagement with patients from culturally diverse backgrounds and incorporating brief behavioral and motivation building modules into pediatric primary care/ brief visits. This presentation builds on prior Annual Meeting workshops, including the 2020 complex ADHD track presentations, and last year's presentation by Dr. Anil Chacko focused on reducing barriers to access. The current presentation will focus on strategies for overcoming barriers to engagement.

Dr. Sibley's body of work focuses on enhancing engagement of children and families in ADHD treatment across community, school, primary care, and specialty care environments, by blending Motivational Interviewing (MI; Miller & Rollnick, 2013) strategies and practices with evidence-based behavior therapy for ADHD. Dr. Sibley has authored over 100 scholarly publications including a comprehensive therapist's guide to treating ADHD in teens. Her research has resulted in the development of an engagement-focused evidence-based treatment for adolescents with ADHD known as STAND (Supporting Teens' Autonomy Daily; Sibley, 2016). Her ongoing research continues to explore barriers to engagement and strategies to promote engagement using both qualitative (Sibley, 2022) and quantitative methodology.

#### **Learning Objectives**

Identify at least three barriers to treatment engagement for children/ youth with ADHD and their families; Describe three Motivational Interviewing-influenced techniques providers can use for increasing treatment "buy-in" in their adolescent ADHD patients and their caregivers; Apply one to two specific motivational interviewing strategies with their patients, even in time-limited settings (e.g. primary care visits).

**Keywords:** Clinical Practice, Interprofessional Practice, Research

## **Monday, October 24, 2022** continued

### **11:15am – 12:30pm MDT (3 options)**

#### **22. Topical Symposium: More than Meets the Eye: Using the Humanities & Visual Arts As Developmental-Behavioral Pediatric Professionals to Foster Perspective Taking, Communication Skills, and Promote Wellness (with optional visit to Denver Art Museum)**

*Robert Keder, MD, Connecticut Children's Medical Center, University of Connecticut, Farmington, CT; Anson Koshy, MD, MBE, McGovern Medical School, Houston, TX; Elisa Muniz, MD, MS, Children's Hospital at Montefiore, Bronx, NY; Angela Scott, MD, PhD, University of Arkansas for Medical Sciences, Little Rock, AR*

**Brief Description:** The past two plus years have brought with them a syndemic of toxic stressors (i.e. global pandemics, racism & structural inequities, behavioral health crisis, war, and mass violence). These have taken a toll not only on patients and families, but also DBP Professionals leading to symptoms of burnout. This symposia and optional practicum serve to counter these toxic stressors by promoting resilience and wellness through use of the visual arts and humanities. Participants will learn and experience how strategies around the visual arts can promote and foster perspective taking, reduce bias, and promote wellness. In total this symposium and practicum serves to highlight the natural and unique fit of the medical humanities, DEI, and DBP while also permitting resilience and wellness development with colleagues.

**The OPTIONAL practicum will take place after this symposium (see 1pm), a short walk/ride (0.3 miles) from hotel at the Denver Art Museum where presenters will facilitate and debrief sessions using Visual Thinking Strategies (VTS) and Personal Response Tours (PRT).**

**Target audience:** includes all Developmental and Behavioral Pediatric professionals at all stages of career development. This symposium and practicum promotes professional development at the intersection of DEI work, mindfulness, and wellness.

**Learning Objectives:** By the end of this session participants will be able to:

- Discuss the benefits of using visual art and humanities (including improved self-awareness around communication skills; use of perspective taking to address implicit biases; and harnessing the power of ambiguity and mindfulness in promoting wellness) as a means to foster professional identify formation.
- Recognize the value of the humanities and art-based strategies and its relation to clinical DBP practice.
- Review various approaches to implementing humanities-based content as a tool to promote personal wellness and resilience.
- (Optional) Employ visual thinking strategies and a personal response tour as anti-bias and personal wellness/resilience promotion tools at the Denver Art Museum with colleagues.

**Keywords:** Clinical Practice, Education, Ethics, Interprofessional Practice

### 23. Topical Symposium: Down Syndrome and Autism: Demystifying Dual Diagnosis

Rudaina Banihani, MD, University of Toronto, Toronto, ON, Canada; Margaret Froehle, RN, Down Syndrome-Autism Connection, Centennial, CO; Darren Olsen, PhD, University of Missouri Kansas City School of Medicine, Children's Mercy Hospital, Kansas City, Kansas City, MO; Lina Patel, PsyD, University of Colorado School of Medicine, Children's Hospital Colorado, Aurora, CO; Maria Stanley, MD,FAAP, University of Wisconsin School of Medicine and Public Health/ Waisman Center, Madison, WI

#### Description

This session will focus on identification and support of individuals with Down syndrome and Autism Spectrum Disorder (DS-ASD). Historically, a diagnosis of Down syndrome (DS) was thought to preclude an individual having Autism Spectrum Disorder (ASD). However, a growing body of research indicates the prevalence rates of ASD are likely higher in individuals with DS than in the general population. Specifically, meta-analysis data suggests that 16-18% of individuals with DS also have ASD (Richards et al., 2015). This research has generated considerable interest in the field of developmental and behavioral pediatrics, especially among clinicians seeking to accurately identify individuals with a dual diagnosis of DS-ASD. Given the lack of formal diagnostic evaluation guidelines for individuals with DS suspected of also having ASD, this session seeks to synthesize available current research on the subject while bridging gaps in knowledge with expert commentary and parent advocacy perspectives. The goal of this session is to improve and advance knowledge regarding DS-ASD among the developmental-behavioral pediatrics community, including through dissemination of evidence-based clinical approaches and information that can be directly applied in practice.

#### Target Audience

For all stages of career development, as well as for both clinicians and researchers that interact with or study individuals with Down Syndrome. The information will be appropriate for clinicians new to DS, ASD, and/or DS-ASD as well as those having seen these patients throughout their careers. The session will meet the professional needs of the audience by providing information on knowing when to suspect autism, the screeners that can be used, and what symptoms to prioritize when determining a diagnosis and other topics pertinent to DS-ASD. After presentation of information the audience will be enabled to contribute to the conversation through questions and polls.

#### Learning Objectives

Evaluate factors impacting presentation of Autism Spectrum Disorder within individuals with an established diagnosis of Down syndrome; Learn a stepwise approach for pursuing evaluation of Autism Spectrum Disorder in individuals with Down syndrome.; Understand treatment options and best practices post diagnosis of Autism Spectrum Disorder.

**Keywords:** Clinical Practice, Interprofessional Practice, Research

### 24. Research Platform: ADHD & Executive Functioning (4 abstracts)

#### The Role Of Maternal Sensitivity In Infancy On Amygdala Brain Development Of Children

Shuping Lim, MSc Clinical Neurosc, National University of Singapore, Singapore, Singapore; Ai Peng Tan, MBBS, National University Hospital (NUH) and Singapore Institute for Clinical Sciences (SICS), Agency for Science, Technology and Research (ASTAR), Singapore; Zi Yan Ong, BSc, Singapore Institute for Clinical Sciences (SICS), Agency for Science, Technology and Research (ASTAR), Singapore; Zhen Ming Ngoh, PhD, National University of Singapore (NUS) and Singapore Institute for Clinical Sciences (SICS), Agency for Science, Technology and Research (ASTAR), Singapore; Meredith Han, PhD, National University of Singapore (NUS), Singapore; Anne Rifkin-Graboi, PhD, National Institute of Education (NIE) and Singapore Institute for Clinical Sciences (SICS), Agency for Science, Technology and Research (ASTAR), Singapore; L. Mary Daniel, MBBS, Duke-NUS Medical School and KK Women's and Children's Hospital (KKH), Singapore; Peter D. Gluckman, MBChB, DSc, University of Auckland and Singapore Institute for Clinical Sciences (SICS), Agency for Science, Technology and Research (ASTAR), Auckland, New Zealand; Yap Seng Chong, MD, PhD, National University of Singapore (NUS) and Singapore Institute for Clinical Sciences, Agency for Science, Technology and Research (ASTAR) and National University Hospital (NUH), Singapore; Michael Meaney, PhD, McGill University and Singapore Institute for Clinical Sciences (SICS), Agency for Science, Technology and Research (ASTAR), Montreal, QC, Canada; Evelyn C. Law, MD, National University of Singapore (NUS) and Singapore Institute for Clinical Sciences (SICS), Agency for Research and Technology (ASTAR) and National University Hospital (NUH), Singapore

#### Does ADHD Severity, Externalizing, or Internalizing Symptoms Moderate Medication Response in Preschool Aged Children with ADHD? A DBPNet Study

Nathan J. Blum, MD; Justine Shults, PhD, Jaelyn Cacia, MS, Children's Hospital of Philadelphia, Philadelphia, PA; William Barbaresi, MD, Boston Children's Hospital, Boston, MA; Shruti Mittal, MD, Atrium Health, Charlotte, NC; Irene Loe, MD, Stanford University, Palo Alto, CA; Alexis Deavenport-Saman, DrPH, MPH, University of Southern California, Los Angeles, CA; Ami Bax, MD, Oklahoma University Health Sciences Center, Oklahoma City, OK; Sandra Friedman, MD, Children's Hospital Colorado, Denver, CO; Douglas Vanderbilt, MD, MS, University of Southern California, Los Angeles, CA; Angela LaRosa, MD, Medical University of South Carolina, Charleston, SC; Elizabeth Harstad, MD, MPH, Boston Children's Hospital, Boston, MA

#### Is Infant Screen Time A Proxy For The "Infant Experience" In Its Association With Downstream Executive Function Deficits?

Samantha Yeo, BS Neuroscience, National University Of Singapore, Singapore; Benjamin Chow, BS, Singapore Institute for Clinical Science, Agency for Science, Technology and Research (A\*STAR), Singapore; Anne Rifkin-Graboi, PhD, Singapore Institute for Clinical Science, Agency for Science, Technology and Research (A\*STAR); National Institute of Education, Singapore; Lourdes Daniel, MBBS, MMed, EdM, KK Women's and Children's

Hospital, Singapore; Lynette Shek, MBBS, MMed; Yap Seng Chong, MD, MBBS, MRACOG, MMed, National University of Singapore; Singapore Institute for Clinical Science, Agency for Science, Technology and Research (A\*STAR); National University Hospital, Singapore; Peter Gluckman, ONZ, KNZM, FRS, FMedSci, FRSNZ, Singapore Institute for Clinical Science, Agency for Science, Technology and Research (A\*STAR); University of Auckland, Singapore; Michael Meaney, PhD, FRSC, CQ, CM, Singapore Institute for Clinical Science, Agency for Science, Technology and Research (A\*STAR); McGill University, Singapore; Evelyn Law, MD, National University of Singapore; Singapore Institute for Clinical Science, Agency for Science, Technology and Research (A\*STAR); National University Health System, Singapore

### **Main and Interactive Effects of Gestational Age Categories and Early Childhood ACEs on Academic Achievement and Effortful Control at Kindergarten : Test of the Dual Risk Hypothesis**

Prachi Shah, MD, MS, University Of Michigan, Ann Arbor, MI; Maria Spinelli, PhD, Universita "G. D'Annunzio", Chieti-Pescara, Chieti-Pescara, Italy; Julie Poehlmann, PhD, University of Wisconsin-Madison, Madison, WI; Harlan Mcaffery, MA; Niko Kaciroti, PhD, University of Michigan, Ann Arbor, MI

**Keywords:** [Clinical Practice](#), [Research](#)

**Monday, October 24, 2022** continued

**12:40pm – 1:40pm**

**SIGs - Special Interest Groups: ADHD/International/Early Childhood**

**1:00pm – 4:00pm**

**Medical Humanities Field Trip to Denver Art Museum (Optional, entry fee not included)**

*Follow up from session 22 – earlier today*

Topical Symposium: More than Meets the Eye: Using the Humanities & Visual Arts As Developmental-Behavioral Pediatric Professionals to Foster Perspective Taking, Communication Skills, and Promote Wellness



**Annual Meeting Adjourned!**