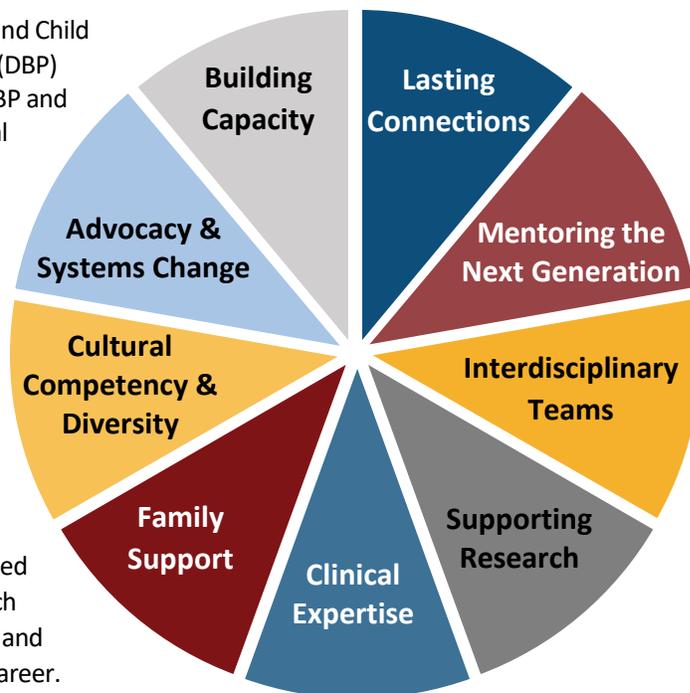


Developmental and Behavioral Pediatrics (DBP) Training Program Impact on Careers

The Health Resources and Services Administration, Maternal and Child Health Bureau's (MCHB) Developmental-Behavioral Pediatrics (DBP) Training Program develops the next generation of leaders in DBP and builds capacity to evaluate, diagnose or rule out developmental disabilities, including autism, and provide evidence-based interventions. MCHB-funded DBP Training Programs are concerned with the broad range of behavioral, psychosocial, and developmental issues that present in primary care pediatric practice. To explore the impact of participation in these programs on career pathways, data were collected through key informant interviews with former DBP fellows. This document reflects the unique characteristics of MCHB-funded DBP programs and how these programs impact DBP fellows' careers.



- ▶ **LASTING CONNECTIONS.** Fellows develop strong relationships with mentors and fellows. Former fellows described how their network continues to open doors to funding, research projects, and job opportunities; provides referrals for patients; and serves as sources of information and advice throughout their career.
- ▶ **MENTORING THE NEXT GENERATION.** MCHB-funded DBP programs prepare fellows to lead and mentor the next generation. Fellows develop as leaders in clinical, research, teaching, and advocacy settings and learn the value of training future DBP clinicians and researchers.
- ▶ **INTERDISCIPLINARY TEAMS.** Evidence-based, interdisciplinary care is necessary to address autism and other developmental disabilities. MCHB-funded DBP programs provide a truly interdisciplinary educational experience for fellows, involving psychologists, social workers, educators, and other health professionals in team-based training.
- ▶ **SUPPORTING RESEARCH.** MCHB funding supports DBP programs in developing fellows' research skills and provides the resources to allow fellows to pursue academic interests in addition to clinical excellence. Thus, increasing knowledge and advancing the field over time.
- ▶ **CLINICAL EXPERTISE.** Former fellows appreciate the clinical expertise they develop as part of the program, including caring for a broad age range of patients and the full spectrum of developmental and behavioral disorders, as well as training on specific populations and conditions.
- ▶ **FAMILY SUPPORT.** Working within the community and supporting families are key skills that fellows take with them. Family support isn't always part of medical systems but is a crucial aspect of DBP, so MCHB prioritizes it by encouraging programs and fellows to focus on this in their work.
- ▶ **CULTURAL COMPETENCY AND DIVERSITY.** DBP best practice requires both culturally responsive care and a diverse workforce to effectively partner with patients and families. Former fellows reflected on the diversity of students and faculty, as well as the populations they served and how that impacted their path.
- ▶ **ADVOCACY AND SYSTEMS CHANGE.** MCHB-funded DBP programs develop fellows with an understanding of the Federal, State, and local systems that support DBP and contribute to the national conversation on the field. Former fellows described the variety of ways in which advocacy factors into their current work, ranging from one-on-one patient advocacy to larger systems and policy changes.
- ▶ **BUILDING CAPACITY.** Given the demand for DBP services, MCHB-funded DBP programs are committed not just to teaching fellows, but to increasing overall capacity to manage the care of children with autism and development disabilities by partnering with and training primary care physicians to meet the needs of this population.

Adiaha Spinks-Franklin, MD, MPH, FAAP – Associate Professor of Pediatrics, Baylor College of Medicine

“My research has been clinical research primarily looking at health disparities among children with autism spectrum disorders and racism as an adverse childhood experience. [In] my most recent research, I’ve been working with the Centers for Disease Control and Prevention, I was invited to speak about racism as an adverse childhood experience; I encouraged them to start measuring the effect of racism on the mental health and behavioral health of adolescents. Our first paper was first published in April 2022. I’m a part of an MMWR. It’s really exciting and we have ongoing work, really peeling away the effect of racism on the mental health and behavioral health of adolescents. My hope is to get the CDC to start measuring the effect of racism again in their other health surveillance systems.”

Ana Treadaway, MD – Developmental and Behavioral Pediatrician, Lee Health

“My time and my career are devoted to DBP because of my mentors and because of my program. I feel the impact of, for example, mentors...and people that I met along the road, like people from the past or from other programs that I’ve met during those conferences. I think that it has really changed me and given me a lot of guidance to see what I want to do with my own career. What I’m doing right now is because I just saw my mentors, this is what they taught, and I’m trying to follow those footsteps.”

Ayesha Cheema-Hassan, MD – Adjunct Assistant Professor of Pediatrics, Warren Alpert Medical School at Brown University

“If I had not done this program, I don’t think I would have had that much growth as I have had doing this fellowship. I might have been working as a pediatrician. I don’t think I would have had the professional development and the professional support that was provided to me through this program; that allowed me to grow in my field. I think the next step I am planning on is a lot larger than just being a developmental pediatrician because I feel that we can have an impact at a global level and at a national level, but I think we need to provide our services or have our information available for access by families because the families are still having a hard time getting to us.”

Christina Buysse, MD – Clinical Associate Professor of Pediatrics, Stanford University School of Medicine

“I’m so lucky to be a DBP and to have found this field. I feel like it’s an opportunity. Again and again, I’m grateful for the viewpoint that DBPs bring to these crises that are just really building for our youth, right? Of looking at development and family as they interface with psychiatric need, and I think that without DBP, we would lose a huge voice of kind of reason and a kind of a bridge between the psychiatric world and the primary care world where there isn’t much of a bridge. So, I just feel grateful for the opportunity to do what I do because, I don’t know, it’s a very unique little niche that suits me perfectly and I’m just lucky to have found it.”

Manny (Manuel) Jimenez, MD, MS, FAAP – Assistant Professor of Pediatrics, Family Medicine, and Community Health, Robert Wood Johnson Medical School

“I still very much feel the influence of those four years that I was involved in the program. So just very concretely, again, the network that I was able to establish both from peers as well as senior-level mentors, the knowledge that I was able to gain to make me feel confident in terms of my clinical expertise in developmental-behavioral pediatrics really – yes, I can’t overstate the influence it’s had on my career.”

Paul Dressler, MD, MPH – Assistant Professor of Clinical Pediatrics, Monroe Carell Jr. Children’s Hospital at Vanderbilt

“The networking piece, I think was helpful, especially now, as I’ve done some work with the Society of Developmental Behavioral Pediatrics, and I think I’ve been able to leverage some of the people I met through the MCHB Program, both fellows who [were there] at the same time I was a fellow, as well as faculty there. [It’s] just nice to have those connections. So, when you have an ask for someone or you want to reach out to someone there’s already a connection established. That’s probably the biggest help.”

Peter Chung, MD, FAAP – Health Science Assistant Clinical Professor & Medical Director for the Center for Autism and Neurodevelopment Disorders, University of California Irvine

“What attracted me to [the field of] DBP, initially, is they were focused on the contextual nature of health, and how while we might see health a certain way, the parents may not see it the same way. There is so much that goes into a child flourishing beyond just the medical domain. DBPs, I think, have a good understanding of that. A good appreciation for how family systems matter, and the family situation matters, and how the kid is doing in school matters, the way they’re progressing, it all matters... So, I think DBP allows for that kind of gray where parents are partners and not just patients as well. I feel like the field is one of the better ones that appreciate the context a child is in can really impact their health and their outcomes overall.”

Rosa Denisse Rodriguez, MD – Medical Director, M.I.N.D. Institute at University of California Sacramento

“We have to expose this field to the up-and-coming trainees so they can understand what we do, why we do what we do, and why it’s so important too... What we do is very valuable. Not everyone can do it. Not everyone is willing to do it either.”

Starrina Gianelloni, DO, FAAP – Adjunct Professor, Learning and Education in Neurodevelopment (LEND) Program, Center for Human Development at University of Alaska Anchorage; Developmental and Behavioral Pediatrician

“It was amazing. My years of fellowship were some of the best years I’ve had in medicine, and it definitely shaped who I am as a person and as a physician, and I wouldn’t give that experience back for anything. It was fantastic and I think MCHB had a lot to do with that. I’m very thankful to have been able to be part of that.”

In their own words: former DBP trainees reflect on the impact the program has had on their careers

LASTING CONNECTIONS. “If I graduated from [a non-MCHB-funded program] ... I don’t think I would have gotten to know people outside of my institution ... Fellows [at non-MCHB-funded programs] tend to stay local ... situated in their own community. Being part of the MCHB experience allowed me to be out of my comfort zone and interface with fellows from other sites funded by MCHB. So, you’re forced to confront your own biases or prejudices or the way things have to be done, and that open access to other people, and mentorship, has been instrumental [in] allowing me to interface with people that I wouldn’t have otherwise.”

INTERDISCIPLINARY TEAMS. “... the team-based approach, I brought that [idea] with me. When I got [here], there were no team clinics. I helped start and have expanded a team [at] an interdisciplinary clinic that has MDs, NPs, and psychologists, which has been a big success. We established a model where we see kids pretty quickly and increase our capacity because we have a huge wait list, that’s been one of the issues [we’ve been] trying to address ... Also building more of a team within our division versus everyone being siloed. Part of the reason I have that [focus is] because that’s how I trained ... I started with one clinic, now we have five. We’re looking to expand [to] a sixth clinic later this year.”

CLINICAL EXPERTISE. “From a clinical perspective, the rigor and the level of thoughtfulness that went into each clinical encounter, being able to tap into the wisdom of not just the people locally, but that it was enmeshed in this larger network of experts. It was just really helpful in terms of being able to ensure that the approach that we were taking was sound and thoughtful and reflected the cutting edge of where the field was ... the knowledge that I was able to gain to make me feel confident in terms of my clinical expertise in developmental-behavioral pediatrics ... I can’t overstate the influence it’s had on my career.”

CULTURAL COMPETENCY AND DIVERSITY. “I see all kinds of families with different backgrounds. I enjoy being able to work with Latin families and help them as a Latin provider. My program really supported me to be able to help with my own culture and background, families that share that [Latinx] background ... I want to see those patients and be able to specialize in those families that had a lot of different barriers, not only language but cultural barriers, plus disabilities. My program helped me focus on those families, gave me the opportunity to work closely with them, and helped me develop some programs within the fellowship to help those families navigate the special education path.”

ADVOCACY AND SYSTEMS CHANGE. “... on a daily basis, I contact school districts. I contact therapists. I contact agencies who are ADHD agencies or therapy agencies, rehab centers. So, I feel like I’m advocating for my patients on a daily basis, and also teaching my parents and my families to advocate for their own children so they know and they have the tools to be able to pursue what they want for them or what they actually need and deserve.”

MENTORING THE NEXT GENERATION. “[There is] this incredible opportunity to also mentor the next generation. I’ve been fortunate and privileged to be able to mentor other under-represented minorities who are now going on to medical school and in the sciences, and so being able to do this work that’s focused on equity promotion and then being able to, along the way, mentor trainees and junior faculty who are doing this work and by doing this work, their career development is advancing, it really does create this pipeline that we need.”

SUPPORTING RESEARCH. “Being in the MCHB program, it does push the idea of staying in academics ... There’s always a draw to go to private practice or an HMO ... you get paid more, you still work a lot, but you don’t worry about meeting a bottom line, you don’t worry about academics and publishing. You just go to your clinical work and go home, right? Plenty of times I could have ... left everything and gone to an [HMO], but I haven’t because I’ve been like, ‘There’s still something good about pursuing academics, about teaching, about community service, about seeing health equity issues.’ Without having that experience, there’s a chance I would have left academics.”

FAMILY SUPPORT. “[The program] definitely changed the way I approach families and medicine in general ... it’s easy to get into this kind of patriarchal ‘I’m the expert who knows things and I’m just going to tell you what you should do’ kind of mindset [but] it doesn’t work very well. You can tell people what to do and if they’re not interested or invested, especially if it’s a lot of work, they’re not going to do it. I think it’s better to partner with the family and really come up with solutions that work for them and that help them because that’s why I’m there. That’s how I start every encounter, ‘How can I help you today? What are you hoping to get out of our visit today?’”

BUILDING CAPACITY. “[The program] completely changed my life. Before, I was a clinician and only a clinician, I saw my role in the world as seeing kids who came to me and helping them out. I still see that as my role, but I also learned – especially with COVID and this increased mental health twin pandemic, that as a DBP, I feel a strong calling to share what I know with PCPs because I know we can’t see all of these patients as DBPs. Our specialty is too small. MCHB needs to keep training DBPs, but the DBPs then need to train the PCPs to do what they can in their practices. I feel ... I’m called to do that. That’s what my role is going to be, continue to share what I know with other people.”