As I sit here writing this first of my President’s Messages on July 4, I am reminded of all of those who serve this country in uniform, making various sacrifices for the sake of the greater good. All of us in CAPSGW serve in various ways in our local communities as well as on national levels. On the executive council, CAPSGW members are always trying to figure out different ways to serve you, our membership. Before going into the various ways CAPSGW has been serving its membership, I want to recognize the awesome work of Martine Solages, our Secretary on the Executive Council as well as Newsletter Editor. She has been at this post since Spring 2014 and does a wonderful job each time. I would also like to thank Sonali Mahajan who helped edit this edition of the newsletter. Now, I want to review with you how we have been serving CAPSGW and the greater community by focusing on the three missions delineated in our motto: Educate, Advocate, and Nurture.

Educate:

We have had an exciting group of CME events thus far this year and look forward to more in the coming months. We started out the year with our January CME event featuring David Brent, world authority on depression and suicidality in adolescents. Dr. Brent gave an excellent talk about Non-suicidal Self-Injury and how to better understand and treat it. This was followed in March with our Spring symposium entitled “Addictions and the Adolescent Brain: Substances, Gaming, and the Internet.” This featured a host of speakers, starting with Dr. Joseph Frascella from NIMH, who gave an introduction into the neurobiology of addiction, followed by Dr. Robert Dupont who spoke about drug policy and his opinion on marijuana legalization. Subtle was not the word of the day for that talk, and this session proved to be one which provoked lots of discussion. The last talk of the morning was delivered by Dr. Roger Duda and featured a discussion of street drugs, some widely known, others new to most if not all of the audience. The second half of the day was a mini workshop on internet and gaming addiction given by Dr. David Greenfield. This was a new topic to most of our audience and one about which we are sure to hear more for years to come. In April many of us attended the dinner salon featuring attorney Christiane Sorel and Dr. Lee Haller, both of whom spoke about different perspectives on custody. This was an issue which many members wanted to hear about, and sets the precedent for additional talks revolving around legal issues within child and adolescent psychiatry. I want to thank again Dr. Naveena Hemanth for hosting the salon. In May, we had another CME dinner, this time with Dr. Paramjit Joshi speaking about global mental health, the cause she has spearheaded over the course of her career and has highlighted since taking over the post of President of AACAP. To round out this first half year, we had a robust CME planning committee meeting in June during which a small workgroup of members formulated the CME plans for the year to come. This was graciously hosted by Dr Sandy Cohen at her home.

Advocate:

Our five assembly representatives attended the annual Spring AACAP Assembly meeting in DC. This is held one day after AACAP’s Legislative Conference (formerly Advocacy Day), during which groups of child psychiatrists and others, including families with children and adolescents utilizing child and adolescent psychiatric services, go to their local representatives and senators and speak about all things child and adolescent psychiatry. At the Assembly meeting, there was discussion about a number of “hot topics,” including psychologist prescribing and collaboration between psychiatry and primary care. Our very own Dr. Jeanne Holzgrefe presented two motions, one about gathering information about how insurance

Continued on page 4
President’s Letter: *Continued from page 1.*

companies are paying child psychiatrists for their services and the second about Maintenance of Certification. Both of these motions were passed with a little tweaking of each. At our executive council meetings, we continue to discuss possible advocacy activities. One approach that we have discussed recently is developing a number of talking points about common mental health topics, such as ADHD or preventive medicine approaches to psychiatric practice, and giving presentations in community settings, such as PTA meetings and schools. This approach could serve to present a new and more approachable face of child and adolescent psychiatry. If you are interested in helping with these efforts, please be in touch with me and/or come to an Executive Council meeting and have your voice heard.

Nurture:

We continue to nurture both our younger and older CAPSGW members as well as work to encourage trainees to join us in our endeavors. We had some trainees at our Spring symposium as well as at various CME meetings and salons. Our Early Career Psychiatry Sub-committee continues to host events, and the torch is being passed from Drs. Sonali Mahajan and Cliff Sussman to Dr. Mark Sakran. We thank Sonali and Cliff for their efforts over the last year, as well as thank Mark for gearing up for the year to come. There is already an ECP event planned for the end of the summer to welcome all of our local child and adolescent trainees and other ECPs. On the other end of the spectrum, Dr. Sandy Cohen is heading up the Late Career Subcommittee, a grassroots effort to promote cohesion and appreciation of our seasoned Child and Adolescent Psychiatry colleagues. Knowing that they have such a vast collective knowledge and have issues unique to their own station, it was deemed important to have such a committee. Sandy is looking at various ideas for events and if you are interested in assisting her, please contact me or come to an Executive Council meeting.

So you can clearly see that we are holding up our end of the bargain in promoting Education, Advocacy, and Nurturing of our trainees, early, and mid-late child and adolescent psychiatrists, but the truth is, we cannot do it alone. While it is exciting to be on the Executive Council and meet nearly each month with the same group of people, we are always looking for and encouraging others to join our efforts. It takes a huge amount of work to get things done, and if you have a particular issue you want talked about, or an event you want held, the way to get that done is to be part of the preparation and execution. Let us know if you are interested in joining our efforts. I want to encourage all of you to join us for our EC meetings. These are typically on the 3rd Wednesday of the month. Let us know if you would like to join us, and we will see to it that you are there. Thank you and have a good rest of the year. See you at the next event!

*Micah Sickel, M.D. – CAPSGW President*

We encourage any ECPs who are interested in taking a leadership role and helping to plan future ECP events to contact the Executive Council to inquire about becoming an ECP sub-committee co-chair.

*Sonali Mahajan, M.D. – outgoing ECP Sub-Committee Co-Chair*  
*Cliff Sussman, M.D. – outgoing ECP Sub-Committee Co-Chair*
Past CAPSGW Presidents Reflect on Contributions of Diane Berman

Seven years ago, during the second year of my Presidency at CAPSGW, I learned that our longstanding administrator was retiring, moving from the area, and no longer was able to provide support. In searching for a replacement, I spoke with several candidates for the job. However, Diane Berman was identified as the lead candidate in short order. Diane had previously served as office manager of a large law firm in Washington DC, but had left that position to care for her young family, and was again looking for part-time employment as her children were growing. Diane interviewed with the CAPSGW Executive Committee and soon accepted an offer to start as our new CAPSGW Administrator. The rest is history! CAPSGW has been extremely fortunate to have Diane working with us. Many CAPSGW members have come to know her as friendly, efficient, organized, and eminently professional. Over the past ten years, Diane has quietly and consistently helped with all CAPSGW administrative requirements, including (but not limited to) the management of CME dinners and Spring Symposia. I hope that all CAPSGW members join me in thanking Diane and wishing her well in her future professional life. She will most certainly be missed!

Stephen J. Cozza, MD (2007-09)

Diane Berman contributed so much to CAPSGW beyond her extraordinary administrative skill-set. She was passionate and dedicated to the mission of CAPSGW and always willing to offer creative ideas to help us reach beyond what we thought possible, or to overcome roadblocks that sometimes seemed insurmountable. She was so capable, and beyond her high level of expertise, we enjoyed her delightful personality and wonderful sense of humor. There is no question that Diane was a full member of the CAPSGW team, and we will miss her so much!

Caroline Sehon, MD (2009-11)

Working with Diane during my time on the CAPSGW executive board was a delight and a professional growth experience for me. CAPSGW significantly benefitted from her savvy business acumen. She raised the bar for operational standards for our organization, particularly for finance, meetings, and communications. She improved the quality of our newsletter. One cannot begin to thank her for the tremendous amount of work that she did for the Annual Symposium. She was vital in scheduling the venue, coordinating with catering, communicating with speakers, printing the materials, collating the binders, and managing the complex CME paperwork. I will be forever grateful for her passion and commitment to CAPSGW.

Brent Anderson, MD (2011-13)

I had the pleasure and honor of working with Diane over the past several years. During her tenure at CAPSGW, she truly cared about our members and our organization as a whole. Diane is hard working, smart, organized, and detail oriented. During my time as CAPSGW president, I always found her to be a voice of reason and a wonderful sounding board! She will be greatly missed!

Rebecca Edelson, MD (2013-15)
As always, the summer is a time of transition for our fellowship program – graduations, promotions, orientations, new clinical experiences and opportunities. Four fellows graduated from the program in June and each has jetted off to a different region of the country to begin careers in child psychiatry.

We are incredibly fortunate that Dr. David Call will remain at Children’s National Health System as a faculty member, where he will be working in the Gender Development Program and the DC MAP program (a psychiatric consultation program for primary care clinicians). He will also organize the curriculum for rotating medical students.

Dr. Tracy Das will be joining a private group practice in the Atlanta area. Dr. Adam Richmond accepted a position as an inpatient child psychiatry attending in Denver. Dr. Jessica Yeatermeyer will join the child psychiatry faculty at Lurie Children’s Hospital/Northwestern University in Chicago.

Our second year fellows, now very seasoned after completing their inpatient and acute care-heavy first year, will focus on outpatient work, subspecialty clinics, and electives this year. They have demonstrated their commitment to service and leadership in their choice of electives.

Dr. Jean Cho will serve as Chief Fellow and will explore her interest in cross-cultural psychiatry through an elective at the Korean Community Service Center of Greater Washington. Our other chief fellow, Dr. Shalice McKnight, will also deepen her experience in community psychiatry through electives at both the Arlington County Child and Family Services and with a faith-based organization.

Dr. Milangel Concepcion will complete an international elective at the Maudsley Hospital in London, will rotate through the Children’s Law Center and learn about the intersection of child mental health and the legal system, and has also been selected as this year’s SAMHSA/AACAP Systems of Care Fellow.

Dr. Vijay Ekambaram will complete a sleep medicine and research elective at the NIMH. Finally, Dr. Yuanfen Zhang will rotate through both the Jewish Social Services Agency and through RICA.

Each second year fellow will complete a scholarly project over the course of the year.

We have also welcomed five incoming first year fellows – Drs. Benjamin Anderson (adult psychiatry residency at New York Medical Center at Valhalla), Valentina Cimolai (Hennepin County Medical Center), Michael Morse (George Washington University), Munjerina Munmun (Drexel University), and James Murphy (Georgia Regents/Medical College of Georgia).

They are off to a running start on the busy hospital-based services but have settled in quite nicely. We are expecting another fun, rewarding, and challenging year with our wonderful and hardworking group of fellows.

Lisa Cullins, M.D. – Training Director
Martine Solages M.D. – Associate Training Director

CAPSGW Welcomes New Members:

Dr. Jarred Hagan (Fellow at Walter Reed)  Dr. Balbinder Kaur (Kaiser Permanente)
Dr. William Cohen (Fellow at Georgetown)  Dr. Ahmed Hefuna (Adventist Behavioral Hospital)
Dr. Shalice Mc Knight (Fellow at CNMC)  Mr. Michael Champs (medical student at GWU)

NIMH Pediatric Clinical Research

The National Institute of Mental Health (NIMH) is one of the world’s foremost mental health scientific organizations. The intramural program is the internal research division of NIMH, with most of the research conducted at the National Institutes of Health (NIH) Clinical Center. The Clinical Center is the world’s largest research hospital, and is located in Bethesda, Maryland, just outside Washington, D.C.

Leading physicians and scientists investigate the diagnosis, treatment and prevention of mental illness. The intramural research program is made up of different departments, each of which specializes in specific areas such as schizophrenia, depression, bipolar disorder (manic-depression), anxiety disorders, hormone-related mood disorders, childhood psychiatric disorders, and others.

NIMH intramural researchers conduct adult and pediatric research and some studies enroll eligible participants from across the United States. There is no cost to participate and compensation is available for some studies. Travel and transportation may be reimbursed for participants in some studies.

To see all NIMH research studies recruiting children, visit our website: http://www.nimh.nih.gov/labs-at-nimh/join-a-study/children/index.shtml

NIMH Pediatric Clinical Research

The National Institute of Mental Health (NIMH) is one of the world's foremost mental health scientific organizations. The intramural program is the internal research division of NIMH, with most of the research conducted at the National Institutes of Health (NIH) Clinical Center. The Clinical Center is the world's largest research hospital, and is located in Bethesda, Maryland, just outside Washington, D.C.

Leading physicians and scientists investigate the diagnosis, treatment and prevention of mental illness. The intramural research program is made up of different departments, each of which specializes in specific areas such as schizophrenia, depression, bipolar disorder (manic-depression), anxiety disorders, hormone-related mood disorders, childhood psychiatric disorders, and others.

NIMH intramural researchers conduct adult and pediatric research and some studies enroll eligible participants from across the United States. There is no cost to participate and compensation is available for some studies. Travel and transportation may be reimbursed for participants in some studies.

To see all NIMH research studies recruiting children, visit our website: http://www.nimh.nih.gov/labs-at-nimh/join-a-study/children/index.shtml

CAPSGW Welcomes New Members:

Dr. Jarred Hagan (Fellow at Walter Reed)  Dr. Balbinder Kaur (Kaiser Permanente)
Dr. William Cohen (Fellow at Georgetown)  Dr. Ahmed Hefuna (Adventist Behavioral Hospital)
Dr. Shalice Mc Knight (Fellow at CNMC)  Mr. Michael Champs (medical student at GWU)
The National Capital Consortium’s Child and Adolescent Psychiatry Fellowship at Walter Reed welcomed two new Army fellows and one Navy fellow - CPT Brady Yates, CPT Andrew Kuhle, and LCDR Aidith Flores-Carrera - at the beginning of this academic year. CPT Yates and CPT Kuhle both trained at Walter Reed in general psychiatry. Dr. Flores-Carrera is an adult psychiatrist who was stationed in Florida for the past 3 years prior to being selected for fellowship.

CPT Jared Hagan and CPT Michael Stachniak continue through the second year of training. Dr. Stachniak is focusing his scholarly activity and research on the topic of bullying in select populations. Dr. Hagan is rotating at the NIMH and engaged with a team assessing biomarkers and imaging studies in individuals with ADHD. Of note, Walter Reed’s three most recent CAP graduates, LCDR Amy Canuso, CPT Richard Ernst, and LCDR Monica Ormeno are headed to Guam, Japan, and California to direct Child and Adolescent Psychiatry Clinics at Navy and Army installations.

This academic year remains a time of continued expansion. Electives with local researchers, increased engagement with regional CAP fellowships, additional electives with Adventist Behavioral Health, CNMC, and forensic opportunities both in the military system and St. Elizabeth’s Hospital remain welcomed additions. Fellows look forward to presenting their scholarly activity at the second annual Spring CAP Academic Symposium in May 2016, a collaborative venture created by the 5 regional CAP program directors across MD and Washington D.C. Finally, the application season is underway for the Department of Defense’s GME programs. Army, Navy, and Air Force applicants from across the United States will be interviewed prior to the selection board meeting this fall.

Joseph Dougherty, M.D. – Training Director

CAPSGW 2015 CME Dinner Programs

CAPSGW was pleased to follow its fall CME dinner (which featured a presentation on psychopharmacology by Dr. Adelaide Robb from Children’s National Health System) with two CME dinners in 2015.

On January 28th, we held our winter CME dinner at Suburban Hospital with Dr. David Brent as the featured speaker. Dr. Brent is the Endowed Chair of Suicide Studies and Professor of Psychiatry, Pediatrics, Epidemiology, and Clinical and Translational Science at the University of Pittsburgh. He spoke about a common but often vexing issue in child psychiatric practice: Non-Suicidal Self Injury (NSSI). Lifetime prevalence of NSSI may be as high as 18%. Dr. Brent explained that NSSI is a heterogeneous phenomenon that can be fueled by a number of processes including desire for self-punishment, increased arousal to stress, poor social problem solving and communication, and increased pain tolerance. He emphasized that Non-Suicidal Self Injury is a significant risk factor for future suicide attempts. Dr. Brent discussed treatment approaches for adolescents with NSSI, such as group therapy focusing on emotion regulation, parent psychoeducation and support, and mentalization. He also highlighted the importance of a well formulated safety plan. His presentation was well received by the members in attendance who posed several questions in the discussion session following the talk.

On May 6th, we gathered at the Columbia Country Club and welcomed Dr. Paramjit Joshi, Endowed Professor and Chair in the Division of Psychiatry and Behavioral Sciences at Children’s National Health System and President of the American Academy of Child and Adolescent Psychiatry. Dr. Joshi shared reflections on her pioneering work in global mental health, which has taken her to diverse corners of the world, and often to areas of war and conflict. She discussed the need for global mental health and the importance of training future generations of mental health providers.

Research Studies at Children’s National Health System

Dr. Adelaide Robb and a team of psychiatrists and psychologists at Children’s National Health System are conducting research studies with children and adolescents ages 10-17.

Studies include treatments for depression for ages 12-17, schizophrenia ages 12-17, and bipolar disorder ages 10-17. All study-related treatments and evaluation are FREE.

Patient privacy and confidentiality is assured, and families may receive compensation for time and travel while participating. Please have patients call the research study line at (202) 476-6067.
Dr. Roger Duda then gave a presentation entitled, "Designer Drugs: Not for Human Consumption." Dr. Duda is the chief of a residential addictions treatment unit at Fort Belvoir Community Hospital. This talk opened many of the audience members’ eyes to the world of designer drugs. He reviewed many of the notable drugs, including bath salts, K2 or spice, and salvia. He talked about the many terrible side effects of these drugs, such as convulsions, kidney failure, and agitation. He described how many of these designer drugs are sold in various locales, such as gas stations, packaged as plant food and often with inviting names, such as White Rush and Bliss. He talked about how it is hard to keep up with all of the designer drugs, especially when it comes to law enforcement, because once one of these is deemed illegal, another spate of new designer drugs takes its place. He went over a number of the websites where providers can learn about these designer drugs and these resources were also provided in the binder which was supplied at the symposium.

After this first trio of talks was completed, lunch was served. This was a time when audience members could relax and make connections with others from CAPSGW as well as those outside the organization who were in attendance. Many also took advantage of perusing the well stocked book table where many excellent reads were to be found.

The afternoon saw a mini workshop presented by Dr. David Greenfield, founder of The Center for Internet and Technology Addiction and Assistant Clinical Professor of Psychiatry at the University of Connecticut School of Medicine, entitled “Internet Use Disorder: Clinical and Treatment Implications of Compulsive Internet and Video Game Use in Adolescents”. He discussed his work in this area for the past 2 decades. He started by talking about various factors that contribute to the “power of the internet,” including accessibility, time distortion (that people lose track of time while on the internet), and anonymity. He showed data about how time spent online crowds out time spent in other activities, including work, sleep, and socializing. Dr. Greenfield had an interesting take on internet and gaming: he argued that it is both simultaneously a social activity as well as socially isolating. There is no current definition for compulsive internet use, abuse or addiction, which can make diagnosis and treatment a challenge. However, provisional inclusion in DSM-V of Internet Gaming Behavior is a start. Some of the problems occurring with internet and gaming addiction are decreased sleep, decreased exercise and repetitive motion injuries. Interestingly, for every 10 percent increase in national spending on information technology, there is a 1% increase in obesity rates. It looks as though internet and gaming addiction have similar neurobiological etiologies as other addictions; they also involve the dopamine system, and have been described as “Reward Deficiency Syndrome.” He also reviewed how internet and gaming addictions are similar to other addictions in terms of how preoccupied one can become, the presence of withdrawal symptoms, and the effects on social and occupational life. These addictions can also be viewed as impulse control problems. One major issue is how parents facilitate the potential for addiction, as they pay for internet access, smartphones, and gaming consoles, and then they may complain about the their children’s intense level of engagement with.
these various devices. Since it is difficult to achieve abstinence with internet technology, moderated use may be the most practical goal. Treatment includes working with the individual and the parents, helping parents to set appropriate limits, as well as pharmacologic treatments. There is some evidence that bupropion may reduce cravings for internet gaming. Treatment of co-morbid conditions, such as social anxiety and ADHD, is also important in the treatment strategy. He discussed some of the questionnaires used to measure someone’s level of internet and gaming addiction and these are available on his website.

At the end of the exhausting day, audience members overall were very satisfied with their experiences and it was another successful symposium. We had gone from the neurobiology of addiction, to drug policy, to designer drugs, to internet and gaming addiction, from substance abuse to internet abuse and everything in between. Aspects of the symposium may have been a review for some audience members, but everybody learned something new and was better prepared to assess and treat their patients.

Micah Sickel, M.D. – CAPSGW President
Reflections on AACAP 2015 Legislative Conference

Despite the joys and the hard-won triumphs that often characterize our work, the practice of child psychiatry can sometimes be disheartening. A child psychiatrist might work with a nine year-old who thinks of killing herself, a six year-old who threatens to blow up the classroom, teenagers who feel bullied into anxious despair, and children with autism who struggle to understand the world, and who struggle to be understood. But the emotional toll of working with ailing children is not unique to our field—the providers who fight against cancer, infection and injury all feel it, too. This part of medicine we learn to cope with. We use our clinical knowledge and experience, and we do the very best we can to help our patients to prevail over the physical and mental aggressors that hound them. What’s more, we know that, however emotionally taxing this work feels to us, it is all the more burdensome for the children and families who personally live through it.

Based on this, it’s not the substance of child psychiatry that can leave providers feeling discouraged. What pulls at our altruistic heartstrings the most is the mass of children whom we know we cannot reach. Families wait for months to get an appointment with a child psychiatrist; parents drive for hours to unfamiliar cities to find care; doctors rush through too-short visits in order to squeeze in just one more patient; working mothers and fathers struggle to scrape together money for therapy and medications that fall outside the bounds of their insurance coverage. In the midst of a workforce shortage, funding quandaries, and stigma out of proportion to that faced by any other medical field, it is easy for the child psychiatrist to feel disheartened and alone in the fight.

Fortunately, we also feel moved to intervene. On April 24, 2015, child psychiatrists, residents, and students from all across the country joined forces with brave patients and their families to descend on Washington, D.C. in support of children’s mental health. The annual AACAP Legislative Conference brought together over 200 advocates from 41 states, the District of Columbia, and Puerto Rico, marking an increase of 11% in geographic representation compared to the 2014 event and setting a record for the breadth of Advocacy Day participation. In an educational session held the day before the event, conference attendees were briefed about three primary advocacy target areas: tackling the child psychiatry workforce shortage through House Resolution (HR) 1859 “Ensuring Children’s Access to Specialty Care Act of 2015”; supporting Rep. Tim Murphy’s bill promoting comprehensive mental health reform, the “Helping Families in Mental Health Crisis Act of 2015”; and thanking Congress for extending the Children’s Health Insurance Program (CHIP) for two more years. Armed with information and personal anecdotes, teams of advocates met with senators, state representatives, and congressional staffers on the Hill to attach human faces and real stories of hardship and triumph to these important issues.

After the meetings on Capitol Hill, participants reconvened for a debriefing session. The feedback was overwhelmingly positive. One teenager said about his meeting with his Senator, “I felt recognized and heard.” Participants noted that the staffers and members of Congress had asked thoughtful questions and brought up important issues during their meetings, and that the advocates present were given a adequate time to address the concerns that were raised. Many meetings ended with assurances that HR 1859 and Rep. Murphy’s bill would be supported, or at least taken into consideration. In all, the sentiment during the debriefing session was one of enthusiasm, pride, and hope. Working in a profession that can sometimes be disheartening, functioning in a system that can sometimes feel wholly dysfunctional, at least one child psychiatrist in-training came away from the AACAP Legislative Conference feeling heartened by the prospect of change.

Jessica Yeatermeyer, M.D. – Children’s National Health System Child and Adolescent Psychiatry Fellow 2013-2015

CME Dinner Programs  Continued from pg 5

conflict. Dr. Joshi also talked about her AACAP presidential platform, Partnering for the World’s Children. She reviewed the staggering burden of psychiatric illness globally and its impact on disability adjusted life years (DALYs). She noted that despite the morbidity and mortality of mental health conditions, scarce resources are allotted to addressing these conditions. In her career, Dr. Joshi has prioritized training of local physicians and mental health professionals so that they are able develop programming and deliver the services most needed and desired in their communities. Many audience members left feeling inspired and motivated to participate in global mental health work.
Senior AACAP Member Profile: Dr. Soo W. Han

“-Learning from the past, delving into present, and looking forward to the future”

It was by luck that I stumbled upon Dr. Soo W. Han last year. As a first year child fellow at Children’s National Health System, I was eager and ambitious, but I was also lost – I had been trying to find a role model and mentor for my interest in mental health care for Korean American children. However, having just moved to the area, and not knowing many people, I didn’t even know where to start. On a whim, I picked up a phone book for Korean American businesses in the area, looked under psychiatrists, and dialed the first number on the list. When Dr. Han picked up, it was a pleasant surprise for both us on each side of the phone. It turns out that Dr. Han is one of the very few Korean American Child Psychiatrists in all of the DC metro area and, as a recent retiree, he currently volunteers at the Korean American Community Center in Annandale, Virginia. Over the last few months, he has been my guide in pursuing my goal of helping Korean American children lead mentally healthier lives. It is a privilege to offer this profile of his career.

Dr. Han, native of Korea, moved to the United States in the late 1960s after he graduated from medical school in Korea. Ironically, his interest in child psychiatry rose out of necessity. After his adult psychiatry training in Western Pennsylvania, he had been offered a job as a medical director at an Adolescent Inpatient unit at Western Pennsylvania Psychiatric Institute. No, he had not treated children prior to this job! Needless to say, Dr. Han remembers it as initially a daunting task, and recalls being smacked by a 12-year-old patient in the face on one occasion. While working on this unit, he would drive hours to Philadelphia for family therapy supervision at the Child Guidance Center, spend the night in Philadelphia, and drive back for work in the morning on weekly basis for 6 months.

After two years of working on the adolescent inpatient unit, Dr. Han then enrolled as child psychiatry fellow at our own Children’s National psychiatry fellowship program in the early 1970s for more formal education. Back then, the hospital was located on 13th street; Children’s National was on 13th street for about 100 years, until it moved to its current Michigan Avenue site in 1975. Dr. Han fondly remembers his supervisor, Dr. Reginald Lourie – former director of psychiatry at Children’s. He received weekly supervision from Dr. Lourie for two years during his fellowship, and describes him as a “smart and concise” teacher. It was also during his fellowship that he learned about the resilience of children. As a part of his training, he had treated children who were awaiting kidney transplants on the dialysis unit. Despite the high death toll in this population, he saw no fear in these children, which made a big impact on his perspective as a child psychiatrist. It is this resilience that he found in his patients that kept him motivated through his 40-year career. After his child psychiatry training at Children’s, Dr. Han moved through various positions in the metro DC community, including serving as medical director of Adolescent and Child Services at Prince George’s County Hospital and working for the DC child crisis walk in clinic. Most recently, he served as the medical director of child and adolescent services at the Psychiatric Institute of Washington for about 10 years until his retirement in 2011.

Besides his long service to the DC metro community in general, he has also undertaken service to the Korean American Community in particular. He recalls his first Korean American patient – a psychotic 21 year old female who came to his office carried on her father’s back. He talked about how startled he was as this young woman started screaming profanities and sexually obscene words in Korean, a scene he had never encountered before. At the time, the Korean population in Metro DC area was a mere 500 or so, and the Korean Embassy had found Dr. Han through an American Psychiatric Association physician list in their search for a Korean-speaking psychiatrist in the area for this patient. Since encountering this patient during his fellowship, he recognized the need for mental health care in Korean American immigrants in the area and started calling Korean churchers to offer help for patients in need. Since then, Dr. Han has participated as a member of Association of the Korean American psychiatrists (AKAP) and a member of the Korean American Medical Association (KAMA).

According to Dr. Han, immigrant children face unique challenges of their own during their development that can affect their mental health. In the process of immigration, the family dynamics tend to shift – many children take the role of interpreter for the parents, and can end up growing up “too fast,” to be the helpers of the family. This new dynamic in the family may lead to a lack of balance in sense of authority. With such high emphasis on education and success in Korean culture, some Korean American children may perform well in academic settings, but may not give enough focus to developing peer relationships and may struggle in social settings.

One of the biggest challenges for Korean Americans in seeking mental health is the stigma that surrounds mental illness. What Dr. Han has also found was that some Korean American parents either ignore or hide psychiatric issues in the family due to stigma, and the children are seen by psychiatrists only after years of suffering, when the symptoms are too prominent to ignore any longer. Even when a child is in treatment, parents may disengage from the treatment after few sessions, and there seems to be lack of coordinated efforts to keep families in treatment, leading to failure of treatment for many children.

In treating Korean American children, Dr. Han emphasizes focusing on the unique immigration history of each child. He believes that the time of arrival to the United States has been a big determinant in each child’s mental health trajectory, as the age at the time of immigration affects the child’s sense of identity. For example, he

Continued on Page 11
Visiting Chilean Child Psychiatrists Welcomed by DC Area Institutions

In March, 2015, Dr. Coni Morales and Dr. Marcelo Briceno, 3rd year child psychiatry fellows from the University of Valparaiso in Chile, traveled to Washington, DC for the third year of an exchange program that has been established between child psychiatry institutions in the Washington DC area and the University of Valparaiso. Faculty and fellows from the DC area have also previously traveled to the University of Valparaiso to learn about the practice of child psychiatry in Chile. Under the leadership of Dr. Hector Parada and Dr. Rebecca Edelson, Dr. Morales and Dr. Briceno spent one week at John L. Gildner Regional Institute for Children and Adolescents (JLG-RICA) in Rockville, Maryland and subsequent weeks at Children’s National Health System and the Division of Child and Adolescent Psychiatry at Medstar Georgetown University Hospital.

While at RICA, they learned about the day treatment and residential treatment programs. They participated in a cultural exchange during which the JLG-RICA executive group spoke about the mental health services at JLG-RICA and then Drs. Morales and Briceno presented to the group about substance abuse in youths in Chile. The rest of the week included meeting with treatment teams and observing patients at JLG-RICA. They also received lectures from different JLG-RICA staff on topics such as trauma-informed care, DBT, residential life at JLG-RICA, family therapy, expressive therapy, and psychological testing at JLG-RICA.

At Children’s National Health System, Drs. Morales and Briceno had the opportunity to observe care in high acuity settings, including the inpatient child and adolescent psychiatric units, the consultation liaison service, and the emergency department. They also attended grand rounds and the didactic program and visited subspecialty clinics including the Gender Development Program, Sleep Clinic, Infant and Toddler Mental Health Program, and the Center for Autism Spectrum Disorders.

At Georgetown, under the leadership of Dr. Matthew Biel, Drs. Morales and Briceno were able to observe in the outpatient clinic and consultation liaison service, as well as in the integrated care clinic at Mary’s Center and the inpatient child and adolescent units at Adventist Behavioral Health.

By all accounts, Drs. Morales and Briceno had a wonderful time in Washington. Their enthusiasm and perspectives were appreciated by colleagues at all the institutions they visited and continued collaboration and exchange are anticipated in the years to come.

Hector Parada, M.D. – John L. Gildner Regional Institute for Children and Adolescents
Martine Solages, M.D. – Children’s National Health System
Dr. Soo W. Han:  Continued from pg 9

argues that children who immigrated during puberty seem to have the most difficult time as they are figuring out their own identity. On the contrary, he has observed that children who immigrated in elementary school appeared to have easier transition. Interestingly enough, children who moved towards end of their teenage years also tend to have easier transition as most of them have already formed their identity as Koreans, and tend to surround themselves with other Korean American children who share a similar identity to form a community of their own.

As it is the case for all children, early recognition and diagnosis as well as prevention of mental illness are crucial in treating Korean American children. Dr. Han has been a forceful voice in promoting the mental wellbeing of Korean American children in the community over the years and continues to work to make a difference for each patient that he meets. Dr. Han also has been a wonderful mentor for me; he has helped me to lay groundwork for my own path in serving the community of my origin, and has been guiding light in finding appropriate approaches to this special population. With assistance from my fellowship program, I will be able to rotate through the Korean American Community Center this year along with Dr. Han. Per the 2014 census, the Asian American population in the DC Metro area rose 60% in the past decade, and Korean Americans make up the biggest group of Asians in northern Virginia. With this exponential population growth, the need for mental health services for Korean American children only grows. My hope is that I will be able to follow in Dr. Han’s footsteps and serve Korean American children and help them realize a brighter future.

Dr. Jean Cho – Child and Adolescent Psychiatry Fellow, Children’s National Health System

CAPSGW Spring Salon – Child Custody Issues in Child Psychiatry

On April 15, CAPSGW sponsored a salon on psychiatric and legal aspects of child custody and divorce. Registration for the salon, which was held at the offices of Naveena Hemanth, M.D., closed in less than eight hours, reflecting the high level of interest in this topic. After a delicious Indian dinner, 24 CAPSGW members heard two presentations by local experts with different perspectives on the subject.

First to present was Lee Haller, M.D., Child, Adolescent, Adult and Forensic Psychiatrist. He stressed the importance of being clear about the role of the child psychiatrist, who should be either a custody evaluator or a therapist, but never both. He then reviewed the essential elements of a child custody evaluation, including interviewing all competing parties, interviewing the child in the office, observing the child in each home, and reviewing all relevant school and therapy reports.

A child psychiatrist who is going to be the therapist for the child must have both parents, even if separated, give permission for the child’s treatment prior to the first visit. Dr. Haller encourages therapists to see both parents separately to obtain history and to give guidance, and to see each with the child. He cited several common “stumbling points,” including being asked to offer opinions about custody or visitation, releasing information, responding to subpoenas for records or deposition requests, and appearing in court. While a custody evaluator should expect to appear in court, he emphasized that a therapist should do everything possible to avoid it. Final points made by Dr. Haller included what services can, and should, be charged for, and to remember to reach out to "learned colleagues" for help, to contact your malpractice carrier with questions, and to remember that termination is always an option.

Continued on Pg 13
Spring 2015 Academic Symposium for Regional CAP Fellows

On May 27th 2015, second year Child and Adolescent Psychiatry fellows from five regional training programs presented their research and scholarly activity at the 1st annual Spring Child and Adolescent Psychiatry Fellowship Academic Symposium. The symposium was held at the Georgetown University Center for Child and Human Development. This venture was the result of robust discussion between regional program directors earlier in the year which focused on methods of increasing collaboration at both trainee and faculty levels. With multiple fellowships in the Maryland-Washington D.C. region, opportunities abound to increase exposure to unique training environments, select populations, and research. During the May 27th symposium, Children's National Health System, Walter Reed National Military Medical Center, Georgetown, University of Maryland, and Johns Hopkins trainees were allotted 10 minutes each to present topics to their peers, program directors, and select training faculty. Program directors then discussed current initiatives and research at their respective institutions and areas for optimizing future training opportunities via electives, shared didactic offerings, grand rounds, and guest speakers. A spring 2016 Academic Symposium is already planned, with options for virtual participation being considered for those who are not able to travel to the event.

Spring 2015 Child and Adolescent Psychiatry Fellowship Academic Symposium Presentations

Georgetown Fellows
Dr. Ivona Bendkowska: “Anxiety Symptoms in Children and Adolescents with ASD”
Dr. Mark Sakran: “The Impact of Mentoring Upon Adolescents Receiving Mental Health Services”

Walter Reed Fellows
Dr. Richard Ernst: “Communication Disorders and Psychosocial Functioning”
Dr. Amy Canuso, Dr. Monica Ormeno: “Mindfulness Training for Adolescents: Evidence Based Practice & Future Steps”

CNMC Fellows
Dr. Adam Richmond: "Crisis Management: Reducing Seclusion and Restraint"
Dr. David Call: "Gender Non-Conforming Youth: Mental Health Disparities and Needs"
Dr. Tracy Das: “Global Mental Health”
Dr. Jessica Yeatermeyer: "Medico-Legal Literacy: Cross-talk and Mutual Understanding"

University of Maryland Fellows
Dr. Fahad Ali, Dr. Sara Jeurling: "Case of an 8 year old Girl Who Thought her Cat was Overweight"
Dr. Taylor Scott, Dr. Fauzia Syed: “An Incidental Finding with Potentially Serious Ramifications: A Case Discussion”
Dr. Harpreet Kaur, Dr. Lori Schwartz: "I am Rigid but Unable to Tell You: A Case Report of NMS in a 7 year old"

Johns Hopkins University Fellows
Dr. John Cruz: “Pediatric Insomnia”
Dr. Jamie Hom: “Help Seeking Behavior in Depressed Adolescents”
Dr. Zoya Popivker: “Pediatricians Consulting Psychiatry - The Common Questions”
Dr. Yuval Asner: “Social Media and Mental Health Assessment”
Dr. Melissa Wellner: “Mental Health Issues in Children with Hearing Impairment”

Joseph Dougherty, M.D. - Training Director, CAP Fellowship at Walter Reed National Military Medical Center.
Following Dr. Haller’s presentation, Christiane Sorel, Attorney at Law in D.C. and Maryland, gave an informative talk entitled, "Perspectives on Families, Child Custody and the Law." She began by identifying the many possible participants in custody cases, including a Best Interest Attorney (BIA) for the child. A glossary of legal terms and definitions followed. She provided helpful information about how to respond to a subpoena for treatment records, which must be responded to, but not complied with unless a HIPAA compliant authorization is offered that specifically mentions psychotherapy notes. She also shared a sample HIPAA compliant release form with the group.

Ms. Sorel then discussed the role, boundaries and responsibilities of the child's mental health provider. She recommends that children involved in custody cases who are in psychotherapy should have a court appointed attorney, and explained the difference between a Best Interest Attorney (formerly called guardian ad litem), who makes an independent assessment of what is best for the child, and a Privilege Attorney (formerly called Nagle v. Hooks), whose sole responsibility is to determine whether or not the child's privilege of confidentiality should be waived, which would allow the release of confidential treatment records.

Following both presentations, the speakers responded to questions from the audience, and a difference of opinion emerged concerning the appropriateness of sharing opinions with attorneys. Dr. Haller stated that therapists' opinions, as opposed to facts, should not be shared with attorneys. Ms. Sorel countered that in her view it is acceptable to offer opinions to opposing attorneys if invited to do so.

By the end of the evening, attendees had been provided with the information necessary to decide whether or not this is the kind of work they would like to do.

Sandy Cohen M.D.