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# COUNCIL RETREAT

*Whitetail Club & Resort, McCall, Idaho*

*June 19-22, 2008*

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## *Minutes*

**Councilors in attendance:** *Drs. Robert Hendren, Larry Greenhill, David Herzog, William Bernet, Marty Drell, Thomas Anders, David DeMaso, Anne Frederickson, Michael Houston, Chris Kratochvil, Louis Kraus, Daniel Lafleur, Alice Mao, Melvin Oatis, Ken Rogers, Eugenio Rothe, Bela Sood and Dorothy Stubbe*

**Staff participating:** *Virginia Anthony, Kristin Kroeger Ptakowski, Heidi Fordi, Donna Rich, Stacia Hall, Erin Baker, and Earl Magee*

**Also participating:** Lee Grossman, President of the Autism Society of America and from Caring Technologies: Ron Oberleitner, Cathy Richelieu, and Dr. Uwe Reischl

### **FRIDAY, JUNE 20, 2008**

Dr. Hendren welcomed everyone including staff then reviewed the agenda, structure of the meeting and activities.

#### **Autism Advocacy**

**Lee Grossman**  
**Autism Society of America**

Dr. Hendren briefed on the background of the Autism Society of America (ASA) and introduced Mr. Grossman. Mr. Grossman provided information on his interest in autism, a son who was diagnosed with autism. His presentation, "The Autism Community: Who We Are, Where We Are Going, Where We Should Be," provided a summary on the following:

- access to services for his son once he was diagnosed as a high functioning autistic child;
- the silent victims such as his other sons, grandparents, sisters, aunts, uncles, etc.; and
- the silent heroes like psychologists and advocate must be included in the autism community

He reviewed facts and statistics, what is known about autism, common characteristics—generalization, communication, and abilities; the realities of autism; the critical needs of the autism community; the need for a dramatic, proactive, aggressive and coordinated response from multiple federal agencies like NIMH (<http://www.nimh.nih.gov/autismiacc/asdroadmap.pdf>); and environmental factors.

#### **Conflict of Interest/Ethics**

**Larry Greenhill, M.D.**

Dr. Greenhill overviewed the work of the Task Force on Policies and Procedures (TFPP) including its recommendations and the one-day conference in February, "Consensus Building Conference on Managing Conflict of Interest," as well as recent controversial articles. In October 2007, the Executive Committee supported and Council agreed to fund the one-day conference. Dr. Greenhill reviewed the conference panel members and draft guidelines that included a preamble, principles and self-assessment questions, and the four A's:

1. Awareness of Conflicts of Interest,

2. Assessment of Conflicts of Interest,
3. Acknowledgement or Disclosure of Conflict, and
4. Actions to Manage Conflicts of Interest.

Next steps include the following:

- Request the Workgroup on Research develop draft COI guidelines for Child & Adolescent Psychiatry academicians and researchers for Council to review at its October meeting;
- Request the Executive Committee to develop specific COI guidelines for AACAP officers, component leaders, and the organization; and
- Make the dissemination of the AACAP COI guidelines an AACAP priority.

Highlights of the discussion that followed included:

- integrating into training programs;
- looking at other medical organizations' conflict statements;
- printing the final draft COI guidelines in AACAP News; and
- emailing the final draft to all members via email.

**ACTION: COUNCIL MOTIONED, SECONDED AND APPROVED THE GUIDELINES WITH THE CHANGES AND TO MOVE FORWARD WITH THE DISSEMINATION AS DISCUSSED.**

**ACTION: COUNCIL MOTIONED, SECONDED AND APPROVED A CONFLICT OF INTEREST FOR RESEARCHERS CONFERENCE IN TWO TO THREE MONTHS.**

Dr. Hendren announced that he referred the TFPP Report to the Ethics Committee chaired by Adrian Sondheim, M.D. Because the committee is undertaking a large task, Dr. Sondheimer has requested a co-chair and will make recommendations to Dr. Hendren.

**ACTON: COUNCIL MOTIONED, SECONDED, AND AGREED TO SUNSET THE TFPP AND MOVE THE NEXT PHASE TO THE ETHICS COMMITTEE.**

#### **Draft Disclosure Form**

Ms. Kroeger distributed edited copies of the draft Disclosure of Affiliations and reviewed the changes. Council discussed those changes and made some languages.

**ACTION: COUNCIL MOTIONED, SECONDED AND PASSED TO APPROVE THE DISCLOSURE OF AFFILIATIONS FORM WITH THE DISCUSSED CHANGES.**

- American Heart Association Update
- New York Times Article Follow-up

#### **Disclosure of Affiliations (pre-distributed)**

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Dr. Hendren asked Council members for any changes to disclosure forms. No disclosures merited discussion.

## Consent Agenda

**ACTION: A MOTION WAS MADE, SECONDED AND PASSED TO APPROVE THE CONSENT AGENDA THAT INCLUDED THE OCTOBER 24 & 28, 2006 MEETING MINUTES, THE PRESIDENT-EXECUTIVE DIRECTOR'S REPORT, AND JOURNAL EDITOR REPORT AND NOMINATIONS.**

### President's Comments

**Robert L. Hendren, D.O.**

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Dr. Hendren appointed two subcommittees of Council. Dr. Herzog chairs the Development Subcommittee and Dr. Bernet the Media Subcommittee. Dr. Bernet highlighted the work of the Media Subcommittee that met earlier.

The international trip in 2009 will be to Paris, France. Mrs. Anthony explained the background of the trip.

He thanked the wonderful AACAP staff including Ms. Fordi who has been chairing the eAACAP group.

Council reviewed the JAACAP Editorial Board nominations submitted by the Dr. Andres Martin, Editor. (*pre-distributed*)

**ACTION: A MOTION WAS MADE, SECONDED AND PASSED TO ACCEPT THE NOMINATIONS RECOMMENDED BY DR. ANDRES MARTIN.**

Council shared thoughts on the "new" Journal—not as user-friendly and it is diverse.

Last year, the Executive Committee asked the Ethics Committee to review the Code of Ethics Review and make changes as needed. The first draft of the Code was reviewed by the Executive Committee and referred to Council.

Ms. Kroeger reported that the Senate and House have reached an agreement on parity legislation. The bill will require parity benefit for in and out of network services. However, covered illnesses will be left up to the insurer. The Congressional leadership plan is to bring this compromise to a vote before the end of the Congress.

### Executive Director's Comments

**Virginia Q. Anthony**

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Mrs. Anthony congratulated Dr. Hendren on the format of the meeting, which has worked very well. She thanked the staff, particularly Ms. Kroeger who had just spent a week at the AMA House of Delegates, Ms. Fordi for an increased number of ACGME years, Ms. Fleisher on the excellent job on K12, Ms. Baker for being the new Director of Communications and Membership Services, Ms. Rich for doing a great job at learning in short time as Deputy Director of Development, and Mr. Magee as our trifecta.

She also highlighted:

- Executive Committee media training in March,
- Liability insurance "log jam" has been broken for New York members with a slightly higher premium, and
- Translation of "Facts for Families" into Espanol, Deutsch, Malaysian, Polish, Icelandic, Arabic and Hebrew.

## Treasurer's Report

William Bernet, M.D.

Dr. Bernet highlighted his financial report (see statistics below), mentioned our new investment company of Alliance Bernstein, and reviewed bank loan information.

*Note: Treasurer's report as of 4/30/2008*

	<b>2008 Budget</b>	<b>2007 Budget</b>	<b>4/30/2008</b>	<b>4/30/2007</b>	<b>Variance (2008-2007)</b>	<b>12/31/2006</b>
Total Revenue	\$8,929,626	\$7,789,151	\$2,894,358	\$3,224,474	\$(330,116)	\$7,860,447
Total Expenses	8,695,528	7,189,300	1,933,853	1,647,572	(286,281)	6,517,035
Revenue less expenses ( <i>Net Profit and Loss</i> )	234,098	599,851	960,505	1,576,902	(616,397)	1,343,412
Revenue less expenses ( <i>unrestricted</i> )	\$36,296	\$21,851	\$627,584	\$1,435,893	\$(808,309)	\$1,060,881

## Secretary's Report

David Herzog, M.D.

Dr. Herzog reviewed the total membership over the last three years.

<b>2006 Totals 12/31/06</b>	<b>2007 Totals 10/1/07</b>	<b>% Growth</b>	<b>2008 Totals 6/1/2008</b>	<b>% Growth</b>
<b>7,547</b>	<b>7,773</b>	<b>3%</b>	<b>7,925</b>	<b>2%</b>

In October 2007, the AACAP mailed 6,972 AACAP members a dues renewal invoice for the 2008 membership term and 40% responded. The questions included:

- 1) *Within the past year, have you had any patient or family member tell you to change or discontinue a psychotropic medication because of their concerns surrounding safety reports on psychotropic medications?* Approximately 58% responded "yes."
- 2) *Overall, how do you rate the value of your AACAP membership?* Approximately 31% responded "excellent" and 38% "very good."

Dr. Herzog outlined the delinquent member process to capture members who have not paid their 2008 dues.

## Assembly Chair Report

Marty Drell, M.D.

Dr. Drell reviewed the members of the Assembly Executive Committee. At the April Assembly meeting, 65 delegates representing 29 regional organizations and 24 states attended. A new two-hour orientation session for new delegates was held. The Assembly Task Force on Orientation chaired by Guy Palmes, M.D. revised the orientation manual, which was distributed to new delegates and posted on the Assembly webpage. Brad Cady conducted another Website Training Workshop for delegates who serve in a Webmaster role for their regional organization.

At its April meeting, the Assembly discussed ways of improving communications, defining early career psychiatrists, and D&O insurance for the 2008-2009 policy year. Dr. Stubbe added that she is working with the Council Residents and the Assembly to find mentors.

## Schowalter-Wiener Report

**Anne Frederickson, M.D.**  
**Daniel Lafleur, M.D.**

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Dr. Frederickson reviewed the mentorship program. AACAP Educational Outreach Program Grants for Child and Adolescent Psychiatry Residents and General Psychiatry Residents were awarded to 130 students to attend the 2007 Annual Meeting. The Resident Representative Program continues with 80% of all programs represented. The Medical Students, Residents, and Early Career Psychiatrists Committee is working on a guide for residents attending the Annual Meeting. More focus will be placed on increasing the number of international residents.

Dr. Lafleur shared his experience at his first Work Group on Training and Education meeting held in January, adding that he has enjoyed the Jerry M. Wiener Resident program so far.

Drs. Frederickson and Lafleur thanked Ms. Fleisher and Gabe Robbins for their help communicating with residents and advancing the program.

### APA Issues

**Michael Houston, M.D.**

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Dr. Houston distributed information on the APA Council on Children, Adolescents, and their Families and reviewed its members, charge, and current issues it is addressing that includes:

- working with APA on CME programs particularly for General Psychiatrists,  
**ACTION: COUNCIL AGREED THAT AACAP WILL INFORM APA OF AVAILABLE PROGRAMS.**
- supporting APA endorsing AACAP's practice parameters,
- inviting an APA staff member to participate in the semi-annual Child Mental Health Summits; and  
**ACTION: AT THE NEXT SUMMIT MEETING IN SEPTEMBER, DR. HENDREN WILL ADDRESS THE TOPIC OF HAVING DR HOUSTON ATTEND SUMMITS AS AN APA REPRESENTATIVE.**
- asking APIRE to do a study of the Child Mental Health Workforce.

## **SATURDAY, JUNE 21, 2008**

### eAACAP

**Heidi Fordi, Erin Baker,**  
**Stacia Hall, Donna Rich**

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Ms. Fordi provided an overview of eAACAP progress. She reviewed eAACAP's five key goals/strategies:

- Increasing public awareness of child and adolescent mental health disorders to reduce stigma, and enhance AACAP visibility and recognition through targeted marketing and promotion;
- Using interactive technology to position AACAP as the credible source of information and patient education about mental health disorders;
- Empowering parents and families to make the best treatment decisions for their children;
- Broadening AACAP's professional reach through online CME and targeted outreach to medical students, child and adolescent psychiatrists, and allied health professionals; and
- Developing information Resource Centers that are inviting and easily accessible through the use of new online interactive technology.

Other highlights of Ms. Fordi's presentation included:

- The role of the eAACAP Advisory Board to provide overall guidance and oversight;
- eAACAP is managed at the staff level by the eAACAP Project Management Team consisting of nine talented staff members representing various programmatic areas with AACAP. This team meets on a weekly basis with a structured agenda and task list. The goal is to ensure that departments are supporting eAACAP goals;
- The Advisory Board and Project Management team are organized into three focused subgroups: CME, Consumer-Based Programs, and Facebook;
- The four online CME programs accessible through the AACAP website include: 2007 Psychopharmacology Update; 2008 Psychopharmacology Update; Program on Early Onset Bipolar Disorder: What Those in the Know, Know; and the Substance Use Disorders Curriculum. We have developed extensive marketing plans for each of these programs. The Bipolar Program went live in mid-April and was viewed by over 600 people in the first 2 months;
- eAACAP's next CME program on autism will launch in February 2009, followed by a CME program on Ethics and one on ADHD; and
- CME program development will coincide with development of consumer programs.

### **Consumer Resource Centers**

Ms. Baker outlined her report:

- Development of the first consumer resource center on Oppositional Defiant Disorder (ODD) (represented the greatest need--#1 most viewed webpage for the last 10 months)
- The Center includes: Frequently Asked Questions, Clinical Resources, video clips, excerpts from the AACAP's Books *Your Child* and *Your Adolescent*, information for practitioners, and links to Related Topics.
- Contracted with a medical writer to write a plain-English version of our practice parameter on ODD
- Collaborative effort of the Work Group on Consumer Issues and Work Group on Quality Issues
- An RFP will be sent out to secure an interactive tool to be incorporated into this ODD resource center and all other centers to help site users identify whether their child or someone they love is living with the disorder.
- Upcoming resource center: ADHD, Bipolar Disorder, Conduct Disorder, and Autism
- Resource centers are created to be family focused and to position child and adolescent psychiatrists as a source of credible information—to position child and adolescent psychiatrists as partners.
- Videos taken because of the workforce shortage-to give a real face to child and adolescent psychiatrists were uploaded onto the AACAP website.

### **Facebook**

Continuing the 10 year priority to increase the child and adolescent psychiatry workforce, Ms. Fleisher announced a new eAACAP initiative utilizing a virtual social networking mechanism to decrease the negative stigma surrounding child and adolescent psychiatry. In early July, eAACAP will welcome all medical student and resident members of AACAP to join the AACAP Group on Facebook. The virtual social networking group will include discussion forums, videos, event notices, pictures, and more all linking back to the AACAP website. In addition, a donation was provided by Dr. Henrietta Leonard's family to revise and update the medical student section of the AACAP website. A focus group of medical students and residents from the Work Group on Training and Education and the Committee on Medical Students, Residents, and Early Career

Psychiatrists was used to redesign the student website section for their needs. All Council members were encouraged to review the new web section and to join the AACAP Group on Facebook.

### **Development**

Ms. Rich reported that to-date AACAP has received educational grants from Eli Lilly, Shire, and BMS, all for eAACAP online CME activities. In addition, we have received provisional approval to allocate funds from the Campaign for America's Kids for some of the non-CME activities: the ODD Resource Center, the Autism Resource Center and the Medical Student Facebook project. It is our desire, to the extent possible, to identify and solicit non-pharmaceutical industry support for the non-CME activities, i.e. consumer and student focused projects. Currently, we have three requests for support outstanding from private foundations: The Spunk Fund, the Ittleson Foundation, and the American Legion Child Welfare Foundation. Anyone knowing of any individuals, foundations, or corporations interested in supporting eAACAP projects, please contact Ms. Rich.

### **Telepsychiatry**

*Ron Oberleitner*

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Mr. Oberleitner shared his background, what it is like having a low-functioning autistic son and the work he has done in autism. Approximately 12-13 years ago, his son was diagnosed with autism and became a "family project." Talk Autism started after the 6,700 mile trek across the U.S. He stressed the need for families to have better healthcare, need to help doctors with new technology, and the need to get the message out and make resources available, particularly ExpertFind, and distance learning like VirtualSpeaker.

What could motivate AACAP? The issue facing child and adolescent psychiatrists is they are making less for doing more, treatment of complex disorders, the difficulty of follow-up visits for patients, backlogs send future patients elsewhere, referrals from PCPs may go elsewhere and more. Telehealth/Health IT includes real time and store & forward telemedicine, and pass on knowledge through telemedicine.

He introduced two colleagues—Dr. Uwe Reischl and Cathy Richelieu--has a child with special needs. Cathy Richelieu has a special needs child, Kaitlin, who is one of three children. She showed a hypothetical e-consult video.

Mr. Oberleitner talked about current research in autism and Talk Autism's "Wish List" that includes: piloting remote consultation, establishing remote consultation best practices, promoting trained "Remote Consultants" or e-doctors, promoting eAACAP's special capability to extend its knowledge, considering an association-wide consultation platform for eAACAP, accepting military underserved and other U.S. referrals.

### **Practice Parameter on Psychotropic Medications**

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Council held a brief discussion on the practice parameter, outlining the objections by certain members of Council.

**ACTION: COUNCIL AGREED TO MAKE THE CHANGES AS DISCUSSED THEN EMAIL FOR COUNCIL VOTE.**

## Development

*David Herzog, M.D.*

Ms. Rich reviewed the work of the Development staff and department. She then provided background information on the establishment of the Development Committee and its work to develop a strategic focus for AACAP's fund development efforts. The purpose of creating a development plan is to provide a strategic, targeted, and consistent process of prospect identification, cultivation, solicitation, and stewardship. The plan will help provide continuity and leadership support for programs and ensure that AACAP's development efforts are mission driven, outcome focused, and include appropriate measurements to evaluation performance. All projects identified for funding will include a project description, timeframe for implementation, program goals, objectives and outcomes, resources needed (i.e., staff, money), and existing resources/funding history.

Dr. Herzog thanked Dr. Hendren for creating the Development Committee of Council and reviewed its tasks and responsibilities that included developing a list of project priorities and use of existing and future funds. He reviewed the Campaign for America's Kids funding recommendations and how to involve more of our Life Members. The plan is to have a Life Members dinner at the Annual Meeting and recognize an individual. The Committee is requesting \$10,000 for this event.

He also reviewed the future foci of the Committee that includes analysis of current activities, appropriate sources of support and exploration of new ideas.

The Committee is requesting the following:

eAACAP ODD Resource Center (Marketing, Interactive Tool, Medical Writer, staff costs, evaluation, consultation)	\$100,000
eAACAP Autism Resource Center	\$ 50,000
eAACAP Medical Student Online Network	\$ 75,000
Medical Student Fellowships	\$ 85,000
Advocacy Projects	\$ 25,000
Life Member Recognition Event	\$ 10,000
<b>TOTAL</b>	<b>\$345,000</b>

Dr. Greenhill reviewed draft goals for the strategic development plan of the Committee. It was suggested to consider including members on the Committee that are not members of Council. Dr. Hendren agreed and suggested including a non-member who is very knowledgeable in development. Dr. Anders suggested appropriating money for the operations of development.

**ACTION: COUNCIL MOTIONED, SECONDED AND PASSED TO ACCEPT THE BUDGET AS SUBMITTED BY THE DEVELOPMENT COMMITTEE.**

Council adjourned at 12:00 pm

*Respectfully submitted by*

*Virginia Anthony*

*for*

*David Herzog, M.D.*

***Future Meetings***

**Executive Committee meetings:**

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July 16	Conference Call	4:00-5:00 pm
September 7	Financial Planning Committee	
	11:00 am–5:00 pm	
	6:30 pm	EC Dinner
September 8	8:00 am–1:00 pm	EC Meeting
	1:30 pm-5:30 pm	Child Mental Health Summit VI
	6:00 pm	EC & Summiteers Dinner
September 9	8:00 am–4:00 pm	Interview Journal Publisher Candidates
October 8	Conference call	4:00-5:00 pm
November 19	Conference Call	4:00-5:00 pm
December 11	6:00 pm	Cocktails-dinner with EC & Directors
December 12	8:30 am-noon	Joint Meeting with EC and Directors
	12:00-1:00 pm	EC & AACAP Staff Lunch
	1:30-5:30 pm	EC Meeting followed by dinner
December 13	8:30 am-noon	EC Meeting

**Council Meetings:**

Sheraton Chicago Hotel & Towers, Chicago, IL	October 31 (8:30-11:30 am)
	November 1 (7 am-12)
	November 2 (7 am-1 pm)

*Agenda items:* 2009 Budget Approval, Creation of Nominating Committee Slate, Selection of New Journal Publisher, Code of Ethics Rewrite