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

LifeMember Owl Newsletter

December 2021 e-Newsletter

Inside...

Mentoring Matters.....7
Autumnal Equinox: Life Members' Harvest Time.....9
Medical Students, Residents and Fellows.....12
From magical thinking to lockdown number 6.....16
Poetry Corner.....20
Donor List.....21
In Memoriam.....21
National Crisis & Declaration.....22

MENTORSHIP QUOTES

"Children must be taught how to think, not what to think."

— Margaret Mead

"Do not train a child to learn by force or harshness; but direct them to it by what amuses their minds, so that you may be better able to discover with accuracy the peculiar bent of the genius of each."

— Plato

"Spoon feeding in the long run teaches us nothing but the shape of the spoon."

— E.M. Forster

"The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires."

—William Arthur Ward

"In learning you will teach, and in teaching you will learn."

— Phil Collins

"The best teacher is not the one who knows most but the one who is most capable of reducing knowledge to that simple compound of the obvious and wonderful."

— H.L. Mencken

"True education does not consist merely in the acquiring of a few facts of science, history, literature, or art, but in the development of character."

— David O. McKay

"While I made my living as a coach, I have lived my life to be a mentor, and to be mentored! Constantly. Everything in the world has been passed down. Every piece of knowledge is something that has been shared by someone else. If you understand it as I do, mentoring becomes your true legacy. It is the greatest inheritance you can give to others. It is why you get up every day—to teach and be taught."

— John Wooden

COMMITTEE

Marilyn B. Benoit, MD

Cynthia R. Pfeffer, MD

Perry B. Bach, MD

Martin Drell, MD
Editor

John E. Dunne, MD

Joseph J. Jankowski, MD

Allen Mark Josephson, MD

Paramjit Toor Joshi, MD

Douglas A. Kramer, MD, MS

John Schowalter, MD

Ellen H. Sholevar, MD

John B. Sikorski, MD

Rob Grant
Managing Editor

GET INVOLVED - SUBMIT ARTICLES FOR THE OWL NEWSLETTER!

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 mdrell@lsuhsc.edu. The deadline for the next issue is Month, Day.

Martin J. Drell, MD

october 17–22
20AACAP
22CACAP
annual meeting | toronto

Visit www.aacap.org/AnnualMeeting-2022 for the latest information!

Save the Dates

Call for Papers Deadline:
Feb 15, 2022

New Research Poster Deadline:
June 7, 2022

Preliminary Program Available:
June 15, 2022

James J. McGough, MD
Program Chair

Barbara J. Coffey, MD, MS
Deputy Program Chair

John Teshima
BSc, MEd, MD, FRCPC
Local Arrangements Chair

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

Canadian Academy of Child & Adolescent Psychiatry
Académie canadienne de psychiatrie de l'enfant et de l'adolescent

Martin J. Drell, MD

The Oxford Dictionary named gaslighting as one of its most popular words of 2018. Apparently, my patients read the Oxford dictionary, as they keep on bringing gaslighting up in therapy. Most tell me they feel like they have been or are being gaslighted. This is not a good feeling. The patients, mostly women, feel like they are victims and that they all want to know how to deal with it and not fall prey to it in the first place. One male patient guiltily admitted to gaslighting his past two girlfriends. He wanted to know why he did it and how not to go it again.

Gaslighting is one of those terms that I know what it is but wouldn't like to be forced to intelligently explain it to someone else. I kept on wanting to look it up and put off doing so, as no one asked me to explain it. I suspect that's probably because people seem to know what it is. Then still another patient brought it up on the same day that I read that the lead song on the Dixie Chicks' (now just the Chicks) long awaited album (after 17 years) was entitled "Gaslighter" in honor of the lead singer's ex-husband. I had clearly been sent on a mission by the culture and social media gods.

Gaslighting is defined as a form on psychological manipulation involving victimizers and victims in which a person or a group sews seeds of doubt in a targeted individual or group causing them to question their own memory, perception, or judgment. If successful, it undermines thinking and subjective reality and thus, can lead to cognitive dissonance, confusion, anxiety, depression, low self-esteem, somatization, and disempowerment in the victims. The victimizers, for their part, manipulate via the use of misdirection, contradiction, misinformation, and invalidation.

The term ostensibly comes from a 1938 play by Patrick Hamilton, a British playwright. The play was subsequently made into a British movie in 1940 followed by a more famous and better made American movie in 1944 that was directed by George Cukor and starred Charles Boyer and Ingrid Bergman. In this classic film, Charles Boyer marries Ingrid Bergman after a two-week whirlwind affair. They move into the London townhouse of her deceased aunt and guardian, a world-famous Opera Singer, who Ingrid used to live with until the aunt's violent murder during an aborted robbery ten years before. Strange events begin immediately to occur. These events include hearing footsteps, missing objects, and the dimming of the gaslights. The Charles Boyer character suggests that these events are his wife's imagination. She wonders if she is going insane. He does not dissuade her from her doubts about herself. He continues to question her sanity, and isolates her, and ultimately plans to have her institutionalized. The gaslighting continues until the intervention of a Scotland yard inspector (played by Joseph Cotton) who admired the aunt and fancies her niece that unmasks Charles Boyer as the villainous murderer of the aunt who had returned to the scene of the crime to find the jewels that he could not find at the time of the murder.

The legal sounding and narrow concept of gaslighting seems to focus on a victimizer who consciously manipulates a victim for some sort of conscious gain.

The name comes from the movie in which Charles Boyer is clearly a criminal. This term "gaslighting" is associated more with women as the victims, although some articles attribute this to societal influences on

Editors Column - Gaslighting: Casting Light on a Familiar Phenomenon
Martin J. Drell, MD

women, their roles, and their personalities. Those that believe in societal influence feel that the process of gaslighting often involves males as the victims, even though when this occurs, the men are reluctant and ashamed to talk about it, as this would go against their societally assigned masculine roles.

Psychodynamic explanations involve the projection of content by the victimizer onto the victim who interjects what is projected via projective identification. The ubiquity of the use of projections, introjection, and projective identification has led me to think of gaslighting less narrowly and more along a continuum. To do so expands the concept to variations that seem less straightforward and less criminal. The minute I made this switch, I came up with many related and familiar processes that fall along a spectrum of well-known and related interpersonal interactions. This led, in short order, to the linkage of gaslighting to personality disorders (sociopathy/narcissism), racism, fictitious disorder by proxy, folie a deux, brain washing, child abuse, bullying, and co-dependency. The process of "grooming" used by traffickers and child predators came to mind, as did the tactics of cult leaders and dictators. Then came RD Laing's concept of demystification, Winnicott's Concept of the False Self, and psychological aspects of feminism and the male gaze. Certainly, Orwell's theories on the use of propaganda and "the Big Lie" daring people began to believe lies when they are stated often enough.

Special mention should, of course, be made to the Stockholm Syndrome, a condition that can occur when abused people identify with their abductors in a positive manner. This syndrome was coined after a 1973 bank robbery in Stockholm in which four hostages were taken and held captive for six days after which they failed to cooperate with police and raised monies for their abductors' defense lawyers. These events have been depicted in a 2011 movie called "Stockholm" with Ethan Hawke and Naomi Rapace.

The ease in coming up with related concepts made me turn to how underlying processes can be seen in politics. I immediately related to many friends and patients that railed against being gaslighted by President Trump. This quickly led to advertising, falling in love, and normal parenting being added to the list. It did not pass my notice that most of these phenomena involved power differentials' that are implicit in the relationships of children to their guardians. The underlying defenses and coping mechanisms can surely be used for good when the power is used for positive results for the "victim," as well as evil when it isn't with all points in between.

The literature lists the control strategies used by gaslighters. They include withholding and controlling information, countering/invalidating information, verbal abuse (often couched as joking), denial, diversion, diagnosis, trivializing, minimizing, and undermining. All these make the receiver of the gaslighting doubt and to not feel good about themselves. The victim responds usually in logical ways that ensure that the cycle continues and worsens. They respond with initial disbelief followed by subsequent defensiveness at what the gaslighter says and attempts to maintain the attachment. The latter response leads to the often-heard question as to why battered wives don't leave their marriages. Of course, having children involved makes the leaving is even more difficult. The victim may agree with the strategies used and apologize. They may make excuses and vow to do better the next time. They may become increasingly hyper-vigilant and hypersensitive and try to follow the commands/wishes of their abuser. The pervasiveness of these patterns of behaviors is reinforced by statistics that show that gaslighting is prevalent in 30-40% of relationships. I suspect that the only thing that has changed in the past few years is that the word is now more well know. I note that despite being well known, my patients are quite inarticulate at explaining in detail what they mean when they say they feel this way.

The literature is quite straight forward, and to me, oversimplified as to how to treat this phenomenon. The treatment involves:

1. Being aware of the phenomenon, especially the narrowly defined description that involves one party consciously manipulating another for a specific goal. Psychoeducation and Google searches can assist in this regard.

2. Having the victim be aware that it is occurring.

3. Monitoring the process over time to identify patterns of behavior and one's responses to them.

4. Check for the usual signs and symptoms.

5. Involving yourself in a "healing" relationship that can provide validation for how one is feeling. This might include therapy, support groups, and friends.

6. Think about the part in your process, even though you may find it difficult to do, as both parties may be locked in mutually self-reinforcing interactions.

7. Try to change one's relationship if possible.

8. Be prepared to give up the relationship if your attempts to change it led to a worsening of the situation and it seems nothing will change it. This is difficult to do, especially in important, albeit flawed relationships. Professional help may especially be helpful at this point, especially as the relationship is often linked to other past important, yet flawed relationships with past significant others, as well as one's family of origin through numerous generations.

Suggested References:

From my experience in therapy with people who say they have been gaslighted, such tactics are often easier said than done.

Abramson, K. (2014). Turning Up the Lights on Gaslighting. Philosophical Perspectives, Ethics 28(1). https://doi.org/10.1111/phpe.12046.

Calef , V. & Weinshel, EM. (1981)Some clinical consequences of introjection: gaslighting. Psychoanalytic Quarterly, 50(1):44-66.

Dorpat, T. L. (1994). On the double whammy and gaslighting. Psychoanalysis & Psychotherapy, 11(1), 91–96.

Gaslighting, Wikipedia. Retrieved from: https://en.wikipedia.org/wiki/Gaslighting.

Gibson, C. (2017). What we talk about when we talk about Donald Trump and 'gaslighting.' The Washington Post.

How to Successfully Handle Gaslighters & Stop Psychological Bullying. Preston NI: Communication Counseling, 2017.

Rosenber, R. (2013). The Human Magnet Syndrome: Why We Love People Who Hurt Us. Eau Claire, WI. PESI Publishing & Media.

Sarkis, S.M. (2018). Gaslighting: Recognize Manipulative and Emotionally Abusive People -- and Break Free. New York, NY, De Capo Press. Hatchette Brook Group.

Stern, R. (1/3/19). I've counseled hundreds of victims of gaslighting. Here's how to spot if you're being gaslighted. Gaslighting, explained. Vox.

Sweet, P.L. (2019). The Sociology of Gaslighting. American Sociological Review, 84(5):851-875.

Richard L. Gross

The dictionary says that a Mentor is"an experienced and trusted adviser; an experienced person in a company, college or school who trains and counsels new employees or students." And as a verb "advises or trains someone, especially a younger colleague" A Mentor is a teacher/ trainer who is significant in one's career to whom you feel was important for your success.

As most if not all of you know, the Life Members have been mentoring medical students, general psychiatric residents, and Fellows in Child Psychiatry at our Annual Meeting. Your contributions have enabled their attending The Meeting and attending a dinner for Life Members/Mentors and the Mentees. It has been very successful beyond our expectations [often attended by over 100 mentees]. Last October, due to the Pandemic, the mentoring was done virtually [as was the whole meeting]. The "virtual" mentoring was so successful The Life Committee members decided to try doing a series of mentoring sessions by Zoom over the year under the guidance of Marty Drell, John Dunne and Marilyn Benoit. The sessions were to be done in the evenings. Indeed one of the motivations for doing this was to recruit more Child Psychiatrists. As more medical students are going into General Psychiatry than before, less are going into Child Psychiatry. With the tremendous help of AACAP staff including Jill Brafford, Anneke Archer, and TJ Keiter, twelve of us volunteered to mentor a group on Zoom and the momentous occasion occurred at 7:40 PM on Tuesday, May11th to great success. There were about 30 mentees and it continued until 9:35PM.There were great discussions and sharing of information. It proved to be so successful that it will be repeated in August. The mentors included Cynthia Pfeffef,John Dunne, Ellen Sholevar, John Lingas, Steve Jaffee, Joe Jankowski, Allan Josephson, Doug Kramer, Marilyn Benoit, Bill Swift, and Marty Drell, with Child Psych Fellow, Sarah Hellweger serving as a host. Thanks to all of you for your service. It was great!

Since mentoring has been so significant in my life, I became active [when I retired from my private practice] in the organizing of and then active in the running of a non-profit called Best Kids whose mission is to mentor foster children. My mentor was Herman Belmont who took me under his wing when I was a medical student when I could not decide between Psychiatry and Pediatrics as my future. From Herman I learned about the wonderful field of Child Psychiatry. I never knew it existed as a field until my junior year in Medical School. He guided me until the day he died.

The metaphor of "roots" has enlightened my understanding of the importance of the mentoring process.

Plants thrive the most when planted in fertile soil, given consistent amounts of light and water based on their individual needs, and allowed the freedom to establish vast and strong roots.

The same is true for us humans. The strength of the roots we grow through our past experiences helps us to weather storms and shifting environmental changes, and provide us with the nurturing we need to grow and adapt in order to live healthy, successful lives.

Foster children have been uprooted innumerable times. In a landmark U.S. Constitutional case, I testified in

Federal Court in Washington ,D.C. on behalf of The Mental Health Law Project of The American Civil Liberties Union about the extreme failings at the time of the DC Foster Care System. The issue was were foster children getting “Equal Protection Under The Law” as provided for in the U.S. Constitution. I evaluated an 11 year old boy for the ACLU who had been in 27 different foster homes by then [1989]. During the evaluation, I asked him whether he had any fears. He spontaneously responded “people”. When I asked him where he would want to live, his response was “In a garbage can.” This proved to be my “15 minutes of fame” as my testimony hit the front page of The Washington Post and an editorial quoting my testimony.

The foster care experience affects over 700 youth in D.C. each year and hundreds of thousands more throughout our country. Their ability to thrive has been impacted by being uprooted time and time again, being replanted into environments that don’t necessarily provide them with the nurturing that suits them best. How can we expect them to live healthy and successful lives if we aren’t investing and building stronger and more life-sustaining roots [attachments?] they can depend on throughout their lives?

At Best Kids, mentoring foster kids can’t undo all the harm endured by youth in care, but it can provide youth with nurturing that helps them to grow as best they can regardless of the environments into which they were planted.

Best Kids can provide youth positive memories, relationships and experiences that help to strengthen their roots to survive through the difficult times they are currently facing and that are in store, ahead.

It can also address inequities in the communities that perpetuate these harms leading into and during time spent in foster care.

We as Wise “old” Child Psychiatrists, are obligated to advocate for our patients and for agencies such as Best Kids on local, state, and federal levels for equitable housing, health, employment and education services that reduce the need for foster care as well as legislation that supports higher levels of care and support for youth and families during and after involvement with foster care.

I want to thank Krislyn Mossman, the Executive Director of Best Kids for her work and care and guidance in writing this.

It is incumbent on us, on Child Psychiatry, on AACAP to work and support at all levels of government and in our communities to improve support for foster children and youth both before and after the age of maturity.

Richard L Gross

Cynthia R. Pfeffer, MD

The Autumnal Equinox occurring on September 22, 2021 begins the Autumn season when the sun traverses the celestial equator toward a southern direction, harvest season occurs, leaves turn beautiful colors prior to falling from trees, and children return to school but under the threat of COVID infection. Usually, AACAP Life Members autumnal meeting is held in conjunction with the annual Child and Adolescent Psychiatry autumn meeting. Again, this year, the COVID19 pandemic necessitated having a virtual Life Members annual autumnal meeting. The harvest of the Life Members coped with a yearlong void of in person collaboration between members but there was successful achievement of designing new creative undertakings by maintaining and going beyond our usual work together. Kudos to all academy members and the Life Members Committee and staff!

As we reflect on the gains made this year, we can marvel at our ingenuity, determination, collaboration, and competent planning. We learned to utilize virtual techniques to hold quarterly Life Member Committee meetings, message the Life Membership at large, develop virtual Life Member mentoring sessions, and have unique virtual annual meetings in 2020 and 2021. We became “wizards” possessing the magic like the fictional characters Godric Gryffindor and Salazar Slytherin, who were the founders of the fictional Hogwarts School of Wizardry and among the teachers of Harry Potter and Hermione Jean Granger. Life Members’ wizardry is our ability to navigate through new situations while maintaining the Life Members’ significant values and residents’ educational processes during years 2000 and 2021 by employing virtual teaching and other communications. With great THANKFULNESS, in the year 2021, the Life Members fund so far received donations totaling $23,757. It is predicted that by the end of this year the fund will be approximately double this amount. The Life Members at large are to be highly praised for their wonderful thoughtfulness and generosity. In the spirit of great success, please continue this process of generosity and recognition of the work the Life Members to: 1. provide Life Members programs, 2. collaborate among Life Members, 3. aid psychiatry residents and child and adolescent psychiatry fellows to participate in Life Members’ work, and 4. support medical students and Child and Adolescent Psychiatry residents’ attendance at AACAP annual meetings and achieve to become Child and Adolescent Psychiatrists. These are main goals for the monetary distribution of the Life Members Fund. PLEASE DONATE TO THE LIFE MEMBERS FUND WHICH AIMS TO OFFER HELPFUL IDEAS AND ACTIVITIES FOR OUR TRAINEES’ CAREER DEVELOPMENT.

This year has been especially notable and transformative. Our beloved founder of the Life Members Committee and past President of AACAP, John Showalter, MD, decided to roll off the Life Members Committee and develop more relaxation time. His exceptional AACAP career is highly regarded and widely recognized. The Life Members Committee is unanimous in appreciating and praising his very collegial and wise mentoring presence. I personally feel exceptionally fortunate to have worked with John for many years in the AACAP Life Members Committee and other organizational committees. I welcome Marilyn B. Benoit, MD who will become the Co-Chair of the Life Members Committee this year. Marilyn has many leadership achievements within the AACAP, especially in her former role as AACAP President. Now she expands her well-focused energy to help maintain and create Life Members Committee work as she will join me as a co-chair of the Life Members Committee when Richard (Dick) Gross, MD completes his Life Members Committee co-chair role in October 2021. I am very appreciative for Dick’s sincere, steadfast, and wise collaboration in this endeavor. I wish him very good fortune in all future activities and hope he will remain

active in AACAP Life Members activities. I am happy to welcome Mark S. Borer, MD and Ledro R. Justice, MD as new members of the Life Members Committee in October 2021 and am pleased for the persistence and good work of all members of the Life Members Committee who include Marilyn B. Benoit, MD, Martin J. Drell, MD, John Dunne, MD, Joseph J. Jankowski MD, Allan M. Josephson, MD, Paramjit T. Joshi, MD, Douglas A. Kramer, MD, Ellen H. Sholevar MD, John B Sikorski, MD, and William J. Swift, III MD. It is essential and notable that the Life Members collaborate closely with AACAP leadership staff Jill Z. Brafford MTA, CMP, Staff Liaison, and T.J. Keiter, Development Coordinator. Other AACAP staff instrumental in Life Members activities are Anneke Archer, Rob Grant, and Carmen Thornton, MPH, CHES. Their wisdom, effective processing of many Life Members activities, and uplifting, calm, and steady interpersonal relations with the Life Members is notable and most welcome! I am sure that Heidi Forti, CAE, CEO of AACAP is smiling as she observes progressive activities created by the Life Members Committee.

This year has been outstanding for Life Members expanded mentoring activities. Despite the barriers posed by the COVID pandemic, Life Members held THREE VIRTUAL MENTORSHIP PROGRAMS: one during the 2020 AACAP annual meeting led by Joe Jankowski MD and Ellen Sholevar, MD. On May 11, 2021 and August 12, 2021 there were small group mentor-mentee sessions organized by Marilyn Benoit, MD, Martin Drell, MD, and John Dunn, MD with participation from other Life Member mentors Richard Gross, MD, Steven Jaffe, MD, Joseph Jankowski, MD, Allan Josephson, MD, Douglas, Kramer, MD, John Lingas, MD, Cynthia Pfeffer, MD, Ellen Sholevar, MD, and William Swift, MD. Thank you to Anneke Archer and Jill Z. Brafford for their administrative work in managing these meetings, which were enthusiastically praised and will continue in the coming years. We are hopeful for the return of the in-person Life Members mentoring forum at a future AACAP annual meeting. The virtual Life Members mentoring programs, consisting of mentor-mentee small group discussions, received high commendation for the mentors' conversational abilities, enthusiasm, and creativity to provide mentees with outstanding descriptive information about work and lifestyles of Child and Adolescent Psychiatrists. These programs were not didactic but were lively interactional conversations between mentors and mentees aimed at promoting the development of future Child and Adolescent Psychiatrists! The leaders of these programs deserve high praise for their fortitude and creative ideas in producing these wonderfully valuable mentoring sessions.

Our Life Members' virtual annual AACAP Wisdom presentation (Tuesday, October 28, 2021, from 1:45 PM – 2:30 PM) is entitled " From Macro to Micro: A Review of Interventions for Neuropsychiatric Disorders: Restraints, Surgeries, Neuromodulation Therapies, Psychotherapies, and Pharmaceuticals to Molecular Biotechnologies". It is chaired by Marilyn B. Benoit, MD with Allen Mark Josephson, MD as the Discussant. This is a public format for Life Members' mentorship. The presentation topics and speakers are:

1. Macro Interventions in Child and Adolescent Psychiatry: A Historical Perspective by Bennet Leventhal, MD;
2. How We See, Understand, and Help Children: Tracing the Psychotherapies by Gordon Harper, MD;
3. Psychotropics in Kids: Where Did We Start and Where Are We Going by Timothy Wilens, MD;
4. Molecular Tools Reshaping the Future of Brain Disorder Treatments by Zhanyan Fu, PhD;
5. Pioneering Tomorrow's Brain Research Technologies by Edward S. Boyden, PhD.

This thoughtful program promises a coherent view of how Child and Adolescent Psychiatrists consider evaluation and treatment of children with complex symptoms and outcomes.

The Life Members also are sponsoring the symposium (Saturday, October 30, 2021, from 1:30 PM- 3:30 PM) entitled: "Goodness of AACAP and Goodness of Being a Child and Adolescent Psychiatrist: Learning from

Autumnal Equinox: Life Members' Harvest Time
Cynthia R. Pfeffer, MD

Leaders to Enhance One's Career". It is chaired by Rama Rao Gogineni, MD with David L. Kaye, MD as the discussant. This program highlights how to navigate the progression of a career involving issues of work/life integration, organizational/leadership skills, research, and running a private practice. It serves as a mentoring experience for those at different stages of their Child and Adolescent Psychiatry careers. Presenters are Tami D. Benton, MD, Clarice J. Kestenbaum, MD, Cynthia R. Pfeffer, MD, and John Sargent, MD.

Autumn's colorful beauty highlights the vigor of changes as children completed their summer activities and embarked on formal educational programs at school. Last year, because risk that unvaccinated children, adolescents, and adults become infected by the COVID19 virus, most school systems suspended in-person education and opted for virtual learning techniques. The most significant issues learned by last year's educational experiences were that children missed important educational and social interactions that promote children's growth, development, and wellbeing.

The 2021 school year may be thought of as "The Year of the Child". Epidemiological data indicate that high rates of COVID illness occurred among children. Medical intervention in a hospital was frequently a main treatment of children ill from COVID19 infection. Some children succumbed to a deadly COVID19 variant virus. Recently, the CDC approved the COVID19 vaccination for adolescents, who are at least twelve years old and data from research studies indicate safety and efficacy for vaccines capable of diminishing COVID19 symptomology in children, age five to nine years old. It is expected that soon there will be approval for COVID19 vaccination for such young children. Research is underway for producing an effective and safe COVID19 vaccine for infants and preschool children. This triumph of health over illness is exemplary. Emphasis must be maintained on utilizing standard effective mitigation methods of wearing masks, washing hands, and maintaining adequate social distance from others as essential defenses against COVID19 infection among all ages. However, a notable challenge in the fight against morbidity and death inflicted by COVID19 contagion remains because thousands of people refuse to take the COVID19 vaccine; thereby, we may be less likely to live in circumstances of COVID19 annihilation.

Intense focus persists to provide children with safe experiences of learning in school. Guidance about promoting children's prosocial behavior is stressed; children seeking help from teachers is praised; learning tasks may be individualized for children with special needs; peer interactions can be abundant; and limiting health risk is a paramount concern. It is essential to provide children with psychiatric and social interventions within schools and in the community to protect children from emotional instability related to being out of school last year and exposed to the suffering of family members who experience job loss, overwork, and emotional distress. Notably, many children suffered COVID-related death of relatives or serious illness requiring hospitalization of a loved one. Understanding processes of grief in young children is required for teachers and mental health professionals to assist children's recovery from these traumatic experiences. The need for pediatric and psychiatric interventions has increased and help from Child and Adolescent Psychiatrists is in great demand. However, there are not enough Child and Adolescent Psychiatrists to provide sufficient aid to our stressed youth populations. Focus on the intensive need to mentor and promote the entry of medical students and residents into our field of Child and Adolescent Psychiatry is an essential mission of the AACAP Life Members!

Elegy IX: The Autumnal: "No spring nor summer beauty hath such grace as I have seen in one autumnal face". John Dunne: The Complete Poetry and Selected Prose; Modern Library Classics, August 14, 2021, Charles M. Coffin (editor).

Cordially and to Good Health,
Cynthia R. Pfeffer, MD

Medical Students, Residents and Fellows: Meet Life Member Mentors – A Review (2014 – 2021)

Joseph J. Jankowski, MD

Joseph J. Jankowski, MD

Over the past seven years (2014 – 2021), the Life Members (LM) Mentoring Program has grown rapidly. This Program was started by Dr. Perry Bach in 2014 as the Life Member Committee was getting started. He continued until 2017 when Dr. Joseph Jankowski and Dr. Ellen Sholevar assumed his role. He, however, remained as a consultant who helped to grow the Program. Over these seven years, the number of Mentees attending increased from 70 to 190, and the number of Mentors rose from 20 to 40.

The Life Member Committee itself was conceptualized by Dr. John Schowalter in 2007 while a member of the AACAP Development Committee. In that role he was in contact with an increasing number of senior AACAP retirees who, as Dr. Schowalter noted "were interested in keeping our specialty strong after they were gone and to keep in better touch with old friends as they were no longer included in professional activities and travel." The initial meetings were fundraising endeavors to help fund medical students, general psychiatry and child/adolescent psychiatry residents with stipends that help them to attend the AACAP Annual Meeting. In 2011 the LM Annual Dinner hosted 15 trainees who received travel grant awards and by 2014, 32 were provided. In 2014 the Life Member group was appointed as a full AACAP Committee. AACAP members qualify as Life Members when their age and continuous membership years total 101 with a minimum age of 65.

Soon thereafter, in 2014, Dr. Perry Bach was appointed Chair of a LM Mentoring Program and hosted the initial Mentoring effort entitled "Medical Students, Residents and Fellows Meet with Life Members." It initially took place at the AACAP Annual Meeting. The co-chairs were Dr. Perry Bach and a General Psychiatry resident, Dr.Aaron Roberto, of the AACAP Medical Student and Resident (MSR) Committee. The intent of the Mentoring Program was for Mentees to meet with LM Mentors who had "interesting career trajectories and a broad range of professional and personal experience." Seventy trainees attended the first meeting. The Mentees included medical students, general psychiatry residents and child/adolescent psychiatry fellows. The room was packed and the Life Members were thrilled with the interest in this program.

In 2017 it was decided by the LM Program Committee to utilize four Co-Chairs, including two LM members, Drs. Joseph Jankowski and Dr. Ellen Sholevar, and two MSR Committee members, Dr. Aaron Roberto and Dr. Cordelia Ross. Dr. Bach remained as a consultant. The four Co-Chair arrangement worked well. Their tasks were divided as follows: Dr. Jankowski assumed the role of creating and filing submissions for the Annual AACAP Program. This role included developing the operational documents and questionnaires. Dr. Sholevar took on the role of selecting and recruiting the Mentors. She also collected their biographies and photos which were used by the Mentees before and during the sessions.

The MSR Co-Chairs helped to plan the sessions and assumed the tasks of providing verbal and written publicity. They facilitated and improved the sessions while making them more user friendly. The MSR administrative staff helped to select rooms, arrange tables and chairs, and made signs for the tables. They also rapidly and efficiently registered early-arriving Mentees for the Annual AACAP Meeting so they could attend this Mentoring Program.

The entire program took place over a period of 90 minutes, with tables each having 10 Mentees and 2 Mentors. The Program was divided into three sessions, each lasting for 25 minutes. An additional 5 minutes following each session were used to allow the Mentees to move to another table or remain where they were. This allowed the Mentees to attend up to three different tables during the entire 90 minutes of the program.

Medical Students, Residents and Fellows: Meet Life Member Mentors – A Review (2014 – 2021)
Joseph J. Jankowski, MD

The sessions began by Mentors briefly identifying themselves and having each Mentee do the same. Discussion items were primarily determined by the Mentees, but at times the Mentors had "to break the ice." Since there was a wide range of trainees at each table, Mentors were expected to maintain a balanced discussion so there was not a preponderance of topics brought up by one of the trainee groups.

After all three sessions were completed, a questionnaire was used to obtain general and specific information from the Mentees and Mentors about their experience in the sessions. This information was used by the co-chairs to evaluate and improve the Program for the following year. It is noteworthy that as the Program matured, the content of the questionnaires shifted from obtaining data about the sessions to why the Mentees were considering or had already selected CAP as a career. This was helpful to begin determining which experiences played a role in their decisions.

Factors which played an important role in helping this Mentoring Program be successful in attracting a relatively large number of trainees included:

• Mentees were available at a special time and place, namely at the beginning of the Annual AACAP Meeting. It was held during the second day of the Annual Meeting before most of the major sessions began. Many had just arrived for the Annual Meeting and obtained their registration materials in time to attend. Another factor was that this meeting was followed by a "Meet and Greet" activity held at a local restaurant which was extremely popular and provided excellent early-meeting social contact for all trainees.

• Utilization of a 4 Co-Chair Arrangement – This allowed for a division of tasks which facilitated the administration and functionally helped to carry out the program. It was especially helpful to have the co-sponsorship of the AACAP MSR Committee. This provided the LM Mentoring Program with two MSR Members to help immeasurably with Mentee issues, giving us an important perspective on their needs. They provided instant contact and a congenial inviting environment for the Mentees, thereby allowing the program to be user friendly and efficient.

• Life Members as Mentors – Our Mentors provided a special uniqueness to the Program. Mentees attended because they were interested in hearing, interacting and meeting with Life Members who they considered as "knowing more than anyone else about career strategies in CAP." There was also a curiosity by mentees to know who these Life Member Mentors are, and what were their own experiences as Child/Adolescent Psychiatrists.

• A diverse mixture of medical students, general psychiatry residents, and child/adolescent fellows – Initially there was a concern that the event would be unwieldly because of the large diversity in the level of training and interests, as well as levels of career development at the time. This, however, did not prove to be accurate. In fact, the opposite happened; the sessions became mentorship groups for all of the trainees, led by Mentor leaders. Besides having robust discussions with the LM Mentors, medical students wanted to hear from the general residents and CAP Fellows about their current positions, educational placements and work, as well as their personal life, especially family life. All three trainee groups became one with the Mentor leaders, as they brought up issues, asked questions and obtained information to help them consider future decisions. Additional mentoring also took place during down time between mentoring sessions and at the LM Annual Dinner Meeting.

• Financial Stipends for some MSR Members – The LM Program has been providing 20 – 30 travel awards each year. This funding is provided by Life Member contributions. Those receiving the awards are expected to attend the LM Mentorship Program and attend the Annual LM Dinner at the AACAP Annual Meeting. They are also expected to participate in additional AACAP mentorship programs and other sessions of their

choice at the Annual Meeting. AACAP also provides a number of awards to other Mentees who are expected to attend all aspects of the Annual Meeting, including this LM Mentoring Program. The awards are very helpful to the Mentees because they provide a large number of Mentees the opportunity to attend all of the LM and AACAP Mentoring Programs as well as other sessions at the Annual Meeting. Additionally, the Annual Meeting is receiving an increased number of non-awardee Mentees who attend this LM Mentoring Program as well as attending other educational sessions. It is remarkable that a 90-minute Mentoring Program held once per year at the AACAP Annual Meeting carries so much gravitas which lasts for many years. Each year the total number of participating Mentees increase, with the number of stipended trainees remaining the same.

During the Pandemic it was decided to have virtual meetings at the 2020 and 2021 Annual Meetings. Zoom was used as a platform with Mentees and Mentors meeting in virtual rooms. There are advantages and disadvantages with this virtual format. Advantages included the possibility to include more Mentees in smaller groups which can provide more personal and individual contact with LM Mentors. There were no stipends given or registration required for the off-cycle virtual programs in 2021 which likely reduced their attendance. This is a disadvantage because a smaller number of Mentees tend to attend the virtual program. For example, there were 190 Mentees at the 2019 in-person Annual Meeting program, but only 70 Mentees were at the 2020 virtual Annual Meeting Program.

In addition to the virtual program held at the 2020 Annual AACAP Meeting two additional virtual programs were held off-cycle between the 2020 and 2021 virtual Annual AACAP Meetings. The leadership of these off-cycle virtual mentoring sessions include Dr. Marilyn Benoit, Dr. John Dunne and Dr. Martin Drell. We had less Mentees attend, eg. 40 and 70 per session. It was interesting that these additional two off-cycle virtual programs allowed for closer contact and interaction between Mentees and Mentors because we had less Mentees per session, but still two Mentors per breakout grouping. Also, we reduced the number to only two sessions in 90 minutes, rather than three which increased contact with the Mentors. In addition, with the off-cycle virtual programs we were able to experiment with focusing on more specific topics and the grouping of Mentors. The in-person and virtual sessions are different from each other, but in both settings, mentoring does occur in a very helpful manner. Since 2020, the two MSR Co-chairs, Dr. Megan Single and Dr. Carly Kawanishi, have greatly helped with the virtual programs given their facility and experience with ZOOM programs.

It is planned to continue with the in-person Mentoring Programs at the AACAP Annual Meetings, but three off-cycle virtual programs will be added annually. For the virtual 2021 Annual Meeting, Mentees were awarded $200 instead of the usual $1,000 and were registered. Also at the 2021 Annual Meeting Virtual Sessions we provided Mentee stipends to 100 Mentees who participated

In reviewing the past 7 years of this Mentoring Program, three factors are especially relevant, as follows:

• By co-sponsoring the program with the AACAP MSR Committee we were able to identify, communicate and work extremely well with Mentees. It allowed us access to many Mentees who were already considering a career in Child/Adolescent Psychiatry. From our questionnaires we found that the Mentees looked forward to meeting with LM Mentors. By word of mouth, the LM Mentors were considered to be an interesting group of AACAP Mentors who could help them regarding career strategies.

• In the process of this MSR/LM co-sponsorship much mentoring occurred as we collaborated with the two MSR Co-Chairs. For example, when an additional Mentor was needed to join an existing LM Mentor at an additional table, one of the MSR Co-Chairs often took that role as the second Mentor. As a result, we tend to

Medical Students, Residents and Fellows: Meet Life Member Mentors – A Review (2014 – 2021)
Joseph J. Jankowski, MD

have one MSR Co-Chair be a Child/Adolescent Psychiatry Fellow to fill that role. The Fellows who performed this function still vividly recall their experiences years later and continue to be active Mentors locally.

• After the decision was made by the Board of Psychiatry and Neurology to discontinue interview-based exams and use primarily computer-based ones, it left a number of well-trained and experienced potential mentors available for our LM Mentoring Program. This was an opportunity for them to get back into, and continue, mentoring. As time elapsed, many also joined other AACAP Mentoring Programs and became a rich source of Mentors for all AACAP Mentoring Programs. In essence, this experienced group became an available and a dominant force of Mentors for the LM Mentoring Program. They have liked being Mentors and the Mentees enjoy having them.

Over the past two years the LM Mentoring Program has been attracting an increasing number of trainees. This occurs at a time when the number of child and adolescent psychiatry trainees overall entering the field has been decreasing. In response, we have begun to examine, why. As part of this effort, we are adding more items to our questionnaires and, in the sessions, mentors are asking about their entering the field. As a result, Life Mentors are playing an increasing role in helping us to understand how trainees make career decisions.

Many Life Member Mentors have said that their role as Mentor was memorable and positive. One commented that the mentoring program has been the highlight of the Annual Meeting for him. Another, after considering not to attend the Annual Meeting this year, decided to register and attend the one day he was to be a Mentor. Others have felt that by being a Life Member Mentor they were able to give back to the current generation of trainees. They have been uniquely accepted and appreciated for their work by the trainees.

One former Mentee who was recently named as a White House Fellow, wrote and said that the LM Mentoring experience had inspired him to become a Child and Adolescent Psychiatrist. Several of the comments received from the Mentee questionnaires reveal their positive feelings about the mentoring program. Examples include:

• Receive such wisdom and life experience in these sessions;
• Hear their perspectives on being a Child/Adolescent Psychiatrist;
• Take part in an intergenerational conversation about our careers;
• Inspired by their passion and openness about life, their families and careers.

In summary, it is remarkable that this program, held for 90 minutes once per year at the Annual Meeting, carries so much gravitas through the following years. LM Mentees often meet with Mentors from earlier years who recall the names of their Mentors and the topics discussed. It is all worth it, and our LM Mentors are a great recruitment tool, as well as an excellent source of continuing mentorship for our Mentees in Child/Adolescent Psychiatry. It does not end after the 90-minute sessions, but continues on through the years.

Respectfully submitted,

Joseph J. Jankowski, MD, Co-Chair
AACAP LM Mentoring Program

References:

1 “The Times They Are a Changin”, John Schowalter, MD, Owl Newsletter, July 20, 2015, pp 3-5.

2. “Successful New Mentoring Program”, Perry Bach, MD, Owl Newsletter, April 2015, p. 6.

v3. Questionnaires (Post Program) – “Medical Students, Residents and Fellows: Meet Life Member Mentors” – 2017, 2018, 2019.

Robert Adler, MD

I feel very privileged to be welcomed to the category of Life Member and Owl of the AACAP. I am a graduate of the University of Sydney and have practised as a child and adolescent psychiatrist (CAP) for the past 45 years, first in Sydney, then in Newcastle and for the past 35 years in Melbourne.

If anyone had told me 18 months ago that I would work almost entirely from home using online technologies, with no end in sight, I would have laughed and told them they were being ridiculous.

But thanks to the Corona virus that is exactly what I have had to do.

First, a word about the nature of my practice. Over the past 22 years I have worked primarily in private practice with a particular interest in the forensic aspects of CAP, particularly as it affects children whose parents are separating and who have not been able to resolve their differences about the care of their children more or less amicably.

Throughout that time I have maintained a limited clinical practice with children and young people. I had planned to retire from Family Court and clinical practice in November 2020 but to continue doing civil assessments of children and young people involved in motor vehicle accidents and those who are seeking compensation for other injuries (Wrongs Act 1958). On another occasion I might write about the lack of a suitable instrument for assessing children and young people in these circumstances. The AMA (4th edition) Guidelines make no specific reference to children nor do they acknowledge that children might be different to adults in this regard.

In March 2020, as the first wave of Corona virus hit Australia, I began to work from home using various telehealth platforms. Somewhat to my surprise this proved easier than I had anticipated at first. I must admit that I have not yet solved the problem of assessing primary school aged children, particularly those under 8-10 years via telehealth.

Magical thinking

In March my wife and I flew to Sydney for our grandson's birthday. Within a week or two of our return Melbourne, and indeed most of Australia, was in Stage 3 lockdown with fears of Covid-19 spreading as it had in the USA and elsewhere in Europe. We managed this constriction of our lives without too much difficulty, even managing to secure toilet paper in the midst of panic buying in the supermarkets. In June two more grandsons had their birthdays in Sydney. On this occasion we chose to drive the 880km (550 miles) to avoid aeroplanes and the exorbitant cost of air travel. No sooner had we returned than Melbourne experienced its second wave, much worse and much longer than the first.

Sadly, this saga was repeated in June 2021 with a visit to Sydney followed by two weeks of quarantine on returning from a red zone and lockdowns 5 and 6 following in rapid succession. We are currently in lockdown 6 with no clear end in sight despite less than 100 daily cases in Victoria and virtually no deaths. Unfortunately, we have been slow in getting the population vaccinated but this is gradually improving.

From magical thinking to lockdown number 6 - reflections on the Corona virus from an Antipodean Owl
Robert Adler, MD

Clearly, our visits to Sydney or our grandsons' birthdays are responsible for the spread of Corona virus in Australia even though none of us have ever been infected and my wife and I are now double vaccinated with the AstraZeneca vaccine.

On a more serious note, the Melbourne lockdown number 6 involves:

• a curfew from 8pm to 5am with non-essential shops, including bars and restaurants, shut for all except take-away food

• school attendance has been suspended again for all but the children of essential workers but online teaching is being provided

• masks or face covering are mandatory outside the home and social distancing is expected

• exercise outdoors is permitted for one hour a day within 5km of your home, and

• you can only go out to shop for essential items, such as food and medication; for permitted work; to seek medical help; or for compassionate reasons, such as caring for a sick relative.

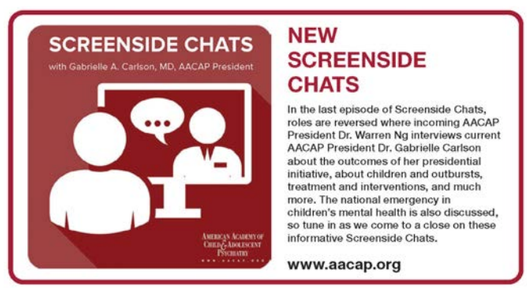
Overall, these seemingly draconian measures have not been too onerous for my wife and me. We are in our 70s, have a comfortable home with some outdoor space and reasonable resources. We are both fortunate to be in good health and to have the distraction of our professions to keep us occupied. It is hard to imagine what it would be like to be single, or a single parent with children, with limited resources and little or no outdoor space for children to play.

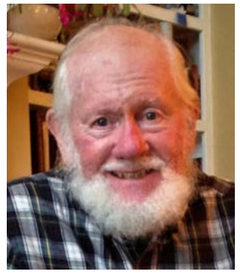
We wonder when we will be able to visit our children and grandchildren in Sydney, London and Washington DC but remain optimistic that the vaccine rollout will finally allow this Owl (not sure that I can presume to claim the title Wise Old …) to visit Washington and the AACAP in the not too distant future.

Australia hopes to have 80% of adults vaccinated by the end of the year and that this will finally lead to an opening up of our borders.

To put the situation into perspective, only one of our eight grandchildren, a 13 year-old grandson in DC has been vaccinated. Both children in the USA missed almost 18 months of face-to-face learning in 2020-21 however, they have returned to school this week. Our grandsons in the UK are both unvaccinated but back at school and the four grandchildren in Australia are all home schooling at present.

Who could have anticipated this situation two years ago?





John McCarthy, MD

For children 6 to 17, attending overnight summer camps in America has become an increasingly essential component of their growth, development, and mental health. It's here that children learn key life skills not necessarily addressed during their regular school year, functioning effectively away from a protective parental umbrella at home, thereby further enriching their lives. At camp, they learn to swim, row a boat, paddle a canoe, play team sports, nature, arts and crafts, and of course, make new friends. According to the American Camp Association, overnight summer camps have ballooned to over 7,000.

My interest in summer overnight camps stems from attending Camp Marist for boys with my brothers James and Peter from 1953 thru 1959. Coming all the way from The Bronx to Camp Marist on Lake Ossipee, New Hampshire, where the Director, Brother Ben greeted us with a welcoming smile. We thought we had died and gone to heaven. Years later, visiting Camp Marist as an adult, inspired me to write "My Summer Shangri-la" about all those wonderful memories, ever grateful to my parents for sending us.

Founded in 1949 by the Marist Brothers, our counselors were all Marist Brothers.

Over the years, Camp Marist became co-ed with virtually all lay counselors but managed to preserve its special ambience.

In 2019, to celebrate its 70th anniversary, Camp Marist held a celebratory reunion for all campers past and present which my wife, Jane, and I attended. At 76, I had the dubious distinction of being honored as the eldest former camper. Here, I met the Camp Marist Director, Vinny Gschlecht, and found him delightfully warm, funny, and most importantly, fully devoted to his campers' welfare. After a very successful reunion, we promised to return to Camp Marist over the Memorial Day Weekend to help open camp for the 2020 season. However, on March 11th, 2020, the World Health Organization declared COVID-19 a pandemic! Devastated, Vinny regrettably but wisely, elected to cancel the 2020 summer camp season. Undaunted, he opted to work intensively to develop an air tight program that would enable Camp Marist to open its doors again for the 2021 season. He and his administrative staff held regular zoom meetings to keep abreast of the latest and ever changing information about managing the dreaded COVID-19. They came up with the idea of holding the 2021 season under a safe protective "Bubble" for campers and staff. This idea reminded me of the "Boy in the Bubble" of the 1970's, who had an autoimmune disorder and had to live in a completely sterile environment. Similarly, Camp Marist would become a virtual "Bubble" to enable both campers and staff to enjoy Camp Marist safely during the 2021 season free from COVID-19.

Throughout this intensive preliminary process of creating a realistic protocol, Vinny stressed the importance of working out all the kinks to forge bonding within his staff. From June 20th to July 3rd, he held a staff development program. On June 15th each member required a negative Polymerase Chain Reaction (PCR) test for COVID-19, then a 2nd negative PCR on June 20th on their arrival at camp, and the 3rd PCR test 5 days later to remain in camp for the duration of the 2021 season (July 4th to August 7th). Result: all tests were negative.

Likewise, every camper was tested 5 days prior to arrival, on day of arrival, and 5 days later. Among the 173 boys and 127 girls who attended, all had negative PCR tests x 3. Overall, by every measure, Camp Marist 2021 succeeded in their goal of safely protecting everyone from the dreaded virus within their specific "bubble" by separating cohorts each of which consisted of children grouped by age, gender and specific counselors throughout each day for the duration of their stay for all activities. According to Vinny Gschlecht, Executive Director, "One of the highlights of the season were that the entire staff willingly pitched in for the shortage of International kitchen and maintenance staff who were unable to travel due restrictions imposed on them due to covid. It was challenging but in the end we all had a real sense of accomplishment."

White Rage: The Unspoken Truth of Our Racial Divide

Carol Anderson, PhD

After a continuing focus on Black Rage, historian Dr. Anderson offers a counterpoint with a focus on white rage. In her history of the last 150 plus years, she puts forth the premise that each step forward with regards to fuller participation in U.S. democracy by blacks has been met by "White Rage." Although this rage can include sheer force and fear as propagated by white supremacy racists groups, it is mostly now done through less violent strategies, policies, and legislation. She carefully goes over the gains by Blacks since the Civil War and the legislative actions implemented to undo them. She discusses reconstruction, the undoing of reconstruction, the creation of Jim Crow laws, lynching's, the 1954 Brown vs the Board of Education decision, the Civil Rights Act of 1964, the Voters rights Act of 1965, the War on Drugs, the disproportionate incarceration of blacks, affirmative action, and ends with ongoing efforts at voter suppression. She writes about the sophistication of these legislative efforts in which religion and media are used to support, rationalize, and institutionalize the responses to white rage caused by curtailing of white privilege with the goal of protecting and preserving the status quo of democracy and our "great society," as defined by white's. By doing so, she provides a historical explanation of how "structural racism" can literally be legislated into existence.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

Call for Papers

AACAP's 69th Annual Meeting takes place October 17-22, 2022, at the Metro Toronto Convention Centre. Abstract proposals are prerequisites for acceptance of any presentations. Topics may include any aspect of child and adolescent psychiatry: clinical treatment, research, training, development, service delivery, or administration.

Abstract proposals must be received at AACAP by February 15, 2022, or by June 7, 2022 for (late) New Research Posters. The online Call for Papers submission form for the February deadline will be available at **www.aacap.org** in December 2021, and all submissions must be made online.

Questions? Contact AACAP Meetings Department at 202.966.7300, ext. 2006 or **meetings@aacap.org.**

october 17–22
20AACAP
22CACAP
annual meeting | toronto

David Freeman, MD, and wife Constance

WILLOW FENCE POSTS

Years ago my father made fences
with posts made from nearby trees.
Dry places had cedar and oak posts
that lasted for many years.

In the swamps he stapled wires
to posts made from willow trunks.
The willows took root, grew to small trees.
Barbed wire stretched between centers of trees,
like old highways that went
between town centers.

Before long the trees grew to full size
with fencing imbedded in each one.
Soon they aged, died and rotted,
with fences sagging from tree to dead tree.

Things that form quickly soon fade away.

December, 2014

PRAZOSIN FOR NIGHTMARES

if you hear the med list read
as a prayer, the hope
pharmaceuticals, their names sometimes a mouthful
paired with their simplest indication
bring relief, you might find it comforting
a last line, prazosin for nightmares

Chuck Joy, MD

Donors to AACAP's Life Members Fund

The Owls continue to demonstrate their long-term commitment to AACAP and to supporting the next generation of child and adolescent psychiatrists. Owls make a difference in the lives of other AACAP members as mentors, advisors, and friends. AACAP is thankful to the following Life Members for their generous donations.

$500 to $1000
Paul T. Omelsky, MD

$100 to $499
E. Gerald Dabbs, MD
Steven Jaffe, MD
Harvey N. Kranzler, MD
Sonia B. Yballe, MD and Karen Cruz-Brenneman, MD in memory of James Harris, MD

$15 to $99
Peter D. Schindler, MD

1953 Society
Anonymous (5)
Steve & Babette Cuffe
Samuel Glernter, MD
James C. Harris, MD & Catherine DeAngelis, MD, MPH
Paramjit T. Joshi, MD
Dr. Michael Maloney & Dr. Marta Pisarska
Jack and Sally McDermott
Patricia A. McKnight, MD
Scott M. Palyo, MD
The Frank A. Roberto, MD, Family
Diane H. Schetky, MD
Gabrielle Shapiro, MD
Diane K. Shrier, MD & Adam Louis Shrier, DEng, JD

Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org or 202.966.7300.

August 2021 - September 2021

In Memoriam

Bruce Greene, DO
Ileen Reeman, MD
Richard Cohen, MD

Pediatricians, Child and Adolescent Psychiatrists and Children's Hospitals Declare National Emergency in Children's Mental Health

Gabrielle A. Carlson, MD

Gabrielle A. Carlson, MD

AACAP, AAP, and CHA call on policymakers at all levels of government to act swiftly to address mental health crisis

Washington, D.C., October 19, 2021 – Today, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) together representing more than 77,000 physician members and more than 200 children's hospitals, declared a national state of emergency in child and adolescent mental health and are calling on policymakers to join them.

The COVID-19 pandemic has taken a serious toll on children's mental health as young people continue to face physical isolation, ongoing uncertainty, fear and grief. Even before the pandemic, mental health challenges facing children were of great concern, and COVID-19 has only exacerbated them.

"Children's mental health is suffering. Young people have endured so much throughout this pandemic and while much of the attention is often placed on its physical health consequences, we cannot overlook the escalating mental health crisis facing our patients," said AAP President Lee Savio Beers, MD, FAAP. "Today's declaration is an urgent call to policymakers at all levels of government – we must treat this mental health crisis like the emergency it is."

The numbers paint an alarming picture. Between March and October 2020, the percentage of emergency department visits for children with mental health emergencies rose by 24 percent for children ages 5-11 and 31 percent for children ages 12-17. There was also a more than 50 percent increase in suspected suicide attempt emergency department visits among girls ages 12-17 in early 2021 as compared to the same period in 2019.

Additionally, many young people have been impacted by loss of a loved one. Recent data show that more than 140,000 U.S. children have experienced the death of a primary or secondary caregiver during the COVID-19 pandemic, with children of color disproportionately impacted.

"We were concerned about children's emotional and behavioral health even before the pandemic. The ongoing public health emergency has made a bad situation worse. We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, their communities, and all of our futures. We cannot sit idly by. This is a national emergency, and the time for swift and deliberate action is now," said AACAP President, Gabrielle A. Carlson, MD.

Amy Wimpey Knight, president of CHA added, "We are facing a significant national mental health crisis in our children and teens which requires urgent action. In the first six months of this year, children's hospitals across the country reported a shocking 45 percent increase in the number of self-injury and suicide cases in 5- to 17-year-olds compared to the same period in 2019. Together with the AAP and the AACAP we are sounding the alarm on this mental health emergency."

In the declaration, the groups emphasize the disproportionate toll on young people in communities of color and how the ongoing struggle for racial justice is inextricably tied to the worsening mental health crisis.
"Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color," the groups stated in the declaration.

The organizations are urging policymakers to take several actions, such as increasing federal funding to ensure all families can access mental health services; improving access to telemedicine; supporting effective models of school-based mental health care; accelerating integration of mental health care in primary care pediatrics; strengthening efforts to reduce the risk of suicide in children and adolescents; and addressing workforce challenges and shortages so that children can access mental health services no matter where they live.

American Academy of Pediatrics
The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. **www.aap.org**

American Academy of Child and Adolescent Psychiatry
The American Academy of Child and Adolescent Psychiatry (AACAP) promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child a nd adolescent psychiatrists are the leading physician authority on children's mental health. For more information, please visit **www.aacap.org.**

Children's Hospital Association
The Children's Hospital Association is the national voice of more than 200 children's hospitals, advancing child health through innovation in the quality, cost and delivery of care. For more information visit **www.childrenshospitals.org.**

A Declaration from the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and Children's Hospital Association

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

The pandemic has struck at the safety and stability of families. More than 140,000 children in the United States lost a primary and/or secondary caregiver, with youth of color disproportionately impacted. We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, and their communities. We must identify strategies to meet these challenges through innovation and action, using state, local and national approaches to improve the access to and quality of care across the continuum of mental health promotion, prevention, and treatment.

That is why the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), and the Children's Hospital Association (CHA) are joining together to declare a National State of Emergency in Children's Mental Health. The challenges facing children and adolescents are so widespread that we call on policymakers at all levels of government and advocates for children and adolescents to join us in this declaration and advocate for the following:

- Increase federal funding dedicated to ensuring all families and children, from infancy through adolescence, can access evidence-based mental health screening, diagnosis, and treatment to appropriately address their mental health needs, with particular emphasis on meeting the needs of under-resourced populations.

- Address regulatory challenges and improve access to technology to assure continued availability of telemedicine to provide mental health care to all populations.

- Increase implementation and sustainable funding of effective models of school-based mental health care, including clinical strategies and models for payment.

- Accelerate adoption of effective and financially sustainable models of integrated mental health care in primary care pediatrics, including clinical strategies and models for payment.

- Strengthen emerging efforts to reduce the risk of suicide in children and adolescents through prevention programs in schools, primary care, and community settings.

- Address the ongoing challenges of the acute care needs of children and adolescents, including shortage of beds and emergency room boarding by expanding access to step-down programs from inpatient units, short-stay stabilization units, and community-based response teams.

- Fully fund comprehensive, community-based systems of care that connect families in need of behavioral health services and supports for their child with evidence-based interventions in their home, community, or school.

- Promote and pay for trauma-informed care services that support relational health and family resilience.

- Accelerate strategies to address longstanding workforce challenges in child mental health, including innovative training programs, loan repayment, and intensified efforts to recruit underrepresented populations into mental health professions as well as attention to the impact that the public health crisis has had on the well-being of health professionals.

- Advance policies that ensure compliance with and enforcement of mental health parity laws.

AACAP DISTINGUISHED LIFE MEMBER
MEMBER

CHILD & ADOLESCENT PSYCHIATRY

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

WWW.AACAP.ORG