



SDBP DENVER

**Annual Conference
October 20-24, 2022**

**Society for Developmental
and Behavioral Pediatrics**

THURSDAY, October 20

2:00pm - 7:00pm
Board of Directors
Room: Tower A

3:45pm - 8:30pm
Research Scholars Symposium
Room: Silver



FRIDAY, October 21

7:30am - 12:00pm
Research Scholars Symposium
Room: Silver

11:00am - 5:00pm
Registration: Grand Ballroom Foyer

12:30pm - 7:00pm
Clinical Symposium:
CBT for Medical Professionals
Room: Windows

1:00pm - 6:15pm
Teaching DBPeds Workshop
Room: Majestic Ballroom & Vail
See separate breakout schedule

3:00pm - 6:00pm
Workshop A: *You've Got This!*
*Empowering & Training Parents
in the Role of Parent As Advocate*
Room: Silver

3:00pm - 6:00pm
Workshop B: *Do As I Say...
And As I Do: Prioritizing Our
Wellness & Leading By Example*
Room: Tower D

5:00pm - 6:00pm
Board of Directors
*6pm - 8:00pm: joined by
Committee, SIG & Section chairs*
Room: Tower A

SATURDAY, October 22

7:30am - 6:30pm
Registration: Grand Ballroom Foyer

9:00am - 12:00pm
Workshop C: *Elephants in the Nursery...*
Room: Tower D

Workshop D: *A Deeper Dive into
Complex ADHD*
Room: Majestic Ballroom

Workshop E: *Pediatric Disaster
Preparedness and Response DBP Toolkit*
Room: Vail

Workshop F: *Strength in the Numbers:
Updates in Psychometric Testing...*
Room: Silver

9:00am - 12:00pm
Exploring DBP Program
*Dedicated to the Legacy of
Nancy Packert Shashaty, MD*
Room: Windows

12:00pm - 1:00pm
JDBP Editorial Lunch
Room: Tower A

Committee Meetings:
Communications: **Vail**
Education: **Majestic Ballroom**
Past Presidents: **Denver**

1:00pm - 1:45pm
Welcome & Presidential Address
Room: Grand Ballroom

2:00pm - 3:15pm
Topical Symposium: *Operationalizing
DEI in DBP Practice...*
Room: Grand Ballroom

Topical Symposium: *Improving Develop-
mental and Behavioral Outcomes in
Children with Chronic Illness*
Room: Vail

Topical Symposium: *Continue to Improve
EPIC Efficiency!*
Room: Majestic Ballroom

Hot Topics: *Who, What, and How of
Education*
Room: Windows

Exhibits 2-8pm
Room: South Convention Lobby

3:15pm coffee break
Room: South Convention Lobby

3:30pm - 5:00pm
Topical Symposium: *Autism in
NICU Graduates...*
Room: Grand Ballroom

Topical Symposium: *Exploring New
Models of Multidisciplinary Care...*
Room: Windows

Research Symposium: *Integrating
Multiple Research Approaches to
Advance Neurodevelopmental and
Medical Care...*
Room: Silver

Clinical Case Session: *Challenging Cases
in DBP Practice...*
Room: Majestic Ballroom

5:00pm - 6:00pm
Section Meetings
Advanced Practice Clinician: **Vail**
Fellowship Training: **Windows**
Psychology: **Majestic Ballroom**

JDBP "Meet the Editors" session
Room: Tower A

6:00pm - 6:30pm
Mentor/Mentee Meet up / First time
attendees & New member welcome
Room: Windows

6:30pm - 8:00pm
**Opening Reception &
Poster Session 1**
Room: South Convention Lobby

SUNDAY, October 23

7:00am - 6:00pm

Registration: Grand Ballroom Foyer

7:30am - 8:30am

Committee Meetings:

DEI: **Windows**

Research: **Tower C**

Practice Issues: **Silver**

Exhibits: 8am-6:30pm

Room: South Convention Lobby

8:00am Continental Breakfast

Room: South Convention Lobby

9:00am - 10:15am

Topical Symposium: Interdisciplinary Models for Improving Healthcare Transition and Adult Healthcare Provision

Room: Silver

Topical Symposium: Evolving Models for ASD Evaluation: Comparing Innovative Community Partnerships

Room: Grand Ballroom

Research Platform: Diversity Considerations in Clinical Practice

Room: Majestic Ballroom

10:30am - 11:30am

Lecture Presentation by Professor Margaret Montoya

Room: Grand Ballroom

11:45am - 1:00pm

Follow-Up Discussion with Professor Margaret Montoya

Room: Grand Ballroom

Research Platform: ASD Potpourri

Room: Majestic Ballroom

Research Spotlight: The Impact of Abuse, Neglect, and Social Experience on Behavior and Development...

Room: Silver

1:10pm - 2:20pm

Trainee/Recent Grad Lunch

Room: Windows

2:30pm - 4:00pm

Topical Symposium: Fetal Alcohol Spectrum Disorders: Recognition, Diagnosis and Management Strategies...

Room: Windows

Conversational Roundtable: International Collaboration in DBP: Enhancing Practice, Education and Research...

Room: Silver

Poster Symposium: ASD

Screening/Diagnosis

Room: Majestic Ballroom

4:00pm coffee break

Room: South Convention Lobby

4:10pm - 5:00pm

Business/Member Meeting & Incoming Presidential remarks

Room: Windows

5:00pm - 6:30pm

Poster Session 2

Room: South Convention Lobby

5:45pm - 6:45pm

Special Interest Groups:

FASD: **Silver**

Autism: **Majestic Ballroom**

Community & Private Practice: **Windows**

7:00pm - 10:00pm

Social Dinner

Room: Grand Ballroom



MONDAY, October 24

7:00am - 11:30am

Registration: Grand Ballroom Foyer

7:30am - 8:30am

Committee Meetings:

Advocacy: **Tower D**

Membership: **Tower C**

Program: **Tower A**

7:45am Continental Breakfast

Room: South Convention Lobby

Exhibits: 7:30am-12pm

Room: South Convention Lobby

8:30am - 9:30am

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

Room: Grand Ballroom

9:45am - 11:00am

Plenary follow up: Don't Just Wait and See"

Room: Grand Ballroom

Spotlight Research: ADHD SIG: Motivational Interviewing to Enhance Engagement in the Treatment of ADHD with invited speaker: Dr. Margaret Sibley

Room: Windows

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

Room: Silver

Research Platform: Service and Delivery

Room: Majestic Ballroom

11:00am coffee break

Room: South Convention Lobby

11:15am - 12:30pm

Topical Symposium: More than Meets the Eye: Using the Humanities & Visual Arts As DBP Professionals...

Room: Windows

Topical Symposium: Down Syndrome and Autism: Demystifying Dual Diagnosis

Room: Silver

Research Platform: ADHD & Executive Functioning

Room: Majestic Ballroom

12:40pm - 1:40pm

SIGs (Special Interest Groups):

ADHD: **Windows**

International: **Silver**

Early Childhood: **Tower D**

1:00pm - 4:00pm - Optional

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

Sign up and meet at Registration

General Information

Who Should Attend

This program is planned to meet the needs of pediatricians (researchers, teachers, and/or clinicians), pediatric psychologists, nurses, social workers and other healthcare providers and researchers interested in developmental and behavioral pediatrics. A variety of educational formats will encourage the exchange of new scientific and clinical information and support the interchange of opinions regarding care and management issues relevant to developmental and behavioral pediatrics. Scientific material will be presented through symposia, oral abstracts, concurrent sessions, plenary sessions, small group sessions designed for in-depth exploration of specific topics, and poster presentations.

Purpose

Bring together interprofessional clinicians, educators, and researchers to advance the knowledge and management of children with developmental-behavioral issues and their families.

Goals

After attending this meeting the participants will be able to:

1. Discuss advances in the treatment of ADHD, ASD and other developmental-behavioral disorders.
2. Describe practice variation to assess and treat developmental and behavioral problems and outcomes to assess effectiveness.
3. Understand the trajectory of various developmental-behavioral conditions across the through transition into young adulthood.
4. Discuss evidence based treatments for various DBP conditions and how to implement them into practice.
5. Learning novels ways to enhance family participation in DBP clinical care and research.

Registration

All attendees must be registered for the meeting. Registration hours are listed in the Schedule-At-A-Glance.

Half-Day Workshops

A select number of courses addressing the needs of pediatricians, psychologists and other professionals caring for children with developmental or behavioral problems will be presented. Workshops will be in half-day formats and registration for these sessions is in addition to the Annual Meeting registration.

Teaching DBPeds Workshop

The annual Teaching DBPeds Workshop is designed to assist program directors, rotation directors, and faculty in the development and implementation of innovative, efficient, and effective curricula and teaching strategies for interprofessional trainees in Developmental-Behavioral Pediatrics. This 5-6 hour workshop is made up of general sessions and breakout sessions and registration for this workshop is in addition to the Annual Meeting registration.

Abstracts

Abstracts selected for the 2022 SDBP Annual Meeting will be presented in new formats this year comprised of a number of professional development and research presentations sessions that highlight the most outstanding papers from a variety of subspecialties related to pediatric developmental and behavioral medicine. All accepted abstracts of new and previously presented research are available on the SDBP Meeting App. Abstracts presenting new scientific findings will also be published online in the *Journal of Developmental and Behavioral Pediatrics*.

Poster Sessions

Two different Meet the Author poster sessions highlighting both new and previously presented research will be held on Saturday, October 22 from 6:30pm – 8:00pm and on Sunday, October 23 from 5:00pm – 6:30pm.

Exhibits

Exhibits will be located in **the South Convention Lobby** throughout the duration of our meeting.

Continuing Education

Satisfactory Completion

Learners must complete an evaluation form to receive a certificate of completion. Your chosen sessions must be attended in their entirety. Partial credit of individual sessions is not available. If you are seeking continuing education credit for a specialty not listed below, it is your responsibility to contact your licensing/certification board to determine course eligibility for your licensing/certification requirement.



Accreditation Statement: In support of improving patient care, this activity has been planned and implemented by Amedco LLC and Society for Developmental & Behavioral Pediatrics. Amedco LLC is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians (ACCME) Credit Designation

Amedco LLC designates this live activity for a maximum of 19.75 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses (ANCC) Credit Designation

Amedco LLC designates this activity for a maximum of 19.75 ANCC contact hours.

Psychologists (APA) Credit Designation



This course is co-sponsored by Amedco and Society for Developmental & Behavioral Pediatrics. Amedco is approved by the American Psychological Association to sponsor continuing education for psychologists. Amedco maintains responsibility for this program and its content. 19.75 hours.

The following state boards accept courses from APA providers for Counselors: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, MD, ME, MO, NC, ND, NH, NE, NJ, NM, NV, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WY

MI: No CE requirements

The following state boards accept courses from APA providers for MFTs: AK, AR, AZ, CA, CO, CT, DE, FL, GA, IA, ID, IN, KS, MD, ME, MO, NE, NC, NH, NJ, NM, NV, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY

The following state boards accept courses from APA providers for Addictions Professionals: AK, AR, CO, CT, DC, DE, GA, IA, IN, KS, LA, MD, MO, MT, NC, ND, NE, NJ, NM, NY (outstate held), OK*, OR, SC, UT, WA, WI, WY

*** OK accepts APA credit for live, in-person activities. For all ethics and/or online courses, an application is required.**

MA / MFTs: Participants can self-submit courses not approved by the MAMFT board for review.

The following state boards accept courses from APA providers for Social Workers: AK, AR, AZ, CA, CO, DE, FL, GA, ID, IN, KY, ME, MN, MO, NE, NH, NM, OR, PA, VT, WI, WY

Social Workers (ASWB) Credit Designation



As a Jointly Accredited Organization, Amedco is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Amedco maintains responsibility for this course. Social Workers completing this course receive 19.75 GENERAL continuing education credits.

The following state boards accept courses offering ASWB ACE credit for Social Workers: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NC, ND, NE, NH, NM, NV, OH, OK*, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV*, WY

*** WV accepts ASWB ACE unless activity is live in West Virginia, an application is required.**

The following state boards accept courses offering ASWB ACE credit for Counselors: AK, AR, AZ, CA, CO, CT, DC, FL, GA, IA, ID, IL, IN, KS, MA, MD, ME, MO, ND, NE, NM, NH, NV, OK*, OR, PA, TN, TX, UT, VA, WI, WY

*** AL:** Activities without NBCC approval may be approved upon receipt of documentation prior to the activity BEFORE the event. No approvals afterward by the board.

***MI:** No CE requirement

The following state boards accept courses offering ASWB ACE credit for MFTs: AK, AR, AZ, CA, CO, FL, IA, ID, IN, KS, MD, ME, MO, NC, NE, NH, NM, NV, OK*, OR, PA, RI, TN, TX, UT, VA, WI, WY

***MA MFTs:** Participants can self-submit courses not approved by the MAMFT board for review.

***MI:** No CE requirement

*** OK accepts ASWB ACE for live, in-person activities. For all ethics and/or online courses, application is required.**

The following state boards accept courses offering ASWB ACE credit for Addictions Professionals: AK, CA, CO, CT, GA, IA, IN, KS, LA, MO, MT, ND, NM, NV, OK, OR, SC, WA, WI, WV, WY

New York Board for Psychology (NY PSY)

Amedco is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0031. 19.75 hours.

American Board of Pediatrics (ABPeds) MOC Part 2 Credits



Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn **18.50 MOC Part 2 points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program**. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. Participant must complete the assessment within 30 days of the activity. Participant information will be uploaded to ABP 30 days post activity. **You must request your certificate within 30 days of the activity to meet the deadline for submission to PARS.**

ADA Statement

ADA accommodations will be made in accordance with the law. If you require ADA accommodations, please indicate what your needs are at the time of registration. We cannot ensure the availability of appropriate accommodations without prior notification.

Full Disclosure Policy

All faculty participating in the continuing medical education programs are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentation(s). Full disclosure of faculty relationships can be found on the handouts provided at registration.

Waiver Statement (included in registration):

Meeting Policies & Affirmation: Session Cancellation Policy: SDBP reserves the right to cancel any educational session or social function due to lack of enrollment or other factors. In the event of a cancellation, registered participants will be notified by email and will have the option to choose an available alternative.

Cancellation Fees: To cancel your registration and receive a refund, a written request must be received in the SDBP office by September 15, 2022. Cancellation requests received by this date will receive a refund less a \$50.00 processing fee. Cancellation requests received between September 15 and September 30, 2022, will receive 50% of monies paid. Requests will be processed after the meeting. All requests received on or after September 30, 2022 will forfeit 100% of monies paid.

Photo Release: By attending this SDBP Meeting, you consent to being photographed during the course of the meeting, with the understanding that these images may be used in SDBP documents and publications only. If anyone prefers to not have their photo used by SDBP, please contact info@sdbp.org. We also request that you notify the photographer at the time a photo is being taken in which you may be included.

Code of Conduct: SDBP is committed to providing a safe, productive, and welcoming environment for all meeting participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, SDBP staff members, and service providers. SDBP has zero tolerance for any form of bullying, discrimination, or harassment, and reserves the right to take any action deemed necessary and appropriate, including immediate removal from the meeting without warning or refund, in response to any incident of unacceptable behavior. SDBP reserves the right to prohibit attendance at any future meeting, virtually or in person.

Camera and Cell Phone Use: Cameras and video cameras are not permitted in any event during the SDBP Annual Meeting. The use of livestreaming devices and other recording devices is prohibited in any of the sessions. As a courtesy to fellow attendees, please turn off or silence cell phones during educational sessions.

Please review the [SDBP 2022 Health Pledge](#)

2022 Program Planning Committee



Program Committee Co-Chair
Kim Zlomke, PhD
University of South Alabama



Program Committee Co-Chair
Sarah Nyp, MD
Children's Mercy Kansas City

Program Committee members

Joseph Avni-Singer, MD
Community & Private Practice SIG
Child and Adolescent Health Care, LLC

Daniel Coury, MD
Past Presidents Committee
Nationwide Children's Hospital

Anne DeBattista, PhD, CPNP, CPMHS
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Stanford Children's Health

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Education Committee
UCLA

Nancy Lanphear, MD
Appointed member
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Shruti Mittal, MD
Trainee/Recent Grad Section
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Cy Nadler, PhD
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Children's Mercy Kansas City

Sharon Richter, DO
Community & Private Practice SIG/
Practice Issues Committee
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Nemours Children's Hospital, FL

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DEI Committee
Duke University School of Medicine

Paul Wang, MD
Appointed member
Simons Foundation

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2022 Lectureship Award Recipient

Margaret Montoya (she, her, ella)

Professor Emerita of Law, UNM School of Law
Consultant on Racial and Health Equity



Margaret Montoya was among the first cohort of students of color at Harvard Law School. She was a member of the UNM law school faculty for 28 years after practicing law in Massachusetts, New York, and New Mexico. She worked to create access programs for students and faculty of color in law and medicine. She is a founding member of LatCrit (<https://latcrit.org/>), a group that centers the Latinx experience in critical legal theory. In 2002, she began combining her work in critical legal theory with issues of health equity. She served for years as the Senior Advisor to Chancellor of the UNM Health Science Center. She and reproductive health colleagues founded CERCL-FP (Centering Equity, Race, and Cultural Literacy in Family Planning), a collective of dedicated intersectional multidisciplinary professionals who employ critical race theory (CRT) and reproductive justice (RJ) frameworks to analyze and dismantle interpersonal and structural racism within all sectors of family planning healthcare. CERCL has developed an antiracism training program called Racial Literacy, which uses the CRT and RJ skills and knowledge to address the gaps in medical education pertaining to racism and inequities. Prof. Montoya has been active in local political issues involving early childhood education, COVID vaccine equity, and served in the Governor's Advisory Council for Racial Justice. She has been a mentor to numerous law students, law graduates, and junior faculty. Her work has been recognized with symposia, an annual writing retreat, and numerous academic and community awards. As a wife, step/mother, and grandmother, she seeks to combine her professional and personal lives.



**SDBP
DENVER**

2022 ANNUAL MEETING
October 20 – 24, 2022

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.

DETAILED SCHEDULE

Pre-meeting workshops and symposiums: 10/20, 10/21, 10/22 – see separate schedules for details

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: 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**

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 (4 options)

5. 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**

6. 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**

7. 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.

Keywords: **Research**

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, 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

8. Clinical Case Session: *Challenging Cases in DBP Practice: From Diagnosis to Intervention*

Melissa Armstrong-Brine, PhD & Sonal Moratschek, MD, MetroHealth Medical Center, Cleveland, OH; Shruti Tewar, MD & Elizabeth Pulliam, PsyD, Arkansas Children's Hospital; Catherin Lipman, MD & Kimberly Burkhart, PhD, Rainbow Babies and Children's Hospital; Carolyn Ievers-Landis, PhD & Nina Keui, MD, Rainbow Babies and Children's Hospital

Brief Description: 4 challenging cases that will highlight issues related to FASD diagnosis and management, sleep issues in a child with genetic disorder, aggressive/disruptive behavior in ASD, and educational/learning issues in a child with DD. Session will include discussion, Q&A as well as give some specific information on the conditions discussed and empirically supported treatment options. *More to come.*

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

Saturday, October 22, 2022 continued

5:00pm – 6:00pm MDT

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

JDBP “Meet the Editors” session

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

9:00am – 10:15am MDT (3 options)

9. 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**

10. 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,¹ the number of available Developmental Behavioral Pediatric (DBP) providers is declining. Provider shortages delay evaluation and treatment, with greater effects on minoritized children.² Delayed treatment limits optimal development of cognitive, verbal, and social skills, academic performance, and functional life skills.² Further, expectations to improve practice efficiency contribute to stress³ and impact recruitment of new DBP providers.⁴ 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**

11. 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**

10:30am – 11:30am MDT

Lectureship Presentation:

Critical Race Knowledge and Skills: Origins and Applications to Pediatrics

Award Recipient: Margaret Montoya (she, her, ella)

Professor Emerita of Law, UNM School of Law

Consultant on Racial and Health Equity



Margaret Montoya was among the first cohort of students of color at Harvard Law School. She was a member of the UNM law school faculty for 28 years after practicing law in Massachusetts, New York, and New Mexico. She worked to create access programs for students and faculty of color in law and medicine. She is a founding member of LatCrit (<https://latcrit.org/>), a group that centers the Latinx experience in critical legal theory. In 2002, she began combining her work in critical legal theory with issues of health equity. She served for years as the Senior Advisor to Chancellor of the UNM Health Science Center. She and reproductive health colleagues founded CERCL-FP (Centering Equity, Race, and Cultural Literacy in Family Planning), a collective of dedicated intersectional multidisciplinary professionals who employ critical race theory (CRT) and reproductive justice (RJ) frameworks to analyze and dismantle interpersonal and structural racism within all sectors of family planning healthcare. CERCL has developed an antiracism training program called Racial Literacy, which uses the CRT and RJ skills and knowledge to address the gaps in medical education pertaining to racism and inequities. Prof. Montoya has been active in local political issues involving early childhood education, COVID vaccine equity, and served in the Governor’s Advisory Council for Racial Justice. She has been a mentor to numerous law students, law graduates, and junior faculty. Her work has been recognized with symposia, an annual writing retreat, and numerous academic and community awards. As a wife, step/mother, and grandmother, she seeks to combine her professional and personal lives.

11:45am – 1:00pm MDT (3 options)

12. 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

13. Lectureship Follow up Discussion: *Using Storytelling to Improve Pediatricians' Racial Literacy*
Margaret Montoya, Professor Emerita of Law, UNM School of Law, Consultant on Racial and Health Equity

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 Burkhardt, 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 dysmorphia, 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.

Keywords: Clinical Practice, Education, Interprofessional Practice, Research

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.

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

25-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

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/Member 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 1. 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 checklists² and the publication outlining changes³ 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: Don't Just "Wait and See" - 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 Dafoe, 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 Froehlke, 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, FRM, 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 Mccaffery, MA; Niko Kaciroti, PhD, University of Michigan , Ann Arbor, MI

Keywords: **Clinical Practice, Research**

Monday, October 24, 2022 continueday, October 24

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



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2022 ANNUAL MEETING EXHIBITORS

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Atlantic Health System

Atlantic Health System is one of the largest non-profit health care networks in New Jersey. It employs 18,000 people and more than 4,800 affiliated physicians.

Atrium Health Levine Children's Hospital

Levine Children's Hospital (LCH) is a state-of-the-art facility in beautiful Charlotte, North Carolina. LCH has 11 floors and 234 inpatient beds, including on-site PICU and CVICU covered 24/7 by in-house intensivists, Progressive Care Unit, Inpatient Observation Unit, Pediatric Rehab Unit, and Pediatric Emergency Department. We are committed to being the region's leading provider of pediatric health care services.

Bionano Genomics **

Bionano Genomics is a provider of genome analysis solutions that can enable researchers and clinicians to reveal answers to challenging questions in biology and medicine.

CHADIS

CHADIS has 100's of questionnaires and is the most complete web-based patient engagement & data collection system for comprehensive developmental/physical and mental health for all ages.

Children's Hospital Colorado **

Children's Hospital Colorado Developmental Pediatrics provides comprehensive interdisciplinary care and treatment for children, youth, and adults with autism, intellectual disability, other developmental and neurogenetic conditions.

Corium Medical Affairs

Corium is a commercial-stage biopharmaceutical company that is leading the development and commercialization of central nervous system healthcare therapies that provide clinicians with important treatment options for patients, their families, and their caregivers.

GeneDx | Sema4

GeneDx is an industry leader in genomics and genetic testing. For over 20 years, GeneDx has been at the forefront of genetic innovation, pioneering new technologies and enabling greater diagnostic accuracy for patients and families.

Journal of Developmental & Behavioral Pediatrics (JDBP)

The official journal of the Society for Developmental and Behavioral Pediatrics.

Medical University of South Carolina

MUSC Children's Health is the state's only comprehensive academic medical center and it is our mission to provide excellence in patient care, teaching, and research.

Mission Children's

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Orlando Health

Orlando Health Arnold Palmer Hospital for Children has provided compassionate care to children, teenagers, and young adults for more than 30 years. Named one of the nation's best children's hospitals by U.S. News & World Report. <https://www.arnoldpalmerhospital.com/>

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Our physician-led health care organization partners with hospitals, health systems and health care facilities to offer clinical services spanning the women's and children's continuum of care.

PTC Therapeutics

Measured by Moments- Bringing moments to patients with rare and serious diseases through innovative small molecule and gene therapies

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ReligenDX is focused on developing diagnostic solutions in Mitochondrial Medicine, Neurological Disease, and Genetics. We work with parents, patients, advocacy organizations, and healthcare providers to find solutions while developing and implementing new and innovative diagnostic testing, playing a pivotal role in the overall course of treatment.

RWJ Barnabas Health

As the largest and most comprehensive healthcare system in the state of New Jersey, RWJ Barnabas Health brings the best of academic medicine, research and teaching, and community partnerships together to create healthier communities. We aim to truly make a unique impact in local communities throughout New Jersey. From vastly improving the health of local residents to creating educational and career opportunities, all facets of our system work in tandem to benefit the state. RWJ Barnabas Health - Heroes Work Here!

Sanford Health

Sanford Health, the largest rural health system in the United States, is dedicated to transforming the health care experience and providing access to world-class health care in America's heartland.

Corium is a commercial-stage biopharmaceutical company that is leading the development and commercialization of central nervous system healthcare therapies that provide clinicians with important treatment options for patients, their families, and their caregivers.

Supernus Pharmaceuticals

Supernus Pharmaceuticals, Inc. is focused on developing and commercializing products for the treatment of central nervous system disorders, including epilepsy, migraine, attention-deficit hyperactivity disorder (ADHD), mood disorders, and Parkinson's disease.

The Permanente Medical Group/Kaiser Permanente

The Permanente Medical Group (TPMG) is the largest medical group in the United States—and one of the most distinguished. Our 9,300 physicians and 40,000 nurses and staff are leading the transformation of health care. Through nation-leading quality, preeminent research, and superior technology systems, we are delivering superior clinical outcomes, and having a positive and often life-changing impact on the health of our 4.4 million patients in Northern California.

University of Arkansas for Medical Sciences

Academic Medical Center. The purpose of this booth is to build awareness of the DBP related clinics and services at UAMS as well as to advertise open DBP faculty positions.

UW-Madison

The University of Wisconsin, Madison, Division of Developmental Pediatrics and Rehabilitation Medicine comprises a unique combination of subspecialty services for children with a wide range of developmental needs. The division practices the highest standards of family centered care, drawing on the skills of interdisciplinary and multidisciplinary specialists.

Yakima Valley Farm Workers Clinic

YVFWC is an FQHC, a patient-centered medical home dedicated to serving our communities. Taking care of a patient's health means caring for them with compassion. We treat our patients the way they want to be treated, regardless of where they live, where they are from, or what they can pay. Our doors are open to all, regardless of their citizenship status.

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We're expanding our team.

Our Neurosciences Institute and Developmental Pediatrics Program at Children's Hospital Colorado delivers world class care for neurodevelopmental conditions to kids from birth to young adulthood.

Children's Hospital Colorado is continually ranked among the top pediatric hospitals in the nation by *U.S. News and World Report*. We're looking for qualified candidates to join the developmental pediatrics faculty and team at Children's Hospital Colorado and the University of Colorado School of Medicine.



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- Autism spectrum disorders
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Scan below or visit cu.taleo.net/careersection/2/moresearch.ftl to explore career opportunities within Developmental Pediatrics.



Denver Job Openings

Clinic Program Director for High-Risk Newborn Follow-up Program, *Job Number: 26269*

Director Sie Center for Down Syndrome, *Job Number: 26683*

Clinical Advanced Practice Provider, *Job Number: 26900*

Developmental Behavioral Pediatrician or Neurodevelopmental Pediatrician, *Job Number: 739487*

Colorado Springs Job Openings

Advance Practice Provider, *Job Number: 27405*

Behavioral Health Counselor, *Job Number: 27662*

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Developmental-Behavioral Pediatrician

Children's Village – Yakima, WA



We have an opening for a committed, dedicated Developmental-Behavioral Pediatrician in the beautiful Pacific Northwest. Join **Children's Village**, an innovative Neurodevelopmental Center with a busy DBPeds practice and a strong emphasis on interdisciplinary care for children and youth with special health care needs and their families. Children's Village is part of a larger federally qualified health center (FQHC), the Yakima Valley Farm Worker's Clinic (YVFWC). YVFWC, through its chain of clinics, provides primary care and pediatric subspecialty care through Children's Village. At YVFWC, we are dedicated to serving our communities with compassion. We treat our patients how they want to be treated, regardless of where they live, where they are from, or what they can pay. Our doors are open to all, regardless of their citizenship status.

In this outpatient position, you will provide regional diagnostic services and guide interventions for children and youth with special needs and their families. The practice includes 2 developmental/behavioral pediatricians and 2 developmental/behavioral nurse practitioners. The practice sees patients with various developmental and behavioral challenges, including autism spectrum disorders, learning disabilities, developmental delays, disruptive behavior disorders, intrauterine exposures, foster care, Down Syndrome, and ADHD.

Children's Village is a unique vision that became a reality from key community organizations and dedicated volunteers. With over 30 specialized services provided, families no longer have to travel long distances for pediatric subspecialty care. At Children's Village, we believe in interdisciplinary care and work collaboratively with numerous clinical partners, including:

- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Applied Behavioral Analysis
- Early Intervention/ESIT
- Behavioral Assessment/Treatment Team

For more information on Children's Village, we encourage you to explore this link: [Children's Village](#)

Position highlights:

Competitive salary at MGMA Benchmarks
Hiring bonus of \$30k / relocation allowance of \$20k
Malpractice insurance coverage (no tail coverage policy needed)
4-week Medical Spanish Immersion Program in Xayla, Guatemala.

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Yakima Valley Farm Workers Clinic has changed since we first opened in 1973. We've grown into one of the largest community health centers in the Northwest, with over 40 clinics in 18 communities across Washington and Oregon. But we haven't forgotten the most important reason we're here: you.

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UNIVERSITY OF WISCONSIN
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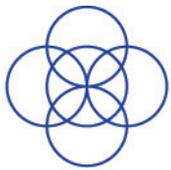
Developmental-Behavioral Pediatrician or Neurodevelopmental Disabilities Physician

Assistant, Associate, or Full Professor

The Department of Pediatrics at the University of Wisconsin School of Medicine and Public Health is seeking a **BC/BE Developmental-Behavioral Pediatrician or Neurodevelopmental Disabilities Specialist** (full or part-time) with experience and interest in combining clinical care, research, and teaching to join the Division of Developmental Pediatrics and Rehabilitation Medicine.

This position provides a unique opportunity to combine patient care, teaching, research, and program development in a growing Department of Pediatrics. The Division of Developmental Pediatrics and Rehabilitation Medicine is located at the renowned Waisman Center, steps from the American Family Children's Hospital. The successful candidate is expected to engage in the clinical activities of the division and to participate in scholarly work and teaching.

See all of our open positions at pediatrics.wisc.edu/careers



WAISMAN
CENTER



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Psychologist

Assistant, Associate, or Full Professor, or Clinical Instructor

The Waisman Center at the University of Wisconsin-Madison is seeking a **Psychologist** to join an interdisciplinary team within the Developmental Disabilities and Genetics Clinical Services, which is a partnership with UW Health and the American Family Children's Hospital. This individual will provide assessment and behavioral consultation services in an outpatient setting for children referred for neurodevelopmental evaluations.

Additionally, this individual will take part in our training objective by mentoring and supervising a variety of learners, including psychology trainees, residents, and fellows. This individual may also collaborate with other clinic teams, engage in research, support capacity building, and provide direct therapy.

See all of our open positions at waisman.wisc.edu/careers

Questions? Contact Leigh Fredericks at leigh.fredericks@wisc.edu or (608) 263-7735

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Division Chief and Faculty - Developmental Behavioral Pediatrics

Children's Hospital & Medical Center, with the University of Nebraska College of Medicine is currently recruiting a Division Chief for Developmental/Behavioral Pediatrics. We are seeking a candidate board certified in Pediatrics as well as board eligible/certified in Developmental Behavioral Pediatrics or board eligible/certified in Neurodevelopmental Disabilities. Our ideal candidate will lead and continue to develop our comprehensive academic/clinical program. The candidate will have administrative, academic and clinical practice management experience within a complex, pediatric tertiary care center. Strong leadership skills and the ability to develop trust and work cooperatively in a diverse and inclusive environment are essential. We are also looking to add an additional faculty member that will have both academic and clinical responsibilities. All individuals will hold faculty appointments at the University of Nebraska College of Medicine. Research interests are strongly desired and supported.

Our Developmental/Behavioral Pediatrics program is located at Children's Hospital and provides services at the Munroe-Meyer Institute (MMI). Our interdisciplinary team includes three Developmental/Behavioral Pediatricians, one nurse practitioner, a social worker and behavioral health providers. The Section of Developmental/Behavioral Pediatrics and MMI has an established fellowship program that is committed to developing Developmental Pediatricians who will be leaders in the field recognized for patient care, teaching, and research.

With a mission to improve the quality of life for persons with disabilities and their families, MMI has over 300 faculty and staff in the numerous health and rehabilitation related fields. MMI provides over 50,000 patient visits per year (70% community based), conducts both basic and applied research and has an academic teaching program. The Nebraska LEND and UCEDD programs are located at MMI.

Children's Hospital & Medical Center is the only full-service, pediatric healthcare center in Nebraska, providing expertise in more than 50 pediatric specialty services to children across a five-state region and beyond. As the region's pediatric healthcare leader, we're dedicated to exceptional care, advocacy, research and education. We are home to Nebraska's only Level IV regional Newborn Intensive Care Unit and the state's only Level II Pediatric Trauma Center. The Child Health Research Institute was established in 2017 and aims to assist investigators with start-up funding and infrastructure for clinical, basic science or translational research.

We are committed to increasing diversity in our organizations to reflect the population that we serve and encourage applications from all candidates who will contribute to the diversity and excellence of the institution. Nominations, expressions of interest and applications (including cover letter and CV/resume) should be submitted to: Jacki Nun, LCSW, Administrator, Physician & Faculty Affairs jnun@ChildrensOmaha.org. All replies will be treated with confidentiality.



Cook Children's Health Care System Neurodevelopmental Pediatrician

On behalf of the **Cook Children's Health Care System (CCHCS) located in Ft. Worth, Texas**, CareerPhysician, a national leader in child health faculty and leadership recruitment, is pleased to announce a national search for a **Neurodevelopmental Pediatrician** to join the Jane and John Justin Institute for Mind Health, Department of Developmental Pediatrics.

The Jane and John Justin Institute for Mind Health was created to provide a single point of care for children with disorders of the nervous system. The Institute's Vision is to uphold the Promise of Cook Children's by providing easily accessible, well-coordinated and comprehensive evaluation and treatment - guided by innovation, research and a relentless dedication to improving patient outcomes and quality of life. The Institute will open October 2023 with >100,000 sq feet of clinical space following the completion of the Dodson Clinic expansion and will house the departments of neurology, neurosurgery, neuropsychology, psychology, psychiatry, developmental pediatrics, developmental psychology, pain medicine, and physical medicine and rehabilitation.

- **Seeking candidates, including 2023 fellows**, with interest in joining a thriving Developmental-Behavioral practice that is supported through collaboration with 21 child neurologists, 4 neurosurgeons, 4 neuropsychologists, psychiatrists, pain medicine specialists, physiatrist, and psychologists.
- Opportunity to develop subspecialty clinical interests, particularly for patients within existing programs of excellence such as neonatal follow up, epilepsy, movement disorders, stroke, and neuromuscular disorders.
- **Qualified candidates may participate in the fellow's retention program that will provide a monthly stipend of \$2,500 from the time a contract is signed through the start of practice with Cook Children's.**
- Enjoy strong interdisciplinary collaboration and support from related specialties within the Institute, as well as special education and applied behavioral analysis at the Child Study Center.
- **One of the Nation's only programs with an accredited school dedicated to children with developmental and learning disabilities.** The Jane Justin School enrolls students between the ages of 3 and 21 years and has been a pillar of education in the community for more than 20 years.
- Clinical and basic science research, while not required, is encouraged in your areas of interest. The Neuroscience Research Center at Cook Children's, supported through a \$15 million endowment, provides ample research support from dedicated neuroscientists and support staff.
- Highly competitive compensation and benefits package, no state income tax, and a strong economy in one of the fastest growing areas of the United States.

For more details about this opportunity, please contact Karis Beasley at karis@careerphysician.com

Cook Children's Health Care System is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status, or any other status protected by law.

Cook Children's Health Care System Developmental-Behavioral Pediatrician

On behalf of the **Cook Children's Health Care System (CCHCS) located in Ft. Worth, Texas**, CareerPhysician, a national leader in child health faculty and leadership recruitment, is pleased to inform you of a national search for outstanding candidates for openings in **Developmental-Behavioral Pediatrics**. We believe this position within a unique collaborative clinical initiative to be among the best career opportunities currently available in the country.

CCHCS is a not-for-profit, nationally recognized pediatric health care organization comprised of a Medical Center, Physician Network, Home Health company, Pediatric Surgery Center, Health Plan and Health Foundation. **Cook Children's Medical Center is a freestanding 462-bed quaternary care pediatric hospital** that is consistently ranked by *US News and World Report*. The integrated system has more than 60 primary and specialty care offices throughout North and West Texas, serving a 23-county referral network. **The Cook Children's Physician Network is the largest pediatric multi-specialty physician group in its service area with over 600 employed specialty and primary care providers.**

Key Opportunity Highlights:

- **Seeking candidates, including 2023 fellows**, with interest in joining a thriving Developmental-Behavioral practice that is supported by the more than 300 referring members of the Cook Children's Physician Network.
- Enjoy strong interdisciplinary collaboration and support from related specialties, special education, applied behavioral analysis, child psychiatry and psychology.
- New innovative clinic space currently under design and construction that will facilitate the groups innovative collaboration as part of the Cook Children's Neuroscience Institute and Child Study Center.
- **One of the Nation's only programs with an accredited school dedicated to children with developmental and learning disabilities.** The Jane Justin School enrolls students between the ages of 3 and 21 and has been a pillar of education in the community for more than 20 years.
- Clinical research in your areas of interest is encouraged and supported through the CCMC IRB and grant writing office, but not required.
- Nationally recognized pediatric sub-specialty platform with 35 departments and more than 40 outpatient primary care clinics.
- Highly competitive compensation and benefits package, no state income tax, and a strong economy in one of the fastest growing areas of the United States.
- **Qualified candidates may participate in the fellow's retention program that will provide a monthly stipend of \$2,500 from the time a contract is signed through the start of practice with Cook Children's.**

For more details about this opportunity, please contact Karis Beasley at karis@careerphysician.com.

Cook Children's Health Care System is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, veteran status, or any other status protected by law.

VISIT BOOTH
TO LEARN MORE!

Now approved for patients 6 years and older¹...

A NOVEL, NONSTIMULANT
APPROACH IN **ADHD**^{1,2}

FORGETFUL UNFINISHED
HOMEWORK
Loses things
UNFOCUSED
Unorganized
Distracted
Difficult/Intrusive
poor attention
to detail
CARELESS
MISTAKES
Trouble listening

Less chaos... **More control**^{1,3}

Patient portrayal.

Supernus Pharmaceuticals proudly supports the 2022 SDBP Annual Meeting.

INDICATION

Qelbree is indicated for the treatment of ADHD in adults and pediatric patients 6 years and older.

IMPORTANT SAFETY INFORMATION

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

In clinical studies, higher rates of suicidal thoughts and behaviors were reported in patients with ADHD treated with Qelbree than in patients treated with placebo. Closely monitor all Qelbree-treated patients for clinical worsening and for emergence of suicidal thoughts and behaviors.

CONTRAINDICATIONS

- Concomitant administration of a monoamine oxidase inhibitor (MAOI), or dosing within 14 days after discontinuing an MAOI, because of an increased risk of hypertensive crisis
- Concomitant administration of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range

WARNINGS & PRECAUTIONS

- *Suicidal thoughts and behaviors*: Closely monitor all Qelbree-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy, and at times of dosage changes

Abbreviations: ADHD, attention-deficit/hyperactivity disorder; SDBP, Society for Developmental and Behavioral Pediatrics.

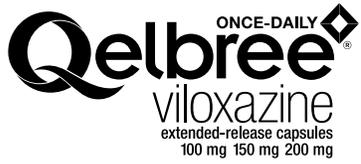
REFERENCES: 1. Qelbree [package insert]. Rockville, MD: Supernus Pharmaceuticals, Inc. 2. Food and Drug Administration. Novel drug approvals for 2021. May 13, 2022. Accessed June 13, 2022. <https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2021>. 3. American Psychiatric Association. Attention-deficit/hyperactivity disorder. In: American Psychiatric Association, eds. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, Text Revision. American Psychiatric Association; 2022:68-77.

Please see the brief summary of full [Prescribing Information](#), including **Boxed Warning** on adjacent pages, or visit [QelbreeHCP.com](#).

ONCE-DAILY
Qelbree[®]
viloxazine
extended-release capsules
100 mg 150 mg 200 mg
Rethink ADHD Symptom Control[®]



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Qelbree® (viloxazine extended-release capsules), for oral use
BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

For full prescribing information, see package insert.

WARNING: SUICIDAL THOUGHTS AND BEHAVIORS

In clinical studies, higher rates of suicidal thoughts and behavior were reported in patients with ADHD treated with Qelbree than in patients treated with placebo. Closely monitor all Qelbree-treated patients for clinical worsening, and for emergence of suicidal thoughts and behaviors.

INDICATIONS AND USAGE

Qelbree is indicated for the treatment of Attention-Deficit Hyperactivity Disorder (ADHD) in adults and pediatric patients 6 years and older.

CONTRAINDICATIONS

Qelbree is contraindicated in patients receiving concomitant treatment with monoamine oxidase inhibitors (MAOI), or within 14 days following discontinuing an MAOI, because of an increased risk of hypertensive crisis.

Qelbree should not be taken when receiving concomitant administration of sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range.

WARNINGS AND PRECAUTIONS

Suicidal Thoughts and Behaviors

Higher rates of suicidal thoughts and behaviors were reported in pediatric and adult patients with ADHD treated with Qelbree than in patients treated with placebo.

Among 1019 patients exposed to Qelbree 100 mg to 400 mg in short-term trials, a total of nine patients (0.9%) reported suicidal ideation (N=6), behavior (N=1) or both (N=2). Eight patients reported suicidal ideation or behavior on the Columbia Suicide Severity Rating Scale (C-SSRS), a validated scale that assesses suicide risk. An additional patient treated with Qelbree reported suicidal behavior during the clinical trials, but did not report it on the C-SSRS. Among 463 patients treated with placebo in these studies, two patients (0.4%) reported suicidal ideation on the C-SSRS. No patients treated with placebo reported suicidal behavior. No completed suicides occurred in these trials.

Among 189 adults treated with Qelbree, a total of three patients (1.6%) reported suicidal ideation on the C-SSRS, versus 0 of 183 adults treated with placebo. No adults treated with either Qelbree or placebo reported suicidal behavior on the C-SSRS in the study. No attempted or completed suicides occurred in the trial.

Patients treated with Qelbree had higher rates of insomnia and irritability. Although a causal link between the emergence of insomnia and irritability and the emergence of suicidal impulses has not been established, there is a concern that these and other symptoms such as depressed mood, anxiety, agitation, akathisia, mania, hypomania, panic attacks, impulsive behavior, and aggression may represent precursors to emerging suicidal ideation or behavior. Thus, patients being treated with Qelbree should be observed for the emergence of precursor symptoms.

Closely monitor all Qelbree-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy, and at times of dosage changes.

Consider changing the therapeutic regimen, including possibly discontinuing Qelbree, in patients who are experiencing emergent suicidal thoughts and behaviors or symptoms that might be precursors to emerging suicidal ideation or behavior, especially if these symptoms are severe or abrupt in onset, or were not part of the patient's presenting symptoms. Advise family members or caregivers of patients to monitor for the emergence of suicidal ideation or behavior, and to report such symptoms immediately to the healthcare provider.

Effects on Blood Pressure and Heart Rate

Qelbree can cause an increase in heart rate and diastolic blood pressure.

In a clinical study in patients 6 to 11 years of age, 34/154 (22%) of patients treated with Qelbree 100 mg daily had a ≥ 20 beat per minute (bpm) increase in heart rate at any time point in the clinical trial, compared to 15/159 (9%) of patients who received placebo. This finding was observed in 84/268 (31%) who received the 200 mg dose, compared to 39/262 (15%) of patients in the placebo group, and in 28/100 (28%) of patients who received the 400 mg dose, compared to 24/103 (23%) of patients who received placebo.

In a clinical study in patients 12 to 17 years of age, 22/99 (22%) of patients treated with Qelbree 200 mg daily had a ≥ 20 bpm increase in heart rate at any time point in the clinical trial, compared to 15/104 (14%) of patients who received placebo. This finding was observed in 69/205 (34%) who received the 400 mg dose, compared to 35/201 (17%) of patients in the placebo group.

In patients ages 12 to 17 years, 52/205 (25%) of patients treated with Qelbree 400 mg daily had a ≥ 15 mmHg increase in diastolic blood pressure at any time in the clinical trial, compared to 26/201 (13%) of patients in the placebo group.

In a clinical study in adult patients (18 to 60 years of age), 52/178 (29%) of patients treated daily with Qelbree (200 mg to 600 mg) had a >20 beat per minute (bpm) increase in heart rate at any time point in the clinical trial, compared to 23/181 (13%) of patients who received placebo. Of patients treated daily with Qelbree (200 to 600 mg), 23/178 (13%) had a ≥ 15 mmHg increase in diastolic blood

pressure at any time in the clinical trial, compared to 16/181 (9%) of patients in the placebo group.

Assess heart rate and blood pressure prior to initiating treatment with Qelbree, following increases in dosage, and periodically while on therapy.

Activation of Mania or Hypomania

Noradrenergic drugs, such as Qelbree, may induce a manic or mixed episode in patients with bipolar disorder. Prior to initiating treatment with Qelbree, screen patients to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a personal or family history of suicide, bipolar disorder, and depression.

Somnolence and Fatigue

Qelbree can cause somnolence and fatigue. In the short-term, placebo-controlled clinical trials in pediatric patients 6 to 17 years of age with ADHD, somnolence (including lethargy and sedation) was reported in 16% of Qelbree-treated patients compared to 4% of placebo-treated patients. Fatigue was reported in 6% of Qelbree-treated patients compared to 2% of placebo-treated patients.

In adults, somnolence was reported in 6% of Qelbree-treated patients versus 2% in placebo-treated patients. Fatigue was reported in 12% of Qelbree-treated patients versus 3% of placebo-treated patients.

Patients should not perform activities requiring mental alertness, such as operating a motor vehicle or operating hazardous machinery until they know how they will be affected by Qelbree.

ADVERSE REACTIONS

Clinical Trials Experience

The safety of Qelbree has been evaluated in 1118 patients 6 to 17 years of age with ADHD exposed to one or more doses in short-term (6 to 8 week), randomized, double-blind, placebo-controlled trials.

A total of 682 pediatric patients were treated for at least 6 months, and 347 pediatric patients for at least 12 months with Qelbree.

The safety of Qelbree has been evaluated in 189 adult patients (18 to 60 years of age) with ADHD exposed to one or more doses in a short-term (6 week), randomized, double-blind, placebo-controlled trial. A total of 277 adult patients with ADHD have been exposed to one or more doses of Qelbree.

Eighty-four adult patients were treated for at least 6 months, and 22 adult patients for at least 12 months.

The data described below reflect exposure to Qelbree in 826 patients (6 to 17 years) who participated in randomized, double-blind, placebo-controlled trials with doses ranging from 100 mg to 400 mg. The population (N=826) was 65% male, 35% female, 54% White, 41% Black, 4% multiracial, and 1% other races.

Adverse Reactions Leading to Discontinuation of Qelbree Treatment:

Approximately 3% (n=27) of the 826 patients receiving Qelbree in clinical studies discontinued treatment due to an adverse reaction. The adverse reactions most commonly associated with discontinuation of Qelbree were somnolence (n=5), nausea (n=3), headache (n=2), irritability (n=2), tachycardia (n=2), fatigue (n=2), and decreased appetite (n=2).

Most Common Adverse Reactions (occurring at $\geq 5\%$ and at least twice the placebo rate for any dose): somnolence, decreased appetite, fatigue, nausea, vomiting, insomnia, and irritability.

Tables 1 and 2 below lists adverse reactions that occurred in at least 2% of patients treated with Qelbree and more frequently in Qelbree-treated patients than in placebo-treated patients. Table 1 data represents pooled data from pediatric patients 6-17 years of age who were enrolled in randomized, placebo-controlled trials of Qelbree. Table 2 represents data from adults with ADHD who were enrolled in a flexible-dose, randomized, placebo-controlled trial of Qelbree at doses of 200mg to 600mg.

Table 1. Adverse Reactions Reported in $\geq 2\%$ of Pediatric Patients (6 to 17 Years of Age) Treated with Qelbree and at a Rate of Greater than Placebo-Treated Patients in Placebo-Controlled ADHD Studies

Body System Adverse Reaction	Placebo N=463 (%)	Qelbree			
		100mg N=154 (%)	200mg N=367 (%)	400mg N=305 (%)	All Qelbree N=836 (%)
Nervous system disorders					
Somnolence*	4	12	16	19	16
Headache*	7	10	11	11	11
Metabolic and nutritional disorders					
Decreased appetite	0.4	5	8	8	7
Infections and infestations					
Upper respiratory tract infections	6	5	7	8	7
Body as a Whole - General disorders					
Fatigue	2	4	5	9	6
Pyrexia	.02	3	2	1	2
Gastrointestinal system disorders					
Abdominal Pain*	4	3	6	7	5
Nausea	3	1	4	7	5
Vomiting	2	5	3	6	4

Table 1. Adverse Reactions Reported in ≥2% of Pediatric Patients (6 to 17 Years of Age) Treated with Qelbree and at a Rate Greater than Placebo-Treated Patients in Placebo-Controlled ADHD Studies (continued)

Body System Adverse Reaction	Placebo N=463 (%)	Qelbree			
		100mg N=154 (%)	200mg N=367 (%)	400mg N=305 (%)	All Qelbree N=836 (%)
Psychiatric disorders					
Insomnia*	1	2	5	5	4
Irritability	1	3	2	5	3

*The following items were combined:

Somnolence: somnolence, lethargy, sedation
Headache: headache, migraine, migraine with aura, tension headache
Upper respiratory tract infection: nasopharyngitis, pharyngitis, sinusitis, upper respiratory tract infection, viral sinusitis, viral upper respiratory tract infection
Abdominal pain: abdominal discomfort, abdominal pain, abdominal pain lower, abdominal pain upper
Insomnia: initial insomnia, insomnia, middle insomnia, poor quality sleep, sleep disorder, terminal insomnia

The data described below reflect exposure to Qelbree in 189 adults with ADHD who participated in the flexible-dose, randomized, double-blind, placebo-controlled trial with doses ranging from 200 mg to 600 mg. The population (N=189) was 56% male, 44% female, 81% White, 12% Black, 3% Asian, 3% other races and 1% multiracial.

Adverse Reactions Leading to Discontinuation of Qelbree Treatment: Approximately 9% of the 189 patients receiving Qelbree in clinical studies discontinued treatment due to an adverse reaction. The adverse reactions most commonly associated with discontinuation of Qelbree were fatigue, insomnia, constipation, and headache.

Most Common Adverse Reactions (occurring at ≥5% and at least twice the placebo rate of Qelbree): insomnia, headache, somnolence, fatigue, nausea, decreased appetite, dry mouth, and constipation.

Listed here are adverse reactions that occurred in at least 2% of patients treated with Qelbree and more frequently in the Qelbree-treated patients than in the placebo-treated patients. Data represents pooled data from adults with ADHD who were enrolled in a flexible-dose, randomized, placebo-controlled trial of Qelbree.

Table 2. Adverse Reactions Reported in ≥2% of Adults Treated with Qelbree and at a Rate Greater than Placebo-Treated Patients in a Flexible-Dose Placebo-Controlled ADHD Study

Body System Adverse Reaction	Placebo N=183 (%)	Qelbree (200 mg to 600 mg) N=189 (%)
Psychiatric disorders		
Insomnia*	7	23
Irritability	3	4
Nervous system disorders		
Headache*	7	17
Somnolence*	2	6
Dizziness	2	4
Gastrointestinal system disorders		
Nausea	3	12
Dry mouth	2	10
Constipation	1	6
Vomiting	1	4
Gastroesophageal reflux disease	1	2
Fatigue	3	12
Metabolic and nutritional disorders		
Decreased appetite	3	10
Cardiac disorders		
Tachycardia	1	4

*The following items were combined:

Somnolence: somnolence, lethargy, sedation
Headache: headache, migraine, migraine with aura, tension headache
Insomnia: initial insomnia, insomnia, middle insomnia, poor quality sleep, sleep disorder, terminal insomnia

DRUG INTERACTIONS

Drugs Having Clinically Important Interactions with Qelbree

Monoamine Oxidase Inhibitors (MAOI)

- Clinical Impact: Concomitant use of Qelbree with an MAOI may lead to a potentially life-threatening hypertensive crisis.
- Intervention: Concomitant use of Qelbree with an MAOI or within 2 weeks after discontinuing an MAOI is contraindicated.

Sensitive CYP1A2 Substrates or CYP1A2 Substrates with a Narrow Therapeutic Range

- Clinical Impact: Viloxazine is a strong CYP1A2 inhibitor. Concomitant use of viloxazine significantly increases the total exposure, but not peak exposure, of sensitive CYP1A2 substrates, which may increase the risk of adverse reactions

associated with these CYP1A2 substrates.

- Intervention: Coadministration with viloxazine is contraindicated.

Moderate Sensitive CYP1A2 Substrate

- Clinical Impact: Viloxazine is a strong CYP1A2 inhibitor. Concomitant use of viloxazine significantly increases the total, but not peak, exposure of sensitive CYP1A2, which may increase the risk of adverse reactions associated with these CYP1A2 substrates.

- Intervention: Not recommended for coadministration with Qelbree. Dose reduction may be warranted if coadministered.

CYP2D6 Substrates

- Clinical Impact: Viloxazine is a weak inhibitor of CYP2D6, and increases the exposure of CYP2D6 substrates when coadministered.
- Intervention: Monitor patients for adverse reactions and adjust dosages of CYP2D6 substrates, as clinically indicated.

CYP3A4 Substrates

- Clinical Impact: Viloxazine is a weak inhibitor of CYP3A4 which increases the exposure of CYP3A4 substrates when coadministered.
- Intervention: Monitor patients for adverse reactions and adjust dosages of CYP3A4 substrates, as clinically indicated.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Exposure Registry

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to Qelbree during pregnancy. Healthcare providers are encouraged to register patients by calling the National Pregnancy Registry for Psychiatric Medications at 1-866-961-2388, or visiting online at www.womensmentalhealth.org/preg.

Risk Summary

Based on findings from animal reproduction studies, viloxazine may cause maternal harm when used during pregnancy. Discontinue Qelbree when pregnancy is recognized unless the benefits of therapy outweigh the potential risk to the mother. Available data from case series with viloxazine use in pregnant women are insufficient to determine a drug-associated risk of major birth defects, miscarriage or adverse maternal outcomes.

In animal reproduction studies, oral administration of viloxazine during the period of organogenesis caused fetal toxicities and delayed fetal development in the rat and maternal toxicities in the rabbit at doses approximately equal to the maximum recommended human dose of 600mg in adults, based on mg/m². Oral administration of viloxazine to pregnant rats and mice during pregnancy and lactation caused maternal toxicities and deaths and fetal toxicities at doses equal to or less than the MRHD of 600mg in adults, based on mg/m², respectively.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcome. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Lactation

Risk Summary

There are no data on the presence of viloxazine in human milk, the effects on the breastfed infant, or the effects on milk production. Viloxazine is likely present in rat milk. When a drug is present in animal milk, it is likely that the drug will be present in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Qelbree and any potential adverse effects on the breastfed child from Qelbree or from the underlying maternal condition.

Geriatric Use

Clinical trials of Qelbree in the treatment of ADHD did not include sufficient numbers of patients aged 65 and older to determine whether or not they respond differently from younger patients.

Renal Impairment

Dosage reduction is recommended in patients with severe (eGFR of < 30 mL/min/1.73m² [MDRD]) renal impairment.

No dosage adjustment of Qelbree is recommended in patients with mild to moderate (eGFR of 30 to 89 mL/min/1.73m² [MDRD]) renal impairment.

The exposure of viloxazine increases in patients with renal impairment.

OVERDOSAGE

Human Experience

The pre-market clinical trials with Qelbree do not provide information regarding symptoms of overdose.

Literature reports from post marketing experience with immediate-release viloxazine include cases of overdosage from 1000 mg to 6500 mg times (1.7 to 10.8 the maximum recommended daily dose). The most reported symptom was drowsiness. Impaired consciousness, diminished reflexes, and increased heart rate have also been reported.

Treatment and Management

There is no specific antidote for Qelbree overdose. Administer symptomatic and supportive treatment as appropriate. In case of overdose, consult a Certified Poison Control Center (1-800-222-1222 or www.poison.org).

PEDIATRIC DEVELOPMENTAL-BEHAVIORAL CLINICIAN-EDUCATOR IN CHARLESTON, SC



MUSC Children's Hospital consistently ranks in U.S. News & World Report's list of "America's Best Children's Hospitals," and is the only primary-quaternary academic medical center in the state of South Carolina.

- Competitive salary with bonus opportunities
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- Regular work hours, and great work-life balance
- ACGME-accredited and MCH-funded Fellowship Program
- CTSA-funded Research Opportunities
- Epic EMR platform
- Opportunities for involvement in the education and training of students, residents and fellows
- Research opportunities may exist for interested candidates with demonstrated commitment
- Applicants must be BC/BE in Developmental & Behavioral Pediatrics or Neurodevelopmental Disabilities
- Chosen candidates will be responsible for clinical evaluations and follow-up for children and adolescents with a range of developmental and behavioral disorders in an outpatient setting blocks away from the newly opened Shawn Jenkins Children's Hospital & Pearl Tourville Women's Pavilion
- Join a team of 5 M.D. Faculty, 7 Ph.D. Psychologists, 1 Licensed Psychoeducational Specialist, 1 Ph.D. Epidemiologist, and 2 LISWs as well as Postdoctoral Psychology and DBP Fellows

Charleston, South Carolina, is a place where 90 miles of pristine coastline and world-class shopping and dining entice more than four million visitors each year. The region, which covers more than 3,100 square miles, combines a thriving economy, rich history and breathtaking environment to offer an outstanding business climate and quality of life that is second to none.



**CONTACT A RECRUITER TO LEARN MORE:
Fayth Hoecker, MUSC Physician Recruitment**

Email - hoeckerf@musc.edu

Phone - 614.827.5406



The Department of Pediatrics at St Luke's Children's Hospital in Boise, ID is seeking an outstanding BC/BE Developmental Behavioral Pediatrician to join our team of multi-disciplinary providers. The clinical practice associated with this position will be based at the Center for Autism and Neurodevelopmental Disabilities Program in Meridian, ID. The division is growing to meet the needs of the expanding clinical and educational services in Boise and the surrounding areas. We are focused on delivering exceptional patient experience and are seeking a physician to join our team who can provide clinical care to children with a wide range of developmental and behavioral concerns, as well as educate our pediatric residents. We have a multi-disciplinary approach to patient care and are the only developmental pediatrics practice in a large geographic area.

In the Treasure Valley, our current program consists of two developmental behavioral pediatricians, two Nurse Practitioners, a pediatric neuropsychologist, mental health therapists, care coordinator, RN nursing support, and PT/OT/Speech therapists. This team is part of the broader Children's Mental and Behavioral Health Program within St Luke's Children's Hospital.

Our patient demand continues to grow, and we are searching for someone who can not only provide patient care but can help our pediatric and family medicine colleagues manage their special needs patient population. We have a co-management model where we manage patients with primary and specialty care. We are part of the only Children's Hospital in the state. We have access to all pediatric specialties for consult on our patients with medical needs, such as cardiology, GI, and neurology. Because of our EMR, EPIC, we can see the patient's medical history and have a clear picture of their needs.



WE'RE HIRING DEVELOPMENTAL PEDIATRICIANS!

The Mid-Atlantic Permanente Medical Group, PC, located throughout the metropolitan Baltimore and Washington, D.C. areas, is currently interviewing Developmental Pediatricians to join our team at the Shady Grove Medical Center in Rockville, MD.

Offering a generous \$150,000 forgivable loan!

We provide competitive compensation, comprehensive benefits (100% employer-funded medical and dental insurance premiums, pension plan and 401(k), life insurance, and paid leave), complete professional liability coverage, CME and licensure reimbursement and more!

In collaboration with the Kaiser Foundation Health Plan of the Mid-Atlantic States we provide high-quality, patient centered health care. Through this partnership, our providers are part of an industry-leading health care delivery model, having access to advanced technological tools and receiving comprehensive practice support.

[We invite you to apply!](#) Contact: Renita.N.Shaw@kp.org or call (240) 429-9397 | Visit midatlantic.permanente.org/careers

Stay connected:     





The Division of Developmental-Behavioral Pediatrics and Psychology at University Hospitals **Rainbow Babies and Children's Hospital** in Cleveland, is seeking a Developmental-Behavioral Pediatrician for a full time position providing assessment and treatment services to children and adolescents with a range of developmental and behavioral disorders. There will also be opportunities to work within multidisciplinary teams within and outside of the division. The division is composed of DBPs, psychologists, neuropsychologists, social workers, and nurses. Pursuit of collaborative research activities will be encouraged. Opportunities for teaching medical students and residents are available. Participation in training of DBP fellows is encouraged and qualified applicants may be considered for teaching leadership roles. The selected candidate will receive a faculty appointment at Case Western Reserve School of Medicine at the academic level commensurate with experience and qualifications. The candidate must have completed a fellowship in Developmental-Behavioral Pediatrics and be board-certified/eligible in Developmental-Behavioral Pediatrics. Candidates must be licensed or license eligible in the State of Ohio.

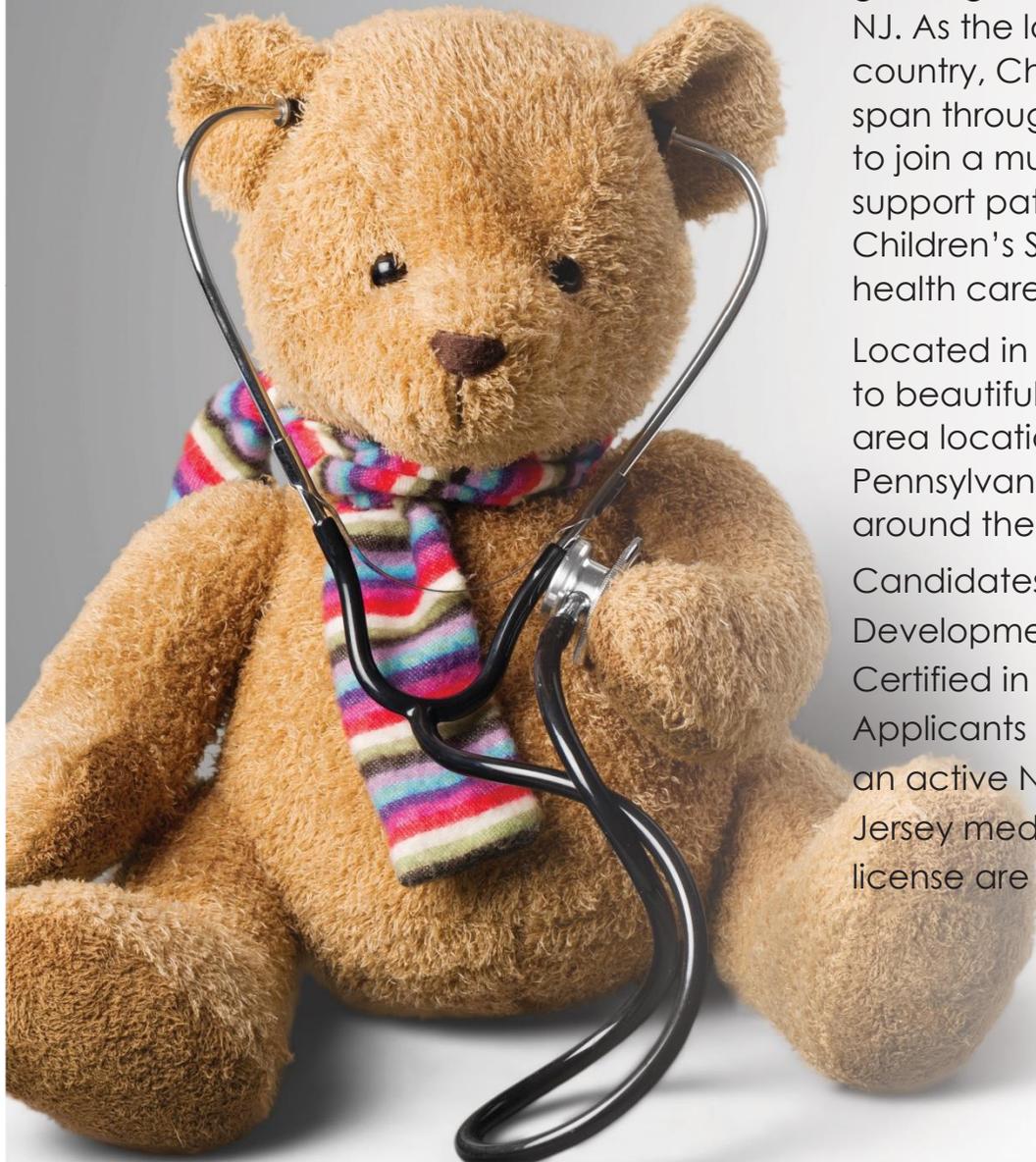
The Cleveland area offers an incredible quality of life with a growing economy, rich cultural scene with theater, symphony, museums, ballet and opera, outstanding restaurants, and a moderate cost of living. Cleveland is well-known for its sports teams and the incredible Metro Park system for any outdoor enthusiast. To learn more about Cleveland Ohio, visit <http://www.this is Cleveland.com/>.

UH Rainbow Babies & Children's Hospital is a 244-bed, full-service children's hospital and academic medical center. A trusted leader in pediatric health care for more than 130 years, UH Rainbow Babies & Children's Hospital consistently ranks among the top children's hospitals in the nation. As the region's premier resource for pediatric referrals, UH Rainbow Babies & Children's Hospital's dedicated team of more than 1,300 pediatric specialists uses the most advanced treatments and latest innovations to deliver the complete range of pediatric specialty services for 750,000 patient encounters, annually.

UH Rainbow Babies and Children's Hospital is a patient focused center distinguished by cooperation, excellence, leadership and respect. We value candidates who are committed to fostering and furthering the culture of compassion, cooperation, intervention, accountability, diversity, integrity, quality, and trust that is integral to admission To Heal. To Teach. To Discover. University Hospitals is committed to equal opportunity and diversity employment. Women, veterans, members of underrepresented minority groups and individuals with disabilities are encouraged to apply.

Interested candidates are encouraged to send CV and a cover letter to Dr. Rebecca Hazen, Chief of the Division of Developmental/Behavioral Pediatrics and Psychology, Rebecca.Hazen@UHHospitals.org

RWJBarnabas Health and Children's Specialized Hospital are seeking Developmental Pediatricians for Employment in NJ.



RWJBarnabas Health and Children's Specialized Hospital are seeking a fellowship trained Developmental Pediatrician to meet the growing demand for care in Newark, Union, and Monmouth County NJ. As the largest section of Developmental Pediatricians in the country, Children's Specialized Hospital is home to 15 locations that span throughout the state. This is a chance to join a multidisciplinary team with a wide array of specialists to support patients and their families. As part of RWJBarnabas Health, Children's Specialized Hospital is also part of the largest integrated health care system in New Jersey.

Located in sought-after areas, these positions provide easy access to beautiful NJ beaches/boardwalks, and minimal travel to tri-state area locations including New York City and Philadelphia, Pennsylvania. With fine dining, shopping, and coastal attractions around the corner, this position allows for a great work-life balance.

Candidates must be fellowship trained in Developmental and Behavioral Pediatrics, and Board Certified in DBP (or board eligible for new fellows).

Applicants with an active New Jersey medical license are ideal.

To learn more about this position and competitive signing bonuses/offers, please contact Melissa Granet, Manager of Physician Recruitment, at Melissa.Granet@rwjbh.org or (862)373-5319.





**Passionate about Pediatric Developmental Medicine?
So are we. Join us!**

Your Texas Opportunity Awaits!

- **North Dallas** — Pediatrix® Developmental Medicine of Dallas seeks a board-certified/eligible developmental pediatrician and a pediatric nurse practitioner to join our interdisciplinary team.
- **San Antonio** — Our growing Pediatrix Developmental Medicine of San Antonio practice has an opportunity for a developmental pediatrician looking for a fulfilling career and promising future.

Pediatrix Medical Group

- **40+** Years in women's, babies' and children's health care
- **43** States and territories served
- **4,280+** Physicians and advanced practitioners nationwide
- **275+** Practices
- **1,190+** Hospital partners and health care facilities
- **20+** Service lines and subspecialties

If you are as passionate as we are about managing the complex needs of infants, children and adolescents facing various developmental issues, we'd like to hear from you! Scan the QR codes to learn more and apply.



Scan to view
all openings.



Developmental Behavioral Pediatric Opportunity

in Asheville, NC

Mission Children's Developmental Program is seeking a pediatrician to join our robust and passionate child developmental and behavioral team in Asheville, NC

Qualified Candidates

- Fellowship trained and BC/BE in Developmental-Behavioral Pediatrics or Neurodevelopmental Disabilities
- Responsibilities include clinical evaluation and follow-up, with opportunities for program development, clinical research and teaching
- Ideal candidates will be interested in working in an evidence-based program committed to an interprofessional approach to caring for children with developmental and behavioral conditions

Incentives/Benefits Package

- Comprehensive benefits package – 401k with company contribution
- Hospital employed with base salary, productivity and bonuses

About Mission Children's

- Over 60 pediatric subspecialists in 23 different disciplines including pediatric neurology and genetics
- An average of 3,000 patient admissions to our pediatric inpatient units, including 19-bed pediatric unit, nine-bed PICU, 51-bed level III neonatology unit
- Approximately 4,500 pediatric surgeries, and 14,000 pediatric visits to our ER per year
- Special strengths include:
 - Interprofessional care with team members from psychology, advanced practice clinicians, nursing, social work, and family navigation
 - Integrated, specialized behavioral health services supporting children with developmental disabilities
 - Onsite pediatric therapies including PT, OT, and SLP
 - Access to multiple pediatric specialists including pediatric neurology, genetics, audiology, radiology, and a pediatric sedation team



To discuss this opportunity, please reach out to:

Chelsea Burks
Physician Recruiter

(828) 974-1173

Chelsea.Burks@HCAhealthcare.com

Community information

It is no surprise that Asheville is consistently rated one of the top US places to live for those who enjoy the outdoors. It is also known for its dynamic food scene and microbreweries. Asheville offers multiple options for public and private schooling and has easy access to air travel with a local airport.