

**This syllabus is subject to change and will be updated as needed.*

GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY
Pediatric Behavioral Medicine
Course 18:826:544
Spring 2022

Instructor

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Course Time/Location

Tuesdays 4:45pm-7:30pm

GSAPP A317

Office Hours

Office hours are an opportunity for individual students or small groups to communicate with me, ask clarifying questions about content, explore what you many want to do after you graduate, and find support. Please reach out to me anytime through phone or email and we can find a mutually beneficial time to connect.

Course Description

This course focuses on the foundational knowledge needed to deliver effective, integrated pediatric behavioral healthcare in a variety of child-serving systems, including healthcare and schools. The course will examine concepts and skills related to integrated behavioral healthcare and interprofessional collaboration. Additionally, evidence-based screening, prevention, and treatment practices for commonly occurring pediatric conditions will be explored.

Discipline-Specific Knowledge Addressed in Course

The course builds Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas. It integrates the graduate-level scientific knowledge of multiple basic discipline-specific content areas. Specifically, it integrates biological, affective, social, and developmental aspects of behavior. Course requirements for students include assignments that integrate knowledge related to the biological, affective, and social aspects of pediatric physical and mental health conditions and approaches to their prevention and treatment.

Learning Objectives

Students who complete Pediatric Behavioral Medicine will acquire knowledge in core areas of pediatric behavioral healthcare:

- The meaning of pediatric behavioral medicine, pediatric school psychology, integrated behavioral healthcare
- The need for integrated pediatric behavioral healthcare, including among under-served populations
- Psychologist roles in delivering integrated pediatric healthcare across diverse settings
- Foundational concepts related to integrated behavioral healthcare including models of wellness and disease, evidence-based care, population health, social determinants of health/healthcare disparities, and the patient-centered medical home
- Interprofessional ethics, interprofessional collaboration, and interprofessional team functioning

- Screening in pediatric behavioral healthcare
- Use of common factors and common elements approaches in pediatric behavioral healthcare
- Assessment and treatment of behavioral health difficulties associated with chronic pediatric medical conditions
- Basic concepts related to use of psychotropic medications with pediatric populations

Students will also be able to...

- Consider multicultural and diversity aspects as they relate to the major concepts of this course
- Identify and consider multiple contributions and concomitants to behavioral and physical health, utilize an ecobiodevelopmental framework in case conceptualization, and demonstrate this in oral and written communications
- Describe psychosocial screening instruments commonly used in pediatric medical settings and select an instrument appropriate for a particular setting
- Synthesize research and reflections to identify strategies that benefit individual outcomes and provide integrated care across tiers in a multi-tier system of support framework
- Critically analyze the impact that health disparities can have on individual and population health outcomes
- Demonstrate knowledge of these relationships through application

Assessment of Learning Objectives

Students will be assessed on the degree to which they have reached the above learning objectives. Course grades will be based on the following:

- **Attendance and participation:** Students are expected to attend all classes, arrive on time, stay for the duration of the class period, exhibit professional behavior, and actively participate in class discussions. Active and professional participation is defined as attentive listening, asking thought-provoking questions, responding to questions posed, completing in-class activities, and treating others in such a way as to maintain a supportive and safe classroom environment. For in-person attendance, students are expected to follow Rutgers University's health and safety guidelines. If a particular class date will need to transition to a virtual format, students will be notified and students can participate virtually using the link on the course Canvas site. If you need to miss class due to a holiday not observed by the University, please reach out to make arrangements for content coverage. This flexibility is for the specific day(s) when the holiday occurs. Likewise, if you have a family care or child care conflict with class, please let me know so we can make arrangements.
- **Co-lead presentation (15 minutes) on a screening instrument:** Students will co-lead a presentation about a screening instrument used in pediatric medical settings. Presentations will occur in class on 2/15/2022. Additional information, including a grading rubric, can be found on page 10 of the syllabus.

- **Lead a presentation (30 minutes) on a common pediatric medical or behavioral health condition or issue:** Additional information, including a grading rubric, can be found on page 12 of the syllabus.
- **Complete final project:** Students will complete a final paper. Individual discussion of each student's preliminary ideas will take place in class on 2/8/2022. Papers are due on 5/3/2022. Full-class discussion will also take place on this date. Additional information, including a grading rubric, can be found on page 14 of the syllabus.

Grading

Grades will be based on participation, a presentation of a screening instrument, a presentation on a pediatric medical/behavioral health condition/issue, and a final paper. The breakdown of grading will be as follows:

Participation	30 points
Screening Presentation	35 points
Medical/Behavioral Health Condition Presentation	55 points
Final Project	80 points
Total Available Points:	200 points

Number of Points	Grade
180 – 200	A
170 – 179	B+
160 – 169	B
140 – 159	C
0 – 139	F

Classroom Culture

- **Names and Pronouns:** Class rosters are provided to the instructor with the student's legal name. I will gladly honor your request to address you by your preferred name and pronouns. Please advise me of this preference so that I may make appropriate changes to my records.
- **Respect for Diversity:** It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength, and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. We will aim to develop a space together where we can grow and learn from one another, given we come to these course topics with diverse viewpoints and lived experiences. If you feel uncomfortable or uninvited, please reach out to me so we can problem-solve together.

- **Land Acknowledgement:** We honor and respect the Indigenous peoples on whose land we meet. The Lenape are the original inhabitants of New Jersey, beginning over 12,000 years ago. This acknowledgment serves to bear witness to the Indigenous peoples who thrived on this land prior to its occupation. We take this moment to pause, to acknowledge the Indigenous peoples as stewards of this land, and recognize the history we have with the land and colonialism. This is a small but essential step in moving forward with respect for all Indigenous peoples, past, present, and future. (Adapted from Morningside Center)
- **Statement on Disabilities:** Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where they are officially enrolled, participate in an intake interview, and provide documentation: <https://ods.rutgers.edu/students/documentation-guidelines>. If the documentation supports a student's request for reasonable accommodations, the campus' disability services office will provide the student with a Letter of Accommodations. Students should share this letter with their instructors and discuss the accommodations with them as early in courses as possible. To begin this process, complete the Registration form on the ODS website at: <https://ods.rutgers.edu/students/registration-form>.
- **Classroom Computer Use:** Students may use computers for note taking and class-related activities.
- **Academic Integrity:** Students will adhere to the University's academic integrity policy. The policy can be reviewed at <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/>.
- **Public Health Policy:** As of the start of this course, there is a mandatory indoor mask mandate with no eating or drinking during class. When meeting in-person, I will take periodic breaks so people can step out of the classroom.

Additional Resources

Resources for Student Success: www.success.rutgers.edu

Counseling, Alcohol and Other Drug Assistance Program & Psychiatric Services (CAPS): <http://health.rutgers.edu/medical-counseling-services/counseling/>

Health and Wellness: www.recreation.rutgers.edu

Food Pantry: <http://ruoffcampus.rutgers.edu/food/>

Learning Center: <https://rlc.rutgers.edu/node/83>

University Operating Status: <https://newbrunswick.rutgers.edu/status>

Safety/Emergency Response Services: <https://success.rutgers.edu/success-essentials/safety-urgent-needs>

Class Session Topics, Activities, and Readings

Course Website

We will be using the Canvas learning platform for this course. Assignments will be submitted there and announcements will be made through that platform. Please check our course site regularly and ensure the settings are marked so that you receive announcements as they occur.

Required Text

Forman, S. G. & Shahidullah, J. D. (2018). *Handbook of pediatric behavioral healthcare: An interdisciplinary collaborative approach*. Springer.

Date	Topic	Readings Due
1/18/2022	<p>Setting the stage: Introduction to course and pediatric behavioral medicine (Models of wellness and disease; Social determinants/health disparities; What is integrated care?; Where does integrated care occur?; What does integrated care look like?)</p> <p>Recommended readings: Asarnow, J., Rozenman, M., & Wiblin, J. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta-analysis. <i>JAMA Pediatrics</i>, 169, 929-937.</p> <p>Berwick D, Nolan T, Whittington J. (2008). The Triple Aim: Care, Health, & Cost, <i>Health Affairs</i>, 27, 759-769.</p>	<p>Chapter 1 from required text</p> <p>Gawande A. (2009). The Cost Conundrum. <i>The New Yorker</i>, June 1, 2009.</p>
1/25/2022	<p>Pediatric behavioral medicine and integrated care in practice (Psychologist roles across settings and child-serving systems; Multi-tiered evidence-based systems of support; Screening)</p> <p>Recommended readings: Barnet, B., Duggan, A. K., & Devoe, A. M. (2003). Reduced low birth weight for teenagers receiving prenatal care at a school-based health center: Effect of access and comprehensive care. <i>Journal of Adolescent Health</i>, 33, 349-358.</p> <p>Bradley-Klug, K. L., Sundman, A. N., Nadeau, J., Cunningham, J. & Ogg, J. (2010). Communication and collaboration with schools: Pediatricians' perspectives. <i>Journal of Applied School Psychology</i>, 26, 263-281.</p> <p>Power, T. J., DuPaul, G. J., & Shapiro, E. S. (1995). Pediatric school psychology: The emergence of a subspecialty. <i>School Psychology Review</i>, 24, 244-257.</p> <p>Wright, L. (1967). The pediatric psychologist. A role model. <i>American Psychologist</i>, 22, 323-325.</p>	Chapter 2

	<p>Clauss-Ehlers, C. C. (2003). Promoting ecologic health resilience for minority youth: Enhancing health care access through the school health center. <i>Psychology in the Schools, 40</i>, 265-277.</p> <p>Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ...Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. <i>American Journal of Preventive Medicine, 14</i>, 245-258.</p>	
2/1/2022	<p>How systems work together (Interprofessional collaboration; Interprofessional teams)</p> <p>Recommended readings: Gayes, L. A., & Steele, R. G. (2014). A meta-analysis of motivational interviewing interventions for pediatric health behavior change. <i>Journal of Consulting and Clinical Psychology, 82</i>, 521-535.</p> <p>Weesing, V. R., Brent, D. A., Rozenman, M. S., Gonzalez, A., Jeffreys, M., Dickerson, J. F. ...Iyengar, S. (2017). Brief behavioral therapy for pediatric anxiety and depression in primary care A randomized clinical trial. <i>JAMA Psychiatry, 74</i>, 571-578.</p>	Chapter 3
2/8/2022	Review/discuss final paper ideas	
2/15/2022	<p>Screening as a public health and integrated care tool</p> <p>Student presentations: Screening instruments</p>	Screening Tools
2/22/2022	<p>Student presentations: Diabetes Obesity</p> <p>Guest speaker: Dr. Jill Harris, Director of Research Development, Coordinator of Autism Services, Children's Specialized Hospital</p> <p>Recommended readings: Hilliard, M. E., Powell, P. W., & Anderson, B. J. (2016). Evidence-based behavioral interventions to promote diabetes management in children, adolescents, and families. <i>American Psychologist, 71</i>, 590-601.</p> <p>Wilfley, D. E., Hayes, J. F., Balantekin, K. N., Van Buren, D. J., & Epstein, L. H. (2018). Behavioral interventions for obesity in children and adults: Evidence base, novel approaches, and translation into practice. <i>American Psychologist, 73</i>, 981-993.</p>	Chapters 4, 5

3/1/2022	<p>Student presentations: Asthma Epilepsy</p> <p>Guest speaker: Dr. Jeffrey Shahidullah, Assistant Professor, Dell Medical School, The University of Texas at Austin; Pediatric Psychologist, UT Health Austin</p> <p>Recommended readings: Horner, S. D., & Brown, A. (2014). Evaluating the effect of an asthma self-management intervention for rural families. <i>Journal of Asthma, 51</i>, 168-177.</p> <p>Jones, J. E. (2014). Treating anxiety disorders in children and adolescents with epilepsy: What do we know? <i>Epilepsy and Behavior, 39</i>, 137-142.</p> <p>Reickert, K. A., Borelli, B., Bilderback, A. L., & Rand, C. S. (2011). The development of a motivational interviewing intervention to promote medication adherence among inner city African American adolescents with asthma. <i>Patient Education and Counseling, 82</i>, 117-122.</p>	Chapters 6, 7
3/8/2022	<p>Student presentations: Childhood cancer Chronic/recurrent pain</p> <p>Guest speaker: Dr. Katie Devine, Rutgers Cancer Institute of New Jersey</p> <p>Recommended readings: Patenaude, A. F., Kupst, M. J. (2005). Psychosocial functioning in pediatric cancer. <i>Journal of Pediatric Psychology, 30</i>, 9-27.</p>	Chapters 9, 10
3/15/2022	Spring Recess – No Class	
3/22/2022	<p>Student presentations: Externalizing Disorders Internalizing Disorders ADHD Learning Disabilities</p> <p>Recommended readings: Power, T. J., Mautone, J. A., Marshall, S. A., Jones, H. A., Cacia, J. Tresco, K.,...Blum, N. J. (2014). Feasibility and potential effectiveness of integrated services for children with ADHD in urban primary care practices. <i>Clinical Practice in Pediatric Psychology, 2</i>, 412.</p>	Chapters 11-13, 15

3/29/2022	<p>Student presentations: Traumatic brain injury/Concussion Coping with chronic illness and medical stress</p> <p>Guest speaker: Dr. Kate Garcia, Director, Children (and Families) Healing After Trauma Clinic (CHAT Clinic)</p> <p>Recommended readings: Barraclough, C., & Macheck, G. (2010) School psychologists' role concerning children with chronic illnesses in schools. <i>Journal of Applied School Psychology, 26</i>, 132-148.</p> <p>Cousino, M. K., Hazen, R. A. (2013). Parenting stress among caregivers of children with chronic illness: A systematic review. <i>Journal of Pediatric Psychology, 38</i>, 809-828.</p> <p>Sato, A. F., Hainsworth, K. R., & Khan, K. A. (2007). School absenteeism in pediatric chronic pain: Identifying lessons learned from the general school absenteeism literature. <i>Children's Healthcare, 36</i>, 355-372.</p> <p>Sharpe, D., Rossiter, L. (2002). Siblings of children with a chronic illness: Meta-analysis. <i>Journal of Pediatric Psychology, 27</i>, 699-710.</p>	Chapters 8, 19
4/5/2022	<p>Pharmacology</p> <p>Guest speaker: Dr. Megan Maroney, Ernest Mario School of Pharmacy, Rutgers University</p> <p>Recommended readings: Carlson, J. S., & Shahidullah, J. D. (2014). Best practices in assessing the effects of psychotropic medication on student performance. In A Thomas & P Harrison (Eds.), <i>Best Practices in School Psychology</i> (6th ed., pp. 361-364). Bethesda, MD: NASP.</p> <p>Shahidullah, J. D. (2014). Medication-related practice roles: Ethical and legal primer for school psychologists. <i>Contemporary School Psychologist, 18</i>, 127-132.</p>	American Psychological Association. (2011). Practice guidelines regarding psychologists' involvement in pharmacological issues. <i>American Psychologist, 66</i> , 835-849.
4/12/2022	<p>Student presentations: Eating Disorders Sleep Disorders Autism Spectrum Disorder Substance Use</p>	Chapters 14, 16-18

	<p>Recommended readings: Shahidullah, J. D., Azad, G. F., & Mehzer, K. (2018). Linking the medical and educational home to support children with autism spectrum disorder: Practice recommendations. <i>Clinical Pediatrics</i>.</p>	
4/19/2022	<p>Student presentations: Toilet Training and Elimination Disorders Gastrointestinal Disorders</p> <p>Guest speaker: Marcella Maxwell, Director, Dell Children’s Advocacy Program, Dell Medical School, University of Texas at Austin</p> <p>Recommended readings: Galdston, M. R., & John, R. M. (2016). Mind over gut: Psychosocial management of pediatric functional abdominal pain. <i>Journal of Pediatric Health Care</i>, 30, 535-545.</p> <p>Michel, R. S. (1999). Toilet training. <i>Pediatrics in Review</i>, 20, 240-245.</p> <p>Moser, N. L., Plante, W. A., & LeLeiko, N. S. (2014). Integrating behavioral health services into pediatric gastroenterology: A model of an integrated health care program. <i>Clinical Practice in Pediatric Psychology</i>, 2, 1-12.</p> <p>Psihogios, A. M., & Baber, K. (2017). “Stop my pain, but don’t send me to school!”: A pediatric case of irritable bowel syndrome and school absenteeism. <i>Clinical Practice in Pediatric Psychology</i>, 5, 186-191.</p>	
4/26/2022	<p>Student presentations: Treatment adherence School re-entry for children with long-term and/or chronic illness</p> <p>Future directions Common factors and common elements in pediatric behavioral healthcare</p> <p>Recommended readings: Canter, K. S., & Roberts, M. C. (2012). A systematic and quantitative review of interventions to facilitate school reentry for children with chronic health conditions. <i>Journal of Pediatric Psychology</i>, 37, 1065-1075</p>	<p>Chapter 20-22</p> <p>Mental health competencies for pediatric practice</p>
5/3/2022	Discussion of final papers	

Screening Tool Presentation

Assignment Due Date

Presentations will be held in class on 2/15/2022. Presentation materials should be submitted electronically via Canvas by the beginning of class.

Assignment Expectations

Co-lead presentation (15 minutes) on a psychosocial screening instrument. The presentation should include a PowerPoint or handouts, and should provide information on the following:

- Validity and reliability
- Content, structure (format, what is it purporting to measure, how is it structured)
- Uses of the instrument
- Best setting(s) to use it in
- Cost of acquiring and implementing
- Administration time
- Training required to use instrument
- Data gathered from instrument (what would results tell you)

Students should also discuss how the instrument is used singularly and in combination to assess biological, affective, and/or social aspects of conditions and show understanding that integration of knowledge of biological, affective, and social influences on development and functioning can lead to effective diagnosis and treatment.

Screener Selection

Screeners will be selected/assigned in class on 1/25/2022. Students will be able to choose from the following screeners:

- Parents' Evaluation of Developmental Status (PEDS)
- Survey of Well-being of Young Children (SWYC)
- Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R)
- PHQ-9 Modified for Adolescents (PHQ-A)
- Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)
- Pediatric Symptom Checklist (PSC)
- Strengths and Difficulties Questionnaire
- Accountable Health Communities Health-Related Screening Tool
- Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

Students may select a different screener they are interested in from the following resources, if desired. Any screener not listed above will need to be approved by the instructor.

- <https://publications.aap.org/toolkits/resources/15625/>
- https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf
- <https://screeningtime.org/star-center/#/screening-tools#top>
- https://toolkits.solutions.aap.org/selfserve/ssPage.aspx?SelfServeContentId=screening_tools

Screening Tool Presentation Grading Rubric

Category and Scoring Criteria	Points
Content	/25
Presentation contains accurate information and addresses all required areas listed in assignment expectations.	
Presentation	/10
Information is presented in a logical sequence and clear manner.	
Delivery is clear and audible.	
Speaker interacts professionally with audience.	
Speaker responds to questions effectively.	
Visual aids are well prepared, informative, effective, and not distracting.	
Length of presentation is within assigned time limits.	
Total	/35

Pediatric Medical Condition/ Behavioral Health Condition Presentation

Assignment Due Date

Presentations are due on the day that topic is listed on the syllabus and should be submitted electronically via Canvas by the beginning of class.

Assignment Expectations

Lead a presentation (30 minutes) on a common pediatric medical or behavioral health condition. The presentation should include a PowerPoint, class activity and/or discussion, and should provide information on the following:

- Etiology
- Comorbidities/concomitants
- Prevention and intervention
- Implications for care (including a discussion of how interdisciplinary collaboration around the issue can look, how to best provide behavioral healthcare for youth with the condition in non-medical and medical settings, and, for medical issues, how psychosocial treatment can complement traditional medical treatment to yield positive patient outcomes)

Topic Selection

Students will select their topic in class on 1/25/2022. Students will be able to choose from the following topics:

- Diabetes
- Obesity
- Asthma
- Epilepsy
- Traumatic Brain Injury/Concussion
- Childhood cancer
- Chronic/recurrent pain
- Coping with chronic illness and medical stress
- Externalizing disorders
- Internalizing disorders
- ADHD
- Autism Spectrum Disorders
- Learning Disabilities
- Substance Abuse
- Eating disorders
- Sleep disorders
- Toilet Training and Elimination Disorders
- Gastrointestinal Disorders
- Treatment adherence
- School re-entry

Pediatric Medical Condition/ Behavioral Health Condition Presentation Grading Rubric

Category and Scoring Criteria	Points
Content	/45
Presentation contains accurate information and addresses all required areas listed in assignment expectations.	
Class activity/discussion is relevant, extends student learning, and engages students.	
Presentation	/10
Information is presented in a logical sequence and clear manner.	
Delivery is clear and audible.	
Speaker interacts professionally with audience.	
Speaker responds to questions effectively.	
Visual aids are well prepared, informative, effective, and not distracting.	
Length of presentation is within assigned time limits.	
Total	/55

Final Project

Assignment Due Date

Small group discussion of each student's preliminary ideas will take place in class on 2/8/2022. Papers are due on 5/3/2022 and are to be submitted electronically via Canvas by the beginning of class. Full class discussion will also take place on this date.

Assignment Expectations

The goal of the final project is for students to demonstrate knowledge of concepts and best practices, synthesize information, and engage in critical thinking by completing several activities that generalize course content to current and future practice. Students' final submission will be in written form, with page expectations noted below next to each section of the assignment. All sections should be submitted together in one document. A complete project will include the following elements:

- **Specific case application**
 - Briefly describe a real case from a current or previous practicum experience. Explain the individual's presenting condition through the lens of the ecobiodevelopmental model, discuss the comorbidities and concomitants that are confirmed to or may exist, and describe how the individual may present in a school versus medical setting. Then, based on the literature, discuss intervention strategies that integrate care in this particular case and improve the individual outcome. In your response, consider systems-level factors and related interventions/strategies, connect the student's actual or suspected area of disability to research on related physical or psychosocial concomitants, and describe and address any access barriers as part of integrated care planning. If there is not currently an identified access barrier, describe a specific access barrier to receiving medical or behavioral healthcare that a child/family in your setting may experience and provide potential solutions to address it. Include a comment on what level of interprofessional collaboration is currently happening with the case. (APA style, double-spaced, 5-10 pages)

- **Future practice application**
 - Briefly describe a setting in which you might work in the future. This setting should be used throughout the rest of the assignment. (APA style, double-spaced, <1 page)
 - List practices/strategies/interventions that you will implement to deliver integrated care across Tier 1, Tier 2, and Tier 3 of your setting. Include screener(s) that are appropriate for your particular setting and that you will consider using. Ensure that practices/strategies/interventions reflect an awareness for diverse backgrounds and experiences. Ensure that responses reflect behavioral and physical health conditions presenting in the given setting. (Bullet points, single-spaced, 1-3 pages)

- When we recognize the relationship between physical and behavioral health, as well as the importance of care integration, one way we reflect that is through the information we choose to gather from patients/students/caretakers. Create an input form that a patient, student, or caregiver could complete in your setting as part of an intake/evaluation process. The information sought should reflect research and information presented throughout the course. (No specific format required)

Final Project Grading Rubric

Category and Scoring Criteria	Points
Content	/70
Paper includes all required areas. Responses are comprehensive and complete.	
Responses reflect understanding and integration of course material.	
Critical thinking is evident. Responses include material presented through the text, classroom lectures, class activities, and guest speakers, as well as creative and innovative ideas that show an extension of learning.	
Strategies, interventions, ideas, and questions contain practical applications and are appropriate for implementation in the chosen setting.	
Writing Style/Mechanics	/10
Paper is free of errors in grammar, spelling, mechanics, and structure. Style fits the assigned content.	
Total	/80

Readings and Resources

- Agency for Healthcare Research and Quality (2012). TeamSTEPPS 2.0 Rockville, MD. Retrieved from <https://www.ahrq.vob/teamstepps/index.html>.
- American Academy of Pediatrics. Mental health screening and assessment tools for primary care. Retrieved from https://www.app.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
- American Academy of Pediatrics. Screening Time. Retrieved from <https://screeningtime.org/star-center/#/screening-tools#top>.
- American Academy of Pediatrics Links to Commonly Used Screening Instruments. Retrieved from https://toolkits.solutions.aap.org/selfserve/ssPage.aspx?SelfServeContentId=screening_tools
- American Academy of Pediatrics. Common elements of evidence-based practice amenable to primary care: Indications and sources. Retrieved from <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx>.
- American Psychological Association. (2011). Practice guidelines regarding psychologists' involvement in pharmacological issues. *American Psychologist*, 66, 835-849.
- Asarnow, J. R., Kolko, D. J., Miranda, J., & Kazak, A. E. (2017). The pediatric patient-centered medical home: Innovative models for improving behavioral health. *American Psychologist*, 72, 13-27.
- Asarnow, J., Rozenman, M., & Wiblin, J. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta analysis. *JAMA Pediatrics*, 169, 929-937.
- Berwick D, Nolan T, Whittington J. (2008). The Triple Aim: Care, Health, & Cost. *Health Affairs*, 27, 759-769.
- Bradley-Klug, K. L., Sundman, A. N., Nadeau, J., Cunningham, J. & Ogg, J. (2010). Communication and collaboration with schools: Pediatricians' perspectives. *Journal of Applied School Psychology*, 26, 263-281.
- Canter, K. S., & Roberts, M. C. (2012). A systematic and quantitative review of interventions to facilitate school reentry for children with chronic health conditions. *Journal of Pediatric Psychology*, 37, 1065-1075.
- Carlson, J. S., Shahidullah, J. D. (2014). Best practices in assessing the effects of psychotropic medication on student performance. In A Thomas & P Harrison (Eds.), *Best Practices in School Psychology* (6th ed., pp. 361-364). Bethesda, MD: NASP.

- Christophersen, E. R., & Friman, P. C. Elimination Disorders in Children and Adolescents. 2010. Cambridge, MA: Hogree.
- Clarke, G., DeBar, L. L., Pearson, J. A., Dickerson, J. F., Lynch, F. L., Gullion, C. M., & Leo, M. C. (2016). Cognitive behavioral therapy in primary care for youth declining antidepressants: A randomized trial. *Pediatrics*, *137*, e20151851.
- Colombo, J. M., Wassom, M. C., & Rosen, J. M. (2015). Constipation and encopresis in childhood. *Pediatrics in Review*, *36*, 392.
- Compas, B. E., Jaser, S.S., & Reeslund, K. (2017). Neurocognitive deficits in children with chronic health conditions. *American Psychologist*, *72*, 326-338.
- Cousino, M. K., Hazen, R. A. (2013). Parenting stress among caregivers of children with chronic illness: A systematic review. *Journal of Pediatric Psychology*, *38*, 809-828.
- Davies, S. C. (2016). School-based traumatic brain injury program and concussion management team. *Psychology in the Schools*, *53*, 567-582.
- Doherty, W. J., McDaniel, S. H., & Baird, M. A., (1996). Five levels of primary care/behavioral healthcare collaboration. *Behavioral Healthcare Tomorrow*, *5*, 25-27.
- Forman, S. G., Ward, C. S., & Fixsen, D. L. (2017). Comprehensive behavioral health and school psychology: An implementation agenda. *Journal of Applied School Psychology*, *33*, 233-244.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ...Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*, 245-258.
- Galdston, M. R., John, R. M. (2016). Mind over gut: Psychosocial management of pediatric functional abdominal pain. *Journal of Pediatric Health Care*, *30*, 535-545.
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