Children's Hospital Boston | HARVARD MEDICAL SCHOOL

Changing Times

General Pediatrics **2005**

Division of General Pediatrics, Children's Hospital Boston
300 Longwood Avenue, Boston, MA 02115
Main: 617 355 6714, **Fax:** 617 730 0633
www.childrenshospital.org/pediatr

Contents

Mission Statement

The Division of General Pediatrics at the Children's Hospital, Boston seeks to enhance the lives of children and families, through service, research, and teaching.

To accomplish this overall mission, the Division strives to:

- Provide a full range of medical and habilitative services for children and their families so that they may optimize the quality of their lives in the community
- Conduct research to develop innovative methods for providing support and assistance to children and their families
- Build the capacity of the community, the family and health services to support children at all stages of their development;
- Provide training and career development support, through mentorship and structured training activities, for professionals who are providing, or will provide, health and habilitative services to children and their families.

These activities expand our opportunity to ensure the quality of the life for children and their families and to further the core body of knowledge to help children realize their full potential–now, and in the future.

The Division's activities are organized around the three areas of service, teaching and research. The major target audiences served by these activities are the child and family, health care providers, and the community. It is the goal of the Division and its various programs to enhance, both directly and indirectly, the quality of life of children and families in our own community, region, and throughout the United States.

Changing Times

Pick any day, March 10, 2005, for example, and the Boston Globe is filled with stories about children and children's health. A hair-raising story about child maltreatment and death in foster care tops the list, but its pages also report on steroid use in young athletes, overweight and obesity, the need for universal child health insurance and the wide disparity in health outcomes for blacks and whites. The political cartoon depicts two children listening to a TV commentator who shouts out, "It's gross indecency! A national disgrace! An assault on our kids! It demands action!" The voice in the TV box is talking about "cable broadcasters." The children look puzzled. They cannot believe he isn't railing about child poverty.

Children and youth at the beginning of the millennium are in the vortex of a complex societal transformation. New forces of technology and know-how are bumping up against old customs and outright ignorance. Child health concerns are changing with changing times. Those who care for children and youth need to change, too.

Recognizing that the threats to children's health are multifaceted, the Division of General Pediatrics at the Children's Hospital, Boston is all about change. It is about building on the lessons of the past, meeting the present as it occurs and doing the best we can to anticipate the direction of the future. We are able to meet the Division's mission by continual re-evaluation, adjustment and planning.

Every two years, we take a formal look at the Division. We review our accomplishments, scan the areas of promise, and determine where we need to adapt our ways of operating. We catalog our products and celebrate our graduates. This year, we report on 30 years of fellowship training. The Division has much to be proud of.

The Division of General Pediatrics strives to foster multidisciplinary care and collaboration with parents, other professionals and community-based organizations. The theme of this year's retreat is Collaborations in Pediatrics, underscoring our commitment to forming and sustaining partnerships to improve the care of children, to strengthen the teaching of the next generation and to inform our research.

Our clinical programs in primary care, developmental-behavioral pediatrics, the care of children with chronic illness and disability, child protection and environmental health are strong. We have established an inpatient hospitalist program for children with chronic conditions and are providing inpatient pediatric care for children on our psychosomatic ward. The clinical programs are all growing in breadth and depth. They directly address the millennial morbidity concerns that fill each day's newspaper columns. We are working with colleagues throughout the hospital to reach out further into the city, the state and the nation with these services.

The teaching programs at the medical student, resident and fellow levels are thriving. We have received ACGME certification from two new subspecialty boards – one in Developmental-Behavioral Pediatrics and one in Neurodevelopmental Disabilities. Our faculty in these areas has all become sub-board certified. We continue to provide postgraduate training through CME programs both locally and nationally.

The research and program development efforts of the Division are continually breaking new ground. Some of the topics are substance abuse, obesity, asthma, teen pregnancy, school problems and autism. Our research efforts are also directed at the development of effective service delivery systems for children with special health care needs. Our research teams are multidisciplinary, collaborative groups who work together to understand the dimensions of child health and well-being.

Changing times require flexibility, adaptability and readiness to meet new challenges head on. The Division of General Pediatrics works hard to prepare and sustain our faculty, trainees and staff with the skills and attitudes to keep abreast of the latest news, to address the latest problems and to make a difference for children and families.

Judith S. Pal

Judith S. Palfrey, MD
Division Chief

Three Decades of Fellowship Training: A Celebration

The Division of General Pediatrics at Children's Hospital is home to a large number of talented and committed physicians, nurses, psychologists, and other professionals. We aim to improve the health of the children we care for, and to find new ways to advance health care delivery in Boston and throughout the United States.

Our fellowship programs now include General Academic Pediatrics, Developmental and Behavioral Pediatrics (DBP), Neurodevelopmental Disabilities (NDD), and Health Services Research. DBP and NDD are now accredited as subspecialties by the American Council of Graduate Medical Education (ACGME).

This year we celebrate 30 years of fellowship training. Our graduates are now in 27 states and seven other countries, continuing the work they began here: enhancing the lives of children and their families through service, research, and teaching. Among them are 26 full professors, five department chairs and deans, and 19 associate professors. They have spearheaded pioneering research and authored many significant articles and books. We are proud of their accomplishments. They stand as role models for all who care for children and families. On this very important anniversary, we looked in on a few of them to find out what they are doing.

Paul Dworkin

About 30 years ago, Paul Dworkin, MD (1976-1978) ran into Mel Levine at an Ambulatory Pediatrics Association meeting. Levine offered him a fellowship "just like that" and an opportunity to follow his diverse interests. "It was luck and serendipity," Dworkin notes, because those experiences formed his commitment to knit developmental services into primary care.

At West Virginia University School of Medicine and now as Chairman of the Department of Pediatrics at University of Connecticut School of Medicine and Vice President and Chief Medical Officer of Connecticut Children's Medical Center in Hartford, Dworkin has always worked in a general pediatrics context. He sees no more important place to advocate for practices such as developmental surveillance (which he studied on sabbatical in England) and anticipatory guidance (about which he co-authored a controlled study published in *Pediatrics* calling for such counseling to be tailored to parents' cognitive, psychological, and cultural readiness).

Dworkin's many honors include the C. Anderson Aldrich Award in recognition of achievement in the field of Child Development from the American Academy of Pediatrics. But one of his proudest accomplishments is working on the Help Me Grow initiative that links children at risk with programs and services. Connecticut is currently the only state with a single point of access–one 800 number–that connects concerned parents, via caseworkers, to all its developmental and behavioral services. And all its young clients will be linked to an Ages and States program to help with developmental surveillance.

"This project is an amazing integration of resources for children and families," says Dworkin. "It is an example of infrastructure and system reform promoting lasting change, as opposed to a funded, time-limited initiative that is discontinued when funding expires."

Paul Wise

Paul Wise, MD, MPH (1980-1981) was also a fellow in Ambulatory Pediatrics. Working in nutrition programs in Guatemala and Jamaica before he received his MD and in pediatrics in urban Boston, South Africa, and India afterward, he has had ample opportunity to witness social disparities in child health. They have informed and inspired his work in many positions including Director of Perinatal Epidemiology and Vice-Chief of the Division of Social Medicine and Health Inequalities at Brigham and Women's Hospital, Special Assistant to the Surgeon General working on HIV policy, and his current position as the Richard E. Behrman Professor of Child Health and Society and Director for the Center of Policy Outcomes and Prevention at the Stanford University School of Medicine.

This issue has also motivated much of his research. Wise conducted a 6-year study of welfare reform's impact on child health. He helped develop and evaluate a multi-state review program and the national fetal and infant mortality review programs with the American College of Obstetrics and Gynecology looking at, among other things, the ways social disparities affect infant mortality.

Some groups worry about child health inequalities and disparage modern pediatrics, Wise explains. Others prize medical innovation without regard for widening social disparities. "Having articles come out that were seen as relevant to both made all the work and struggle worthwhile," he says. "The work we've done showing that clinical innovation can widen social disparities rather than reduce them is so important for those deciding policy."

Elsie Taveras

Addressing social disparities has remained an important theme for fellowships, especially for the Harvard-wide Research Fellowships in Health Services Research, and especially for Elsie Taveras, MD, MPH (2001-2003). At the time Taveras finished her fellowship, little was being done to research obesity in low-income children. The need for this work had been clearly reinforced by her clinical experience. Taveras decided to focus upon nutrition and physical activity as a way to help address the health disparities in underserved children and their families.
Working at Harvard Medical School's Department of Ambulatory Care and Prevention, Taveras has tackled many research projects. She has received a grant from the Deborah Noonan Fund to examine ways to improve clinical practice for preventing and managing overweight in children. She recently presented the results of a longitudinal study examining the determinants of weight gain and diet quality among 10,000 adolescents to the American Heart Association Council on Epidemiology. These studies are the first steps in her long-term goal to design intervention studies to prevent childhood overweight in primary care.

While this objective will have a national impact, Taveras may feel proudest of her very local involvement with Children's Hospital's One Step Ahead program. She directs this program, which provides coordinated care for overweight children and their families by emphasizing, among other things, community involvement, exercise, and culturally-focused discussion of eating and nutrition.

"The fellowship prepared me for taking a leadership position," says Taveras, "but the program development aspect of the clinic was new to me. It's been a wonderful learning experience; I'm so proud to be working with this population of patients."

Ranee Leder, MD

One recent graduate of the Developmental and Behavioral Pediatrics (DBP) program is Ranee Leder, MD (1995-1998). Leder's fellowship was uniquely suited to her interest in working with child sexual abuse. Her training not only prepared her clinically in developmental and behavioral pediatrics and child sexual abuse issues, says Leder, it also taught her "to ask the hard questions and seek the answers."

She is tackling many of these questions in Columbus, Ohio—at Ohio State University's College of Medicine and Children's Hospital's Section of Developmental-Behavioral Pediatrics and their Center for Child and Family Advocacy. One focus has been improving resident training in child sexual abuse. Residents, for example, traditionally are not taught how to examine children's genitalia. Yet physicians unfamiliar with the wide range of normal conditions can too easily over-interpret signs of abuse. Leder is working to make this and other procedures part of standard resident curriculum.

Much of her research has the additional goal of making treatment more comfortable for patients. One study has looked at the potentially calming effects that the comfort and confidence of physicians trained in genital exams can pass on to their young patients. Leder is currently analyzing the feasibility of using newer, less invasive, more effective tests for sexually transmitted diseases, which have not yet been established as effective for children. "I've found that you make progress in little steps," says Leder. "If you can accept that and forge ahead, you will make great progress in the end."

Tim Oberlander

Directly following his Developmental and Behavioral Fellowship, Tim Oberlander, MD (1991-1993) was recruited by University of British Columbia's Department of Pediatrics, Faculty of Medicine. Tenured in 2000, Oberlander is currently Acting Head of their Division of Developmental Pediatrics.

As an academic developmental pediatrician, Oberlander's research concentrates upon how early biological and behavioral factors influence infant and child development. For almost a decade, he and others from his university have collaborated with Yale's Child Study Center to create the first longitudinal studies of biobehavioral outcomes following prenatal SSRI antidepressant medication exposure. They are currently analyzing data from a follow-up of their cohort at three to five years of age, looking at maternal mood, child attention regulation and developmental outcomes, and comparing them to infants of depressed, but untreated mothers and healthy controls.

Oberlander's other major clinical and research focus has evolved from his fellowship's specialization in pediatric pain management. As Medical Director of the Chronic Pain Service, he has helped establish an inpatient and outpatient Complex Pain Consultation service at Children's and Women's Health Centre of British Columbia. His research centers on understanding the pain experience in children with such developmental disabilities as cerebral palsy and autism. In fact, he has co-authored the first textbook chapter in this field."I am totally thrilled by the chance to ask great questions," says Oberlander, "and to find people to help me answer them!"

Robert Garofalo

Another fellow in Advocacy/DBP was Robert Garofalo, MD, MPH (1995-2001). In 1995, Garofalo came to Boston knowing he wanted to work with high-risk youth. The timing was right. The adolescent program at the Sidney Borum Jr. Health Center in Boston was in its infancy and looking for a pediatrician to take a more permanent role. Garofalo's Dyson Advocacy Fellowship and his subsequent one in Adolescent Medicine allowed him the freedom to sign on. Eventually, he became the Center's Director of Adolescent Medicine overseeing a program that provided barrier-free care to HIV-infected youth and others at risk.

When Garofalo moved to Chicago in 2001, he used his appointments at Children's Memorial Hospital and the Howard Brown Health Center to develop a program similar to Sidney Borum's. He also founded the Broadway Youth Center, Chicago's first comprehensive drop-in center for at risk-youth. In Chicago as in Boston, Garofalo has maintained close ties with academia. In 2003, for example, he received a 3-year NIH-supported Mentored Clinical Scientist (K12)

Award to examine mechanisms of risk for acquiring HIV among lesbian, gay, bisexual, and transgender youth. He has also received an individual RO3 from the NIMH to test the utility of a social-personal theoretical model in explaining HIV risk behaviors in the same group.

Garofalo credits his abiding work philosophy to his time in Boston and the mentorship of Judy Palfrey. "Judy always encouraged me to be 'of Harvard' and 'of Sidney Borum' and 'of the community' where I worked," he says. "Working with and being part of the community creates a job that I love. I'm extremely busy, but can't imagine giving up any of it."

Richard Pan

This focus on the pediatrician's role in the community also characterizes the career of Richard Pan, MD, MPH (1995-1998). "Science is advancing very quickly," says Pan. "To improve child health, we need to focus on community building and improving social and physical environments."

Pan's overriding goal is building these bridges between health care and other community systems. Consequently, at the University of California, Davis, he has many positions from sitting on the Community Development Graduate Group to being Executive Director of PC-AWARE, a practice-based research network. He is PI and Director of Communities and Physicians Together, part of the University's Dyson Community Pediatrics Training Initiative. Pan also actively participates in the Sacramento community. As a commissioner for First 5 Sacramento, a county commission funding programs for children aged 0 to 5 years, he helped develop a strategic plan to increase social capital and provide universal health care for children. As a United Way board member, he supported funding outreach and enrollment for children's health care coverage. Consulting to the school district, he is working to improve care for children with ADHD and to create an obesity project.

Pan's bridge-building spans his state and nation. As the youngest president of the Sierra Sacramento Valley Medical Society, he advocated to boost physician involvement in civic affairs. He sits on many national boards and committees; he is, for example, an American Academy of Pediatrics delegate to the American Medical Association (AMA) and on the AMA Council on Medical Education.

Asked what drives him to play so many different roles, Pan says simply, "There is no division between medicine and public health. Physicians need to be community leaders."

Peter Smith

Like Robert Garofalo, Peter Smith, MD, MA (1998-2002) has also completed two fellowships. When he finished his Developmental Disabilities Fellowship in 2000, he continued on as a Dyson Advocacy Fellow, with clinical training in developmental and behavioral pediatrics. Then, after earning his MA in Theology (Medical Ethics) at Boston College, Smith moved to his new home base of Chicago.

Smith holds many appointments there including a teaching position at University of Chicago's MacLean Center for Clinical Medical Ethics and Program Director of the Developmental and Behavioral Pediatrics Fellowship in its Department of Pediatrics. He is also the Clinical Coordinator of the University's Cardiac Transitional Program, which will open this summer, following the opening of the University's new pediatric hospital this past spring. This program, the first of its kind in the United States, will provide comprehensive, coordinated care to children with ongoing medical or developmental issues as the result of significant cardiac intervention.

One of Smith's primary goals is raising the quality of care for local children with developmental-behavioral conditions to the standards he experienced in Boston. He is excited by this challenge and has already made essential inroads. Recently he helped procure funding for a fellowship in developmental and behavioral pediatrics, the first in Chicago. This award will not only significantly expand the research of the field with this important inner-city population, he says, but, more importantly, "it will change the Chicago landscape in terms of public awareness of kids with developmental-behavioral needs."

Stephen Sulkes

Stephen Sulkes, MD (1981-1983) considers his experience as a fellow at Children's Developmental Evaluation Clinic (DEC) to be a cornerstone of his career. His training helped define his professional life, create opportunities, and provide him with a model of what a successful fellowship program can be. Sulkes used this model when, in 1985, he created his own fellowship program in developmental disabilities at the University of Rochester School of Medicine and Dentistry in New York. About a decade later, Sulkes became the Program Director for the Maternal and Child Health Bureau Leadership Education in Neurodevelopmental Disabilities (LEND) Program at University of Rochester, using a structure similar to the program run by Allen Crocker at Children's Hospital. He currently is Professor of Pediatrics at University of Rochester and has twice been given the Outstanding Pediatric Faculty Teaching Award by its medical students. His experience with the DEC's Down Syndrome Clinic has led to his ongoing service and research activities with children with Down Syndrome and their families in western New York state.

Sulkes' leadership role in the field of developmental disabilities has been nationally recognized by other leaders in the field.. He also is the International Rett Syndrome Association's Medical Advisor for New York, Connecticut, and Vermont. He serves as the Chairman of the Resource Based Relative Value System Workgroup for the American Academy of Pediatrics' Section on Developmental-Behavioral Disabilities. He has authored many peer-reviewed articles and book chapters, and has presented at national meetings on topics that include Rett Disorder, ADHD, Dysphagia, and Early Intervention.

Stephen Contompasis

Stephen Contompasis, MD (1988-1990) was working as a pediatrician in New Hampshire when he began his part-time fellowship in Developmental Disabilities. Coming from a state with such a small, dispersed population, he appreciated the exposure to the high number of children with complex problems that he saw at Children's. Today, Contompasis is one of merely three developmental pediatricians in Vermont and the only one with fellowship experiences. He feels the training he received at Children's, along with the experience of working in interdisciplinary teams, has greatly influenced the way he practices medicine today.

In 1995, Contompasis teamed up with colleagues from ten other departments at University of Vermont College of Medicine to create Vermont Interdisciplinary Leadership Education for Health Professionals. The research focus of this program, funded by a LEND grant, has been to develop new ways to coordinate and provide health services for children with disabilities in Vermont and nationwide. Using Children's Neonatal Intensive Care Unit follow-up program as inspiration, Contompasis worked with his colleagues to revamp a similar program in Vermont. But his proudest accomplishment has been using his experience on Children's feeding team to create a Vermont-based version through the Children with Special Care Needs Program.

"It has been challenging but very rewarding," says Contompasis, "to deliver such comprehensive services when the number of patients is so small and you need to maintain your skills in many areas of neurodevelopmental disabilities."

Christopher Landrigan

The American hospitalist movement was new in the late 90s, but the fellowship of Christopher Landrigan, MD, MPH (1998-2000) was guided by his interest in the delivery of treatment and services on inpatient wards. "Judy agreed to try it," he recalls. "We made it up as we went along and everything I've done since has evolved from those years."

Landrigan's research at Children's and Brigham and Women's Hospital (BWH), for example, began with patient safety and pioneering studies to determine rates of medications errors and adverse drug events in inpatient pediatrics. His interest in sleep deprivation came from his own training experience. He has conducted many studies in this area including an AHRQ and NIOSH-funded project investigating the effects of sleep deprivation on intern and patient safety. He has recently been appointed Director of BWH's Sleep and Patient Safety Program.

Landrigan's hospitalist research has led to his being named Research Director of Children's Inpatient

Pediatrics Service and Director of their Pediatric Hospitalist Fellowship, the first formal fellowship for pediatric hospitalists in the U.S. He was also the first Chair of the PRIS Research Network, a consortium of hospitals studying inpatient pediatric care nationwide.

Three months a year, Landrigan provides patient care as a hospitalist and mentors students (for which he has received Harvard's Medical Student Teaching Award). "It's nice to have a balance in my work," Landrigan says. "While I'm focusing on research, I miss clinical work. But toward the end of clinical, I'm ready to get back to research."

Rajendu Srivastava

Rajendu Srivastava, MD, MPH (1998-2000), another graduate from the Health Services Research Fellowship, has kept his ties with the fellowship program while taking on the roles of a health services researcher and pediatric hospitalist at University of Utah in Salt Lake City. Utah's Division of Pediatrics has received two grants from AHRQ to build research infrastructure and capacity. This funding has allowed Srivastava to collaborate with his old program.

Much of Srivastava's clinical work focuses on inpatient treatment for children who need medically complex care; and, his research looks for ways to measure and improve that care. He's just completing a study, for example, that will supply new data to help physicians make better decisions in the treatment of reflux and the prevention of aspiration pneumonia. He has also collaborated on developing a method to identify medically complex children prospectively.

"Dramatically improving care for highly vulnerable children is so rewarding to me," says Srivastava. "Additionally, the implications of what we learn through hospitalist studies are huge. They represent a major shift in the delivery of care to children in the U.S. I'm thrilled to have the opportunity to make a difference in the directions we choose."

Srivastava also improves care by training new physicians at University of Utah's Primary Children's Medical Center. He has been influential there as well. He has received many commendations including the hospital's Excellence in Teaching Award in 2003.

Gregory Blaschke

Gregory Blaschke, MD, MPH (1996-1999) is also interested in medical education. But his first commitment is clinical care—"doing the right thing for the kid in front of you," and then "thinking about the larger picture of population-based medicine." He uses both perspectives as a pediatrician and behavior and developmental consultant at the Naval Medical Center San Diego (NMCSD).

His dedication to medical education, however, is a close second. As Program Director of the Pediatric Residency Program and the Uniformed Services University Pediatric Faculty Development program, he has visited multiple military and civilian residency programs, bringing back the best ideas to his own. "Training residents and faculty has a 'multiplier effect,' influencing the care of children in the context of their family and communities," Blaschke says. As Co-Principal Investigator of the Anne E. Dyson Community Pediatrics Training Initiative at NMCSD and University of California, San Diego, he has helped coordinate this joint venture to improve physicians' community-based skills. He has also served as co-Chair of the National Dyson Curriculum Committee, which recently identified core competencies in Community Pediatrics and produced a publication: *Community Pediatrics Curriculum*. Blaschke also serves on several of the MCHB Bright Futures' committees including the Training Implementation Project and Pediatric Education Center.

Being in the Navy, Blaschke has had an opportunity to prepare pediatricians for a different kind of front-line medicine. During the past four years, he has worked with Military Medical Humanitarian Assistance to train over 200 providers in the required skills and knowledge for complex disasters. Several of his program's graduates recently assisted in the tsunami relief effort.

Sam Zinner

Upon finishing his Developmental Behavioral fellowship, Sam Zinner, MD (1997-1999) has added two chapters to his career. In St. Louis, he taught at St. Louis University School of Medicine and practiced as one of three developmental pediatricians at Cardinal Glennon Children's Hospital. Starting in 2003, he moved to Seattle, joining the faculty at the University of Washington School of Medicine's Division of Genetics and Developmental Medicine, where he is currently Director of Residency Training in Developmental-Behavioral Pediatrics. His clinical and teaching work take place at the University's Center on Human Development and Disability and at Children's Hospital and Regional Medical Center in Seattle.

In both locales, Zinner has worked on projects near to his heart. In St. Louis, he developed a 700-page directory of resources for primary care providers under the American Academy of Pediatric's Medical Home Initiative. "It became a resource for providers and schools in Missouri and Illinois," he notes. This directory also became the basis for a research project on medical home management. Zinner also developed a monthly focus group with general pediatricians in St. Louis, exploring topics of developmental-behavioral pediatrics. The group was modeled after the "COR" (Collaborative Office Rounds) program of the Maternal & Child Health Bureau.

In Seattle, Zinner has focused on Tourette syndrome. By organizing a two-day symposium and various other outreach activities, Zinner has built a substantial clinical and resource base regarding Tourette and associated difficulties. He will create another resource as he uses recently awarded CDC funding to examine the quality of life for adolescents with Tourette syndrome. Zinner is also active nationally on the medical advisory board to the Tourette Syndrome Association and involved in the new Autism Treatment Network, a national collaboration of clinicians and researchers who will explore medical issues germane to autism spectrum disorders.

Vibha Krishnamurthy

Vibha Krishnamurthy, MD (1994-95, 1997-98) spent 1994 and 1995 in the Developmental Disabilities fellowship at Children's, which whetted her interest in developmental pediatrics. When she subsequently repeated her pediatric residency training at Massachusetts General Hospital (where she also received the Donald Medearis Teaching Award), she realized she wanted a career in this field. She returned to Children's for additional training in Developmental Disabilities, working with the LEND program and many interdisciplinary teams. "I am what I am today because of Children's," she says. She has since obtained board certification in Neurodevelopmental Disabilities.

Returning to India in 1999, Krishnamurthy became a developmental consultant at Jaslok Hospital and Research Center in Mumbai (Bombay). Still, she had another ambition: to create a nonprofit developmental assessment team that welcomed all children and reinforced the philosophy of parental empowerment. In 2001, she began the Ummeed Child Development Center, adapting her clinical model to be effective in the Indian culture. With no educational laws mandating therapies and educational programs and no community developmental services, Ummeed is a unique center with its comprehensive assessments and service offerings.

Ummeed started with four staff seeing about 10 children a week. Today, 12 staff see about 80 children per week. Their research projects include collaborating with another nonprofit agency to provide a multisystem approach to deal with challenging behaviors in high risk children living in the slums, and developing a model to train and empower parents of autistic children. Krishnamurthy's next goal is to develop satellite centers to service families living too far from the Center. She continues to teach young physicians in her consultant role, and has other professional students spend time at the Ummeed Center.

Faculty and Programs 2004-2005

Division

Chief: Judith S. Palfrey, MD, T Berry Brazelton Professor of Pediatrics

Leonard Rappaport, MD, Mary Deming Scott Associate Professor of Pediatrics, Associate Chief

Joanne Cox, MD, Associate Chief

Noelle Huntington, PhD, Research Office

Christopher Landrigan, MD, MPH

Children's Hospital Primary Care Center

Director: Joanne Cox, MD

Johnye Ballenger, MD

Henry Bernstein, DO

Morris Borten, MD

Anthony Compagnone, MD

Carmon Davis, MD, DSc

Edward Gross, MD

Jonathan Finkelstein, MD, MPH

Jocelyn Joseph, MD

Luc Joseph, MD

Robert Markowitz, MD

Shari Nethersole, MD

Veronica Peterson, MD

Wanessa Risko, MD, SD

Ronald Samuels, MD, MPH

Esau Simmons, MD

Elsie Taveras, MD, MPH

Mary Torchia, MD

Susan Trubilla MD

Patricio Vives, MD

Romi Webster, MD, MPH

Developmental Medicine Center

Director: Leonard Rappaport, MD

Lisa Albers, MD, MPH

Ronald Becker, MD

Carolyn Bridgemohan, MD

Eugenia Chan, MD, MPH

Ellen Hanson, PhD

Rachel Hundley, PhD

Tina Lafiosca, PhD

Elaine LeClair, PhD

Michael Neessen, PhD

Judith Palfrey, MD

Alison Schonwald, MD

Nancy Sullivan, PhD

Janice Ware, PhD

Coordinated Care Service

Director: Jane O'Brien, MD

Jo-Ann Bier, MD

Emily Davidson, MD, MPH

Laurie Glader, MD

Robert Graham, MD

Nedda Hobbs, MD

Sangeeta Mauskar, MD, MPH

Institute for Community Inclusion

Director: Allen Crocker, MD

Sandra Friedman, MD, MPH

David Helm, PhD

William Kiernan, PhD

Kerim Munir, MD, D Sc

Meera Sukumaran, MD

Ludwig Szymanski, MD

Family Development Program

Director: Andrea Vandeven, MD, MPH
Jennifer Denton, MD
Alice Newton, MD
Celeste Wilson, MD
Mark Sapp, MD

Richmond Medical Service (Psychiatry)

Director: Iris Silverstein, MD
Alan Nauss, MD

Pediatric Environmental Health Program

Director: Alan Woolf, MD, MPH
John Maypole, MD
Megan Sandel, MD
Michael Shannon, MD

Martha Eliot Health Center

Medical Director: David Holder, MD, MPH
Ashley Ackerman, MD
Kelly Chiu, MD
Claire McCarthy, MD
Colleen Monaghan, MD
Emily Roth, MD
Jessica Roth, MD
Kim Wilson, MD, MPH

Child Development Unit

Director: Ed Tronick, PhD
Marjorie Beeghly, PhD
T Berry Brazelton, MD
Constance Keefer, MD
Kevin Nugent, PhD
Katherine Weinberg, PhD

Center for Adolescent Substance Abuse Research

Director: John Knight, MD
Sharon Levy, MD, MPH
Bridget Vaughan, MD
Sion Harris, PhD

Health Services Research Program

Sharon Muret-Wagstaff, PhD
Don Goldmann, MD

Research, Training and Clinical Intervention Projects 2004-2005

Childhood Obesity Prevention: Which Behaviors Are Parents Ready to Change?

Philomena Asante, MD, MPH, Joanne Cox, MD, Jennifer Rein, Cynthia Hannon, Ronald Samuels, MD, MPH and Elsie Taveras, MD, MPH.

This study describes which nutrition and physical activity behaviors parents are more ready to change to prevent obesity. We performed a cross-sectional study of 330 parents of children aged 3 to 13 years arriving for well child visits in an urban primary care clinic. The response rate was 77%. Parents were presented with a list of the following 8 changes that they and their families could make to help their child eat healthier and be more active: doing more exercise together as a family, watching less TV, eating more fruits, eating more vegetables, drinking less soda, eating less fast food, and decreasing their meal portion sizes. We calculated children's body mass index (BMI) from height and weight measured at the time of their clinic visits. The study group was 54% Black, 28% Hispanic, 9% white and 9% multiracial/other. Approximately 26% of children were overweight (BMI = 95th percentile). Many parents reported they needed advice on nutrition (31%) and physical activity (32%) and the majority (65%) said they wanted their medical provider to counsel them about healthy lifestyle choices for their children. Parents were generally more likely to report they would make dietary changes such as eating more fruits (88%), drinking less soda (85%), eating more vegetables (85%), eating more meals together as a family (85%), and eating less fast food (78%) than changes aimed at increasing physical activity such as watching less TV (73%) and exercising as a family (71%). Parents were least likely to report they would decrease meal portion sizes (58%).

Is In Utero Cocaine Exposure (IUCE) Related to a Higher Level of Depressive Symptoms in Preadolescent Children?

Marjorie Beeghly PhD, Howard Cabral, PhD, Ruth Rose-Jacobs ScD, Marilyn Augustyn MD, and Deborah A. Frank, MD

In utero cocaine exposure (IUCE) is linked to alterations in brain neurotransmitters, which may be associated with psychiatric conditions such as depression. The aim of this study is to evaluate whether IUCE, is related to the level of children's self-reported depressive symptoms at 9.5 and 11 years of age, after controlling for relevant covariates.

Participants were 127 term, low-income, urban children (50% male, 91% African American/Caribbean, 52% with IUCE). Level of IUCE was assessed in the newborn period using infant meconium and maternal report. HIV+ infants and those exposed prenatally to illicit substances other than cocaine and marijuana were excluded. Generalized estimating equations based on pooled data from 127 children (198 observations) were used to evaluate the longitudinal association between IUCE and the Children's Depression Inventory (CDI) total t scores at each age, controlling for prenatal exposure to alcohol, tobacco, and marijuana, age at test, gender, Tanner stage, VEX-R total score, and caregiver's psychological distress. No significant main or interaction effects of IUCE on children's CDI scores were observed. Regardless of IUCE status, children with greater violence exposure ($p < 0.0001$) and girls ($p < 0.002$) had higher CDI scores.

Violence exposure and female gender, but not IUCE or prenatal exposure to other substances, were associated with a higher level of depressive symptoms in preadolescent children from low-income, urban backgrounds.

Cognitive, Motor, and Behavioral Functioning of Children Born VLBW With and Without White Matter Disorder at 6, 18, and 30 Months

Marjorie Beeghly PhD, Karen L. Olson PhD, Linda Fetters, Edward Tronick PhD, M. Katherine Weinberg PhD & Lisa Fhagen

The aim of this study was to evaluate whether VLBW infants with White Matter Disease (WMD) exhibit poorer cognitive, motor, or behavioral functioning at 6, 18, or 30 months corrected age than gestational age-matched VLBW infants without WMD or full term (FT) infinteants.

The sample consisted of 91 infants (60% male, 53% VLBW) and their primary caregivers from a large prospective study of infant motor development. Of the 48 VLBW infants, 28 (58%) had documented WMD. At 6, 18, and 30 months corrected age, infants were administered the Bayley Scales II by testers unaware of group status. Results of mixed linear analyses indicated that VLBW infants with WMD had significantly lower scores on all BSID-II variables than VLBW infants without WMD or FT infants (all p's =< .01). In contrast, VLBW infants without WMD did not differ significantly from FT infants on MDI or PDI, and infants in both VLBW groups had significantly lower scores than FT infants on two qualitative measures of test-taking behavior: task orientation ($p < .05$) and quality of movement ($p < .05$). Two significant main effects for age were found. The task orientation scores of infants in each group improved with increasing age ($p < .05$), whereas their emotion regulation scores were lowest at 18 months ($p < .05$). In addition, higher SES was related to significantly higher performance on all BSID measures except quality of movement. The SES effect for MDI was qualified by a significant interaction of SES with age such that SES exerted a stronger effect with increasing child age ($p < .05$).

Results support the hypothesis that WMD is a marker for heightened developmental risk among VLBW infants. Regardless of WMD status, VLBW was associated with qualitative differences in test-taking behavior (poorer orientation to task and quality of movement). The significant SES effects suggest that the developmental and behavioral functioning of even high-risk VLBW children is amenable to environmental interventions.

The Effect of Maternal Religiosity, Social Support, and Parenting Style on the Mother-Child Relationship in Black Families

Andrea G. Gurney, Marjorie Beeghly PhD, Deborah Greenwald, Debra Franko, Edward Tronick PhD, Lisa Fhagen, & Snaltze C. Pierre

The goals of this study were to evaluate, in a single-racial cohort of Black mother-preschooler dyads from heterogeneous SES backgrounds: (1) interrelations among mothers' self-reported religiosity, social support and parenting style and their association with the quality of the mother-child relationship as rated from videotapes of mother-child interaction during a series of problem-solving tasks; (2) whether social support or child rearing attitudes of warmth or strictness mediates this relation, if present, and (3) whether SES moderates this relation.

The sample consisted of 70 healthy, adult Black mothers (64% married; M age = 33.7 + 5.8 years, M education = 14.6 + 1.9 years, M Hollingshead SES = 43.7 + 11.4) and their term, healthy preschool-aged children (47% male, M age = 47.8 + 4.2 months) from heterogeneous SES backgrounds.

Results of multivariate regressions controlling for SES and gender indicated that maternal religiosity was significantly associated with the observed quality of the mother-child relationship ($b = .25$, $p = .024$) and maternal warmth ($b = .26$, $p = .028$). However, the relation between religiosity and the quality of the dyadic relationship was not mediated by maternal reports of social support or parenting style, nor was it moderated by SES. The findings suggest that religiosity is associated with supportive and responsive family relationships, regardless of level of socioeconomic risk. Results also are consistent with literature demonstrating significant relations between maternal psychosocial characteristics and dyadic outcomes and add further support to theorized connections between religiosity and parent-child relationships.

Preschool Follow-up of Black Children: Factors Predicting Cognitive Competence and Adaptation

Marjorie Beeghly, PhD

This ongoing project is a continuation (preschool follow-up) of "Early development of African-American infants: Factors predicting cognitive competence and adaptation", a longitudinal study that followed healthy, term infants and their mothers of African heritage from 2 to 18 months infant age (M. Beeghly: PI). The aim of both phases (infancy and preschool) is to identify child, maternal, familial, and socio-ecological contextual factors from the child's first 48 months of life that are predictive of children's cognitive performance and socio-emotional adaptation at preschool age. Data collection has been completed in the infancy phase and is still ongoing in the preschool phase. Data reduction and analysis are ongoing in both the infancy and preschool phases of the study. Recent papers from this project focused on (a) the prevalence and stability of maternal depressive symptoms in this cohort and their association with socio-demographic factors; (b) the prevalence, stability, and correlates of parent-child joint book reading during the first 18 months of the child's life, and (c) the relation of variations in maternal living arrangements to demographic variables, maternal psychosocial adaptation, and child functioning at 6 months postpartum. A recent doctoral dissertation on the preschool data (by Andrea Gurney) evaluated the associations among mothers' self-reported religiosity, social support, and the quality of the mother-child relationship during a videotaped challenging problem-solving interaction.

Mutual Regulation Between Mothers and Preschoolers

Marjorie Beeghly, PhD

In collaboration with colleagues at the Child Development Unit this project evaluates the mutual regulation processes that take place in the interactions of healthy mothers at low socio-medical risk and their young preschool-aged children. Data collection has been completed and data reduction and analysis continue. A recent paper from this project concerns children's reaction to a perturbation in maternal behavior (still-face) during mother-child free play at 30 months of age.

Cocaine Exposure In Utero: Adolescent Follow-up

Marjorie Beeghly, PhD

I am collaborating with colleagues at Boston Medical Center (D. Frank, M. Augustyn, R. Rose-Jacobs) on a prospective cohort study of the effects of in utero cocaine exposure on children's behavior and development from birth to adolescence. The current phase (follow-up to adolescence) is a continuation of "Cocaine exposure in utero: Birth to age two" and its successors "Cocaine exposure in utero: Pre and Primary School Follow-up" and "Cocaine exposure in utero: 8-11 year follow up" (D. Frank, PI). The aim of current phase (adolescent follow-up) is to evaluate the relation between level of in utero cocaine exposure and children's initiation of substance abuse and other risky behaviors, as well as children's developmental and socio-emotional outcomes from 13 to 18 years of age. Recent papers from this project that I have authored or co-authored to date have focused on relation between level of prenatal cocaine exposure and (a) infant-parent attachment behavior, (b) general developmental functioning in infancy (BSID-II scores at 6, 12, and 24 months); (c) IQ (WPPSI-R) at 48 months; (d) children's language and play outcomes at age 2 and at 6 and 9 years of age; (e) the association between disorganized attachment in infancy and children's PTSD symptoms following violence exposure at 8 years, and (f) the prevalence of psychiatric disorders, symptomatology, suicidal ideation, and their and correlates in this cohort at 8 years to 11 years.

In-Hospital Mortality for Children with Hypoplastic Left Heart Syndrome Following Stage I Surgical Palliation: Teaching vs. Non-Teaching Hospitals

Jay Berry, MD, Collin Cowley, MD, Charles Hoff, PhD, Raj Srivastava, MD, MPH

The objective of this study is to compare the operative mortality of stage I palliation for children with hypoplastic left heart syndrome (HLHS) between teaching and non-teaching hospitals, based on a retrospective cohort using the Kids Inpatient Database (KID) 1997. The KID includes over 1.9 million inpatient hospitalizations of children ages 0 to 17, from 22 states during the year 1997.

A weighted sample of 754 patients with HLHS undergoing stage I palliation within 50 hospitals in 1997 were identified. 143 operations (20%) were performed within 7 non-teaching hospitals. In-hospital mortality was significantly higher in non-teaching compared to teaching hospitals [42% vs. 24%, OR 2.26 (1.15, 4.32)]. In multivariate analysis, after controlling for hospital caseload and condition severity, in-hospital mortality remained significantly higher in non-teaching hospitals [OR 2.87 (1.48, 5.58)]. Children with HLHS undergoing stage I palliation in non-teaching hospitals are experiencing unnecessary mortality. Efforts to lower the mortality within these centers, or improve access to teaching hospitals must be investigated.

The Relationship of Maternal Methadone Dose to Infant Developmental Outcome.

Jo-Ann B. Bier, MD, Doranne Grenon, Theresa Johnson, Ellen Mullane.

We evaluated 50 infants with a history of in-utero methadone exposure in a prospective fashion. Infants were divided into groups based on maternal methadone dose: < 80 mg/d (n=21) and >80 mg/d (n=29). Results show that infants of mothers on high dose methadone are at increased risk for developmental delay and that this risk persists at 8 months corrected age.

Implementation of a Medical/Social/Developmental Home for Families

Jo-Ann B. Bier, MD, Ellen Mullane

The objective of this study is to set up a collaboration of the Developmental Pediatric Program at St. Luke's Hospital in New Bedford, MA with the community program, Positive Action Against Chemical Addiction, Inc. (PAACA).

Can Pediatricians Identify Language Delay in Bilingual Children?

Eugenia Chan, MD, MPH

The objective of this study is to determine whether pediatricians correctly identify and refer for language delay in bilingual children with delayed language development.

A mail survey of 710 primary care pediatricians included clinical vignettes describing a boy's language abilities. Respondents were asked to assess the boy's language status (normal, possible delay, definite delay) and indicate their next step (reassurance, observation, referral). Table 1 shows the percentage of respondents who correctly identified definite language delay across all vignettes and across vignettes stratified by language exposure. Table 2 shows respondents' next step in management across the same vignettes.

Pediatricians correctly identify language delay less often in bilingual compared to English-only children. However, they refer bilingual as well as English-only children with language delay for speech/language evaluation at similar high rates.

Table 1

Vignette	Respondent Assessment of Language Status (%)		
Boy with Delayed Language Status	Definite Delay (Correct Diagnosis)	Possible Delay	Normal
All boys	64	33	3
English-speaking only	70	24	6
Bilingual*	56	44	0

* Chi-square p=0.008

Table 2

Vignette	Respondent Next Step in Management (%)		
Boy with Delayed Language Status	Reassurance Only	Observation	Referral
All boys	2	17	81
English-speaking only	3	13	85
Bilingual*	2	22	77

* Chi-square p<0.35

Do Pediatricians Over-refer for Language Delays in Bilingual Children?

Eugenia Chan, MD, MPH

Anecdotal evidence suggests pediatricians may over-refer bilingual children for speech/language problems because of difficulty distinguishing normal from delayed language development in children exposed to multiple languages. This study will determine to what extent pediatricians refer for suspected language delay in bilingual children with normal language development.

We conducted a mailed, cross-sectional survey of 710 primary care pediatricians. The survey included 1 of 8 clinical vignettes describing a boy's language abilities. Vignettes varied by age (24 or 36 months), language exposure (bilingual or English-only), and language development (normal or abnormal for age). Respondents were asked to assess the boy's language status (normal, possible delay, definite delay) and indicate their next step (reassurance, observation, referral). We tabulated frequencies and used chi-square to examine the relationship between language exposure and respondents' clinical decisions. Of the 426 (60%) who responded, 46% were male and 72% were white, with a mean of 13 ± 9.3 years in practice. Table A shows the percentage of respondents who correctly identified normal language development across all vignettes and across vignettes stratified by language exposure. Table B shows respondents' next step in management across the same vignettes.

Pediatricians are less likely to suspect possible language delay in bilingual children than in English-only children with normal language development. There is no evidence of increased referral for bilingual children with normal language development.

Table A

Vignette	Respondent Assessment of Language Status (%)		
Boy with Delayed Language Status	Definite Delay	Possible Delay	Normal (Correct Diagnosis)
All boys	4	51	44
English-speaking only	7	61	32
Bilingual*	2	43	53

* Chi-square p=0.024

Table B

Vignette	Respondent Next Step in Management (%)		
Boy with Delayed Language Status	Reassurance Only	Observation	Referral
All boys	21	62	17
English-speaking only	16	61	22
Bilingual*	24	63	12

* Chi-square p<0.18

Preliminary Validation of a Youth Assets Scale in a Young Fathers Program

Joanne E Cox, MD, Matthew P Buman, MS, Mollie K Sherry, MSW, Anna T Michonski, BA, Sion Kim Harris, PhD and Elizabeth R Woods, MD, MPH

The objective of this study is to develop a new scale to measure developmental assets and parenting strengths in a population of young fathers. A theory based Youth Assets Scale (YAS) was developed from the Search Institute's 40-item Developmental Assets Checklist and a clinically devised 7-item parenting subscale. Elicitation interviews refined the 47 assets into 48 items divided into 8 subscales with 4-point Likert Scale (1=disagree to 4=agree) responses. The scale was administered to 36 fathers whose children attended a hospital based primary care program. Fathers were age 21.4 + 2.6 years; 53% Black, 28% Hispanic, and 19% other. The mean items scores and Sd for each subscale were calculated; and, interclass correlation (ICC), internal consistency, content validity and factor analyses assessed. Asset subscales mean items score and Sd were: support 3.0 + 0.38, boundaries/expectations 3.1 + 0.42, constructive use of time 2.7 + 0.45, commitment to learning 3.1 + 0.52, positive values 3.5 + 0.33, social competencies 3.4 + 0.47, positive identity 3.5 + 0.33, and parenting 3.3 + 0.46. ICC for 23 fathers (64%) with retest data was 0.87 overall and ranged from 0.56 (positive values) to 0.91 (positive identity) across subscales. Overall Cronbach s alpha was 0.91, subscale alphas ranging from 0.24 (constructive use of time) to 0.79 (commitment to learning). The new parenting subscale had an alpha of 0.70. Factor analyses indicated some subscales assessed multiple constructs and had lower alphas.

The YAS has strong potential as a tool for assessing strength based young fathers programming. The subscales demonstrated strong correlations on test/retests; and, internal consistency was good for most subscales. Some of the subscales will require further definition to separate constructs and expand questions related to different domains.

Barriers to Family-Centered Home Health Care for Children with Chronic Home Nursing Needs: A Qualitative Study

Emily J. Davidson MD, MPH, Dawn Cook,
Todd Lesser, Judith S. Palfrey, MD

The American Academy of Pediatrics recognizes Family-Centered Care as a key element in the medical home for children with special health care needs (CSHCN). Achieving family-centered care is particularly important when the care takes place in the child's home. The objective of this study is to identify barriers to family-centered home nursing care and suggestions for improving care. Four separate focus groups were held for a total of 25 participants including parents of CSHCN receiving on-going home nursing services, physicians/nurse practitioners prescribing home care, and home care nurses.

Three types of barriers emerged: 1) shortage of nursing hours (attributed to lower salaries, lack of benefits, no overtime and overall nursing shortage); 2) inadequate family education (families discharged from hospital with inadequate information, families not aware of eligibility for services, families not aware they can reject proposed services or nurses); 3) nurses not carrying out family-centered care (nurses not understanding central role of the family, nurses resisting participation in community activities). Suggestions for improving home care fell into seven major categories: 1) nurse recruitment (involve families, educate nurses that homecare is a positive experience, recruit from hospitals); 2) nurse training (provide home care exposure in nursing school, ICU or ER training, continuing education, involve families in orienting new home nurses); 3) nurse retention (pay); 4) broaden options for home care (e.g. allow respiratory therapist instead of RN); 5) family education (teach families to be involved in child s care, improve pre-discharge teaching); 6) increasing the nurse s role in community inclusion (participate in educational planning, help with resources e.g. transportation); and 7) increasing communication between nurses and families (communication log, family available by page or phone at all times).

In conclusion, families, nurses and physicians report significant barriers to family-centered home care but also identify numerous strategies to improve family-centered home nursing care. Several strategies could be implemented without significant additional funding.

Caring Perspectives: Students Motivation for and Experience in Providing Respite Care for Children with Special Health Care Needs.

Emily J Davidson, MD, MPH, Anne Mullin-Kuczma,
Sheryl Soukup, Nedda Hobbs, MD and Judith S Palfrey, MD

Caring for children with special health care needs and developmental disabilities is challenging for parents. Respite care temporarily relieves parents of care-giving duties mitigating against parental exhaustion. Project Respite Care trains undergraduate and graduate students to provide in-home respite for children with special health care needs.

The objective of this study is as follows: 1) To assess motivations of students participating in Project Respite Care; 2) To assess the impact of the training on students preparedness to provide respite care; 3) To assess the impact of providing respite care on participating students.

Students completed written surveys before and after training and after 6 months of providing respite care. Surveys included the Attitudes Toward Disabled Persons Scale (ATDPS), the Disability Rights Attitudes Scale (DRAS), demographic information, 20 knowledge questions and open-ended questions. Qualitative methods were used to analyze open-ended questions for themes. The end result showed 63 undergraduate and graduate students completed surveys at baseline. 51 students completed surveys after training (80%); 21 (33%) completed surveys after participating in respite care. Students motivations to provide respite care included: working with children, gaining understanding of disability experience, developing hands-on skills, helping others, building a relationship with a child/family, and career development. At baseline students had high scores on the ADTP and DRAS. After 18 hours of training, students felt prepared to provide respite care. After providing respite care, students reported learning about caretaking skills and the challenges and positive aspects of caring for a child with special health care needs. They also reported influences on their career development including increased empathy and confirmation of career choice.

In conclusion, with their high levels of motivation and baseline knowledge, students can be a valuable resource for parents of children with special health care needs after only a brief training. In addition, the personal benefits reported by students who provided respite care indicate that this arrangement can be mutually beneficial for both parents and students.

Academic Self-Concept and Diagnoses of Children Attending a Primary Care-Based School Problems Clinic

Katherine Engel, MSW, MPH, Alison Schonwald, MD, Taliser Avery, BS, Sylvia Missal, MSW and Joanne Cox, MD.

Advocating Success for Kids (ASK), an interdisciplinary model within primary care, provides developmental-behavioral assessments and advocacy for children with school problems. This study compares academic self-concept of ASK patients with learning problems (LP) to those presenting with emotional/behavioral (E/B) disorders.

This was a cross-sectional study of 52 consecutive patients, grades 2-6. Each completed the Perception of Ability Scale for Students (PASS), a normed and validated 70-item, yes/no, questionnaire measuring academic self-concept. Results were compared to a US normative sample. A developmental pediatrician diagnosed the children using DSM IV criteria and clustered them into LP, E/B problems or combination. Valid PASS forms were completed by 52 (91%) children; 68% were male. Ethnicity was 55% Black, 29% Hispanic, 9% White, 7% other; 68% received Medicaid/hospital free care, and 94% attended public school. Children with E/B issues had an academic self-concept below that of a normative sample (24.36 + 8.17 vs. 46.49 + 12.59 p<. 001.) Children with learning problems also had lower perceptions of academic ability compared to general population mean (21.05 + 9.81 vs. 46.49 + 12.59 p<. 001.) Children in the combined group did not differ from those with isolated LP or E/B problems. PASS was not significantly correlated with age, ethnicity, or SES. Contrary to previous studies, ASK females scored lower than males (17.90 + 6.92 vs. 25.74 + 8.20 p<. 001.)

Emerging Disabilities Project Studies

Susan Foley, PhD

- Follow-Along Study of African-Americans with Diabetes: Susan Foley and Doris Hamner are collecting interview data from 30 to 50 African-Americans with diabetes who reside in either Newark, New Jersey or Boston, Massachusetts. The project is currently recruiting participants and will ask about the use of public employment services, work issues, and career goals.

- State Agency Survey (SAS) on Demographic Pressures: The SAS will investigate the demographic pressures (aging workforce, poverty issues, recent immigration, and changing nature of disability) on employment supports provided by seven state agencies (vocational rehabilitation, workforce development, mental health, developmental disabilities, welfare, vocational rehabilitation blind, and Medicaid).
- Employment Supports Profiles of Emerging Disability Conditions: The profiles use rehabilitation services administration data (RSA 911) to analyze employment outcomes and services of subpopulations of people with disabilities (diabetes, asthma, over 50 years old, people concurrently receiving welfare benefits, etc.) who use the vocational rehabilitation system for services.

Model Development Project for Advancing Parent-Professional Leadership in Education (APPLE)

Susan Foley, PhD

- Evaluation of APPLE: The Institute for Community Inclusion has received a subcontract with the Federation for Children with Special Needs to evaluate through a randomized controlled design the parent-professional leadership program that will instruct parents of children receiving special education services how to be community leaders.

- Model Development Project: College Career Connection (C3) to a Pathway to Success for Students with Intellectual Disabilities

Evaluation of C3

Debra Hart, Susan Foley, PhD

Debra Hart at the ICI has received a model development project to develop an intervention that assists students with intellectual disabilities pursue higher education. Dr. Foley will provide research assistance to the randomized controlled evaluation study on student outcomes of the intervention.

Special Kids/Special Care: An Innovative Program to Care for Children with Special Health Care Needs in Foster Care

Ann Marie Foustoukos, PNP,
Emily Jean Davidson, MD, MPH

Special Kids/Special Care is an innovative collaboration between a state Medicaid program, the state's Department of Social Services and a private insurer to provide intensive care coordination and clinically directed benefits management for a high risk population of children with complex health care needs in foster care. In 1998, Massachusetts Medicaid (MassHealth) and the Department of Social Services agreed that children with intense and complex medical needs would benefit from some type of managed care. Neighborhood Health Plan and its clinical practice affiliate, Community Medical Alliance, had successfully developed a specialized care management model for certain adult MassHealth recipients with complex health care issues including those with severe physical disabilities and people with advanced HIV/AIDS disease. This model has been effective in improving access to care, improving the quality of care delivered and providing the support essential for patients to remain in the community at the maximum level of independence. In Special Kids/Special Care, nurse practitioners perform home visits to assess the needs of the children in the foster home, and provide acute episodic care, teaching, and support to the foster and biological parents. They also attend selected medical appointments with their patients and families and serve as the key liaison between the medical system and the foster care system. They are uniquely empowered to manage all the insurance benefits for their patients, thus ensuring comprehensive and timely delivery of services and equipment to the children. Additionally, a nurse practitioner is on-call 24/7 to respond to concerns of the foster parents.

Genotype-Phenotype Center

Janice Ware, PhD, Ellen Hanson PhD, Rachel Hundley PhD, Eugenia Chan, MD, MPH, Leonard Rappaport, MD

The diagnosis of Autism Spectrum Disorder (ASD) has been increasing over the past 20 years. Consistent with this finding has been a significant increase in the number of children referred to the Developmental Medicine Center (DMC) at Children's Hospital, Boston for evaluation of possible ASD. Ten years ago less than one new case of possible autism was evaluated per week. In the past year, over 100 children were diagnosed with autism and 60 were diagnosed with PDD. The Phenotyping Center in the DMC provides an opportunity to identify genes and gene pathways that lead to the ASD phenotype and puts forward ways to subdivide the patients into diagnostic categories based on their phenotypic features. We are collaborating with the Program in Genetics led by Lou Kunkel PhD and Ingrid Holm MD and Medical Informatics Program directed by Isaac Kohane, MD, PhD and Michael Greenberg PhD, Director of the Neuroscience Program at Children's is also a collaborator. These studies could lead to improved diagnosis of ASD and to possible rational interventions in the disease process. We are currently collaborating with the MIT Brain and Cognitive Sciences Department focusing on furthering our understanding of basic processes in motor function, vision and language in autism spectrum disorder. Our current collaborations are described below:

Diagnosing and Treating a Motor Component in Developmental Disorders

Emilio Bizzi, Robert Ajemian

Children with a variety of developmental disorders exhibit motor deficits. For some of these disorders, such as cerebral palsy, motor dysfunction serves as a defining characteristic. However, for other disorders, such as Asperger's Syndrome, it is unclear whether motor dysfunction constitutes a primary disease symptom or instead arises as an ancillary consequence of executive dysfunction. We are developing a set of motor tests to probe for the biomechanical signatures of the neural control of movement, in a manner as free from the confounding influences of executive dysfunction as possible. We intend to assess–to the furthest degree possible–the competence of a child's neural control of movement apart from the superimposed influence of cognitive impairment. This includes: 1) Point-to-point reaches, 2) Curved reaching movements, 3) Motor adaptation and motor learning, 4) Reaction time and 5) Motor Sequencing.

Characterizing and Improving Face-Processing Skills in Autistic Children

Pawan Sinha, Ben Balas, Yuri Ostrovsky, Christine Waite

One of the most marked correlates of autism is 'an impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction' (DSM-IV). To understand such visual impairments and to design rehabilitation procedures for mitigating them, it is imperative that we precisely characterize the visual skills of the affected children. Our goal is to experimentally characterize the nature and extent of face-perception impairments in children with autism, and to determine the processing deficiencies that may cause the observed impairments. This includes: 1) Identifying core deficits in face processing, 2) Determining the processing abnormalities underlying deficits in face perception, and 3) Designing training routines for improving visual skills.

Cortical Development: Genes, Plasticity and Autism

Mriganka Sur, Damon Page, Daniela Tropea, Sam Horng

The Sur team is using a combined approach of microarray screening and bioinformatic analysis to identify molecules that are involved in the normal development of cortical areas and plasticity. Insight gained from this approach will provide a basis for subsequent comparative studies into the genetic and neurobiological mechanisms of autism.

An example of a gene identified using this approach is one that encodes a putative transmembrane protein with structural similarity to Neuroligin, which is involved in synapse formation. While working to characterize the expression and function of this gene, we have found that it is expressed in a cortical cell type that is involved in controlling eye movements. We have also found that altering normal expression levels of this gene in the cortex causes these cells to send out aberrant projections. Given the eye movement problems associated with attentive tasks in autism, further investigating the function of this gene will help us understand the development of a cell type that may be involved in autism.

Language Acquisition and Modular Deficits in Children with Developmental Disorders

Ken Wexler, Alex Perovic

Our project aims to study the linguistic development of children with developmental disorders in order to understand the biological features of their language development. The major hypotheses to be investigated involve the degree to which a particular disorder involves a particular (modular) deficit, how this deficit changes over time, what are the developmental contributions and what are the learning contributions. In particular, for a given syndrome, does the computational system emerge delayed, even severely delayed, but essentially not completely deviant, or, on the other hand, is it deviant, completely unlike what a typically developing child shows.

Risk Factors for Missing Influenza Vaccination Among Medicaid-Insured Children with Asthma

Sangeeth K Gnanasekaran, MD, MPH, Jonathan A Finkelstein, MD, MPH, Paula Lozano, MD, MPH, Harold J Farber, MD, Felicia W Chi, MPH and Tracy A Lieu, MD, MPH

Influenza vaccination is recommended for children with asthma, but only 10% to 30% of these children receive the vaccine. The objective of this study is to identify risk factors, including demographic and socioeconomic characteristics, for missing influenza vaccination among Medicaid-insured children with asthma.

The influenza vaccination rate was 16% among all children 2-16 years with asthma enrolled in Medicaid managed care in Massachusetts, Washington, and California, and 21% among those with persistent asthma. It did not vary significantly by race, income or poverty level. In multivariate analyses, children whose parents had a high school degree or less were at elevated risk of missing the influenza vaccination (OR 1.25, 95% CI 0.99 - 1.57). Children less than 9 years of age, (OR 0.61, 95% CI 0.42-0.90), those with persistent asthma (OR 0.54, 95% CI 0.36- 0.79) and children who had been hospitalized during the follow-up year (OR 0.23, 95% CI 0.11-0.72) were less likely to miss vaccination.

Improving Influenza Vaccination Rates Among Children with Asthma: Parental Beliefs, Provider Factors and the Media

Sangeeth K Gnanasekaran, MD, MPH, Jonathan A Finkelstein, MD, MPH, Katherine Hohman, MPH, Megan O'Brien, MPH, Benjamin Kruskal, MD, PhD and Tracy A Lieu, MD, MPH

Influenza vaccination is recommended for children with asthma, yet less than half of these high-risk children receive the vaccine. The aim of this study is: 1) to identify factors influencing receipt of influenza vaccination; 2) to evaluate the effect of adding a telephone reminder to a mailed reminder on vaccination rates; and 3) to evaluate the effect of heightened media attention on vaccination rates. We randomly assigned children aged 5 to 18 years with asthma to 3 groups: 1) interview-a telephone interview plus a reminder (N=500); 2) Reminder - a telephone reminder (N=300); or 3) Usual Care - a mailed brochure only (N=1640). The Interview and Reminder groups also received a mailed brochure. The influenza vaccination rate for children with asthma was 44% in 2003-04 compared with 27% in 2002-03. Comparison of weekly influenza vaccination rates in 2003-04 with those in 2002-03 suggested that the increased media attention to influenza in fall 2003 was associated with the increase in rates. The Reminder group had a higher vaccination rate (50%, p = 0.01) than the Usual Care group (43%), but the Interview group did not (44%).

Children were more likely to be vaccinated if they were younger (OR 1.1, 95% CI 1.0 - 1.2) or if their parent recalled a physician recommendation (OR 2.6, 95% CI 1.5 - 4.5), believed the vaccine worked well (OR 2.0, 95% CI 1.4 - 2.8), expressed little worry about vaccine adverse effects (OR 1.3, 95% CI 1.0 - 1.6), or knew that evening or weekend vaccination clinics were available (OR 1.8, 95% CI 0.9 - 3.7).

Use of Complementary and Alternative Medicine Among Children Diagnosed with Autism Spectrum Disorder

Ellen Hanson, PhD, Leslie A Kalish, ScD, Emily Bunce, BA
Christine Curtis, BA, Samuel McDaniel, M Phil,
Janice Ware, PhD, Judith Petry, MD

This study examined the prevalence of the use of different types of conventional, complementary and alternative therapies by children diagnosed with an autism spectrum disorder (ASD) at the Children's Hospital, Boston. Of particular interest was the percentage of children using complementary and alternative medicine (CAM). 112 families were surveyed. Overall, 74% reported having used some type of CAM. CAM use was most strongly associated with severity of the diagnosis. Most CAM was reported by families to be either helpful or without effect, but not harmful. The main reasons for choosing the different therapies were related to concerns with the safety and side effects of prescribed medications.

Enhancement by Disulfiram on Trichloroethylene Induced Neurotoxicity in a Murine Model

April A Harper, MD , Tim J Maher, PhD ,
Larry S Quang, MD , Michael W Shannon, MD MPH
and Alan D Woolf, MD MPH.

Trichloroethylene (TCE) is a volatile organic solvent used in industrial degreasing operations. Because of widespread use and improper disposal, TCE has become a major environmental pollutant. The metabolism of TCE is primarily through the cytochrome p450 system, principally the isoenzyme CYP2E1. Disulfiram has been identified previously as a selective mechanism-based inhibitor of human and animal liver microsomal CYP2E1in vitro. This investigation explored the effect of disulfiram, as an inhibitor CYP2E1 activity, on in vivo TCE induced neurotoxicity following acute exposure.
Groups of male B6C3F1 mice were pretreated with disulfiram 600mg/kg intraperitoneal (i.p.) injection or with vehicle alone. One-hour later mice from both groups received i.p. injections of 2250 mg/kg TCE. Animals from both groups were evaluated for neurotoxicity by outcome measures the righting reflex and the rotarod test prior to pretreatment, 1 hour after pretreatment and then at 15-minute intervals until 4 hours after acute exposure. Mean time in minutes till loss of righting reflex and rotorod ability was not significantly different between mice pretreated with disulfiram and controls. Pretreated mice did have significantly increased mean time of recovery ($p < 0.01$) and mean total time of impairment ($p < 0.01$) for both the righting reflex and rotarod test as compared with controls.

Pretreatment with disulfiram significantly increased TCE induced neurotoxicity in mice. CYP2E1 activity can vary considerably among individuals, which can contribute to the bioactivation and detoxication of TCE. Further investigations are needed to better define the role of individual variation of CYP2E1 and augmented toxic responses to TCE.

Modulation of Murine CYP2E1 by Disulfiram on Trichloroethylene Induced Neurotoxicity- A Pilot Study

April A Harper, MD, Tim J Maher, PhD,
Larry S Quang, MD, Michael W Shannon, MD, MPH
and Alan D Woolf, MD MPH.

Trichloroethylene (TCE), a volatile organic solvent, is primarily metabolized through the cytochrome P450 system, principally the isoenzyme CYP2E1. Up to 1% of the general population have a genetic polymorphism in CYP2E1, which could contribute to an impaired metabolism of TCE altering toxic response. The purpose of this study was to investigate whether impaired CYP2E1 activity would modify TCE-induced neurobehavioral toxicity.

Male B6C3F1 mice (n =5-10/group) were pretreated with the CYP2E1 inhibitor disulfiram 600mg/kg intraperitoneal (i.p.) (dose based on our preliminary studies) or with vehicle alone. One-hour later mice from both groups received incremental doses of TCE i.p. to complete dose-response curves. Two standard neurobehavioral outcome measures were used to assess the Toxic Dose-50 (TD50) of TCE: the righting reflex and the rotarod test. Pretreatment with disulfiram decreased the TD50 of TCE for the righting reflex from 3222 mg/kg (95% CI, 2971-3494 mg/kg) in control mice to 1261mg/kg (95% CI, 966.2-1645 mg/kg) in pretreated mice($p<0.0001$). Pretreatment with disulfiram also decreased the TD50 of TCE for the rotarod test from 1720 mg/kg (95% CI, 1358-2133mg/kg) in control mice to 703 mg/kg (95% CI,

TD50 of TCE for the Righting Reflex and Rotarod Test

		TD50 (mg/kg)	95% Confidence Interval	P Value
Righting Reflex Ability	Control Group	3222	2971-3494	<0.0001
	Disulfiram Group	1261	966.2-1645	
Rotarod Test	Control Group	1720	1358-2133	<0.0001
	Disulfiram Group	703	437.7-1129	

437.7-1129 mg/kg) in pretreated mice (p<0.0001). Pretreatment with disulfiram significantly increased the toxicity of TCE in mice. The presence of a genetic polymorphism in CYP2E1 could contribute to an unexpected tolerance or conversely an unexpected exaggerated toxic response to TCE exposure. Since disulfiram has actions other than CYP2E1 inhibition, further studies are needed to characterize more precisely the mechanisms underlying the effects on the TCE-induced toxicity observed in this study

Effects of Sleep Loss and Night Work on Patient Safety

Christopher Landrigan, MD, MPH

- Time of day, time on duty and sleep inertia
  Dr. Landrigan is developing expertise in the impact of sleep deprivation and night work on patient safety. He is acquiring further training in sleep physiology, patient safety, and human factors engineering to optimally understand the interaction of sleep deprivation with error. His work leading many of the research projects below are an element of this training. His first distinct K08 research project is focusing on understanding the independent contributions of time of day, time on duty, and sleep inertia to medical error. Using data collected in the Intern Sleep and Patient Safety Study (described below), Dr. Landrigan is quantifying the relative contribution of each to medical errors.

- Pediatric ACGME Duty Hours Study
  We are also conducting a tri-center study of the effects of the new ACGME Duty Hour Standards on patient safety, resident safety, and resident education. This study is investigating the effects of the ACGME standards on patient safety, medical education, mood, and resident safety among approximately 300 residents enrolled before and after institution of the ACGME duty hour standards. Subjects have completed daily logs of work hours and sleep, validated using actigraphy. In addition, they have reported their educational experiences, needlestick injuries, and MVAs. Rates of medication errors on hospital units staffed by subjects were collected by daily chart review augmented by reports from clinical staff. Data collected before and after institution of the standards are currently being analyzed.

Testing the Effectiveness of a Comprehensive Police Fatigue Management Program

Christopher Landrigan, MD, MPH

We are conducting a randomized, prospective study of the effect on the safety, health, and performance of Boston Police of a Comprehensive Police Fatigue Management Program (CPFMP) consisting of the following interventions:

1) Scheduling improvements and policy developments to mitigate the adverse effects of extended duration work shifts and long work weeks;
2) Identification and treatment of police with sleep apnea (see companion project funded by CDC below);
3) Caffeine re-education; and
4) Initiation of a sleep, health and safety educational program.

We are simultaneously conducting a nationwide, prospective Police Health and Safety Study (PHHS) to expand understanding of the nature, scope, etiology and consequences of police fatigue, and to increase our ability to develop guidelines from our local demonstration project that can be generalized across police jurisdictions nationwide.

Sleep Disorders Management, Health and Safety in Police

Christopher Landrigan, MD, MPH

This is a companion project to the NIJ project described above. The CDC is funding Operation Healthy Sleep, a randomized study of the effects of a comprehensive sleep disorders screening and treatment program on police officer safety, health, and job performance.

Effects of Extended Work Hours on ICU Patient Safety

Christopher Landrigan, MD, MPH

This intervention study evaluated the impact of instituting a schedule that eliminated interns' extended shifts and shortened weekly work hours. We found that interns on a traditional schedule suffered twice the rate of attentional failures and made 36% more serious medical errors (including 5-fold more diagnostic errors) than interns whose consecutive work was limited to 16 hours. This work was recently published in the New England Journal of Medicine.

Implementation of a Pediatric Intermediate Care Unit: Effects on Patient Safety

Christopher Landrigan, MD, MPH

This is a prospective cohort study that is measuring differences in rates of errors and adverse events for patients with target medical conditions in a pediatric hospital before and after implementation of a step-down ICU. Analyses are ongoing.

Intercepting Near-Miss Adverse Events: The Critical Care Nursing Safety Net

Christopher Landrigan, MD, MPH

This is a prospective study that was run in conjunction with RFA-HS-01-005 (Czeisler) that is measuring rates of nursing intercepts in a cardiac care unit, and exploring the nature of these intercepts. Analyses are ongoing.

Primary Care Physicians Urine Drug Testing Knowledge and Practices

Sharon Levy, MD, MPH, Sion Harris, PhD, Lon Sherritt, MPH, Michelle Angulo and John R. Knight, MD.

This study sets out to determine physicians urine drug testing practices and technical knowledge. Tailored design method multi-modal survey (Dillman, 2000) consisting of 20 forced-choice response items was conducted in 2004. Participants were practicing physicians selected from the national membership rolls of the American Academy of Pediatrics (AAP), the Society of Adolescent Medicine (SAM) and the American Academy of Family Physician (AAFP). Physicians were eligible if they provided primary or urgent care for an average of 10 or more adolescents per week. We computed simple frequencies for each item, and proportions with sample design adjusted 95% confidence intervals are reported. Three hundred fifty nine eligible physicians (43%) completed the survey; response rates were similar for all 3 societies. Over 94% (93.1%, 95.2%) of respondents had ordered urine drug tests. However, only 24% (11.7%, 35.7%) of respondents used an accepted method of urine collection; only 7% (0.7%, 12.5%) used specific gravity and creatinine to ensure sample validity, and only 26% (18.8, 33.8%) reported ordering a confirmatory test all or most of the time as recommended by national guidelines. Only 10% (7.4%,12.3%) of respondents knew that Oxycodone, Ecstasy and Nitrous Oxide are not detected by routine urine drug screen panels. Almost 75% of respondents made at least one error in identifying drugs detected by routine screens.

The conclusion is that primary care physicians are ill-prepared to use urine drug tests. Physicians who use this procedure should seek further training in this area or assistance from a consultant.

Referrals to an Integrated Model of Social Work and Mental Health Services in Primary Care: Analysis of Patterns and Development of Services in Response

S. Missal MSW, J.E. Cox MD, T. Avery,
R. Samuels MD, MPH

This descriptive study uses medical provider referrals to social work and psychology over a 7 year period to profile the frequency and distribution of behavioral health issues and resource needs in a large urban pediatric practice. Currently serving 10,000 patients with 35,000 visits per year. Children are typically followed birth through 12 years. Ethnicity is 37% African American, 39% Latino, 10% Caucasian, and 14% other. Medicaid or Free Care accounts for 65%. Each clinical session has a consistent social worker accessible to providers on-site 56 hrs/wk. The Social worker is available on-call for urgent issues, or family can be referred for service at a later time.

Interventions combine work to improve resources and supports in the environment with a variety of mental health treatment approaches. Psychology is available 16 hrs/wk for scheduled treatment patients. Social work and psychology referrals are triaged together. All referrals from 1997-2003 (N=2746) were coded for 26 problems with up to 3 problems per referral. Data from on-call requests is available only for 1998-99 (N=734) and is reported separately. Most frequently referred issues were Behavioral Problems 30.4%, Noncompliance 24.9%, and Request for Counseling 18.9%. Most frequent On-call requests were Resources (including Housing) 45.8%, Behavioral Problems 14.4%, and Family Needs Support 8.8%. Frequency of problems remained consistent over the years. Referrals were for all ages, but the most frequently referred problems changed by age: Noncompliance and Abuse/Neglect were most frequent from birth to age 3; Behavioral Problems were most frequent for ages 4-11. Request for Counseling was second most frequent for ages 5-11. Referrals were 60% for males and 40% for females with variability by age.

Frequency and distribution of referral patterns has been used to develop programmatic responses: a clinic for behavioral and school problems, a Resource Specialist, and a rapid mental health triage system. In future, the information may be useful in designing age specific interventions.

International Mental Health and Developmental Disabilities Program

Kerim Munir, MD, MPH, DSc

Behavioral and Emotional Problems Among Turkish Children At Ages 2-3

Nese Erol, PhD, Zeynep Simsek, PhD, Ozgur Oner, MD,
Kerim Munir, MD, MPH, DSc

Within the framework of the “Mental Health Surveys of Turkey” we investigated the distribution and prevalence of parent-reported behavioral and emotional problems in a nationally representative sample of two-to-three year old children. We conducted a cross-sectional population-based survey using a self-weighted and equal probability sample of Turkish toddlers (N=638). The Child Behavior Checklist (CBCL/2-3) problem scores and Household Questionnaire reports by parent informant source (response rate, 94.3%) were examined for the effects of child gender, age, urban/suburban/rural residence, and geographical region using multiple regression analyses.: Overall, the Total Problem scores placed 11.9 % of the children in the clinically significant and 18.6% of the children in the borderline range. Urban residence was significantly correlated with Total Problem, Internalization and Externalization scores, as well as the six CBCL syndrome-scale scores. The child age, gender or parental employment status did not effect the Total Problem scores. With respect to CBCL syndrome scale, girls had higher Anxious/Depressed scores than boys, and two-year olds had higher Somatic Complaints than the three year old children. None of the children with reported emotional and behavioral problems were referred to any mental health services.

Effects of Internal Displacement and Resettlement on the Mental Health of Turkish Children and Adolescents

Nese Erol, PhD, Zeynep Simsek, PhD, Özgür Öner , MD,
Kerim Munir, MD MPH, DSc

The aim of this study is to evaluate the effects of internal displacement and resettlement within Turkey on the emotional and behavioral profile of children, age 5–18 after controlling for possible confounding and demographic variables. We conducted a national population survey using a self-weighted, equal probability sample.We compared the CBCL, TRF and YSR responses regarding children with (n = 1644) and without (n = 1855) experience of internal displacement. We examined the effects of gender, age, paternal employment, resettlement, urban residence and physical illness. The children and adolescents with internal displacement had significantly higher internalizing, externalizing and total problem scores on the CBCL and YSR, and higher internalizing scores on the TRF. The effect of displacement was related to higher internalizing problems when factors like physical illness, child age, child gender and urban residence were accounted. The overall effect was small explaining only 0.1–1.5% of the total variance by parent reports, and not evident by teacher reports. To our knowledge the present study is the first to examine Turkish children and adolescents with and without experience of internal displacement. The results are consistent with previous immigration studies: child age, gender, presence of physical illness and urban residence were more important predictors of internalization and externalization problem scores irrespective of informant source.

Measurement Structure of the Turkish Translation of the Child Behavior Checklist Using Confirmatory Factor Analytic Approaches to Validation of Syndromal Constructs

Levent Dumenci PhD, Nese Erol, PhD, Thomas M. Achenbach, PhD and Zeynep Simsek, PhD

The new correlated 8-factor measurement structure of the Child Behavior Checklist for ages 6–18 (CBCL/6-18; T. M. Achenbach & L. A. Rescorla, 2001) derived from an American sample was used as a benchmark to evaluate its generalizability to Turkish general population (N D 5; 195) and clinical (N D 963) samples. Item-level confirmatory factor analysis (CFA) was used to evaluate the adequacy of the correlated 8-factor model across 3 sample conditions (general population, clinical, and combined sample whose Total Problems scores were above the Turkish national median). The results supported the generalizability of the overall measurement structure of the CBCL to the Turkish population.

Attentional and Neurocognitive Characteristics of High-risk Offspring of Parents with Schizophrenia Compared with DSM-IV Attention Deficit Hyperactivity Disorder Children

Ozgur Oner, MD, Kerim Munir, MD, MPH, DSc

In this study, we compared the executive functioning and general intelligence among three groups: (i) children and adolescents with DSM-IV ADHD (n=41), (ii) high-risk (HR) offspring of parents with DSM-IV schizophrenia, and (iii) normal comparison subjects (n=35). Our results indicated that both HR and ADHD groups had lower Verbal IQ scores. ADHD cases had significantly lower percent correct and total errors in Wisconsin Cart Sorting Test when compared with normal comparison subjects. The HR cases also had lower Performance IQ scores as well as worse abstraction–flexibility and comprehension performance. The HR group was further stratified with (HR-A) and without (HR-NA) comorbid ADHD, and HR-A subjects were significantly noted to be more impaired on most tests. The overall worse performance of HR offspring was attributable to significantly lower performance among the HR-A youth. Further, our results suggested that the most profoundly impaired HR subjects were in fact children and adolescents who also met criteria for ADHD. Future studies with broader neuropsychological test batteries are necessary to investigate the differences and similarities between ADHD and the HR-A subgroup.

Proton Magnetic Resonance Spectroscopy in Asperger's Syndrome: Correlations with Neuropsychological Test Scores

Ozgur Oner, MD, Halise Devrimci-Ozguven, MD, Ferhunde Oktem, PhD, Banu Yagmurlu, MD, Senay Olmez, PhD, Bora Baskak, MD, Kerim Munir, MD, MPH, DSc

The objective of this study is to compare neuropsychological profiles of adult AS cases with healthy controls and evaluate the correlations of brain neurometabolites with cognitive variables in AS subjects and controls, separately. Design: Case-control study. Setting: Referral center. Participants: 12 right-handed, Caucasian male AS subjects (age 17-37) diagnosed by DSM-IV criteria and 12 controls matched for age, gender, handedness, and education. Main Outcome Measures: Theory of mind, tower, emotion recognition and naming, unexpected consequences tests and Weschler Adult Intelligence Scale (WAIS) scores of were compared. Correlations of N-Acetyl-Aspartate (NAA)/Choline (Cho), NAA/Creatine (Cre), and Cho/Cre values revealed by 1H Magnetic Resonance Spectroscopy with neurpsychological test scores were investigated. Results: AS cases had significantly worse scores in most of the neuropsycological tests, particularly WAIS Full Scale IQ (z=-3.16, p=.002), Theory of Mind (ToM) (z=-3.51, p=.001) and Unexpected Consequences Test (z=-3.25, p=.001) scores. Anterior cingulate NAA/Cho levels were inversely correlated with tower z scores (r=-.694, p=. 018) (that is, with better performance). Dorsolateral prefrontal cortex Cho/Cre levels were correlated, and NAA/Cho levels inversely correlated, with tower z scores (r=. 604, p=. 049, and r=-.618, p=. 043, respectively). Dorsolateral prefrontal cortex Cho/Cre levels were correlated, and the NAA/Cho levels inversely correlated, with theory of mind z scores (r=. 653, p=. 029, and r=-.635, p=. 036, respectively). Conclusions: Our results suggested that the neural organization in dorsal prefrontal cortex might be related to better performance in tests that relied on planning and thus may decrease theory of mind performance by disrupting the integration of information in other connected brain regions.

Post Traumatic Stress Disorder and Comorbid Depression in the Aftermath of the Marmara Earthquakes: An Epidemiological Study

Tamer Aker, MD, Ümit Tural, MD, Emin Önder, MD Gül_ah Yüksel, MD, Cengiz Kılıç, MD; Eylem Özten, Cem Cerit, MD.

Objectives: The presence of comorbid depression appears to predict chronicity of PTSD, greater symptom severity, and lower levels of functioning. This study aims to determine the prevalence of comorbid depression with PTSD and the pattern of illness in Turkey after the Earthquake 1999. Method: This study was carried out as part of an epidemiological research study assessing psychiatric disorders in Kocaeli city. Sample size was randomly estimated as total city population and calculated as 683. Participants were assessed by CIDI, GHQ-12 Beck Depression Inventory-BDI, Traumatic Stress Symptom Checklist-TSSC, Revised Form of the Multidimensional Scale of Perceived Social Support-MSPSS. Data collection continued between September 2002 and February 2003. Apart from the descriptive statistics, comparisons were made using Student t–test and chi-square tests. Results: There were no significant differences between the comorbid group and pure PTSD group in relation to demographic characteristics. The prevalence of PTSD, MDD, and comorbid depression with PTSD in the last 1 month was 11.7%, 14.9% and 4.4% respectively. The rate of depression was significantly higher in participants with PTSD than in participants without PTSD (40% v. 11.6%). The comorbid depression group had a significantly greater level of psychological distress, a weaker perceived social support, a higher PTSD severity, and higher depression levels. The recovery rates of pure PTSD and comorbid depression compared with PTSD groups were not significantly different (20% v. 30%). Conclusion: Rates of comorbid depression and earthquake related PTSD were high in this Turkish sample. Comorbid Depression with PTSD seems to worsen the severity of psychopathology, however, it does not have an effect on chronicity of PTSD.

Approach to Psychological Trauma in Primary Health Care: A Training Model in Turkey

Tamer Aker, MD, Kültegin Ögel, MD, Özlem Mestçio_lu, MD, Emrem Be_tepe, MD, Ayla Yazıcı, MD, Pınar Limnili, MD, Melih Özeren, MD

Earthquakes experienced in Turkey in 1999 have led to a serious public mental health problem. Development of mental health programs in primary care is essential to improve the negative impacts of disasters. This study aimed to assess the educational effectiveness of the Psychological Trauma-Primary Health Care Program. Method: 353 physicians participated in the study. The questionnaire focused on issues such as the phenomenology of traumatic stress, risk factors of developing PTSD, comorbid conditions, and psychopharmacological and psychological treatments to various psychiatric morbidities. Pre- and post-test questionnaires were completely answered by 108 physicians. T-tests and McNemar tests were done in order to compare the pre-and post-test scores and the right answers. Two groups were then compared: those who benefited from the questionnaire and those who did not. For the comparison of these two groups, Mann Whitney U and

Chi Square tests were done. The predictor variables of benefiting from the training were analyzed by logistic regression. Results: There were significant differences between the pre and post test scores. A considerable increase on the knowledge of physicians after the training was observed. Approximately, 83% of participants answered at least one more question correctly in the post test. Most frequently, questions about the psychological approaches of trauma were answered incorrectly indicating a dire need for training on this topic Conclusions: Training programs targeting primary health care professionals regarding the management of traumatic stress will have a great functional role in Turkey, a country prone to natural disasters. In terms of psychological approach to trauma the physicians remain poorly trained, and is a question that needs to be emphasized in future training programs.

Clinician Knowledge and Confidence About Newborn Screening for Sickle Cell Disease: Randomized Assessment of Educational Strategies

Suzette O Oyeku, MD, MPH, Henry A. Feldman PhD, Kathleen Ryan, RN, MPH, Sharon Muret-Wagstaff, PhD, MPA, Ellis J. Neufeld, MD, PhD

The objective of this study is as follows: (1) To describe clinicians knowledge, confidence (as assessed by self-efficacy), and practices regarding newborn screening for sickle cell disease (SCD); (2) To compare the impact of mailed educational materials vs. interactive seminars on knowledge and confidence. Randomized intervention trial was conducted at 15 community health sites in Massachusetts. All centers received mailed educational materials, and 8 were randomly chosen to receive a 1-hour interactive seminar on the management of NBS results for hemoglobinopathies.

Responses came from 95 of 170 eligible providers (56%). 49 (29%) provided both pre and post tests. Responders were 90% white and 80% female. 63% were pediatricians with median 10.5 yrs in practice at community health centers (90%) in urban areas (92%). Most (59%) receive written SCD newborn screening results for their patients by 2 weeks of age. 67% refer patients with SCD for genetic counseling, but 80% of clinicians refer their families with S-trait seldom or never . Reported barriers to discussion of NBS results with families included: limited visit time, limited administrative support for NBS, limited expertise, and difficulty identifying referral sources for genetics. In respondents with paired data, knowledge on a 5 point scale (1 =all incorrect to 5=correct) increased from 2.4 2.0 (mean SD) to 4.8 0.9 in the seminar group and from 2.9 1.7 to 4.3 1.4 in the mailing only group (p=0.4 between interventions, and p<0.0001 overall). Self-efficacy on a 16 pt scale (4 =not confident to 16 =very confident) increased from 7.1 2.6 to 7.8 2.1 in the seminar group and from 7.0 2.1 to 8.7 2.4 in the mailing only group (p=0.9, p<0.0001 overall).

Saying No to Post Call Clinics - Impact of an Alternative Clinic Day Model on Residents Experiences.

Wanessa Risko MD SD, Taliser Avery BS, Ronald Samuels MD MPH and Joanne Cox, MD

The ACGME's new work rules for physicians in training in 2003 significantly affected continuity clinics as post call afternoon clinics are no longer acceptable. The objective of this study is to determine the impact of switching clinic to an alternative day when residents are post call. Residents clinical activity and site ratings were evaluated for 12 months before and after the model's implementation in a hospital-based continuity site. Data was abstracted from the scheduling system for 55 residents in 2002 and 58 in 2003, means were compared using a two-tailed T-test in SPSS. Residents' responses to a 17-item annual survey were compared for these two periods in time. Answers to open ended questions were reviewed by 3 independent analysts to reveal recurring and discordant themes. The residents schedules were unchanged during the study, but there were practice-wide efforts to improve productivity.

Despite the alternative day model, residents in all 3 years had fewer sessions in 2003: PL1s 39 vs. 43 in 2002 (p<.001), PL2s 32 vs. 37 in 2002(p<.001), and PL3s 31 vs. 34 in 2002 (p =.042). However, there was no statistically significant difference in the number of clinical encounters for PL1s, PL2s, and PL3s for 2003 vs. 2002. In 2003, PL2s and PL3s saw more patients of other providers (cover visits) than in 2002 (p<.05 for both groups). The response rate for the residents' annual survey was 64% in 2002 and 74% in 2003%. No significant difference was seen with ratings of preceptor availability, feedback, getting to clinic on time. Analysis of open-ended questions showed satisfaction with ending post call clinics; concerns included increase in cover visits and discontinuity, and appreciation for meeting other preceptors and residents by switching clinic day. An alternative clinic day can preserve the residents' volume of clinical exposure and availability to patients when coupled with initiatives to increase clinical productivity.

Identification of and Intervention in the Preschool Period for Former Low-Birthweight Children at Risk for School Age Academic Difficulties

Gehan Roberts MB BS, Emily Mann MSSW, PhD, David Bellinger PhD

Low birth weight children are at significant risk for academic and behavioral difficulties at school age. Current knowledge suggests that these children can be identified as 'at-risk' during the preschool period, providing a window of opportunity to intervene.

We are conducting a prospective pilot study of an intervention during the preschool period to optimize school readiness skills. We hypothesize that intervention during the preschool years can promote school readiness skills. These data will be used in the design of a more definitive, large randomized placebo controlled trial to further investigate the efficacy of this program.

Identifying Predictors in the Preschool Period for School Age Academic Difficulties in former Low Birthweight Infants

Gehan Roberts MB BS, David Bellinger PhD, MSc, Marie McCormick MD, ScD

The objective of this study is to identify predictors of academic difficulties at age 8 in preschool. We hypothesize that a model constructed from five sets of variables drawn from a review of the literature (sociodemographic, neonatal, maternal mental health, and early childhood variables at age 3 and 5) will accurately identify children at risk.
This is a retrospective cohort study, using data from the Infant Health and Development Program, a multi-site placebo controlled trial examining the effect of early intervention in low-birth-weight infants. The subjects of this study are the two-thirds of enrollees (N= 666) who were randomized to receive standard-of-care routine follow-up. The primary outcomes for this study are the broad reading and mathematics scores from the Woodcock-Johnson Tests of Achievement at age 8. The five sets of variables were entered into a linear regression model hierarchically, taking a temporal perspective. Preliminary results indicate that factors indicative of all five domains were significant in predicting low achievement scores in reading (R2 of .47, model p-value <.0001) and mathematics (R2 of .43, model p-value <.0001). Reading and math scores <85 were predicted with c-statistics of .85 and .86 respectively, and children identified by their schools with academic difficulties, with a c-statistic of .74. The results suggest the possibility of instituting targeted preventive educational remediation in the preschool period to minimize future academic difficulties is suggested.

A New, Experiential and Longitudinal Curriculum in Child Advocacy for Pediatric Residents

Emily J. Roth, MD, Patricia Barreto, MD, MPH,
Lon Sherritt, MPH, Judith S. Palfrey, MD,
Wanessa Risko, MD, DSc, John R. Knight, MD

Residents and faculty designed a longitudinal curriculum in child advocacy for continuity clinic which included community-based and legislative experiences for individual residents as well as clinic-based group activities. Residents reported their experiences to their entire clinic group at weekly pre-clinic conferences. In addition, residents presented posters at their year-end residency retreat and wrote grants to fund community projects based on their original findings.

Residents who received the intervention had greater increase in advocacy knowledge (2.62 vs. 0.19, p=0.005), ability to identify community resources (0.62 vs. 0.16, p=.03), self-reported advocacy skills (2.0 vs. -0.21, p=0.002), and perceived value of advocacy training (0.31 vs. -0.19, p = .03), compared with residents who did not. In focus groups, intervention residents reported being surprised by community groups' and legislators' responsiveness to resident inquiries and they expressed enhanced confidence in engaging these groups in dialogue about child policy issues.

Does improved technology reduce errors in data entry for immunizations and reduce time for data entry?

Ron Samuels, MD, MPH

We are adapting existing bar code scanner technology to enter immunization data into the hospital system at the point of service (where the nurses draw up the vaccines) and are examining whether this reduces data entry errors, is liked by the nurses and saves time in data entry.

Just ASK: A school problems program in a primary care setting

A Schonwald, MD, K Engel, MSW, MPH,
S Missal, MSW and J Cox, MD

School problems are among the most common concerns discussed with pediatricians. ASK (Advocating Success for Kids) was developed in a primary care setting to better respond to parents' developmental and behavioral concerns. ASK's interdisciplinary model provides screening and advocacy for children with school problems. The objective of this study is to describe the profiles of children seen in one year of ASK.

Of 82 participants, 68% were male, aged 9.2 + 2.7 years. 55% were Black, 29% Hispanic, 9% White, 7% other. 68% received Medicaid/hospital free care, 94% attended public school. Although all patients were referred with school problems, 40% were never evaluated through Early Intervention or the public schools. Learning problems were strongly suspected or diagnosed in 61%, behavior problems in 48%, emotional disorders in 17%, and developmental disabilities in 8.5%. After initial review of academic profile and services by the specialist, 30% of students were identified as inappropriately served at school (i.e.insufficient or no services). 32% needed initial or repeat school evaluation. Mean student perception of academic abilities on the Perception of Ability Scale for Students (PASS) was significantly lower than reported for a US normative sample (35.63 vs. 46.49, p<.001), typical of students receiving special education. Mental health referrals were made for 28% of children.

Children referred to the ASK program have school problems due to a variety of etiologies, and have great needs for school-based and mental health services. Easily accessible services within primary care centers facilitate assessment, but further studies are required to assess advocacy, school placement, and outcomes.

Toilet School: A promising intervention for difficult and late toilet training

Alison Schonwald, MD, Todd Lesser, Elaine Leclair, PhD, Noelle Huntington, PhD and Leonard Rappaport MD.

The objective of this project is to analyze success rates for an intervention for late toilet training, and identify factors predicting success for participants. A survey was administered to parents of children who participated in Toilet School (TS). Medical charts were reviewed to confirm symptoms of and use of medications for constipation. A child "graduated" from TS if he used the toilet for a bowel movement at least once within 2 weeks of TS completion. Success was defined as fully toilet trained for stool within 3 months of TS completion. 54 of 62 eligible parents completed the survey (87% response rate). Mean age of children at start of TS was 4.98 yrs. 72% were male. 61% percent graduated, 54% of children succeeded . Children were equally likely to "succeed" in TS regardless of the duration of failed toilet training efforts prior to TS (p=.48), age (p=.36), gender (p=.97), constipation status (p=.72), or concerns with the child s medical (p=.58), psychiatric (p=.74) or school issues (p=.20). Mean parent satisfaction with toilet school was 4.26 (sd 1.12) on a 1-5 scale (5 = extremely satisfied). Satisfaction with toilet school was correlated with the child s success in toilet training (t52=4.352;p<.001).

Association of Maternal Overweight with Childhood Overweight Risk Factors

Elsie M Taveras, MD, MPH, Taliser Avery,
Kendrin Sonneville, Mary Jean Sullivan,
Ronald C Samuels, MD,MPH and Joanne Cox, MD

The objective of this study is to examine the relationship of maternal overweight with childhood overweight risk factors. We performed a cross-sectional study of 330 parents of children aged 3-13 years at well child visits in an urban primary care clinic. The response rate was 77%. Parents completed a survey that included questions on the number of hours their child watched TV on an average weekday and weekend day and whether their child had a TV in his/her bedroom. Parents also reported on their child's 1) weekly servings of sugar-sweetened beverages and 2) fast food intake using the question, "In the past 7 days, how often did your child eat food from a fast food restaurant (like McDonalds, Taco Bell, Burger King)?" dichotomized to never or 1 time vs. 2 or more times in the past 7 days. We calculated mother's body mass index (BMI) from self-reported height and weight and defined overweight as a BMI 25 kg/m . We also calculated the child's BMI from measured height and weight at the time of their visit and defined overweight as a BMI>95th%. Associations between maternal overweight and topics of interest were assessed using Pearson's chi square analyses. The study group was 54% Black, 28% Hispanic, 9% White, 9% multiracial/other and 39% had a HS degree or less. The mean (SD) age of children was 8.5 (3.1). Approximately 64% of mothers and 26% of children were overweight. Children whose mothers were overweight were more likely to be overweight (38% vs. 20%, p = 0.002). In addition, children whose mothers were overweight were more likely to have a TV in their bedroom (65% vs. 48%, p = 0.01) and watch > 2 hours of TV on weekdays (64% vs. 43%, p =.002) and weekend days (85% vs. 69%, p = .005). Children with overweight mothers had greater weekly servings of sugar-sweetened beverages (13.8 (4.2) vs. 11.8 (4.1), p = .04) but were not more likely to consume fast food 2 or more times in the past 7 days (26% vs. 32%, p = .29).

Standardization of the NRN-Neurobehavioral Scale (NNNS)

Ed Tronick PhD

The primary goal of this project is to develop standardized norms for newborn neurobehavioral performance for gestation age, gender and race/ethnicity group using a newly developed comprehensive scale (NNNS).

The Prognostic Value of BNP Levels in Patients Undergoing Surgical Palliation of Single Ventricle Congenital Heart Disease.

Bojana Vulevic, Collin Cowley, Jay Berry MD , John Hawkins, Neal Hillman, Robert Shaddy.

We hypothesized that B-type natriuretic peptide (BNP) levels can provide useful prognostic information in children with single ventricle congenital heart disease (CHD) undergoing Norwood, Glenn, or Fontan palliation. BNP levels were measured following general anesthesia induction (baseline), following cardiopulmonary bypass, 6-12 hours postoperatively, and then daily until indwelling vascular catheters were removed.

Sixteen subjects underwent 19 surgical procedures (9 Norwood, 5 Glenn, and 5 Fontan. One patient died 13 days following a Norwood procedure. Baseline BNP levels were higher in the Norwood group than in the Glenn or Fontan groups (median [interquartile ranges], 500 pg/ml [402-925], 26.2 pg/ml [12.1-55.7] and 10.8 pg/ml [9.5-46.5] respectively, p=0.0015). In 89% of patients, BNP levels peaked within 24 hours. There was a weak but statistically significant correlation between duration of cardiopulmonary bypass and 6-12 hour BNP level (r=0.5620, p=0.0152). BNP levels measured 6-12 hours postoperatively also correlated with subsequent duration of inotropic support (Milrinone, r=0.8618, p<0.0001; Dopamine, r=0.7623, p=0.0006) and hospital stay (r=0.6637, p=0.0051). Additional post-operative increases in BNP level were observed in association with extubation and diaphragm plication. In 1 subject the BNP level increased to 1200 pg/ml on post-operative day 13 for no apparent reason. The patient subsequently became bradycardic and died.

Describing Teen Suicide: The First Step in Prevention

Romi A. Webster MD MPH , Deborah Kacanek and Catherine Barber .

Suicide is the third leading cause of death for Americans aged 10-19. Vital statistics provide only basic information regarding the victim demographics, incident location and cause of death. The complex circumstances that often surround teen suicides pose challenges for assessments of causation and construction of effective prevention strategies. Population-based detailed surveillance information is newly available that has the potential to overcome this barrier and guide teen suicide prevention efforts. This study describes the victim and incident characteristics as well as precipitating circumstances in teen suicide.

We performed a cross sectional secondary analysis of 2001 data from a pilot for the National Violent Death Reporting System (NVDRS). NVDRS is a national population-based surveillance system that links death certificate, medical examiner, police and crime lab information in standardized data elements. Preliminary pilot data from four states and three metropolitan areas were available on 1,500 suicide victims; of these, 87 victims were less than 18 years of age. Male teens predominated (79%). Most teen suicides took place in the victim s residence (75%). Equal numbers of teens used hanging and firearms (45% each), with the remainder dying by poisoning or falls. Of the 26 firearm suicides where the owner of the firearm was known, 21 (81%) belonged to the victim s parent. Victims expressed their intent to someone before the incident in 28% of cases. However 55% had no documented history of prior attempts, and only 24% were known to have been diagnosed with a mental health disorder. Twenty percent of the teen suicides had a documented same-day crisis that was thought to be involved in precipitating the suicide. Relationship problems, predominantly with family and intimate partners (56%), and school problems (23%) were important precipitating circumstances.

Detailed description of teen suicide is the first step in targeting further research and preventive efforts. Preliminary analysis of the above data suggests opportunities for primary prevention by decreasing children s access to firearms and for secondary prevention when children express suicidal ideation. However, the relative impulsivity, lack of warning mental health history and use of household objects for hanging pose significant prevention challenges.

Mental Health Referrals in a Primary Care Practice

Romi A. Webster, MD, MPH, Laura Clarke, Taliser Avery , Joanne Cox, MD and Ronald Samuels, MD, MPH .

This study on mental health referrals was conducted at a large urban hospital-based primary care practice with an over-representation of racial and ethnic minorities, as well as publicly funded health insurance and hospital free care. We performed retrospective chart review on the136 patients referred within the hospital system for mental health services in 2003 (internal referrals).Data from chart review and the hospital scheduling system were analyzed using chi square and Fisher's exact test as appropriate to determine statistical significance. Of the patients referred internally in 2003, 96% (131/136) of the charts were available for review. The average age at referral was 8 years and 58% were male. Similar to the overall practice, the race distribution was 56% African American, 24% Hispanic, 9% White. Medicaid or free hospital care accounted for 76% of insurance coverage for internal referrals, as compared to 60% of the overal-practice. The majority of patients referred internally scheduled an appointment to see a mental health professional (75/131, 57%). Of these, 69% completed the first scheduled appointment, and 85% completed at least one appointment. Patients with public or private insurance were more likely than patients receiving free care to schedule a first appointment (63% vs. 42%, p = .032) and complete at least one appointment (82% vs. 63%, p = .009). Regarding primary care follow up, 72% (77/107) of internally referred patients had a scheduled appointment with their primary care provider within 6 months of the mental health services referral. The majority completed this visit (57/77, 74%).

Parental Alcohol Screening in Pediatric Practices

Celeste R. Wilson, MD, Sion Kim Harris, PhD,
Lon R. Sherritt, MPH, Nohelani Lawrence, BA
and John R. Knight, MD.

The objectives of this project are: 1) Estimate the prevalence of problem drinking and demographic distribution of parents bringing their children for routine pediatric care to a network of clinical sites; 2) Assess parents' attitudes about being screened for alcohol problems by their child's pediatrician; and 3) Assess parent's attitudes about having the pediatrician ask their children about their parents' drinking habits; and, 4) Assess parents' preferences for alcohol intervention methods, specifically among the subgroup of parents who are problem drinkers; and, 5) Assess providers' reactions to screening parents for problem drinking as part of pediatric practice.

To enhance diversity of the sample, participants will be recruited from a minimum of three ambulatory pediatric clinic sites, each of which will primarily serve an urban, suburban, or rural population. For this study, we will recruit 900 subjects over a 3-month planned enrollment period. Subjects will be approached by a research associate and invited to participate in the study while waiting for the physician to see their child. Those who agree will be given a general information sheet explaining the study, the questionnaire and an envelope. Participants will have the option of completing the questionnaire in clinic or returning it by mail. We will also conduct a series of focus groups with the providers at each site to gain qualitative information regarding their views of parental alcohol screening.

The assessment battery for parents will contain items to assess: 1) demographics; 2) alcoholprevalence–two validated alcohol screening tests (TWEAK and AUDIT); 3) parents' attitudes and preferences about alcohol screening and having the pediatrician ask their children about the parents' drinking habits; and, 4) attitudes and preferences about intervention methods. We will develop a discussion guide that will be used to structure the format for each of the focus group sessions with providers.Data will be entered into Microsoft ACCESS '97 and analyzed in SPSS v11. We will compute frequencies of demographic characteristics, AUDIT and TWEAK scores, and screening preference items. We will analyze data in aggregate, by alcohol screening categories (e.g., positive vs negative screen), across ambulatory sites, and by gender and race/ethnicity. We will use regression analysis and comparative statistics to identify variables associated with specific screening preferences. The focus groups will be audiotaped and field notes recorded. We will analyze these data by tabulating proportions and identifying common themes raised by the providers.The results of this study will inform policymakers regarding the best methods of screening parents for alcohol problems during pediatric office visits for their children.

Federal and Other Grants 2004-2005

Lisa Albers, MD MPH
Healthy Tomorrows Partnership for Children (5 H17MC00279)
DHHS/Health Resources & Services Administration

Marjorie Beeghly, PhD
Mutual regulation in very low birthweight Preschoolers (RO1 HD044068)
NIH/NICHD

Marjorie Beeghly, PhD
Preschool follow-up of Black children: factors Predicting cognitive competence and adaptation
Spencer Foundation

Henry Bernstein, D.O.
Using Reticulocyte Hemoglobin Content (CHr) to monitor treatment of iron deficiency in infants and toddlers
Ambulatory Pediatric Association

Henry Bernstein, D.O.
Improving breastfeeding rates in an urban population
Massachusetts Vitamin Litigation Settlement

Henry Bernstein, D.O.
Improving Faculty Examiner Performance with 4th-Year Comprehensive OSCEs
Office of Educational Development,
Harvard Medical School

Henry Bernstein, D.O.
Phase III, open, multicenter study of the safety of Infanrix when administered as a booster dose at 15 to 18 months of age following primary immunization in studies 217744/084 and 217744/085
GlaxoSmithKline Biological

Henry Bernstein, D.O.
A comparison of the safety, tolerability and immunogenicity of a refrigerator-stable measles, mumps, rubella and varicella combination vaccine ProQuad (refrigerated) versus ProQuad (frozen) in healthy children
Merck Research Laboratories

Henry Bernstein, D.O.
Safety and efficacy of Pentavalent (G1, G2, G3, G4, and PI) human-bovine reassortant rotavirus
Merck Research Laboratories

Henry Bernstein, D.O.
A phase IIIb, open, randomized, controlled, multicenter study of the immunogenicity and safety of GlaxoSmithKline Biological's inactivated Hepatitis A vaccine (Havrix) [720 E1.U/0.5 ML dose] administered on a 0, 6-month schedule concomitantly with Wyeth Lederle's
GlaxoSmithKline Biological

Henry Bernstein, D.O.
Immunogenicity assessment of Pentacel when given at different times from or concurrently with a pneumococcal conjugate vaccine
Aventis Pasteur, Inc.

Henry Bernstein, D.O.
Safety and immunogenicity of Daptacel (CP 10/5/5/3DT Aventis Pasteur classic 5 component pertussis vaccine in combination with tetanus and diphtheria toxoids
Aventis Pasteur Inc

Henry Bernstein, D.O.
A phase II, single-blinded, randomized, controlled, multicenter primary and booster vaccination study to evaluate the immonogenicity, reactogenicity and safety of GSK Biologicals' Haemophilus influenzae type b and Neisseria meningitides serotypes C and Y-tetanustoxoid conjugate vaccine combined (Hib-MenCY-TT) compared to ActHIB, each co-administered with Pediarix and Prevnar, in healthy infants at 2, 4, and 6 months of age and in healthy toddlers at 12 to 15 months of age (booster dose), when co-administered with Prevnar
GlaxoSmithKline Pharmaceuticals

Henry Bernstein, D.O.
A Comparison of the Safety, Tolerability, and Immunogenicity of M-M-R' II Manufactured from the 2003 Measles Stock Seeds with Recombinant Human Albumin (rHA) Versus Currently Licensed M-M-R' II Manufactured from the1967 Measles Stock Seeds with Human Serum Albumin (HSA) in Healthy Children 12 to 18 Months of Age
Merck Research Laboratories

Joanne Cox, MD
Young Parents Program RAFT (6APH PA0020033)
DHHS/Office of Population Affairs

Allen Crocker, MD
Interdisciplinary Training for MR Personnel (5 T73 MC 00020)
Maternal & Child Health Bureau

Allen Crocker, MD
Educating Providers about Down Syndrome via Integrated Markets
Children's Hospital of Los Angeles

Allen Crocker, MD
Children's Extended Care Center
Seven Hills Inc.

Emily Davidson, MD, MPH
Steps to Success: An Innovative Project to Promote Physical Activity and Friendship in Children with Down Syndrome
Noonan Fund

Emily Davidson, MD, MPH
Family-Centered Home Care for Children
Noonan Fund

Jonathan Finkelstein, MD MPH
National Research Service Award (6T32HP10018)
DHHS/Health Resources & Services Administration

William Kiernan, PhD
National Network of UCEDD Education, Research & Service (90AA0575)
DHHS/Admin. on Developmental Disabilities

John Knight, MD
Academic Career Award in Adolescent Alcohol Use (1 K07 AA013280-01A2)
NIH/NIAAA

John Knight, MD
A Medical Office Intervention for Adolescent Drug Use (1RO1 DA014554)
NIH/NIDA

John Knight, MD
Children's Hospital Collaborative Office Rounds (5 T21MC00122-02)
Maternal & Child Health Bureau

John Knight, MD
Screening and Brief Advice to Reduce Teen Substance Abuse
NIH/NIDA

John Knight, MD
Implementation of Medical Office Screening forAdolescent Substance Abuse
Robert Wood Johnson Foundatio

Sharon Levy, MD, MPH
A National Survey of Physicians' Adolescent Drug Testing Practices
Robert Wood Johnson Foundation

Kerim Munir, MD
Mental Health and Developmental Disabilities Program (5 R25 MH59247)
NIH

Kerim Munir, MD
International Mental Health and Developmental Disabilities (5 D43 TW005807)
NIH/Fogarty International Center

Kerim Munir, MD
Medical Research Training Collaboratory (N43 MH32073)
NIMH/AZ Technology

Sharon Muret-Wagstaff, PhD
Intermountain Child Health Services Research Consortium
Agency for Health Care Research & Quality/UNUT

Sharon Muret-Wagstaff, PhD
LSU Health Service Research Program (2 R24 HS011834)
Agency for Health Care Research & Quality/LSU

Judith Palfrey, MD
Dyson Initiative – Production of Supplement
Dyson Foundation

Judith Palfrey, MD
MASStart
Massachusetts Dept of Public Health

Judith Palfrey, MD
Faculty Development in Primary Care (1 D14 HP 00192)
HRSA/Bureau of Health Professions

Judith Palfrey, MD
Stranahan Foundation Fund
Stranahan Foundation

Judith Palfrey, MD
Anne E Dyson Community Pediatrics Training Initiative
Dyson Foundation

Leonard Rappaport, MD
MCH Leadership Education in Behavioral Pediatrics (2 T77 MC 00011)
Maternal & Child Health Bureau

Gehan Roberts, MD
Bridge the Gap: Identification of and Intervention In the Preschool Period for Former Low-Birthweight Children at Risk for School Age Academic Difficulties
Noonan Fund

Gehan Roberts, MD
Identification of and Intervention in the Preschool Period for Former Low-Birthweight Foundation/Harvard Children at Risk for School Age Academic Difficulties
Robert Wood Johnson Harvard School of Public Health

Elsie Taveras, MD MPH
One Step Ahead
Noonan Fund

Ed Tronick, PhD
Standardization of the NRN-Neurobehavioral Scale (NNNS) (RO1HD37138)
NIH/NICHD

Andrea Vandeven, MD MPH
Children's Hospital Child Protection Program
Massachusetts Dept of Social Services

Romi Webster, MD MPH
Teen Suicide: Attributes and Opportunities For Prevention
Ambulatory Pediatric Association

Katherine Weinberg, PhD
Mutual regulation between mothers and Preschoolers (RO1 HD/MH3973)
NICHD/NIMH

Celeste Wilson, MD
Parental Alcohol Screening in Pediatric Practices
Robert Wood Johnson Foundation

Celeste Wilson, MD
Harvard Medical School Center of Excellence in Minority Health and Health Disparities (D34 HP04083)
HRSA/Harvard MedicalSchool

Alan Woolf, MD MPH
Center for Pediatric Integrative Medical Education (5 R25 AT000538)
NIH/National Center for Complementary & Alternative Medicine

Alan Woolf, MD, MPH
Development of Pediatric Environmental Health Specialty
AOEC/Cambridge Hospital

Alan Woolf, MD, MPH
Pediatric Enviromental Medicine Fellowship Training Program
Ambulatory Pediatric Association

Fellows 1974 – 2005

Paul McCarthy, MD (1974)	Director, Section of General Pediatrics, Yale University School of Medicine; Professor of Pediatrics, Yale University
Joel Bass, MD (1974)	Chair, Department of Pediatrics, Newton-Wellesley Hospital; Associate Clinical Professor of Pediatrics, Harvard Medical School
Judith S. Palfrey, MD (1975)	Chief, Division of General Pediatrics, Children's Hospital Boston; T. Berry Brazelton Professor of Pediatrics, Harvard Medical School
Susanna R. Alvarez, MD (1975)	Physician, Harvard Vanguard Medical Associates, Burlington, MA; Clinical Instructor, Harvard Medical School
David Kaplan, MD (1975)	Chief, Adolescent Medicine, Children's Hospital of Denver; Professor of Pediatrics, Professor of Preventive Medicine, University of Colorado
Jack P. Shonkoff, MD (1976)	Dean, The Heller School for Social Policy and Management, Brandeis University, Waltham, MA; Lecturer in Pediatrics, Harvard Medical School
Lucian DeNicola, MD (1976)	Chief, Division of Pediatrics, Critical Care Medicine, University of Florida Health Sciences Center; Professor of Pediatrics, University of Florida
Mark Friedman, MD (1976)	Pediatric Practice
Howard Spivak, MD (1977)	Chief, Division of General Pediatrics & Adolescent Medicine; Vice President, Community Health, New England Medical Center; Professor of Pediatrics & Community Health, Tufts University
Donald Berwick, MD (1977)	President and CEO, Institute for Healthcare Improvement, Boston, MA; Clinical Professor of Pediatrics, Harvard Medical School; Professor of Health Policy, Harvard School of Public Health
Paul Dworkin, MD (1978)	Vice President and Chief Medical Officer, Connecticut Children's Medical Center; Professor and Chair of Pediatrics, University of Connecticut School of Medicine
Bernard Guyer, MD, MPH (1978)	Zanvyl Krieger Professor of Children's Health, Johns Hopkins University, Baltimore, MD
Richard Mervis, MD (1978)	Director, Newborn Nursery, Cook County Hospital, Chicago, IL; Assistant Professor, Rush University, Chicago, IL
Ronald Barr, MD (1978)	Head, Child Development Program, Montreal Children's Hospital; Professor of Pediatrics and Psychiatry, McGill University, Montreal
Peter Heymann, MD, MPH (1978)	Division Head, Pediatric Allergy and Pulmonary Medicine; Professor of Pediatrics, University of Virginia School of Medicine
Mark Puczynski, MD (1978)	Chairman, Department of Pediatrics, Mercy Children's Hospital, Toledo, OH; Professor, Medical College of Ohio
Ernest Krug, MD (1978)	Chief, Division of Developmental-Behavioral Pediatrics, William Beaumont Hospital, Royal Oak, MI; Clinical Associate Professor, Wayne State University
Michael Macknin, MD (1978)	Chairman, General Pediatrics Department, The Cleveland Clinic Foundation; Professor, Cleveland Clinic Lerner College of Medicine
Michael Sussman, MD (1979)	Staff Physician, Williamstown Medical Associates, Williamstown, MA; Associate Professor of Pediatrics, University of Massachusetts Medical School, Worcester, MA
Richard C. Wasserman, MD, MPH (1979)	Attending Pediatrician, Fletcher Allen Health Care, Burlington, VT; Professor of Pediatrics, University of Vermont College of Medicine
Neil Schechter, MD (1979)	Director, Developmental & Behavioral Pediatrics, St. Francis Hospital, Hartford, CT; Professor of Pediatrics, University of Connecticut School of Medicine
Frank Oberklaid, MD (1979)	Centre for Community Child Health & Ambulatory Pediatrics, Victoria, Australia; Professor of Pediatrics, University of Melbourne
Simon Clarke, MD (1980)	Medical Director, Adolescent Medicine, Westmead Hospital, Westmead, Australia; Lecturer in Pediatrics, Sydney University, Australia
David Stifler, MD (1980)	Physician, Essex Pediatrics, Eastern Essex Junction, Vermont; Clinical Associate Professor of Pediatrics, University of Vermont

Joan Mansfield, MD (1980)	Associate in Medicine, Children's Hospital Boston; Assistant Professor of Pediatrics, Harvard Medical School
Louise Kiessling, MD (1980)	Professor of Pediatrics and Family Medicine Emeritus, Brown University Medical School, Rhode Island
Julia Lockwood, MD (1981)	Director, Development Training, Maine Medical Center
Raun Melmed, MD (1981)	Director, Melmed Center, Scottsdale, AZ; Medical Director, Southwest Autism Research and Resource Center, Arizona
Walt Karniski, MD (1981)	Director, Florida Children’s Center, Tampa, FL
Sarah O. Colwell, MD (1981)	Staff Physician, Pediatricians for Health, Maplewood, MN; Clinical Assistant Professor of Pediatrics, University of Minnesota
Paul Wise, MD, MPH (1981)	Clinical Professor of Pediatrics, Stanford University School of Medicine, Center for Health Policy/Center for Primary Care and Outcomes Research
James Blackman, MD, MPH (1981)	Medical Director, Kluge Children’s Rehabilitation Center, Charlottesville, VA; Professor of Pediatrics, University of Virginia School of Medicine
Louisa Alvarado, MD (1981)	Director, Pediatric Residency Program, Hospital Episcopal San Lucas/Ponce School of Medicine Consortium, Puerto Rico; Associate Professor of Pediatrics, Ponce School of Medicine
Robert Moss, MD (1981)	Director of Children’s Center for Attention Problems, UCLA, Department of Pediatrics; Assistant Clinical Professor, UCLA
Marc Lerner, MD (1982)	Staff Pediatrician, UCI Child Development Center, Irvine, CA; Professor of Clinical Pediatrics, University of California, Irvine
Dena McFadden, MD (1982)	Senior Vice President/Medical Director, Health Dialog, Boston, MA
Leonard Rappaport, MD (1982)	Associate Chief, Division of General Pediatrics; Director, Developmental Medicine Center, Children’s Hospital Boston; Mary Deming Scott Associate Professor of Pediatrics, Harvard Medical School
John Chessare, MD (1983)	Sr. Vice President for Medical Affairs, Chief Medical Officer, Boston Medical Center; Professor of Pediatrics and Health Services, Associate Dean for Clinical Affairs, Boston University School of Medicine
Easton Robert Caldwell, III, MD (1983)	Staff Pediatrician, Winchester Pediatric Clinic, Winchester, VA
Janice Lowe, MD (1983)	Clinical Professor of Pediatrics, Division of General Pediatrics, Stanford University School of Medicine
Daniel Kessler, MD (1983)	Director of Developmental & Behavioral Pediatrics, St. Joseph’s Hospital; Clinical Associate Professor of Pediatrics, University of Arizona
Stephen Sulkes, MD (1983)	Professor of Pediatrics, Strong Center for Developmental Disabilities, Golisano Children’s Hospital at Strong, University of Rochester School of Medicine and Dentistry
Jack Lasche, MD (1984)	Chief, Pediatrics Department, Harvard Vanguard Health Care, West Roxbury, MA; Clinical Instructor in Pediatrics, Harvard Medical School
Heidi Feldman, MD (1984)	Consulting Staff, The Children’s Hospital of Pittsburgh; Professor, University of Pittsburgh School of Medicine, Department of Pediatrics, Pittsburgh, PA
Carol Lewis, MD (1984)	Attending Physician, Director of Team 3/Primary Care RIH/Hasbro Children’s Hospital, Providence, RI; Clinical Assistant Professor of Pediatrics, Brown University, Rhode Island
Barry Zallen, MD (1984)	Medical Director, Provider Partnerships, Blue Cross Blue Shield of Massachusetts, Boston, MA; Clinical Instructor, Harvard Medical School
Michael Shannon, MD, MPH (1984)	Chief, Division of Emergency Medicine, Children’s Hospital Boston; Professor of Pediatrics, Harvard Medical School
William Coleman, MD (1984)	Staff Member, The Clinical Center of the Study of Development and Learning, The Univ. of North Carolina; Professor of Pediatrics, University of North Carolina School of Medicine and UNC Hospitals, Chapel Hill, NC
Randy Rockney, MD (1985)	Pediatrician, Ambulatory Division, Department of Pediatrics, Hasbro Children’s Hospital, Providence, RI; Associate Professor, Pediatrics and Family Medicine, Brown University Medical School; Director, Undergraduate Medical Education in Pediatrics, Brown University Medical School, Rhode Island

Thomas Hathaway, MD (1985)	Pediatric Practice; Instructor in Pediatrics, Harvard Medical School
Ellen Elias, MD (1985)	Director, Special Care Clinic, The Children's Hospital, Denver, CO; Associate Professor, University of Colorado School of Medicine
Lydia Sarro, MD (1986)	Pediatrician, Riverbend Medical Group, Chicopee, MA
Linda Riordan, MD (1986)	Pediatric Pulmonary Practice, Tucson, AZ; Clinical Associate Professor, University of Arizona
Jane Brown, MD (1986)	Staff Physician, Needham Pediatrics, Needham, MA
Charles Robertson, Jr., MD (1986)	Private Practice, North Mississippi Pediatrics, Tupelo, MS; Assistant Professor, University of Mississippi Medical Center
Nancy Kloczko, MD (1986)	Pediatrician, Division of General Pediatrics, Baystate Medical Center, Springfield, MA; Assistant Professor of Pediatrics, Tufts University, Boston, MA
Alberto Kriger, MD (1986)	Physician, Pediatric Associates, Pembroke Pines, FL; Assistant Professor, Health Professions Division, Nova Southeastern University
William Barbaresi, MD (1987)	Chair, Division of Developmental and Behavioral Pediatrics and Co-Director, Mayo Clinic-Dana Child Development and Learning Disorders Program, Rochester, MN; Assistant Professor of Pediatric and Adolescent Medicine, Mayo Clinic College of Medicine, Rochester, MN
Siobhan McNally, MD (1987)	Medical Staff at Berkshire Medical Center, Lee, MA; Associate Professor at University of Massachusetts Medical School
Julie Puncochar, MD (1987)	Staff Physician, Harvard Vanguard Medical Associates, Somerville, MA
Mark Handley-Derry, MD (1987)	Assistant Professor of Pediatrics, University of Toronto
David Ansel, MD (1987)	Staff Pediatrician, Children's Medical Office of Andover, MA and Children's Hospital Boston; Instructor, Harvard Medical School
Christopher DeGraw, MD, MPH (1988)	Deputy Director and Medical Officer, Division of Research, Training and Education, Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services
Michael McManus, MD (1988)	Senior Associate in Medicine, Anesthesia and Critical Care, Children's Hospital Boston; Chief of Pediatrics, South Shore Hospital, Massachusetts; Associate Professor, Harvard Medical School
Amy Ryan, MD (1988)	Staff Pediatrician, Longwood Pediatrics, Boston, MA; Instructor, Harvard Medical School
Alix Handelsman, MD (1988)	Staff Pediatrician, Child Health Services, Bedford, NH
Julian Orenstein, MD (1989)	Clinical Attending Physician, Department of Emergency Medicine, Shady Grove Adventist Hospital, Rockville, MD; Clinical Assistant Professor, Georgetown University; Clinical Assistant Professor, George Washington University; Clinical Assistant Professor, University of Virginia
Andrea Vandeven, MD, MPH (1989)	Medical Director, Child Protection Team; Staff Physician, Young Parents Program, Crisis Response Program, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Esau Simmons, MD (1989)	Assistant in Medicine, Children's Hospital Primary Care Center, Boston, MA; Assistant Professor of Pediatrics, Harvard Medical School
Francis Hickey, MD (1989)	Staff Pediatrician, Group Health Associates, Cincinnati, OH; Adjunct Assistant Professor of Pediatrics, University of Cincinnati College of Medicine
Joseph Carrillo, MD (1989)	Active Staff, Queen of the Valley Hospital, Napa, CA; Active Staff, St. Helena Hospital, St. Helena, CA; Assistant Professor of Pediatrics, Harvard Medical School
Jennifer Bowen, MD (1989)	Director, Department of Neonatology, Royal North Shore Hospital, St. Leonards, Australia; Clinical Lecturer, Sydney University, Australia
Kristin Hannibal, MD (1990)	Clinic Director, Primary Care Center, Children's Hospital of Pittsburgh; Assistant Professor, University of Pittsburgh School of Medicine
Barbara Duffy, MD (1990)	Pediatric Practice
James Powell, MD (1990)	Director, Behavioral Services, Department of Pediatrics, Kaiser-Permanente Northwest; Associate Clinical Professor, Oregon Health Sciences University
Stephen Contompasis, MD (1990)	Developmental pediatrician, Vermont Department of Health, Children with Special Health Needs; Associate Professor of Pediatrics, University of Vermont College of Medicine

Winona Chua, MD (1991)	Assistant in Pediatrics, Division of Child Development and Rehabilitation, The Children's Hospital of Philadelphia; Clinical Assistant Professor of Pediatrics, The University of Pennsylvania School of Medicine
Jonathan Rubin, MD (1991)	Private Pediatric Practice, The South Florida Developmental Center, Margate, FL
Margot Davey, MD (1991)	Staff Pediatrician, Royal Children's Hospital/Monash Medical Center, Australia
Ann Niec, MD (1991	Director, Child Advocacy and Assessment Program, Director, Child Psychiatry Inpatient Consultation Service, McMaster University, Associate Professor of Pediatrics, McMaster University, Hamilton, Ontario
Marie Kim, MD (1991)	Medical Director, Developmental Follow-up Clinic, Joseph's Health Center; Assistant Professor of Pediatrics, University of Western Ontario, Canada
Renee Band, MD (1991)	Pediatric Practice, Israel
John Knight, MD (1992)	Director, Center for Adolescent Substance Abuse Research, Children's Hospital Boston; Associate Professor of Pediatrics, Harvard Medical School
Elizabeth Mickelson, MD (1992)	Developmental Pediatrician, Sunny Hill Health Center for Children, Vancouver, BC; Clinical Assistant Professor of Pediatrics, University of British Columbia, Canada
Elisa Alter Zenni, MD (1993)	Associate Pediatric Residency Program Director, University of Florida Health Science Center, Jacksonville, FL; Associate Professor of Pediatrics, University of Florida College of Medicine
Tim Oberlander, MD (1993)	Developmental Pediatrician, Child Development Rehabilitation Program, and Pediatrician, Complex Pain Service, British Columbia Children's Hospital; Associate Professor, Acting Division Head, Division of Developmental Pediatrics, Department of Pediatrics, University of British Columbia
Gregory Toussaint, MD (1993)	Staff Pediatrician, United States Air Force; Assistant Professor of Pediatrics, Uniformed Services University of Health Sciences
Michael McDowell, MB BS, MPH, PhD (1993)	Private Practice, Developmental Pediatrician, The Child Development Network, South Brisbane, Australia, Visiting Medical Officer, Mater Children's Hospital, Brisbane Queensland; Senior Lecturer, University of Queensland
Benjamin Scheindlin, MD (1993)	Primary Care Pediatrician, Burlington Pediatrics, Burlington, VT; Clinical Instructor in Pediatrics, Harvard Medical School
Jonathan Finkelstein, MD, MPH (1994)	Staff Physician, Division of General Pediatrics, Children's Hospital Boston; Associate Professor, Department of Ambulatory Care and Prevention, Harvard Medical School and Harvard Pilgrim Health Care
Dominique Cousineau, MD (1994)	Chief, Developmental Pediatrics, Hospital St. Justine, Montreal, Canada; Professor, University of Montreal
David Warwick Smith, MD (1994)	Pediatric Practice, New Zealand
Ronald Samuels, MD, MPH (1995)	Attending Physician, Children's Hospital Primary Care Center, Boston, MA; Instructor in Pediatrics, Harvard Medical School
Donna D'Alessandro, MD (1995)	Staff Physician, Children's Hospital of Iowa; Associate Professor of Pediatrics, University of Iowa College of Medicine
Thomas Silva, MD (1995)	Staff Pediatrician, East Boston Neighborhood Health Center; Instructor in Pediatrics, Harvard Medical School
Laurel Wills, MD (1995)	Director, Hennepin Developmental Pediatrics Clinic, Staff Pediatrician, Department of Pediatrics, Minneapolis, MN; Assistant Professor, University of Minnesota
Ari Brown, MD (1995)	Medical Staff, Children's Hospital of Austin, Austin, TX
Carolyn Bridgemohan, MD (1995)	Attending Physician, Developmental Medicine Center, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Andria Ruth, MD (1995)	Staff Physician, Santa Barbara Neighborhood Clinics and Santa Barbara Public Health Department, Santa Barbara, CA
Tasnawat Thomas Sombuntham, MD (1995)	Attending Physician, Division of Developmental and Behavioral Pediatrics, Ramathibodi Hospital,Thailand; Instructor in Pediatrics, Mahidol University, Thailand
Lisa McKay, MD (1995)	Pediatric Practice, Australia

Grace Caputo, MD, MPH (1996)	Director, Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program, Phoenix, AZ; Clinical Professor of Pediatrics, University of Arizona
Michael Marks, MB BS, MD (1996)	Pediatrician, Department of General Medicine, Royal Children's Hospital, Australia; Senior Lecturer, University of Melbourne
Kim Wilson, MD, MPH (1996)	Director of Pediatrics, Martha Eliot Health Center, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Nichara Ruangdaraganon, MD (1996)	Staff Physician, Division of Developmental-Behavioral Pediatrics, Ramathibodi Hospital; Associate Professor, Mahidol University, Bangkok, Thailand
Philippe Compagnon, MD (1996)	Staff Physician, General Pediatrics, Epernay Hospital, France
Kenneth Mandl, MD, MPH (1996)	Faculty, Division of Emergency Medicine, Children's Hospital Boston; Assistant Professor of Pediatrics, Harvard Medical School
Ludwig Von Hahn, MD (1997)	developmental-behavioral Pediatrician, Crotched Mountain Rehabilitation Center, Greenfield, NH; Instructor in Psychiatry, Harvard Medical School
Robert Garofalo, MD, MPH (1997)	Director of Adolescent HIV Program, Children's Memorial Hospital, Chicago, IL; Director of Youth Services, Howard Brown Health Center, Chicago, IL; Assistant Professor of Pediatrics and Preventive Medicine, Northwestern University Feinberg School of Medicine
Robert Kahn, MD, MPH (1997)	Attending Physician, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; Assistant Professor of Pediatrics, University of Cincinnati College of Medicine
John Rodman, MD, MPH (1997)	Private Practice, First Physicians Group, Sarasota Memorial Hospital, Sarasota, FL
Richard Pan, MD, MPH (1998)	Attending Physician, UC Davis Medical Center, Sacramento, CA; Assistant Professor of Clinical Pediatrics, University of California
Ronald Becker, MD (1998)	Staff Pediatrician, Developmental Medicine Center, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Frida Wosk, MD (1998)	Medical Director, Roxbury Comprehensive Community Health Center, Boston, MA
Lisa Albers, MD, MPH (1998)	Staff Pediatrician, Developmental Medicine Center, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Joanne Wolfe, MD, MPH (1998)	Attending Physician, Dana Farber Cancer Institute and Children's Hospital Boston, Boston, MA; Assistant Professor of Pediatrics, Harvard Medical School
Vibha Krishnamurthy, MD (1998)	Director, Ummeed Child Development Center, Mumbai, India; Consultant, Developmental Pediatrician, Jaslok Hospital, India
M. Ranee Leder, MD (1988)	Attending Pediatrician, Section on Developmental-Behavioral Pediatrics, Center for Child and Family Advocacy, Columbus, OH; Assistant Professor of Clinical Pediatrics, The Ohio State University
Dilek Bishku, MD, MPH (1998)	Staff Physician, LaRabida Children's Hospital, Chicago, IL; Assistant Professor of Pediatrics, University of Chicago
Christine Freemer, MD (1998)	Staff Physician, Framingham Pediatrics, Framingham, MA
Sandip Godambe, MD, PhD (1998)	Associate Medical Director, LeBonheur Children's Emergency Department, Memphis, TN; Assistant Professor, University of Tennessee
Tisa Johnson, MD (1999)	Staff Physician, Henry Ford Hospital, Detroit MI
Stephen Porter, MD, MPH (1999)	Staff Physician, Department of Emergency Medicine, Children's Hospital Boston; Assistant Professor of Pediatrics, Harvard Medical School
Samuel Zinner, MD (1999)	Attending Physician, Autism Center, Child Development Clinic, University of Washington Medical Center, Seattle, WA; Attending Physician, Birth Defects Clinic, Children's Hospital & Regional Medical Center, Seattle, WA; Assistant Professor of Pediatrics, University of Washington School of Medicine
Sharon Levy, MD, MPH (1999)	Assistant in Medicine, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Gregory Blaschke, MD, MPH (1999)	Program Director, Pediatric Residency Program; Faculty Development Coordinator, General Pediatrics Division, Naval Medical Center, San Diego; Clinical Asst Professor of Pediatrics, Uniformed Service University of the Health Sciences, Bethesda MD; Assistant Clinical Professor of Pediatrics, University of California San Diego

Victoria Fierro-Cobas, MD (2000)	Private Practice, Happy Kids Pediatrics, Miami, FL
Nathaniel Beers, MD, MPA (2000)	Continuity Clinic Director, Children's Health Center, Children's National Medical Center, Washington, DC; Assistant Professor of Pediatrics, George Washington University
Stephen Joffe, MD, MPH (2000)	Attending Physician, Dana Farber Cancer Institute; Attending Physician, Children's Hospital Boston; Assistant Professor of Pediatrics, Harvard Medical School
Sharon Brodie-Wright, MD, MPH (2000)	Staff Physician, Beth Israel Deaconess Medical Center, Boston, MA; Assistant Professor of Medicine, Harvard Medical School
Rainu Kaushal, MD, MPH (2000)	Associate Physician, Brigham and Women's Hospital, Boston, MA; Instructor in Pediatrics, Harvard Medical School
Christopher Landrigan, MD, MPH (2000)	Research and Fellowship Director, Children's Hospital Boston Inpatient Pediatrics Service; Director, Sleep and Patient Safety Program, Brigham and Women's Hospital; Assistant Professor of Pediatrics, Harvard Medical School
Rajendu Srivastava, MD, MPH (2000)	Staff Physician, Primary Children's Medical Center, Salt Lake City, UT; Assistant Professor, University of Utah
James Glauber, MD (2000	Medical Director, Neighborhood Health Plan, Boston, MA; Clinical Instructor, Department of Ambulatory Care and Prevention, Harvard Medical School
Emily Davidson, MD, MPH (2000)	Assistant in Medicine, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Ron Keren, MD, MPH (2001)	Attending Physician, The Children's Hospital of Philadelphia; Assistant Professor, University of Pennsylvania
Alison Schonwald, MD (2001)	Staff Pediatrician, Developmental Medicine Center, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Emily Roth, MD (2001)	Staff Pediatrician, Martha Eliot Health Center, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Eugenia Chan, MD, MPH (2001)	Assistant in Medicine, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Lawrence Quang, MD (2001)	Staff Physician, University Hospitals of Cleveland
Celeste Wilson, MD (2001)	Assistant in Medicine, Children's Hospital Boston; Instructor in Pediatrics, Harvard Medical School
Grace Lee, MD, MPH (2002)	Staff, Division of Infectious Diseases, Department of Medicine, Children's Hospital Boston; Instructor in Ambulatory Care and Prevention, Harvard Medical School and Harvard Pilgrim Health Care; Instructor in Pediatrics, Harvard Medical School
Jennifer Friedman, MD, MPH (2002)	Assistant Professor of Pediatrics (Research), Brown University, Rhode Island
Cheryl Tierney, MD, MPH (2002)	Staff Physician, High Street Health Center Pediatrics; Assistant Professor, Tufts University, Boston, MA
Peter Smith, MD, MA (2002)	Medical Director, Illinois Center for Rehabilitation and Education, Chicago, IL; Program Director, Fellowship in Developmental and Behavioral Pediatrics, University of Chicago, Department of Pediatrics; Assistant Professor of Pediatrics, University of Chicago, Chicago, IL
Meera Sukumaran, MD (2002)	Staff Physician, Perkins School for the Blind; Instructor in Pediatrics, Harvard Medical School
Leonardo Trasande, MD, MPP (2003)	Assistant Director, Center for Children's Health and the Environment, Assistant in Pediatrics and Community and Preventive Medicine, Mount Sinai School of Medicine; Staff Physician in General Pediatrics, Children's Hospital Boston; Instructor in Pediatrics, Instructor in Community and Preventive Medicine, Mount Sinai School of Medicine; Lecturer in Pediatrics, Harvard Medical School
Marc Rosenthal, MD (2003)	Staff Physician, Harvard Vanguard Medical Associates, Burlington, MA
Siv Fasci, MD (2003)	Staff Physician, Trinity Children's Clinic, Tyler, TX
Roula Choueiri, MD (2003)	Pediatric Resident, Massachusetts General Hospital, Boston, MA; Clinical Fellow, Harvard Medical School
Jehanna Peerzada, MD, MPH (2003)	Bioethics Fellow, National Institutes of Health, Bethesda, MD

Elsie Taveras, MD, MPH (2003)	Assistant in Medicine, Children's Hospital Boston; Instructor in Pediatrics, Department of Ambulatory Care and Prevention, Harvard Medical School
Nina Sand, MD (2003)	Active Clinical Staff, Akron Children's Hospital; Akron, OH
Wendy Ross, MD (2003)	Staff Physician, Department of Neurology, Children's Hospital Boston; Instructor in Neurology, Harvard Medical School
Ruchi Gupta, MD, MPH (2004)	Staff Physician, Children's Memorial Hospital, Chicago, IL
Katerina Theodoropoulos, MD, MPH (2004)	Staff Academic Pediatrician, Hopital Ste-Justine; Assistant Professor, Universite de Montreal
Kimberly Tresch, MD, MPH (2004)	Staff Physician, Harvard Vanguard Medical Associates, Chelmsford, MA
Jeryl Kershner, MD (2004)	Fellow, Department of Psychiatry, Children's Hospital Boston; Clinical Fellow in Psychiatry, Harvard Medical School
Suzette Oyeku, MD, MPH (Currrent Fellow)	Health Services Research Fellow; Instructor in Pediatrics, Harvard Medical School
April Harper, MD (Current Fellow)	Pediatric Environmental Health Fellow; Clinical Fellow, Harvard Medical School
Gehan Roberts, MD (Current Fellow)	Developmental-Behavioral Pediatrics Fellow; Clinical Fellow, Harvard Medical School
Adiaha Spinks, MD (Current Fellow)	Developmental-Behavioral Pediatrics Fellow; Clinical Fellow, Harvard Medical School
Philomena Asante, MD, MPH (Current Fellow)	General Pediatrics/Primary Care Research Fellow; Clinical Fellow, Harvard Medical School
Ramzi Nasir, MD (Current Fellow)	Developmental-Behavioral Pediatrics Fellow; Clinical Fellow, Harvard Medical School
Neal Rojas, MD (Current Fellow)	Developmental-Behavioral Pediatrics Fellow; Clinical Fellow, Harvard Medical School
Laura Weissman, MD (Current Fellow)	Developmental-Behavioral Pediatrics Fellow; Clinical Fellow, Harvard Medical School
Pixie Plummer, MD (Current Fellow)	Neurodevelopmental Disabilities Fellow; Clinical Fellow, Harvard Medical School
Javed Hussain, MD (Current Fellow)	Pediatric Environmental Health Fellow; Clinical Fellow, Harvard Medical School
Jay Berry, MD (Current Fellow)	Health Services Research Fellow; Clinical Fellow, Harvard Medical School
Mark Sapp, MD (Current Fellow)	General Pediatrics/Advocacy Fellow; Instructor in Pediatrics, Harvard Medical School
Patricia Schram, MD (Current Fellow)	Developmental-Behavioral Pediatrics Fellow; Clinical Fellow, Harvard Medical School
Srilakshmi Gnanasekaran, MD (Current Fellow)	Health Services Research Fellow; Research Fellow in Ambulatory Care and Prevention, Harvard Medial School

Selected Bibliography of Faculty & Fellows 1994 –2005

1. **Abrutyn E, Sheckler W, Goldmann DA.** Infection control reference service. 2nd. ed. Philadelphia: W.B. Saunders; 2001.
2. **Adams R, Fuhlbrigge, A., Finkelstein, J., Lozano, P., Livingston, J., Weiss, K.** Use of inhaled anti-inflammatory medication in children with asthma in managed care settings. Archives of Pediatrics & Adolescent Medicine 2001; 155:501-7.
3. **Adams RJ, Fuhlbrigge A, Finkelstein J, et al.** Impact of inhaled controller therapy on hospitalization and emergency room visits for children with asthma. J Pediatrics 2001; 107:706-11.
4. **Adams RJ, Fuhlbrigge AL, Finkelstein JA, Weiss ST.** Intranasal steroids and the risk of emergency department visits for asthma. Journal of Allergy & Clinical Immunology 2002; 109(4):636-42.
5. **Akiyama T, Kawasaki C, Goto Y, Tsurusaki T, Ogi S, Nakamura M, Kawaguchi Y, Nugent JK, Brazelton, T.** The relationship between neonatal behavior and seven year outcome. In: Nugent JK, Lester BM, Brazelton TB, eds. The cultural context of infancy. Norwood, NJ: Abex; (in press).
6. **Albers L, Knight JK.** School readiness: Jesse and the school quandary: ready, set, go? Bright Futures case studies for primary care clinicians: child developmental behavior. Boston: Bright Futures Center for Education in Child Growth and Development, Behavior, and Adolescent Health; 2001.
7. **Albers LH.** Attention deficit disorder: a framework for understanding the diagnosis. PNPIC Newsletter 2000.
8. **Albers LH.** Child abuse and neglect: what does it do to the brain? PNPIC Newsletter 2001.
9. **Albers LH.** Prenatal alcohol exposure: implications for children & families. Fostering Families Today 2001;1.
10. **Albers LH.** International adoption for the primary care provider. Pediatrics (in press).
11. **Albers LH, Johnson DE, Hostetter MK, Iverson S, Miller LC.** Health of children adopted from the former Soviet Union and Eastern Europe. Comparison with preadoptive medical records. JAMA 1997; 278(11):922-4.
12. **Albers LH, Sadeghi-Nejad A.** Case report: gigantism of presently unknown etiology. Pediatric Res 1995; 38.
13. **Albers LMH.** Issues of women in residency and early careers. Pediatric Annals 1999; 28(3):171-173.
14. **Andrade S, Gurwitz, J., Davis, R., Chan, K., Finkelstein, J., Fortman, K., McPhillips, H., Raebel, M., Roblin, D., Smith, D., Ulcickas Yood, M., Morse, A., Platt, R.** Prescription drug use in pregnancy. American Journal of Obstetrics and Gynecology 2004; 191(2):398-407.
15. **Annunziato PW, Rothstein EP, Bernstein HH, Blatter MM, Reisinger KS, Pichichero ME.** Comparison of a three-component cellular pertussis vaccine with a whole-cell pertussis vaccine in 4- through 6-year-old children. Elmwood Ped.iatric Associates, Pennridge Pediatric Associates. Archives of Pediatrics & Adolescent Medicine 1994; 148(5):503-7.
16. **Arnold S, Bernstein HH.** Newborn discharge: a time to be thoughtful. Contemporary Pediatrics 2000 ;17(10):47-69.
17. **Avery ME, First L. Hematology. In: Avery ME, First L, eds.** Pediatric Medicine. Baltimore: Williams and Wilkins; 1994.
18. **Avery ME, First LR. Well childcare. In: Avery ME, First LR, eds.** Pediatric Medicine. Baltimore: Williams and Wilkins; 1994:1-28.
19. **Avila-Figueroa C, Goldmann DA, Richardson DK, Gray JE, Ferrari A, Freeman J.** Intravenous lipid emulsions are the major determinant of coagulase-negative staphylococcal bacteremia in very low birth weight newborns. Pediatric Infectious Disease Journal 1998; 17(1):10-7.
20. **Babl FE, Kharsch S, Woolf A.** Airway edema following household bleach ingestion. American Journal of Emergency Medicine 1998; 16(5):514-6.
21. **Bandini LG, Puelzl-Quinn H, Morelli JA, Fukagawa NK.** Estimation of energy requirements in persons with severe central nervous system impairment. Journal of Pediatrics 1995; 126(5 Pt 1):828-32.
22. **Barnes L, Risko, W., Nethersole, S., Maypole, J.** Integrating complementary and alternative medicine into pediatric training. Pediatric Annals 2004; 3(4):256-63.
23. **Barr RG, Rappaport L.** Infant colic and childhood recurrent abdominal pain syndromes: is there a relationship? [letter; comment]. Journal of Developmental & Behavioral Pediatrics 1999;20(5):315-7.
24. **Bartels P.** Ear, nose and throat emergencies. In: Kelley S, ed. Pediatric emergency nursing. Norwalk: Appleton and Lange; 1994:379-99.
25. **Bartlett J, Wypij, D., Bellinger, D.C.** Effect of prenatal diagnosis on outcomes in D-transposition of the great arteries. Journal of Thoracic & Cardiovascular Surgery 2004:1765-74. Ethanol-related visits by adolescents to a pediatric emergency department. Pediatric Emergency Care 1995;11(2):89-92.

27. **Baum CR, Shannon MW, Woolf A.** Breath and blood ethanol following use of a cough-cold preparation. Journal of Toxicology - Clinical Toxicology 1997;35(6):643-4.
28. **Becker M, Palfrey JS, Wise P.** Healthy Connections. Evaluation of a program to improve the transition from birth hospital to primary care. Amb Child Health 1998;4:189-97.
29. **Beeghly M.** Emergence of symbolic play: perspectives from typical and atypical development. In: Burack J, Hodapp R, Zigler E, eds. Handbook of mental retardation and development. New York: Cambridge University Press; 1998:240-89.
30. **Beeghly M, Olson, K., Weinberg, M., Pierre, S., Downey, N., Tronick, E.** Prevalence, stability, and sociodemographic correlates of depressive symptoms in black mothers during the first 18 months postpartum. Maternal Child Health Journal 2003:157-72.
31. **Beeghly M, Frank, D., Rose-Jacobs, R., Cabral, H., Tronick, E.** Level of prenatal cocaine exposure and infant-caregiver attachment behavior. Neurotoxicology and Teratology 2003;25(1):23-38.
32. **Beeghly M, Martin, B., Rose-Jacobs, R., Cabral, H., Heeren, T., Augustyn M, Bellinger, D., Frank, D.** Prenatal cocaine exposure and language outcomes at 6 and 9.5 years: Moderating effect of age, birth weight, and gender. Journal of Pediatric Psychology (in press).
33. **Beeghly M, Brazelton TB, Flannery KA, Nugent JK, Barrett DE, Tronick EZ.** Specificity of preventative pediatric intervention effects in early infancy. Journal of Developmental & Behavioral Pediatrics 1995;16(3):158-66.
34. **Beeghly M, Weinberg M, Olson K, Kernan H, Riley J, Tronick E.** Stability and change in level of maternal depressive symptomatology during the first postpartum year. Journal of Affective Disorders 2002;71(1-3).
35. **Beers N, Kemeny A, Sherritt L, Palfrey J.** Variations in state-level definitions: children with special health care needs. Public Health Reports 2003;118(5):434-47.
36. **Belfer M, Munir K.** Acquired immunodeficiency syndrome. In: Weiner J, ed. Textbook of child and adolescent psychiatry. 2nd ed. Washington, DC: American Psychiatric Association; 1997.
37. **Belko J, Goldmann DA, Macone A, Zaidi AK.** Clinically significant infections with organisms of the Streptococcus milleri group. Pediatric Infectious Disease Journal 2002;21(8):715-23.
38. **Bell L, Sylvestre A, St.-Cyr Tribble D, Goulet C, Tronick E.** Modele d'evaluation et d'intervention sur la relation parents-enfant. Deuxieme partie: Principes d'evaluation et d'intervention. Perspective infirmiere 2003;1(6):32-6.
39. **Bellinger D, Rappaport, L.** Developmental testing in outcome studies. Newton: Butterworth-Henneman; 1995.
40. **Bellinger D.** What are the unique susceptibilities of children to environmental pollutants? Health and Environmental Digest 1998;12:9-11.
41. **Bellinger D.** Recognition of the unique susceptibilities of children to environmental pollutants: recent progress in the United. States. Ped.iatria Polska 1999;11(suppl):29-34.
42. **Bellinger D.** Assessing neurobehavioral effects of environmental toxicants on children: option and issues. In: Park RT, ed. Assessment of health effects of pesticide exposure in young children. NC: Environmental Protection Agency; 2000:5-16.
43. **Bellinger D.** Neurodevelopmental status at eight years in children with dextro-transposition of the great arteries. Journal of Thoracic & Cardiovascular Surgery 2003:1385-96.
44. **Bellinger D, Adams H.** Environmental pollutants and children's cognitive abilities. In: Sternberg R, Grigorenko E, eds. Environmental effects on intellectual functioning; 2000.
45. **Bellinger D, Rappaport L.** Cognitive and psychomotor developmental assessment. In: Jonas RA, Newburger JW, Volpe JT, eds. Brain injury and pediatric cardiac surgery. Newton, MA: Butterworth-Hennman; 1996.
46. **Bellinger D, Rappaport L.** Development assessment and interventions. In: Managing Elevated Lead Levels Among Young Children, Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention. Center for Disease Control 2002.
47. **Bellinger D, Rappaport L, Weiler M, Beers N.** Epidemiologic perspectives on neuropsychological disorders in children. In: Rapin I, Segalowitz S, eds. Handbook of Neuropsychology; 2000.
48. **Bellinger DC.** Visual-spatial skills in children after open heart surgery. Developmental and Behavioral News 2003:24(3):169-79.
49. **Bellinger DC, Jonas RA, Rappaport LA, et al.** Developmental and neurologic status of children after heart surgery with hypothermic circulatory arrest or low-flow cardiopulmonary bypass. New England Journal of Medicine 1995;332(9):549-55.
50. **Bellinger DC, Rappaport LA, Wypij D, Wernovsky G, Newburger JW.** Patterns of developmental dysfunction after surgery during infancy to correct transposition of the great arteries. Journal of Developmental & Behavioral Pediatrics 1997;18(2):75-83.
51. **Bellinger DC, Wypij D, du Plessis AJ, et al.** Developmental and neurologic effects of alpha-stat versus pH-stat strategies for deep hypothermic cardiopulmonary bypass in infants. Journal of Thoracic & Cardiovascular Surgery 2001;121(2):374-83.
52. **Bellinger DC, Wypij D, Kuban KC, et al.** Developmental and neurological status of children at 4 years of age after heart surgery with hypothermic circulatory arrest or low-flow cardiopulmonary bypass. Circulation 1999;100(5):526-32.
53. **Benjamin JT, Bernstein HH, Cimino SA, Hafler JP.** The office visit: a time to promote health - but how? Contemp Pediatr 2002;19:90-107.

54. **Bergman DA, Homer CJ.** Managed care and the quality of children's health services. Children and managed health care. The Future of Children 1998;8:60-75.

55. **Bernstein H.** Health of infants and children. In: Komaroff T, ed. Harvard Medical School family health guide. New York: Simon and Schuster; 1999:945-1020.

56. **Bernstein H.** Immunizations: The Best Medicine. Newsweek 2003:57.

57. **Bernstein H, ed.** Harvard Medical School Family Health Guide. New York: Free Press; 2003.

58. **Bernstein HH,** Editor-in Chief. Pediatrics in Practice: A Health Promotion Curriculum for Child Health Professionals. New York: Springer Publishing Company, Inc. 2005 (in press).

59. **Bernstein HH.** Technical reviewer. Fisher MC. ed. AAP Guide to Immunizations and Infectious Diseases. Elk Grove Village, IL: American Academy of Pediatrics, 2005 (in press).

60. **Bernstein H, Conners K, Stoltz R.** A Review of the Literature: Strategies for Addressing Barriers to Child Health Promotion Services by Pediatric Providers. American Academy of Pediatrics' Bright Futures Pediatric Implementation Project 2003(September):1-36.

61. **Bernstein H, Rieber S, Stoltz R, Shapiro D, Conners K.** Assessing the Learning Needs of Maternal and Child Health Professionals to Teach Health Promotion. Maternal Child Health Journal 2004;8(2):87-93.

62. **Bernstein H, Spino C, Baker A, Slora E, Touloukian C, McCormick M.** Postpartum Discharge: Do Varying Perceptions of Readiness Impact Health Outcomes? Ambul Pediatr 2002;2.

63. **Bernstein HH, Rothstein EP, Pichichero ME, et al.** Reactogenicity and immunogenicity of a three-component acellular pertussis vaccine administered as the primary series to 2, 4 and 6 month old infants in the United. States. Vaccine 1995;13(17):1631-5.

64. **Bernstein HH, Rothstein EP, Reisinger KS, et al.** Comparison of a three-component acellular pertussis vaccine with a whole-cell pertussis vaccine in 15- through 20-month-old infants. Pediatrics 1994;93(4):656-9.

65. **Bierle T, Lowry A, Porter S.** School community collaboration. In: Bradley B, ed. Nursing assessment of school age youth: a series of self-study modules: Nat Assoc School Nurses; 1999.

66. **Bierle T, Porter S.** Planning for students assisted by medical technology; didactic and clinical training for school nurses. Boston: Children's Hospital; 1996.

67. **Binstadt B, Bernstein H.** Neonatal jaundice, animal-induced injuries, and immunizations. Current Opinion in Pediatrics 2002;14:498-507.

68. **Bithoney W.** Serving the underserved: supplement on pediatrics education in community settings. McLean, VA: Ambulatory Pediatric Association; 1995.

69. **Bithoney WG, Samuels RC, Rivo ML.** Medical school clerkship opportunities in general pediatrics. Amb Child Health 1996;1:340-6.

70. **Bithoney WG, Wright JA, Ashburg CA, et al.** Pediatric nutritional challenge: from undernutrition to overnutrition. Report of the 28th Ross round table on critical approaches to common pediatric problems. Columbus, OH: Abbott Labs; 1997.

71. **Blanchard Y, Suess PE, Beeghly M.** Effects of prenatal drug exposure on neurobehavioral functioning in young infants. Physical & Occupational Therapy in Pediatrics 1998;18(3/4):19-37.

72. **Blaschke G, Palfrey J, Lynch J.** Advocating for children during uncertain times. J Pediatrics 2003;32(4):271-4.

73. **Borer J, Kaefer M, Barnwolt C, Elias E, Hobbs N, Retik A, Peters C.** Renal Findings on Radiological Follow-up of Patients with Beckwith-Wiedemann Syndrome. Journal of Urology 1999;161:235.

74. **Bouras N, Szymanski L.** Services for people with mental retardation and psychiatric disorders: US-UK comparative overview. International Journal of Social Psychiatry 1997;43(1):64-71.

75. **Boyer EW, Kearney S, Shannon M, Quang L, Woolf A, Kemper K.** Poisoning from a dietary supplement administered during hospitalization. Pediatrics 2002;109(3).

76. **Boyer EW, Mejia M, Woolf A, Shannon M.** Severe ethylene glycol ingestion treated without hemodialysis. Pediatrics 2001;107(1):172-3.

77. **Boyer EW, Quang L, Woolf A, Shannon M.** Use of physostigmine in the management of gamma-hydroxybutyrate overdose. Annals of Emergency Medicine 2001;38(3):346; discussion 7-8.

78. **Boyer EW, Quang L, Woolf A, Shannon M, Magnani B.** Dextromethorphan and ecstasy pills. JAMA 2001;285(4):409-10.

79. **Brandt K, Brazelton T, Keller L, Longoria T, Murphy J, Petman S.** Touchpoints in Prenatal Home Visiting: The Impact on Health and Wellness Indicators for Mother and Baby at Six Months Postpartum. 2000.

80. **Bravender T, Goodman E, Knight J, et al.** Case-based teaching in adolescent medicine. Journal of Adolescent Health 2000;26(4):241-2.

81. **Brazelton T.** Touchpoints: Opportunities for preventing problems in the parent-child relationship. Acta Pediatrica Supplement 1994;394:35-40.

82. **Brazelton T.** Touchpoints for anticipatory guidance in the first three years. In: Parker S, Zuckerman B, eds. Behavioral and Developmental Pediatrics. Boston: Little-Brown; 1994:10-5.

83. **Brazelton T.** Fetal observations: could they relate to another modality, such as touch? In: Field T, ed. Touch in early development. Los Angeles: Lawrence Erlbaum; 1995:11-8s.

84. **Brazelton T.** Heart start: the emotional foundation of school readiness. Zero to Three 1995;vol. 15.

85. **Brazelton T.** Readiness begins at birth. Principal 1995;74:6-9.

86. **Brazelton T.** Working with families: Opportunities for early intervention. Family Focused. Pediatrics 1995;42.

87. **Brazelton T.** A window on the newborn's world: more than two decades of experience with the neonatal assessment scale. New visions for the developmental assessment of infants and young children. Zero to Three 1996;vol. 16.

88. **Brazelton T.** How to Help Parents of Young Children: The Touchpoints Model. Clinical Child Psychology and Psychiatry 1998; 3(3):481-3.

89. **Brazelton T.** Behavioral competence of the newborn infant. In: Avery G, Fletcher M, MacDonald M, eds. Neonatology: pathophysiology and management of the newborn infant. Philadelphia: Lippincott, Williams and Wilkins; 1999:321-32.

90. **Brazelton T.** Touchpoints as a preventive model in the light of stress and family. In: Pedro J, ed. Stress and violence in childhood and youth. Lisbon, Portugal: Clinics of Pediatrics, University of Lisbon; 1999.

91. **Brazelton T.** How to Help Parents of Young Children: The Touchpoints Model. Journal of Perinatology Supplement 1999;19:6-8.

92. **Brazelton T.** Helping Children Deal with Catastrophes. Interdisciplinary Council on Developmental and Learning Disorders 2002; 2:5-7.

93. **Brazelton T, Bithoney W. Foreword.** In: Kessler D, Dawson P, eds. Failure to thrive - a transdisciplinary approach. Baltimore: Paul Brookes; 1998:XIII - XIV.

94. **Brazelton T, Nugent JK.** Neonatal behavioral assessment scale. London: MacKeith Press; 1995.

95. **Brazelton T, O'Brien M, Brandt K.** Combining relationships and development: Applying Touchpoints to individual and community practices. Infants and Young Children 1997; 10:74-84.

96. **Brazelton T, Snyder DM, Yogman M.** A developmental approach to behavior problems. In: Hoekelman R, Blatman S, Brunnel P, Friedman S, Seidel H, eds. Principles of Pediatrics: Health Care of the Young. Revised ed. New York: McGraw-Hill; 1994.

97. **Brazelton T, Sparrow J.** Comment aider les parents de jeunes enfants: l'approche de point forts. Spirale 2000; 14:143-9.

98. **Brazelton T, Sparrow JD.** Touchpoints of Anticipatory Guidance in the First Three Years. In: Parker S, Zuckerman B, Augustyn M. Ed. Developmental and Behavioral Pediatrics, A Handbook for Primary Care. Philadelphia: Lippincott, Williams & Wilkins. 2005; 17-20.

99. **Brazelton T, Turner C.** Child-centeredness: A personal viewpoint. Journal of Child-Centered. Practise/Irish Society for Prevention of Cruelty to Children 1995:125-32.

100. **Brazelton TB, Christophersen ER, Frauman AC, et al.** Instruction, timeliness, and medical influences affecting toilet training. Pediatrics 1999; 103(6 Pt 2):1353-8.

101. **Brazelton TB, Nugent JK.** La Scale di valuatione del comportamento del neonato. Milan: Masson; 1997.

102. **Brazelton TB, Nugent JK.** Escala para la evaluacion del comportamiento neonatal. Barcelona: Paidos; 1997.

103. **Brazelton TB, Nugent JK.** L'Echelle d'evaluation du comportament neonatal. Paris: Edicions Medicine & Hygiene; 2001.

104. **Brazelton TB, O'Brien M, Hornstein J.** Touchpoints for anticipatory guidance in the first three years. In: Parker S, Zuckerman BS, Ed.s. Behavioral and developmental pediatrics: a handbook for primary care. 2nd ed. Boston: Little Brown; 1998.

105. **Brett J, Kiernan W.** Time to prepare for the work force of the future. Boston Business Journal. 2003(October 20, 2003).

106. **Brett J, Kiernan W.** The Worker in N.E.'s Future. Boston Globe 2004 November 15, 2004.

107. **Bridgemohan C, Levy S, Veluz A, Knight J.** Teaching Pediatric Residents About Learning Disorders: Use of Standardized. Case Discussions vs. Multimedia Commuter Tutorial. Medical Education 2004.

108. **Bier JB, Prince A, Tremont M, Msall M.** Medical, Functional and Social Determinants of Quality of Life in Individuals with Meingomyelocele. Dev Med. and Child Neurology. (in press).

109. **Britton JR, Baker A, Spino C, Bernstein H.** Postpartum Discharge Preferences of Pediatricians: Results From a National Survey. Pediatrics 2002; 110:152-6.

110. **Brodie SB, Sands KE, Gray JE, Parker RA, Goldmann DA, Davis RB, Richardson DK.** Occurrence of nosocomial bloodstream infections in six neonatal intensive care units. Pediatric Infectious Disease Journal 2000; 19(1): 56-65.

111. **Brooks TL, Woods ER, Knight JR, Shrier LA.** Body modification and substance use in adolescents: is there a link? J Adol Health 2003(32): 44-9.

112. **Brown MJ, Shannon MW, Woolf A, Boyer EW.** Childhood methanol ingestion treated with fomepizole and hemodialysis. Pediatrics 2001; 108(4): E77.

113. **Brushweller-Stern N, Harrison AM, Lyons-Ruth K, Morgan AC, Nahum JP, Sander L, Stern D, Tronick EZ.** Reflections on the process of psychotherapeutic change as applied to medical situations. Interactions that effect change in psychotherapy: a model used on infant research. Infant Mental Health J (Special Issue) 1998;vol. 19(3).

114. **Bunyunavanich S, Landrigan C, McMichael A, Epstein P.** The Impact of Climate Change on Child Health. Ambul Pediatr 2003; 3:44-52.

115. **Butte AJ, Shaw JS, Bernstein H.** Strict interpretation of vaccination guidelines with computerized algorithms and improper timing of administered doses Pediatric Infectious Disease Journal 2001; 20(6): 561-5.

116. **Butterworth J.** Facilitating workplace supports. Boston: Institute for Community Inclusion, Children's Hospital; 1995.

117. **Butterworth J.** From programs to supports. In: Croser D, Baker P, Schalock R, eds. Embarking on a new century. Washington, DC: AAMR; 2000.

118. **Butterworth J, et al.** Natural supports in the workplace: defining an agenda for research and practice. Journal of the Association for Persons with Severe Handicaps 1996; 21(3): 103-13.

119. **Butterworth J, Faris S.** Creative planning and resource development in transition. Arc Massachusetts Advocate 1994.

120. **Butterworth J, Faris S.** Tools for inclusion: understanding SSI work incentives. Boston: Institute for Community Inclusion, Children's Hospital; 1995.

121. **Butterworth J, Fesko S.** Conversion to integrated employment: case studies of organizational change. Boston: Institute for Community Inclusion, Children's Hospital; 1998.

122. **Butterworth J, Fesko S.** The successes and struggles of closing a facility-based employment service. Research to practice. Boston: Institute for Community Inclusion, Children's Hospital; 1999.

123. **Butterworth J, Fesko S, Ma V.** Because it was the right thing to do: changeover from facility based services to community employment. J Voc Rehab 2000.

124. **Butterworth J, Foley, S. Kiernan WE, Ciulla J.** Promising Policies and Practices Reflecting Integrated and Coordinated. Approaches to Employment of People with Disabilities. American Rehabilitation. 2005 (in press).

125. **Butterworth J, Gilmore D.** Good news and bad news: trends in integrated employment. AAMR News & Notes 1999; 12(3):14-6.

126. **Butterworth J, Gilmore D.** The role of the state/federal VR system. AAMR News & Notes 1999; 12(3):6-7.

127. **Butterworth J, Gilmore D.** Are we there yet? Trends in employment opportunities and supports. TASH Newsletter 2000; 26(6/7):5-7.

128. **Butterworth J, Gilmore D,** Kiernan W. Trends and issues in sheltered employment services. Briefing paper submitted to NIDRR for the GAO study of sheltered workshops. Boston: Institute for Community Inclusion, Children's Hospital; 2000.

129. **Butterworth J, Gilmore D, Kiernan W, Schalock R.** State trends in employment services for people with developmental disabilities: multi-year comparisons based on state MR/DD agency and vocational rehabilitation (RSA) data. Boston: Institute for Community Inclusion, Children's Hospital; 1999.

130. **Butterworth J, Gilmore D, Schalock R.** Employment outcomes in the vocational rehabilitation system: rate of closure into competitive employment. Boston: Institute for Community Inclusion, Children's Hospital; 1998.

131. **Butterworth J, Gilmore DS, Kiernan WE, Schalock R.** State Trends in Employment Services for People with Developmental Disabilities: Multiyear Comparisons Based on State MR/DD Agency and Vocational Rehabilitation (RSA) Data. Descriptive.

132. **Butterworth J, Gold M, Hagner D, Marrone J, Van Gelder M.** Employment Specialist Training Manual. Boston: Institute for Community Inclusion, Children's Hospital; 1995.

133. **Butterworth J, Hagner D, Helm DT, Whelley TA.** Workplace culture, social interactions, and supports for transition-age young adults. Mental Retardation 2000; 38(4):342-53.

134. **Butterworth J, Hagner D, Kiernan WE, Schalock RL.** Natural supports in the workplace: defining an agenda for research and practice. Journal of the Association for Persons with Severe Handicaps 1996; 21(3):103-13.

135. **Butterworth J, Kiernan WE.** Access to employment for all individuals: legislative, systems and service delivery issues. In: Lehr DL, Brown F, eds. People with disabilities who challenge the system. Baltimore: Paul H. Brookes Publishing Co.; 1995:243-82.

136. **Butterworth J, Pitt-Catsouphes M.** Workplace experiences with the employment of individuals with disabilities: recommendations for policy and practice, employment and return to work for people with disabilities. Washington, DC: Social Security Administration; 1996.

137. **Butterworth J, Pitt-Catsouphes M.** Employees with disabilities: what HR managers, supervisors, and co-workers have to say. Employment in Mainstream 1997; 22(1):5-13.

138. **Butterworth J, Steere D, Whitney-Thomas J.** Using person centered planning to address personal quality of life. In: Schalock R, ed. Quality of life: its application to persons with disabilities. Washington, DC: Amer Assoc Mental Retardation; 1997.

139. **Butterworth J, Jr., Strauch JD.** The relationship between social competence and success in the competitive work place for persons with mental retardation. Ed.ucation & Training in Mental Retardation 1994; 29(2):118-33.

140. **Butterworth J, Whitney-Thomas J, Shaw D.** The changing role of community based instruction: strategies for facilitating workplace supports. J Voc Rehab 1997; 8:9-20.

141. **Butterworth J, Whitney-Thomas J, Steere D.** Using person centered planning to address personal quality of life. In: Schalock R, ed. Quality of life: its application to persons with disabilities. Washington, DC: American Association on Mental Retardation; 1997:5-23.

142. **Camann W, Brazelton T.** Use and Abuse of Neonatal Testing. Anesthesiology 2000; 92(1):3-5.

143. **Carrillo JM, Kim M, Rappaport LA.** A guide for parents of children with attentional difficulties. Boston: Children's Hospital; 1996.

144. **Celedon J, Fuhlbrigge, A., Rifas-Shiman, S., Weiss, S., Finkelstein, J.** Antibiotic use in the first year of life and asthma in early childhood. Clinical and Experimental Allergy 2004:34(7): 1011-6.

145. **Chan E, Gardiner P, Kemper KJ.** "At least it's natural..." Herbs and dietary supplements in ADHD. Contemporary Pediatrics 2000; 17(9):116-30.

146. **Chan E.** The role of complementary and alternative medicine in attention-deficit hyperactivity disorder. J Dev Behav Pediatr. 2002; 23(1Suppl): 237-45.

147. **Chan E, Rappaport LA, Kemper KJ.** Complementary and alternative therapies in childhood attention and hyperactivity problems. J Dev Behav Pediatr 2003; 24(1):4-8.

148. **Chan E, Zhan C, Homer CJ.** Health care use and costs for children with attention-deficit/hyperactivity disorder: national estimates from the medical expenditure panel survey. Archives of Pediatrics & Adolescent Medicine 2002; 156(5):504-11.

149. **Chan E, Hopkins MR, Perrin J, Herrerias C, Homer CJ.** Diagnostic Practices for Attention Deficit Hyperactivity Disorder: a National Survey of Primary Care Physicians. Ambulatory Pediatrics (in press).

150. **Chen W, Lesperance L, Bernstein H.** Screening for Iron Deficiency. Pediatrics in Review 2002; 23:171-8.

151. **Chong CY, Goldmann DA, Huskins WC.** Prevention of occupationally acquired infections among heath-care workers. Pediatrics in Review 1998; 19(7):219-30; quiz 31.

152. **Choueiri RN, Fayad MN, Farah A, Mikati MA.** Classification of epilepsy syndromes and role of genetic factors. Pediatric Neurology 2001; 24(1):37-43.

153. **Cicchetti D, Beeghly M.** Children with Down Syndrome: A developmental perspective: Cambridge University Press; 2002.

154. **Cicchetti D, Beeghly M, Weiss-Perry B.** Symbolic development in children with Down syndrome and in children with autism: an organizational, developmental psychopathology perspective. In: Slade A, Wolf D, eds. Children at play: clinical and developmental approaches to meaning and representation. New York: Oxford University Press; 1994.

155. **Cohen G, Fleming NF, Glatter KA, Haghiri DB, Halberstadt J, McHugh KB, Woolf A.** Epidemiology of substance abuse. In: Friedman L, ed. Source book of substance abuse & addiction. Baltimore: Wilkins; 1996.

156. **Cole E, Barth RP, Crocker AC, Moss KG.** Time to decide: policy and practice challenges in serving infants and young children whose parents abused drugs and alcohol. Boston: Special Adoption Family Services, and the Family Builders Network; 1996.

157. **Connolly P, Kiernan W, Marrone J.** An analysis of the one stop career center system as it relates to persons with disabilities: to consolidate or not consolidate, that is the question. Boston: Institute for Community Inclusion, Children's Hospital; 1996.

158. **Connolly P, Marrone J, Kiernan W, Butterworth J.** Think tank on disability definitions and entry into the disability system: results and recommendations. Boston: Institute for Community Inclusion, Children's Hospital; 1996.

159. **Corzo D, Cox G, Hobbs N.** A New Phenotypic Variant of X-Linked. Adrenoleukodystophy. American Society of Human Genetics 1999.

160. **Cox J, Samuels, R., Melinkovich, P., Bithoney, W.** Serving the Underserved. Curriculum Use Survey. Ambulatory Child Health 1997:3:275-81.

161. **Cox J.** The Young Parents Program. Newsletter Ambulatory Pediatric Association 2000; 36:5-6.

162. **Cox J, Bevill L, Forsyth J, Missal S, Sherry M, Woods E.** Your Preferences and postnatal Services. Accepted for publication, Journal of Adol Pediatr Gynecol.

163. **Cox J, Coyne L, Bithoney W.** Teen Pregnancy: Decisions to be made: HRSA; 2001.

164. **Cox J, Emans S, Durant R, Woods ER.** Early parenthood for the sisters of adolescent mothers: A proposed conceptual model of decision-making. Adolescent Pediatric Gynecology 1995; 8:188-94.

165. **Cox JE, Bithoney WG.** Fathers of children born to adolescent mothers. Predictors of contact with their children at 2 years. Archives of Pediatrics & Adolescent Medicine 1995; 149(9):962-6.

166. **Crocker A.** Prevention of disability. In: Wallace H, Nelson R, Sweeney P, eds. Maternal and Child Health Practices. Oakland: Third Party Publishing; 1994:705-10.

167. **Crocker A.** Introduction. In: Dyke DV, Mattheis P, Eberly S, William J, eds. Medical & surgical care for children with Down syndrome; a guide for parents. Bethesda: Woodbine House; 1995:XXI - XXIX.

168. **Crocker A.** Mental retardation. In: Burg F, Ingelfinger J, Wald E, Polin R, eds. Current pediatric therapy. Philadelphia: W.B. Saunders Company; 1996:60-3.

169. **Crocker A.** The impact of disabling conditions. In: Wallace H, Biehl R, MacQueen J, Black J, eds. Mosby's resource guide to children with disabilities and chronic illness. St. Louis: Mosby; 1997:22-9.

170. **Crocker A.** Teamwork: Medicine. In: Orelove F, Garner H, eds. Teamwork: parents and professionals speak for themselves. Washington, DC: CWLA Press; 1998:55-72.

171. **Crocker A.** Introduction. In: Allard M, Howard A, Vorderer L, Wells A, eds. Ahead of His Time; Selected Speeches of Gunnar Dybwad. Washington: AAMR; 1999:IX-X.

172. **Crocker A.** Symposium on Happiness. Amer J Ment Retardation 2000; 105:319-86.

173. **Crocker A.** Expansion of the health-care delivery system. In: Rowitz L, ed. Mental Retardation in the Year 2000. New York: Springer-Verlag; 2000:163-83.

174. **Crocker A. Foreword. In: Davidson P, Prasher V, Janicki M, eds.** Mental Health, Intellectual Disabilities. Oxford: Blackwell Publishing Ltd; 2003:xiii-iv.

175. **Crocker AC.** Prevention of mental retardation. Current Opinion in Psychiatry 1994; 7:400-3.

176. **Crocker AC.** The best kind of health care. In: Programs, AAUAP, ed. Health promotion and disability prevention for people with disabilities: a companion to the Healthy People 2000. Silver Spring: AAUAP; 1995:20-9.

177. **Crocker AC.** Mental retardation. Prognosis in Neurology 1998:401-4.

178. **Crocker AC.** Exceptionality. Journal of Developmental & Behavioral Pediatrics 1998; 19(4):300-5.

179. **Crocker AC.** The medical model; a mostly historical discussion. In: Bersani HJ, ed. Responding to the challenge; essays in honor of Gunnar Dybwad. Cambridge, MA: Brookline Books; 1999:3-9.

180. **Crocker AC.** Community-based and managed health care. In: Wehmeyer ML, Patton JR, eds. Mental retardation in the 21st century. Austin, TX: Pro-Ed.; 1999:265-79.

181. **Crocker AC.** Introduction: The happiness in all our lives. American Journal on Mental Retardation 2000; 105(5):319-25.

182. **Crocker AC.** Mental retardation. In: Stockman JA, Lohr JA, eds. Essence of office pediatrics. Philadelphia: W.B. Saunders Co.; 2001:261.

183. **Crocker AC, Lavin AT, Palfrey JS, Porter SM, Shaw DM, Weill KS.** Supports for children with HIV infection in school: Best practices guidelines. Journal of School Health 1994; 64(1):32.

184. **Crocker AC, Porter SM.** Inclusion of young children with complex health care needs. In: Guralnick MJ, ed.. Early childhood inclusion: focus on change. Baltimore: Paul H. Brookes Publishing, Co.; 2001:399-412.

185. **Crocker AC, Ricker RE.** Pride and progress. Harvard Medical Alumni Bulletin 1998; 71:34-7.

186. **Cushman DG, Dumas HM, Haley SM, O'Brien JE, Kharasch VS.** Re-admissions to inpatient pediatric pulmonary rehabilitation. Pediatr Rehabil. 2002; 5(3):133-139

187. **Czeisler C, Lockley S, Landrigan C, et al.** Current Resident Work Hours: Too Many or Not Enough? (letter). JAMA 2002; 287:1802-3.

188. **Dart R.C, Goldfrank LR, Chyka PA, Lotzer D, Woolf AD, McNally J, Snodgrass WR, Olson KR, Scharman E, Geller RJ, Spyker D, Kraft M, Lipsy R.** Combined evidence-based literature analysis and consensus guidelines for stocking of emergency antidotes in the United States. Annals of Emergency Medicine 2000; 36(2):126-32.

189. **Davey M, Rappaport, L.** Encopresis in adolescents. In: Friedman S, Fisher M, Schonberg S, Ed.s. Adolescent Medicine. Philadelphia: Quality Medical Publishing; 1997.

190. **Davey M, Rappaport L.** Encopresis in adolescents. In: Friedman S, Fisher M, Schonberg S, Ed.s. Adolescent Medicine. St. Louis: Mosby; 1992:798-804.

191. **Davidson EJ, Frazer C.** When to watch, when to refer, when to reassure. In: Knight JR, Frazer C, Emans SJ, eds. Bright Futures case studies for primary care clinicians: child development and behavior. Boston: Bright Futures Center for Education in Child Growth, Development and Adolescent Health; 2001.

192. **Davidson EJ, Silva TJ, Sofis LA, Ganz ML, Palfrey JS.** The doctor's dilemma: challenges for the primary care physician caring for the child with special health care needs. Ambulatory Pediatrics 2002; 2(3):218-23.

193. **Davis CJ, Burke PJ, Braunstein JE.** Acute abdomen in infants of adolescent mothers: diagnostic challenges. Pediatric Emergency Care 2001; 17(6):478-81.

194. **DeMaso DR, Spratt EG, Vaughan BL, D'Angelo EJ, Van der Feen JR, Walsh E.** Psychological functioning in children and adolescents undergoing radiofrequency catheter ablation. Psychosomatics 2000; 41(2):134-9.

195. **Deutsch A, Wasserman D, Ruchelli E, Johnson J, Broussard DL.** An uncommon presentation of Salmonella. Pediatric Emergency Care 1996; 12(4):285-7.

196. **Donahue J, Fuhlbrigge A, Finkelstein J, et al.** Asthma pharmacotherapy utilization by children in three managed care organizations. Journal of Allergy & Clinical Immunology 2001; 106:1108-14.

197. **Dreher M, Nugent JK.** The effects of maternal marijuana use on developmental outcome in a Jamaican setting. In: Nugent JK, Lester B, Brazelton T, eds. The cultural context of infancy. Norwood, NJ: Ablex; 2000.

198. **Dreher MC, Nugent K, Hudgins R.** Prenatal marijuana exposure and neonatal outcomes in Jamaica: an ethnographic study. Pediatrics 1994; 93(2):254-60.

199. **Dumas H, Cushman D, O'Brien JE, Costello L.** Focus on the family. Rehab Management: the Interdisciplinary Journal of Rehabilitation 2001; 14(9):26-7.

200. **Dunbar-Masterson C, Wypij D, Bellinger DC, et al.** General health status of children with D-transposition of the great arteries after the arterial switch operation. Circulation 2001; 104(12 Suppl 1):I138-42.

201. **Durant RH, Knight J, Goodman E.** Factors associated with aggressive and delinquent behaviors among patients attending an adolescent medicine clinic. Journal of Adolescent Health 1997; 21(5):303-8.

202. **Dyer S, Woolf AD.** Phenothiazine use as sedatives to children: are the potential benefits to children and their caregivers outweighed by their risks? Drug Safety 1999.

203. **Elias ER, Hobbs N.** Spina bifida. Contemp Pediatr 1998; 4:156-71.

204. **Emans SJ, Bravender T, Knight J, et al.** Adolescent medicine training in pediatric residency programs: Are we doing a good job? Pediatrics 1998; 102(3):588-95.

205. **Emanuel E, Joffe S.** Ethical aspects of caring for patients with cancer. In: Bast RC, Gansler TS, Frei E, eds. Cancer medicine. Hamilton, Ontario: B.C.: Decker; 2000.

206. **Emma F, Tronick E.** Direct and indirect effects of obstetric anesthesia on infant functional development. In: Van Zundert A, Ostheimer G, eds. Pain relief and anesthesia in obstetrics. New York: Churchill Livingstone; 1996.

207. **Engelkemeyer SW, Muret-Wagstaff S.** Using the Malcolm Baldrige National Quality Award Criteria to Enable Knowledge Management and Create a Systemic Organizational Perspective. In: Wickramasinghe N, Gupta JND, Sharma SK, eds. Creating Knowledge-based Healthcare Organizations. Hershey, PA: Idea Group Inc; 2005: 150-163 (in press).

208. **Erol N, Simsek, Z., Oner, O., Munir, K.** Effects of internal displacement and resettlement on children: mental health problems reported by parents, teachers and youth. European Psychiatry 2004.

209. **Erol N, Simsek Z, Oner O. Munir K.** Behavioral and emotional problems among Turkish children at age 2-3 years. J Am Acad Child Adolesc Psychiatry 2005: 44:80-87.

210. **Farber H, Capra, A., Finkelstein, J., Lozano, P., Quesenberry, C., Jensvold, N., Chi, F., Lieu, T.** Misunderstanding of asthma controller medications: association with non-adherence. Journal of Asthma 2003:40:17-25.

211. **Farber H, Chi F, Capra A, Jensvold N, Finkelstein J, Lozano P, Quesenberry C, Lieu T.** Use of asthma medication dispensing patterns to predict risk of adverse health outcomes: a study of Medicaid-insured children in managed care programs. Annals of Allergy, Asthma and Immunology 2004:92:319-28.

212. **Fayad M, Choueiri R, Mikati M.** Fatality from hepatitis A in a child taking valproate. Journal of Child Neurology 2000; 15(2):135-6.

213. **Fayad M, Choueiri R, Mikati M.** Potential hepatotoxicity of lamotrigine. Ped.iatric Neurology 2000; 22(1):49-52.

214. **Fayad MN, Choueiri R, Mikati M.** Landau-Kleffner syndrome: consistent response to repeated intravenous gamma-globulin doses: a case report. Epilepsia 1997; 38(4):489-94.

215. **Feldkamp M, Jones KL, O'Brien JE, Rosenwasser SK, Pastuszak A, Schick B, Bar J.** Post-marketing surveillance for ACE inhibitors used. in the first trimester of pregnancy.

216. **Fesko S.** Accommodation and discrimination: workplace experiences of individuals who are HIV+ and individuals with cancer. Chestnut Hill, MA: Boston College; 1998.

217. **Fesko S.** Working it out: workplace experiences of individuals with HIV and individuals with cancer. Boston: Institute for Community Inclusion/UAP, Children's Hospital; 1999.

218. **Fesko S, Butterworth J.** Conversion to integrated employment: case studies of organizational change. Boston: Institute for community Inclusion/UAP, Children's Hospital; 1999.

219. **Fesko S, Graham S, Temelini D.** Youth with disabilities who are homeless and/or runaway: responding to the needs. Boston: Institute for Community Inclusion/UAP, Children's Hospital; 2000.

220. **Fesko S, Hoff D, Jordan M.** One-stop centers: a guide for job seekers with disabilities. Boston: Institute for Community Inclusion / UAP, Children's Hospital; 2000.

221. **Fesko SL, Temelini D, Graham A.** Unrealized potential: differing employment outcomes for individuals with mental retardation and other disability groups. Boston: Institute for Community Inclusion, Children's Hospital; 1997.

222. **Fesko SL, Temelini DJ.** Shared responsibility: job search practices from consumer staff perspectives. In: Mens F, Eggers J, Brooke V, eds. Vocational rehabilitation research: lessons for improving employment of people with disabilities. Menomonie, WI: Rehabilitation Research and Training Center at University of Wisconsin-Stout; 1997.

223. **Fesko SL, Temelini DJ.** What consumers and staff tell us about effective job search practices. In: Schalock R, Kiernan WE, eds. Integrated employment: today and tomorrow. Washington, DC: American Association on Mental Retardation; 1997.

224. **Fetters L, Chen Y, Jonsidottir J, Tronick E.** Kicking coordination captures differences between full-term and premature infants with white matter disorder. Human Movement Science 2004;22(6):729-48.

225. **Fetters L, Tronick EZ.** Neuromotor development of cocaine-exposed and control infants from birth through 15 months: poor and poorer performance. Pediatrics 1996;98(5):938-43.

226. **Fetters L, Tronick EZ.** Trajectories of motor development: polydrug exposed infants in the first fifteen months. Physical & Occupational Therapy in Pediatrics 1998;18(3/4):1-18.

227. **Fetters L, Tronick EZ.** Discriminate power of the Alberta Infant Motor Scale and the Movement Assessment of Infants for prediction of Peabody Gross Motor Scale scores of infants exposed in utero to cocaine. Pediatric Physical Therapy 2000;12(1):16-23.

228. **Fetters L, Tucker CA, Cheng-Chi T, Saltzman E, Tronick EZ.** Perception/action coupling of limb, head and rattle movements of infants exposed to cocaine. Infant Behavior and Development 2001;23:375-89.

229. **Fierro-Cobras V, Chan E.** Language development in bilingual children. Contemporary Pediatrics 2001;18(7):79-98.

230. **Finkelstein J.** Managed care for children: defining the challenge. The future of children. David and Lucile Packard Foundation 1999;8:138-40.

231. **Finkelstein J, Huang, S., Daniel, J., Rifas-Shiman, S.** Antibiotic-resistant S. pneumoniae in the PCV7 era: predictors of carriage in multi-community sample. Pediatrics 2003:862-9.

232. **Finkelstein J, Stille, C., Nordin, J., Davis, R., Raebel, M., Roblin, D., Go, A., Smith, D., Johnson, C., Kleinman, K., Chan, K., Platt, R.** Reduction in antibiotic use among US Children. Pediatrics 2003:112:620-267.

233. **Finkelstein J, Barton M, Donahue J, Algatt-Bergstrom P, Markson L, Platt R.** Comparing asthma care for Medicaid and non-Medicaid children in an HMO. Archives of Pediatrics & Adolescent Medicine 2000:154:563-8.

234. **Finkelstein J, Palfrey J.** Managed care and pediatric education. Pediatrics (suppl) 1998;101:735-812.

235. **Finkelstein JA.** Pediatric residency training in an era of managed care: an introduction to proceedings of a national conference. Pediatrics 1998;101(4 Pt 2):735-8.

236. **Finkelstein JA, Brown RW, Schneider LC, et al.** Quality of care for preschool children with asthma: the role of social factors and practice setting. Pediatrics 1995;95(3):389-94.

237. **Finkelstein JA, Burstin HR, O'Neil AC, et al.** Pediatric primary care follow-up after emergency department care. Amb Child Health 1996;2:129-37.

238. **Finkelstein JA, Christiansen CL, Platt R.** Fever in pediatric primary care: occurrence, management, and outcomes. Pediatrics 2000;105(1 Pt 3):260-6.

239. **Finkelstein JA, Davis RL, Dowell SF, et al.** Reducing antibiotic use in children: a randomized trial in 12 practices. Pediatrics 2001;108(1):1-7.

240. **Finkelstein JA, Fuhlbrigge A, Lozano P, et al.** Parent-reported environmental exposures and environmental control measures for children with asthma. Archives of Pediatrics & Adolescent Medicine 2002;156(3):258-64.

241. **Finkelstein JA, Lozano P, Farber HJ, Miroshnik I, Lieu TA.** Underuse of controller medications among Medicaid-insured children with asthma. Archives of Pediatrics & Adolescent Medicine 2002;156(6):562-7.

242. **Finkelstein JA, Lozano P, Shulruff R, et al.** Self-reported physician practices for children with asthma: are national guidelines followed? Pediatrics 2000;106(4 suppl):886-96.

243. **Finkelstein JA, Lozano P, Streiff KA, et al.** Clinical effectiveness research in managed-care systems: lessons from the Pediatric Asthma Care PORT: Patient Outcomes Research Team. Health Services Research 2002;37(3):775-89.

244. **Finkelstein JA, Metlay JP, Davis RL, Rifas-Shiman SL, Dowell SF, Platt R.** Antimicrobial use in defined populations of infants and young children. Archives of Pediatrics & Adolescent Medicine 2000;154(4):395-400.

245. **Finkelstein JA, Stille CJ, Rifas-Shiman SL, Goldmann D.** Watchful Waiting for Acute Otitis Media: Are Parents and Physicians Ready? Pediatrics 2005 (in press).

246. **First L.** Foreign bodies in the nose and pharynx. In: Burg F, Ingelfinger J, Wald E, eds. Current Pediatric Therapy. Philadelphia: W.B. Saunders Co.; 1995.

247. **First L.** Foreign bodies in the GI tract. In: Burg F, Ingelfinger J, Wald E, eds. Current Pediatric Therapy. Philadelphia: W.B. Saunders Co.; 1995.

248. **First L, Holm I, Kokotailo P, Wilking A, Yetman R.** Teaching students in the ambulatory setting: strategies make it work!: Council on Medical Student Education in Pediatrics; 1994.

249. **First LR, Palfrey JS.** The infant or young child with developmental delay. New England Journal of Medicine 1994;330(7):378-383.

250. **Fischer G, Kent SC, Joseph L, Green DR, Scott DW.** Lymphoma models for B cell activation and tolerance. X. Anti-mu-mediated growth arrest and apoptosis of murine B cell lymphomas is prevented by the stabilization of myc. Journal of Experimental Medicine 1994;179(1):221-8.

251. **Fishman L, Rappaport L, Cousineau D, Nurko S.** Early constipation and toilet training in children with encopresis. Journal of Pediatric Gastroenterology & Nutrition 2002;34(4):385-8.

252. **Foley S, Butterworth J, Heller A.** Vocational rehabilitation interagency activity improving supported employment for people with severe disabilities. Focus on Autism and developmental disabilities 2000;15(1):37-42.

253. **Fortescue E, Kaushal R, Landrigan C, et al.** Prioritizing Strategies for Preventing Medication Errors and Averse Drug Events in Pediatric Inpatients. Pediatrics 2003;111:722-9.

254. **Fox K.** Knowledge, power and practice: the anthropology of medicine and everyday life. J Gen Int Med. 1994;9:597-8.

255. **Fox K.** Pediatrics. In: Health and medical yearbook. New York: Collier; 1995:262-4.

256. **Fox K.** Anthropology's hoodoo museum: walkin' over medicine. Traditional health practices in African American life. Culture, Medicine and Psychiatry 1995;19:409-21.

257. **Frank D, McCarten K, Park H, Tronick E, Mirochnick M, Zuckerman B.** Relationship of caudate exhodensities to 2-week neurobehavior in term infants with and without in utero cocaine exposure. Pediat Res 1995;37(4):255A.

258. **Frank DA, Rose-Jacobs R, Beeghly M, Wilbur MA, Bellinger D, Cabral H.** Level of prenatal cocaine exposure and 48-month IQ: Importance of preschool enrichment. Neurotoxicology and Teratology, 2005, 27: 15-28.

259. **Frazer C, Emans SJ, Goodman E, Luoni M, Bravender T, Knight J.** Teaching residents about development and behavior: meeting the new challenge. Archives of Pediatrics & Adolescent Medicine 1999;153(11):1190-4.

260. **Frazer C, Hobbs N.** Neurodevelopmental Outcome in Patients with Terminal Deletion of the Short Arm Chromosome 20. American Society of Human Genetics 1994.

261. **Frazer C, Rappaport L.** Somatic complaints in children and adolescents: recurrent abdominal, chest and limb pains. In: Green HR, Weitzman M, eds. Ambulatory Pediatrics. 5th ed. Philadelphia; 1996:428-33.

262. **Frazer C, Rappaport L, Carey W.** Recurrent pains in childhood. In: Levine CW, Crocker AC, eds. Developmental-behavioral pediatrics. 3rd ed. Philadelphia: W.B. Saunders Co.; 1999:357-64.

263. **Frazer CH.** Review of the book Equal Partners: a physician's call for a new spirit of medicine. Journal of Health Communication 1996;1:233-5.

264. **Frazer CH.** Implementing a Bright Futures curriculum: faculty perspective. In: Emans SJ, Knight JR, eds. Bright Futures case studies for primary care clinicians: the case teaching method; growth in children and adolescents. Boston: Bright Futures Center for Education in Child Growth and Development, Behavior and Adolescent Health; 2001:21-2.

265. **Frazer CH.** Putting policy into practice: screening for autism spectrum disorders. Developmental and Behavioral News 2002.

266. **Frazer CH, Levine K.** Parent perceptions of the diagnostic evaluation for their child with autism or pervasive developmental disorder (PDD). Journal of Developmental & Behavioral Pediatrics 1995;16:305.

267. **Frazer CH, Rappaport LA.** Recurrent abdominal pain: keeping it simple... including commentary by Preece PM. Ambulatory Child Health 1996;1(4):370-8.

268. **Freedman R, Fesko S.** The meaning of work in the lives of people with significant disabilities: consumer and family perspectives. J Rehab 1996;62:49-55.

269. **Friedman J, Lee, G., Kleinman, K., Finkelstein, J.** Child care center policies and practice for management of ill children. Ambul Pediatr 2004:4:455-60.

270. **Friedman JF, Lee GM, Kleinman KP, Finkelstein JA.** Acute care and antibiotic seeking for upper respiratory tract infections for children in day care: parental knowledge and day care center policies. Arch Pediatr Adolesc Med. 2003;157(4):369-74.

271. **Friedman S.** The works of Wolf Wolfensberger. J Relig Disab & Health 2001;4(2,3):133-8.

272. **Friedman S, Helm D, Marrone J.** Caring, control, and clinician's influence: ethical dilemmas in developmental disabilities. Ethics & Behavior 1999;9:349-64.

273. **Friedman S, Osborne P.** Infant motor development after extracorporeal membrane oxygenation. Arch Pediatr Adolesc Med. 1996;150:46.

274. **Fuhlbrigge A, Carey V, Adams R, Finkelstein J, Lozano P, Weiss S, Weiss K.** Evaluation of asthma prescription measures and health system performance based on emergency department utilization. Med. Care 2004:42(5):465-71.

275. **Galvin HK, Newton AW, Vandeven AM.** Update on Munchausen syndrome by proxy. Curr Opin Pediatr, 2005; 17 (in press).

276. **Gandolfo C, Fesko S, Ciborowski J, Manganaro K, Snyder A.** Bridges to inclusion: supports for youth at risk with disabilities replication manual. Boston: Institute for Community Inclusion/UAP, Children's Hospital; 1999.

277. **Gardiner P, Coles D, Kemper K.** Herbs and supplements in pediatric dermatology. Contemp Pediatr 2000.

278. **Gardiner P, Conboy L, Kemper K.** Herbs and adolescent girls: avoiding the hazards of self-treatment. Contemp Pediatr 2000;17.

279. **Gardiner P, Kemper KJ.** Herbs in pediatric and adolescent medicine. Pediatrics in Review 2000;21(2):44-57.

280. **Gardiner P, Wornham W.** Recent review of complementary and alternative medicine used. by adolescents. Current Opinion in Pe.iatrics 2000;12(4):298-302.

281. **Garland JS, Alex CP, Mueller CD, Otten D, Shivpuri C, Harris MC, Naples M, Pellegrini J, Buck RK, McAuliffe TL, Goldmann DA. Maki, D. G.** A randomized trial comparing povidone-iodine to a chlorhexidine gluconate-impregnated dressing for prevention of central venous catheter infections in neonates. Pediatrics 2001;107(6):1431-6.

282. **Garland JS, Buck RK, Maloney P, Durkin DM, Toth-Lloyd S, Duffy M, Szocik P, McAuliffe TL, Goldmann D.** Comparison of 10% povidone-iodine and 0.5% chlorhexidine gluconate for the prevention of peripheral intravenous catheter colonization in neonates: a prospective trial. Pediatric Infectious Disease Journal 1995;14(6):510-6.

283. **Garfunkel LC, Sidelinger D, Rezet B, Blaschke GS, Risko W.** Achieving consensus on competency in community. Community Pediatrics: Making Child Health at the Community Level an Integral Part of Pediatric Training and Practice. Pediatrics (suppl.) (in press).

284. **Garofalo R, Makadon HJ.** Clinical experience. Management of the asymptomatic HIV-infected patient: an update. Hospital Practice 2000;35(3):89-92.

285. **Garofalo R, Wolf RC, Kessel S, Palfrey SJ, DuRant RH.** The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. Pediatrics 1998;101(5):895-902.

286. **Garofalo R, Wolf RC, Wissow LS, Woods ER, Goodman E.** Sexual orientation and risk of suicide attempts among a representative sample of youth. Archives of Pediatrics & Adolescent Medicine 1999;153(5):487-93.

287. **Gendo K, Sullivan S, Lozano P, Finkelstein J, Fuhlbrigge A, Weiss K.** Resource costs for asthma-related care among pediatric patients in managed care. Annals of Allergy, Asthma and Immunology 2003:92:251-7.

288. **Giampietro PF, Auerbach AD, Elias ER, Gutman A, Zellers NJ, Davis JG.** New recessive syndrome characterized by increased chromosomal breakage and several findings, which overlap with Fanconi anemia. American Journal of Medical Genetics 1998;78(1):70-5.

289. **Gilligan C, Spencer, R., Weinberg, M., Bertsch, T.** The Listening Guide: A voice-centered relational method. In: Qualitative research in psychology: Expanding perspective in methodology and design. Washington DC: American Psychological Association Press; 2003:157-73.

290. **Gilmore DS, Butterworth J.** Research to practice: work status trends for people with mental retardation. Boston: Institute for Community Inclusion, Children's Hospital; 1996.

291. **Gilmore DS, Butterworth J.** Research to practice: trends in supported employment: the experiences of ninety-four community rehabilitation providers between 1986 and 1991. Boston: Institute for Community Inclusion, Children's Hospital; 1996.

292. **Gilmore DS, Butterworth J.** Research to practice: work and home: data from the National Health Interview Survey on Disability. Boston: Institute for Community Inclusion / UAP, Children's Hospital; 1997.

293. **Gilmore DS, Butterworth J, Schalock R, Kiernan W.** Vocational rehabilitation outcomes: analysis of the 1985, 1988 and 1991 RSA data tapes. Boston: Institute for Community Inclusion, Children's Hospital; 1995.

294. **Gilmore DS, Schalock WE, Kiernan WE, Butterworth J.** National comparisons and critical findings in integrated employment. In: Kiernan WE, Schalock RL, eds. Integrated employment: evolution of national practices. Washington: American Association on Mental Retardation; 1997:49-65.

295. **Gilmore DS, Schuster J, Timmons J, Butterworth J.** Ten years of progress: an analysis of trends for people with mental retardation, cerebral palsy, and epilepsy receiving services from state vocational rehabilitation agencies. Rehabilitation Counseling Bulletin 2000.

296. **Glader L, Rappaport, L.** Encopresis. In: Dershewitz R, ed. Adolescent Medicine. Philadelphia: Lippincott; 1998.

297. **Glader L, Elias E, Madsen J.** Management of myelomeningocele. In: Hansen, Puder, eds. Manual of the intensive care of the surgical newborn: BC Decker (in press).

298. **Glader L, Knight J.** Atypical behaviors. In: Knight J, Frazer C, Emans SJ, eds. Bright Futures case studies for primary care clinicians: child development and behavior. Boston: Bright Futures Center for Child Growth and Development, Behavior and Adolescent Health; 2001:92-110.

299. **Glader L, Palfrey J.** Children assisted. by technology. In: Hoekelman R, ed. Primary pediatric care. New York: Mosby, Inc.; 2001:444-7.

300. **Glader L, Rappaport L.** Encopresis. In: Stockman J, Lohr J, eds. Ambulatory Pediatrics. Philadelphia: W.B. Saunders; 1997.

301. **Glader L, Rappaport L.** Encopresis. In: Stockman J, Lohr J, eds. Ambulatory Pediatrics; 2001.

302. **Glauber J, Goldmann DA, Homer CJ, Berwick DM.** Reducing medical error through systems improvement: the management of febrile infants. Pediatrics 2000;105(6):1330-2.

303. **Glauber JH, Fuhlbrigge AL, Finkelstein JA, Homer CJ, Weiss ST.** Relationship between asthma medication and antibiotic use. Chest 2001;120(5):1485-92.

304. **Goldmann DA.** When normal flora turn nasty. Pediatric Infectious Disease Journal 1996;15(10):845-7.

305. **Goldmann DA.** Resistance movement: the antibiotic crisis in hospitals. Health Systems Review 1997;30(1):20-4.

306. **Goldmann DA.** Counterpoint: sustaining CQI. Quality Health Care 1997;1:7-9.

307. **Goldmann DA.** Alternative policies and strategies for the control of antibiotic resistance in hospitals. In: Andremont A, Brun-Buisson C, McGowan JE, eds. Antibiotic therapy and control of antibiotic resistance in hospitals. Paris: Elsevier; 1999:1-8.

308. **Goldmann DA.** The epidemiology of antimicrobial resistance. Ecosystem Health 1999;5(3):158-63.

309. **Goldmann DA.** Transmission of viral respiratory infections in the home. Pediatric Infectious Disease Journal 2000;19(10 suppl):S97-102.

310. **Goldmann DA.** Epidemiology and prevention of pediatric viral respiratory infections in health-care institutions. Emerging Infectious Diseases 2001;7(2):249-53.

311. **Goldmann DA.** Bloodborne pathogens and nosocomial infections. Allergy and Clin Immunol (in press).

312. **Goldmann DA, Huskins WC.** Control of nosocomial antimicrobial-resistant bacteria: a strategic priority for hospitals worldwide. Clinical Infectious Diseases 1997;24(suppl 1):S139-45.

313. **Goldmann DA, Platt R, Hopkins C.** Control of nosocomial infections. In: Gorbach S, Bartlett J, Blacklow N, eds. Infectious diseases in medicine and surgery. 2nd ed. Philadelphia: W.B. Saunders; 1998:452-65.

314. **Goldmann DA, Weinstein RA, Wenzel RP, et al.** Strategies to prevent and control the emergence and spread of antimicrobial-resistant microorganisms in hospitals. A challenge to hospital leadership. JAMA 1996;275(3):234-40.

315. **Goldmann DA, Wilson CM.** Pinworm infestations. In: Hoekelman RA, ed. Primary pediatric care. 3rd. ed. St. Louis: Mosby; 1996:1519-20.

316. **Goldmann DA, Wilson CM.** Giardiasis. In: Hoekelman RA, ed. Primary pediatric care. 3rd ed. St. Louis: Mosby; 1996:1320-1.

317. **Gomes-Pedro J, Nugent JK, Young G, Brazelton TB.** The infant and the family in the 21st century. Brighton, New York: Brunner-Routhledge; 2002.

318. **Goodman E, Knight JR, DuRant RH.** Use of the Life Optimism Test among adolescents in a clinical setting: a report of reliability testing. Journal of Adolescent Health 1997;21(4):218-20.

319. **Goodman E, Samples CL, Keenan PM, Fox DJ, Melchiono M, Woods ER. E**valuation of a targeted. HIV testing program for at-risk youth. Journal of Health Care for the Poor & Underserved. 1999;10(4):430-42.

320. **Gottlieb LK, Salem-Schatz S.** Anticoagulation in arterial fibrillation. Does efficacy in clinical trials translate into effectiveness in practice? Archives of Internal Medicine 1994;154(17):1945-53.

321. **Gray JE, Richardson DK, McCormick MC, Goldmann DA.** Coagulase-negative staphylococcal bacteremia among very low birth weight infants: relation to admission illness severity, resource use, and outcome. Pediatrics 1995;95(2):225-30.

322. **Graham RJ, Dumas HM, O'Brien JE, Burns JP.** Congenital neurodevelopmental disabilities and the intensive care: defining a population. Pe.iatr Crit Care Med. 2004;(4):321-328.

323. **Green M, Palfrey J.** Bright Futures: guidelines for health supervision of infants, children and adolescents. 2nd ed. Arlington, VA: National Center for Education in Maternal Child Health; 2000.

324. **Green M, Palfrey JS, Clark EM, Anastasi JM.** Bright Futures: guidelines for health supervision of infants, children and adolescents. 2nd ed. Pocket Guide: 2001 update. Washington, DC: National Center for Education in Maternal and Child Health; 2001.

325. **Greene S, Nugent JK, Wieczorek-Deering D.** Eighteen month olds in Dublin. Children and Society 1995;9(3):86-98.

326. **Greenes D, Woolf AD.** Emergency Pediatrics. In: Green M, Haggerty R, Weitzman M, eds. Ambulatory Pediatrics. 5th ed. Philadelphia: W.B. Saunders; 1999.

327. **Greenes DS, Rowitch D, Thorne GM, Perez-Atayde A, Lee FS, Goldmann D.** Neonatal herpes simplex virus infection presenting as fulminant liver failure. Pediatric Infectious Disease Journal 1995;14(3):242-4.

328. **Greenspan P, Perrin J, Bloom S, Homer C. et al.** Indications for head trauma admission vary across three communities. APAM 1994.

329. **Grohskopf LA, Maki DG, Sohn AH, Sinkowitz-Cochran RL, Jarvis WR, Goldmann DA.** Reality check: should we use vancomycin for the prophylaxis of intravascular catheter-associated infections? Infection Control & Hospital Epidemiology 2001;22(3):176-9.

330. **Grossman RG, Homer CJ, Goldmann DA.** Case Study. In: Margolis C, ed. Implementing clinical guidelines. Chicago: American Hospital Association Publishing; 1998:151-75.

331. **Gulacsi L, Kiss ZT, Goldmann DA, Huskins WC.** Risk-adjusted infection rates in surgery: a model for outcome measurement in hospitals developing new quality improvement programs. Journal of Hospital Infection 2000;44(1):43-52.

332. **Hafler JP, Connors KM, Volkan K. Bernstein HH.** Developing and Evaluating a Residents' Curriculum. Medical Teacher. 2005 (in press).

333. **Hagner D, Butterworth J.** Social Networks. In: DiLeo D, ed. Facing the future: best practices in supported employment. Augustine, FL: TRN, Inc.; 1996.

334. **Hagner D, et al.** Strategies and barriers in facilitating natural supports for employment of adults with severe disabilities. Journal of the Association for Persons with Severe Handicaps 1995;20(2):110-20.

335. **Hagner D, Fesko S, Cadigan M, Kiernan W, Butterworth J.** Securing employment: job search and employer negotiation strategies in rehabilitation. In: Szymanski E, Parker R, eds. Work and disability: issues and strategies for career counseling and job placement. Austin: Pro-Ed.; 1996.

336. **Hagner D, Helm DT, Butterworth J.** "This is your meeting": a qualitative study of person-centered planning. Mental Retardation 1996;34(3):159-71.

337. **Handleman L, Rich M, Frazer C, Perrin E, Schneider L.** Living with asthma. Journal of Asthma 2004;41:1-11.

338. **Harary O, Salem-Schatz S, Mandl K, Spino C, Homer C.** Familiarity with the hyperbilirubinemia guideline increases knowledge of management. Pediatric Research 1998;43:111A.

339. **Harbarth S, Albrich W, Goldmann DA, Huebner J.** Control of multiply resistant cocci: do international comparisons help? The Lancet Infectious Diseases 2001;1(4):251-61.

340. **Harbarth S, Levine GL, Jarvis WR, Goldmann DA, Huskins WC.** Computerized pharmacy databases as source of data on antimicrobial prescriptions in children's hospitals. American Journal of Health-System Pharmacy 2001;58(21):2069-71.

341. **Harbarth S, Pittet D, Grady L, et al.** Interventional study to evaluate the impact of an alcohol-based hand gel in improving hand hygiene compliance. Pediatric Infectious Disease Journal 2002;21(6):489-95.

342. **Harkness S, Keefer C.** Contributions of cross-cultural psychology to research and interventions in education and health. J Cross-cultural Psychology 2000;31(1):92-109.

343. **Harkness S, Super C, Keefer C.** Culture, ethnicity, and the pediatrician. In: Levine M, Carey W, Crocker A, eds. Developmental and Behavioral Pediatrics. New York: WB Saunders; 1998.

344. **Harkness S, Super C, Keefer C, Rahgavan C, Kipp E.** Ask the doctor: the negotiation of cultural models in American parent-pediatrician discourse. In: Harkness S, Super C, eds. Parent's cultural belief systems: their origins, expressions, and consequences. New York: Guilford Press; 1995.

345. **Harris JO, Goldmann DA.** Infections in the nursery: epidemiology and control. In: Remington JS, Klein JO, eds. Infectious diseases of the fetus and newborn. 5th ed. Philadelphia: W.B. Saunders; 2000.

346. **Harrison A, Lyons-Ruth, K., Morgan, A., Bruschweiler-Stern, N., Naham, J., Stern, D., Sander, L., Tronick, E.** Explicating the implicit: The local level of micro-process of change in the analytic situation. International Journal of Psychoanalysis 2002;83:105-1063.

347. Hassiotis A, Munir K. Developmental psychiatry and intellectual disabilities: an American perspective. British J Learning Disabilities 2004:32:9-42.

348. **Huang SS, Finkelstein JA, Lipsitch M.** Modeling community and individual level effects of child care on pneumoccocal carriage. Clinical Infectious Diseases 2005 (in press).

349. **Huang SS, Platt R, Rifas-Shiman S. Pelton SI, Goldmann D, Finkelstein JA.** Post-PCV7 changes in colonizing pneumoccocal serotypes in 16 Massachusetts communities, 2001 and 2004. Ped.iatrics. (accepted. for publication January 2005).

350. **Haynie M, Palfrey J.** Children assisted by medical technology. In: Hoekelman R, ed. Primary care pediatrics. 3rd ed. St. Louis: Mosby Press; 1996:413-5.

351. **Heinrich P, Homer CJ.** Improving the care of children with asthma in pediatric practice: the HIPPO project. Helping Improve Pediatric Practice Outcomes. Pediatric Annals 1999;28(1):64-72.

352. **Helm D, Kiernan W, Miranda S.** Employment opportunities: creative approaches. In: Pueschel S, Sustrova S, Eds. Adolescents with Down syndrome: toward a more fulfilling life. Baltimore: Paul H. Brookes Publishing Co.; 1997.

353. **Helm D, Miranda S, Ched.d N.** El diagnostico prenatal del sindrome del Down: ilitexiones de madres sobre el apoyo que se necesita desde el diagnostico hasta el nacimiento. Sindrome de Down 1998;15:48-53.

354. **Helm DT.** The measurement of happiness. American Journal of Mental Retardation 2000;105(5):326-35.

355. Helm DT, Kiernan WE, Miranda S. Opportunities for employment: creative approaches. In: Pueschel S, Sustrova M, eds. Adolescent with Down syndrome. Baltimore: Paul H. Brookes Publishing Co.; 1997:267-83.

356. **Helm DT, Miranda S, Chedd NA.** Prenatal diagnosis of Down syndrome: mothers' reflections on supports needed from diagnosis to birth. Mental Retardation 1998;36:55-61.

357. **Helm DT, Spencer J.** Learning together: parent/professional training project. Boston: Institute for Community Inclusion / UAP, Children's Hospital; 1996.

358. **Highfield ES, McLellan M, Kemper KJ, Risko W, Woolf AD.** Integration of Complementary and Alternative Medicine in a Major Pediatric Teaching Hospital: An Initial Overview. Journal of Complementary and Alternative Medicine (in press).

359. **Hilton L, Kleinman A, Fox K.** Cultural issues in primary care medicine. In: Noble J, Creene HL, eds. Primary care medicine. 2nd ed. St. Louis: Mosby; 1996.

360. **Hobbs N.** Decisions for a Baby in Foster Care. Cases from the Harvard Ethics Consortium 2004;15(3):292-5.

361. **Hobbs N, Elias E.** Report of Two Siblings with severe Osteogenesis Imperfecta, one with nephrocalcinosis.: American College of Medical Genetics; 1997.

362. **Holder DW, DuRant RH, Harris TL, Daniel JH, Obeidallah D, Goodman E.** The association between adolescent spirituality and voluntary sexual activity. Journal of Adolescent Health 2000;26(4):295-302.

363. **Holder DW, Woods ER.** Chlamydia trachomatis screening in the adolescent population. Current Opinion in Pediatrics 1997;9(4):317-24.

364. **Homer C.** Improving quality in your practice. In: Green M, Haggerty R, Weitzman M, eds. Ambulatory Pediatrics. 5th ed. Philadelphia: Saunders; 1999:539-44.

365. **Homer C, Marino B, Cleary P, et al.** Predicting satisfaction with inpatient care in a Children's Hospital. Arch Pe.iatr Adolesc Med. 1996:150.

366. **Homer C, Perrin J, Kemper K, Freeman J.** Effect of socioeconomic status on variation in pediatric hospitalization. Journal of Ambulatory Child Health 1995;1:33-43.

367. **Homer C, Quintana J, Baskin M, Goldman D.** Can we believe physicians' responses to clinical vignettes? APAM 1994.

368. **Homer C, Smith B.** Talking with parents: predictors of satisfaction with ambulatory care at a Children's Hospital. Arch Pediatr Adolesc Med. 1996:150.

369. **Homer C, Susskind O, Alpert HR, et al.** An evaluation of an innovative multimedia educational software program for asthma management: report of a randomized, controlled trial. Pediatrics 2000;106(1 Pt 2):210-5.

370. **Homer C, Susskind O, Alpert Hr, Schneider L, Rappaport L, Fenton T.** Impact of a computer based guideline education program on clinical practice for children with asthma. Pediatric Research 1997;41:93A.

371. **Homer CJ.** Asthma disease management. New England Journal of Medicine 1997;337(20):1461-3.

372. **Homer CJ.** Patient satisfaction. In: Dershewitz R, ed. Ambulatory pediatric care. 3rd. ed. Philadelphia: Lippincott-Raven; 1998:9-13.

373. **Homer CJ, Fowler FJ, Gallagher PM, et al.** The Consumer Assessment of Health Plan Study (CAHPS) survey of children's health care. Joint Commission Journal on Quality Improvement 1999;25(7):369-77.

374. **Homer CJ, Grossman RG, Rodman J.** Pediatric guidelines: help or hindrance? Current Opinion in Pediatrics 1996;8(5):430-5.

375. **Homer CJ, Kleinman L.** Technical report: minor head injury in children. Pediatrics 1999;104(6):e78.

376. **Homer CJ, Marino B, Cleary PD, et al.** Quality of care at a children's hospital: the parent's perspective. Archives of Pediatrics & Adolescent Medicine 1999;153(11):1123-9.

377. **Homer CJ, Szilagyi P, Rodewald L, et al.** Does quality of care affect rates of hospitalization for childhood asthma? Pediatrics 1996;98(1):18-23.

378. **Hornstein J, O'Brien M, Stadtler AC.** Touchpoints practice: lessons learned from training and implementation. Zero to Three 1997;17(6):26-33.

379. **Hu H, Woolf A.** Environmental medicine as an emerging discipline. In: Hu H, ed. Grand Rounds in Environmental Health Perspectives. Research Triangle Park: National Institute of Environmental Health Sciences; 2003:1-3.

380. **Huang S, Finkelstein J, Rifas-Shiman S, Kleinman K, Platt R.** Community-level predictors of pneumococcal carriage and resistance in young children. American Journal of Epidemiology 2004:159:645-54.

381. **Huang S, Finkelstein JA, Lipstitch M.** Modeling community and individual level effects of child care on pneumoccocal carriage. Clinical Infectious Diseases 2005 (in press).

382. **Huang S, Platt R, Rifas-Shiman, Pelton SI, Goldmann D, Finkelstein JA.** Post-PVC7 changes incolonizing pneumocococal serotypes in 16 Massachusetts communities, 2001 and 2004 Pediatrics (accepted for publication January 2005).

383. **Huang T, Elias ER, Mulliken JB, Kirse DJ, Holmes LB.** A new syndrome: heart defects, laryngeal anomalies, preaxial polydactyly, and colonic aganglionosis in sibs. Genetics in Medicine 1999;1(3):104-8.

384. **Huebner J, Goldmann DA.** Coagulase-negative staphylococci: role as pathogens. Annual Review of Medicine 1999;50:223-36.

385. **Huebner J, Pier GB, Maslow JN, Muller E, Shiro H, Parent M, Kropec A, Arbeit RD, Goldmann DA.** Endemic nosocomial transmission of Staphylococcus epidermidis bacteremia isolates in a neonatal intensive care unit over 10 years. Journal of Infectious Diseases 1994;169(3):526-31.

386. **Huebner J, Quaas A, Krueger WA, Goldmann DA, Pier GB.** Prophylactic and therapeutic efficacy of antibodies to a capsular polysaccharide shared among vancomycin-sensitive and -resistant enterococci. Infection & Immunity 2000;68(8):4631-6.

387. **Huebner J, Wang Y, Krueger WA, Madoff LC, Martirosian G, Boisot S, Goldmann DA, Kasper DL, Tzianabos AO. Pier GB.** Isolation and chemical characterization of a capsular polysaccharide antigen shared by clinical isolates of Enterococcus faecalis and vancomycin-resistant Enterococcus faecium. Infection & Immunity 1999;67(3):1213-9.

388. **Huie ML, Tsujino S, Sklower Brooks S, Engel A, Elias E, Bonthron DT, Bessley C, Shanske S, DiMauro S, Goto YI. Hirschhorn, R.**Glycogen storage disease type II: identification of four novel missense mutations (D645N, G648S, R672W, R672Q) and two insertions/deletions in the acid alpha-glucosidase locus of patients of differing phenotype. Biochemical & Biophysical Research Communications 1998;244(3):921-7.

389. **Huntimer CM, Muret-Wagstaff S, Leland NL.** Can falls on stairs result in small intestine perforations? Pediatrics 2000;106(2 Pt 1):301-5.

390. **Huskins WC, Ba-Thike K, Festin MR, Limpongsanurak S, Lumbiganon P, Peed.icayil A,** Purwar M, Shenoy S, Goldmann DA. Tolosa, JE. An international survey of practice variation in the use of antibiotic prophylaxis in cesarean section. International Journal of Gynecology & Obstetrics 2001;73(2):141-5.

391. **Huskins WC, Goldmann DA.** Nosocomial infections. In: Feigin RD, Cherry JD, eds. Textbook of pediatric infectious diseases. 4th ed. Philadelphia: W.B. Saunders; 1998:2524-84.

392. **Huskins WC, Goldmann DA.** Prevention and control of nosocomial infections in hospitalized children. In: Feigin RD, Cherry JD, eds. Textbook of pediatric infectious diseases. 4th ed. Philadelphia: W.B. Saunders; 1998:2585-603.

393. **Huskins WC, O'Rourke EJ, Rhinehart E, Goldmann DA.** Infection control in countries with limited resources. In: Mayhall G, ed. Hospital epidemiology and infection control. Baltimore: Williams & Wilkins; 1995:1176-200.

394. **Huskins WC, Soule BM, O'Boyle C, Gulacsi L, O'Rourke EJ, Goldmann DA.** Hospital infection prevention and control: a model for improving the quality of hospital care in low- and middle-income countries. Infection Control & Hospital Epidemiology 1998;19(2):125-35.

395. **Irons M, Elias E.** Glycogent storage diseases. In: Berul C, Towbin J, eds. The molecular genetics of cardiac electrophysiology. Boston: Klower; 2000.

396. **Irons M, Elias ER, Abuelo D, et al.** Treatment of Smith-Lemli-Opitz syndrome: results of a multicenter trial. American Journal of Medical Genetics 1997;68(3):311-4.

397. **Irons M, Elias ER, Abuelo D, Tint GS, Salen G.** Clinical features of the Smith-Lemli-Opitz syndrome and treatment of the cholesterol metabolic defect. Int'l Peds. 1995;10:28-32.

398. **Irons M, Elias ER, Tint GS, et al.** Abnormal cholesterol metabolism in the Smith-Lemli-Opitz syndrome: report of clinical and biochemical findings in four patients and treatment in one patient. American Journal of Medical Genetics 1994;50(4):347-52.

399. **Jacobs EA, Joffe A, Knight JR, Kulig J, Rogers PD, Boyd GM, Czechowicz D, Simkin, D, Smith K.** Alcohol use and abuse: a pediatric concern. Pe.iatrics 2001;108(1):185-9.

400. **Jean-Mary M, Dicanzio J, Shaw J, Bernstein H.** Accuracy and reliability of infrared axillary and aural thermometers in a pediatric outpatient population. J Pediatrics 2002;141(5):671-676.

401. **Joffe S, Escobar GJ, Black SB, Armstrong MA, Lieu TA.** Rehospitalization for respiratory syncytial virus among premature infants. Pediatrics 1999;104(4 Pt 1):894-9.

402. **Joffe S, Lieu TA, Escobar GJ.** The critical role of population-based epidemiology in cost-effectiveness research. Pediatrics 2000;105(4 Pt 1):862-3.

403. **Joffe S, Ray GT, Escobar GJ, Black SB, Lieu TA.** Cost-effectiveness of respiratory syncytial virus prophylaxis among preterm infants. Pediatrics 1999;104(3 Pt 1):419-27.

404. **Johnson DE, Albers LH, Iverson S, et al.** Health status of Eastern European orphans referred for adoption. Pediatr Res 1996;39:139A.

405. **Jonas RA, Wypij D, Roth SJ, Bellinger DC, Visconti KJ, du Plessis AJ, Goodkin H, Laussen PC, Farrell DM, Bartlett J, McGrath E, Rappaport LJ, Bacha EA, Forbess JM, del Nido PJ, Mayer JE, Jr, Newburger JW.** The influence of hemodilution on outcome after hypothermic cardiopulmonary bypass: results of a randomized trial in infants. J Thorac Cardiovasc Surg 2003;126(6):1765-74.

406. **Joseph LF, Ezhevsky S, Scott DW.** Lymphoma models for B-cell activation and tolerance: anti-immunoglobulin M treatment induces growth arrest by preventing the formation of an active kinase complex which phosphorylates retinoblastoma gene product in G1. Cell Growth & Differentiation 1995;6(1):51-7.

407. **Kadlec MB, Coster W, Tickle-Degnen, Beeghly M.** Qualities of caregiver-child interaction during daily activities of children born very low birth weight and without White Matter Disorder. American Journal of Occupational Therapy 2005, (59)57-66.

408. **Kahn R, Homer C, Bernstein H, Wise P.** Addressing unmet maternal health needs in the pediatric setting. Amb Child Health 1997;3:177.

409. **Kahn RS, Wise PH, Finkelstein JA, Bernstein HH, Lowe JA, Homer CJ.** The scope of unmet maternal health needs in pediatric settings. Pediatrics 1999;103(3):576-81.

410. **Kaplan RL, Harper MB, Baskin M, Macone A, Mandl K.** Time to detection of positive cultures in 28-90 day old febrile infants. Pediatrics 2000;106(6):E74.

411. **Karl D.** Maternal responsiveness of socially high-risk mothers to the elicitation cues of their 7-month-old infants. Journal of Pediatric Nursing: Nursing Care of Children & Families 1995;10(4):254-63.

412. **Karl D, Beal J, Rissmiller P.** A model of integrating the NBAS into nursing practice. In: Brazelton TB, Nugent JK, eds. Neonatal behavioral assessment scale. 3rd. ed. London: Cambridge University Press; 1995:102-7.

413. **Katz J, Prescott K, Woolf AD.** Strychnine poisoning from a Cambodian traditional remedy. American Journal of Emergency Medicine 1996;14(5):475-7.

414. **Kaushal R, Bates BA, Clapp MD, et al.** Medication Errors in Children (letter). JAMA 2001;286:915-6.

415. **Kaushal R, Bates DW, Landrigan C, et al.** Medication errors and adverse drug events in pediatric inpatients. JAMA 2001;285(16):2114-20.

416. **Kaushal R, Landrigan C, Bates DW.** Improving Patient Safety in Massachusetts. In: Moore RM, Jr., ed. Massachusetts Memo's to the Governor. Bloomington; 2003.

417. **Kawasaki C, Nugent JK, Brazelton TB.** The cultural organization of infants' sleep. Children's Environment 1994;11(2):135-41.

418. **Kharasch VS, Haley, SM, Dumas HM, Ludlow LH, O'Brien JE.** Oxygen and ventilator weaning during inpatient pediatric pulmonary rehabilitation. Pediatr Rehabil. 2003; 35:280-287.

419. **Keefer C.** Nursery care of the well newborn. In: Cloherty J, Stark A, eds. Manual of neonatal care. 4th ed. Boston: Little Brown; 1995:65-71.

420. **Keefer C.** The combined physical and behavioral neonatal examination: a parent-centered approach to pediatric care. In: Brazelton T, Nugent J, eds. Neonatal Behavioral Scale. 3rd ed. Cambridge: Cambridge University Press; 1995.

421. **Keefer C.** Integrating neonatal behavioral assessment into discharge planning. In: Optimizing infant development. New Brunswick: Johnson & Johnson Pediatric Institute; 1998.

422. **Keefer C.** Separation difficulties: clinging behaviors to school refusal. In: Rudolph A, ed. Pediatrics. 20th ed. Stamford, CT: Appleton Lange; 2003.

423. **Keefer C, Hafler JP.** An innovative curriculum in primary care neonatology. J Dev Behav Pediatr 2003;24:251-60.

424. **Kemper K.** Integrative medicine: talking with families about complementary, alternative and mainstream medical therapies in acute care settings. Emerg and Office Ped. 2000;13:45-9.

425. **Kemper K.** Integrative medicine: does it work? Archives Dis Child 2000.

426. **Kemper K, Woolf, A., Samuels, R.** Herbs and Dietary Supplements: Health Care Professionals' Knowledge, Attitudes and Practice. Alternative Therapies in Health and Medicine 2003;Vol 9(3):42-9.

427. **Kemper K, Berde C, Woolf A.** Alternative medicine in pediatrics. AAP Pediatric Update: an approved system for continuing medical education 1999:19.

428. **Kemper K, Wornham W.** Complementary and alternative medical therapies for oncology patients. In: Pizzo PA, Poplack DG, eds. Principles and practice of pediatric oncology. 4th ed. Philadelphia: Lippincott Williams & Wilkins; 2002:1527-40.

429. **Kemper KJ.** The holistic pediatrician. New York: Harper, Perennial; 1996.

430. **Kemper KJ.** Growing pains. First Magazine for Women 1996.

431. **Kemper KJ.** Conjunctivitis. First Magazine for Women 1996.

432. **Kemper KJ.** Pharyngitis. First Magazine for Women 1996.

433. **Kemper KJ.** Stork bites and hemangiomas. First Magazine for Women 1996.

434. **Kemper KJ.** Toe walking. First Magazine for Women 1996.

435. **Kemper KJ.** Colds and flu. First Magazine for Women 1996.

436. **Kemper KJ.** Sleep problems. First Magazine for Women 1996.

437. **Kemper KJ.** Separation or synthesis: a holistic approach to therapeutics. Pediatrics in Review 1996;17(8):279-83.

438. **Kemper KJ.** Chronic asthma: an update. Pediatrics in Review 1996;17(4):111-8.

439. **Kemper KJ.** Seven herbs every pediatrician should know. Contemporary Pediatrics 1996;13(12):79-82.

440. **Kemper KJ.** Coping with injections. First Magazine for Women 1997.

441. **Kemper KJ.** Are shoes necessary? First Magazine for Women 1997.

442. **Kemper KJ.** Side effects of shots. First Magazine for Women 1997.

443. **Kemper KJ.** Security objects. First Magazine for Women 1997.

444. **Kemper KJ.** Burn treatment. First Magazine for Women 1997.

445. **Kemper KJ.** Appendicitis. First Magazine for Women 1997.

446. **Kemper KJ.** Cow milk from BGH cows. First Magazine for Women 1997.

447. **Kemper KJ.** A practical approach to chronic asthma management. Contemporary Pediatrics 1997;14(8):86-7.

448. **Kemper KJ.** Shark cartilage, cat's claw, and other complementary cancer therapies. Contemporary Pediatrics 1999;16(11):101-2.

449. **Kemper KJ.** Holistic pediatrics = good medicine. Pediatrics 2000;105(1 Pt 3):214-8.

450. **Kemper KJ, Amata-Kynvi A, Sanghavi D, et al.** Randomized clinical trial of an Internet curriculum on herbs and other dietary supplements for health care professionals. Academic Medicine 2002;77(9):882-9.

451. **Kemper KJ, Cassileth B, Ferris T.** Holistic pediatrics: a research agenda. Pediatrics 1999;103(4 Pt 2):902-9.

452. **Kemper KJ, Dreyer BP, Casey R.** Improving participation and inter-rater agreement for abstracts submitted to the Ambulatory Pediatric Association... including commentary by Stephenson T. Ambulatory Child Health 1997;3(1 part 1):35-41.

453. **Kemper KJ, Kelleher KJ.** Rationale for family psychological screening. Amb Child Health 1996;1:311-24.

454. **Kemper KJ, Kelleher KJ.** Family psychosocial screening: instrument and techniques. Amb Child Health 1996;1:325-9.

455. **Kemper KJ, Lester MR.** Alternative asthma therapies: an evidence-based review. Contemporary Pediatrics 1999;16(3):162-3.

456. **Kemper KJ, McCarthy PL, Cicchetti DV.** Improving participation and inter-rater agreement in scoring Ambulatory Pediatric Association abstracts. How well have we succeeded? Archives of Pediatrics & Adolescent Me.icine 1996;150(4):380-3.

457. **Kemper KJ, Sarah R, Silver-Highfield E, Xiarhos E, Barnes L, Berde C.** On pins and need.les? Pediatric pain patients' experience with acupuncture. Pediatrics 2000;105(4 Pt 2):941-7.

458. **Kemper KJ, Vincent EC, Scardapane JN.** Teaching an integrated approach to complementary, alternative, and mainstream therapies for children: a curriculum evaluation including commentary by Devries JM. Journal of Alternative & Complementary Medicine 1999;5(3):261-71.

459. **Keren R, Chan E.** Short versus standard duration antibiotic treatment for UTI's: a comparison of two meta-analysis. Archives Dis Child 2003;1(88):89-91.

460. **Keren R, Chan E.** A meta-analysis of randomized, controlled trials comparing short- and long-course antibiotic therapy for urinary tract infections in children. Pediatrics 2002;109(5):E70-0.

461. **Keren R, Muret-Wagstaff S, Goldmann DA, Mandl KD.** Notifying emergency department patients of test results: pitfalls of passive communication. Pediatric Emergency Care (in press).

462. **Kharasch VS, Haley SM, Dumas HM, Ludlow LH, O'Brien J.** Oxygen and ventilator weaning during inpatient pediatric pulmonary rehabilitation. Pediatric Pulmonary (in press).

463. **Kiernan W.** Creative job options: a chance to work. In: Nadel L, Rosenthal D, eds. Down syndrome: living and learning in the community. New York: Wiley-Liss; 1995:276-88.

464. **Kiernan W.** Rehabilitation, job training, and post-secondary education: opportunities and challenges. Bethesda, MD: American Association of University Affiliated. Programs; 1996.

465. **Kiernan W.** Where we are now: perspectives on employment of persons with mental retardation. Focus on Autism & Other Developmental Disabilities 2000;15(2):90-6,115.

466. **Kiernan W.** Pathways to an effective ticket to work. In: Rupp K, Bell S, eds. Paying for results in vocational rehabilitation: Will provider incentives work for Ticket to Work. Washington: Urban Institute; 2003:144-9.

467. **Kiernan W, Gilmore DS, Butterworth J.** Employment of persons with developmental disabilities: significant findings over time. In: Retardation PsCoM, ed. State collaboration for community membership. Washington, DC: President's Committee on Mental Retardation; 1996.

468. **Kiernan W, Halliday J, Boeltzig H.** Economic engagement: An avenue to employment for individuals with disabilities. Institute for Community Inclusion, UMASS Boston, Children's Hospital Boston 2004.

469. **Kiernan W, Marrone J, Van Gelder M.** Rehabilitation counseling. In: Orlove F, Garner H, eds. Teamwork: parents and professionals speak for themselves. Washington, DC: Child Welfare League of America; 2000.

470. **Kiernan W, McGaughey M, Butterworth J, McNally L, Gilmore D.** Integrated employment: provider perspectives and implications. J Rehab Admin 1996;20(1):47-62.

471. **Kiernan W, Schalock R.** Persons with developmental disabilities in the 1990s: an increased emphasis on independence, productivity and community integration. In: Dell Orto A, Marrinelli R, eds. Encyclopedia of disability and rehabilitation. New York: Macmillan Company; 1995:249-57.

472. **Kiernan WE.** Natural supports in the work setting. In: Employment and disability: service provision. Victoria, Australia: Deakin University; 1994:115-34.

473. **Kiernan WE.** Creative job option. A chance to work. In: Nadel L, Rosenthal D, eds. Down syndrome: living and learning in the community. New York: Wiley-Liss; 1995:276-88.

474. **Kiernan WE.** Presidential address 1996–are we there yet? Mental Retardation 1996;34(6):387-94.

475. **Kiernan WE.** Employment: a necessary social policy for persons with disabilities. Polish Journal on Mental Changes 1997;3(2):31-45.

476. **Kiernan WE.** Where are we now: perspectives on employment of persons with mental retardation. In: Wehmeyer M, Patton JR, eds. Mental retardation in the 21st century. Austin, TX: Pro-ed.; 1999:151-64.

477. **Kiernan WE.** Factors affecting individuals with developmental disabilities or significant mental illness. ProEd. 2000.

478. **Kiernan WE, Butterworth J, McGaughey M.** Trends and milestones: movement from segregated to integrated services in the United. States. Mental Retardation 1995;33(1):64.

479. **Kiernan WE, Gilmore DS.** Employment of persons with developmental disabilities: significant findings over time. In: Retardation PsCoM, ed. State Collaboration for Community Membership. Washington, DC: President's Committee on Mental Retardation; 1996:125-40.

480. **Kiernan WE, Hagner D.** Rehabilitation counseling and the community paradigm. In: Karan OC, Greenspan S, eds. The community revolution in services for persons with disabilities: an interdisciplinary perspective. Boston: Butterworth-Heinemann; 1995:255-74.

481. **Kiernan WE, Marrone J.** Quality of work life: emphasis on the employee. In: Schalock RL, ed. Quality of life: perspectives and issues. Washington, DC: American Association on Mental Retardation; 1996:63-78.

482. **Kiernan WE, Marrone J, Butterworth J.** Beyond Demographics: Strategic Responses to a Changing Workforce. National Summit of the Institute for Community Inclusion's Center for Promoting Employment (RRTC) and the President's Committee on Employment of People with Disabilities (March 3-4, 1998) collected works - Conference Proceedings.

483. **Kiernan WE, Marrone J, VanGelder M.** Rehabilitation counseling. In: Orlove FP, Garner HG, eds. Teamwork: parents and professionals speak for themselves. Washington, DC: Child Welfare League of America; 1998:227-54.

484. **Kiernan WE, McGaughey MJ, Cooperman PJ, McNally LC. Supported.** Employment for People with Severe Physical Disabilities: Survey of State and Vocational Rehabilitation Agencies. Research/Technical.

485. **Kiernan WE, Schalock RL.** Developmental disabilities. In: Dell Orto AE, Marinelli RP, eds. Encyclopedia of disability and rehabilitation. New York: Macmillan; 1995:249-57.

486. **Kiernan WE, Schalock RL.** Integrated employment: current status and future directions. Washington: AAMR; 1997.

487. **Kiernan WE, Schalock RL, Butterworth J, Sailor W.** Enhancing the Use of Natural Supports for People with Severe Disabilities. Descriptive.

488. **King B, Szymanski L, Weisblatt S.** Psychiatry and mental retardation: a curriculum guide. Washington, DC: American Psychiatric Association; 1995.

489. **Kinnane J, Priebe C, Caty M, Kuppermann N.** Perforation of the colon in an adolescent girl. Pediatric Emergency Care 1995;11(4):230-2.

490. **Knight J.** Alcohol intoxication (section). In: Garfunkel L, Kaczorowski J, Christy C, eds. Pediatric Clinical Advisor: Instant Diagnosis and Treatment. Philadelphia: Mosby, Inc.; 2002.

491. **Knight J.** Clinical Crossroads: A 35-year old physician with opioid dependence. JAMA 2004;292(11):1351-7.

492. **Knight J, Burr B, Frazer C.** Behavioral disorders. In: Graef J, ed.. Manual of Pediatric Therapeutics. 6th ed.. New York: Lippincott-Raven; 1997:539-60.

493. **Knight J, Goodman E, Pulerwitz T, Durant R.** Reliabilities of short substance abuse screening tests among adolescent medical patients. Journal of the Ambulatory Pediatric Association 2000;105(4):948-53.

494. **Knight J, Harris SK, Sherritt L, Kelley K, Van Hook S, Weschler H.** Heavy drinking and alcohol policy enforcement in a statewide public college system. J Stud Alcohol 2003;64:696-703.

495. **Knight J, Rappaport L.** Attention-Deficit/Hyperactivity Disorder (ADHD) in adolescents. Contemp Pediatr 1999.

496. **Knight J, Rappaport L.** ADHD - It's not just kid stuff. Contemp Pediatr 1999;16(4):52-76.

497. **Knight J, Sanchez L, Sherritt L, Bresnehan L, Silveria J, Fromsom J.** Monitoring physician drug problems: Attitudes of participants. J Addict Dis 2002;21(4):27-36.

498. **Knight J, Sherritt L, Gates E, Harris K.** Should the CRAFFT substance abuse screening test be shortened? J Clin Outcomes Manage 2004;11(1):19-25.

499. **Knight J, Sherritt L, Harris SK, Gate E, Chang EJ.** Validity of brief alcohol screening tests among adolescents: A comparison of the AUDIT, POSIT, CAGE and CRAFFT. Alcohol Clin Exp Res 2002;27:67-73.

500. **Knight J, Sherritt L, Van Hook S, Gates E, Levy S, Chang EJ.** Motivational interviewing for adolescent substance use: A pilot study. J Adol Health (in press).

501. **Knight J, Shrier LA, Bravender T, Farrell M, VanderBilt J, Shaffer H.** A new brief screen for adolescent substance abuse. Archive of Pediatric and Adolescent Medicine 1999;153:591-6.

502. **Knight J, Wechsler W, Kuo M, Seibring M, Weitzman ER, Schuckitt M.** Alcohol abuse and dependence among U.S. college students. J Stud Alcohol 2002;63:263-70.

503. **Knight JR.** Adolescent substance use: screening, assessment, and intervention. Contemporary Pediatrics 1997;14(4):45-6.

504. **Knight JR.** Substance use, abuse, and dependence. In: Levine MD, Carey WB, Crocker AC, eds. Developmental-behavioral pediatrics. Philadelphia: W.B. Saunders; 1999:477-92.

505. **Knight JR.** The role of the primary care provider in preventing and treating alcohol problems in adolescents. Ambulatory Pediatrics 2001;1(3):150-61.

506. **Knight JR.** Substance abuse in adolescents. In: Parker S, Zuckerman B, Augustyn A. eds. Developmental and Behavioral Pediatrics: A Handbook for Primary Care, 2nd ed. New York, Lippincott Williams & Wilkins, 2005.

507. **Knight JR, Burr B, Frazer CH. Behavior. In: Graef J, ed.** Manual of pediatric therapeutics. 6th ed. Philadelphia: Lippncott-Raven; 1997:539-60.

508. **Knight JR, Frazer CH, Emans SJ.** Bright Futures case studies for primary care clinicians: child developmental and behavior. Boston: Bright Futures Center for Education in Child Growth and Development, Behavior and Adolescent Health; 2001.

509. **Knight JR, Frazer CH, Goodman E, Blaschke GS, Bravender TD, Emans SJ.** Development of a Bright Futures curriculum for pediatric residents. Ambulatory Pediatrics 2001;1(3):136-40.

510. **Knight JR, Goodman E, Pulerwitz T, DuRant RH.** Reliability of the Problem Oriented. Screening Instrument for Teenagers (POSIT) in adolescent medical practice. Journal of Adolescent Health 2001;29(2):125-30.

511. **Knight JR, Palacios J, Shannon M.** Unanticipated reactions to a recent report on alcohol problems among pediatric residents. Archives of Pediatrics & Adolescent Medicine 2000;154(6):635.

512. **Knight JR, Palacios JN, Shannon M.** Prevalence of alcohol problems among pediatric residents. Archives of Pediatrics & Adolescent Med.icine 1999;153(11):1181-3.

513. **Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G.** Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Archives of Pediatrics & Adolescent Medicine 2002;156(6):607-14.

514. **Koh AY, Bernstein HH.** Neonatal jaundice, animal-induced injuries, and immunizations. Current Opinion in Pediatrics 2000;12(4):413-25.

515. **Komissar C, Hart D, Friedlander R.** Utilizing all your resources: individuals with and without disabilities volunteering together. Boston: Institute for Community Inclusion, Children's Hospital; 1995.

516. **Kuzujanakis M, Kleinman, K., Rifas-Shiman, S., Finkelstein, J.** Correlates of parental antibiotic knowledge, demand, and reported use. Ambulatory Pediatrics 2003:3:203-10.

517. **LaGasse L, Messinger D, Lester B, Seifer R, Tronick E, Bauer C, Shankaran S, Bada H, Wright L, Smeriglio V, Finnegan L, Maza P, Liu J.** Prenatal drug exposure and maternal and infant feeding behavior. Archives Diseases of Child Fetal Neonatology 2003;88:391-9.

518. **Landgraf JM, Rich M, Rappaport L.** Measuring quality of life in children with attention-deficit/hyperactivity disorder and their families: development and evaluation of a new tool. Archives of Pediatrics & Adolescent Medicine 2002;156(4):384-91.

519. **Landrigan C.** Preventable Deaths and Injuries during Magnetic Resonance Imaging (letter). N Engl J Med. 2001;345:1000-1.

520. **Landrigan C.** To LP or not LP: Effects of Overwork and Communication Failures on Patient Safety. AHRQ Web M&M 2003;October 2003.

521. **Landrigan C.** Development of the Pediatric Research in Inpatient Settings (PRIS) Network. AAP Section on Hospital Care News 2003;1:4.

522. **Landrigan C, Czeisler C.** Questions and Answers with the Authors: Effect of Eliminating Extended. Work Shifts and Reducing Weekly Work Hours on Serious Medical Errors in Intensive Care Units. The Next Generation 2004;(serial on-line(1):2.

523. **Landrigan C, Muret-Wagstaff S, Chiang V, Nigrin DJ, Goldmann D, Finkelstein J.** Senior Resident Autonomy in a Pediatric Hospitalist System (letter). Archive of Pediatric and Adolescent Med.cine 2003;157:206-7.

524. **Landrigan C, Muret-Wagstaff S, Chiang V, Nigrin DJ, Goldmann DA, Finkelstein JA.** Impact of a pediatric hospitalist system on house staff education and experience. Archives of Pediatrics and Adolescent Medicine 2000.

525. **Landrigan C, Rothschild J, Cronin J, et al.** Effect of Reducing Interns' Work Hours on Serious Medical Errors in Intensive Care Units. N Engl J Med. 2004;351:1838-1848.

526. **Landrigan C, Srivastava R, Muret-Wagstaff S, Dyck IJ, Homer CJ, Goldmann DA.** Pediatric hospitalists: what do we know, and where do we go from here? Ambulatory Pediatrics 2001;1(6):340-5.

527. **Landrigan C, Srivastava R, Muret-Wagstaff S, et al.** Impact of an HMO hospitalist system in academic pediatrics. Length of stay, costs, continuity and parental ratings of care. Pediatrics (in press).

528. **Lavin AT, Porter SM, Shaw DM, Weill KS, Crocker AC, Palfrey JS.** School health services in the age of AIDS. Journal of School Health 1994;64(1):27-31.

529. **Leder MR, Emans SJ, Hafler JP, Rappaport LA.** Addressing sexual abuse in the primary care setting. Pediatrics 1999;104(2 Pt 1):270-5.

530. **Leder R, Knight JR, Emans SJ.** Sexual abuse: when to suspect it, how to assess it. Contemporary Pediatrics 2001;18(5):59-74.

531. **Leder R, Knight JR, Emans SJ.** Sexual abuse: management strategies and legal issues. Contemporary Pediatrics 2001;18(5):77-92.

532. **Leder R, Rappaport L. Encopresis.** In: Dershewitz RA, ed. Ambulatory Pediatric Care. 3rd ed. Philadelphia: Lippincott-Raven; 1999:209-12.

533. **Lee K, Finkelstein, J., Miroshnik, I., Rusinak, D., Santoli, J., Lett, S., Lieu, T.** Pediatricians' self-reported clinical practices and adherence to national immunization guidelines after the introduction of pneumococcal conjugate vaccine. Archives of Pediatrics & Adolescent Medicine 2004:158:(7)695-701.

534. **Leonard CS, Kerman I, Blaha G, Taveras E, Taylor B.** Interdigitation of nitric oxide synthase-, tyrosine hydroxylase-, and serotonin-containing neurons in and around the laterodorsal and ped.unculopontine tegmental nuclei of the guinea pig. Journal of Comparative Neurology 1995;362(3):411-32.

535. **Leslie L, Sarah R, Palfrey JS.** Child health care in changing times. Pediatrics 1998;101(746-751).

536. **Lesperance L, Chen W, Bernstein H.** Putting a dent in iron deficiency. Current Opinion in Pediatrics 2002;7:60-97.

537. **Lester B, LaGasse L, Seifer R, Tronick E, Bauer C, Shankaran S, Bada H, Wright L, Smeriglio V, Liu J, Finnegan L, Maza P.** The Maternal Lifestyle Study (MLS): Effects of prenatal cocaine and/or opiate exposure on auditory brain response at one month. Journal of Pediatrics 2003.

538. **Lester B, Seifer R, Tronick E, et al.** The maternal lifestyles study: patterns of motor development over the first 18 months. Bethesda, MD: NICHD neonatal research network, NIDA, ACYF, CSAT; 1999.

539. **Lester B, Tronick E.** The Neonatal Intensive Care Unit Network Neurobehavior Scale. Pediatrics 2004;113(3, part 2 of 2):631-99.

540. **Lester B, Tronick E, LaGasse L, et al.** Summary statistics of NICU Network Neurobehavioral Scale Scores from the Maternal Lifestyles study (MLS). Pediatrics 2004;112(3, part 2 of 2):668-75.

541. **Lester B, Tronick E, LaGasse L, et al.** The Maternal Lifestyles Study (MLS): Effects of substance exposure during pregnancy on neurodevelopmental outcome in 1-month olds. Pe.iatrics 2002;110:1182-92.

542. **Levine K.** Beyond labels: how to use information about specific diagnoses. Exceptional Parent 1995;25(10):38-40.

543. **Levine K.** Development disorder: PDD-NOS, Asperger's disorder, and autism: a resource guide for families. Boston: Institute for Community Inclusion (UAP), Children's Hospital; 1996.

544. **Levine K.** Psychological assessment of children with Williams's syndrome. Interdisciplinary assessment of children with Williams's syndrome. Detroit: Williams Syndrome Association; 1996.

545. **Levine K, Wharton R.** Facilitated communication: what parents should know. Exceptional Parent 1995;25(5).

546. **Levine M, Carey W, Crocker A.** Developmental-Behavioral Pediatrics. 3rd ed. Philadelphia: W.B. Saunders; 1999.

547. **LeVine R, Dixon S, LeVine S, Richmond A, Leiderman P, Keefer C, Brazelton T.** Child care and culture: lessons from Africa. Cambridge: Cambridge University Press; 1994.

548. **Levy O, Martin S, Eichenwald E, Ganz T, Valore E, Carroll SF, Lee K, Goldmann D, Thorne GM.** Impaired innate immunity in the newborn: newborn neutrophils are deficient in bactericidal/permeability-increasing protein. Pediatrics 1999;104(6):1327-33.

549. **Levy O, Sisson RB, Kenyon J, Eichenwald E, Macone AB, Goldmann D.** Enhancement of neonatal innate defense: effects of adding an N-terminal recombinant fragment of bactericidal/permeability-increasing protein on growth and tumor necrosis factor-inducing activity of gram-negative bacteria tested. in neonatal cord blood ex vivo. Infection & Immunity 2000;68(9):5120-5.

550. **Levy S.** Drug abuse: to test or not to test [Guest Editorial]. Ped.iatrics News 2002.

551. **Levy S, Knight J.** Office management of substance abuse. Adolescent Health Update 2003;15(3).

552. **Levy S, Knight J.** Drug tests should be used. in context of other findings. AAP News 2003.

553. **Levy S, Sherritt L, Harris SK, et al.** Test-retest reliability of adolescents' self-report of substance abuse. Alcohol Clin Exp Res 2004;28(9):1236-41.

554. **Levy S, Van Hook S, Knight J.** A review of internet-based home drug testing products for parents. J Pediatrics 2004;113(4):720-7.

555. **Levy S, Vaughan BL, Knight JR.** Office-based intervention for adolescent substance abuse. Pediatric Clinics of North America 2002;49(2):329-43.

556. **Liebelt E, Woolf A.** Views of pediatric health care providers on the storage and use of syrup of ipecac. Int'l J Med. Toxicol 2003.

557. **Liebelt EL, Francis PD, Woolf AD.** ECG lead VR versus QRS interval in predicting seizures and arrhythmias in acute tricyclic antidepressant toxicity. Annals of Emergency Medicine 1995;26(2):195-201.

558. **Liebelt EL, Ulrich A, Francis PD, Woolf A.** Serial electrocardiogram changes in acute tricyclic antidepressant overdoses. Critical Care Medicine 1997;25(10):1721-6.

559. **Lieu T, Finkelstein, J., Lozano, P., Capra, A., Chi, F., Jensvold, N., Quesenberry, C., Farber, H.** Cultural competence policies and other predictors of asthma care quality for Medicaid-insured children. Pediatrics 2004:114:e02-0.

560. **Lieu TA, Finkelstein JA, Adams MM, et al.** Pediatricians' views on financial barriers and values for pneumococcal vaccine for children. Ambul Pediatr 2002;2(5):358-66.

561. **Lieu TA, Lozano P, Finkelstein JA, et al.** Racial/ethnic variation in asthma status and management practices among children in managed medicaid. Pediatrics 2002;109(5):857-65.

562. **Linares LO, Heeren T, Bronfman E, Zuckerman B, Augustyn M, Tronick E.** A mediational model for the impact of exposure to community violence on early child behavior problems. Child Development 2001;72(2):639-52.

563. **Lincoln A, Courchesne E, Allen M, Hanson E, Ene M.** Neurobiology of Asperger syndrome: Seven case studies and quantitative magnetic resonance imaging findings. In: Schopler E, Mesibov GB, eds. Asperger syndrome or high-functioning autism? Current issues in autism. New York, NY, US: Plenum Press; 1998:145-63.

564. **Linden CH, Scudder DW, Dowsett RP, Liebelt EL, Woolf AD.** Corrosive injury from methacrylic acid in artificial nail primers: another hazard fingernail product. Pediatrics 1998;102(4 Pt 1):979-84.

565. **Lipper EG, Farr MJ, Marchese C, Palfrey JS, Darby BJ.** Partnerships in school care: meeting the needs of New York City's school children with complex medical conditions. AJPH 1997;87:291-3.

566. **Litovitz TL, Klein-Schwartz W, Dyer KS, Shannon M, Lee S, Powers M.** 1997 annual report of the American Association of Poison Control Centers Toxic Exposure Surveillance System. American Journal of Emergency Medicine 1998;16(5):443-97.

567. **Litovitz TL, Klein-Schwartz W, Rodgers GC, Jr., et al.** 2001 Annual report of the American Association of Poison Control Centers Toxic Exposure Surveillance System. American Journal of Emergency Medicine 2002;20(5):391-452.

568. **Lockley S, Cronin J, Evans E, Cade B, Lee C, Landrigan C, Rothschild J, Katz J, Lilly C, Stone P, Aeschbach D, Czeisler C.** Effect of Red.ucing Interns' Weekly Work Hours on Sleep and Attentional Failures. N Engl J Med. 2004;351:1829-48.

569. **Lozano P, Finkelstein, J., Hecht, J., Shulruff, R., Weiss, K.** Asthma medication use and disease burden in children in a primary care population. Archives of Pediatrics & Adolescent Medicine 2003:17: 81-8.

570. **Lozano P, Grouthas, L., Finkelstein, J., Hecht, J., Lieu, T.** Variability in asthma care and services for low-income populations. Health Services Research 2003:38:1563-78.

571. **Lozano P, Finkelstein, J., Carey, V., Wagner, E., Inui, T., Fuhlbrigge, A., Soumerai, S., Sullivan, S., Weiss, S., Weiss, K.** A multi-site randomized trial of the effects of physician education and organizational change in chronic asthma care: health outcomes of the Pediatric Asthma Care PORT study. Archives of Pediatrics & Adolescent Medicine 2004:158(9):875-83.

572. **Lubchenco L, Crocker A.** Bus girl; poems by Gretchen Josephson. Cambridge, MA: Brookline Books; 1997.

573. **Lukonis CJ, Lustig SL, Brant R, Goldman SJ, Vaughan BL.** Suicide, substances, and stories: treating a teenager in trouble. Harvard Review of Psychiatry 2001;9(6):302-9.

574. **Ma V, Whitney-Thomas J, Sotnik P.** Research to practice: grant development and decision-making: comparison of funding agencies and community-based minority organizations. Boston: Institute for Community Inclusion (UAP), Children's Hospital; 1998.

575. **Makalinao I, Woolf A.** Poisonings and Envenomings. Children's Health & The Environment: A Global Perspective, World Health Organization, Geneva 2004.

576. **Mandl K, Homer C, Harary O, Finkelstein J.** Effect of reduced postpartum length of stay program on primary care services use by mothers and infants. Journal of the Ambulatory Pediatric Association 2000;106:937-41.

577. **Mandl KD, Homer CJ, Finkelstein JA.** Effect of reduced postpartum length of stay on mother and infant primary care services use. Ped. Res 1998;43:49A.

578. **Mank D, Kiernan W.** Employment/financing reform: summary and recommendations. In: Fujiura G, ed. The national reform agenda for people with mental retardation: putting people first. Washington, DC: President's Committee on Mental Retardation, Government Printing Office; 1995:185-93.

579. **Marino G, Anastopoulos H, Woolf AD.** Toxicity associated with severe inhalational and dermal exposure to dimethylacetamide and 1, 2-ethaned.iamine. Journal of Occupational Med.icine 1994;36(6):637-41.

580. **Marrone J, Hoff D, Helm DT.** Person-Centered. Planning for the Millennium: We're Old Enough To Remember When PCP Was Just a Drug. Journal of Vocational Rehabilitation 1997;8(3):285-97.

581. **Mason P, Stallings J, Worthman C, Johnson D, Federici R, Albers L, Mandalakis A, Bledsoe J, Ling W, Storer D, Parks J.** The effect of institutionalization on growth and the stress response. Pediatr Res 2000;43.

582. **Mayer JD, Hanson E.** Mood-congruent judgment over time. Personality & Social Psychology Bulletin;21(3) Mar 1995:Inc.

583. **McCabe SE, Knight JR, Teter CJ, Wechsler H.** Nonmedical use of prescription stimulants among US college students: prevalence and correlates from a national survey. Addiction (in press).

584. **McCabe SE, Teter CJ, Boyd CJ, Knight JR, Wechsler H.** Nonmed.ical use of prescription opiates among US college students: prevalence and correlates from a national survey. Addictive Behaviors (in press).

585. **McCarthy C.** Learning how the heart beats: the making of a pediatrician. New York: Viking; 1995.

586. **McCarthy C.** Everyone's children. A pediatrician story of an inner-city practice. New York: Scribner; 1998.

587. **McGaughey MJ, Kiernan WE, McNally LC, Gilmore DS.** A peaceful coexistence? State MR/DD agency trends in integrated employment and facility-based services. Mental Retardation 1995;33(3):170-80.

588. **McGaughey MJ, Kiernan WE, McNally LC, Gilmore DS, Keith GR.** Beyond the workshop: national trends in integrated and segregated day and employment services. JASH 1996;20(4):270-84.

589. **McGrath E, Wypij D, Rappaport LA, Newburger JW, Bellinger DC.** Prediction of IQ and achievement at age 8 years from neurodevelopmental status at age 1 year in children with D-transposition of the great arteries. Pediatrics 2004;114(5):e572-6.

590. **McGravey AR, Bithoney WG, Nethersole S, Carrillo JM.** Serving the underserved: residency training issues... including commentary by Lenton S. Ambulatory Child Health 1996;1(3):244-9.

591. **McKenney D, Hubner J, Muller E, Wang Y, Goldmann DA, Pier GB.** The ica locus of Staphylococcus epidermidis encodes production of the capsular polysaccharide/adhesin. Infection & Immunity 1998;66(10):4711-20.

592. **McKenney D, Pouliot K, Wang Y, Murthy V, Ulrich M, Doring G, Lee JC, Goldmann DA, Pier GB.** Vaccine potential of poly-1-6 beta-D-N-succinylglucosamine, an immunoprotective surface polysaccharide of Staphylococcus aureus and Staphylococcus epidermidis. Journal of Biotechnology 2000;83(1-2):37-44.

593. **Mehta B, Munir K.** Does the MMR vaccine and secretin or its receptor share an antigenic epitope?
Medical Hypothesis 2003;60(5):650-653.

594. **Messinger D, Bauer, C., Das, A., Seifer, R., Lester, B., LaGasse, L., Wright, L., Shankaran, S., Bada, H., Smeriglio, V., Langer, J., Beeghly, M., Poole, W.** The Maternal Lifestyle Study (MLS): Cognitive, motor, and behavioral outcomes of cocaine-exposed and opiate-exposed infants through three years of age. Pediatrics 2004;113(6):1677-85.

595. **Middleman A, Emans SJ, Cox J.** Nutritional vitamin B12 deficiency and folate deficiency in an adolescent patient presenting with anemia, weight loss, and poor school performance 1996;19(1):76-9.

596. **Mikati MA, Saab R, Fayad MN, Choueiri RN.** Efficacy of intravenous immunoglobulin in Landau-Kleffner syndrome.
Pediatric Neurology 2002;26(4):298-300.

597. **Millington MJ, Butterworth J, Fesko SL, McCarthy H.** The constructs and practices of placement. In: Szymanski EM, Parker RM, eds. Rehabilitation counseling: basics and beyond. Austin, TX: Pro-Ed.; 1998.

598. **Moon MS, Komissar C, Friedlander R, Hart D, Kiernan WE.** Finding or creating fun in your community. In: Moon MS, ed.. Making school and community recreation fun for everyone: places and ways to integrate. Baltimore: Paul H. Brookes Publishing Co.; 1994:63-83.

599. **Morgan AC, Brushweller-Stern N, Harrison AM, Lyons-Ruth K, Nahum JP, Sander L, Stern DN, Tronick EZ.** Moving along to things left undone. Infant Mental Health Journal 1998;19:324-32.

600. **Morris S, Bernstein H.** Neonatal jaundice, animal-induced injuries, and immunizations. Current Opinion in Pediatrics 2004;16:450-60.

601. **Munir K.** Child and adolescent textbook of psychiatry. Journal of American Academy of Child Adolescent Psychiatry 1995;34:965-7.

602. **Munir K. Autism. In: Kamaroff AL, ed.** Harvard Medical School family health guide. New York: Simon & Shuster; 1999:968-9.

603. **Munir K.** Lack of benefit of secretin in recent controlled studies. Autism Society of America Newsletter 2000;7(1):1.

604. **Munir K.** Early environmental factors on autism. Autism Society of America Newsletter 2000;7(1):5.

605. **Munir K.** Is the true prevalence of autism rising? Autism Society of America Newsletter 2000;7(2):1-2.

606. **Munir K.** An Afterword. In: Narajanan J, ed. From a mother's heart: a journal of survival, challenge and hope.
Andover, MA: Vite Publishing, Inc.; 2002.

607. **Munir K.** Introduction. In: Narajanan J, ed. The wasted talent: the memoirs of an autistic. Andover, MA: Vite Publishing, Inc.; 2002.

608. **Munir K, Belfer, M.** HIV/AIDS: Global and US Perspectives. In: Textbook of Child and Adolescent Psychiatry; 2003:869-89.

609. **Munir K, Ergene, T., Tunaligil, V., Erol, N., Harper, G., Belfer, M.** Research capacity building efforts in mental health and developmental disabilities in Turkey. AACAP News 2003:262-63.

610. **Munir K.** A Draft Plan for Development of National Mental Health Policy for Turkey.
World Bank/General Directorate of Primary General Care 2003.

611. **Munir K, Ergene, T., Tunaligil, V.** Toward mutual understanding of public health and human rights aspects of developmental disabilities in the aftermath of emergencies. Journal of Intellectual Disability Research 2004:48:481-481, Part 4-5.

612. **Munir K, Ergene, T., Tunaligil, V., Erol, N.** A window of opportunity and promise for transformation of the national mental health policy for Turkey after two major earthquakes. Harvard Review of Psychiatry 2004:12:236-51.

613. **Munir K, Beardslee W.** Developmental psychiatry: is there any other kind? Harvard Review of Psychiatry 1999;6:25-262.

614. **Munir K, Belfer ML.** HIV/AIDS in children and adolescents: global and US perspectives. In: Weiner J, ed. Textbook of child and adolescent psychiatry. 3rd ed. Washington, DC: American Psychiatric Press (in press).

615. **Munir K, Boulifard D.** Comorbidity in conduct disorders. Conduct disorders in children and adolescents: assessment and interventions. In: Sholevar GP, ed. Conduct disorders in children and adolescent. Washington, DC: American Psychiatric Press; 1998:55-89.

616. **Munir K, Davies K.** Assessment guide for children and adolescents with autism and related disorders: a review of existing instruments suitable for clinical and epidemiological research and practice. Boston: Institute for Community Inclusion, Children's Hospital; 1997.

617. **Munir K, Mohanty A, Ajayi K.** Fluvoxamine treatment of self-injurious behavior in Smith-Lemly-Opitz Syndrome. J Child and Adolescent Psychopharmacology (in press).

618. **Munir K, Tanguay PE.** Mental health and behavioral conditions. In: Rubin L, Crocker A, eds. Delivery of medical care for children and adolescents. 2nd ed. Baltimore, MD: Paul H. Brooks Publishing, Co. (in press).

619. **Munir KM, Beardslee WR.** A developmental and psychobiologic framework for understanding the role of culture in child and adolescent psychiatry. Child & Adolescent Psychiatric Clinics of North America 2001;10(4):667-77.

620. **Munir KM, Boulifard D.** Comorbidity. In: Pirooz Sjolevar G, ed. Conduct disorders in children and adolescents: assessment and interventions. Washington, DC: APA Press; 1995:55-89.

621. **Munir KM.** The National Mental Health Policy for Turkey. Maramra Earthquake Emergency Reconstruction (MEER) – Trauma Program. Final Framework Document. World Bank/General Directorate of Primary General Care, Ministry of Health. Ankara: Government of Turkey, January 2005.

622. **Munir KM.** Ulusal Ruh Sagligi politikasi. Marmara Depremi Acil Durum Yeniden Yapilanma Projesi (MEER) Travma Programi Bileseni. Duna Bankasi/Temel Saglik Genel Mudurlugu. Son Politika Raporu. Ankara: t.c.Saglik Bakanligi, Ocak, 2005 (in Turkish).

623. **Munir KM,** Tanguay P. Autism and pervasive developmental disorders. In: Rubin L, Crocker A, eds. Delivery of Medical Care for Children and Adolescents with Developmental Disabilities. 2nd ed. Baltimore, MD: Paul H. Brooks Publishing Co., Inc. 2005 (in press).

624. **Muret-Wagstaff S.** The risks we face in first years of life. Wall Street Journal 1997.

625. **Muret-Wagstaff S.** Commentary: developing models for pediatric residency training in managed care settings. Pediatrics 1998;101(4):759.

626. **Nader P, Kaczorowski J, Benioff S, Tonniges T, Schwartz D, Palfrey J.** Beyond the New Morbidity. Clinical Pediatrics 2004 (Education for Community Pediatrics).

627. **Nethersole S.** Review of an article by Papadakis et al in academic medicine. The Pediatric Educator 2000;7(1):7.

628. **Nethersole S, Forman S, Simmons C.** The well infant, child and adolescent. In: Graef J, ed. Manual of pediatric therapeutics. Philadelphia: Lippincott-Raven Publishers; 1997:17-60.

629. **Newberger JW, Wypij D, Bellinger DC, du Plessis AJ, Kuban KC, Rappaport L, Almirall D, Wessel DL, Jonas RA, Wernovsky G.** Length of stay after infant heart surgery is related to cognitive outcome at age 8 years. Pediatrics 2003:143(1):67-73.

630. **Newton AW, Vandeven AM.** Update on child maltreatment with a special focus on shaken baby syndrome. Curr Opin Pe.iatr. 2005; 17 (in press).

631. **North K, Korson M, Gopal Y, Rohr F, Brazelton T, Waisbren S, Warman M.** Neonatal onset propionicacidemia: Neurological and developmental profiles and implications for management. Journal of Pediatrics 1995.

632. **Nugent JK.** Using the NBAS with infants and families. 2nd ed. (Japanese version) ed. Nagasaki, Japan: Nagasaki University Press; 1995.

633. **Nugent JK.** Cross-culture research in child development: implications for clinicians. Zero to Three 1995;15(2):1-8.

634. **Nugent JK.** The development of children's relationships with their country. Children Environment 1996;11:281-91.

635. **Nugent JK.** Culture and practice: clinical work in multicultural settings. In: Dugnat M, ed. The relational world of the baby. Rmonsville Saint-Agne: ERES; 1997.

636. **Nugent JK.** The child in multicultural settings: research priorities for the 21st century. In: Gomes-Pedro J, Nugent JK, Young J, Brazelton TB, eds. The infant and the family in the 21st century. Brighton, NY: Brunner-Routhledge; 2002.

637. **Nugent JK, Beeghly M, Flannery KA, Barrett DE, Pirim M.** Using the neonatal assessment scale with high and low risk families. Infant Behavior and Development 1990;13(Special ICI issue).

638. **Nugent JK, Brazelton T.** Effects of maternal cocaine use during pregnancy: a critical review. Baby Care Forum 1995:1-3.

639. **Nugent JK, Brazelton T.** Preventive infant mental health: uses of the Brazelton scale. In: Fitzgerald H, Osofsky J, eds. Handbook of infant mental health. New York: Wiley; 2000:647-57.

640. **Nugent JK, Koch F, Brazelton TB.** The challenges of infant sleep. Baby Care Forum 1996.

641. **Nugent JK, Lester BM, Greene SM, Wieczorek-Deering D, O'Mahony P.** The effects of maternal alcohol consumption and cigarette smoking during pregnancy on acoustic cry analysis. Child Development 1996;67(4):1806-15.

642. **Oberg CN, Bertrand J, Muret-Wagstaff S.** Children at risk: Psychosocial and behavioral effects of environmental factors. In: Schwean V, Saklofske D, eds. Handbook of psychosocial characteristics of exceptional children. New York: Plenum; 1999:95-109.

643. **Oberlander T, Rappaport, L.** Recurrent abdominal pain: evaluation and management. Inter Sem Pediatric Gastro Nutr 1994;3(2):2-9.

644. **Oberlander TF, Berde CB, Lam KH, Rappaport LA, Saul JP.** Infants tolerate spinal anesthesia with minimal overall autonomic changes: analysis of heart rate variability in former premature infants undergoing hernia repair. Anesthesia & Analgesia 1995;80(1):20-7.

645. **O'Brien JE, Dumas HM, Haley SM, O'Neil ME, Ren M, Bartalocci T, Kharasch VS.** Clinical characteristics and resource utilization of infants and toddlers dependant on ventilators. Clin Ped.s. 2002; 41(3):155-162.

646. **O'Brien JE, Kharasch VS, Dumas HM, Haley SM.** Clinical Guidelines for weaning children from mechanical ventilation in a post-intensive care setting (in press).

647. **O'Brien JE, Dumas HM, Graham RJ, Kharasch VS.** Inpatient pediatric pulmonary rehabilitation: development of a minimum data set. Advance for Directors in Rehabiliation. 2005; February:57-58.

648. **Ohgi S, Fukuda M, Moriuchi H, Kusumoto T, Akiyama T, Nugent J, Brazelton T, Arisawa K, Takahashi T, Saitoh H.** Comparison of Kangaroo Care and Standard Care: Behavioral Organization, Development, and Temperament in Healthy, Low-Birth-Weight Infants Through 1 Year. Journal of Perinatology Supplement 2002;22:374-9.

649. **Oliviero P, Chassagne C, Kolar F, Adamy C, Marotte F, Samuel JL, Rappaport L, Ostadal B.** Effect of pressure overload on angiotensin receptor expression in the rat heart during early postnatal life. Journal of Molecular & Cellular Cardiology 2000;32(9):1631-45.

650. **Olsen S, Bleasdale S, Magnano A, Landrigan C, Holland B, Tauxe R, Mintz E, Luby S.** Outbreaks of Typhoid Fever in the United States, 1960-1999. Epidemiology and Infection 2003;130:13-21.

651. **Olson AL, Kelleher KJ, Kemper KJ, Zuckerman BS, Hammond CS, Dietrich AJ.** Primary care pediatricians' roles and perceived responsibilities in the identification and management of depression in children and adolescents. Ambulatory Pediatrics 2001;1(2):91-8.

652. **Oner O, Munir KM.** Attentional and neurocognitive characteristics of high-risk offspring of parents with Schizophrenia compared with SDM-IV Attention Deficit and Hyperactivity Disorder Children. Schizophrenia Research 2005 (in press).

653. **Oyeku S.** A closer look at racial/ethnic disparities in breastfeeding. Public Health Reports 2003; 118:377-8.

654. **Oyeku S, Liu N.** Report of Community Based Study of Two New York City Homeless Shelters. Report. New York: CUNY Medical School; 1994.

655. **Palfrey J.** Outpatient department and family centered community based care. In: Hostler S, ed. Family Centered. Care: An Approach to Implementation. Virginia: The University of Virginia; 1994.

656. **Palfrey J.** The Land of the Free, the Home of the Brave. Ambulatory Pediatric Association 1995; 30(4).

657. **Palfrey J.** Middle childhood health supervision. In: Green M, ed. Bright Futures National Guidelines for Health Supervision of Infants, Children and Adolescents. Arlington, VA: National Center for Education in Maternal & Child Health, 1995;2(1).

658. **Palfrey J.** Keeping children and families in the center. APAM 1997; 151:337-40.

659. **Palfrey J, Haynie M, Porter S, et al.** Prevalence of medical technology assistance among children in Massachusetts in 1987 and 1990. Public Health Reports 1994; 109(2): 226-34.

660. **Palfrey J, Sofis LA, Ganz M, Lieu J, Davidson E.** Evaluation of the Medical Home for Children with Special Health Care Needs.: How Feasible is the model? Pediatrics 2004.

661. **Palfrey JS.** Community child health: an action plan for today. Hartford, CT: Praeger; 1994.

662. **Palfrey JS.** School readiness. In: Zuckerman B, Parker S, eds. Developmental pediatrics: handbook for primary care physicians. Boston: Little Brown Co.; 1995.

663. **Palfrey JS.** Amber, Katie, and Ryan: lessons from children with complex medical conditions. Journal of School Health 1995; 65(7):265-7.

664. **Palfrey JS.** Tensions in health care delivery. In: Stein R, ed. Health care for children: what's right, what's wrong, what's next: United. Hospital; 1997.

665. **Palfrey JS.** Beyond the office door: the pediatrician and community health. In: Haggerty R, Weitzman M, ed. Ambulatory pediatrics. Philadelphia: W.B. Saunders Co.; 1998.

666. **Palfrey JS.** Comprehensive child health: is it in the picture? Commentary on Ferris TG, Saglam D., Stafford RS et al. Changes in the daily practice care for children. APAM 1998;152.

667. **Palfrey JS, (anonymous) C.** Middle childhood health supervision. In: Green M, ed. Bright Futures national guidelines for health supervision of infants, children and adolescents. Arlington, VA: National Center for Ed.ucation in Maternal & Child Health; 1995.

668. **Palfrey JS, Fenton T, Lavin A, et al.** School children with HIV infection: a survey of the nation's largest school districts. Journal of School Health 1994;64(1):22-6.

669. **Palfrey JS, Frazer CH.** Determining the etiology of developmental delay in very young children: what if we had a common internationally accepted protocol? [letter; comment.]. Journal of Pediatrics 2000;136(5):569-70.

670. **Palfrey JS, Glader L.** Children assisted by medical technology. In: Hoekelman RA, ed. Primary care pediatrics. St. Louis: Mosby Press; 2001.

671. **Palfrey JS, Haynie M.** Managed care and children with special health care needs: creating a medical home. AAP News Insert, Winter 1996.

672. **Palfrey JS, Haynie M, McManus M, Fenton T, Shaw D.** A pilot study of the financing of services for children with complex medical conditions. Ambulatory Child Health 1997;3:43-55.

673. **Palfrey JS, Haynie M, Porter S, et al.** Prevalence of me.ical technology assistance among children in Massachusetts in 1987 and 1990. Public Health Reports 1994;109(2):226-33.

674. **Palfrey JS, Rodman J.** Legislation for the education of children with disabilities: families and professionals working together. In: Levine MD, Carey WB, Crocker AC, eds. Developmental-behavioral pediatrics. Philadelphia: W.B. Saunders Co.; 1999.

675. **Palfrey JS, Samuels RC, Haynie M, Cammisa ML.** Health care reform: what's in it for children with chronic illness and disability. Journal of School Health 1995;64(6):234-7.

676. **Palfrey JS, Schulman I, Katz S, New M.** The Disney encyclopedia of baby and childcare. New York: Hyperion Press; 1995.

677. **Palfrey JS, Hametz P, Grason H, McCaskill Q, Scott G, Chi G.** Educating the next generation of pediatricians in urban health care: The Anne E. Dyson Community Pediatrics Training Initiative. Acad Med. 2004; 79(12):1184-1191.

678. **Palfrey JS, Richmond JR.** Health services, past present and future. In: About Children, University of Mississippi and the American Academy of Pediatrics, 2004.

679. **Palmer M, Haller C, McKinney P, Klien-Schwartz W, Tschirgi A, Smolinske S, Woolf A.** Adverse events associated with dietary supplements: an observational study. Lancet 2003;361:101-6.

680. **Pan RJ, Finkelstein JA.** Pediatric education and managed care: a literature review. Pediatrics 1998;101(4 Pt 2):739-45.

681. **Pearson H, Berman LC, Crocker A.** Thalassemia Intermedia: A Region I Conference. The Genetic Resource/Special Issue 1997;11.

682. **Peitsch W, Keefer C, LaBrie R, Mulliken JB.** The incidence of deformational plagiocephaly in normal newborns: does deformational plagiocephaly begin in utero? J Pediatrics 2002;110(6).

683. **Perry HE, Wright RO, Shannon MW, Woolf AD.** Baclofen overdose: drug experimentation in a group of adolescents. Pediatrics 1998;101(6):1045-8.

684. **Pierre N, Cox J.** Teenage pregnancy prevention programs. Current Opinion in Pediatrics 1997;9(4):310-6.

685. **Pierre N, Cox J.** Teen pregnancy prevention. Curr Opin Pediatr 1997;5:221-5.

686. **Pitt-Catsoupers M, Butterworth J.** Different perspectives. Boston: Center on Promoting Employment, Center on Work and Family, Boston University; 1995.

687. **Platt R, Davis R, Finkelstein J, et al.** Multi-center epidemiologic and health services research on therapeutics in the HMO Research Network Center for Education and Research on Therapeutics. Pharmacoepidemiology & Drug Safety 2001;10(5):373-7.

688. **Platt R, Goldmann DA, Hopkins CC.** Epidemiology of nosocomial infections. In: Gorbach S, Bartlett J, Blacklow N, eds. Infectious diseases in medicine and surgery. 2nd. ed. Philadelphia: W.B. Saunders; 1998:108-22.

689. **Porter S**. Community collaboration: self study module: National Association of School Nurses. National Association of School Nurses 1999.

690. **Porter S.** Transition planning for adolescents with special health care needs and disabilities: a healthy and ready to work program. Department of Public Health, Institute of Community Inclusion, Children's Hospital 2000.

691. **Porter S, Haynie M, Bierle T, Caldwell T, Palfrey JS.** Children and youth assisted by medical technology. 2nd ed. Baltimore, MD: Paul Brookes Publishing Co.; 1997.

692. **Purdy S, Plasso, A., Finkelstein, J., Fletcher, R., Christiansen, C., Inui, T.** Enrollees' perception of participating in the education of medical students at an academically affiliated. HMO. Academic Medicine 2000:75:1003-9.

693. **Purdy S, Finkelstein J, Fletcher R, Christiansen CL, Inui TS.** Participation in research in the managed care environment: Perceptions of HMO members. Journal of General Internal Medicine 2000;15:492-5.

694. **Quail MT, Weimersheimer P, Woolf AD, Magnani B.** Abuse of telazol: an animal tranquilizer. Journal of Toxicology - Clinical Toxicology 2001;39(4):399-402.

695. **Quang L, Desai MC, Shannon M, Woolf A, Maher T.** 4-methylpyrazole (4-MP), Fomepizole, Antizol) decreases 1,4 butaned.iol (1,4-BD) toxicity by blocking its in vivo biotransformation to gamma-hydroxyl butyric acid. Proc NY Acad Sci 2004.

696. **Quang L, Shannon M, Woolf A, Desai MC, Maher T.** 4-methylpyrazpole (4-MP Fomepizole, Antizol) is an antidote in DC-1 mice for the delayed and additive toxicity from ethanol and 1, 4-butaned.iol (1,4-BD) overdose. Life Sciences 2002;8871:771-8.

697. **Quang L, Woolf A.** Blood lead values in Encyclopedia of Public Heath: Macmillan International Publishing; 2002.

698. **Quang LS, Desai MC, Kraner JC, Shannon MW, Woolf AD, Maher TJ.** Enzyme and receptor antagonists for preventing toxicity from the gamma-hydroxybutyric acid precursor 1,4-butaned.iol in CD-1 mice. Annals of the New York Academy of Sciences 2002;965:461-72.

699. **Quang LS, Shannon MW, Woolf AD, Desai MC, Maher TJ.** Pretreatment of CD-1 mice with 4-methylpyrazole blocks toxicity from the gamma-hydroxybutyrate precursor, 1,4-butaned.iol. Life Sciences 2002;71(7):771-8.

700. **Quintana JM, Goldmann D, Homer C.** Social disparities in the use of diagnostic tests for children with gastroenteritis. International Journal for Quality in Health Care 1997;9(6):419-25.

701. **Rappaport L, Frazer C, Zeltzer L, Stein M.** Challenging Case: Recurrent Abdominal Pain. Journal of Developmental & Behavioral Pediatrics 1995;16:277-81.

702. **Rappaport L.** Enuresis. In: Zuckerman B and Parker S, eds. Behavioral and Developmental pediatrics: A Handbook for Primary Care. Philadelphia: Saunders; 1995.

703. **Rappaport L.** Recurrent abdominal pain. In: Zuckerman B and Parker S, eds. Behavioral and Developmental Pediatrics: A Handbook for Primary Care. Philadelphia: Saunders; 1995.

704. **Rappaport L, Wypij, D., Bellinger, D.** A comparison of the developmental and neurologic status at one year of children who underwent heart surgery using hypothermic ciculatory arrest or low-flow cardiopulmonary bypass: The Boston Ciculatory Arrest Study. In: Jonas R, Newberger, J., Volpe, J., ed. Brain Injury and Infant Cardiac Surgery. Newton: Butterworth-Heneman; 1995.

705. **Rappaport L.** Bowel and bladder control. In: Boyce T. S, J., ed. Rudolph's Textbook of Pediatrics; 1995.

706. **Rappaport L.** Prognostic factors for alarm treatment. Scandinavian Journal of Urology & Nephrology Supplementum 1997;183:55-7; discussion 7-8.

707. **Rappaport L.** Book Reviews. Developmental and Behavioral News 2001.

708. **Rappaport L.** Recurrent abdominal pain. In: Zuckerman B. ed. A Handbook for Primary Care. Philadelphia: Saunders; 2002.

709. **Rappaport L.** Recurrent abdominal pain. In: Zuckerman B. ed. A Handbook for Primary Care. Philadelphia: Saunders; 2004.

710. **Rappaport L.** Enuresis. In: Zuckerman S. ed. A Handbook for Primary Care. Philadelphia: Saunders; 2004.

711. **Rappaport LA, Wypij D, Bellinger DC, et al.** Relation of seizures after cardiac surgery in early infancy to neurodevelopmental outcome. Boston Circulatory Arrest Study Group. Circulation 1998;97(8):773-9.

712. **Rappaport L, Schonwald A. Enuresis.** Behavioral and Developmental Pediatrics, A Handbook for Primary Care, 2nd ed. Parker S, Zuckerman B, Augustyn M. eds. Philadelphia: Lippincott Williams and Wilkins, 2005; 175-177.

713. **Rezet B, Risko W, Blaschke GS.** Competency in Community Pediatrics-Consensus Statement of the Dyson Imitative Curriculum Committee. Community Pediatrics: Making Health at the Community Level an Integral Part of Pediatric Training and Practice Pediatrics (supplement) (in press).

714. **Rezet B, Sidelinger D, Risko W.** Methods and Evaluation. In: Risko W, Chi G, Palfrey JS. eds. Community Pediatrics Curriculum: Learning Community Pediatrics. Boston: 2005.

715. **Richardson DK, Gray JE, Gortmaker SL, Goldmann DA, Pursley DM, McCormick MC.** Declining severity adjusted mortality: evidence of improving neonatal intensive care. Pediatrics 1998;102(4 Pt 1):893-9.

716. **Richmond JB, Palfrey JS.** Keeping Head Start Strong and Successful. Op Ed. Boston Globe, July 19, 2003.

717. **Rider E, Samuels R, Wilson K, Homer C.** Physical growth, infant nutrition, breastfeeding, and general nutrition. Current Opinion in Pediatrics 1996; 8(3):293-7.

718. **Rigotti NA, Regan S, Majchrazk N, Knight J, Wechsler H.** Tobacco Use by Massachusetts Public College Students. Tobacco Control 2002; 11:ii20-ii24.

719. **Risko W, Chi G, Palfrey JS, eds.** Community Pediatrics Curriculum. Anne E. Dyson Community Pediatrics Training Initiative. Boston, 2005.

720. **Risko W.** Infant Botulism. Pediatrics in Review (in press).
721. **Roberts G, Bellinger D, McCormick M.** Identifying Predictors in the Preschool Period for School Age Academic Difficulties in former Low Birth-weight Infants. Pediat Res 2004; 55(4 (part 2 of 2):68-9.
722. **Roberts G, Palfrey J, Bridgemohan C.** A Rational Approach to the Medical Evaluation of the Child with Developmental Delays. Contemp Pediatr 2004; 21(3):76-100.
723. **Roberts G, Palfrey JS, Bridgemohan C.** Medical Assessment of children with developmental delay. Contemporary Pediatrics. March 2004.
724. **Robertson D, Becker R.** Snoring and obstructive sleep disorders. In: Dershewitz R, ed. Ambulatory pediatric care. Philadelphia: Lippincott-Raven; 1998:472-5.
725. **Rodman JS, Weill K, Driscoll M, et al.** A nationwide survey of financing health-related services for special education students. J School Health 1999 69:33-139.
726. **Rome ES, Moszczenski SA, Craighill M, Goldmann DA, Schubert PS, Laufer MR, Emans SJ, Woods ER.** A clinical pathway for pelvic inflammatory disease for use on an inpatient service. Clinical Performance & Quality Health Care 1995;3(4):185-96.
727. **Rose-Jacobs R, Cabral, H., Beeghly, M. Brown, E., Frank, D.** The Movement Assessment of Infants (MAI) as a predictor of outcome in term infants at social risk. Pediatric Physical Therapy 2004; 16:121-221.
728. **Rosenfeld SL, Fox DJ, Keenan PM, Melchiono MW, Samples CL, Woods ER.** Primary care experiences and preferences of urban youth. Journal of Pediatric Health Care 1996;10(4):151-60.
729. **Ross W, Griffin D, Antaya R, McNamara J.** More than skin deep. Current Opinion in Pediatrics 2000;12(1):35-7.
730. **Roth E, Barreto P, Sherritt L, Palfrey J, Risko W, Knight J.** A New, Experiential and Longitudinal Curriculum in Child Advocacy for Pediatric Residents. Amb Pediatr 2004;4:418-23.
731. **Rothstein EP, Bernstein HH, Ngai AL, Cho I, White CJ.** Dose titration study of live attenuated varicella vaccine in healthy children. Pennridge Pediatric Associates. Journal of Infectious Diseases 1997;175(2):444-7.
732. **Rothstein E, Kamiya H, Nii R, Matsuda T, Bernstein HH, Long SS, Hosbach PH, Meschievitz CK.** Comparison of diphtheria-tetanus-two component acellular pertussis vaccines in United States and Japanese infants at 2, 4, and 6 months of age. Pediatrics 1996;97(2):236-42.
733. **Samples CL.** Human immunodeficiency virus in adolescent women. In: Emans SJ, Goldstein DP, Laufer M, eds. Pediatric and adolescent gynecology. 4th ed. Philadelphia, PA: Lippincott-Raven; 1998.
734. **Samples CL, Goodman E, Woods ER.** Epidemiology and medical management of adolescents. In: Pizzo PA, Wilfert CM, eds. Pediatric AIDS: the challenge of HIV infection in infants, children and adolescents. 3rd ed. Baltimore, MD: Williams and Wilkins; 1998.
735. **Samuel JL, Farhadian F, Sabri A, Marotte F, Robert V, Rappaport L.** Expression of fibronectin during rat fetal and postnatal development: an in situ hybridisation and immunohistochemical study. Cardiovascular Research 1994;28(11):1653-61.
736. **Samuels R, Cohen, L.** Understanding Growth Patterns. Contemp Pediatr 2001.
737. **Samuels R, Bithoney, W.** Serving the Underserved: A Residents Education Case Based Curriculum, Part 1. 2nd ed.; 2003.
738. **Samuels R, Chi, G., Rauch, D., Palfrey, J., Shelov, S.** Work Hour Limitations in Pediatric Residency Programs: Fourteen Years of Experience from New York State. Academic Medicine 2005 (in press).
739. **Samuels RC, Appel L, Reddy SI, Tilson RS.** Improving accuracy in a computerized immunization registry. Ambulatory Pediatrics 2002; 2(3):187-92.
740. **Sand N, Rappaport L.** Enuresis. In: Oski's Pediatrics, DeAngleis C, ed. Lippincott; 2005.
741. **Sarah R, Fulp RS, Palfrey JS.** The health and well-being of children in Boston - 1998. Boston: Children's Hospital; 1998.
742. **Scharff L, Leichner A, Rappaport L.** Recurrent abdominal pain. In: Pain Management in Children. In: Schecter N, Berde C, Yaster M, eds. Baltimore: Williams and Wilkens; 2002.
743. **Schonwald A, Rappaport L.** Consultation with the specialist: Encopresis; assessment and management. Pediatr Rev 2004; 25(8): 278-83.
744. **Schonwald A, Rappaport L. Encopresis.** In: Behavioral and Developmental Pediatrics. A Handbook for Primary Care. Philadelphia: Saunders; 2004.
745. **Schonwald A, Sherritt L, Stadtler A, Bridgemohan C.** Factors Associated with Difficult Toilet Training. Pediatrics 2004; 113:1753-7.
746. **Schonwald A, Rappaport L. Encopresis.** In: Oski's Pe.iatrics. DeAngelis C. Lippincott; 2005.
747. **Schonwald A, Heydrich Gonzalez J.** Psychopharmacology. In: Parker S, Zuckerman B, Augustyn M. eds. Behavioral and Developmental Pediatrics, A Handbook for Primary Care, 2nd ed. Lippincott, Williams and Wilkins, 2005; 83-89.
748. **Sectish TC, Floriani V, Badat MC, Perelman R, Bernstein HH, Britton JR, Baker A, Spino C.** Continuous professional development: raising the bar for pediatricians. Ped.iatrics 2002; 110(1 Pt 1): 152-6.

749. **Shah U, Ohlms L, Neault M, Wilson K, McGuirt W, Hobbs N.** Otologic Management in Children with the CHARGE Association. International Journal of Pediatric Otorhinolaryngology 1998; 44:139-47.

750. **Shaw J, Laraque, D., Pan, R., Roth, E.** Pediatrics in Practice Advocacy for Children, Families and Communities: A Bright Futures Teaching Module. 2003.

751. **Shaw JS, Samuels RC, Larusso EM, Bernstein HH.** Impact of an encounter-based prompting system on resident vaccine administration performance and immunization knowledge. Pediatrics 2000; 105(4 Pt 2): 978-83.

752. **Shay DK, Goldmann DA, Jarvis WR.** Strategies to reduce the spread of anti-microbial-resistant microorganisms in pediatrics: control of vancomycin-resistant enterococci. Pediatric Clinics of North America 1995; 42(3):703-16.

753. **Shields A, Comstock, C., Finkelstein, J., Weiss, K.** Comparing asthma care provided. to Medicaid-enrolled children in a primary care case manager plan and a staff model HMO. Ambul Pediatr 2003; 3:253-362.

754. **Shields AE, Finkelstein JA, Comstock C, Weiss KB.** Process of care for Medicaid-enrolled children with asthma served by community health centers and other providers. Medical Care 2002; 40(4): 303-14.

755. **Shiro H, Meluleni G, Groll A, Muller E, Tosteson TD, Goldmann DA, Pier GB.** The pathogenic role of staphylococcus epidermidis capsular polysaccharide/adhesin in a low-inoculum rabbit model of prosthetic valve endocarditis. Circulation 1995; 92(9): 2715-22.

756. **Shiro H, Muller E, Gutierrez N, Boisot S, Grout M, Tosteson TD, Goldmann D, Pier GB.** Transposon mutants of Staphylococcus epidermidis deficient in elaboration of capsular polysaccharide/adhesin and slime are avirulent in a rabbit model of endocarditis. Journal of Infectious Diseases 1994; 169(5):1042-9.

757. **Shiro H, Muller E, Taked.a S, Tosteson TD, Goldmann DA, Pier GB.** Potentiation of Staphylococcus epidermidis catheter-related bacteremia by lipid infusions. Journal of Infectious Diseases 1995; 171(1):220-4.

758. **Shrier LA, Harris SK, Kurland M, Knight J.** Substance use problems and associated psychiatric symptoms among adolescents in primary care. J Pediatrics 2003; 111:e699-705.

759. **Silva TJ, Sofis LA, Palfrey JS.** Practicing comprehensive care. A physician's operations manual for implementing a medical home for children with special health care needs. Boston: Institute for Community Inclusion, Children's Hospital; 2000.

760. **Smink D, Finkelstein, J., Kleinman, K., Fishman, S.** The effect of hospital volume on the misdiagnosis of appendicitis in children. Pediatrics 2004:113: 18-23.

761. **Smink D, Finkelstein, J., Garcia-Pena, B., Shannon, M., Taylor, G., Fishman, S.** Diagnosis of acute appendicitis in children using a clinical practice guideline. Journal of Pe.iatric Surgery 2004:39(3):458-63.

762. **Smink DS, Fishman SJ, Kleinman K, Finkelstein JA,** The effects of race, insurance status and hospital volume on perforated appendicitis in children. Pediatrics 2005 (in press).

763. **Smith AL, Doershuk C, Goldmann D, et al.** Comparison of a beta-lactam alone versus beta-lactam and an aminoglycoside for pulmonary exacerbation in cystic fibrosis. Journal of Ped.iatrics 1999;134(4):413-21.

764. **Smith L, Finkelstein, J.** The impact of socioeconomic factors on asthma. In: Weiss S, Buist S, Sullivan S, eds. Social and Economic Impacts of Asthma. New York: Marcel Decker; 2000:219-43.

765. **Smith PJ, Crocker AC.** Training health care providers: two doctors reflect on values and priorities. Impact 2000;13(2):6-7.

766. **Smith PJ, Mathews K, Hehir T, Palfrey JS.** Educating children with disabilities: how pediatricians can help. Contemp Pediatr 2002;19(9):102-27.

767. **Soeiro R, Wilson C.** An Update on Child Abuse and Neglect. Current Opinion in Pediatrics 2004;16:233-7.

768. **Sparrow J, Brazelton T.** Analyse de la Dialictique Competence: vulnerability au cours de development de I' enfant. Spirale 1996;6:16-23.

769. **Srivastava R, Landrigan C, Gidwani P, Harary OH, Muret-Wagstaff S, Homer CJ.** Pediatric hospitalists in Canada and the United. States: a survey of ped.atric academic department chairs. Ambulatory Pediatrics 2001;1(6):338-9.

770. **Srivastava R, Norlin C, James BC, Muret-Wagstaff S, Young PC, Auerbach A.** Community and hospital-based physicians' attitudes regarding pediatric hospitalists systems. Pediatrics 2005; 157:206-207.

771. **Stadtler A, O'Brien M, Hornstein J.** The Touchpoints model: building supportive alliances between parents and professionals. Zero to Three 1995;16(1):24-8.

772. **Stadtler AC.** Using the language of the child's behavior in your work with families. Journal of Pediatric Health Care 1999;13(3 Pt 2):S13-5; discussion S6.

773. **Stadtler AC, Burke P.** A group treatment approach to failure to toilet train: the case of Max. Clinical Excellence for Nurse Practitioners 1998;2(2):83-7.

774. **Stadtler AC, Gorski PA, Brazelton TB.** Toilet training methods, clinical interventions, and recommendations. American Academy of Pediatrics. Pediatrics 1999;103(6 Pt 2):1359-68.

775. **Stadtler AC, Tronick EZ, Brazelton TB.** The Touchpoints Pediatric Asthma Program. Pediatric Nursing 2001;27(5):459-61.

776. **Stein MT, Keefer CH, Kessler DB.** Selective affective response to a parent in a 6-month-old infant. Journal of Developmental & Behavioral Pediatrics 2001;22(5):316-22.

777. **Stein MT, Rappaport L, Frazer CH, Zeltzer L.** Challenging case: recurrent abdominal pain. Journal of Developmental and Behavioral Pediatrics 1995;16(277-281).

778. **Stein MT, Rappaport L, Frazer CH, Zeltzer L.** Recurrent abdominal pain. Journal of Developmental & Behavioral Pediatrics 2001;22(2 Suppl):S133-7.

779. **Stevens SM, Richardson DK, Gray JE, Goldmann DA, McCormick MC.** Estimating neonatal mortality risk: an analysis of clinicians' judgments. Pediatrics 1994;93(6 Pt 1):945-50.

780. **Stille C, Andrade, S., Huang, S., Nordin, J., Raebel, M., Go, A., Chan, K., Finkelstein, J.** Increased use of second-generation macrolide antibiotics for children in nine US health plans. Pediatrics 2004:114:1206-11.

781. **Sue YJ, Woolf A, Shannon M.** Efficacy of magnesium citrate cathartic in pediatric toxic ingestions. Annals of Emergency Medicine 1994;24(4):709-12.

782. **Sukumaran M, Rappaport, L., Munir, K., Ware, J., Wypij, D., Albert-Berman, A., Reixeira-Pina, A., Wu, A.** Case control study of parental fertility and autism. Pediatric Research 2003:53:69A 392.

783. **Sullivan SD, Lee TA, Blough DK, Finkelstein JA, Lozano P, Inui TS, Fuhlbrigge AL, Carey VJ, Wagner E, Weiss KB for the PAC PORT Team.** A multi-site randomized trial of the effects of physician education and organizational change in chronic asthma care: Cost-effectiveness analysis of the Pediatric Asthma Care PORT. Archives of Pediatric and Adol Med. 2005 (in press).

784. **Super CM, Keefer CH, Harkness S.** Child care and infectious respiratory disease during the first two years of life in a rural Kenyan community. Social Science & Medicine 1994;38(2):227-9.

785. **Szekely LA, Thompson BT, Woolf A.** Use of partial liquid ventilation to manage pulmonary complications of acute verapamil-sustained release poisoning. Journal of Toxicology - Clinical Toxicology 1999;37(4):475-9.

786. **Szymanski L, King B.** Practice parameters for the assessment and treatment of children, adolescents and adults with mental retardation and comorbid mental disorders. J Amer Acad Child Adolesc Psychiatry Supplement 1999:5S - 31S.

787. **Szymanski L, Stark K.** Mental retardation: past, present and future. Child and Adolescent Psychiatric Clinics of North America 1996;5(4).

788. **Szymanski LS.** Mental retardation and mental health: concepts, aetiology and incidence. In: Bouras N, ed. Mental retardation and mental health: the way ahead. Cambridge: Cambridge University Press; 1994.

789. **Szymanski LS.** Emotional Problems in a child with serious developmental disabilities. In: Levine MD, Carey WB, Crocker AC, eds. Developmental-behavioral pediatrics. Philadelphia: WB Saunders Co.; 1999.

790. **Szymanski LS.** Happiness as a treatment goal. American Journal on Mental Retardation 2000;105(5):352-62.

791. **Szymanski LS, Kaplan L.** Mental retardation. In: Wiener JM, ed. The comprehensive textbook of child and adolescent psychiatry. 2nd. ed. Washington, DC: American Psychiatric Press; 1997.

792. **Szymanski LS, King B, Goldberg B, Reid AH, Tonge BJ, Cain N.** Diagnosis of mental disorder in people with mental retardation. In: Reiss S, Aman MG, eds. Psychotropic medications and developmental disabilities: the international consensus handbook. Columbus, OH: The Ohio State University; 1998.

793. **Szymanski LS, Munir KM, Wiedhoff S.** Psychiatric and behavior disorders in mental retardation syndromes. Current Opinion in Psychiatry 1998;11:515-8.

794. **Szymanski LS, Seppala HT.** Specialized family care for children with developmental disabilities: The Finnish experience. Child Welfare;74(2) Mar-Apr 1995:US, www.

795. **Szymanski LS, Wilska M.** Mental retardation. In: Tsman A, Lieberman J, eds. Psychiatry. Philadelphia: Saunders Publishing Co.; 1997.

796. **Taveras E, Capra AM, Braveman P, Jensvold NG, Escobar GJ, Lieu T.** Clinician support and psychosocial risk factors associated with breastfeeding discontinuation. J Pediatrics 2003;112:108-15.

797. **Taveras E, Durrousseau S, Nelson L, Flores G.** Childhood fever beliefs and practices: A study of multiethnic and socio-economically diverse sample of parents. Pediatric Emergency Care 2004;20(9):579-87.

798. **Taveras E, Flores G.** Why culture and language matter: The clinical consequences of providing culturally and linguistically appropriate services to children in the emergency department. Clinical Pediatric Emergency Medicine 2004;5:76-84.

799. **Taveras E, Li R, Grummer-Strawn L, et al.** Opinions and practices of Clinicians associated with continuation of exclusive breastfeeding. J Ped.iatrics 2004;113:e283-e90.

800. **Taveras E, Li R, Grummer-Strawn L, et al.** Mothers' and clinicians' perspectives on breastfeeding counseling during routine preventative visits. J Pediatrics 2004;113(5):e405.

801. **Taveras E, Rifas-Shiman SL, Field A, Fraizer A, Colditz G, Gillman M.** Influence of media figures on adolescent physical activity. Journal of Adolescent Health 2004;35:41-50.

802. **Taveras E, Scanlon K, Birch L, Rifas-Shiman SL, Rich-Edwards J, Gillman M.** Association of Breastfeeding With Maternal Control of Infant Feeding at Age 1 Year. J Ped.atrics 2004;114:e577-e83.

803. **Theodoropoulos K, Weber M.** Meningite aseptique. In: Weber M, ed. Dictionnaire de therapeutique pediatrique. 2nd. Ed. Montreal: Les Presses de l'Universite de Montreal et doin Editeurs; in press.

804. **Theodoropoulos K, Weber M. Hemoptysie. In: Weber M, ed.** Dictionnaire de therapeutique pe.iatrique. 2nd ed. Montreal: Les Presses de l'Universite de Montreal et doin Editeurs; in press.

805. **Tinkel H, Genin A, Kline R, Zackai E, Michaels R, Hobbs N.** Chromosome 20 Deletions and relationship to phenotype. American Society of Human Genetics 1997.

806. **Tishelman A, Newton A, Denton J, Vandeven A.** Evaluating child physical abuse and neglect. In: Forensic Assessment of Children and Adolescents: Issues and Applications. New York: Oxford University Press (in press).

807. **Tonniges TF, Palfrey JS. eds.** The Medical Home. Pediatrics (supplement), May 2004.

808. **Traish AM, Newton AW, Styperek K, Beazley R, Kavanah M.** Estrogen receptor functional status in human breast cancer. Diagnostic Molecular Pathology 1995;4(3):220-8.

809. **Tronick E.** The increasing differentiation and non-transferability of ways of being together: The primary attachment in specific, not prototypical. Journal of Infant, Child and Adolescent Psychotherapy 2002;2(4):47-60.

810. **Tronick E.** Infant Moods and the Chronicity of Depressive Symptoms: The Co-creation of Unique Ways of Being Together for Good or Ill. Zeitschrift fur Psychosomatiche Medizin und Psychotherapie 2003;4:408-25.

811. **Tronick E.** Infant Moods and the Chronicity of Depressive Symptoms: The Co-creation of Unique Ways of Being Together for Good or Ill. Paper 2: The Formation of Negative Moods in Infants and Children of Depressed. Mothers. Zeitschrift fur Psychosomatiche Medizin und Psychotherapie 2005 (in press).

812. **Tronick E, Olson, K., Rosenberg, R., Bohne, L., Lu, J., Lester, B.** Normative neurobehavioral performance of healthy infants. Pediatrics 2004;112(3 (part 2 of 2)):676-9.

813. **Tronick E.** Things still to be done on the Still-Face effect. Infancy 2004;4:475-83.

814. **Tronick E.** Depression maternelle et Etats mentauz dyadiques: le 'still-face', procedure du visageimpassible. Psychiatrie Francasise, XXXVI 2004:111-36.

815. **Tronick E, Fetters, L., Olsen, K.** Similar and functionally typical kinematic reaching parameters in 7- and 15-month old in utero cocaine-exposed and unexposed infants. Developmental Psychology 2004;44(3):168-75.

816. **Tronick E, Messinger, D., Weinberg, M., Lester, B., LaGasse, L., Seifer, R., Bauer, C., Shankaren, S., Bada, H., Wright, L., Smeriglio, V., Liu, J.** Cocaine exposure compromises infant and caregiver social emotional behavior and dyadic interactive features in the Face-to-Face Still-Face paradigm. Developmental Psychology 2005 (in press).

817. **Tronick E, Weinberg MK.** Depressed mothers and infants: failure to form dyadic states of consciousness. In: Murray L, Cooper P, eds. Postpartum depression and child development. New York: Guilford Press; 1997:54-81.

818. **Tronick EZ.** Interactive regulations without constraint. A review of developing through relationships, by A. Fogel. Social Development 1994;3(2):185-8.

819. **Tronick EZ.** Emotional connections and dyadic consciousness in infant-mother and patient-therapist interactions. Psychoanalytic Dialogues 2001;11:187-94.

820. **Tronick EZ.** A model of infant moods states: long lasting organizing affective states and emotional representational processes without language or symbols. Psychoanalytic Dialogues 2002;12(1):73-99.

821. **Tronick EZ.** Of course all relationships are unique: how co-creative processes generate unique mother-infant and patient-therapist relationships and change other relationships. Psychological Inquiry 2003.

822. **Tronick EZ.** The increasing differentiation and non-transferability of ways of being together: the primary attachment is specific, not protoptypical. Journal of Infant, Child and Adolescent Psychotherapy 2002; 2(4):47-60.

823. **Tronick EZ, Beeghly M.** Prenatal cocaine exposure, child development, and the compromising effects of cumulative risk. Clinics in Perinatology 1999;26(1):151-71.

824. **Tronick EZ, Beeghly M, Weinberg MK, Olson KL.** Postpartum exuberance: Not all women in a highly positive emotional state in the postpartum period are denying depression and distress. Infant Mental Health Journal; 18(4) Win 1997.

825. **Tronick EZ, Fetters L, Olson K.** More mature reaching kinematics of infants exposed in utero to cocaine. Pediatrics (in press).

826. **Tronick EZ, Weinberg MK.** Gender differences and their relation to maternal depression. In: Hayes AM, Johnson SI, Field TM, Schneiderman N, McCabe PM, eds. Stress, coping, and depression. Mahwah, NJ: Lawrence Erlbaum Assoc.; 2000:23-34.

827. **Ullrich N, Botelho C, Hibberd P, Bernstein H.** Research During Pediatric Residency: Predictors and Resident-determined. Influences. Acad Med. 2003;78:1253-8.

828. **Van Sciver MM, D'Angelo EJ, Rappaport L, Woolf AD.** Pediatric compliance and the roles of distinct treatment characteristics, treatment attitudes, and family stress: a preliminary report. Journal of Developmental & Behavioral Pediatrics 1995;16(5):350-8.

829. **Vandeven AM, Emans SJ.** Commentary on "colposcopic genital findings in prepubetal girls assessed for sexual abuse". Arch Disease Childhood 2000.

830. **Vaughan BL, Knight J.** Self-induced vomiting as a presenting sign of abdominal mass. Ped.iatrics 1997;99(5):731-3.

831. **Vaughan BL, Levy S, Knight J.** Adolescent substance use: prevention and management by primary care clinicians. J Clin Outcomes Manage 2003;10:166-74.

832. **Vernacchio L, Bernstein H, Pelton S, Allen C, MacDonald K, Dunn J.** Effect of monophosphoryl lipid A (MPL) on T-helper cells when administered as an adjuvant with pneumococcal-CRM197 conjugate vaccine in healthy toddlers. Vaccine 2002;20(31-31):3658-67.

833. **Vervoots VS, Smith RJH, O'Brien J, et al.** Genomic rearrangements of EYA1 account for a large fraction of families with BOR syndrome. Eur J Human Genetics (in press).

834. **Visconti KJ, Saudino KJ, Rappaport LA, Newburger JW, Bellinger DC.** The influence of parental stress and social support on the behavioral adjustment of children with transposition of the great arteries. Journal of Developmental & Behavioral Pediatrics (in press).

835. **Waber DP, Weiler MD, Forbes PW, Bernstein JH, Bellinger DC, Rappaport L, Almirall D, Wessel DL, Jonas RA, Wernovsky G.** Neurobehavioral factors associated with referral for learning problems in a community sample. Journal of Learning Disabilities 2003:467-83.

836. **Watson B, Rothstein E, Bernstein H, et al.** Safety and cellular and humoral immune responses of a booster dose of varicella vaccine 6 years after primary immunization. Journal of Infectious Diseases 1995;172(1):217-9.

837. **Webster R, Paulozzi L, Barber C.** NVDRS and Child Violent Deaths. Child Abuse and Neglect 2004 (in press).

838. **Webster R, Schnitzer P, Jenny C, Ewigman B, Alario A.** Child Death Review: The state of the Nation. American Journal of Preventative Medicine 2003;14(1):58-64.

839. **Webster R, Schnitzer P.** Coming of Age: Child Fatality Review in America. In: Alexander R, ed.. Child Fatality Review: Evaluation of Inflicted and Accidental Child Death. GW Med.ical Publishing (in press).

840. **Wechsler H, Knight JR.** Controlling underage drinking in college (Commentary). The Boston Globe 2000 September 11; sect. A15.

841. **Weiler MD, Bellinger DK, Simmons EK, et al.** Reliability and validity of a DSM-IV based. ADHD screener. Child Neuropsychology 2000;6(1):3-23.

842. **Weinberg M, Tronick E, Olsen K, Beeghly M.** Making up is hard to do especially for mothers with high levels of depressive symptoms and their sons. The Journal of Child Psychology and Psychiatry and Allied. Disciplines (in press).

843. **Weinberg M, Olson, K., Beeghly, M., Tronick, E.** Effects of maternal depression and panic disorder on mother-infant interactive behavior in the Face-to-Face Still-Face paradigm. Infant Mental Health Journal. 2005 (in press).

844. **Weinberg M, Fuentes JM, Ruiz AI, et al.** Red.ucing infections among women undergoing Cesarean section in Colombia by means of continuous quality improvement methods. Archives of Internal Medicine 2001;161(19):2357-65.

845. **Weinberg MK, Tronick E.** Maternal depression and infant maladjustment: a failure of mutual regulation. In: Noshpitz J, ed. The handbook of child and adolescent psychiatry. New York: John Wiley and Sons; 1997:177-91.

846. **Weinberg MK, Tronick EZ.** Beyond the face: an empirical study of infant affective configurations of facial, vocal, gestural, and regulatory behaviors. Child Development 1994;65(5):1503-15.

847. **Weinberg MK, Tronick EZ.** Infant affective reactions to the resumption of maternal interaction after the still-face. Child Development 1996;67(3):905-14.

848. **Weinberg MK, Tronick EZ.** Emotional characteristics of infants associated with maternal depression and anxiety. Pediatrics 1998;102(5 Suppl E):1298-304.

849. **Weinberg MK, Tronick EZ.** The impact of maternal psychiatric illness on infant development. Journal of Clinical Psychiatry 1998;59(Suppl 2):53-61.

850. **Weinberg MK, Tronick EZ, Beeghly M, Olson KL, Kernan H, Riley JM.** Subsyndromal depressive symptoms and major depression in postpartum women. American Journal of Orthopsychiatry 2001;71(1):87-97.

851. **Weinberg MK, Tronick EZ, Cohn JF, Olson KL.** Gender differences in emotional expressivity and self-regulation during early infancy. Developmental Psychology 1999;35(1):175-88.

852. **Weinberg MK, Tronick EZ, Olson K, Beeghly M.** Mother-infant self and mutual regulation during face-to-face play at 3 months. The effects of interactive context, infant gender, and maternal depressive symptom statues. Developmental Psychology, 2005 (under review).

853. **Weinberg MK, Beeghly M., Olson K, Tronick EZ,** Pre-school aged children's reactions to the still-face. Child Development, 2005 (under review).

854. **Weiss KB, Lozano P, Finkelstein J, et.al.** A randomized controlled clinical trial to improve asthma care for children through provider ed.ucation and health systems change: A description of the Pediatric Asthma Care Patient Outcomes Research Team (PAC-PORT 11) Study Design. Health Services and Outcomes Research Methodology, 2005 (in press).

855. **Wethers DL, Grover R, Oyeku S.** Aplastic crisis and acute splenic sequestration crisis. Journal of Pediatric Hematology Oncology 2000;22(2):187-8.

856. **Willson D, Landrigan C, Horn D, Smout R.** Complications in Infants Hospitalized for Bronchiolitis or Respiratory Syncytial Virus Pneumonia. J Pediatrics 2003;143:S143-S9.

857. **Wilson C, Sherritt L, Gates E, Knight J.** Are Clinical Impressions of Adolescent Substance Use Accurate? Pediatrics 2004;114(5):e536-e40.

858. **Wilson CR, Knight JR.** Developing and testing a new case-teaching module on child neglect. General Pediatrics Research News, Children's Hospital, Boston 1999;5(1):2-4.

859. **Wilson CR, Knight JR.** The silent cry. In: Knight JR, Frazer CH, Emans SJ, eds. Bright Futures case studies for primary care clinicians: child development and behavior. Boston: Bright Futures Center for Education in Child Growth and Development, Behavior and Adolescent Health; 2001.

860. **Wilson CR, Knight JR.** When parents have a drinking problem. Contemporary Pediatrics 2001;18(1):67-79.

861. **Winickoff J, Buckey V, Palfrey J, Perrin J, Rigotti NA.** Addressing Parental Smoking in an Outpatient Pediatric Clinic Using Counseling and Nicotine replacement. J Pediatrics 2003;112(5):1127-33.

862. **Winickoff J, Hillis V, Palfrey J, Perrin J, Rigotti NA.** A smoking cessation intervention for parents of children who are hospitalized for respiratory illness: the stop tobacco outreach program. J Pediatrics 2003;111(1):140-5.

863. **Wolraich ML, Wibblesman CJ, Brown TE, Evans S, Gotlieb EM, Knight JR, Ross EC, Shubiner HH, Wender EH, Wilens T.** Attention-Deficit/Hyperactivity Disorder in adolescents: A review of the diagnosis, treatment and clinical implications. Pediatrics (accepted.).

864. **Wood E, Obeidallah D, Sherry M, Ettinger S, Simms E, Dixon R, Missal S, Cox J.** The parenting project for teen mothers: The impact of a nurturing curriculum on adolescent parenting skills and life hassles. Ambul Pediatr 2003;3:240-5.

865. **Woods ER, Samples CL, Melchiono MW, et al.** The Boston HAPPENS program: needs and use of services by HIV-positive compared to at-risk youth, including gender differences. Evaluation and Program Planning 2000;23:187-98.

866. **Woods ER, Samples CL, Melchiono MW, et al.** Boston HAPPENS Program: a model of health care for HIV-positive, homeless, and at-risk youth. Human immunodeficiency virus (HIV) Adolescent Provider and Peer Education Network for Services. Journal of Adolescent Health 1998;23(2 Suppl):37-48.

867. **Woods ER, Samples CL, Singer B, et al.** Young people and HIV/AIDS: the need for a continuum of care: findings and policy recommendations from nine adolescent focused projects supported by the Special Projects of National Significance Program. AIDS & Public Policy Journal in press;17(3).

868. **Woolf A.** Disaster planning–our finest hour? [letter; comment.]. Journal of Toxicology - Clinical Toxicology 1996;34(1):59-60.

869. **Woolf A.** A 4-year-old girl with manifestations of multiple chemical sensitivities. Environmental Health Perspectives 2000;108(12):1219-23.

870. **Woolf A.** The specter of variation in poison control center triage practices: where do we go from here? (Response). Journal of Toxicology - Clinical Toxicology 2001;39(5):439-40.

871. **Woolf A.** Poisonings & Environmental Hazards. In: Kleinman R, ed. Saunders Manual of Pediatric Practice. 2nd ed. Saunders; 2002.

872. **Woolf A.** Child Labor. Children's Environmental Health 2002;World Health Organization (European Region).

873. **Woolf A.** Poisoning. 3rd ed. St. Louis: The C.V. Mosby Co.; 2002.

874. **Woolf A.** Introduction: Children's health and the environment. J Toxicol Clin Toxicol 2002;40:447-8.

875. **Woolf A.** Health hazards for children at work. J Toxicol Clin Toxicol 2002;40:477-82.

876. **Woolf A.** Herbal remedies and children: Do they work? Are they harmful? Pediatrics 2003;112:240-6.

877. **Woolf A.** Multiple chemical sensitivities. In: Handbook of Environmental Health. 2nd ed. Elk Grove Village: American Academy of Pediatrics 2004.

878. **Woolf A.** Dietary supplements and ethnic remedies. In: Handbook of Environmental Health. 2nd ed. Elk Grove Village: American Academy of Pediatrics 2004.

879. **Woolf A.** Poisonings in adolescence. Philadelphia: C.V. Mosby; 2004.

880. **Woolf A.** Challenge and promise: the future of poison control services. Toxicology 2004;198:285-9.

881. **Woolf A, Alpert HR, Garg A, Lesko S.** Adolescent occupational toxic exposures: a national study. Archives of Pediatrics & Adolescent Medicine 2001;155(6):704-10.

882. **Woolf A, Burkhart K, Caraccio T, Litovitz T.** Self-poisoning among adults using multiple transdermal nicotine patches. Journal of Toxicology - Clinical Toxicology 1996;34(6):691-8.

883. **Woolf A, Burkhart K, Caraccio T, Litovitz T.** Childhood poisoning involving transdermal nicotine patches. Pediatrics 1997;99(5):E4.

884. **Woolf A, Lesperance L.** The Age of Anxiety. Newsweek 2003 September 15, 2003.

885. **Woolf A, Litovitz T.** Reporting of adverse events. New England Journal of Medicine 2003;348:1410-1.

886. **Woolf A, Shannon M.** Reactive airways dysfunction and systemic complaints after mass exposure to bromine. Environmental Health Perspectives 1999;107(6):507-9.

887. **Woolf A, Shaw J.** Childhood injuries from artificial nail primer cosmetic products. Archives of Pediatrics & Adolescent Medicine 1998;152(1):41-6.

888. **Woolf A, Wieler J, Greenes D.** Costs of poison-related hospitalizations at an urban teaching hospital for children. Archives of Pediatrics & Adolescent Medicine 1997;151(7):719-23.

889. **Woolf A, Wright R.** Methemoglobinemia. In: Dart RC, ed. Ellenhorn's Medical Toxicology: Diagnosis & Treatment of Human Poisoning: Elsevier Press; 2004.

890. **Woolf A, Wright R, DC B.** A child with manganese exposure from drinking water. Environmental Health Perspectives 2002;110:613-6.

891. **Woolf AD.** Castor bean. Clinical Toxicology Review 1994;13:4.

892. **Woolf AD.** Diethylene Glycol. Clinical Toxicology Review 1994;19:1-2.

893. **Woolf AD.** Toxicology. In: Avery ME, First L, eds. Textbook of pediatrics. 2nd ed. Baltimore: Williams & Wilkins; 1994:1505-30.

894. **Woolf AD.** Carisoprodol. Clinical Toxicology Review 1995;17(12):1-2.

895. **Woolf AD.** Absinthe. Clinical Toxicology Review 1996;18(3):1-2.

896. **Woolf AD.** Risperidone. Clinical Toxicology Review 1996;19:1-2.

897. **Woolf AD.** The Haitian diethylene glycol poisoning tragedy: a dark wood revisited. Jama 1998;279(15):1215-6.

898. **Woolf AD.** Multiple chemical sensitivities. Clinical Toxicology Review 2000;22:1-2.

899. **Woolf AD.** Poisonings & environmental hazards, section. In: Kleinman R, ed. Saunders manual of pediatric practice. Philadelphia: W.B. Saunders; 2000.

900. **Woolf AD.** Aftermath of a tragedy. J Toxicol Clin Toxicol 2001;39:XII.

901. Woolf AD. Poisoning: an overall approach. In: Stockman JA, Jacob A, Lohr WB, eds. Essence of office pediatrics. Philadelphia: W.B. Saunders; 2001.

902. **Woolf AD, Chrisanthus K.** On-site availability of selected antidotes: results of a survey of Massachusetts' hospitals. American Journal of Emergency Medicine 1997;15(1):62-6.

903. **Woolf AD, Chrisanthus K.** Antidote stocking in hospital pharmacies in Massachusetts. In: Yearbook of pediatrics. St. Louis: CV Mosby Co.; 1997.

904. **Woolf AD, Cimino S.** Environmental illness: educational needs of pediatric care providers. Ambulatory Child Health 2001;7:43-51.

905. **Woolf AD, Flynn E.** Workplace toxic exposures involving adolescents aged 14 to 19 years: one poison center's experience. Archives of Pediatrics & Adolescent Medicine 2000;154(3):234-9.

906. **Woolf AD, Lovejoy FH.** Med.cation errors (letter). Drug Safety 1994;10:329.

907. **Woolf AD, Lovejoy FH, Jr.** Epidemiology of drug overdose in children. Drug Safety Aids International 1994(9):291-308.

908. **Woolf AD, Quang LS.** Children's unique vulnerabilities to environmental exposures. Environmental Epidemiology & toxicology 2000;2:79-90.

909. **Woolf AD, Shannon MW.** Clinical toxicology for the pediatrician. Pediatric Clinics of North America 1995;42(2):317-33.

910. **Woolf AD, Woolf NT.** Childhood lead poisoning in two families associated with spices used in food preparation. Pediatrics 2005(in press).

911. **Woolf AD, Maypole J.** Essential Oils. In: Shannon M, Burns M. eds. Clinical Management of Poisoning & Drug Overdose. 2005 (in press).

912. **Woolf AD.** Poisoning Prevention. In: Shannon M, Burns M. eds. Clinical Management of Poisoning & Drug Overdose. 2005 (in press).

913. **Woolf AD.** Poisoning and environmental toxic exposures: new roles for poison control centers. San J Occup Environ Med. 2005 (in press).

914. **Woolf AD, Quang L.** Principles of toxin assessment and screening. In: Buhrman BP, Zimmerman JJ. eds. Pediatric Critical Care, 3rd ed. St. Louis Elsevier Publishers , 2005 (in press).

915. **Woolf AD, Dvorkin L, Gardiner P, Maypole J.** Herbal Remedies. In Integrative Therapies for Children, ed. Mai L. 2005 (in press).

916. **Woolf AD. Isoniazid. In: Harwood-Nuss, Wolfson, Shepard, Linden, Stenklyft. eds.** The Clinical Practice of Emergency Medicine, 4th ed. Lippincott-Williams & Wilkens, Philadelphia, 2005 (in press).

917. **Woolf AD.** Chapter 8: Poisonings. In: Graef J. ed. The Manual of Pediatric Therapeutics. W.B. Saunders Co. 2005 (in press).

918. **Woolf AD, Litovitz TL.** Progress in the prevention of childhood iron poisoning. Arch Pediatr Adolesc Med.. 2005 (in press).

919. **Woolf AD, CPG team.** Cyclic Antidepressants Pre-Hospital Clinical Guideline. J Toxicol - Clincal Toxicol. 2005 (in press).

920. **Woolf AD, Litovtz T, Smolinske S, Watson W.** National trends in ephedra toxic exposures: frequency and severity. J Toxicol Clin Toxicol. 2005 (in press).

921. **Woolf AD, Gardiner P, Whelan J, Alpert H, Dvorkin L.** Views of pediatric health care providers on the use of herbs & dietary supplements in children. Clin Pediatr. 2005 (in press).

922. **Wright RO, Anderson AC, Lesko SL, Woolf AD, Linakis JG, Lewander WJ.** Effect of metoclopramide dose on preventing emesis after oral administration of N-acetylcysteine for acetaminophen overdose. Journal of Toxicology - Clinical Toxicology 1999;37(1):35-42.

923. **Wright RO, Hu H, Maher TJ, Amarasiriwardena C, Chaiyakul P, Woolf AD, Shannon MW.** Effect of iron deficiency anemia on lead distribution after intravenous dosing in rats. Toxicology & Industrial Health 1998;14(4):547-51.

924. **Wright RO, Magnani B, Shannon MW, Woolf AD.** N-acetylcysteine reduces methemoglobin in vitro. Annals of Emergency Medicine 1996;28(5):499-503.

925. **Wright RO, Perry HE, Woolf AD, Shannon MW.** Hemolysis after acetaminophen overdose in a patient with glucose-6-phosphate dehydrogenase deficiency. Journal of Toxicology - Clinical Toxicology 1996;34(6):731-4.

926. **Wright RO, Woolf AD, Shannon MW, Magnani B.** N-acetylcysteine reduces methemoglobin in an in-vitro model of glucose-6-phosphate dehydrogenase deficiency. Academic Emergency Medicine 1998;5(3):225-9.

927. **Wypij D, Newburger JW, Rappaport LA, et al.** The effect of duration of deep hypothermic circulatory arrest in infant heart surgery on late neurodevelopment: the Boston Circulatory Arrest Trial. J Thorac Cardiovasc Surg 2003;126(5):1397-403.

928. **Yan E, Munir, K.** Regulatory and ethical principles for conducting research in children with developmental disabilities. Ethics & Behavior 2004:14:31-49.

929. **Yee JD, Shelton D, Girouard S, Homer C, Goldmann D.** Market forces and organizational evolution at freestanding children's hospitals in the United. States. Ambulatory Pediatrics 2001;1(2):117-21.

930. **Young J, Gomes-Ped.ro J, Nugent JK, Brazelton TB.** The infant and family in the new century: integrating clinical and neuroscience perspectives. In: Gomes-Ped.ro J, Nugent JK, Young J, Brazelton TB, eds. The infant and the family in the 21st century. Brighton, NY: Brunner-Routhledge; 2002.

931. **Zaidi AK, Goldmann DA.** Diagnostic microbiology. In: Behrman RM, Kliegman HB, Jenson, eds. Nelson textbook of pediatrics. 16th ed. Philadelphia: W.B. Saunders; 2000:738-41.

932. **Zaidi AK, Macone A, Goldmann AD.** Impact of simple screening criteria on utilization of low-yield bacterial stool cultures in a Children's Hospital. Pe.iatrics 1999;103(6 Pt 1):1189-92.

933. **Zuckerman B, Brazelton T.** Strategies for a family-supportive child health care system. In: Kagan S, Weissbourd B, eds. Putting Families First:73-93.

Annual Report Design by Pickett Design
www.pickettdesign.com

Children's Hospital Boston

HARVARD MEDICAL SCHOOL

Division of General Pediatrics, Children's Hospital Boston
300 Longwood Avenue, Boston, MA 02115
Main: 617 355 6714, Fax: 617 730 0633
www.childrenshospital.org/pediatr