

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

**GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL  
PSYCHOLOGY**

**Pediatric Behavioral Medicine**

**18:826:544**

**Spring 2024**

**Syllabus**

**Instructor**

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Cell: 404.493.2989

**Course Time/Location**

Tuesdays 5 pm - 7:45 pm  
GSAPP A317

**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 settings 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.

**Course Objectives**

Students 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 underserved 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 and collaboration
- 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
- Understanding how to integrate affective and biological aspects of behavior

**Learning Objectives**

Students will 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 a biopsychosocial 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 pediatric behavioral health care
- Critically analyze the impact that health disparities can have on individual and population health outcomes
- Integrate affective and biological aspects of behavior

## Course Requirements

### 1. Attendance and participation

Students are expected to attend all classes, arrive on time and prepared, 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. Students are allowed one absence per semester. I do not differentiate between excused or unexcused absences. Please let me know in advance that you will be absent and please connect with a classmate to obtain their notes from class.

### 2. Screening instrument presentation

Students will co-lead a brief presentation (20 minutes) about a screening instrument used in pediatric medical settings. Presentations will occur in class on 2/6/2024. Additional information, including a grading rubric, can be found on page 14 of the syllabus.

### 3. Presentation on psychosocial aspects and treatment of a common condition

Students will independently 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 15 of the syllabus.

### 4. Final Paper

Students will complete a final paper on a novel topic or problem relevant to pediatric behavioral medicine or integrated behavioral healthcare. Individual discussion of each student's preliminary ideas will take place in class on 2/6/2024. Papers are due on 4/30/2024. A full-class discussion will also take place on this date. Additional information, including a grading rubric, can be found on page 17 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, and a final paper, as follows:

Attendance and Participation	30 points
Screening Presentation	35 points
Medical/Behavioral Health Condition Presentation	55 points
Final Paper	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

## Office Hours

By appointment. Please email me to set up a mutually convenient time to meet either in person or virtually to discuss any questions related to this course. I am also happy to discuss career options in

pediatric behavioral medicine.

## 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 at any time 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, 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) Please also see:

<https://diversity.rutgers.edu/honor-native-land>

**Statement on Disabilities:** Rutgers University welcomes students with disabilities into all 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 Accommodation. 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 notetaking and class 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:** We follow Rutgers University policy. See <https://coronavirus.rutgers.edu/> for updated guidance. Per update effective October 1, 2022, face coverings are not required in indoor teaching spaces but welcome. Where masks are optional, we encourage all individuals who prefer to wear them to do so, and we fully respect that personal decision. Further, as the pandemic remains fluid, the University is prepared to revisit this change in protocol should future public health conditions warrant.

## Additional Resources

Resources for Student Success: [www.success.rutgers.edu](http://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](http://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 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
1/16/2024	Introduction to course and pediatric behavioral medicine (What is integrated care? The need for integrated pediatric behavioral healthcare; psychologist roles; Prevalence data using the National Survey on Children's Health)	
1/23/2024	<p>Pediatric behavioral medicine and integrated care in practice (models of wellness and disease; public health model of prevention; ACES; social determinants of health; healthcare disparities)</p> <p><u>Recommended readings:</u>            Asarnow, J. R., Kolko, D. J., Miranda, J., &amp; Kazak, A. E. (2017). The pediatric patient-centered medical home: Innovative models for improving behavioral health. <i>American Psychologist</i>, 72, 13-27.</p> <p>Shahidullah, J. D., Petts, R., &amp; Broder-Fingert, S. (2022). Toward Antiracism Pediatric Practice: The Role of System Navigation in the Medical Home. <i>Journal of Developmental &amp; Behavioral Pediatrics</i>, 43(9), 537-539.</p> <p>Asarnow, J., Rozenman, M., &amp; 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>Whittington, J. W., Nolan, K., Lewis, N., &amp; Torres, T. (2015). Pursuing the Triple Aim: The first 7 years. <i>The Milbank Quarterly</i>, 93(2), 263-300.</p> <p>Wilkinson, G. W. et al. (2017). No equity, no triple aim: Strategic</p>	<p>Chapters 1 &amp; 2 from required text</p> <p>Power, T. J., DuPaul, G. J., &amp; 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> <p>Due: Select/assign screening tools. Tools listed on page</p>

	<p>proposals to advance health equity in a volatile policy. <i>American Journal of Public Health</i>, 107(53), S223-S228.</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</i>, 14, 245-258.</p> <p>McEwen, C. A., &amp; Gregerson, S. F. (2019). A critical assessment of the adverse childhood experiences study at 20 years. <i>American journal of preventive medicine</i>, 56(6), 790-794.</p> <p>Malone, C. M., Wycoff, K., &amp; Turner, E. A. (2021). Applying an MTSS framework to address racism and promote mental health for racial/ethnic minoritized youth. <i>Psychology in the Schools</i></p>	<p>13 of syllabus. Share in class</p> <p>Due: Select paper topic (share in class)</p> <p><a href="https://www.njpc.org/patient-centered-medical-home/">https://www.njpc.org/patient-centered-medical-home/</a></p>
1/30/2024	<p>Interprofessional collaboration (Interprofessional teams; interprofessional ethics)</p> <p>Recommended readings:</p> <p>Bradley-Klug, K. L., Sundman, A. N., Nadeau, J., Cunningham, J. &amp; Ogg, J. (2010). Communication and collaboration with schools: Pediatricians' perspectives. <i>Journal of Applied School Psychology</i>, 26, 263-281.</p> <p>Gayes, L. A., &amp; Steele, R. G. (2014). A meta-analysis of motivational interviewing interventions for pediatric health behavior change. <i>Journal of Consulting and Clinical Psychology</i>, 82, 521-535.</p> <p>Stancin, T., &amp; Perrin, E. C. (2014). Psychologists and pediatricians: Opportunities for collaboration in primary care. <i>American Psychologist</i>, 69, 332-343.</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</i>, 74, 571-578.</p>	<p>Chapter 3</p> <p>Agency for Healthcare Research and Quality. TeamSTEPPS 2.0. Content last reviewed August 2022. Rockville, MD.</p> <p><a href="https://www.ahrq.gov/teamstepps-program/welcome-guides/frontline-providers.html">https://www.ahrq.gov/teamstepps-program/welcome-guides/frontline-providers.html</a></p> <p><a href="https://www.ahrq.gov/teamstepps-program/resources/patient/index.html#nikki">https://www.ahrq.gov/teamstepps-program/resources/patient/index.html#nikki</a></p>
2/6/2024	<p><b>Topics and rationale for final paper due</b></p> <p>Review and provide feedback on final paper ideas</p> <p>Psychosocial screening in pediatric behavioral medicine</p> <p><b>Student presentations: Screening instruments</b></p>	<p>Due: Screening presentations uploaded to Canvas by 5pm.</p> <p>Due: Topics and rationale for final papers uploaded to</p>

		Canvas by 5pm.
2/13/2024	<p>Pediatric Cardiology  Guest speaker:  Dr. Laura Wood, Assistant Professor, Psychologist  Department of Pediatrics  University of Utah/Primary Children's Hospital</p> <p>Dr. Jameel Smith, Wayne State University &amp; Joi Claiborne,  Michigan State University  <a href="https://www.youtube.com/watch?v=qPKczV9gNL8">https://www.youtube.com/watch?v=qPKczV9gNL8</a></p> <p><u>Recommended Readings</u>  Hildenbrand, A. K. et al. (2021). Psychologists in Pediatric Palliative Care: Clinical Care Models within the United States. <i>Clinical Practice in Pediatric Psychology, 9</i>(3), 229-241. doi: 10.1037/cpp0000402</p> <p>Ferentzi H. et al. (2021). Family-centered care at pediatric cardiac intensive care units in Germany and the relationship with parent and infant well-being: A study protocol. <i>Frontiers in Pediatrics, 9</i>, Article 666904. doi: 10.3389/fped.2021.666904</p>	<p><a href="https://www.nasponline.org/publications/periodicals/communicue/issues/volume-52-issue-2">https://www.nasponline.org/publications/periodicals/communicue/issues/volume-52-issue-2</a></p> <p>Claiborne, J., &amp; Smith, J. M. (2023). The unique value of school psychologists in integrated pediatric primary care. <i>Communique, 52</i>(2), 23-25.</p>
2/20/2024	<p>Guest speaker: Pharmacology  Megan Maroney, PharmD, BCPP, Ernest Mario School of Pharmacy, Rutgers University  <a href="mailto:mmaroney@pharmacy.rutgers.edu">mmaroney@pharmacy.rutgers.edu</a></p> <p><b>Student presentations:</b>  <b>Attention-Deficit/Hyperactivity Disorder (AD/HD)</b>  <b>Learning Disabilities</b></p> <p><u>Recommended readings:</u>  Shahidullah, J. D. (2014). Medication-related practice roles: Ethical and legal primer for school psychologists. <i>Contemporary School Psychologist, 18</i>, 127-132.</p> <p>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>	<p>Due: Summary of the February 13<sup>th</sup> Recordings  Submit a 10-sentence summary of each recording (a total of 20 sentences across both summaries).  (Attendance &amp; Participation)</p> <p>Chapters 13, 15</p> <p>American Psychological Association. (2011). Practice guidelines regarding psychologists' involvement in pharmacological issues. <i>American Psychologist, 66</i>, 835-849.</p>

2/27/2024	<p>Guest Speaker: Integrated Primary Care Danielle Hatchimonji, PhD, Assistant Research Scientist, Center for Healthcare Delivery Science, Nemours Children’s Health System <a href="mailto:danielle.hatchimonji@nemours.org">danielle.hatchimonji@nemours.org</a></p> <p><b>Student presentations:</b> <b>Diabetes</b> <b>Obesity</b></p> <p><u>Recommended readings:</u> Hilliard, M. E., Powell, P. W., &amp; 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., &amp; 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
3/5/2024	<p>Guest speaker: Deborah Spitalnik, PhD, Executive Director Boggs Center on Developmental Disabilities</p> <p><b>Student presentations:</b> <b>Chronic/recurrent pain</b> <b>Coping with chronic illness and medical stress</b></p> <p><u>Recommended readings:</u> Barraclough, C., &amp; Machek, 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>Kelada, L., Wakefield, C. E., Drew, D., Ooi, C. Y., Palmer, E. E., Bye, A., ... &amp; Kennedy, S. (2022). Siblings of young people with chronic illness: Caring responsibilities and psychosocial functioning. <i>Journal of Child Health Care, 26</i>(4), 581-596.</p>	Chapters 10, 19
3/12/2024	Spring Recess – No Class	
3/19/2024	Guest speaker: Different psychologist roles across pediatric behavioral medicine, with a focus on school-based partial	Chapters 14, 18



	<p>hospitalization program</p> <p>Brooke Zumas, PsyD, Director of Treatment, Partial Hospitalization Program, Carbon Lehigh Intermediate Unit</p> <p><a href="mailto:brooke.zumas@gmail.com">brooke.zumas@gmail.com</a></p> <p><b>Student presentations:</b>  <b>Sleep Disorders</b>  <b>Autism Spectrum Disorder</b></p> <p><u>Recommended readings:</u>  Etherton, H., Blunden, S., &amp; Hauck, Y. (2016). Discussion of extinction-based behavioral sleep interventions for young children and reasons why parents may find them difficult. <i>Journal of Clinical Sleep Medicine</i>, 12(11), 1535-1543.</p> <p>Hiscock, H., Mulraney, M., Heussler, H., Rinehart, N., Shuster, T. Grobler, A. C. ... Sciberras, E. (2019). Impact of a behavioral intervention, delivered by pediatricians or psychologists, on sleep problems in children with ADHD: a cluster-randomized, translational trial. <i>The Journal of Child Psychology and Psychiatry</i>, 60, 1230-1241.</p> <p>Shahidullah, J. D., Azad, G. F., &amp; Mehzer, K. (2018). Linking the medical and educational home to support children with autism spectrum disorder: Practice recommendations. <i>Clinical Pediatrics</i>.</p> <p>Shepard, J. A., Poler Jr, J. E., &amp; Grabman, J. H. (2017). Evidence-based psychosocial treatments for pediatric elimination disorders. <i>Journal of Clinical Child &amp; Adolescent Psychology</i>, 46(6), 767-797.</p>	
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3/26/2024	<p>Guest Presenter: Assessing the mental health needs of children with developmental disabilities</p> <p>James Sinclair, PhD  Research Associate  Center on Human Development  University of Oregon</p> <p><u>Recommended readings:</u>  Reynolds, K. <i>et al.</i> (2022). Family-Based Interdisciplinary Care for Children and Families with Comorbid Medical and Psychiatric Conditions: The Hasbro Children’s Partial Hospital Program. In: Leffler, J.M., Frazier, E.A. (eds) Handbook of Evidence-Based Day Treatment Programs for Children and Adolescents. <a href="https://doi-">https://doi-</a></p>	<p>Gilmore, L., Campbell, M., &amp; Shochet, I. (2022). Adapting self-report measures of mental health for children with intellectual disability. <i>Journal of Mental Health Research in Intellectual Disabilities</i>, 15(1), 1-19. doi: 10.1080/19315864.2021.1959687</p>
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	<p><a href="http://org.proxy.libraries.rutgers.edu/10.1007/978-3-031-14567-4_12">org.proxy.libraries.rutgers.edu/10.1007/978-3-031-14567-4_12</a></p>	<p>Xiong, T., Kaltenbach, E., Yakovenko, I., Lebsack, J., &amp; McGrath, P. J. (2022). How to measure barriers in accessing mental health care? Psychometric evaluation of a screening tool in parents of children with intellectual and developmental disabilities. <i>BMC Health Services Research</i>, 22:1383. doi: 10.1186/s12913-022-08762-0</p>
4/2/2024	<p>Guest speaker: Modified Checklist for Autism in Toddlers (M-CHAT)  Dr. Diana Robins  Director, AJ Drexel Autism Institute  Professor, Drexel University</p> <p><b>Student presentations:</b>  <b>Asthma</b>  <b>Epilepsy</b></p> <p><u>Recommended readings:</u>  Guilfoyle, S. M., Wagner, J. L., Modi, A. C., Junger, K. F., Barrett, L. E., Riisen, A. C....Weyand, C. (2017). Pediatric epilepsy and behavioral health: The state of the literature and directions for evidence-based interprofessional care, training, and research. <i>Clinical Practice in Pediatric Psychology</i>, 5, 79-90.</p> <p>Jones, J. E. (2014). Treating anxiety disorders in children and adolescents with epilepsy: What do we know? <i>Epilepsy and Behavior</i>, 39, 137-142.</p> <p>Reickert, K. A., Borelli, B., Bilderback, A. L., &amp; 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</i>, 82, 117-122.</p>	<p>Chapters 6, 7</p>

4/9/2024	<p>Guest Speaker: Pediatric hematology/oncology with a focus on direct clinical intervention and impact on kids/families  Karen Long-Traynor, PhD, Division of Pediatric Hematology/Oncology, Rutgers Cancer Institute of New Jersey  <a href="mailto:kl886@cinj.rutgers.edu">kl886@cinj.rutgers.edu</a></p> <p><b>Student presentations:</b>  <b>Traumatic brain injury/Concussion</b>  <b>Childhood cancer</b></p> <p><u>Recommended readings:</u></p> <p>Michel, G., Brinkman, T. M., Wakefield, C. E., &amp; Grootenhuis, M. (2020). Psychological outcomes, health-related quality of life, and neurocognitive functioning in survivors of childhood cancer and their parents. <i>Pediatric Clinics</i>, 67(6), 1103-1134.</p> <p>Wiener, L., Kazak, A. E., Noll, R. B., Patenaude, A. F., &amp; Kupst, M. J. (2015). Standards for the psychosocial care of children with cancer and their families: an introduction to the special issue. <i>Pediatric blood &amp; cancer</i>, 62(S5), S419-S424.</p> <p>Zamani, A., Mychasiuk, R., &amp; Semple, B. D. (2019). Determinants of social behavior deficits and recovery after pediatric traumatic brain injury. <i>Experimental neurology</i>, 314, 34-45.</p>	Chapters 8, 9
4/16/2024	<p>Guest speaker: Siblings of Youth with Chronic Health Conditions  Christina Amaro, PhD, Division of Pediatric Hematology/Oncology, Rutgers Cancer Institute of New Jersey  <a href="mailto:ca792@cinj.rutgers.edu">ca792@cinj.rutgers.edu</a></p> <p><b>Student presentations:</b>  <b>Treatment Adherence</b>  <b>Sickle Cell Disease</b></p> <p><u>Recommended readings:</u></p> <p>Ahna L. H. Pai, PhD, Meghan McGrady, PhD, (2014). Systematic Review and Meta-Analysis of Psychological Interventions to Promote Treatment Adherence in Children, Adolescents, and Young Adults With Chronic Illness, <i>Journal of Pediatric Psychology</i>, 39(8), 918–931, <a href="https://doi.org/10.1093/jpepsy/jsu038">https://doi.org/10.1093/jpepsy/jsu038</a></p> <p>Jill M Plevinsky, PhD, Ana M Gutierrez-Colina, PhD, Julia K Carmody, PhD, Kevin A Hommel, PhD, Lori E Crosby, PsyD, Meghan E McGrady, PhD, Ahna L H Pai, PhD, Rachelle R Ramsey, PhD, Avani C Modi, PhD, (2020). Patient-Reported Outcomes for Pediatric Adherence and Self-Management: A Systematic Review, <i>Journal of Pediatric Psychology</i>, 45(3), 340–357, <a href="https://doi.org/10.1093/jpepsy/jsz096">https://doi.org/10.1093/jpepsy/jsz096</a></p>	<p>Chapter 20</p> <p>Jonassaint, C. R. et al. (2021). Differences in the prevalence of mental health disorders among Black American adults with sickle cell disease compared to those with non-hereditary medical conditions or no medical conditions. <i>British Society for Haematology</i>, 196, 1059-1068.</p>

<p>4/23/2024</p> <p>Virtual</p>	<p>Guest Speakers: Family Centered Care</p> <p>Candice Aaron, Family Support Specialist, School of Public Health, Georgia State University</p> <p>LaKisha Smith, Family Leader</p> <p>Karen Lewis, State Interagency Coordinating Council Co-Chair, Georgia Department of Public Health</p> <p><u>Recommended Readings</u> Hsiao, C. et al. (2019). Factors associated with primary family caregivers' perceptions on quality of family-centered care in mental health practice. <i>Journal of Nursing Scholarship</i>, 51(6), 680-688.</p>	
<p>4/30/2024</p>	<p>Student Presentations</p> <p><b>School re-entry/reintegration for children with long-term and/or chronic illness</b></p> <p><b>Treatment of Elimination Disorders</b></p> <p><b>Eating Disorders</b></p> <p><b>Gastrointestinal disorders</b></p> <p><u>Recommended readings:</u> Canter, K. S., &amp; 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>Future directions Common factors and common elements in pediatric behavioral healthcare</p> <p><b>Final Paper Due</b></p>	<p>Chapters 17, 21, 22</p> <p>Final paper due in Canvas by 5pm.</p>
<p>5/7/2024</p>	<p><b>Final Class – Wrap-Up</b> Discussion of final papers</p>	

## Screening Tool Presentation

### Assignment Due Date: 2/6/24

Presentations will be held in class on 2/6/24. Presentation materials should be submitted electronically via Canvas by the beginning of class (5pm) on 2/6/24.

### Assignment Expectations

Co-lead presentation (~20 minutes) on a psychosocial screening instrument. The presentation should include a PowerPoint or handouts, and should provide information on the following:

- Validity and reliability overall (one slide)
- Validity and reliability with the following subgroups (one slide)
  - Black, Asian, Hispanic, and White children
  - English Learner children
  - Children with developmental disabilities
  - Children with emotional and behavioral disorders
- Content, structure (format, what is it purporting to measure, how is it structured) (one slide)
- Uses of the instrument (one slide)
- How is the instrument used in combination with other instruments to assess biological and affective aspects of conditions and lead to effective diagnosis and treatment (one slide)
- Best setting(s) to use it in (one slide)
- Cost of acquiring and implementing (one slide)
- Administration time (one slide)
- Training required to use instrument (one slide)
- Data gathered from instrument (i.e., what do results tell you) (one slide)
- Discuss how this tool could be used in real-world setting (e.g., provide a case example) (one slide)
- Critiques of the tool from the peer-reviewed literature (one slide)
- Limitations of the tool (one slide)

### Screener Selection

Screeners will be selected/assigned in class on 1/16/2024. Students will choose from the following:

Parents' Evaluation of Developmental Status	Pediatric Symptom Checklist
Survey of Well-being of Young Children	Strengths and Difficulties Questionnaire
Penn State Worry Questionnaire for Children (PSWQ-C)	PHQ-9 Modified for Adolescents
Accountable Health Communities Health-Related Screening Tool	Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences
Brief Screener for Alcohol, Tobacco, and other Drugs	Ages & Stages Questionnaire
Revised Children's Anxiety and Depression Scale (RCADS)	Center for Epidemiological Studies Depression Scale for Children (CES-DC)
Screen for Child Anxiety Related Emotion Disorders (SCARED)	Spence Children's Anxiety Scale (SCAS)
Depression Self Rating Scale for Children (DSRSC)	Kutcher Adolescent Depression Scale (KADS-6 and KADS-11)

With instructor approval, students may select a different screener in from the following resources:

- <https://publications.aap.org/toolkits/resources/15625/>
- [https://downloads.aap.org/AAP/PDF/Mental\\_Health\\_Tools\\_for\\_Pediatrics.pdf](https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf)
- <https://publications.aap.org/toolkits>

### 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 includes psychometric data from subgroups across race, ethnicity, language, and disability	
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.	
<b>Total</b>	<b>/35</b>

## Pediatric Medical/Behavioral Health Condition Presentation

### Assignment Due Date – See Class Session Topics

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 psychosocial aspects of a common pediatric medical/behavioral health condition. The presentation should include a PowerPoint, a list of readings/references, and a class activity and/or discussion.

### The presentation should provide the following:

- a brief background on the condition (one slide)
- common psychosocial issues (one slide)
- biological and affective aspects of conditions (one slide)
- implications for care (minimum one slide for each bullet)
  - o including information on how the issue may present in a medical vs. school setting
  - o how to provide the best behavioral healthcare for youth with the condition in non-medical and medical settings
  - o for medical issues, how psychosocial treatment can complement traditional medical treatment to yield positive patient outcomes
  - o how to utilize family expertise to best support the child and family
  - o a description of the role of early intervention on treatment outcomes
- research on evidence-based treatments (minimum one slide for each bullet)
  - o describe two evidence-based treatments
  - o describe the race, ethnicity, language, and disability status of the participants in the studies that established the evidence base
- a description of how to take a population-/systems-based approach to reduce the prevalence of the condition (one slide)
- a description of the other professional disciplines needed to support a child with this condition. a discussion of how interdisciplinary collaboration/integrated care around the issue can look (one slide)

### Topic Selection

Students will select their topic in class on 1/23/2024. See class session topics for dates/options.

### 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.	
Presentation includes a description of the sociodemographics of the populations in related clinical trials	
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.	
<b>Total</b>	<b>/55</b>



## Final Project

### Assignment Due Date

Draft topics and rationale are due on 2/6/2024 at 5pm. Prepare a three-sentence description of your topic and rationale and upload it into Canvas by 5pm on 2/6/24. Paper topics will be discussed in class on 2/6/24.

Final papers are due on 4/30/2024 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

Students will complete a final paper on a novel topic or problem relevant to pediatric behavioral medicine or integrated behavioral healthcare.

### The paper should include the following:

- a rationale for examining the topic (one page)
- biological and affective aspects of conditions relevant to the paper topic (two pages)
- a comprehensive review and critical analysis of the relevant pediatric behavioral medicine literature, conclusions, implications for clinical practice, and implications for future research. (minimum one page per bullet)
  - o Describe the race, ethnicity, language, and disability status of the participants in the studies that established the evidence base
  - o Describe the relationship between the condition and social determinants of health
  - o Describe how to take a population-/systems-based approach to reducing the prevalence of the condition
  - o Describe the other professional disciplines needed to support a child with this condition
  - o Describe how to utilize family expertise to best support the child and family
  - o Describe the role of early intervention on treatment outcomes
- Papers should demonstrate students' advanced knowledge of clinical considerations within pediatric behavioral medicine.
- Papers should be in APA 7<sup>th</sup> style and no longer than 15 double-spaced pages (not including references).

### Final Project Grading Rubric

Category and Scoring Criteria	Points
Content	/70
Topic or problem is clearly stated.	
Rationale for the need for examining the topic is clear, with evidence to support rationale.	
Literature is comprehensively reviewed and critically analyzed. Writing reflects synthesis across studies and integration of course material.	
Describe the race, ethnicity, language, and disability status of the participants in the studies that established the evidence base	
Implications for professional practice and future research are detailed and reflect critical review of the existing literature, including strengths and limitations.	
Writing Style/Mechanics	/10

Paper is free of errors in grammar, spelling, mechanics, and structure. Paper formatting and references follow APA style.	
<b>Total</b>	<b>/80</b>