LifeMember
OWL NEWSLETTER

Winter Edition 2023 e-Newsletter

Welcome to the Winter Edition of the Owl News!

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

Quotes On Community

"A community is like a ship; everyone ought to be prepared to take the helm."

— **Henrik Ibsen**

"I'm a reflection of the community."

— **Tupac Shakur**

"What I try to tell young people is that if you come together with a mission, and its grounded with love and a sense of community, you can make the impossible possible."

— **John Lewis**

"Some people think they are in community, but they are only in proximity. True community requires commitment and openness. It is a willingness to extend yourself to encounter and know the other."

— **David Spangler**

"There is no power for change greater than a community discovering what it cares about."

— **Margaret J. Wheatley**

"Communication leads to community, that is, to understanding, intimacy, and mutual valuing."

— **Rollo May**

"The greatness of a community is most accurately measured by the compassionate actions of its members."

— **Coretta Scott King**

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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

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COVER ART:

The original cover image, created by AACAP is titled "PEACE" & (we tried) to embody the concept of unity and harmony. It features a dove, traditionally symbolizing peace, composed of hand-drawn images of diverse people. The use of muted, earth-toned colors provides a warm and distinctive look. The design tries to thoughtfully combine the symbol of the dove with the representation of diverse individuals, reflecting the current state of world events, and the universal desire for peace. The somewhat messy alignment of the figures within the dove's shape adds an element of artistic chaos, symbolizing how unity and harmony can emerge from challenging situations.

Don't Miss A Thing

Check out AACAP's Social Media

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News Clips:

We will update you with need-to-know information about the mental health field twice a week.

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An Added Note on Impostor Syndrome

By Martin J. Drell, MD

Since the publishing of my column on Impostor Syndrome

entitled "An Impostor's Tale of Impostor Syndrome," in the August/September issue of the Owl's Newsletter, I have been on the lookout for new articles and research on the subject. I especially enjoyed the February 13th-20th, 2023 (double issue) New Yorker article with the intriguing title: ''Not Fooling Anyone: the Dubious Rise of impostor Syndrome." In this article, Leslie Jamison interviewed the originators of the idea of Impostor Syndrome, Pauline Clance, and Suzanne Imes. The authors said that they still prefer their original name which was, "The Impostor Phenomenon." They are both pleased and somewhat perplexed by the "cultural saturation" of what they described over the past 40 plus years, especially in Gen X and millennial women.

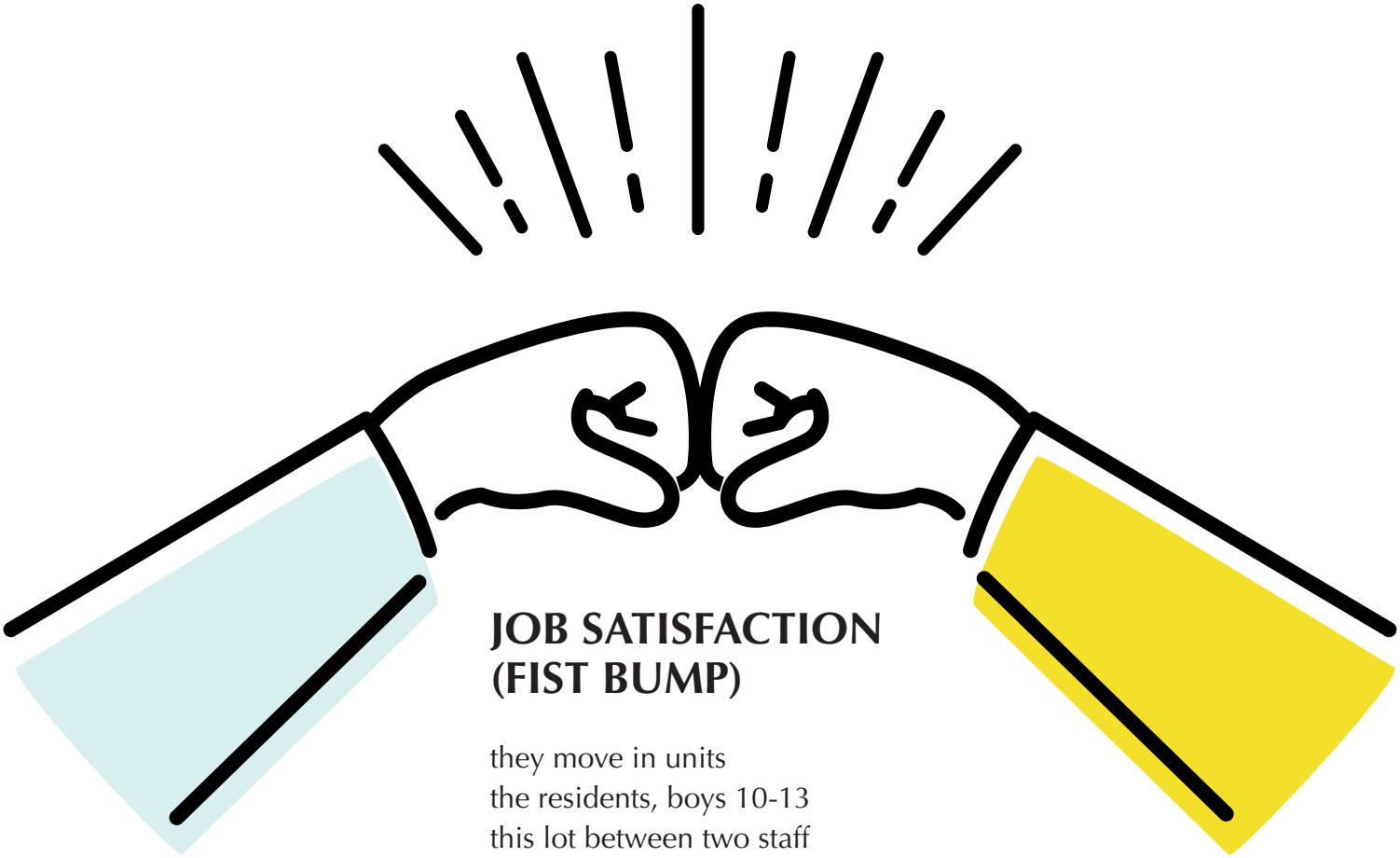
Both are trained in Gestalt Therapy which focuses on "owning all the various parts of yourself and accepting them instead of trying to get rid of them, and understanding their functions as parts of the larger whole." They feel that such an approach "offers not only an antidote to the belief in a shameful self at the core of one's being ... but also an intrinsic understanding of the self as many selves rather than static or overly coherent." (p28)

Clance describes a conversation she had about the impostor phenomenon and noted that another white female academic "curtly" replied that the phenomenon was "such a white-lady thing to say." In response, Clance asked a black female colleague what she thought. The colleague replied that she had not often felt like an impostor as she "more frequently found herself situations where her competence or intelligence had been underestimated, than in ones where it was taken for granted." (p29)

Clance talked to other colleagues, including a black physician who pointed out that the 1978 article interviewed predominantly white women. Her friend noted that, as a black woman, she was "unable to find herself in the paper."

Other authors have explored these points in more detail. Ruchika Tulshyan and Jodi Ann Burey in a February 2021 Harvard Business Review article, "Stop Telling Women They Have Impostor Syndrome," argue (from a 2020s second wave feminist standpoint that highlights intersectionality) that the label of "Impostor Syndrome" fails to convey the real obstacles and barriers that women, especially those of color, face in the workplace. They feel that it focuses the blame for Impostor Syndrome on the individual rather than institutionalized gender bias and racism. The authors state that the biases in hiring, promotion, retention, leadership, and compensation continue. They point out that the term "Impostor Syndrome," is simply another way of disempowering these women, especially those of color, in a greedy, capitalistic, racist system. Tulshyan is quoted in the Harvard Business Review article as wondering if the idea of Impostor Syndrome should be done away with.

Clance and Imes seem not to disagree with provisos. They point out that their concept of the Impostor Phenomenon was not meant to be overextended and made into a "syndrome" or diagnostic category. They feel that their original concept, however, does still have a place in explaining the internal feelings of some women, including Clance's self-doubt from which the term originated. Such is the plight of clinical theories, especially those from different eras in the crucible of 2020s America. ■



JOB SATISFACTION (FIST BUMP)

they move in units
the residents, boys 10-13
this lot between two staff
single-file, walking toward me
it's a narrow tile hallway
they're about to pass

the staff in front nods
the group conversation bubbles
one boy reaches for a fist bump
more than one

- Chuck Joy

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.

AACAP's 70th Annual Meeting

By Ellen Sholevar, MD

My journey started while sitting at the ornate & vaulted 30th Street station in Philadelphia, waiting for my train to the AACAP annual meeting, excited to again visit NYC, always a vibrant and interesting experience, and looking forward to another annual meeting. The essential tasks back at Children's Hospital of Philadelphia (CHOP) were completed, leaving me free to anticipate seeing old friends and colleagues in person, not as small heads on a screen, and anticipate the highlights of the meeting.

The Midtown Hilton was so beautifully decorated for Halloween. I found the AACAP registration desk and suddenly I was surrounded by throngs of child/adolescent psychiatrists of all ages, races, rushing in all directions. It felt so familiar after attending over 50 years of annual AACAP meetings.

The first order of business after picking up my registration packet was to plan which meetings to attend and to prepare for the Tuesday Life Member Mentor event. Joe Jankowski, MD was back in person along with our young and enthusiastic representatives from the Medical Student's and Residents Committee- Carly Kawanski MD & Ariana Vitale MD. They had done an amazing job of putting together the Life Member Mentor List in conjunction with our ever ready staff from AACAP, Jil Ziggenfus Brafford, Anneke Archer, and Hazer Pastora. The hour arrived and the medical students, residents and CAP fellows thronged in along with our experienced and new Mentors. Some Mentees wanted a specific Life Member Mentor because of geographic location, area of accomplishment, or other reasons. Some just wanted any available mentor. There were 1-2 Mentors at each table with a variable number of Mentees- from 1or 2 up to 8. Numerous questions were asked: Why did you go into child/adolescent psychiatry? What was the best part? Was there anything you didn't like about the field? Where & how should I apply? Many of the Mentees got information also from Mentees who were at the next level, so a lot of learning went on. The event was extremely successful with record numbers of medical students, psychiatric, and pediatric residents, as well as CAP Fellows attending.

Thursday's, Wisdom presentation, "The Many Faces of Leadership in Child & Adolescent Psychiatry" was next to prepare for and, at the same time, I was regretting that Chairperson Marilyn Benoit, MD, was unable to attend the meeting because of the critical illness of a family member. Marty Drell, MD, then served as Chair and Discussant, His article, which is also included in this issue, titled "Life Members Wisdom Clinical Perspectives: The Many Faces of Leadership in Child and Adolescent Psychiatry" offers further insights into this program.

The Thursday evening Life Members Dinner, always a special occasion, was

again an opportunity to meet old and new friends, as well as the Mentees in attendance who were honored. Anneke Archer was honored for her outstanding contributions with the Medical Students and Residents Committee in supporting the Life Members Mentor events, but also, because of her dynamic and personable interaction with Mentees, having interested and recruited many trainees into our field. Thank you, Anneke!

The last Life Members special event was the Friday morning Life Members Committee meeting. Another opportunity to plan for future activities, see one another in person, catch up on personal issues, and again review our mission.

These Life Member events occurred on the background of a dynamic, whir of presentations, meetings, informal gatherings, and meetings with friends. It's Impossible to navigate through all the interesting events. However, it was possible to jaunt thru some wonderful and uplifting presentations, most notably the Karl Menninger Plenary with outgoing President Warren Ng, MD and incoming President Tami Benton, MD, my Chair at CHOP. Tami's inspiring presentation led to a standing ovation, and enhanced my resolve to work another year at CHOP. Governor Gavin Newsom's "First Partner" Jennifer Siebel Newsom received the Catcher in the Rye Award and gave an inspiring talk. There were many more highlights of the plenary, overall, an uplifting experience.

There were other highlights of the meeting- Dan Schechter, MD's group presentation on their attachment work and Clinical Perspectives 48 on Thursday on Pharmacogenetics with Discussants Barbara Coffey, MD and Jeff Strawn, MD. It was a wonderful update and Drs. Coffey and Strawn certainly know how to be an expert discussant! Lastly, Mark Stein, PhD, Jeff Newcorn, MD, Steve Farone, MD, and Tanya Froelich, MD gave their usual fabulous ADHD update presentation to a standing room only audience. There were many more presentations that I attended, all interesting and informative.

Conclusion: The annual meeting enriched my knowledge, led to great respect for the many talented and accomplished individuals in our field, and, as always, highlighted the need for more research and understanding of the children and adolescents that we treat to better help them. Also, the need for all of us to be politically active to advocate for the values and goals that we espouse. ■

Balint Groups - A Psychiatric Idea that is Needed More Than Ever

by Martin J. Drell, MD

As we continue to deal with the major changes in medicine and our society and realize that "long COVID" also refers to its psychological impact, we continue to face astronomical percentages of "burnout." This overall irritable malaise of symptoms, according to a Mayo Clinic handout, stems from: lack of control, unclear job expectations, dysfunctional workplace dynamics, workforce shortages, value mismatches, poor job fit, extremes of activity, lack of social support, and work-life imbalances. As I read articles on what to do about burnout, I found myself repeatedly thinking about Balint groups that I learned about during my adult C/L training years ago. I suspected they might be of assistance in the battle against burnout. When I mentioned my idea to write about Balint groups, I found that very few people knew of them. This reinforced my wish to refresh my knowledge about them and share what I have learned with others.

A Balint group is a specific type of group case discussion that was originated for doctors that is conducted over time with a trained leader. The goal of the groups is to increase the participants' ability to empathize with their patients by focusing on the doctor-patient interaction as a diagnostic and therapeutic tool to understand a patient's behaviors and symptoms. A meta-goal was to enhance professionalism and humanism.

These groups are named after the psychoanalyst Michael Balint (1896-1970) who, in the 1950s, ran such groups with his wife, Enid, who was an

Martin J. Drell, MD

analyst and consultant at the Tavistock Institute for Human Relations. These groups were described in Balint's book: The Doctor, His Patient, and the Illness (1957) which sought to clearly differentiate "illness-oriented medicine" from "patient-oriented medicine."

Balint groups generally consist of 6-10 physicians with 1-2 leaders. The format involves a case presentation that takes 3-5 minutes followed by a discussion of 1 hour or more. These discussions are confidential and, if done correctly, provide a safe and trusting environment for the discussion of negative and difficult feelings that occur in the normal course of one's practice.

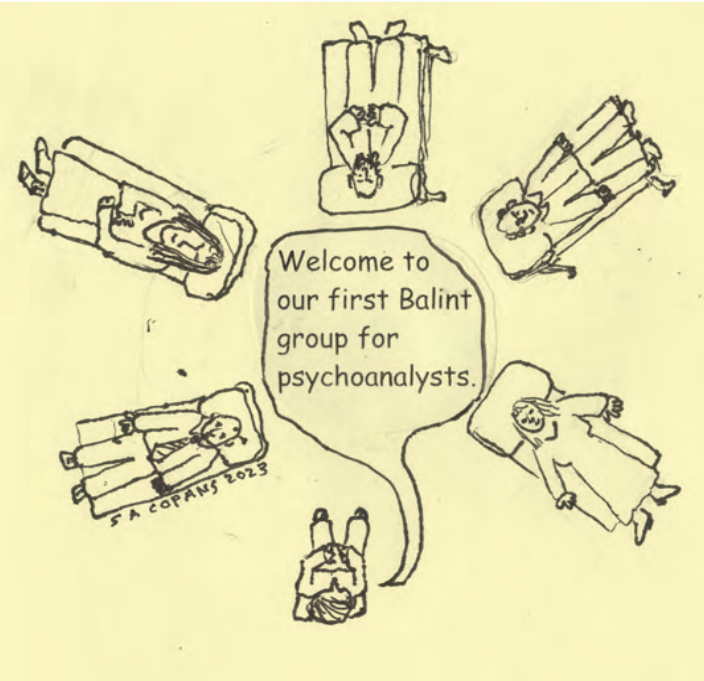
The groups specifically focus on:

- Psychological problems in the patient
- Patient personality problems
- Problems in the doctor/patient relationship
- Problems in the family of the patient

The list of topics available is endless, especially when one considers that many patients involve several of these categories:

- Medically complicated patients
- Dying patients
- Seductive patients
- Angry patients
- Demanding patients

Balint Groups - A Psychiatric Idea that is Needed More Than Ever



- Dependent patients
- Regressed patients
- Habitually self-harming and suicidal patients
- Patients who tend to scapegoat you and others
- Manipulative patients
- Help seeking rejecting patients
- Doctor shoppers
- Patients that don't get better
- Patients with substance use and other addictions

It's even more endless if one considers one's often complicated transactions with others on healthcare delivery teams including health system administrators. I suspect that Balint groups would be very helpful additions to the many other suggestions that have been proposed to address the complicated totality of the phenomenon of burnout (Drell, M. AACAP Owl's News, July 2019). A literature review showed that others have come to the same conclusion with regard to Balint groups. A recent 2020 article by Huangi in the journal Psychiatry about a randomized controlled trial of Balint groups with Chinese residents provides a beginning evidence base for this practice.

I would suggest that, with only minor modification, such groups would seem a profound intervention for dealing with the many difficulties our society is having dealing with the often contentious conversations around issues of diversity, equity, and inequality (DEi). Of note, the American Balint Society (ABS) has, through its diversity committee, recently created a diversity resolution to sensitize its members to issues as they impact their traditional groups. Balint groups seem to be needed more than ever! ■

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Life Members Wisdom Clinical Perspectives: The Many Faces of Leadership in Child and Adolescent Psychiatry

By Martin J. Drell, MD

Martin J. Drell, MD

Marilyn Benoit, MD assembled a group of leaders from child to adolescent psychiatry and asked them to present on what experiences and lessons they had learned regarding leadership. The group included the following:

- David Driver, MD, who, as is a mid-career child and adolescent psychiatrist, has created a "for profit" group called Healthy Foundations Group, LLC in Bethesda, Maryland. His presentation was titled: "How My Job as a Gofer in a Law Firm Informs my Approach to Leadership."
- Harold Koplewicz, MD, who is President of the Child Mind Institute which is a large independent nonprofit organization dedicated to transforming the lives of children struggling with mental health and learning disorders. His presentation was titled: "Leadership Lessons as Founder of the Child Mind Institute."
- Peter Cohen, MD, is a recently retired Child and Adolescent Psychiatrist who focused much of his career on adolescents with co-occurring MH/SUD at various levels of leadership in the public sector including being the State of Maryland's Medical Director of Drug and Alcohol Administration. His presentation was titled: "Learning to Lead: From Cradle to Community."
- Ellen Sholevar, MD, who works at Children's Hospital of Philadelphia, chose to focus mainly on one of her many leadership roles, that being her leadership in the OWL's Mentorship Program as the annual meetup, Her presentation was titled: "Lead the Way: A History of Life Members Annual Mentoring Program."

I was chosen as discussant of these four unique, informative, and entertaining presentations about leadership. In totality, the presentations created an overall picture of what leadership entails with considerable areas of agreement like a well-executed Venn Diagram.

They challenged the listeners to think about what a leader is.

Warren Bennis, a well-known business writer noted that "Leaders do the right things while managers do things right." It is clear that leaders are special people that facilitate getting things done in cooperation with other people. It was not clear what experiences go into becoming a leader, although, the presenters suggested that it has something to do with families and family history. All spoke about the influence of mentors and role models. Dr. Driver added clearly that one can learn a lot from problematic role models. He clearly is sensitive to not making the people he leads feel like 'gofers.'

After the presentations, one certainly had the sense that the presenters all had their own unique styles of leadership that blended differing amounts of support, coaching, delegating, and directiveness. They all talked about the need for having a theory of mind and the ability to mentalize and empathize with their fellow workers. The presenters did not spend much time dealing with the thorny and sad reality that such skills and abilities are often insufficient with certain people one works with. One cannot have a "goodness of fit" with everyone.

In general, one came away with the sense that the presenters know how to compromise. All also mentioned the importance of creating a meaningful culture of excellence bent on reaching the leader's inspirational goals. All are interested and have a passion for helping children, adolescents, and their numerous caregivers.

Despite the variety of missions described, all seemed humbled by the goals set forth. They have all overcome hardships and have survived with a resilient sense of optimism that involved humor, grit, and gratitude. The missions they have chosen to embark upon seem to buffer and protect them from "burnout."

They all are systemic and see the larger picture and the larger systems they work in. They all practice continuing quality improvement. Their careers, as described, have not stagnated and have developed in responsibility and authority over time.

Due to the shortness of the timeframe, there was not the time to delve into many of the interesting questions I have briefly alluded to such as:

- Life-work balance. Is it OK and possible to have misbalances if you are doing good deeds that improve the world?
- What are some strategies for dealing with burnout should it occur, especially when "stuff happens" that is beyond one's control?
- What to do if you realize you do not have a "goodness of fit" with your position for whatever reasons?
- How does leadership change as one goes through the varying Stages of Erik Erikson?
- When is it time to step down/pass the baton/start succession planning and retirement?
- Is there life after "leadership" and what does that include?

> "In my old age, it's harder and harder to do the things I never wanted to do in the first place." – Martin Drell

Whenever I am beset with such questions and challenges, I revisit Stephen Covey's book: The 7 Habits of Effective People 30th Anniversary Edition (Simon and Schuster, 2020) and invariably note that I am not following one or more of the 7 habits which are:

- Be proactive
- Begin with the end in mind (set missions, value statements, and goals)
- Put 1st things 1st (prioritize)
- Think win-win and not zero sum or win-lose scenarios
- Seek 1st to understand, then to be understood
- Synergize (strive for creative cooperation)
- Sharpen the saw (Life Long Learning [LLL], reading on administration, learning from past experiences, and continuing quality improvement)

I truly regret that we didn't have several more hours to further explore the "wisdom" of the panel members and that of the leaders in the audience. After all, are not all Child and Adolescent Psychiatrists at any development stage leaders in their own ways? ■

Donors to AACAP's Life Members Fund

AACAP is committed to the promotion of mentally healthy children, adolescents, and families through research, training, prevention, comprehensive diagnosis and treatment, peer support, and collaboration. We are deeply grateful to the following donors for their generous financial support of our mission. **Donations for August 1 to November 30, 2023.**

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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.**

AACAP Policy Statement on the Impact of Social Media on Youth Mental Health

Over the past decade, there has been a substantial increase in social media engagement among children and adolescents. This trend has been further amplified during the COVID-19 pandemic, as social media and online gaming became the default method of socialization. Social media use is nearly universal among young people; up to 95% of teenagers are active online. Despite a minimum age requirement of 13 years on most U.S. platforms, nearly 40% of children aged 8-12 are on social media. In parallel with increasing social media engagement, rates of depression and anxiety among youth have surged, although this relationship is not fully understood. Given its ubiquitous nature, and the particularly important period of brain development between childhood and young adulthood, the impact of social media usage on youth mental health remains an important topic.

Children and adolescents are affected by social media in different ways depending on individual factors as well as trait strengths and vulnerabilities. Social media platforms do offer benefits to youth—they often serve as avenues for forging connections, receiving, and offering emotional support and expressing creativity. Youth in crisis are more likely to share suicidality on social media than directly to caregivers, concerned peers often alert adults, which frequently leads to vital referrals to emergency services and child and adolescent psychiatry. However, children and adolescents are also prone to experiencing adverse effects of social media, including disruptions of sleep which increase susceptibility to depression, fostering unrealistic social comparisons damaging self-esteem, adopting avoidant coping, cyberbullying, encouragement of eating-disordered behavior or self-harm, and sexual exploitation. For example, experimental research confirms that viewing idealized social media images can lead to body dissatisfaction among youth. At this time, there is enough evidence to conclude that social media can negatively impact the mental health of youth.

To protect against the potential harmful effects of social media exposure on child and adolescent mental health, the American Academy of Child and Adolescent Psychiatry (AACAP) recommends:

- Requiring technology companies to strengthen protections for youth online privacy, create effective controls allowing youth and caregivers to manage screen access and content, and share relevant data for further independent research on social media's effect on youth mental health.

- Increasing federal funding for future research on the potential benefits and harms of social media use on youth mental health.
- Minimizing children's and adolescents' exposure to problematic content, including that which promotes self-harm, prejudice, cyberbullying, health misinformation, and unrealistic beauty- or appearance-related content.
- Collaborative engagement between social media platforms and child and adolescent psychiatrists, pediatricians, counselors, teachers, and parents in the development of guidelines for age-appropriate content, safe and developmentally suitable functionalities, and the development of age-appropriate digital literacy training to precede social media engagement among children and adolescents.
- Encouraging caregivers to maintain ongoing discussions with youth about digital citizenship, potential pitfalls of social media, online safety, and family expectations. Caregivers should strongly consider restricting screens from bedrooms and establishing screen free periods at home such as during mealtimes, homework time, and the hour before bedtime.

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 October 2023

AACAP Policy Statement on Prevention of Bullying

Bullying is defined as intentional, individual, or collective aggressive behaviors that intimidate and cause the physical or psychological discomfort of another individual or group. It usually occurs within the context of a power imbalance, or perceived power imbalance, and can be direct, indirect, and/or digital. In recent surveys, 20% of students ages 12-18 reported being bullied at school. Bullies and victims are at risk for negative physical and emotional health outcomes. Bullying victimization and perpetration are correlated with adverse outcomes including mood and eating disorders, lower academic achievement, school absenteeism, alcohol and drug use, and self-injurious and suicidal behaviors. Emerging data indicates that certain subpopulations of students are at increased risk for experiencing bullying.

The number of bullying prevention programs has increased substantially since the 1990s, and nearly all states have passed laws specifically related to bullying. School-based responses to bullying, such as Zero Tolerance policies, school assemblies, and peer mediation have not proven to be effective and may even create potentially harmful effects for the victim. In contrast, programs aiming to prevent violence and disruptive behaviors by promoting a positive school climate, such as School-wide Positive Behavioral Interventions and Supports (PBIS), have had a significant impact on decreasing the frequency of bullying.
To ensure a comprehensive system of care approach to bullying prevention, the American Academy of Child and Adolescent Psychiatry recommends:

- Coordinated efforts by health-care providers, policy makers, educators, public and community agencies, and families to develop evidence-based strategies for prevention of bullying and its sequelae.
- Promotion of public awareness about the nature, impact, and prevention of bullying, including the monitoring, detection, and reporting of all forms of bullying.
- Development of safe schools through school-wide interventions such as PBIS, and incorporating ongoing education of students, staff, parents, youth, and any community members who work directly with children and adolescents about bullying and its effects.
- Assessment of current state-based and school-based anti-bullying policies' efficacy, including a review of the language to better serve vulnerable populations, such as LGBTQ students.
- Continuous monitoring of the effects of anti-bullying polices on school-based metrics such as reports of bullying, incidences involving violence, attendance, and class participation.
- Referral for victims and perpetrators who experience physical and psychological symptoms linked to bullying for mental and physical health evaluation and treatment.
- Urging state and federal policy makers to adopt, implement, and evaluate on an ongoing basis policies and programs for preventing, identifying, and responding to bullying on their platforms and publication of their anti-bullying policies on their websites. ■

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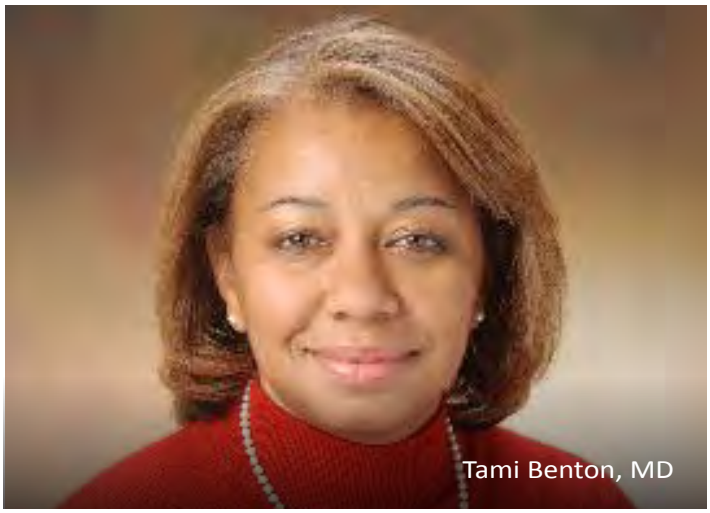
Approved by Council October 2023

The American Academy of Child and Adolescent Psychiatry Welcomes Tami Benton, MD as New Incoming President for 2023-2025


Tami Benton, MD

Washington DC - November 8, 2023:
The American Academy of Child and Adolescent Psychiatry (AACAP) is elated to announce Tami Benton, MD, Psychiatrist-in-Chief and Executive Director of the Department of Child and Adolescent Psychiatry and Behavioral Sciences at Children's Hospital of Philadelphia (CHOP), as its 36th president for the 2023-2025 term. Dr. Benton is a beacon of commitment and passion in the field of children's mental health, and her presidency promises to usher in an era of transformation and focus on

"Bringing the Village to the Children."

Dr. Benton remarked on her new position, "I am profoundly honored to serve as AACAP's president. My theme, informed by more than 30 years of practice, AACAP membership, and the insights shared by our community, will be centered on enriching children's mental health. I look forward to collaborating closely with each member of AACAP to realize our shared vision."

Her dedication to children's mental health is evidenced by her extensive involvement and accomplishments within AACAP. Dr. Benton has held numerous pivotal roles, including AACAP's president-elect, councilor-at-large, secretary, and co-chair of the HIV Issues committee, among others. She was also the recipient of AACAP's Virginia Q. Anthony Outstanding Woman Leader Award and the Jeanne Spurlock Award for Leadership in Diversity and Culture. Dr. Benton is not only recognized for her work within AACAP but also for her exemplary leadership and guidance at CHOP in the behavioral and mental health space. Her career resonates with her mission of nurturing diverse physician leaders and the next generation of experts in pediatric and mental healthcare. This has laid the foundation for partnerships between communities and academic centers –essential in eliminating disparities in the field.

Dr. Benton succeeds the 35th President, Warren Ng, MD, and wishes to express gratitude for his mentorship, support, and pioneering AACAP's "Capturing Belonging" initiative. As she embarks on her presidential term, she anticipates building on the momentum of AACAP and forging a brighter future for children's mental health.

AACAP remains devoted to its mission of bolstering Diversity, Equity, and Inclusion within the field of Child and Adolescent Psychiatry and Children's Mental Health. With Dr. Benton at the helm, the organization is poised to further elevate its objectives and bring transformative change to children's mental health care.

For more information about AACAP and its initiatives, please visit www.aacap.org or contact Rob Grant, rgrant@aacap.org. ■

The American Academy of Child and Adolescent Psychiatry (AACAP) is a national professional medical association dedicated to promoting the healthy development of children, adolescents, and families. With a membership of over 10,000 professionals, AACAP provides valuable resources, expertise, and advocacy to advance the field of child and adolescent psychiatry and improve mental health care for young people. For more information, please visit www.aacap.org.

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