

<u>NAME OF ROTATION:</u>	Developmental and Behavioral Pediatrics
<u>COURSE DIRECTOR:</u>	Leslie Rubin, MD lrubin@msm.edu office: 404 303 7247 pager: 404 278 1778 fax: 404 303 7837
<u>LOCATION:</u>	Children’s Healthcare of Atlanta at Hughes- Spalding Windsor Parkway Marcus Institute Georgia Pines (see complete list and addresses below)
<u>TRAINING LEVEL:</u>	PGY-1
<u>LENGTH OF ROTATION:</u>	1 month

COURSE DESCRIPTION:

More than anything else, a thorough understanding of child behavior and development distinguishes pediatrics from other medical specialties. To that end, child behavior and development are in integral part of all pediatric residency rotations implicitly or explicitly. A pediatrician should have an understanding of all aspects of childhood. To do so not only requires the relatively brief exposure to such issues during a pediatric residency, but the adoption of a life-long pattern of intensive study and appreciation of the dynamic process involved in the growth and development of children.

Like all dynamic processes things can go wrong. It is the duty and responsibility of the pediatrician to recognize the problem, obtain a comprehensive history, perform and appropriate examination, develop a good understanding of what the problem is, make the necessary recommendations for treatment and referral as necessary and take time to inform the parents and other family members as are required.

In this rotation, you will receive supervised and structured guidance on the process, the diagnostic domains and the management options. You will also be expected to perform the clinical assessments and present them to the attending. You will also come to realize that the understanding of child development and behavior draws upon diverse studies such as developmental and behavioral psychology, psychiatry, anthropology, and other social sciences, neurosciences, and other developmental specialties. Consequently, it is more often than not, the reality that in order to perform a comprehensive assessment of the child, especially if we want to know more about level of intellectual ability, appropriateness of speech development and motor competence we will draw on

the clinical skills of a psychologist, speech pathologist and also Physical Therapist and/or Occupational Therapist. The ideal evaluation scenario is that of an interdisciplinary team when available.

The Developmental Behavioral Pediatrics rotation is a required four-week rotation in the PL-1 year. The rotation is designed to provide residents with the experience to recognize usual and unusual developmental patterns, appreciate the various common developmental conditions that present in childhood, know how to evaluate the child and family, how to speak to the family about your findings, how to make the necessary recommendations and referrals, and generally what outcomes to expect.

The children you will see:

Parents are concerned because their children are not developing as well as they should, either in the first year of life when they are not achieving their motor milestones, or the second year of life when they are not meeting their speech and language milestones or the 3rd year of life when they are not behaving or socializing as they should or in the preschool or school age when they are not learning or behaving as they are expected to. Also you will see children who have specific developmental disabilities that include in the milder end of the range Learning Disabilities and ADHD, through Autism, Cerebral Palsy and Mental Retardation, and specific clinical diagnostic categories like Down syndrome, Sickle Cell and Strokes, Fetal Alcohol Syndrome, and clinics that deal with significant behavior problems.

GOALS, OBJECTIVES AND CORE COMPETENCIES:

GOAL 1: Prevention (Dev-Beh). Understand the role of the pediatrician in the prevention of developmental and behavioral problems in children.

Objective 1.1: Describe the common prenatal influences that impair typical development.

Objective 1.2: Describe the common postnatal influences that impair typical development

Objective 1.3: Describe the common environmental, social and family influences that promote optimal development and behavior of a child.

Objective 1.4: Describe the common environmental, social and family influences that interfere with the typical development and behavior of a child.

Objective 1.5: Refer patients at risk to appropriate early intervention services and specialists.

Objective 1.6: Advocate for patients with special developmental, behavioral, and educational needs.

GOAL 2: Normal vs. Abnormal (Dev-Beh). Develop a working knowledge of typical development and behavior for children and families and apply this knowledge in the clinical setting to differentiate normal from abnormal states.

Objective 2.1: For each of the domains of child development:

1. Describe the spectrum of age-appropriate development and variations from typical for children from birth through adolescence.
2. Identify major theories of development.
3. Discuss how different developmental domains interact and influence one another at different stages of development.
4. Counsel families on the variations within typical development.
5. Identify "red flags" of abnormal development.
6. Describe a child's typical progress in each of the following developmental domains, identify signs of abnormal development, and provide parents with counseling concerning:
 - a. Cognitive skills
 - b. Fine and gross motor skills
 - c. Receptive and expressive language
 - d. Social/emotional development
 - e. Self-help and adaptive behaviors

Objective 2.2: For the common domains of child behavior: Describe the spectrum of age-appropriate development and variations from typical for children from birth through adolescence.

Objective 2.2: Identify major theories of behavioral development.

Objective 2.3: Discuss how different developmental and behavioral domains interact and influence one another at different stages.

Objective 2.4: Counsel families on the variations within typical behavior.

Objective 2.5: Diagnose "red flags" of abnormal behavior.

Objective 2.6: Describe a child's typical progress in each of the following behavioral domains, identify signs of abnormal development, and provide parents with counseling concerning:

1. Attachment (bonding)
2. Autonomy
3. Elimination
4. Eating
5. Sexuality
6. Sleep
7. Temperament

Objective 2.7: Counsel parents about typical parenting issues (related to child development, behavior, health and safety, family adjustment).

Objective 2.8: Diagnose and manage specific pediatric behavioral, developmental and medical problems using knowledge and insight about family development and family systems theory.

Objective 2.9: Recognize and differentiate between developmentally-appropriate coping strategies used by children and their families to contend with illness and medical interventions, and common ineffective coping strategies, including non-compliance.

Objective 2.10: Use standardized, validated and accurate developmental and behavioral screening instruments, plus skills in interview, exam and medical knowledge to identify patterns of atypical development, such as:

1. ADHD home and school questionnaires (e.g., Vanderbilt, Connors)
2. Behavioral screening questionnaire (e.g., Eyberg Child Behavior Inventory, Pediatric Symptom Check List, PEDS, ASQ-SE)
3. Developmental screening tools reliant on parental report (e.g., ASQ, PEDS, CDIs)
4. Developmental screening tools requiring direct elicitation and measurement of children's behavior (e.g. Brigance, Battelle, Bayley Infant Neurodevelopmental Screener, SWILS)
5. Hearing screening (general, pure tone audiometry, otoacoustic emissions)
6. Language screening
7. Home and parent risk assessment tools to screen for social concerns, e.g., alcohol abuse, domestic violence, depression (e.g., Family Psychosocial Screen, Edinburgh Depression Inventory)

Objective 2.11: Select, perform and/or interpret appropriate clinical tests to establish a medical etiology of identified developmental and/or behavioral problems, such as:

1. Blood tests to rule out organic or genetic conditions (such as thyroid function, lead screen, genetic testing, metabolic screening)
2. Neuroimaging studies and others (such as head MRI)

Objective 2.12: Demonstrate familiarity with commonly used clinical and psychoeducational testing used by specialists to evaluate and monitor children with developmental and behavioral problems.

1. Identify common measures of intelligence used with infants, preschool and school age children (e.g., WPPSI, WISC-III, K-ABC).
2. Recognize common diagnostic measures of achievement, speech-language, and adaptive behavior (e.g., WRAT-R, Vineland Adaptive Behavior Scales, Preschool Language Scale-IV).
3. Understand the meaning of quotients and percentiles, the range of possible scores, common averages and standard deviations.
4. Know the scores typically observed in children with specific developmental conditions such as mental retardation, learning disabilities, giftedness, etc.

GOAL 3: Anticipatory Guidance (Dev-Beh). Provide appropriate anticipatory guidance related to common developmental and behavioral issues.

Objective 3.1: Provide anticipatory guidance to parents about expected behaviors or milestones at a child's next developmental level.

Objective 3.2: Provide anticipatory guidance to families about developmental aspects of injury prevention, common behaviors (i.e., feeding), discipline, and child's approach to the physical exam and interview.

Objective 3.3: Provide anticipatory guidance, developmental promotion, and counseling for the following issues and problems:

1. Adoption
2. Children at risk due to poverty, abuse or neglect, etc.
3. Behavioral management and positive disciplinary techniques
4. Normal independence seeking and limit testing behaviors
5. Positive attention
6. Warnings and punishment
7. Day care

8. Death of a family member
9. Developmental disabilities, including transition needs from infancy through adolescence and young adulthood
10. Divorce
11. Early intervention programs
12. Eating problems
13. Exposure to violence
14. Gifted children
15. Habits (thumb sucking and nail biting)
16. Typical sleep patterns
17. Parenting in a variety of settings, such as adoptive, foster, single parents, step or "blended" families, etc.
18. Peer relationships and social skills
19. Resiliency
20. School success and failure
21. Self-esteem
22. Sexuality (typical patterns of sexual behavior, masturbation, sexual preference, sexually transmitted diseases, birth control)
23. Sibling rivalry
24. Sleep problems
25. Substance abuse
26. Television, video, computer and media
27. Toilet training
28. Preschool and kindergarten readiness
29. Study skills and home work assistance
30. Promoting speech and language development
31. Literacy promotion
32. 3.28.3.32 :Separation issues
33. 3.28.3.33 :Bullying

GOAL 4: Undifferentiated Signs and Symptoms (Dev-Beh). Evaluate and manage common developmental-behavioral signs and symptoms in infants, children, and adolescents.

Objective 4.1: For developmental-behavioral signs and symptoms in infants, children, and adolescents:

1. Perform an appropriate problem-oriented interview and physical examination.
2. Obtain additional information from other related sources (e.g., day care, school).
3. Formulate a differential diagnosis, including typical variants where appropriate.
4. Use structured screening instruments as appropriate.
5. Formulate and carry out a plan for evaluation.
6. Develop a management plan with the patient and family.

7. Demonstrate effective communication to insure accurate history-taking, patient and family understanding, mutual decision-making, and adherence to therapy.
8. 3.29.1.8: Provide appropriate follow-up, including case management, when multiple disciplines are involved.

Objective 4.2: Evaluate and manage the following developmental-behavioral signs and symptoms, provide appropriate counseling to parents or patients, and identify appropriate referral resources:

1. Inattention
2. Hyperactivity
3. Delay in a single developmental domain
4. Delay in multiple developmental domains
5. Sleep disturbances
6. Elimination disturbances
7. Feeding disturbances
8. Poor academic performance
9. Loss of developmental milestones
10. Regression of behavioral self-control
11. Excessive out-of-control behaviors (e.g., anger outbursts)
12. Abrupt change in eating, sleeping, and/or socialization
13. Anxiety
14. Depressed affect
15. Grief
16. Sexual orientation issues
17. Gender identity issues
18. Somatic complaints
19. Obsessive-compulsive symptoms
20. Separation anxiety
21. Tics
22. Somatic complaints
23. Violence
24. Excessive concerns about body image

GOAL 5: Common Conditions Not Referred (Dev-Beh). Recognize and manage common developmental and behavioral conditions that generally do not require referral.

Objective 5.1: For the common developmental-behavioral problems commonly observed in infants, children, and adolescents:

1. Describe diagnostic criteria, applying DSM-PC codes that determine variation, problem, or condition.
2. Discuss environmental and biologic risk factors.
3. Explain alternative or co-morbid conditions.
4. Describe natural history and common variations.
5. Implement assessment appropriate to the primary care setting, including input from home, school and other environments as necessary.
6. Implement individualized case management.
7. Counsel parents in age-appropriate intervention.
8. Describe indications for referral to other professionals for evaluation or treatment.
9. Execute appropriate referrals to mental health and other professionals and other community resources.

Objective 5.2: Recognize and manage, and counsel parents and patients concerning the following common developmental and behavioral problems that do not generally require referral:

1. Adjustment reactions
2. Attention deficit hyperactivity disorder, uncomplicated
3. Breath-holding spells
4. Physiologic crying in infancy and colic
5. Oppositional behavior
6. Difficulties with parenting and discipline
7. Encopresis
8. Enuresis
9. Failure to thrive
10. Fears and anxiety
11. Habits (nail biting, hair twirling, etc.)
12. School avoidance/refusal
13. Sleep-wake cycle disturbances
14. Stress reactions
15. Temper tantrums
16. Head banging
17. Simple motor tic
18. Typical separation anxiety
19. Functional pain

20. Mild depression

GOAL 6: Common Conditions Generally Referred (Dev-Beh). Recognize, provide initial management, appropriately refer, and provide primary care case management for common developmental or behavioral conditions that often need additional diagnostic and/or management support from other specialties or disciplines.

Objective 6.1: For the more complex developmental-behavioral problems that require referral for diagnostic or management support:

1. Describe diagnostic criteria.
2. Discuss environmental and biologic risk factors.
3. Identify alternative or co-morbid conditions.
4. Describe natural history.
5. Organize initial assessment, consultation, and ongoing management as the primary care pediatrician.

Objective 6.2: Recognize, provide initial management, appropriately refer and provide primary care case management for the following developmental-behavioral conditions:

1. Developmental-behavioral disorders associated with chronic physical health conditions (e.g., spina bifida, cleft lip, cleft palate, paraplegia, amputation, sensory impairment, Tourette's disorder, prematurity)
2. Cognitive disabilities (e.g., mental retardation)
3. Language and learning disabilities
4. Motor disabilities (e.g., cerebral palsy, muscular dystrophy)
5. Autistic spectrum disorders
6. Attention problems, moderate to severe
7. Externalizing disorders (e.g., violence, conduct disorder, antisocial behavior, oppositional defiant disorder, school failure, school phobia, excessive school absences, firesetting)
8. Internalizing disorders (e.g., adjustment disorder, anxiety disorder, conversion reactions, somatoform disorders, depression, mood disorders, suicide contemplation or attempt, PTSD)
9. Substance abuse
10. Social and environmental morbidities (e.g., physical abuse, sexual abuse, parental health disorders such as depression and substance abuse)
11. Problems of feeding, eating, elimination, sleep
12. Atypical behaviors (e.g., post traumatic stress disorder, psychosis)
13. Problems of gender identity, sexuality, or related issues
14. Psychosis/Schizophrenia, borderline personality

Objective 6.3: Serve as case manager or active team participant for individuals with developmental and behavioral disorders through the primary care setting, demonstrating skills including, but not limited to:

1. Communication and record-sharing with other disciplines
2. Maintenance of a complete problem list
3. Managing the "whole patient"
4. Family empowerment and communication
5. Maintain patient and family confidentiality (HIPAA)

Objective 6.4: Discuss interventions and specialists that assist with the diagnosis or ongoing management of children with developmental-behavioral disorders, demonstrate knowledge of referral sources, and demonstrate ability to work collaboratively with a variety of these professionals.

1. Audiologist
2. Behavior modification specialists
3. Child Life
4. Child psychiatry
5. Child psychology
6. Community resources/support systems (Boys and Girls club, Family Resource Centers)
7. Developmental-behavioral pediatrician
8. Early intervention services
9. Educational intervention (preschool and school age)
10. Family counseling
11. Feeding specialists
12. Hypnosis, relaxation, and self-control techniques
13. Interdisciplinary team for evaluation
14. Neurodevelopmental pediatrician
15. Pediatric neurology
16. Occupational therapy
17. Physical therapy
18. Physical medicine and rehabilitation
19. Pharmacotherapy
20. Social work services
21. Speech and language therapy
22. Teachers
23. Vision specialist
24. Other (play therapy, music therapy, support groups, parent training, etc.)

COMPETENCIES:

Pediatric Competencies in Brief (Dev-Beh). Demonstrate high standards of professional competence while working with children who present with developmental and behavioral concerns. [For details see Pediatric Competencies.]

Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1.1: Use a logical and appropriate clinical approach to the care of children who present with developmental and behavioral concerns, applying principles of evidence-based decision-making and problem-solving.

1.2: Provide sensitive support to children who present with developmental and behavioral concerns, and their families.

Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

2.1: Demonstrate a commitment to acquiring the knowledge needed in developmental and behavioral pediatrics.

2.2: Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to care of children and families dealing with developmental and behavioral concerns.

Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

3.1: Communicate skillfully with families and children and provide appropriate patient education and reassurance for conditions common to developmental and behavioral pediatrics.

3.2: Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care

3.3: Maintain accurate, legible, timely, confidential and legally appropriate medical records

Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

4.1: Use scientific methods and evidence to investigate, evaluate, and improve patient care practice related to developmental and behavioral issues.

4.2: Identify personal learning needs, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

5.1: Demonstrate personal accountability to the well-being of patients (e.g., following-up on lab results, writing comprehensive notes, and seeking answers to patient care questions).

5.2: Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

5.3: Adhere to ethical and legal principles, and be sensitive to diversity.

Competency 6: Systems-Based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

6.1: Identify key aspects of health care systems as they apply to care of individuals and their families dealing with mental health, behavioral or developmental concerns, including cost control, billing, and reimbursement.

6.2: Demonstrate sensitivity to the costs of clinical care for patients who present with developmental or behavioral concerns, and take steps to minimize costs without compromising quality.

6.3: Recognize and advocate for families who need assistance to deal with system complexities and identify resources to meet their needs.

6.4: Recognize the limits of one's knowledge and expertise and take steps to avoid medical errors.

6.5: Recognize various services available to children with developmental disabilities and their families, including parent support services, state funded programs, community respite services, and various recreational offerings.

6.6: Recognize state funded programs for children with developmental disabilities that include Children 1st, Babies Can't Wait, Children's Medical Services and Special Education Programs.

6.7: Residents will visit with the Director of the Georgia Governor's Council on Developmental Disabilities to learn first hand how states respond to the needs of families who have children with developmental disabilities.

6.8: Residents will be expected to understand how the legislature works in promoting children's health. This is best accomplished through the Georgia Chapter of AAP Legislative Day but can be accomplished on another occasion.

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 07/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

PROCEDURES:

Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- ADHD home and school questionnaires
- Audiometry evaluation: interpretation
- Behavioral screening questionnaire
- Developmental screening test
- Hearing screening
- Language screening test
- Vision screening

SCHEDULE:

Residents will attend weekly assigned continuity clinic. Residents are required to attend all Grand Rounds, weekly didactic lectures, resident meetings, and participate in the regularly scheduled calls.

****Please note**

- The schedule is adjusted to the specific calendar Month so each Resident will need to review the Schedule with Dr. Rubin at the beginning of the Rotation.
- There will be field trips during the Rotation, please check with Dr. Rubin about the dates, times and locations.
- Below please find directions to the various clinics and field trip sites.
 1. Developmental Pediatrics Clinics
 - Hughes Spalding Children’s Hospital 2nd floor PAC – Thursday mornings from 9am until 1pm new and follow up patients who have developmental problems in a hospital setting
 - Developmental Pediatric Specialists – Thursday afternoons and Fridays from 11.30am until 5pm new and follow up patients with a variety of developmental problems in a community setting
 2. Cerebral Palsy Clinic
 - Hughes Spalding Children’s Hospital 4th floor – the 2nd and 4th Wednesdays of each month from 9am-5pm
 - Interdisciplinary program including Developmental Pediatrician, therapists, nutritionist, orthopedist, Orthotists, wheelchair specialists, CMS coordinators and family support people
 3. Autism Program
 - Hughes Spalding Children’s Hospital 4th floor – 1st Wednesday of each month from 9am-5pm serving
 - Interdisciplinary program including Developmental Pediatrician, therapists, nutritionist, behavior specialist and school consultant
 4. Child Abuse Clinic
 - Hughes Spalding Children’s Hospital – Mondays 9am-12noon
 5. Adult Down Syndrome Program
 - Windsor Parkway – 3rd Wednesday 1-5pm, seeing adults who have Down Syndrome and often very complicated clinical challenges.
 - Team includes a Social Worker and a Parent Support person
 6. Fetal Alcohol Syndrome
 - Marcus Institute 3rd Wednesday of each month – a Multidisciplinary FAS Clinic
 - The team includes a geneticist, psychologist, social worker and therapists

Additional Community Experiences and Field Trips. The following are programs that had been developed for pediatric residents at Emory and have been offered to Morehouse residents to complement their clinical experiences. These will be scheduled on different days and at different times each month and will be factored into each individual resident's schedule:

- Georgia Pines – a program for infants who have severe visual and/or hearing impairment
- Behavior Clinic at Marcus Institute – a visit to Marcus Institute Behavior Program with didactic lecture by Dr. Henry Roane on Behavior Management of children with autism and severe behavior disorder
- Walden Preschool – a program of the Emory Autism Center where preschool children with Autism attend with typical children
- Fetal Alcohol Syndrome (FAS) Clinic – an interdisciplinary program of the Marcus Institute for the evaluation and management of children with FAS
- Emory Briarcliff – a didactic presentation on Psychology by Dr. Julie Kable
- Knight Elementary School – a Public School that has had pediatric residents rotating there for more than a decade to orient residents to how schools work with a variety of children with different conditions
- Project DOCC – a program for pediatric residents to visit the home of a family who have a child with a disability and to conduct a detailed interview with another family [this program is funded by Emory and Marcus Institute for Emory residents but has not yet been funded for Morehouse residents – funding is currently being sought]
- Georgia Governor's Council on Disabilities – a visit with Executive Director to learn what roles the Council plays in addressing the needs of people with disabilities in the state of Georgia

DIDACTIC SESSIONS:

1. Normal child development
2. Developmental Disabilities – an introduction
3. FAS
4. Prematurity
5. ADHD & Learning Disabilities
6. Autism
7. Cerebral Palsy
8. Environmental Toxicity

9. Child Abuse
10. Interdisciplinary Approach
11. Early Intervention
12. Special Education

READING SCHEDULE:**Week 1**

1. Early Detection of Developmental and Behavioral Problems (**Article**)
2. Disorders of Development and Learning (Wolraich Book) = Chpts 1-6
3. Developmental-Behavioral Pediatrics Book = Chpts 3, 10, 47

Week 2

1. Preschool Children Who Have Atypical patterns of Development (**Article**)
2. Disorders of Development and Learning (Wolraich Book) = Chpts 7-13
3. Developmental-Behavioral Pediatrics Book = Chpts 4, 20, 55

Week 3

1. A Continuing Dilemma: Whether and How to Screen for Concerns About Children's Behavior (**Article**)
2. Disorders of Development and Learning (Wolraich Book) = Chpts 14-18
3. Developmental-Behavioral Pediatrics Book = Chpts 5, 52, 56

Week 4

1. The Child Behavior Checklist and Related Forms for Assessing Behavior/Emotional Problems and Competencies (**Article**)
2. Disorders of Development and Learning (Wolraich Book) = Chpts. 19-22
3. Developmental-Behavioral Pediatrics Book = Chpts 6, 59, 65

EVALUATIONS:

The preceptor and resident will complete evaluation forms on the six core competencies via electronic evaluation form.

REFERENCES:

- Nelson's textbook of pediatrics-17th edition.
- Disorders of Development and Learning, Mark Wolraich, 3rd edition.
- Bright Futures

DIRECTIONS FOR MOREHOUSE RESIDENTS FOR SELECTED DEV-BEH PEDS SITES:

Site: **Marcus Institute, 404-419-4000**

Directions: From Emory, take Clifton to Briarcliff. Turn right on Briarcliff. Turn left into Marcus driveway at 1920 Briarcliff Road. Go to front office and ask them to call relevant staff person.

Faculty: **Henry Roane, Ph.D.**, ask receptionist to page, CP 404-944-0571

1. To learn about applied behavior analysis as a method for understanding and developing treatment plan for severe behavior disturbances
2. To understand how to apply general principles of behavior analysis to more common, less severe problems in pediatric patients
3. To become familiar with treatment approaches used in the Marcus Day treatment program for children with severe aggressive behavior

Faculty: **Julie Kable, Ph.D.** (check which site on calendar!)

Directions: **Marcus** - 404-419-4252, Room 317.
Emory West/Briarcliff campus – 404-712-9833, Room 307 (from Emory take N. Decatur to Briarcliff and go left. Emory West is on your right in less than a mile. Go in the main several-story building you come to (not any of the buildings in a semicircle around the main building). Walk down the entry hall and on your right will be elevators to the third floor).

1. Anticipatory guidance for parents about common feeding and toileting problems in young children
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Site: **Walden Preschool, 404-929-0407 (404-727-8350 to reach Ms. Hynes other than the day of the visit)**

Goals:

1. Learn about autism and pervasive developmental disorders
2. Observe early intervention program and become familiar with concepts of mainstreaming, incidental teaching, behavior modification

Faculty: **Sharon Hynes, Gail McGee, Ph.D.** and other team members

Directions: From Emory, head towards Decatur on N. Decatur Rd. Turn left onto Clairmont at a traffic light. Before you get to the VA, turn left on Starvine Road where several the Emory-Clairmont facilities are. Turn right at next street and then right on Shoup Court. Emory Autism/Walden is 1st building on right at 1551 Shoup Court.

Site: Knight Elementary, 770-921-2400

Faculty: Dr. Burrelle Meeks (Principal) and other staff

Goals:

1. Learn about how public schools in Georgia are structured in terms of regular and special education
2. Learn about special education services in elementary schools: the process of placement and types of services/classes
3. Learn how to better collaborate with school personnel to diagnose and manage ADHD or other medical problems

Directions: From Grady, take Piedmont north to get on 85N. Beyond 285, take Indian Trails exit. Turn right at the exit on Indian Trails. After Highway 29, Indian Trail becomes Killian Hills Road: stay on this road. After a small bridge over a railway, you will pass a traffic light at Arcade Road. Turn left at the second street past this light which will be Lewis Road. Go through the entrance into Hanarry Estates subdivision and continue on Lewis Road. The school is on your left after about 1 mile at 401 River Drive. Go to main office.
ALLOW 45 MINUTES FOR TRIP!

Site: Georgia Pines, Atlanta Area School for the Deaf

Goals:

1. To learn more about the relationship between visual and auditory sensory deficits and other aspects of child development
2. To learn about communication issues related to sensory deficits
3. To learn more about early intervention and educational issues for children with sensory deficits

Faculty: Claire Sullivan (404-298-4882) and Lynn McFarland (404-298-4881)

Directions: Georgia Pines is at the Atlanta Area School for the Deaf.

1. Get to 285 on the east side of Atlanta. Coming from the north side of town (heading south), pass U.S. 78 and take the first exit after that (East Ponce de Leon). Turn left toward Clarkston, stay on E. Ponce de Leon to 2nd traffic light. Or, coming from the south side of town (heading north), pass Memorial Drive exit and take the next exit which is Church Street. Turn right toward Clarkston and stay on Church Street to the 1st traffic light.
 2. Turn right on N. Indian Creek Drive.
 3. Atlanta Area School for the Deaf is on the right immediately past a convenience store at 890 N. Indian Creek Drive.
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Directions: Developmental Pediatric Specialists Clinic
776 Windsor Parkway
Atlanta, GA 30342 (404) 303-7247

From I-285—Traveling West (From Chamblee)

Take exit #28, Peachtree-Dunwoody. From the exit ramp turn left (South) onto Peachtree-Dunwoody Road (toward the inside of I-285). Continue on Peachtree-Dunwoody going by Northside Hospital (on the right) and St. Joseph Hospital (on left). Continue past Johnson Ferry Road and the Glenridge Connector. You will travel into a residential area and continue for about a mile. Turn right at the light for Windsor Parkway (pass a YMCA soccer field on the right). Go to the second street on the right and turn right onto Northway Drive. If you get to the 400 overpass you have gone too far. The office is on the right hand side corner of Windsor Parkway and Northway Drive. The sign reads Educational Resource Center. You can park in front or back of the office and enter on either side of the house into the waiting area.

From I-285—Traveling East (From Windy Hill, Sandy Springs)

Take exit #26, Glenridge Drive. Turn right onto Glenridge Drive and stay straight (it becomes the Glenridge Connector). When you reach Peachtree Dunwoody Road turn right onto it. Follow Peachtree Dunwoody Road for about a mile through a residential area until you get to Windsor Parkway. Turn right onto Windsor Parkway. Go to the second street on your right and turn right onto Northway Drive. If you get to the 400 overpass you have gone too far. The office is on the right hand side corner of Windsor Parkway and Northway Drive. The sign reads Educational Resource Center. You can park in front or back of the office and enter on either side of the house into the waiting area.

From I-75 South—(From Marietta)

Go I-75 South to 285-East and follow I-285 East directions above.

From GA 400 North or South—(From Roswell or Alpharetta)

Take exit #4A (from 400 North) or exit #3 (from 400 South), Glenridge Connector. At the top of the exit ramp turn right onto the Glenridge Connector. Turn right at the second traffic light onto Peachtree-Dunwoody Road. Follow Peachtree Dunwoody Road for about a mile through a residential area until you get to Windsor Parkway. Turn right onto Windsor Parkway. Go to the second street on your right and turn right onto Northway Drive. If you get to the 400 overpass you have gone too far. The office is on the right hand side corner of Windsor Parkway and Northway Drive. The sign reads Educational Resource Center. You can park in front or back of the office and enter on either side of the house into the waiting area. You can park in front or back of the office and enter on either side of the house into the waiting area.

North on I-75 or I-85

Go North on I-75/I-85 through Atlanta and take I-85 North to I-285. Go West on I-285 to exit #28, Peachtree-Dunwoody. Turn left onto Peachtree-Dunwoody Road. Follow directions from I-285 West above.

South on I-85

Go West on I-285 to exit #28 Peachtree-Dunwoody. From the exit, turn left onto Peachtree-Dunwoody Road. Follow directions from I-285 West above.

IMPLEMENTATION OF RESIDENCY

Developmental-Behavioral Pediatrics Curriculum, including required rotation:

1. Normal and abnormal development and behavior
 - a. Didactics – lectures and CD-Rom
 - b. Readings and tools
 - c. Continuity clinics
 - d. Developmental clinics
 - e. MMA
2. Family influences
 - a. Readings
 - b. Continuity clinics
 - c. Office practice
 - d. Term nursery
 - e. International children (refugee health)
 - f. Child abuse and neglect
3. Interviewing (development specific)
 - a. Office practice
 - b. DBPeds rotation (Dr. Rubin to modify questionnaire to add developmental milestones to assessing family's social, family, and behavioral issues)

4. Psychosocial and developmental screening
 - a. Also involves Adolescent (HEEADSSS assessment)
 - b. Project DOCC (Parents teaching about Delivery of Chronic Care) – clinical aspects and psychosocial assessment, interview families and families present Grand Rounds
 - c. Developmental screening
 - i. Continuity clinics
 - ii. Office practice
 - iii. DBPeds rotation
 - iv. Re-evaluation of the tools other than DDST II
5. Behavior, counseling, and referral
 - a. Counseling with Social Workers and Psychologists
 - b. We are currently working on setting up a relationship with GSU Psychology
 - c. Behavior Management strategies through May South during Autism Clinic and didactic lecture at Marcus Institute
6. Developmental management strategies
 - a. Through attendance in developmental and team clinics
 - b. Observing therapists in clinical setting
7. Needs of Children at risk
 - a. International children (refugee health at DeKalb Medical Center)
 - b. Child abuse and neglect clinics
 - c. Fetal Alcohol Syndrome (Marcus Institute)
 - d. Institute for the Study of Disadvantage and Disability activities

Other issues

- Faculty development annual workshop
- Other rotations involved – Term nursery, Office practice
- Resources page to be updated
 - DeKalb Medical nurseries
 - GSU (projected for networking with master’s therapists or psychology)
 - Mental health clinics rotation (Child Psychiatry elective)
 - WEMC
 - MMA
 - Autism Clinic
 - Marcus Institute/Center
 - Emory Psychiatry (Piedmont Hall 3rd Floor)

CONTACT INFORMATION

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Rehab and Clinics

Voncile Owens RN

HSCH 4th Floor

404 616 2172 or

404 616 5764

Psychiatry

Gail Mattox, MD

mattoxg@msm.edu

Morehouse Medical Associates

75 Piedmont Avenue, 8th Floor

404-756-1440

***Raina Sullivan, MD**

rainasullivan@hside.org

Hillside Clinic

690 Courtneay Drive

Atlanta, GA 30306

404-675-4551

High Risk Infant Follow-up Clinic

Dr. Chapman

Hughes Spalding Children's Hospital

404-616-4962

Developmental Progress Clinic (DPC) @ HSCH 2nd Floor

Dr. Miller

404-6116-4963

PAC on 2nd floor Thursday afternoon

Healthy Grandparents

Yvonne Walcott

ywalcott@gsu.edu

Park Place South, Suite 801, (Decatur Street GSU)

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404-651-03821

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