LifeMember
OWL NEWSLETTER

Spring | Summer Edition 2024 e-Newsletter

Welcome to the Summer Edition of the Owl News!

American Academy of Child & Adolescent Psychiatry
www.aacap.org

Quotes On Summer

"I think my favorite thing about seasons changing is the opportunity to look different."

— **Taylor Swift**

"The fires burn and the kettles sing, and earth sinks to rest until next spring."

— **Cylde Watson**

"You expected to be sad in the fall. Part of you died each year when the leaves fell from the trees and their branches were bare against the wind and the cold, wintry light. But you knew there would always be the spring, as you knew the river would flow again after it was frozen."

— **Ernest Hemingway**

"Summer means happy times and good sunshine."

— **Brian Wilson**

"I wanna soak up the sun."

— **Sheryl Crow**

"In the summertime, when the weather is hot, you can stretch right up and touch the sky."

— **Mungo Jerry**

"Everything good, everything magical, happens between the months of June and August."

— **Jenny Han, The Summer I Turned Pretty**

"One must maintain a little bit of summer, even in the middle of winter."

— **Henry David Thoreau**

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GET INVOLVED! SUBMIT ARTICLES FOR THE OWL NEWSLETTER!

We want to hear from you! Let us know what you are up to, how you're doing, and more! Please send materials to communications@aacap.org

IN THIS ISSUE

Come to Seattle! 04
John Dunne, MD

Psychotherapy in The Age of Technology 05
Martin J. Drell, MD

Life Members & Aging Optimally 06
Marilyn Benoit, MD

Lawrence Anderson Stone, MD (1933-2024) 08
Special section

Boyz in the Hood 11
Peter Cohen, MD

Poetry Corner 14

Donors to AACAP's Life Member's Fund 15

Policy Statement in Implementation of 988 Suicide and Crisis Lifeline 16

Policy Statement on Climate Change 17

Policy Statement in Psychotherapy as a Care Competence of Child and Adolecent Psychologists 18

Member Photos 19

COVER ART:

Brain Bloom (Cover Art): This image showcases a brain composed of vibrant flowers, symbolizing the rejuvenation of spring when nature bursts into bloom under the warming sun. The rich variety of flora represents the blossoming of new ideas and the joyful warmth of summer, evoking a sense of renewal and growth.

AACAP 2024

OCT 14–19

SEATTLE, WA

American Academy of Child & Adolescent Psychiatry

www.aacap.org

For the latest information visit
www.aacap.org/AnnualMeeting-2024

Save the Dates

Member Registration Open: **August 1, 2024**

General Registration Open: **August 8, 2024**

Early Bird Registration Deadline: **September 12, 2024**

On-Demand Content Available: **September 30–November 30, 2024**

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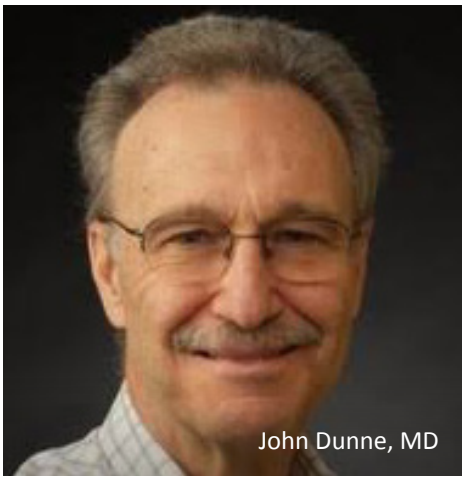
Come to Seattle!

By John Dunne, MD


John Dunne, MD

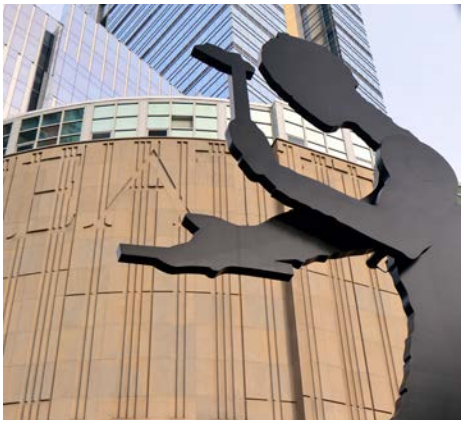
You probably remember the song from the early 60's "The bluest skies are in Seattle…"

That may be true in June but not in October. Come prepared for grey skies and rain. Despite the weather, there is plenty to see and do in Seattle, not forgetting the Owl's mentoring program Tuesday evening and the Owl's dinner Thursday evening.

Beyond the walls of the Convention Center, the top attraction is always Pike Place market, home of the flying fish and Starbuck's first store (it's really not: the first was a block away on 1st Ave. but has long since closed). Lots of interesting booths and shops at the street level and quirky shops on the basement level. The other must-see for out-of-town visitors is the underground tour in the Pioneer Square area. The tour gives a humorous look at Seattle history, including a view of the world's tallest crapper. You must sign up in advance for the tour. Another big draw is the Great Wheel on the waterfront which gives an inspiring view of Puget Sound. While you are there, check out Ye Olde Curiosity Shop.

Further afield is the Museum of Flight at Boeing Field which traces the history of flight from Boeing's red barn where he made his first airplanes prior to the outbreak of WWI to the Apollo space capsule. Tickets are $26. There is the much larger Future of Flight Museum in Mukilteo north of Seattle but that is much further afield.

There are several worthwhile art museums in Seattle. The most prominent is the Seattle Art Museum with its very large mechanical Hammering Man sculpture at the entrance on 1st Ave. This also is ticketed and there is a discount for



purchasing in advance. The Asian Art Museum located in Volunteer Park on Capital Hill (so named because the Seattle mavens fully expected the capital for the new state to be located there). This is a treasured collection of Asian art because of its large Asian population. It's only open Thursday-Sunday and tickets are cheaper if you purchase in advance. The Frye Art Museum on Terry Ave. is always free and features a collection of works by 20th C. American and European artists as well as rotating exhibits.

Seattle is home to three excellent arts organizations. The Seattle Symphony has concerts at Benaroya Hall on Friday and Saturday evenings and on Sunday afternoons. During the Academy meeting week, the Seattle Opera at the Civic Center is performing Jubilee, featuring an all-Black choir singing spirituals. And the Seattle Ballet, usually at the Civic Center also, has been widely acclaimed for its choreography. Neither the Symphony nor the Ballet have posted their schedule yet for the 2024-25 season.

Some adventuresome Academy members will brave the weather for a bike ride. The day for this ride has not been set yet. Bikes will be available for rent, although I don't know if there will be any E-bikes available.

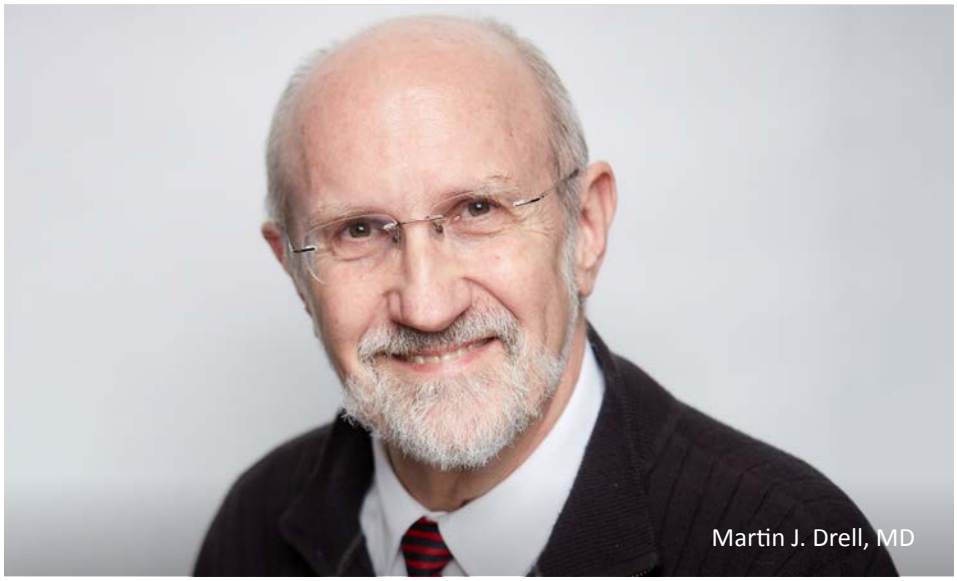
There are lots of top-notch restaurants in Seattle, featuring almost any kind of ethnic food you can imagine. Check a guidebook for recommendations. Whatever your interests, there will certainly be something that you will find worth the trip to this northern corner of the country. Come to Seattle, enjoy the meeting and all that Seattle has to offer. ■

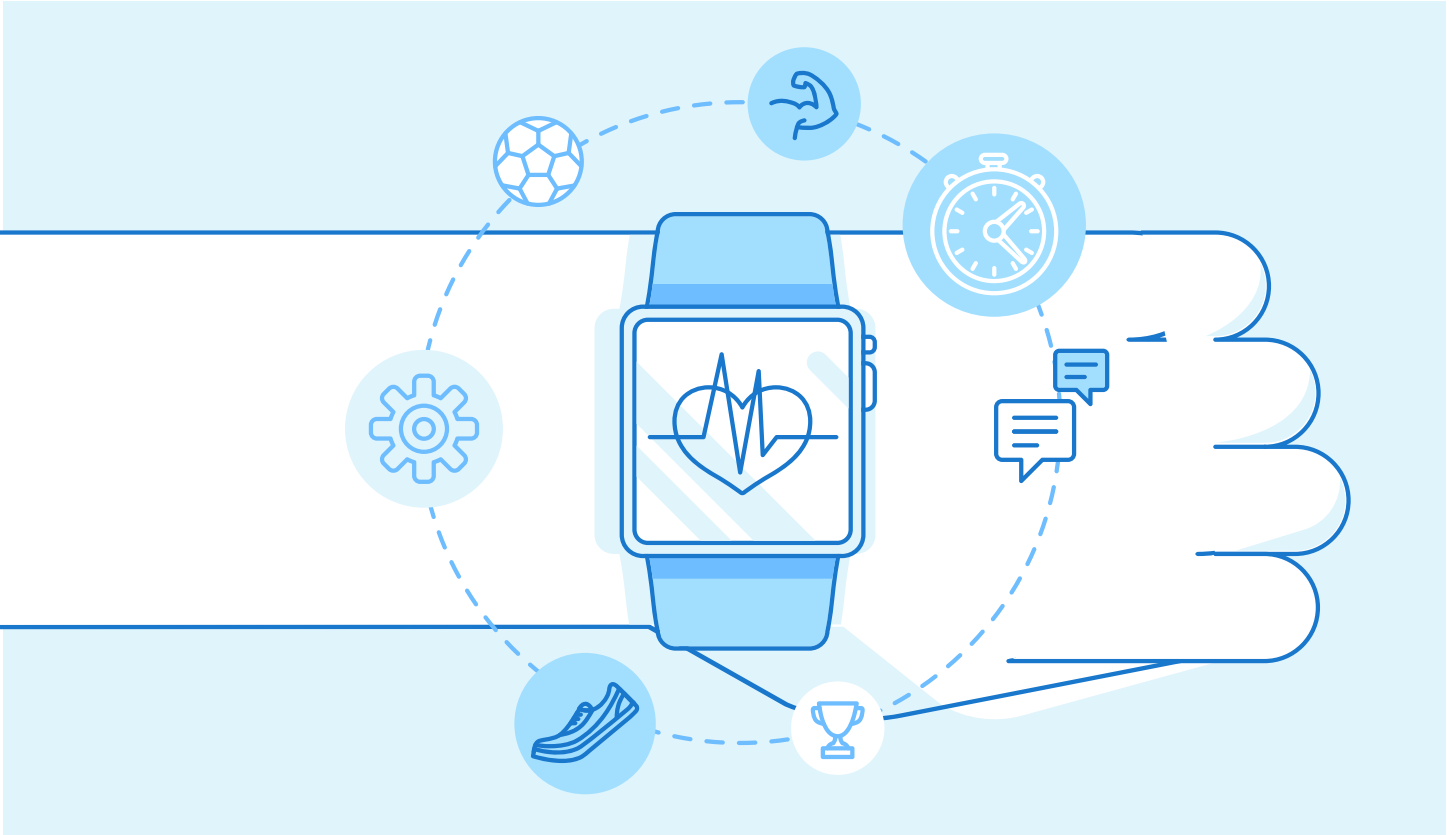
Clinical Vignettes: Psychotherapy in the Age of Technology (My shortest Clinical Vignette Ever!)

by Martin J. Drell, MD

I have an athletic and fitness savvy grandmother in her early 70s in therapy. he had requested help with her estranged son in his early 40s and her grandchildren. I asked her, as I often do with my patients, how the previous session had gone. She answered immediately with a big smile while pointing at her smart watch:" It was great! My heart rate variability was increased".

Whoever says that psychodynamic psychotherapy is not evidence based?





Life Members and Optimal Aging

By Marilyn B. Benoit, MD

Marilyn Benoit, MD

The Life Members Committee is representative of the elders of AACAP.

We collectively represent more than five hundred years of AACAP membership! And we boast having three past presidents of AACAP on the committee! In other words, we are an AACAP Think Tank! The committee devotes a considerable amount of its time planning for, and delivering mentoring services to medical students, general psychiatry residents, child psychiatry fellows, triple board trainees as well as to early and mid-career child and adolescent psychiatrists. These mentoring services have blossomed over the years with collaboration with the Medical Students and Residents (MSR) committee and with dedicated staff support from the Academy. The committee is actively reaching out to the hundreds of life members who still enjoy membership in the Academy and who may wish to be more actively participating. You do not have to be on the committee to become an active mentor in our program. We would also like to invite submissions to the OWL magazine published twice/ yearly. We would like to hear how our members are spending their golden years, whether you are fully employed, semi-retired, retired, focusing on a new endeavor that brings joy into your life, managing the maladies of aging, volunteering, traveling, grandparenting, caretaking of a loved one, whatever! I have been focusing on healthy aging. While I have always been keen on exercising throughout the lifespan (my father taught us that exercise was essential for healthy brain and body functioning) I am now obsessively dedicated to treating exercise as medicine and have told this to my patients for decades. The discipline of medicine seems to have finally come around to endorsing exercise and nutrition as major essential variables in health outcomes. I have noticed that the aging population has significant mobility challenges which result from the loss of our musculature and the fragility of our skeletal structure. The likelihood of falling and sustaining fractures of major bones becomes a real threat as we age. I have had too many friends who have suffered such falls and found physical rehabilitation challenging to endure. Ensuing surgeries bring their own adverse outcomes. It is important to keep up with vaccinations, medical visits and to

follow through with the necessary preventative screenings for various cancers. It is unfortunate that physicians sometimes do not like being patients and may forego keeping up with their own medical care. And, of course, to keep our cardiovascular, musculoskeletal and brain health as optimal as possible, we need to provide adequate good nutrition. This is where it may even be advisable to consult a nutritionist familiar with the geriatric population. Nutritional needs may vary depending on our medical status, requiring a focus on proteins, specific types of vegetables, enhanced nutrients, foods to be avoided etc. If you are functioning in the role of a caregiver, do reach out for help from your state's office on aging, to friends and family so that you do not succumb to burn-out, a significant risk for caregivers. If you are a member of a faith community, that is very likely a source of helping resources.

In addition to our physical health, it is important to meet our social/emotional needs. Our Surgeon General, Vivek Murthy, MD, has sounded the alarm on the crisis of loneliness existing in America's senior population. Our society has thrived on personal independence, resulting in separation of family members who are far flung, even across the globe! Communities are not as tightly knit as in the past. America's solution is the creation of assisted living communities, which may not be affordable to the masses. So, it is important that you make decisions about where to live based on how well the community may support social connectedness, which is critical to emotional wellbeing. Joining a book club, social club, special interest club, attending lectures at a local university or community college, should be explored. Since I enjoy exercise, I recently signed up to learn how to play pickleball and after a couple of lessons, I've decided I really like it and have several boot camps and individual lessons planned!

Thomas Insel, MD, past Director of the NIMH, wrote the book HEALING: Our Path from Mental Illness to Mental Health, and wrote about the three P's of mental health: people, place, and purpose. This really resonated with me, and I encourage each of you to keep assessing your own life and determine how well you are doing in defining a sense of purpose in your golden years, the people with whom you stay connected, and living in a place which gives you a sense of security and stability. Then, take care of your health needs and enjoy the autumn of your life. ■

WE WANT TO HEAR FROM YOU!

We're requesting articles, film reviews, book reviews, documentary review – and suggestions!

In addition, have you seen or heard a TED Talk recently that set your hair on fire? If so, we want to know!

Please send interesting articles, book/film reviews – anything you think the Owl Community would benefit from knowing about to communications@aacap.org.

In memory of Lawrence "Larry" Stone, MD, AACAP President from 1995-1997, we celebrate a remarkable life devoted to family, community, and the advancement of child and adolescent psychiatry. Dr. Stone was known for his boundless generosity and spirited commitment to the field, leaving a lasting impact on all who knew him.

Lawrence Anderson Stone, MD (1933-2024)

Lawrence Anderson Stone, MD., loyal husband, devoted father, grandfather, and great-grandfather, son, brother, and lifelong friend, left behind a huge family who loved him dearly, and found ultimate peace, on February 28, 2024. He was 90 years old.

Larry was born in the summer of 1933 in Robstown, Texas to Belo and Sarah (Sawyer) Stone. He was the baby of the family, and although his older brothers Belo Junior and Richard (Dick) didn't necessarily dote on him, theirs was a tight knit family full of love and adventure.

Three months after Larry was born, a beautiful girl named Marnette Butler was born in Robstown, and she grew up just across the street. By their early high school years, the two of them were an item, and that loving bond and mutual devotion would endure for the next seventy-five years, to the very end of Larry's life.

Larry chose Vanderbilt University for his undergraduate studies and walked on to the football team as a freshman. By his senior year he was the starting center, on full scholarship, and the captain of the team. And Marnette, of course, was the homecoming queen. Larry was a loyal Commodore to the very end, and among his lifelong friends were countless teammates and classmates from VU.

Larry was accepted to law school and medical school, and made the fateful choice to follow his father into medicine. He graduated from UT Southwestern medical school in Dallas, and began his career as a general physician and surgeon in Robstown, covering his father's practice while his Dad recuperated from a broken neck. Dr. Larry (as he was known) treated the entire community, delivered many babies, and was a trusted and devoted "small town doc" to countless patients around the gulf coast.

While in Robstown, Larry and Marnette welcomed their first child, Larry Junior. Larry Senior had ambitions too large for Robstown, though, and he decided to follow his true passion - psychiatry. That would take him and Marnette all over the country and ultimately to Cambridge, Massachusetts, where he would complete his training at Harvard Medical School. Along the way they welcomed two daughters, Susan Marlarie (Marla) and Marilyn Sawyer.

Larry and Marnette and the kids would travel all over New England, snowshoeing in Maine, camping in the snow in New Hampshire, and fishing off Cape Cod. Larry found his true passion in child and adolescent psychiatry, and his brilliance in the field was recognized early. He became an associate professor at Harvard Medical School, and was tapped to help create the children's treatment center at the famed McLean Hospital in Belmont. The young Stone family

would eventually live in a house on the grounds of the hospital, meeting famous patients on the walking trails and riding the family toboggan down snowy hills next to McLean.

Larry's professional accomplishments in Boston and the joys of family life in the Northeast were marked by tragedy, though, when Larry Junior died unexpectedly in 1963. He was 9 years old, and he left behind an extended, and bereft, family.

After a long period of mourning, the young family would find joy again when Paul (1966) and David (1969) were adopted. The girls suddenly had real babies to help care for, and the family was complete.

Larry and Marnette moved back to Texas, specifically to San Antonio, in 1972 so he could begin his private practice in child and adolescent psychiatry and in order to be closer to extended family throughout South Texas. This also made for much easier trips to the family ranch (the "Big Ranch") on the Rio Grande near Eagle Pass, where Larry would teach his kids to ride horses, hunt and fish, and eat deep fried frog legs at Moderno's across the border in Piedras Negras.

During this time Larry was appointed Professor of Child and Adolescent Psychiatry at The University of Texas Health Science Center at San Antonio, a post he was proud to hold for many years.

In 1976 Larry and Marnette found their own slice of heaven on the Medina River outside of Bandera, just about an hour from San Antonio. Around that time they would become grandparents, and the Bandera ranch (nicknamed Estrellita, the Little Star) would become the preferred gathering place for extended family reunions with first- and second-cousins, aunts, uncles and friends from all over the country. The memories formed there would truly last a lifetime.

Larry's professional career continued to advance during this period. He would hold important positions in the American Medical Association, the American Academy of Child and Adolescent Psychiatry (for whom he served as president), the Texas Society of Child and Adolescent Psychiatry (for whom he also served as president), and many others. He helped to write the standards for children's psychiatric hospitals for the American Medical Association. He was also one of the first editors of the Handbook of Child and Adolescent Psychiatry, a multi-volume collection whose later editions are still used in medical schools around the country. Larry played a pivotal role in national campaigns to protect children, including the push for mandatory state seat belt laws (which resulted in meetings with then-president Nixon), and for the movie rating system (G, PG, R) still used today. More locally he found much joy serving as a consultant for the HEB Foundation in Kerrville, and in working with staff for many summers at their Laity Lodge Youth Camps near Leakey.

In 1987 Larry was asked to interview for the position of Executive Medical Director at the new Laurel Ridge Hospital in San Antonio. After a national search, he was ultimately chosen over hundreds of other distinguished applicants, and his long tenure at the hospital would be marked by significant advances in the treatment of children and adolescents in the clinical setting.

Larry and Marnette would semi-retire to Bandera in 1995, where they would host extended family gatherings, float on the river, and make their annual sojourns with different groups of grandkids to Keystone in Colorado for winter skiing.

Larry loved few things more than hosting and entertaining with Marnette at the ranches, at holiday open houses on Brookhurst Street in San Antonio, and just about anywhere he could gather people together. He was a peerless story teller and raconteur, and his ever-present laugh was absolutely electric.

Larry and Marnette would eventually move to Austin to be closer to their kids and grandkids, and as Larry's health began to decline they would ultimately settle at Belmont Village Senior Living in Lakeway.

Although we miss him dearly, we are comforted to know that Dad has finally found relief from his many physical challenges. It also warms our hearts that he has been reunited with his son Larry Junior, his grandson-in-law Bryce, great-grandson Zayne, his brothers Belo and Dick, his beloved brother-in-law Roger Ross Butler, his in-laws Roger and Ione Butler, his favorite cousin Leonard Ray Speer, his parents Sarah and Belo Stone, and many other friends and family members.

Lawrence Stone Obituary

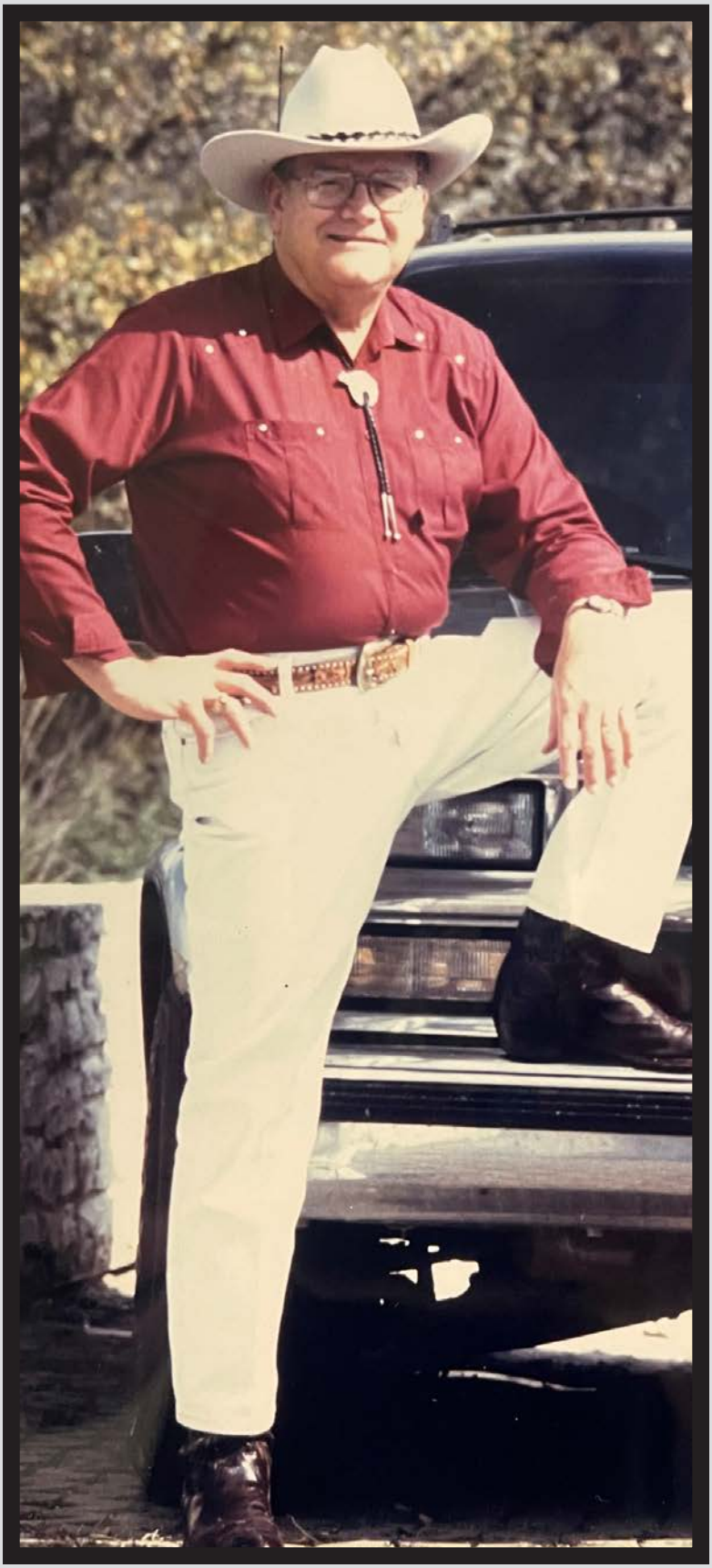
Larry is survived by the love of his life, his devoted wife and lifelong partner Marnette Butler Stone. He also leaves behind Marla (Mark), Marilyn (Prescott), Paul (Alyson) and David (Mary); grandchildren David, Stephanie, Tiffany, Keith, Hannah, Megan, Sarah, Cade, Anna, Christi, Ryan and Luke (and many grandchildren-in-law); and seventeen great-grandchildren with number eighteen arriving soon. Larry is also survived by two sisters-in-law whom he was so found of, Francis Louise Butler and Audrey Stone, and countless nephews and nieces on both sides of the family.

Larry managed to outlive most of his friends, but he dearly loved those who do survive him. He was particularly grateful for the support and encouragement he received during his formative professional years by Virginia Anthony, the clinical director of the AACAP.

Larry and Marnette have both been so very fortunate to be treated with love, patience and great care by many of the PALs at Belmont Village in Lakeway.

The family will be celebrating Larry's life in the spring. In lieu of flowers, please consider a donation to the Alzheimer's Association (www.alzfdn.org), to the PAL Program at Belmont Village Lakeway (Clint Strickland, Belmont Village, 107 Bella Montagna Circle, Lakeway TX 78734, ATTN: Belmont Employee Holiday Fund), or to the Sarah Edmond Sawyer Stone, Belo Stone, MD., and Larry Stone Jr. Scholarship fund at Vanderbilt University, which benefits premedical students from South Texas (www.vanderbilt.edu).

Larry didn't play any musical instrument, but he loved music more than just about anybody. One of his favorite artists, Roy Orbison, once said "People often ask me how would I like to be remembered and I answer that I would simply like to be remembered." Our father passed away secure in the knowledge that no one who met him will ever forget him, his joy for life, and his capacity for love.

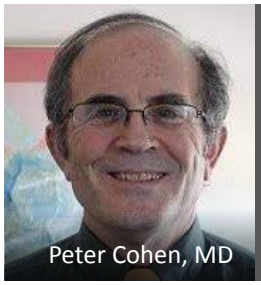


To plant trees in memory, please visit the Sympathy Store.

*Published by Legacy Remembers on Mar. 14, 2024.

Minerva Movie Review: "Boyz n the Hood"

By Peter Cohen, MD


Peter Cohen, MD

This continuing column reviews motion pictures that can deepen our perspectives about the stresses and hopes of children, adolescents and families from a variety of cultures and countries.

In 1984, ten year old half-brothers Doughboy and Ricky form a bond of friendship with Tre, the newcomer on the block. Flash forward to 1991, when a night of gunfire in this East LA neighborhood could kill the three boys.

What this trio desires dangles in front of them, feeling out of reach. Doughboy wants to stay out of jail and gain the respect of his mother. Ricky hopes to bring his high school football talents to the college level. And while Tre aims to please his divorced parents—especially following his father's sound guidance to stay out of harm's way—he's more intent on working an after-school job, experiencing sex, and attending college with his girlfriend.

Over the seven years of moving from childhood to adolescence, the three Boyz must cope with stresses that constantly interrupt their search for self-respect:

- Doughboy's sole parental guidance comes from a demeaning, emotionally insecure, and economically impoverished mother who favors his brother Ricky for his athletic talent and "good boy" persona
- The unpredictable whirl of police helicopters overhead and fire of gunshots in the streets interrupt a kid's need to concentrate on schoolwork or simply complete a conversation
- The effects of easily accessible alcohol and illicit drugs ramp up the intensity of interpersonal conflicts
- Gun violence and gang membership are the most tempting solutions for providing security and promoting survival to young people
- The physical and social fabric of the community continues to deteriorate due to the systemically racist insults of police and judgements of school staff, the intentional decline of housing values, the deterioration of city infrastructure, and governmental neglect

Given this background, at the film's halfway point, we should wonder how historically disadvantaged children can get a leg up in the world. Their feet always seem nailed to the floor.

Then, a trivial incident accelerates to threaten the lives of Doughboy, Ricky and Tre. The scene? It's a warm night along a long brightly lit street. A circus of cars parade up and down. The neighborhood's youth congregate here to flirt, dance, scarf down food and show off fashions. Then a shoulder bump between two boys from rival gangs quickly transforms from a round of back-and-forth taunting into a battle. Two additional factors drive the action in this tragedy. One, no adults are present in the vicinity to chill things out. Two, the sole solution for settling arguments, recriminations, and revenge is guns.

1. Why is this film worth watching with other colleagues?

The energy and intensity of the story serves as a promising jump-off point to discuss the bio-psycho-social dynamics and possible interventions for our most challenged patients and families.

"Boyz" reminds us, as in Arthur Miller's "Death of a Salesmen," that in tragedy "attention must be paid." With an unblinking eye, the director and cast depict with skill and nuance the promises, pitfalls, rollicking humor and grace of teens in a besieged, impoverished, neglected and often abandoned black community.
The creators avoid stereotypes and heavy handedness in focusing on issues of race, culture, and poverty. Instead, they dramatize in a gripping and entertaining fashion the world views, stresses and struggles of the children of the East LA neighborhood as they react to the chaos around them. They want to depict what drives a group of disadvantaged children to make good or bad choices about their lives. Some kids are at risk of leaping impulsively from fury, fear, and despair into regrettable, horrific behavior. Others try to transcend their circumstances, escape their circumstances and reach for achievement.

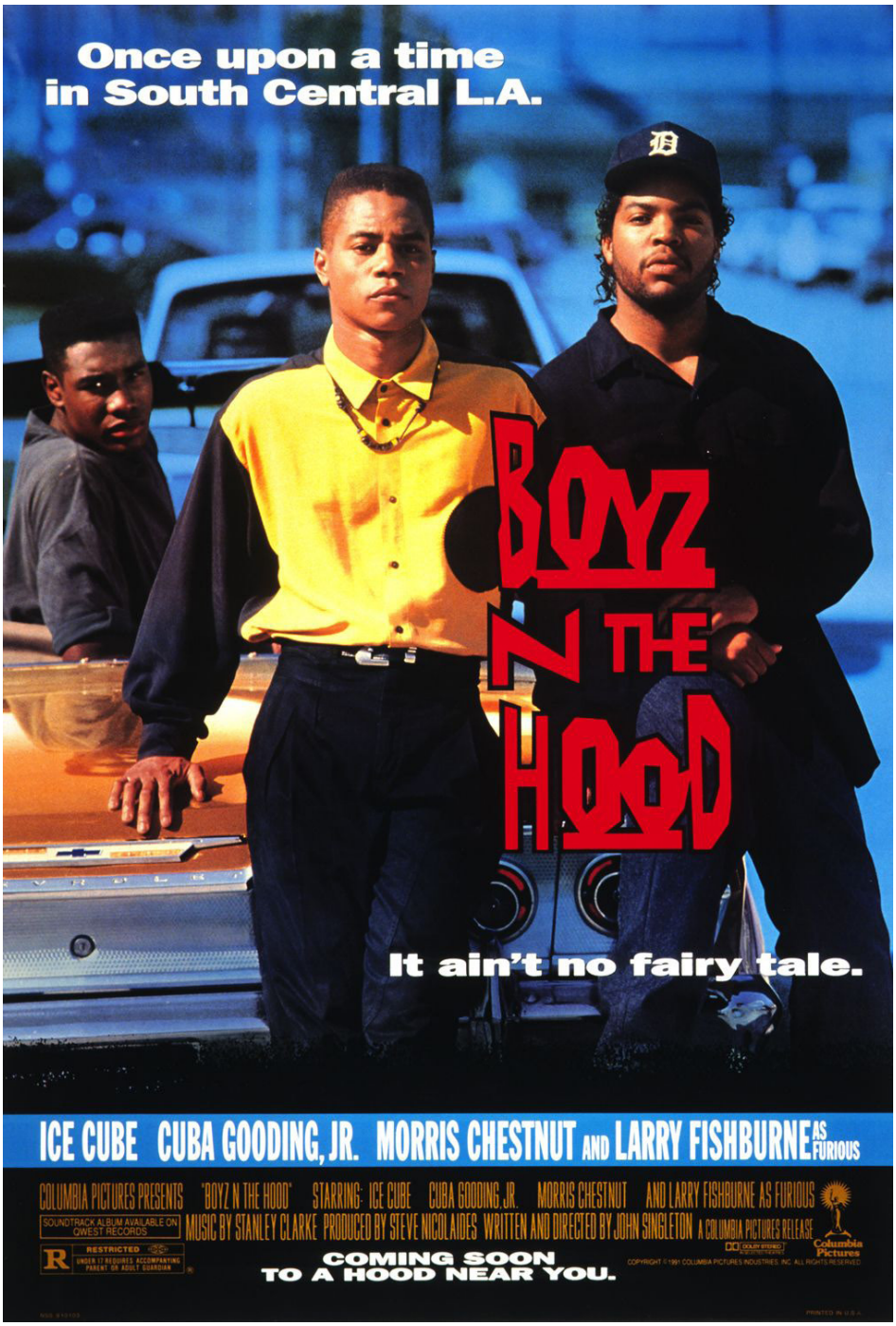
2. If one of the characters and their family appeared at your clinic, how would you proceed?

I'd first want to establish a positive rapport from the start by

being curious about the strengths and interests of the patient. What does he or she like to do or want to do, with or without family approval? Has the IP left behind any positive interests, as many troubled and troubling teens do. After establishing this groundwork, I'd proceed along the traditional route and ask what the patient and family are looking for in coming for an evaluation, what were the precipitating events that led to their making an appointment, etc. In other words, I'd conduct a full psychiatric history and exam over several sessions with the primary purpose of deepening a positive rapport.

In the meantime, I'd also attend to subtexts and decide how to empathize with their overt expression. I'd remind myself of the reality of the first interview—that a professional, but still a stranger, asks a stranger to reveal his or her vulnerability. I'd then step back to ask what my options are to respond to the mouthiness of say, an oppositional, defiant teenager. Can I reframe that intimidating behavior? Can I see it, not as an insult or a flight or fight reaction, as the cop and the teacher do in the film? Can I accept the teen's provocations as how some kids and family must first say hello in order to test my mettle and ability to empathize with their plight? Instead of responding negatively to expressions of mistrust, provocation or baiting, can I remain curious, build trust and accept the initial presentation of teen and caretakers as a starting point for building a therapeutic relationship?

Then there's racial subtexts that would deserve attention. Does the patient or parent believe, as Tre's father expresses



about neighborhood gentrifiers and home-flippers, that it's normal to be wary of any white person who offers help? That a white doctor might be one of a line of exploiters aiming to make money off the misery of the needy? Or that even a dark-skinned doc could be one more enabler of the white power structure and its rules, one who identifies with the aggressor?

I would urge discussion of these issues among psychiatric practitioners, instructors, and students.

3. How does the film rank in terms of aesthetics?

"Boyz" is beautifully filmed and choreographed, without resorting to artiness, and includes a score by the legendary jazzman Stanley Clarke.

Its script moves deftly between multiple story lines, between the past and present, portrays accurately the concomitant developmental stages of its protagonists. Dramatic conflicts are highlighted by musical, rhythmic language that doesn't pull its punches.

The script also exemplifies the modern day conceit in literature and movies of "show, not tell." In other words, the artist trusts that an audience will figure out the moral of a work through dramatization of conflict, action and resolution—not by resorting to long-winded expositions and explanations.

Furthermore, the film maintains its emotional and logical honesty, poetry, and energy of language by refusing to resort to soppy sentimentality. It introduces believable characters who possess both beauty and blemishes. Singleton also his amped up the intensity of his cast's performances by never warning them when gun shots would ring out in a scene. As a result the actors delivers raw but never over-the-top performances. Watch how Doughboy suppresses or channels his rage as an unloved child, or how Tre's eyes widen and face tightens after witnessing a horror.
A final note is that the director chose a young cohort who would became the next generation of great black actors: future Oscar winners and nominees Cuba Gooding Jr., Regina King, Angela Bassett, and Laurence Fishburne. He also introduces the first and very stunning film performance by NWA rapper Ice Cube, who was raised in Compton, LA.

4. How did the filmmakers pull off this controversial film successfully?

The journey of making this picture wasn't easy. Back in 1991, Columbia Pictures first thought the script's subject was too bold, too outrageous and nearly unthinkable for approval. But a first reading brought tears to the eyes of the producers and compelled their giving the script a "go-ahead.". Its screenwriter John Singleton was a USC film student. Despite his lack of experience, Singleton stood his ground with the studio about directing his screenplay. The studio finally agreed, realizing that this subject matter hadn't been seen on screen before and needed to be guided by someone who had grown up in such circumstances, someone who knew personally the coming-of-age stories of black children from East LA.

Conventional opinion before the movie's release was that it would attract a limited audience, as most people didn't know or care about "kids from the ghetto." Beyond expectations, "Boyz" received a 20 minute standing ovation at its pre-American premiere at the Cannes Film Festival. The movie not became widely popular to find box-office success, but garnered A-list reviews, and set a high standard of art in the film industry. A decade later, the National Film Registry added "Boyz N The Hood " to its honor roll for its cultural, historical and aesthetic significance.

Singleton also broke the record as the youngest person to receive an Academy Award nomination for directing a Hollywood movie. Its previous honoree was 27 year old Orson Welles, whose first film was the 1941 masterpiece "Citizen Kane."

5. Is there hope for the "Boyz" of the 21st century?

As of today, the East LA town of Compton CA is no longer the murder capital of the US. It's the home of some of our most talented rap artists, including Pulitzer Prize winner Kendrick Lamar. And after years of political corruption and upheavals, the city is being infused with capital and supported for its positive potential.

Despite its 33rd birthday, the film "Boyz n The Hood" hasn't aged. Its issues and drama still vex and inspire us, urging us to believe that attention must be paid. ■

"Academic Elitist!"

CartoonStock.com

POETRY CORNER

MY LAST OUTPATIENT APPOINTMENT

Chuck Joy, MD

This is not happening
I joked with the mother, Lady
meaning we won't be billing for this service
her son Buddy out in the car
refusing to attend the very last appointment
of my child psychiatry outpatient career

It's horrible, she began, taking her seat
my desk between us, worse every day
the tantruming, the controlling behavior
he won't go to school
and when he does go he gets suspended

a glance at the laptop where I was typing
its presence the reason my desk came between us
confirmed Buddy's current six psychotropics
and I remembered Buddy's history of service:
this outpatient treatment, the individual therapy
the inpatient admissions, the family-based, the
partial hospitalizations, case management
the two RTFs, one at this agency
the other on the far side of the mountains

right now Buddy had a school-based therapist
and me, the nurses, and a receptionist

Oh Lady, I offered, we can talk about a little more hope
for help from medication but the main thing here is
let's get the levels of care right

good news! she had a meeting at school about partial
and a visit to an agency that authorized family-based
our appointment (which wasn't really happening
but I was documenting avidly for the new doctor
taking over my cases) just the first appointment of three
for Lady and Buddy today

I shut the laptop, we shook hands
and I walked her halfway down the hall
turned around and retired
from the clinical practice of child psychiatry
This was not annihilation.

A TERRIBLE DISEASE

By John Dunne, MD

I saw him lying there serene
A pleasant boyish face
Covered with pockmarks
As though some terrible disease.

Hundreds of holes
Tore his jungle fatigues
Turning bone to rubber
And laughter to tears.

How little breaks the thread
That binds us to the 'morrow,
That stills the steady beat
And fills our hearts with sorrow.

I know not his name
Who lies there serene.
This much I know:
It could have been me.

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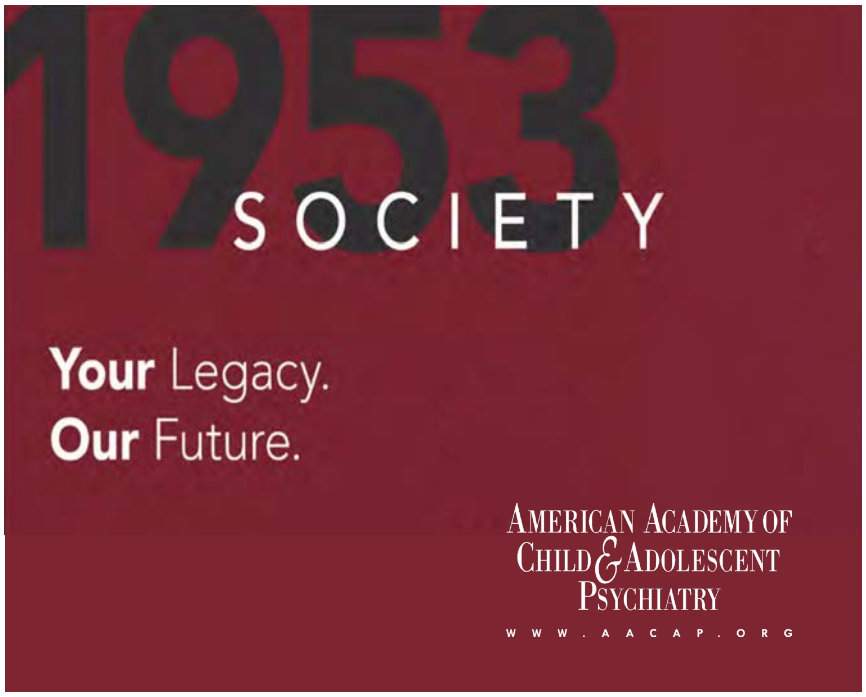

Policy Statement In Implementation of 988 Suicide and Crisis Lifeline

Our country's youth are facing mental health crises of staggering proportions. This increase in pediatric mental illness was noted even before the COVID-19 pandemic, as there was a 34.6% increase in the prevalence of mental illness from 2012 to 2018. In 2017, 20% of U.S. children and adolescents (15 million), ages 9 to 17, had diagnosable psychiatric disorders and suicide became and still is the second leading cause of death in youth ages 10-24. In response, the Children's Hospital Association, the American Academy of Child and Adolescent, and the American Academy of Pediatrics joined forces in October 2019 to declare a national emergency in pediatric mental health.

Historically, there has not been a unified hotline or comprehensive system for communities to manage mental health crises such as suicidal ideation or substance intoxication in a timely fashion. Most communities call 911 (police, fire, or emergency medical response program), which is often not staffed with professionals who are trained or equipped to handle mental health crises. In July 2022, the 10-digit National Suicide Prevention Lifeline transitioned to a three-digit 988 Suicide and Crisis Lifeline. Dialing or texting 9-8-8 connects an individual to state and local call centers supported by the U.S. Department of Health and Human Services through the Substance Abuse and Mental Health Services Administration (SAMHSA) and staffed by professional crisis counselors who can help de-escalate crisis presentations and provide the right resources for further stabilization and prevention services within the community.

While the Lifeline significantly expands access to immediate crisis support, most communities lack a full crisis continuum of care that follows a system of care philosophy to include early outreach to people at risk, mobile crisis teams, crisis stabilization options, and post-crisis community-based supports in an equitable and just fashion.

To transform the 988 Lifeline into a system that includes the full crisis continuum of care, the American Academy of Child and Adolescent Psychiatry recommends:

- Federal and state funding to support communities in building a full crisis continuum of care.
- A system that provides services in an equitable manner inclusive of all races, gender, ethnicities, religions, and countries of origin.
- A 988 system that is integrated or coordinated with all other systems involving youth and families, such as the school system, juvenile justice system, and the welfare system.
- A system that abides by federal and state mental health and addiction parity laws.
- A system that follows standards of care with outcome data supporting best practices.
- Sufficient planning and investment to develop the needed workforce capacity for this crisis response system, including child psychiatrists. ■

The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

Approved by Council April 2024

Policy Statement on Climate Change

- Climate change is a global public health crisis. Climate change harms physical and mental health directly through the negative neuropsychiatric impacts of increased heat, aeroallergens, and air pollution, and causes additional mental health harm indirectly through the consequences of acute trauma (e.g., floods, wildfires) and chronic catastrophic disruptions (e.g., drought, famine, forced migration, geopolitical conflict).
- Children are particularly vulnerable to the health effects of climate change, including negative mental health outcomes such as anxiety, depression, learning difficulties, stress-related disorders, substance use disorders, and suicidal ideation. Youth are also more likely than adults to have distressing, non-pathologic emotions about climate change, including anxiety, fear, anger, guilt, and grief. These emotions are often collectively referred to as "climate distress."

- Climate change disproportionately affects populations already at increased risk due to racism and other social, economic, and political inequities, and these interconnected systems of oppression cannot be addressed in isolation. Efforts must focus on "climate justice" – the equitable distribution of the risks of climate change, the burdens of mitigation, and the implementation of interventions.
- Child psychiatrists, already at the intersection of physical and mental health and with expertise in behavior change and systems, have a role in both climate change mitigation (preventing further damage) and adaptation (responding to effects that already exist). Action is needed in the domains of education (of youth, families, clinicians, and systems), clinical care, research, and advocacy.
- To protect youth from biological, psychological, and socio-cultural harms associated with climate change, the American Academy of Child and Adolescent Psychiatry recommends:
- Identifying, developing, and disseminating educational and clinical resources on climate change and youth mental health for clinicians, families, educators, and young people.
- Funding, conducting, and disseminating research on the unique impacts of climate change on youth mental health and best practices for supportive and therapeutic approaches.
- Advocacy to mitigate the crisis through a rapid transition off fossil fuels, including reducing the carbon footprint of our professional and clinical activities.
- Advocacy for adaptation, including bolstering physical, social, and technological infrastructure to withstand climate-related disruption, and developing response plans for climate-related events, especially those affecting youth with mental health disorders.
- Acknowledging that climate change will disproportionately harm youth already at highest risk due to systemic inequities and centering climate justice in all efforts. ■

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Approved by Council April 2024

Policy Statement in Psychotherapy as a Care Competence of Child and Adolecent Psychologists

Psychotherapy is and must remain a core competence in the practice of and training in child and adolescent psychiatry. Evidence supports the efficacy of psychotherapy* as monotherapy or adjunctively for multiple disorders in youth, including depressive disorders, anxiety disorders, trauma-related disorders, obsessive-compulsive and related disorders, disruptive-behavior disorders, emerging personality disorders, eating disorders, and substance use disorders. Competence in psychotherapeutic approaches ensures child and adolescent psychiatrists have a framework to approach and formulate a holistic understanding of the patient and family, increasing patient engagement, and individualizing treatments, including psychopharmacology. Child and adolescent psychiatrists must integrate psychotherapeutic, biological and psychosocial interventions, and by the nature of their training, inextricably combine the skills, knowledge, and mind set of the physician and psychotherapist.
The ability to consistently incorporate evidence-based psychotherapeutic principles and techniques with expert knowledge of development, biology, physiology, pathology, medicine, and psychopharmacology distinguishes child and adolescent psychiatrists from other health professionals. It is imperative that teaching competence in psychotherapy, including brief and long-term individual therapy, family therapy, psychodynamic psychotherapy, and cognitive-behavioral therapy, remain a core requirement in training programs.

Despite the increase in evidence supporting psychotherapy and continued training requirements, there remains significant variability in the role of psychotherapy in child psychiatry training programs, including supervision. This can include inadequate didactic education, insufficient time allotted for psychotherapy, and sparse psychotherapy supervision. Existing models and recommendations that purport maintaining the central role of psychotherapy in child and adolescent psychiatry training have recommended several options, including but not limited to:

- Teaching psychotherapy as an evidence-based intervention
- Adopting or developing models of psychotherapy didactic curricula
- Structuring training goals for measuring competence in psychotherapies
- Ensuring adequate time and faculty expertise for trainees to receive psychotherapy supervision
- Allotting for sufficient time for child psychiatry trainees to practice psychotherapy
- Assuring flexibility for programs in meeting direct supervision requirements for billing to allow more trainees to provide psychotherapy.
- Common barriers include inadequate public and commercial insurance reimbursement rates for psychotherapy delivered by child and adolescent psychiatrists, often resulting in providers not accepting insurance. Adverse outcomes include restriction to access and timeliness of medically necessary services, particularly for disadvantaged populations.
- To ensure that psychotherapy remains a core competency of child and adolescent psychiatrists, the American Academy of Child and Adolescent Psychiatry recommends that:
- The American Academy of Child and Adolescent Psychiatry endorses psychotherapy as a core skill of central importance to the practice and training of child and adolescent psychiatry.
- Psychotherapy refers broadly to the many evidence-based schools of psychotherapy, including but not limited to psychodynamic/psychoanalytic psychotherapies, cognitive-behavioral therapies, interpersonal therapy, dialectical-behavior therapy, relational psychotherapy, family therapies, group therapies, and use of play. ■

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Approved by Council April 2024

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