Candidates’ Information Booklet

COUNCILORS-AT-LARGE (choose 2 of 4)  Shirley Alleyne, MB, BS
                                             Jennifer L. Derenne, MD
                                             Scott Leibowitz, MD
                                             Michael W. Naylor, MD

NOMINATING COMMITTEE (choose 2 of 4)  John N. Constantino, MD
                                           Howard Liu, MD, MBA
                                           Richard R. Pleak, MD
                                           Moira A. Rynn, MD

All information is included as submitted by the candidate.
“How are we doing as a profession?” The United States Bureau of Health Professions estimated that there would be only eighty percent of the estimated 12,600 child and adolescent psychiatrists (CAPs) needed to address the increasing demand for child mental health services in 2020. This workforce shortage is especially dire in our most disadvantaged communities where children rapidly develop elevated risk for mental illness. As the demand for services rises, the fill rate of child psychiatry training programs has progressively fallen from 85.9% in 2016 to 62.3% in 2020 and practicing CAPs are faced with increasing clinical pressure and declining reimbursement rates. It is therefore imperative that as we work to increase recruitment in our field we equally attend to the well-being and retention of practicing CAPs.

My lifelong commitment as a child and adolescent psychiatrist has been to address mental health disparities through service development (especially for underserved communities). In this vein I have worked in public health and clinical practice studying factors influencing recruitment and retention of at-risk populations in treatment, help-seeking practices across racial and socioeconomic groups and parents’ satisfaction with school-based mental health services as compared to traditional outpatient child mental health care. My most recent work has focused on the provider side of the equation conducting career development workshops at my university, during the annual meeting of the American Academy of Child and Adolescent Psychiatry (AACAP) and developing a survey study to assess CAPs’ professional satisfaction.

I joined AACAP as a PGY 3 psychiatry resident and have had the honor of serving the Academy in multiple capacities. These opportunities afforded mentorship by luminaries in our field whose journeys provide a template for my own path and demonstrate the magnitude of CAPs potential as change agents. Involvement with AACAP supported my early career transition to international work as a Mental Health Advisor for the World Health Organization followed by clinical practice from which I advocated for children’s mental health, collaborated with allied ministries of government and taught medical students and residents.

In my current role as Assistant Professor of Psychiatry at the University of Florida, I direct the mobile school psychiatry clinic which serves children with the most severe emotional and behavioral challenges in our school district and provide mental health services to the Sulzbacher Pediatric Clinic at the residence for homeless families. In these roles I draw on lessons learned and models presented through AACAP. Ongoing dialogue with colleagues on AACAP’s Schools Committee provides peer mentorship essential for professional support in sometimes challenging circumstances.

As an AACAP Councilor-At-Large I look forward to championing initiatives focused on evaluating and optimizing the well-being of practicing child and adolescent psychiatrists. I would also be honored to contribute my policy and clinical experience to the vibrant discourse on issues central to the Academy’s role in improving all children’s mental health and safeguarding our profession for future generations of CAPs. Thank you in advance for your consideration!
JENNIFER L. DERENNE, MD

Clinical Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Psychiatric Director, Comprehensive Care Unit for Eating Disorders, Lucile Packard Children’s Hospital Stanford. Core Rotation Director for first year CAP fellow training. Former CAP Training Program Director at Medical College of Wisconsin (2009-2012). Co-Chair AACAP TAY and College Student Mental Health Committee (2017-present), Member AACAP TAY and College Student Mental Health Committee (2011-2017). AACAP Local Arrangements Committee 2020 Annual Meeting. AACAP Distinguished Fellow. MD: University of Wisconsin School of Medicine and Public Health. General Psychiatry Residency: Massachusetts General Hospital/McLean Hospital. Child and Adolescent Psychiatry Fellowship: Massachusetts General Hospital/McLean Hospital

DISCLOSURES

Leadership Roles: No
Financial Conflict: No
Family Member Conflict: No
Signed on 03/04/2020 by Jennifer L. Derenne, MD signed as Jennifer Derenne

Thank you for allowing me to express my interest in and excitement for the AACAP Councilor-at-Large position. It is a tremendous honor to be nominated and I am very grateful for your consideration. My current clinical and administrative responsibilities revolve around providing evidence-based treatments for children, adolescents, and transition age youth with eating disorders. I work with a multidisciplinary team of physicians and allied health professionals, while also training learners at many levels. Working as a child psychiatrist in this setting can be humbling. We are confronted with disparities in resources and opportunities for appropriate care on a daily basis and need to work to identify the proper avenues to advocate for families. We are also tasked with educating families (and staff), combatting stigma, and supporting our pediatrics colleagues.

AACAP is the organization in which I feel most at home as a child and adolescent psychiatrist, and I have been an active member for my entire career, spanning the past 15+ years. Throughout my training and early career, the annual meeting was the meeting I most eagerly awaited each year, where I learned new material, cultivated my passions, and fostered connection to the larger CAP community. AACAP has supported me in developing my leadership abilities. As I have gotten older and have progressed in my career, my interests have evolved, and I have taken on more responsibilities. These include organizing and presenting content at the annual meeting each year, facilitating committee meetings and activities, and participating in mentoring activities for students, residents, and fellows.

As an active committee member, and now co-chair (TAY and College Student Mental Health), I feel like I have my finger on the pulse of the needs of the various committees, as well as a good understanding of issues that are important to the general membership. As a former program training program director, and someone who continues to work very closely with trainees, I have an up to date understanding of the issues facing our residents and fellows as they complete training and try to balance their work and home lives.

Participating in Council will allow me to continue to advocate for the needs of patients, families, trainees, and our medical colleagues, on a national level, using the AACAP infrastructure. We need to find ways to change the culture of medicine to prevent physician burnout, to increase access to mental health services while also respecting our roles as physicians, and to provide trainees with the experiences needed to continue to grow as competent and compassionate clinicians.
PLEASE CHOOSE TWO OF FOUR CANDIDATES
Candidate Biographical Information: AACAP COUNCILOR-AT-LARGE

SCOTT LEIBOWITZ, MD

Medical Director of Behavioral Health, THRIVE Gender Development Program, Nationwide Children’s Hospital; Associate Clinical Professor, The Ohio State University College of Medicine. Co-Chairperson, AACAP’s Sexual Orientation Gender Identity Issues Committee. Former Expert Witness for United States of America vs. North Carolina, HB2 bill. Adolescent Chapter Lead, Upcoming Standards of Care Revision Committee, World Professional Association for Transgender Health (WPATH). Chair, Child and Adolescent section for Global Education Initiative, WPATH. Current AACAP liaison to the American Academy of Pediatrics. Child and Adolescent psychiatry fellowship at Boston Children’s Hospital, Harvard Medical School; General Psychiatry (and Chief Resident) at Long Island Jewish, Zucker Hillside Hospital Einstein College of Medicine (at the time).

DISCLOSURES

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<th>Leadership Roles: No</th>
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<tr>
<td>Financial Roles and Organizations</td>
<td>Nature of Conflict</td>
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Signed on 03/16/2020 by Scott Leibowitz, MD signed as Scott Leibowitz

The inextricable link between child and adolescent psychiatrists’ personal and professional identities- as healers for youth and families- creates a bond that brings us together in enriching discussions at the annual meeting. As much as we understand and “get” each other, many of our colleagues still have a narrow view of our clinical and academic utility, relegating us to very specific roles.

We are doctors with expertise in process and systems. We are doctors with expertise in identity development, psychopharmacology, evidence-based therapies, and multidisciplinary collaborative care models. We are doctors who practice in a healthcare climate that does not prioritize mental health reimbursement. Most importantly, we are doctors who make the lives of children and adolescents better. My main priority as a candidate for Councilor-At-Large is to raise visibility of the central role and unique expertise that child and adolescent psychiatrists bring to healthcare systems.

My career path has afforded me the privilege to specialize with a very specific patient population: youth with gender identity related concerns. I am no stranger to controversy, weighing complex ethical dilemmas, and understanding the distinction between healthy advocacy and overreaching activism. My experience working in three different pediatric institutions (Boston, Lurie, and Nationwide Children’s)- developing innovative, comprehensive assessment models in an evolving subspecialty- has taught me the importance of multidisciplinary collaboration and flexibility when navigating institutional culture and professional relationships. Through these lenses, my appreciation of the holistic role of a child and adolescent psychiatrist- for all youth needing our care- has been shaped. I strongly believe we can improve and promote a broader appreciation of our role at the center of children and adolescents’ emotional wellbeing.

As chair of an AACAP committee, I have grown to understand the many aspects of what makes this organization so effective. I have significant experience forging relationships with Government Affairs, Meetings, Public Relations, the CME office, other committee leaders, outside medical and advocacy organizations, upper leadership, dedicated committee members, trainees and early career psychiatrists, and general members seeking more education within the domains of our committee’s mission statement. Through the development of policy statements and practice parameters, I understand the processes that have earned AACAP its solid reputation for pragmatism and respect for science.

If elected, I would be honored to serve AACAP in this next leadership role, extending my expertise towards a broader mission: one that strengthens the child and adolescent psychiatry voice within the various systems we practice, while 1) recognizing the challenges of patient access; 2) working to reduce disparities for minority youth and families; and 3) addressing the challenges that arise from a lack of mental health parity. At my first AACAP meeting in 2007, I never imagined that after thirteen consecutive meetings later, with thousands of clinical care, education, research, and advocacy hours behind me, I would be in a place to potentially bring our visibility in health care to the next level. I'll look forward to talking about it with you over coffee in between sessions at the next meeting.
It is truly an exciting time to be a child psychiatrist. Then again, it has always been an exciting time to be a child psychiatrist. The ongoing advances in neurosciences, molecular biology, developmental psychopathology, psychotherapies and pharmacotherapies make child psychiatry a dynamic, evolving and rewarding field. Furthermore, it is an honor and a truly humbling experience to be invited into a child’s, adolescent’s and/or a family’s lives.

For all its exciting potential, however, child psychiatry faces monumental challenges:

1. We have a severe workforce shortage. Several factors contribute to the workforce shortage including relatively poor financial compensation given child psychiatry’s specialty status, stigma about mental illness resulting in a low professional standing of child and adolescent psychiatrists and the prolonged training required for specialization.
2. Children’s mental health services are chronically under-resourced. There is increasing demand for mental health services in the face of a shortage of resources to meet this demand. This mismatch in demand versus available resources is not likely to improve anytime soon. Meeting the mental health needs of youth and their families will require creative ways of utilizing existing resources and inventive ways of identifying and enlisting new resources.
3. There are very few resources devoted to the prevention of mental illness in youth. Approximately 50% of all mental illnesses have their onset before age 14 years; 75% have their onset by the mid-twenties. Effective primary and secondary prevention strategies targeting children and adolescents are likely to result in greater positive effects on social, familial, academic and occupational functioning than interventions at any other time in the individual’s life. Early prevention efforts are likely to result in substantial benefit to society at large due to decreased health care costs, decreased use of criminal justice services and improved employment stability and performance.
4. Despite our burgeoning knowledge base as alluded to above, there continues to be an urgent need for more research and more effective ways of disseminating these new findings and integrating them into clinical practice.
5. There is an urgent need for the design and application of effective, evidence-informed public health policies addressing child and adolescent mental health.

I believe that child and adolescent psychiatrists are uniquely qualified to address these issues, and, in fact, should provide leadership in designing and implementing potential solutions to these problems. It is for this very reason that I joined the AACAP as a general resident and why I have been actively involved in AACAP activities at the state and national levels. I am honored to have been nominated for AACAP Councilor at Large and, if elected, will enthusiastically represent the membership on these and other crucial issues facing child and adolescent psychiatry.
JOHN N. CONSTANTINO, MD

I am a child psychiatrist and pediatrician on the faculty of the Washington University School of Medicine in St. Louis, where I have served as the Director of the William Greenleaf Eliot Division of Child and Adolescent Psychiatry for the past 11 years. My background / experience for serving on the Nominating Committee includes leadership roles in diverse arenas of science, clinical care and public health: I direct a transdisciplinary institute (one of 14 U.S. Kennedy Centers) for basic and applied research in intellectual and developmental disabilities at Washington U., am a past chair of the scientific steering committee of the Autism Genetic Resource Exchange (AGRE), previously chaired the State of Missouri Mental Health Commission, and am currently the Psychiatrist-in-Chief of St. Louis Children's Hospital. I have been a recipient of the Academy's Irving Philips Award for Prevention (2014) and the George Tarjan Award (2015) for Contributions in Developmental Disabilities.

DISCLOSURES

Leadership Roles: Yes
Leadership Roles and Name of the Organization:
Psychiatrist-In-Chief, St. Louis Children's Hospital
Blanche F. Ittleson Professor of Psychiatry and Pediatrics
Director, William Greenleaf Eliot Division of Child Psychiatry
Director, Intellectual and Developmental Disabilities Research Center
Washington University School of Medicine

Financial Conflict: Yes
Financial Roles and Organizations
Organization                                Nature of Conflict
Western Psychological Services             In-Kind ServicesRoyalties: The Social Responsiveness Scale (SRS-2)
Roche Pharmaceuticals                      Advisor/Consultant
NICHD                                     Research Funding
US Centers for Disease Control             Research Funding
Missouri Department of Mental Health

Family Member Conflict: No

Signed on 11/05/2019 by John N. Constantino, MD signed as John Nicholas Constantino
Please choose two of four candidates

Candidate biographical information: AACAP nominating committee member

Howard Liu, MD, MBA

I am an educator, workforce expert, and practicing child psychiatrist. I serve as the Chair of Psychiatry at UNMC.

AACAP Leadership: I co-chaired the Training & Education Committee (2011-18) and served as Nebraska’s ROCAP President (2013-15).

Interests: Training, Workforce, Population Health, Advocacy, Media

Training: U. Michigan (Med School, Residency), MGH/McLean (CAP Fellowship), U. Colorado Denver (Executive MBA Health Admin.)

Prior Roles: Clerkship Director, State Behavioral Health Workforce Director, Assistant Vice Chancellor for Faculty Development

Twitter: I am an advocate for child mental health @DrHowardLiu

Disclosures

Leadership Roles: Yes

Leadership Roles and Name of the Organization:
1. President-Elect (Association of Directors of Medical Student Education in Psychiatry)
2. Chair (UNMC Department of Psychiatry)
3. Member of the National Advisory Council for the Clinical Scholars Program (Robert Wood Johnson Foundation)
4. Chair of the Social Media Committee (American Association of Chairs of Departments of Psychiatry)
5. Member, Council on Communications (American Psychiatric Association)

Financial Conflict: No

Family Member Conflict: No

Signed on 10/28/2019 by Howard Y. Liu, MD signed as Howard Yee Liu
PLEASE CHOOSE TWO OF FOUR CANDIDATES
Candidate Biographical Information: **AACAP NOMINATING COMMITTEE MEMBER**

**RICHARD R. PLEAK, MD**

Director of Training and Education in Child & Adolescent Psychiatry (1996-present) and Associate Professor of Psychiatry, Zucker School of Medicine at Hofstra/Northwell, Zucker Hillside Hospital, Long Island Jewish Medical Center, NY. Past President and current Board Member, New York Council on Child and Adolescent Psychiatry, and delegate to the AACAP Assembly of Regional Organizations since 2003. Co-Chair, AACAP HIV Issues Committee and Past Chair, Sexual Orientation & Gender Identity Issues Committee. Co-Chair, AACAP Local Arrangements Committee for 2010 meeting; member of Local Arrangements Committee for 2016 meeting. Member, Work Group on Gender Dysphoria, American Psychiatric Association. Faculty practice in child, adolescent, and adult psychiatry since 1989. Medical Student instructor, CUNY School of Medicine (1995-present). MD from Wayne State University, Residency at WPIC Pittsburgh, CAP & Research Fellowships at Columbia University.

**DISCLOSURES**

| Leadership Roles: No |
| Financial Conflict: No |
| Family Member Conflict: No |

*Signed on 10/31/2019 by Richard R. Pleak, MD signed as Richard R Pleak*
Chair for the Department of Psychiatry & Behavioral Sciences at Duke University School of Medicine. An internationally renowned expert in the treatment of pediatric mood and anxiety disorders and has spent her career focused on improving treatments for children, adolescents, and young adults with treatment refractory mood and anxiety disorders. Most recent studies have examined novel augmentation treatment strategies for pediatric Obsessive-Compulsive Disorder and treatment models for adolescent depression in the primary care setting. Received her MD from Rutgers University and completed internship and residency in psychiatry at the University of Pennsylvania Perelman School of Medicine. Then completed a Child and Adolescent Psychiatry Fellowship at the Children’s Hospital of Philadelphia followed by a Neuropsychopharmacology Research Fellowship sponsored by the NIMH at the University of Pennsylvania Perelman School of Medicine.

DISCLOSURES

**Leadership Roles:** Yes
**Leadership Roles and Name of the Organization:**
American Association of Chairs of Departs of Psychiatry (AACDP) – Program Committee Chair

**Financial Conflict:** Yes
**Financial Roles and Organizations**

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**Family Member Conflict:** No

Signed on 03/13/2020 by Moira A. Rynn, MD signed as Moira A. Rynn