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“Kathak”

Father and daughter perform at a Mughal-era themed tour of the Lahore Fort in Pakistan. Classical dance, native to the culture, was associated with prostitution for several centuries. This performance marks a new era of appreciation and a change in perception of this beautiful art. –Faryal Mallick, MD
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2. Education regarding child and adolescent psychiatry.
3. Recording the history of AACAP.
4. Artistic and creative expression of AACAP members.
5. Provide information regarding upcoming AACAP events.
6. Provide a recruitment tool.

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A Med Check: Don’t Cry Over Spoiled Milk

When I came out of my office to meet Edgar for his monthly med check, I thought for a moment that he wasn’t there. I then realized that Edgar was now a full-fledged adolescent complete with a scrappy beard, and not the scrawny miserable child I began seeing years ago. It is often difficult to get our original perceptions of patients out of our minds. My perception of Edgar was of a small child that seemed to always have a dark cloud over his head. He never smiled, and when asked how things were, always said “bad” or “lousy” with an angry harangue about his selfish and stingy mother who wasnever there for him except to yell at him. His anger seemed the only thing that kept him from being completely depleted. He claimed to “never, ever” get what he wanted!

Throughout the years, he was accompanied to the sessions by his exhausted but resilient maternal grandmother who usually would bring him in to see me af- ter her night-shift as a housekeeper at a local downtown building. She would chuckle tolerantly as Edgar complained and tried to cheer him up. He was having none of it!

Edgar originally came to see me for ADHD. He responded well to the stimulants I prescribed, but said they did “nothing” and tasted bad. His grandma disagreed, even though she had ongoing concerns that the appetite suppression stifled his weight gain. Although I did extensive psychoeducation about the appetite suppression of the stimulants, and told her that I had never had a patient die of starvation from them, she never gave him his meds on weekends and I suspect also during many week days. The school felt that the stimulants helped his attention, but was not upset if he had his meds or not, as he didn’t usually “act up” or cause troubles.

I wondered for the longest time with Edgar whether he might be helped by an antidepressant. He refused my suggestion for several years and then relented to my gentle persistence. Edgar insisted that, like the stimulant, the antidepressants did nothing. From my standpoint, they worked to the point that he occasionally smiled. The cloud was still there, but not nearly as dark. When for the first time in years, I asked him how things were going, he responded, “ok.” I was so pleased that I scared him by my loud exclamation of the word “Great!” He was so puzzled by my response that I had to explain why I was so pleased. He looked at me like I was nuts!

He answered “ok” during most sessions after that and spoke a bit more about all the things that bugged him, including his mom, assorted family members, and the many “stupid” people at school.

At the start of the session, when I asked him how things were going, he uttered his usual “ok.” Grandma shook her head “no” and remarked that since our last session, he had become upset after an altercation with his mom.

“Tell me about what happened,” I asked.

Edgar answered angrily that his one-year-old cousin was crying and that he picked her up to soothe her, at which point his mother told him not to. He told his mother “no.” Then grandma also said to “put the child down.” He said that he continued to hold his ground and continued to hold his cousin.

“Then mom and grandma charged me. I was pinned against the wall. I was like a cat who’s being confronted.”

“Tell me more?” I asked Grandma and Edgar.

Grandma responded that she felt that Edgar shouldn’t soothe his cousin, as it would “spoil” her.

“I was just soothing her,” said Edgar angrily.

Grandma then changed subjects to the cousin, a-one-year-old sister, who she said was definitely “spoiled and a bully.”

I realized that I had a dilemma on my hands. How was I to honor Edgar’s response, which I thought to be really great, without disssing Grandma?

I began by congratulating Edgar for being nice to his cousin. Grandma repeated her sense that such actions would spoil his cousin.

“I understand your concerns, but I don’t think soothing a crying child her age will spoil her. He was sad,” I responded.

Edgar then surprised me by saying that spoiling was when you give someone something they don’t deserve or haven’t earned.

Grandma did not respond other than repeating that the one-year-old sister was indeed spoiled. She repeated that she was a bully!

“I’m not sure a one year old can be a true bully, but they certainly let you know what they want and you can affect their behaviors by how you respond to them. I’m not sure a one year old has it together enough to be a true bully!”

Edgar agreed with me and repeated with emphasis, “I was just calming her down!”

I then told them that I’d like to tie some things together.

“Edgar, I think is very empathetic and sensitive to his cousin’s feelings. He was once that age and upset that his mother was not there for him. He has talked about this, and Grandma, you agreed with what he said. He has talked about how angry he got with his mother and that she was always making him cry. I think that Edgar was lucky to have you there for him when his mom wasn’t. Grandma nodded and smiled. I think that

continued on page 272
his past experiences led to his response to his cousin.”

“I think that Edgar was not spoiled as much as angry and sad that his mom wasn’t there for him in the ways he wanted. I think he’s still angry and sad.”

Grandma then gave me new information. “His mom’s doing better now and tried to talk to Edgar after the blow-up. She’s doing better now.”

Edgar agreed that his mom was indeed doing better and that she tried to talk to him. He insisted, however, that he didn’t ever want to talk to her.

“Why don’t you want to talk to her?” I asked.

“I’m mad at her!”

I completed his sentence, “For not being there for you in the past.”

“Yes!” he exclaimed.

“I could tell. Unfortunately, she wasn’t able to be with you and talk to you back then, for reasons of her own that I’m not sure I know everything about. I do know that she was probably doing the best she could even if it wasn’t enough for you. It made you angry that she didn’t soothe you. Is she better now?”

Edgar and grandma nodded together that she was.

“Edgar, does it make sense to not talk to her now because she didn’t talk to you then? I can see how you might not want to talk to her. That is up to you. I do wonder what you want to do with all that anger and sadness that has never been dealt with. You can’t go back and have her talk to you, then, but you can deal with what happened in the past therapy. So when you’re ready, let me know and we can talk.”

“They dragged me to therapy when I was younger and it didn’t work,” he snarled.

“Did you hear what I said?”

“What?”

“I said that when you are ready to talk that you should let me know. I know that dragging you or ordering you to have therapy won’t help.”

I then renewed his medications and asked Grandma to leave so we could talk alone for the first time. I repeated what I had just told him. “Let me know if that time comes that you are ready for therapy. It may be five years from now. It’s a bummer that so many people think that soothing boys will spoil them and turn them into wimps. I think that everyone needs soothing and that if people were soothed more, that they’d be a lot less angry and bored. I’ll see you next time.”

We shook on it and he left.

Dr. Drell is past president of AACAP and head of the Division of Infant, Child, and Adolescent Psychiatry at the Louisiana State University Medical School in New Orleans, Louisiana. Dr. Drell may be reached at MDrell@lsuhsc.edu.

CALL FOR NOMINATIONS

AACAP’s Nominating Committee is presently soliciting names for nominations for two Councilor-at-Large positions. The deadline for nominations is February 1, 2020. Nominations should be sent directly to executive@aacap.org.

You must be an AACAP voting member to nominate an individual. If you wish to recommend someone for this position, please send the following to executive@aacap.org:

1. A letter of interest from the candidate
2. The candidate’s current CV
3. The candidate’s Disclosure of Affiliations Statement

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AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth

November 8, 2019

Variations in gender expression represent normal and expectable dimensions of human development. They are not considered to be pathological. Health promotion for all youth encourages open exploration of all identity issues, including sexual orientation, gender identity, and/or gender expression according to recognized practice guidelines.\(^1\)\(^2\) Research consistently demonstrates that gender diverse youth who are supported to live and/or explore the gender role that is consistent with their gender identity have better mental health outcomes than those who are not.\(^3\)\(^4\)\(^5\)

State-based legislation regarding the treatment of transgender youth that directly oppose the evidence-based care recognized by professional societies across multiple disciplines is a serious concern. Many reputable professional organizations, including the American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, and the Endocrine Society, which represent tens of thousands of professionals across the United States, recognize natural variations in gender identity and expression and have published clinical guidance that promotes nondiscriminatory, supportive interventions for gender diverse youth based on the current evidence base. These interventions may include, and are not limited to, social gender transition, hormone blocking agents, hormone treatment, and affirmative psychotherapeutic modalities.

The American Academy of Child and Adolescent Psychiatry (AACAP) supports the use of current evidence-based clinical care with minors. AACAP strongly opposes any efforts – legal, legislative, and otherwise – to block access to these recognized interventions. Blocking access to timely care has been shown to increase youths’ risk for suicidal ideation and other negative mental health outcomes. Consistent with AACAP’s policy against conversion therapy,\(^2\) AACAP recommends that youth and their families formulate an individualized treatment plan with their clinician that addresses the youth’s unique mental health needs under the premise that all gender identities and expressions are not inherently pathological.

References

Pediatric Psychopharmacology Update Institute

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Co-Chairs: James J. McGough, MD, and Manpreet K. Singh, MD, MS

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Check out AACAP’s expanded **Depression Resource Center**, with up-to-date resources on depression helpful to parents, youth, and clinicians, including FAQs, fact sheets, treatment resources, books, apps, videos, websites, articles, and more!

www.aacap.org/depressionrc

Plus, read the issue on **Depression in Special Populations** with your member access to *Child and Adolescent Psychiatric Clinics of North America*!

This special issue starts with a preface by Karen Dineen Wagner, MD, PhD, Past President, AACAP, and Warren Y.K. Ng, MD, and include 18 articles on depression written by a collection of 18 AACAP members!

The release of these important resources coincides with the current Presidential Initiative on **Depression Awareness and Screening in Children and Adolescents** of Karen Dineen Wagner, MD, PhD.

Thank you to AACAP’s Presidential Task Force, Consumer Issues Committee, and Web Editorial Board for the expertise they contributed in these projects!

You can access the special issue on www.aacap.org.
Switching Hats: Lessons Learned as a Mother and CAP

DIVERSITY AND CULTURE COMMITTEE

Alaa Elnajjar, MD

It’s interesting how the very reasons for wanting to pursue Child and Adolescent Psychiatry (CAP) as a career can make such a major impact as a parent. Reflecting back on when I would ask mentors around me: “What is it like to be a child psychiatrist?” I would often hear “you must like being around children.” This made me feel more confident in my decision, because working around kids was always a dream of mine, especially after having my own. The difficult question for me was how not to mix being a mother with being a child psychiatrist. I never wanted to be in a position where I was subconsciously diagnosing one of my children. It took me a good seven years with kids to figure out some tricks, yet I found these skills essential to managing switching hats from practitioner to mother.

Lesson One: Don’t bring your work home!

As a parent, it’s imperative to learn how to manage your time effectively in order to save as many hours of the day to spend with your family. Three years ago, when I was an intern, I used to write some of my notes from home in hopes that seeing my kids an hour earlier would make them happier, but evidently locking myself in a room to finish my work turned out to be torture for both of us. I still remember the chilling comment my five-year-old daughter made one day as I walked out of the room from working on notes. “Momma, I know you love your computer more than me.” Those words are every mother’s worst nightmare and sent chills down my spine. At that moment I realized just how crucial it is to leave my work at work. I made a conscious effort from there on after to finish everything I needed to before heading home, of course (as a resident) work never truly end. It was difficult but after a year of trying, I noticed the difference in both my work and kids’ life. I learned that the quality of the time that I spent with my kids made us the happiest because I was present physically and mentally in the moment, that alone was more than enough.

Lesson Two: Take your time switching hats.

After a long day of treating an eight-year-old kid who is telling you “I don’t want to live anymore”, or a ten-year-old kid being bullied at school, just because she looks like a boy when she lost her hair to chemotherapy, it is only human for that to put a damper on anybody’s mood, you never “get used to it”. It’s very difficult for these moments not to have an effect on my mood as I step into my house with my children greeting me as I come in. During my second year of residency where I had the emergency room experience, and seeing just how precious life truly is, I learned to take half an hour before going home to clear my mind (whether with a walk or just lying down on the resident lounge). These moments were just magical! As much as it was painful at the beginning to tolerate the guilt of spending (a little) less time with my kids, it meant the world to them that mommy was enjoying play time with loud laughter and joy.

Lesson Three: Don’t analyze your kids!

It is hard after learning about therapy and all of these theories not to practice them at home!

This lesson, unlike the rest, didn’t take as much practice after already learning and implementing to take a few minutes to decompress before coming home.

Switching roles from practitioner to mother turned out to not be the trickiest part; Instead, other motherly questions came to mind: What am I going to do at home as a mother? What are we playing for our special time? What story we are going to read? What lessons of the day can we share together? These questions turned out to be the toughest. I didn’t need the reminder that I am a mother and my role is to love my kids unconditionally. I didn’t see myself looking for symptoms or signs, and when it came to them complaining about something, I often found myself saying “let’s ask your doctor,” and I always get the amusing response “but mommy you are a doctor.” I learned to trust my kid’s doctor to the degree that I often don’t mention that I am in the same profession myself!

Although I knew I wanted to be a child psychiatrist before I had my own kids, afterward, more than ever, I became a firm believer in early intervention and prevention in mental illness. I believe that addressing mental health problems properly in children can lead to a more thriving adulthood. Knowing the lifetime impact early prevention creates, it gives us CAPs a great incentive in doing what we do.

As much as being a parent and a psychiatrist was challenging for me, it is the most valuable experience I could have ever asked for. Everything from being certain about pursuing this career to knowing how the absence of parents can leave our kids vulnerable to mental illness helped me. I can now say I am confident enough that I will be able to be a great child psychiatrist because I know what is like to be a parent! It is amazing how children in any capacity can have such an impactful and lasting effect in our lives.

Dr. Elnajjar is a PGY4 Child Adolescent Psychiatry Fellow at Montefiore Medical Center/Albert Einstein School of Medicine. Alaa is an international medical graduate from Egypt, where she had her first psychiatry training. Her advocacy and research work is currently through being an APA Diversity Leadership fellow, and Regional Vice President for Committee of Interns and Residents (CIR).
Overlap Between Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder

Charles A. Whitmore, MD, MPH, Robyn P. Thom, MD, and Timothy E. Wilens, MD

The Overlap Between ADHD and SUD

ADHD is among the most common neurobehavioral disorders, occurring in 6-9% of children and 5% of adults in the United States. There is considerable bidirectional overlap between ADHD and SUD. Children with ADHD are two to three times more likely to develop SUD compared to children without ADHD. Furthermore, ADHD has been associated with earlier onset and more severe SUD. Conversely, high rates of ADHD have been found in adolescents and adults with SUD. The etiology of the observed high rates of co-occurrence between ADHD and SUD is likely multifactorial. Biologically, studies have demonstrated dopaminergic and striatal abnormalities which occur in both disorders. An imbalance between the inhibitory control network and motivation-reward processing network may increase risk for SUD among individuals with ADHD. Psychologically, some individuals with ADHD may be drawn to substances as a means of ‘self-medicating’ ADHD symptoms. Socially, SUD may occur as the result of common sequelae of untreated ADHD, including low academic performance and social dysfunction. Given the high rates of co-occurrence between these two disorders, it is important to screen for ADHD symptoms in SUD populations and also for the presence of substance use in patients with ADHD.

Does Early Treatment of ADHD with Stimulant Medications Increase Risk of SUD?

Treatment of ADHD in school-aged children and adolescents includes consideration of medications, particularly stimulants. While stimulant medications carry the potential for misuse, multiple large registry and survey studies have demonstrated that stimulant treatment of ADHD reduces the subsequent risk of SUD. A nationally representative multi-cohort study of more than 40,000 high school seniors found that initiating stimulant treatment of ADHD before the age of 10 and for six or more years reduced the likelihood of SUD in adolescence as compared to individuals with ADHD who were treated with a nonstimulant medication, initiated stimulant treatment later, or received stimulant treatment for a shorter period of time. Additionally, initiating stimulant treatment prior to nine years of age resulted in substance use patterns that were similar to population controls. A Swedish national registry study of over 550,000 individuals, which included more than 9,000 adults with ADHD diagnosed prior to age 15, found no evidence that treating individuals with ADHD using stimulant medication increased the risk of substance use. Another Swedish registry study, which included more than 38,000 adults with ADHD, found that longer duration of stimulant prescription was associated with lower rates of substance use. Finally, a within-individual analysis using 2,993,887 healthcare claims in the United States found that patients with ADHD were less likely to experience substance-related events when they were receiving stimulants or atomoxetine as compared to when they were not on medication to treat ADHD. Male patients had 35% lower odds and female patients had 31% lower odds of such events. These odds remained lower two years after receiving treatment; male patients had 19% lower odds and female patients had 14% lower odds of substance-related events.

Is There a Connection Between ADHD and Methamphetamine Use Disorder?

In contrast to these data, there has been conjecture in the lay media suggesting that given chemical similarities, methamphetamine use may be linked to stimulant treatment of ADHD. For that reason, it is important to put into context the current rates of adolescent methamphetamine and crystal methamphetamine use, which are among the lowest ever recorded. In 2018, Monitoring the Future found that annual
Overlap Between Attention-Deficit/Hyperactivity Disorder and Substance Use Disorder

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prevalence of methamphetamine and crystal methamphetamine among high school students had fallen substantially over the past two decades. Annual reported use of crystal methamphetamine among 12th graders was 0.6%, following a peak of 3.7% in 1981 and a recent all-time low of 0.3% in 2015. Annual reported use of methamphetamine was also near historic lows with 0.4% of 8th graders, 0.4% of 10th graders, and 0.5% of 12th graders reporting annual use of methamphetamine. This is down considerably since 1999 when those questions were first asked. At that time 3.2% of 8th graders, 4.6% of 10th graders, and 4.7% of 12th graders reporting annual use of the methamphetamine. Additionally, there is no evidence to suggest that prescriptions for stimulant medications are associated with this rise. In a retrospective study of 48 subjects presenting with methamphetamine psychosis or overdose showed that none of these cases had a prescription for a stimulant medication in the two years prior to presentation. When starting a stimulant to treat ADHD among patients with SUD, it is important to thoroughly review with them and their guardians the various potential risks and benefits of this treatment. Among patients with a pre-existing SUD, the primary risk of prescribing stimulants to this patient group is possible misuse and diversion. Within a large sample of undergraduate students, over half of the students currently prescribed stimulants reported selling or giving away stimulants during their lifetime though reported doing so infrequently. While there is growing evidence that stimulants in the setting of comorbid SUD effectively treat symptoms of ADHD, this specific patient population appears to require higher average doses of stimulants to adequately treat symptoms of ADHD. When dosed in such a way, patients can experience improved attention, longer periods of abstinence, better retention in treatment, and fewer positive urine toxicology screens.

Clinical Recommendations for Safe Prescribing of Stimulants

Prescribing stimulants to treat patients with ADHD and SUD requires a number of ongoing clinical considerations. Prescriptions should be provided to cover only the number of days between appointments, and it is important to proactively address and act upon early medication refill requests. Medications should be stored in a secure location and administered by a responsible guardian at home and nurse at school. When monitoring treatment compliance as well as for substance use, utilize toxicology tests that screen for presence of the prescribed stimulant as well as pertinent substances of abuse. Additionally, given the known risk of diversion, it is particularly important to review that diverting stimulants, schedule II substances, is a felony. When selecting which stimulant to use, consider utilizing formulations that have relatively lower abuse potential. These include various extended release formulations, transdermal methylphenidate patch, and lisdexamfetamine, an extended-release prodrug of dextroamphetamine.

AACP’s Psychopharmacology Committee continues to incorporate these conversations and considerations into our conference calls and working agenda. We continue to support workshops, symposia, and collaborations that disseminate important information and treatment considerations relevant to this issue.

References
5. Sundquist J, Ohlsson H, Sundquist K, Kendler KS. Attention-deficit/hyperactivity disorder and risk for drug use disorder: a population-based follow-up and co-rel-


Dr. Whitmore is currently a fellow in Child and Adolescent Psychiatry at Vanderbilt University Medical Center and a member of AACAP’s Psychopharmacology Committee. He completed medical school, graduate school, and residency at the University of Colorado. He may be reached at charles.whitmore@vumc.org.

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For more information on CASII, contact the Clinical Practice Program Manager at clinical@aacap.org.
The HIPAA Privacy Rule (HIPAA) applies to Covered Entities (CEs), which include healthcare providers who transmit any protected health information (PHI) in an electronic form. HIPAA permits CEs to employ a Business Associate (BA) to help carry out its health care activities and functions. Specifically, a BA is person/entity that is engaged to do work involving the use/disclosure of PHI on behalf of a CE. In a physician practice, BA activities often include: billing, claims processing, legal services, accounting services, e-prescribing, medical transcription services, etc. The CE’s staff members are not considered BAs under HIPAA, they are considered part of the workforce.1

When employing a BA, HIPAA requires the CE to obtain satisfactory assurances in writing that the BA will safeguard the PHI it creates or receives on behalf of the CE. These written assurances given by the BA to the CE are referred to as Business Associate Agreements (BAAs).

HIPAA specifically identifies the elements needing to be included in the BAA.2 Among other things, the BAA must:

- Describe the permitted uses/disclosure of PHI by the BA;
- State that the BA will not use/further disclose the PHI for any purposes other than those specified in the BAA;
- Require the BA to safeguard the PHI from unauthorized uses/disclosures;
- Require the BA to report to the CE any unauthorized use/disclosure of PHI including incidents that constitute breaches of unsecured protected health information;
- Require the BA to disclose PHI as specified in its contract to satisfy a CE’s obligation with respect to individuals’ requests for copies of their PHI;
- Require the BA to comply with the HIPAA requirements applicable to carrying out their contractual obligation on behalf of the CE;
- Require the BA to make available to HHS its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the BA on behalf of, the CE for purposes of HHS determining the CE’s compliance with the HIPAA Privacy Rule;
- Require the BA at termination of the contract, to return or destroy all PHI received from, or created or received by the BA on behalf of, the CE;
- Require the BA to ensure that any subcontractors it may employ on its behalf that will have access to PHI agree to the same restrictions and conditions that apply to the BA;
- Authorize termination of the contract by the CE if the BA violates a material term of the contract.

Note that contracts between BAs and their subcontractors are also subject to these same requirements. A sample BAA can be found at the U.S. Department of Health & Human Services: http://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html. As always, it is prudent to consult with your attorney prior to entering into any contracts to ensure compliance with applicable federal/state laws.

Moira Wertheimer, Esq., RN, CPHRM, FASHRM, Vice President, Risk Management Group

References
1. 45 CFR 160.103 (Definition of Business Associate)
2. 45 CFR 164.504(e)

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A Father’s Promise...

By Kanchana Madhavan, MD

I will hold... those tiny toes and adorable eyes
Walking those baby steps
Every fall watched by hawk eyes
Those bumps and bruises on a child
Kissed away by the love of a father
I will hold... till I am old and cold

The elementary, the mathematics, sciences,
Life lived through the lowest inflections, lessons learnt through promises kept,
I will hold... I am not yet so old

Clashing our mental swords, hail to the victory of morals
principles, ideas, tests of patience
Rearing a soul, driving inspiration – single man in a whole new world
One step, two steps, and a big step to adulthood
I will hold... I am never too old

marching to this beat... the beat of hope, beat of dreams and above all the beat of love
Shards maybe, never to tatter heart
To live humble in the richness of heart
To give and never ask
To pray by service and live by example
I will hold and show... cause I will never be too old... to hold...
To be there for you... my sweet child.
Use Your Words

Alan P. Sandler, MD, MPH, DLFAACAP

A little eight-year-old girl, a new patient, told me this past week at her first visit: “I care, that’s why I’m violent.” When asked what she meant, she replied, while thrusting her fisted arm up and down toward the floor “Someone says something to me that I don’t like and I want to stab them in the back, to kill them.”

The “recipe” that brought her to this troubling point in her young life has many ingredients yet to be determined and measured: genetics, gestation, life experience and exposures, family, peers, school. Of those ingredients that are within reach, all but the first two will become the focus, the “targets” of her treatment with “safety first” as a primary goal.

We will implement “The Golden Rule 2.0”: In this home and in your school, no one gets hurt because someone feels bad.

With parental support and action, we will help her to monitor her emotions and to choose from an agreed-upon list of appropriate ways to express herself when she is upset.

We will learn what sets her off, help her to avoid those situations if possible, or, if not, to think before she acts when triggered.

We will assure she gets a good night’s sleep, eats well, stays physically (not merely technologically) active, and that she gets involved regularly doing something she loves doing with people who love and care about her.

We will remind her to: “Use your words” when she begins to act up or act out. “Tell me what you are feeling and what you need,” we will ask of her. “Don’t just show me.”

We will rehearse what is expected of her when she is upset, and we will “pay” her during rehearsal.

We will recognize and reward her when she makes the right choice and mete out a consequence that “fits the crime,” and is not “cruel and unusual” when she does not.

She is very young. We have time. But what if we were not, sadly, given the time?

With the violence of recent weeks, we have witnessed the behavior of those who also “cared” when they chose to act. Perhaps they arrived at the moment of their horror with a recipe similar to that of my young patient but without the help that might have turned things around.

Without timely treatment, in all of medical care, complications set in that worsen the condition and hinder later treatment. With mental illness, those complications, often, simply put, are bad habits, i.e, behaviors—often damaging—that nevertheless, we rely on to ease our distress and provide momentary relief.

We all, even the most secure, have a two-column list of remedies we use when we are not feeling the way we would like: the healthy habits that soothe and comfort, and those unhealthy habits that do the job, but at a price.

In one perspective, all of mental illness reflects a core inability to regulate one’s emotional response to day-to-day experience, with a resulting inability to regulate one’s behavior toward others, and ultimately one’s self-care. Harming others and self-harm become, at times, habitual modes of managing unwanted feelings.

From this perspective, we derive the adage: “Misery loves company,” or more specifically: “Misery loves miserable company.” We may act out so others will know how we feel, or, worse yet, feel what we feel.

In this view, all behavior is performance art, and to paraphrase Mr. Shakespeare: “All the world’s a theater.” We are both actors and audience, and if we want to understand, not excuse, the violence, to get beneath just the evil of it, what we feel after the horror is what the shooter—or my violent little patient—wanted to share: their anger, their helplessness, their loneliness, their sadness, their fear, their loss.

It may be that they had sought comfort from others but were dismissed, ignored, belittled, or, at worst, abused. Perhaps they had, up until the end, kept it to themselves, but, either way, “acting out” became inevitable.

We psychiatrists profess we cannot predict violence. “Only violence predicts violence,” we are taught. However, perhaps fear, loneliness, helplessness, and sadness may also predict violence, and we must recognize these feelings in our “acting out” children and teen patients and reach out to them and their families in time.

While we’re at it, since misery can affect us all, we must remember to use our words, and thoughts, not fists or worse, to resolve problems, and, in doing unto others, ensure that no one gets hurt.

Dr. Sandler is “Triple” boarded. He has a Clinical Assistant Professor appointment on the voluntary psychiatric faculty at UCLA, runs a private practice within Los Angeles County, California.
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Abstract proposals must be received at AACAP by **February 13, 2020**, or by **June 4, 2020** for (late) New Research Posters. The online Call for Papers submission form for the February deadline will be available at [www.aacap.org](http://www.aacap.org) in December 2019, and all submissions must be made online.

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What is the American Association of Child and Adolescent Psychiatry, and how does it differ from the Academy?

The American Association of Child and Adolescent Psychiatry was formed in 2013 as an affiliated organization of the Academy as a way for CAPs to increase their advocacy activities. Activities such as AACAP’s Legislative Conference, federal lobbying, grassroots, and state advocacy are all under the umbrella of the Association. It also allows for the existence of AACAP-PAC, but no dues dollars fund our PAC.

The mission of the Association is to engage in health policy and advocacy activities to promote mentally healthy children, adolescents, and families and the profession of child and adolescent psychiatry.

How does the Association affect me as a dues paying Academy Member?

Your dues remain the same whether you choose to be an Association member or not. On your yearly dues statement, you have the option to opt out of the Association. If you opt out and choose not to be an Association member, a portion of your dues will no longer go towards our advocacy efforts. Regardless, your dues will be the same, but you will miss out on crucial advocacy alerts, toolkits, and activities.

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Honor Your Mentor

in the March/April issue of AACAP News!

Honor your mentor in the March/April issue of AACAP News! Whether you’re a medical student, resident, active researcher, or practitioner, or retired—someone made a significant impact on your career. We’re asking all of you to take the time to honor your mentor and tell others why they were important to you, and how they influenced your life. In 100 words or less, tell us who served as your mentor. Email submissions to communications@aacap.org by January 31, 2020.

Please include your name, affiliation (if appropriate), the name of your mentor(s), and a short testimonial or anecdote. Photos are encouraged as well.
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We'll send you an email every Monday, Wednesday, and Friday with the need-to-know on child psychiatry news.

Email Reilly Polka, AACAP Communications Manager, at rpolka@aacap.org with questions.
AACAP Policy Statement

Supporting Pregnant and Parenting Adolescents

Approved by Council October 2019

Background

Child and adolescent psychiatrists strive to provide effective and safe treatment to children, incorporating evidence-based practices and patient-centered care, while recognizing the need to reduce costs associated with care delivery.

Although rates of adolescent pregnancy and childbearing in the United States have been consistently decreasing since 2009, they remain higher than in other industrialized nations. Pregnant and parenting adolescents are at higher risk for school drop-out, lower educational/vocational attainment, repeat pregnancies, violence, living in poverty, mental health issues, and needing government assistance. Children of adolescent mothers are at increased risk for experiencing abuse/neglect, being raised by a single parent, being in foster care, living in poverty, lower school achievement, eventual school drop-out, being incarcerated as adolescents, becoming pregnant as adolescents, and being unemployed as adults.

Compared to Caucasian adolescents, there is a higher rate of birth among black and Hispanic adolescents. Lower education and income levels of an adolescent’s family can contribute to higher adolescent birth rates. Female adolescents in foster care are at double the risk of becoming pregnant than adolescents not in foster care. A recent study also found lesbian, gay, and bisexual youth were more likely to become pregnant or impregnate someone.

The American Academy of Child and Adolescent Psychiatry recommends:

- Screening pregnant/parenting adolescents (alone and with guardians if available) for:
  1. Physical, sexual, emotional abuse/domestic violence to assess for safety;
  2. Mental health disorders, such as depression, anxiety, trauma, and substance use;
  3. Availability of family and other social supports; and
  4. Access to physical and mental health care.

- Continued support of school-based health centers, where many of these pregnant and parenting teens are able to access care and contraception to prevent repeat pregnancy. Resources should include information on housing, health care, and social services as necessary.

- Support of home-visiting programs, embedded programs in medical homes, and community outreach programs, which can improve parental understanding and care of their children, encourage completion of secondary education and further educational advancement, engage adolescent parents in couples counseling, and help with vocational training.

- Increased services and outreach to black, Hispanic, lesbian, gay, and bisexual youth, as well as those in the child welfare system.

#

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.

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To learn more about these exciting CME opportunities, contact the CME department at CME@aacap.org or visit www.aacap.org/onlinecme.

Share Your Photo Talents With AACAP News

Members are invited to submit up to two photographs every two months for consideration. We look for pictures—paintings included—that tell a story about children, family, school, or childhood situation. Landscape-oriented photos (horizontal) are far easier to use than portrait (vertical) ones. Some photos that are not selected for the cover are used to illustrate articles in the News. We would love to do this more often rather than using stock images. Others are published freestanding as member’s artistic work.

We can use a lot more terrific images by AACAP members so please do not be shy; submit your wonderful photos or images of your paintings. We would love to see your work in the News.

If you would like your photo(s) considered, please send a high-resolution version directly via email to communications@aacap.org. Please include a description, 50 words or less, of the photo and the circumstances it illustrates.
Marijuana and Teens

Many teenagers try marijuana and some use it regularly. Teenage marijuana use is at its highest level in 30 years, and today’s teens are more likely to use marijuana than tobacco. Many states allow recreational use of marijuana in adults ages 21 and over. Recreational marijuana use by children and teenagers is not legal in anywhere in the United States. Today’s marijuana plants are grown differently than in the past and can contain two to three times more tetrahydrocannabinol (THC), the ingredient that makes people high. The ingredient of the marijuana plant thought to have most medical benefits, cannabidiol (CBD), has not increased and remains at about 1%.

There are many ways people can use marijuana. This can make it harder for parents to watch for use in their child. These include:

- Smoking the dried plant (buds and flowers) in a rolled cigarette (joint), pipe, or bong
- Smoking liquid or wax marijuana in an electronic cigarette, also known as vaping
- Eating “edibles” which are baked goods and candies containing marijuana products
- Drinking beverages containing marijuana products
- Using oils and tinctures that can be applied to the skin

Other names used to describe marijuana include weed, pot, spliffs, or the name of the strain of the plant. There are also synthetic (man-made) marijuana-like drugs such as “K2” and “Spice.” These drugs are different from marijuana and are more dangerous. Additionally, the products being sold in dispensaries currently are not subject to Food and Drug Administration standards and are not purely isolated cannabinoids; they are therefore not reliable in their potency/concentration of CBD or THC, or the inclusion of other ingredients.

Parents and Prevention

Parents can help their children learn about the harmful effects of marijuana use. Talking to your children about marijuana at an early age can help them make better choices and may prevent them from developing a problem with marijuana use later. Begin talking with your child in an honest and open way when they are in late elementary and early middle school. Youth are less likely to try marijuana if they can ask parents for help and know exactly how their parents feel about drug use.

Tips on discussing marijuana with your child:

- Ask what they have heard about using marijuana. Listen carefully, pay attention, and try not to interrupt. Avoid making negative or angry comments.
- Offer your child facts about the risks and consequences of smoking marijuana.
- Ask your child to give examples of the effects of marijuana. This will help you make sure that your child understands what you talked about.
- If you choose to talk to your child about your own experiences with drugs, be honest about why you used and the pressures that contributed to your use. Be careful not to minimize the dangers of marijuana or other drugs, and be open about any negative experiences you may have had. Given how much stronger marijuana is today, its effect on your child would likely be much different than what you experienced.
- Explain that research tells us that the brain continues to mature into the 20s. While it is developing, there is greater risk of harm from marijuana use.

Sometimes parents may suspect that their child is already using marijuana. The following are common signs of marijuana use:

- Acting very silly and out of character for no reason
- Using new words and phrases like “sparking up,” “420,” “dabbing,” and “shatter”
- Having increased irritability
- Losing interest in and motivation to do usual activities.
- Spending time with peers that use marijuana
Effects of Marijuana

Many teenagers believe that marijuana is safer than alcohol or other drugs. When talking about marijuana with your child, it is helpful to know the myths and the facts. For example, teenagers may say, “it is harmless because it is natural,” “it is not addictive,” or “it does not affect my thinking or my grades.”

However, research shows that marijuana can cause serious problems with learning, feelings, and health.

Short-term use of marijuana can lead to:

- School difficulties
- Problems with memory and concentration
- Increased aggression
- Car accidents
- Use of other drugs or alcohol
- Risky sexual behaviors
- Worsening of underlying mental health conditions including mood changes and suicidal thinking
- Increased risk of psychosis
- Interference with prescribed medication

Regular use of marijuana can lead to significant problems including Cannabis Use Disorder. Signs that your child has developed Cannabis Use Disorder include using marijuana more often than intended, having cravings, or when using interferes with other activities. If someone with Cannabis Use Disorder stops using suddenly, they may suffer from withdrawal symptoms that, while not dangerous, can cause irritability, anxiety, and changes in mood, sleep, and appetite.

Long-term use of marijuana can lead to:

- Cannabis Use Disorder
- The same breathing problems as smoking cigarettes (coughing, wheezing, trouble with physical activity, and lung cancer)
- Decreased motivation or interest which can lead to decline in academic or occupational performance
- Lower intelligence
- Mental health problems, such as schizophrenia, depression, anxiety, anger, irritability, moodiness, and risk of suicide

Medical Marijuana

Some teens justify use of marijuana because it is used for medical purposes. Marijuana use with a prescription for a medical reason is called “medical marijuana.” Laws for medical marijuana are rapidly changing and are different from state to state. In some states, children of any age can get medical marijuana if they have a “qualifying medical condition.” There is very limited research supporting use of medical marijuana in children or teens for most conditions. In most states that allow medical marijuana, the marijuana is not regulated and therefore is not checked for ingredients, purity, strength or safety. There is no evidence that medical marijuana is any safer than other marijuana.

Cannabidiol (CBD)

Many parents have questions about CBD and how it may be helpful for their child. There is ongoing research on the use of CBD-containing products for conditions such as epilepsy, PTSD, Tourette’s disorder, pain, and other diagnoses. For now, the use of CBD is only FDA-approved in children for specific forms of epilepsy and in adults for chemotherapy induced nausea and vomiting. At this time, there is not enough evidence to recommend CBD for other uses, in children and adolescents.
including the treatment of autism and other developmental disorders. The approved CBD requires a prescription. Many stores sell CBD products. However, there are no safety and quality requirements for non-prescription CBD. They may have harmful additives or interfere with prescription medication. If you are considering using CBD for your child, please discuss this with their physician prior to starting to prevent harmful effects.

Conclusion

Marijuana use in teens can lead to long-term consequences. Teens rarely think they will end up with problems related to marijuana use, so it is important to begin talking about the risks with your child early and continue this discussion over time. Talking with your child about marijuana can help delay the age of first use and help protect their brain. If your child is already using marijuana, try asking questions in an open and curious way as your teen will talk more freely if not feeling judged. If you have concerns about your child’s drug use, talk with your child’s pediatrician or a qualified mental health professional.

Related Resources

For more information about marijuana, drugs, and teenagers, you can check out:

- AACAP Policy Statement on Use of Medical Marijuana in Children and Adolescents with Autism Spectrum Disorder for Core Autism Symptoms or Co-Occurring Emotional or Behavioral Problems
- AACAP Policy Statement on Marijuana Legalization
- AACAP Policy Statement on Medical Marijuana

National Institute on Drug Abuse (NIDA)

- Information for Parents About Marijuana
- Information About Marijuana
- Marijuana Facts for Teens

# # #

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Borderline Personality Disorder in Young People

Young people may be moody and irritable at times. They may also feel sensitive to being left out. Learning how to regulate emotions is a normal part of growing up. For some teens these emotions can be more extreme and a sign of serious problems. If your teen is experiencing intense and frequent mood swings, impulsive behaviors, self-harm or difficulties in relationships, it could be due to a psychiatric condition called Borderline Personality Disorder (BPD).

Common signs of BPD include:

- Problems managing thoughts and feelings such as:
  - Frequent dramatic mood swings
  - Episodes of rage
  - Feeling "empty" or "numb"
  - Frequent changes in self image
  - Suicidal thoughts

- Dangerous and Impulsive behaviors such as:
  - Self-harm (e.g. cutting or burning oneself)
  - Suicidal behaviors
  - Unsafe sexual encounters
  - Illegal drug use

- Problems in relationships such as:
  - Poor boundaries
  - Intense and unstable relationships
  - Frantic efforts to avoid rejection or abandonment
  - Feeling misunderstood

The exact causes of BPD are not known. Genetics and life experiences can contribute to the development of BPD. Some people with BPD have experienced abuse or trauma.

Research has demonstrated that the following psychotherapies are effective treatments for young people with BPD or traits of BPD:

- Dialectical Behavior Therapy (DBT) which teaches skills to manage symptoms
- Mentalization Based Treatment (MBT) which works on building trust and curiosity

A comprehensive treatment plan also may include:

- Parent and family treatment
- Peer and family support groups online or in-person
- Creation of a Crisis Plan that decreases the need to go to the emergency room or psychiatric hospital
- Medications to treat associated symptoms such as anxiety, depression and impulsivity

BPD can be challenging for young people and their families. With appropriate assessment and effective treatment, studies show that BPD can get much better over time.

If you think your teen has BPD, it is important to have a comprehensive assessment by a qualified mental health professional to determine if these thoughts and behaviors are due to typical teen development, BPD, or another psychiatric illness.
List of related facts for families:

- Teen suicide
- Normal or not: when to get help
- Psychotherapy for children and adolescents: definition
- Psychotherapy for children and adolescents: different types
- Threats by children: when are they serious
- Self-injury in adolescents
- Talking to you kids about mental illness
- Disruptive Mood Dysregulation Disorder
- What is a psychiatric emergency?
- Teen brain

Resource Centers

- Suicide
- Depression

If you find Facts for Families® helpful and would like to make good mental health a reality, consider donating to the Campaign for America’s Kids. Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge.

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ALABAMA

CHILD/ ADOLESCENT PSYCHIATRIST
Birmingham, AL

Job Description:
The Department of Psychiatry and Behavioral Neurobiology at the University of Alabama at Birmingham (UAB) is offering full-time faculty position for an academically-oriented BC/BE child and adolescent psychiatrist in the Division of Child/Adolescent Psychiatry. Rank, tenure status and salary commensurate with experience and qualifications for this MD. This position provides an excellent opportunity for a clinician teacher who enjoys collaborative work and enjoys interdisciplinary training of residents, fellows, medical students and other professionals. Primary responsibilities include clinical services in the Division of Child and Adolescent Psychiatry and participation in the teaching and supervision of child and adolescent psychiatry residents, general psychiatry residents, and medical students. Involvement in research activities is encouraged. UAB is a major regional medical center with excellent resources and benefits. The university is committed to building a culturally diverse educational environment.

Please apply online – http://uab.peopleadmin.com/postings/4725. A pre-employment background investigation is performed on candidates selected for employment. In addition, physicians and other clinical faculty candidates who will be employed by the University of Alabama Health Services Foundation (UAHSF) or other UAB Medicine entities, must successfully complete a pre-employment drug and nicotine screen to be hired. UAB is an Equal Opportunity/ Affirmative Action Employer committed to fostering a diverse, equitable and inclusive culture that makes the highest level of care accessible to Arizona residents. Banner Health is one of the largest non-profit health care systems in the country with twenty-eight hospitals, six long term care centers and an array of other services, including family clinics, home care services and home medical equipment, in six Western states. Banner Health offers a competitive salary plus incentives along with an industry leading benefits package that provides security for you and your family. Please submit your CV and cover letter, to: doctors@banner-health.com.

For questions, please call Tiffany Lewis, Sourcing Strategist, at: 602-747-4578. Visit our website at: www.bannerdocs.com. As an equal opportunity and affirmative action employer, Banner University Medical Group (BUMG) recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. BUMG is an EEO/AA – M/W/D/V Employer

Company: Banner Health
Job ID: 1035441
http://jobsource.aacap.org/jobs/13012297

ARIZONA

ACADEMIC CHILD & ADOLESCENT PSYCHIATRIST
Tucson, AZ

Job Description:
Join Top Rated Academic Medical Center in Tucson, AZ, Academic Child and Adolescent Psychiatry Faculty Position. Join our collegial academic child and adolescent psychiatry faculty in beautiful Tucson Arizona. We are a growing department supporting an ACGME approved child and adolescent fellowship program looking for an additional team member to help support the academic mission of teaching and clinical care in the Banner-University of Arizona health system. Duties include outpatient supervision, consult/ liaison, and didactic teaching. Opportunities to expand duties based on interests are welcome. Qualifications, schedule and scope include: Graduate of an ACGME accredited psychiatry residency program Graduate of an accredited CAP fellowship Position is open to experienced physicians and new grads Experience in Autism and Developmental Disorders, Addictions preferred Work Schedule: M-F Shared call (can be taken from home) Average Patient Volumes: 10-15/day Ability to access a variety of behavioral health services Ability to work in a collaborative, team environment; one that thrives in a highly integrated and innovative setting; and above all a desire to focus on patient excellence BUMC-S, formerly University of Arizona Medical Center – South Campus, is a comprehensive medical center with an Emergency department, a state-designated trauma center and a Behavioral Health Pavilion. It is a state-accredited Cardiac Receiving Center and is designated a senior-friendly hospital by Nurses Improving Care for Health System Elders. Banner Health and University of Arizona Health Network have come together to form Banner – University Medicine, a health system anchored in Phoenix and Tucson

Company: Graysone Group Advertising
Job ID: 12937781
http://jobsource.aacap.org/jobs/12937781

CONNECTICUT

T32 RESEARCH TRAINING PROGRAM IN CHILDHOOD NEUROPSYCHIATRIC DISORDERS
YALE CHILD STUDY CENTER
New Haven, CT

Job Description:
Our postdoctoral training program seeks to support the development of the next generation of translational researchers, who are committed to discovering disease-related genes, key environmental factors, biomarkers, and to developing novel treatments and preventive interventions in developmental neuroscience and psychiatry. We train scientists from both basic and the clinical sciences for independent careers as field leading investigators. A major focus of the training is to promote dialogue across disciplines and emphasize the importance of interdisciplinary teams. Trainees
FLORIDA

CHILD AND ADOLESCENT PSYCHIATRY FACULTY – ASSISTANT/ASSOCIATE/FULL PROFESSOR (40217)
Jacksonville, FL

Job Description:
The University of Florida College of Medicine-Jacksonville, Department of Psychiatry, seeks candidates for a full-time faculty position to join a growing academic practice with a Psychiatry Residency Program and Child Adolescent Psychiatry Fellowship Program. Responsibilities include teaching, patient care and research. The position is predominately in the outpatient setting, and may include treating adult patients and consultation service. Appointment will be at the tenure or non-tenure accruing level of Assistant/Associate/Full Professor based on qualifications. This position will service our new UF Health Psychiatry – Wildlight office. The University of Florida College of Medicine-Jacksonville is the largest of the three UF colleges – medicine, nursing and pharmacy - located on the approximately 110-acre UF Health Jacksonville campus. The college’s 16 clinical science departments house more than 400 faculty members and 300 residents and fellows. The college offers 32 accredited graduate medical education programs. In addition to graduate medical education, clinical rotations in all the major disciplines are provided for students from the UF College of Medicine in Gainesville. For practicing physicians, the college offers a continuing medical education program that recruits national and international speakers who are well known and respected in their fields. The campus’ faculty, residents and fellows are active in clinical research. Residents and fellows regularly present their findings at locations across the country and publish their projects in well-known publications. With more than 5,000 faculty and staff, the academic health center in Jacksonville is the largest UF campus outside of Gainesville, offering nearly 100 specialty services, including: Cancer services; Cardiovascular; Neurosciences; Orthopaedic; Pediatrics; Poison Center; Trauma and Critical Care; and Women and Families services. At 37 clinical sites throughout Northeast Florida, UF physicians tally more than 600,000 outpatient visits and more than 34,000 inpatient admissions annually. Located on Florida’s First Coast, Jacksonville is one of the largest cities in land area in the United States. The city provides an ecletic combination of southern hospitality, business and recreational paradise. More than 1 million people live in the five-county area known as Florida’s First Coast. The area offers something for everyone, with a temperate climate incorporating seasonal changes, miles of beautiful waterways and beaches, and a myriad of public facilities for work and play.


Job Requirements:
Candidates must be BE/BC in Psychiatry

Company: University of Florida - Department of Psychiatry (1147259)
Job ID: 12869276
http://jobsource.aacap.org/jobs/12869276

CHILD/adolescent psychiatry physician: Enjoy a Wonderful Quality of Life in Florida

South Florida

Job Description:
Our practice in a beautiful region of Florida is looking for an experienced board-certified child and adolescent psychiatrist to join our team. This is a great opportunity to practice with a not-for-profit healthcare organization dedicated to advancing the health and well-being of the South Florida community. We provide our patients with quality integrated care that combines the best prevention, disease control, consumer education, research, and evidence-based clinical services possible. The ideal candidate will have a true passion for providing care to the underserved. The qualified individual must be fluent in English and Spanish, as this position will serve a large Hispanic population in the region. Enjoy a healthy work-life balance with no call in this 100% outpatient role.
Opportunity to work for a Federally Qualified Health Center, providing community health through the NAHC. International candidates are encouraged to apply. Excellent benefits and student loan repayment. Located in a highly sought-after coastal city in South Florida, our practice is part of a diverse community with tremendous opportunities for individuals of all walks of life. Ranked by Niche as the #28 best city to retire in the nation, our town offers an ideal quality of life, whether you're seeking excitement and adventure or peace and relaxation. Live and work in a location with no state income tax. Our town boasts exceptional urban and private schools, including three of the top 10 public high schools and two of the top 10 private high schools in the state (Niche), as well as multiple local colleges and universities. Enjoy incredible weather throughout the entire year, allowing for an abundance of outdoor recreation, including a variety of beach activities. We offer top-notch shops and restaurants, endless entertainment options, an international airport, and a number of collegiate and professional sporting events. U.S. News ranks Florida #3 in Best States for Education, and Forbes ranks it #7 in Best States for Business. For immediate consideration please inquire with an updated copy of your CV so we can discuss the position by phone. Also, inform me of your best available times to speak. I look forward to your reply and thank you for your review. Please do not delay as we anticipate a significant response. Please contact Ashley Karlen at medcareers@merrithawks.com or at (866) 826-1217 and reference CPSY-107551.

Company: Merritt Hawkins (1096672)
Job ID: 12917392
http://jobsource.aacap.org/jobs/12917392

MAINE

CHILD PSYCHIATRIST
Portland, ME

Job Description:
Maine Medical Partners Pediatric Primary Care is hiring a full-time board eligible/board certified child psychiatrist to develop and work primarily in an integrated care model at multiple Maine Medical Partners pediatric offices in the Greater Portland Area. We are seeking a self-starter, highly motivated individual to partner with Primary Care to develop and mold this new position. A collaborative care model is being sought for the position, and definition and leadership as to how that may look will be part of the job development. Primary ownership of the patient will likely continue to reside with the pediatrician. The majority of the psychiatrist duties will be to collaborate with clinic counselors and pediatricians to co-manage patient care as a team. Opportunities to teach Tufts medical students, residents, fellows, staff, and pediatricians will be available. Opportunities to participate with system change, larger grant projects, or research will be available if desired. Participation and collaboration within Maine Medical Center’s Department of Child Psychiatry will be available and expected.

Administrative and primary oversight is within Maine Medical Partner’s Department of Primary Care. Academic oversight is within Maine Medical Center’s Department of Pediatric Psychiatry. A shared medical records (EPIC) exists between team members at the clinic sites. Maine Medical Partners (MMP) is a division of Maine Medical Center and is Maine’s largest multi-specialty group. MMP serves the health care needs of patients throughout Maine and Northern New England. This high quality team of nearly 600 physicians and 300 advanced practice professionals provides a wide range of hospital based, primary, specialty, and sub-specialty adult and pediatric care delivered throughout a network of 30 locations across the State and acts as a regional referral network. Maine Medical Center (MMC) has 637 licensed beds and is the state’s leading tertiary care hospital, with a full complement of residencies and fellowships and an integral part of Tufts University Medical School. The successful candidate will have an academic appointment...
at Tufts University School of Medicine, and the position involves teaching and mentoring residents and medical students from the Maine Medical Center-Tufts University School of Medicine Medical School Program. Situated on the Maine coast, Portland offers the best of urban sophistication combined with small-town friendliness. The area provides four season recreational opportunities, such as skiing, hiking, sailing, and miles of beautiful beaches. Just two hours north of Boston, this is an exceptionally diverse and vibrant community.

For more information please contact Gina Mallozzi, Physician Recruiter, at (207) 661-2092 or gmallozzi@maine-health.org.

Company: MaineHealth
Job ID: 13030990
http://jobsource.aacap.org/jobs/13030990

MARYLAND
MEDICAL DIRECTOR, CLINICAL TRIALS UNIT
Baltimore, MD

Job Description:
The Clinical Trials Unit (CTU) at the Kennedy Krieger Institute in Baltimore, Maryland is searching for a talented Medical Director for our growing clinical research program. We are seeking an experienced academic physician at the Associate Professor or Professor rank, with board certification in Pediatric Neurology, Pediatric Psychiatry, Pediatric PM&R, Developmental Pediatrics, or Clinical Genetics with expertise in neurodevelopmental disabilities. The Medical Director will have extensive experience in pediatric clinical trial conduction as a principal investigator, in clinical trial monitoring as a member of chair of Drug Monitoring Committees, in FDA regulations with a track record of extensive interaction with the FDA. Experience with high risk research or first in human trial and neurodevelopmental/neurological/psychiatric outcome measures is strongly preferred. The Medical Director will be a leading member of an interdisciplinary and multidisciplinary team of professionals that oversee the clinical, research and training segments of the CTU. Responsibilities for the Medical Director will include medical team oversight and mentorship to train and guide principal investigators in clinical trial design, conduct, analysis and regulatory aspects. Importantly, the Medical Director will work closely with the Kennedy Krieger Institute Leadership team to enhance the CTU resources to support all clinical trial activities at the Institute. The Medical Director will manage the over 40 currently active clinical trials with the intent to grow the portfolio to over 100 in the next five years. The Medical Director will closely interact with the Kennedy Krieger Institute Office of Human Research Administration (OHRA), the Institutional Review Board, the Intellectual and Developmental Disabilities Research Center, and the Johns Hopkins University Institute for Clinical and Translational Research leadership in a collaborative and integrative fashion while facilitating interactions with industry. The Medical Director will be deeply involved in contracting and setting standards for clinical trial contracts, and development of standard operating procedures to streamline interaction with Johns Hopkins Pediatric Clinical Research Unit and Kennedy Krieger Outpatient Clinics. The Medical Director will have the ability to develop their own clinical, research and training aspirations in tandem while overseeing the CTU.

Job Requirements:
Qualified applicants will be eligible for faculty appointment at the Johns Hopkins University School of Medicine as an Associate, or full Professor, depending upon qualifications. Excellent salary and full benefits are offered, including partial college tuition remission for faculty member dependents (at any college) and tuition remission for faculty members, spouses and dependents for course work performed at the Johns Hopkins University and the Peabody Music Institute. Kennedy Krieger Institute, located in downtown Baltimore, is a national leader in pediatric rehabilitation and transforms the lives of children with disorders of the brain through groundbreaking research, innovative treatments and life-changing education. Interested candidates should forward a cover letter and CV via email to: Ms. Tina M. Schmitt Director, Talent Acquisition Kennedy Krieger Institute Schmitt@kennedykrieger.org.

For more information about Kennedy Krieger Institute and our Clinical Trials Unit, please visit www.kennedykrieger.org.

Company: Kennedy Krieger Institute
Job ID: 13067420
http://jobsource.aacap.org/jobs/13067420

MASSACHUSETTS
MEDICAL DIRECTOR, COMMUNITY BASED ACUTE TREATMENT PROGRAM
Boston, MA

Job Description:
We are seeking a part-time expert child and adolescent psychiatrist (CAP) who will be responsible for overseeing our 12-bed CBAT unit, which cares for youth with a wide range of psychiatric disorders. We are looking for a physician interested in working in the intensive psychiatric care setting. There is the opportunity for involvement in quality assurance and performance improvement initiatives. We are looking for collaborative individuals who can build working partnerships across disciplines and departments. This is an ideal position for the CAP aiming to work in an intensive psychiatric care setting in order to significantly impact the care of children and their families facing disabling psychiatric illnesses.

Job Requirements:
Candidates must be board eligible/certified in general and child/adolescent psychiatry. All positions will include a Harvard Medical School appointment, which will be at least one rank below professor with salary dependent upon experience and qualifications. Women and minorities are encouraged to apply. CV and brief statement detailing relevant experience should be submitted electronically to Patricia Ibeziako, MD, Associate Chief for Clinical Services, Department of Psychiatry, Boston Children’s Hospital, at patricia.ibeziako@childrens.harvard.edu.
FOR YOUR INFORMATION

Children's Hospital is an Affirmative Action/Equal Opportunity Employer.

Company: Boston Children's Hospital
(881542)
Job ID: 13053777
http://jobs.source.aacap.org/jobs/13053777

MICHIGAN

CLINICAL-TRACK FACULTY, CHILD INPATIENT PSYCHIATRY UNIT
Ann Arbor, MI

Job Description:
Child and Adolescent Psychiatry
Department of Psychiatry
Job Summary
The University of Michigan, Department of Psychiatry, is seeking talented clinical-track faculty members for our growing Child Inpatient Psychiatry Unit. The Inpatient Nyman Family Unit for Child and Adolescent Mental Health and Wellness, is a state-of-the-art 16-bed pediatric inpatient psychiatric unit. This inpatient unit provides short term, acute inpatient care for youths with depressive disorders, eating disorders, autistic spectrum disorders, anxiety disorders, and other disruptive behavior disorders. Talented faculty and staff make this unit a regional and multi-state referral site for children with psychiatric illness. The unit, opened in 2016, is a gorgeous, light-filled space designed to meet the needs of the children it serves. Talented faculty are sought to provide care to each of two teams serving the unit. Opportunities for some cross coverage of the psychiatric emergency room and consultation liaison service are available for interested faculty members who might desire this. In addition to a competitive salary and incentive opportunities, Michigan Medicine provides a comprehensive benefits package that may include: Generous Allowable Time Off Health, Vision, and Dental Insurance Options Professional Expense Allowance Generous Retirement Relocation Allowance for moves of greater than 50 miles Application to a Tuition Forgiveness Program As an academic institution, faculty are encouraged to pursue other scholarly and administrative interests, as opportunities arise. Clinical research and quality improvement projects are also available to participate in for interested faculty. The University of Michigan is a non-discriminatory, affirmative action employer and encourages women and minorities to apply. Candidates should submit a CV and a brief statement summarizing interests and objectives to: Sheila Marcus, MD, Director of the Child and Adolescent Psychiatry Program, 4250 Plymouth Rd., Rachel Upjohn Building – Rm 2531, Ann Arbor, MI 48109-2700

Job Requirements:
Required Qualifications: A Doctor of Medicine/Osteopathy is required. Possession of a current license to practice medicine in the State of Michigan is necessary. Completion of a residency in Psychiatry is required. Must be board certified or board eligible in Child Psychiatry. Applicants must have demonstrated promise for an academic career that emphasizes clinical care, teaching and administration. Superior clinical competencies and master teacher skills are necessary and be an active member in good standing of the University of Michigan Medical Staff. The successful candidate should have an interest in the delivery of exceptional inpatient psychiatric services. Comfort with providing psychiatric care to patients with significant physical health or developmental needs is necessary.

Job Description: Michigan Medicine, Department of Psychiatry
Job ID: 13012084
http://jobs.source.aacap.org/jobs/13012084

CHILD AND ADOLESCENT PSYCHIATRIST
Grand Rapids, MI

Job Description:
Pine Rest Christian Mental Health services is looking for a highly qualified Staff Psychiatrist interested in joining a medical staff of over 80 collegial psychiatrists to provide outpatient psychiatric services for child and adolescent patients. Duties may include clinical evaluations and medication follow-up visits with corresponding and timely documentation; supervision of Advanced Practice Professionals (if mutually agreed upon); and strong citizenship as a Staff Psychiatrist within the Pine Rest system (including mission acceptance, department meetings, clinical medical staff meetings, medical staff committee meetings, and adherence to all applicable bylaws and State of Michigan medical licensing regulations).

Job Requirements:
Required/Desired Qualifications:
Education, Training, and Experience: Current State of Michigan licensing including medical license and controlled substance license (or eligibility to obtain licenses in short order). Board certified in Psychiatry from the American Board of Psychiatry and Neurology or board eligible within 5 years of training completion and intent to complete board certification. Completion of an accredited four-year psychiatric residency program. Completion of an accredited child and adolescent fellowship program.

Company: Pine Rest Christian Mental Health Services
Job ID: 13067305
http://jobs.source.aacap.org/jobs/13067305

MINNESOTA

CHILD PSYCHIATRIST
Minneapolis/St. Paul/Minetonka

Job Description:
At Children’s Minnesota, we don’t simply care for kids. We care for the most amazing people on earth. For more than 90 years, we have proudly served our community as an independent and not-for-profit system dedicated to providing health care exclusively to children, from before birth to young adulthood. With two hospitals, 12 primary and specialty care clinics, and six rehabilitation sites, and representing more than 60 pediatric specialties, Children’s Minnesota has the largest and broadest team of pediatric experts in the region. An award-winning health system, Children’s Minnesota an even better place tomorrow.

Company: Pine Rest Christian Mental Health Services
Job ID: 13012084
http://jobs.source.aacap.org/jobs/13012084

CHILD AND ADOLESCENT PSYCHIATRIST
Grand Rapids, MI

Job Description:
Pine Rest Christian Mental Health services is looking for a highly qualified Staff Psychiatrist interested in joining a medical staff of over 80 collegial psychiatrists to provide outpatient psychiatric services for child and adolescent patients. Duties may include clinical evaluations and medication follow-up visits with corresponding and timely documentation; supervision of Advanced Practice Professionals (if mutually agreed upon); and strong citizenship as a Staff Psychiatrist within the Pine Rest system (including mission acceptance, department meetings, clinical medical staff meetings, medical staff committee meetings, and adherence to all applicable bylaws and State of Michigan medical licensing regulations).

Job Requirements:
Required/Desired Qualifications:
Education, Training, and Experience: Current State of Michigan licensing including medical license and controlled substance license (or eligibility to obtain licenses in short order). Board certified in Psychiatry from the American Board of Psychiatry and Neurology or board eligible within 5 years of training completion and intent to complete board certification. Completion of an accredited four-year psychiatric residency program. Completion of an accredited child and adolescent fellowship program.

Company: Pine Rest Christian Mental Health Services
Job ID: 13067305
http://jobs.source.aacap.org/jobs/13067305

FOR YOUR INFORMATION

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the Minneapolis and St. Paul campuses, with limited services at Woodwinds in Woodbury and Children’s West in Minnetonka. Specific services include individual and family therapy, psychological assessment, neuropsychological assessment, and psychiatric evaluation and medication management (Available to children who are already patients of Children’s mental health, pediatric, or subspecialty clinics.). Position Summary: To provide a broad array of psychiatric services to Child and Family Services outpatient population. Services provided will include consultation to staff regarding diagnostic and medication issues; direct service (including consultation, evaluation, and medication follow-up) to children and their families; collaboration and consultation with nurse practitioners. Qualifications Medical Doctor. Licensed Physician in Minnesota. Board Certified Child Psychiatrist. Five Years Clinical Experience. Please submit your cover letter and CV to Ryan Berreth at Ryan.Berreth@childrensminn.org.

Company: Children’s Hospitals and Clinics of Minnesota (943330)
Job ID: 13036081
http://jobsource.aacap.org/jobs/13036081

MONTANA

CLINICAL PSYCHOLOGIST
Livingston, MT

Job Description:
Clinical Psychologist Livingston HealthCare seeks a full-time Clinical Psychologist to join our practice located in Livingston, Montana; the heart of Yellowstone country. Our practice includes: Family Medicine, Internal Medicine, Pediatrics, General Surgery, OB/GYN, Psychiatry, and an extensive subspecialty list of outreach providers that offer services to our outpatient clinic. The full-time board-certified Clinical Psychologist will work as a consultant with the Integrated Behavioral Health (IBH) team to provide comprehensive team-based primary care. The Clinical Psychologist will work within a defined scope of practice and provide the following services to Park High School students and Livingston HealthCare patients: work closely with primary care medical staff and LCSW staff to provide consultations, psychological assessment and diagnostic testing, diagnosis and individual therapy, case management services, referral, and follow-up for acute, chronic clients and/or patients, and consultation with outside facilities and/or agencies. Livingston HealthCare is an affiliate with Billings Clinics, Cerner integrated capabilities with broad subspecialty support. Experience colleagues to ease transition along with very supportive medical staff. Competitive salary, relocation, and benefit package.

Job Requirements:
Doctoral Degree in Clinical Psychology. Psychometric testing experience. Skill in establishing and maintaining effective working relationships with patients, medical staff and the public. Able to communicate clearly, both verbal and written. Strong personal initiative required.

Company: Livingston HealthCare
(1185195)
Job ID: 12931774
http://jobsource.aacap.org/jobs/12931774

NEW JERSEY

CHILD AND ADOLESCENT PSYCHIATRIST
New Providence, NJ

Job Description:
Child/Adolescent Psychiatrist Full Time * New Providence, NJ As we continue to expand our Behavioral and Population Health services, we have a full-time opening for a skilled Child Psychiatrist to treat patients in our Behavioral Health Dept and work collaboratively with our providers. You will work closely with our highly trained staff of Cognitive Behavioral Therapists, Social Workers, Nurse Care Managers and Psychiatry Staff to manage pediatric psychiatric conditions, provider psychiatric consultations, and help develop the child/adolescent psychiatry program. Qualifications: NJ licensed, Board Certified/Eligible Child Psychiatrist 2+ years of related experience with Child and Adolescent knowledge preferred Discover a whole new practice experience at Summit Medical Group (SMG), where we’ve been setting the standard in clinical care since 1919. Here, you will discover a one-stop career destination with an interdisciplinary team environment and endless ways to grow your expertise and practice. At SMG we are building healthier, kinder communities through the delivery of excellent care and positive patient experiences. This commitment to improving health through innovation, collaboration, and wellness education has made us the ideal place to practice your profession. Through leading-edge technologies, coordinated care delivery, and an Electronic Medical Record System, our multispecialty medical group of over 900 collaborating providers delivers the highest quality medical care to achieve the best health outcomes for patients. We offer competitive compensation, shareholder opportunity, comprehensive benefits and a dynamic working environment.

For immediate consideration, please email your CV to providerrecruitment@shm.net or apply online at: https://jobs.summitmedicalgroup.com/job/new-providence/child-psychiatrist/1089/13776146 SUMMIT MEDICAL GROUP We are a smoke and drug-free environment. EOE M/F/D/V

Company: TMP Worldwide (1146039)
Job ID: 13012197
http://jobsource.aacap.org/jobs/13012197

OHIO

MEDICAL DIRECTOR, INPATIENT PSYCHIATRY UNIT SPECIALIZING IN YOUTH WITH AUTISM AND NEURODEVELOPMENTAL
Columbus, OH

Job Description:
The Medical Director of the 7A Inpatient Psychiatry Unit specializing in the treatment of youth with autism and other neurodevelopmental disorders will serve to support the ongoing, rapid growth of the Behavioral Health service line at Nationwide Children’s Hospital. This position will work closely with the Chief of Psychiatry / Medical Director, Behavioral Health and Medical Director...
for Inpatient Services for oversight of the clinical, quality, safety, education, and research activities for the 7A Inpatient Psychiatry Unit at NCH. The overall objective of the Medical Director, in order to optimize the quality of care for patients, serves and advances the fields of psychiatry, psychology, nursing, behavioral health clinicians, and related disciplines through teaching and research. The 7A Inpatient Psychiatry Unit has 12 beds, with a planned initial opening of 4 beds in March 2020, and ramp up as indicated by demand and appropriate staffing capabilities. It is specifically designed to meet the clinical needs of youth with autism spectrum and other neurodevelopmental disorders who present with acute symptoms requiring inpatient psychiatric hospitalization. All patient rooms are single occupancy, with safety padding on the walls, soft flooring and furnishings that are designed to minimize the need for use of restraint. The unit has specialized safe treatment rooms with observation capacity to facilitate functional behavioral analysis, assessments when indicated, and complex behavioral interventions for youth with aggressive and/or self-injurious behavior. The position will be based at the Big Lots Behavioral Health Pavilion in Columbus, Ohio. Look inside the Pavilion here! The Big Lots Behavioral Health Pavilion is a state-of-the-art 9-story facility dedicated to psychiatric and behavioral health services, research and teaching. The pavilion will open in March 2020 and will be the largest facility of its kind on a pediatric medical campus. If you or any of your colleagues are interested in applying or discussing this opportunity, please contact: David Axelson, M.D., Chief, Department of Psychiatry David.Axelson@NationwideChildrens.org Megan Rhodes, M.B.A., Psychiatry Practice Plan Coordinator Megan.Rhodes@NationwideChildrens.org Ph. 614-722-6882 All inquiries and referrals will remain confidential.

Job Requirements:
Education A Medical Degree (MD or DO) Professional Qualifications The successful candidate will have two (2) + years of practicing medicine and be Board-certified in Child and Adolescent Psychiatry. The ideal candidate will have experience working as an attending physician on an inpatient psychiatric unit and substantial experience working with patients with autism spectrum and other neurodevelopmental disorders. Personal Qualifications An upwardly mobile physician leader who brings proven experiences from a similar environment and possesses the following attributes will thrive in the role.

Company: Nationwide Children’s Hospital (1130346) 
Job ID: 12983269 http://jobsourcing.aacap.org/jobs/12983269

OREGON
CHILD PSYCHIATRIST OPPORTUNITIES
Portland, OR

Job Description:
Adult & Child Psychiatrist Opportunities Portland, Oregon Northwest Permanente, P.C. invites you to consider opportunities with our physician-managed, multi-specialty group of over 1,500 physicians and clinicians. We have Board Certified/Board Eligible Adult Psychiatrist and Child Psychiatrist opportunities in the Portland, OR area. Our physicians care for over 600,000 members throughout Oregon and Southwest Washington. We use a combination of face-to-face and the latest virtual modalities to provide evidence-based, psychiatric treatments, including primary care consults, crisis interventions and medication consultation. What’s special about Northwest Permanente? We are “Physician led and owned”. We practice data-driven, evidence-based medicine. We have a salary model that puts the patient’s needs first. There are no outside insurers limiting the care you feel is best for your patients. We don’t use production goals to determine your compensation or value as a physician. We are a B-Corporation which reflects our strong commitment to our community, patients and environment. Our physicians work in a team-based care model and are supported by a well-trained cadre of experts. Many of our teams are even paired, 1 to 1, with a Care Coordinator and RN or LPN. We have incredible benefits, including: Competitive salary and incentives* such as student loan assistance and signing bonus. Our retirement plans are “Physician led and owned”. We have a salary model that puts the patient’s needs first. There are no outside insurers limiting the care you feel is best for your patients. We don’t use production goals to determine your compensation or value as a physician. We are a B-Corporation which reflects our strong commitment to our community, patients and environment. Our physicians work in a team-based care model and are supported by a well-trained cadre of experts. Many of our teams are even paired, 1 to 1, with a Care Coordinator and RN or LPN. We have incredible benefits, including: Competitive salary and incentives* such as student loan assistance and signing bonus. Our retirement plans are invested across our Defined Contribution, 401K, and Cash Balance Pension plans. Annual educational leave and long-term, sabbatical benefits. Generous benefits package. 

We invite you to apply at: nwpermanente.com. For more information, call Jason at (503) 813-2242 or email jason.r.dulin@kp.org. We are an equal opportunity employer and value diversity within our organization.

Company: Spin Recruitment Advertising (876472) 
Job ID: 13054380 http://jobsourcing.aacap.org/jobs/13054380

CHILD AND ADOLESCENT PSYCHIATRIST – UNITY
Portland, OR

Job Description:
Join Our Dedicated Psychiatry Team Come for the career, stay for the lifestyle. Portland, Oregon Be a part of our dynamic team of OHSU faculty and provide treatment to those who deserve it most. We are looking for exceptional Child and Adolescent Psychiatrists. Both positions provide a unique opportunity for creative, energetic psychiatrists to treat, teach and advance their academic careers. Child and Adolescent Psychiatry (1.0 FTE) Req ID: 2019-2064 We are looking for board-certified Psychiatrists who love teaching to join our Child and Adolescent Psychiatry inpatient unit. Child and Adolescent Psychiatry (0.6 FTE Weekends) Req ID: 2019-1788 We are looking for board-certified Psychiatrists to provide clinical coverage on Fridays, Saturdays, and Sundays in our Child and Adolescent Psychiatry inpatient unit. Teaching and Learning Environment Our hospital in Portland, Oregon is looking for dedicated and compassionate psychiatrists to work on our inpatient unit, serving patients who have been admitted into our care. We have 22 beds which are set up to provide care specifically for children and adolescents.

Do these positions sound like you? apply online at www.ohsjobs.com search for: Unity Child and Adolescent Psychiatrist or contact: Liz Stevenson, JD, MPH Senior Department Administrator, Psychiatry steveeli@ohsu.edu

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Samaritan Health Services allows you to be a part of a revolutionary approach to behavioral and mental health emergencies. This job is more than caring for patients, it is caring for a community. Oregon Health & Science University has joined forces with Legacy Health, Kaiser Permanente, and Adventist Health to provide immediate psychiatric care and a long-term path to recovery for people experiencing a mental health crisis. Since our opening in January of 2017, Unity Center has served tens of thousands of people in desperate need of help. We hear from patients and families who tell us how Unity Center has made a difference in their lives. Unity Center is the first mental health initiative of its kind in Portland, Oregon and we are looking for exceptional physicians to join our team. Unity Center for Behavioral Health 1225 NE 2nd Ave Portland, OR 97232, PHONE 503-494-8205, EMAIL unitydocjobs@ohsu.edu www.unityhealthcenter.org

Job Requirements:
BC/BE Child Psychiatrist

Company: Oregon Health & Science University (1187029)
Job ID: 13012306
http://jobsource.aacap.org/
jobs/13012306

FOR YOUR INFORMATION

unitydocjobs@ohsu.edu, 503-494-6144
You can be a part of a revolutionary approach to behavioral and mental health emergencies. This job is more than caring for patients, it is caring for a community. Oregon Health & Science University has joined forces with Legacy Health, Kaiser Permanente, and Adventist Health to provide immediate psychiatric care and a long-term path to recovery for people experiencing a mental health crisis. Since our opening in January of 2017, Unity Center has served tens of thousands of people in desperate need of help. We hear from patients and families who tell us how Unity Center has made a difference in their lives. Unity Center is the first mental health initiative of its kind in Portland, Oregon and we are looking for exceptional physicians to join our team. Unity Center for Behavioral Health 1225 NE 2nd Ave Portland, OR 97232, PHONE 503-494-8205, EMAIL unitydocjobs@ohsu.edu www.unityhealthcenter.org

Job Requirements:
BC/BE Child Psychiatrist

Company: Oregon Health & Science University (1187029)
Job ID: 13012306
http://jobsource.aacap.org/
jobs/13012306

C/A PSYCHIATRY POSITION IN BEAUTIFUL OREGON

Job Description:
Achieve work-life balance in Oregon! Join Samaritan Health Services, an award-winning, non-profit integrated health care delivery system, providing exceptional primary care and a range of specialty services throughout the mid-Willamette Valley and Central Oregon coast. The network serves approximately 300,000 residents in Linn, Benton, Lincoln and portions of Polk and Marion counties. Our skilled providers have a passion for building healthier communities through world-class, compassionate health care. JOB SPECIFICS: You will join a well-established, full spectrum mental health program serving adults, children and teens. Employment with Samaritan Health Services allows you the unique opportunity to work with medical students and residents.

OPPORTUNITIES: Child + Adolescent (Corvallis, OR) DETAILS: Minimal weekday call (back-up to psychiatry residents); no weekend call. Growing department with innovative opportunities.

REQUIREMENTS: Board-eligible or board-certified in psychiatry Should possess excellent clinical skills, communication skills, and a strong commitment to providing excellent care that is team oriented Eligibility to work in the United States We offer an attractive salary plus incentives, relocation assistance, possible loan repayment, paid malpractice, CME days plus allowance, Electronic Medical Record (EPIC) and a competitive benefits package.

For more information please contact Annette Clovis (541)-766-4419 or aclovis@samhealth.org, or visit www.samhealth.org/docjobs

Company: Samaritan Health Services (1126299)
Job ID: 13015117
http://jobsource.aacap.org/
jobs/13015117

Pennsylvania

C/A PSYCHIATRY POSITION IN BEAUTIFUL OREGON

Job Description:
Achieve work-life balance in Oregon! Join Samaritan Health Services, an award-winning, non-profit integrated health care delivery system, providing exceptional primary care and a range of specialty services throughout the mid-Willamette Valley and Central Oregon coast. The network serves approximately 300,000 residents in Linn, Benton, Lincoln and portions of Polk and Marion counties. Our skilled providers have a passion for building healthier communities through world-class, compassionate health care. JOB SPECIFICS: You will join a well-established, full spectrum mental health program serving adults, children and teens. Employment with Samaritan Health Services allows you the unique opportunity to work with medical students and residents.

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For more information please contact Annette Clovis (541)-766-4419 or aclovis@samhealth.org, or visit www.samhealth.org/docjobs

Company: Samaritan Health Services (1126299)
Job ID: 13015117
http://jobsource.aacap.org/
jobs/13015117

Virginia

Child Psychiatrist
Northern Virginia

Job Description:
Join a Leader in Integrated Healthcare Delivery – Kaiser Permanente Mid Atlantic! The Mid Atlantic Permanente Medical Group is seeking an Child Psychiatrist to join our Burke, Virginia (Metro DC) practice on a full time basis. Practice in a large, multi-specialty group of over 1600 physicians and enjoy the many benefits of practicing in our integrated delivery system: • Robust, integrated medical information system • Team approach to providing care with easy access to therapy services and clinical pharmacist • Reasonable, predictable schedules with video medicine capability • Clinical autonomy with excellent sub-specialist support • Energetic focus on excellence and patient centered service, quality, safety, and patient flow • Pension program, excellent medical/dental package and occurrence based malpractice coverage

Terms and Conditions:
Full-time, Monday-Friday, 30-40 hours per week Competitive salary and benefits

Responsibilities:
Medication management of clients Psychiatric evaluation and assess patient continuity of care Collaborate with client treatment team

Job Requirements:

Qualifications:
Have an MD or DO from an accredited school of medicine or osteopathy. Have a valid and current PA medical license Must have completed a psychiatric residency in an accredited residency program Board eligible or board-certified in either adult and/or child psychiatry by the American Board of Psychiatry and Neurology Have a valid and current DEA certificate number Must obtain clearances (FBI fingerprints, PA State Background, Child Abuse) dated within one year, Mandated Reporter Certification, TB Test, Physical

Company: Explorations Mental Health Services (1183850)
Job ID: 12894988
http://jobsource.aacap.org/
jobs/12894988
Job Requirements:
Requirements BE/BC in Adult and Child Psychiatry. Medical Licensing in Virginia, DC and Maryland. Questions, please email cooper.j.drangmeister@kp.org.

Company: Kaiser Permanente - Mid Atlantic Permanente Medical Group (890794)
Job ID: 12982548
http://jobs.source.aacap.org/jobs/12982548

OUTPATIENT PSYCHIATRIST-CHILDREN AND ADOLESCENT
Northern Virginia

Job Description:
Inova Kellar Center has provided behavioral health services for children, adolescents and their families for more than twenty-five years. Our comprehensive mental health and substance use disorder treatment programs and an innovative special education school support families throughout Northern Virginia and continue to expand to meet future needs. The Center was founded in 1991 in partnership with Inova and visionaries Art and Betty Kellar, who had a strong commitment to serve children and families in the multicultural Northern Virginia region. Inova Kellar Center provides a full continuum of outpatient services and programs, including individual, family and group therapy, medication management, psychiatric evaluations, psychological testing, intensive outpatient programs, intensive home base services and partial hospitalization programs. Services provided include: PHP IOP Intensive Home-Care Services Psychological and educational testing Therapy services Group therapy services Medication management The Kellar School.

Job Requirements:
Graduate from an accredited school of medicine Successful completion of a residency program BC/BE Eligible for a VA medical license

Company: Inova Health System (1167948)
Job ID: 12976853
http://jobs.source.aacap.org/jobs/12976853

CHILd AND ADOLESCENT
PSYCHIATRY
Virginia Beach/ Norfolk/
Newport News, VA

Job Description:
Children's Specialty Group (CSG) and Children's Hospital of The King's Daughters (CHKD) are seeking several Child and Adolescent Psychiatrists to join our growing team. CSG and CHKD's vision for the future of the Child and Adolescent Psychiatry practice involves an over $75 million development of a psychiatric inpatient hospital, med-psych inpatient unit, partial hospital program, and intensive outpatient program added to our expanding outpatient offerings. The successful candidate will join a multi-disciplinary team of providers and participate in teaching activities with trainees from multiple fields, including but not limited to medical students, pediatrics and psychiatry residents, and psychology trainees. Responsibilities include the provision of comprehensive care to patients and families, in consultation with other medical, mental health, and community providers, to facilitate integrated care. This is a unique opportunity to contribute to the future of pediatric psychiatric care delivery in Hampton Roads for decades to come and join a large physician owned practice. Highlights include: partnership track opportunity in an academic setting, sign-on bonus, relocation, generous CME, short and long-term disability, malpractice insurance, robust retirement plan, profit-sharing, and health insurance. CSG and CHKD are located in the heart of Hampton Roads in Southeastern Virginia. Conveniently situated on the beaches of the Atlantic Ocean and Chesapeake Bay, the region offers countless entertainment options and safe, beautiful cities in which to live. Hampton Roads has excellent schools as well as several nationally recognized universities. With the Blue Ridge Mountains to the west, Washington DC to the north, and the Outer Banks to the south- a weekend retreat is only a few hours away!

For more information, email CSGHelp@chld.org. Call (757)668-9686 Or visit our website at www.CSGDocs.com/Careers.

Job Requirements:
BC or BE in Child and Adolescent Psychiatry Inpatient and/or Outpatient Care Participate in teaching activities Aid in developing Child and Adolescent Psychiatry Fellowship

Company: Children’s Specialty Group (1111461)
Job ID: 13060430
http://jobs.source.aacap.org/jobs/13060430

WEST VIRGINIA
ASSISTANT PROFESSOR
ADOLESCENT AND CHILD
PSYCHIATRY WEST VIRGINIA
UNIVERSITY CHARLESTON
DIVISION
Charleston Area, WV

Job Description:
The Department of Behavioral Medicine and Psychiatry is seeking a Child and Adolescent Psychiatrist for a full-time academic position at the Robert C. Byrd Health Sciences Center, West Virginia University, Charleston Division. Job duties include: provide clinical care and teach medical students and residents in the area of child and adolescent psychiatry; seeing your own panel of patients in collaboration with child psychology faculty. Faculty position academic rank will commensurate with experience and qualifications. Benefits include: Excellent benefits package with generous PTO Diverse and interdisciplinary faculty Potential administrative duties as academic career develops Vibrant community Superb family environment Unsurpassed recreational activities Outstanding school systems The search will remain open until a suitable candidate is identified. To apply, send your CV to: carol.wamsley@camc.org. WVU is an EEO/Affirmative Action Employer. The University values diversity among its faculty, staff and students, and invites applications from all qualified individuals, including minorities, females, individuals with disabilities and veterans.

Job Requirements:
Job Requirements: MD, DO degree or foreign equivalent degree from an accredited program Board Certified or Board Eligible by the American Board of Psychiatry and Neurology Eligible

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WEST VIRGINIA CHILD PSYCHIATRY OPENING
180713

Job Description:
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Timothy Stanley: Direct / Fax: 404-591-4224 800-492-7771, tstanleyweb@phg.com, Cell / Text: 770-265-2001

Job Requirements:
Minimum Requirements: MD or DO Medical Degree, Eligible to be state licensed in the United States, United States Residency and/or Fellowship training

Company: Pinnacle Health Group (1114165)
Job ID: 13060411
http://jobsouce.aacap.org/jobs/13060411
When dosed in the evening, the delayed-release and extended-release technology of JORNAY PM enables the drug to be delivered in the early morning—and it lasts throughout the day.

Visit booth #133 and JORNAYpm-pro.com to learn more about JORNAY PM.

Indication and Important Safety Information

INDICATION
JORNAY PM is a central nervous system (CNS) stimulant indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in patients 6 years and older.

IMPORTANT SAFETY INFORMATION

WARNING: ABUSE AND DEPENDENCE
CNS stimulants, including JORNAY PM, other methylphenidate-containing products, and amphetamines, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.

CONTRAINDICATIONS
- Known hypersensitivity to methylphenidate or other components of JORNAY PM. Hypersensitivity reactions such as angioedema and anaphylactic reactions have been reported in patients treated with methylphenidate products.
- Concurrent treatment with a monoamine oxidase inhibitor (MAOI), or use of an MAOI within the preceding 14 days because of the risk of hypertensive crisis.

WARNINGS AND PRECAUTIONS
- Serious Cardiovascular Reactions: Sudden death, stroke, and myocardial infarction have been reported in adults treated with CNS stimulants at recommended doses. Sudden death has been reported in pediatric patients with structural cardiac abnormalities and other serious heart problems taking CNS stimulants at recommended doses for ADHD. Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmias, coronary artery disease, and other serious cardiac problems.
- Blood Pressure and Heart Rate Increases: CNS stimulants may cause an increase in blood pressure and heart rate. Monitor all patients for hypertension and tachycardia.
- Psychiatric Adverse Reactions: CNS stimulants may exacerbate symptoms of behavior disturbance and thought disorder in patients with a pre-existing psychiatric disorder and may induce a manic or mixed episode in patients with bipolar disorder. In patients with no prior history of psychotic illness or mania, CNS stimulants, at recommended doses, may cause psychotic or manic symptoms.
- Priapism: Prolonged and painful erections, sometimes requiring intervention, have been reported with methylphenidate products in both pediatric and adult patients. Priapism has also appeared during a period of drug withdrawal. Immediate medical attention should be sought if signs or symptoms of prolonged penile erections or priapism are observed.
- Peripheral Vasculopathy, including Raynaud’s Phenomenon: CNS stimulants used to treat ADHD are associated with peripheral vasculopathy, including Raynaud’s phenomenon. Careful observation for digital changes is necessary during treatment with ADHD stimulants.
- Long-Term Suppression of Growth: CNS stimulants have been associated with weight loss and slowing of growth rate in pediatric patients. Monitor height and weight at appropriate intervals in pediatric patients.

ADVERSE REACTIONS
- Based on accumulated data from other methylphenidate products, the most common (≥5% and twice the rate of placebo) adverse reactions for pediatric patients and adults are: appetite decreased, insomnia, nausea, vomiting, dyspepsia, abdominal pain, weight decreased, anxiety, dizziness, irritability, affect lability, tachycardia, and blood pressure increased.
- Additional adverse reactions (≥5% and twice the rate of placebo) in pediatric patients 6 to 12 years treated with JORNAY PM: headache, psychomotor hyperactivity, and mood swings.

PREGNANCY AND LACTATION
- CNS stimulant medications, such as JORNAY PM, can cause vasoconstriction and thereby decrease placental perfusion.
- The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for JORNAY PM and any potential adverse effects on the breastfed infant from JORNAY PM or from the underlying maternal condition. Monitor breastfeeding infants for adverse reactions, such as agitation, insomnia, anorexia, and reduced weight gain.

Please see additional safety information in the Brief Summary of Prescribing Information for JORNAY PM on adjacent pages.
JORNAY PM™ (methylphenidate hydrochloride) extended-release capsules, for oral use, CII Rx only

BRIEF SUMMARY: Consult Full Prescribing Information for Complete Product Information

LONG-TERM SUPPRESSION OF GROWTH CNS stimulants have been associated with weight loss and slowing of growth in pediatric patients. Careful follow-up of weight and height in patients ages 7 to 10 years who were randomized to either methylphenidate or placebo over 14 months, as well as in naturalistic subgroups of newly methylphenidate-treated and placebo-treated patients over 36 months (to the ages of 10 to 13 years), suggests that consistently medicated children (i.e., treatment for 7 days per week throughout the year) have a temporary slowing in growth (on average, 2 cm less in height in 2.7 kg less in weight over 3 years), without evidence of growth rebound during this period. Closely monitor growth (weight and height) in children treated with CNS stimulants, including JORNAY PM. Patients not growing or gaining height or weight as expected may need their treatment interrupted.

ADVERSE REACTIONS Clinical Trial Experience Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared with rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. Clinical Trials Experience with Other Methylphenidate Products in Children, Adolescents, and Adults with ADHD Commonly reported (≥2% of the methylphenidate group and at least twice the rate of the placebo group) adverse reactions from placebo-controlled trials of methylphenidate products include: appetite decreased, weight decreased, nausea, abdominal pain, dyspepsia, dry mouth, vomiting, insomnia, anxiety, nervousness, restlessness, affect lability, agitation, irritability, dizziness, vertigo, tremor, blurred vision, blood pressure increased, heart rate increased, tachycardia, palpitations, hyperhidrosis, and pyrexia. Clinical Trials Experience with JORNAY PM in Pediatric Patients (6 to 12 years) with ADHD The safety of JORNAY PM was evaluated in 280 pediatric patients (6 to 12 years of age) who participated in two controlled clinical trials of JORNAY PM in adult patients with ADHD. Study 1, conducted in pediatric patients 6 to 12 years of age, was comprised of a 6-week open-label dose-optimization phase in which all patients received JORNAY PM (n=125; mean daily dose 52 mg), followed by a 1-week, double-blind controlled phase in which patients were randomized to continue JORNAY PM (n=65) or switch to placebo (n=54). During the open-label JORNAY PM treatment phase, adverse reactions reported in ≥5% of patients included: any insomnia (41%), decreased appetite (27%), affect lability (22%), headache (19%), upper respiratory tract infection (17%), upper abdominal pain (9%), nausea or vomiting (9%), increased diastolic blood pressure (8%), tachycardia (7%), and irritability (6%). Three patients discontinued treatment because of affect lability, panic attacks, and agitation and psychosis. Because of the trial design (6-week open-label active treatment phase followed by a 1-week, randomized, double-blind, placebo-controlled withdrawal), the adverse reaction rates described in the double-blind phase are lower than expected in clinical practice. No difference occurred in the incidence of adverse reactions between JORNAY PM and placebo during the 1-week, double-blind, placebo-controlled phase. Study 2 was a 3-week, placebo-controlled study of JORNAY PM (n=81; mean daily dose 52 mg) in pediatric patients 6 to 12 years. Most Common Adverse Reactions (incidence of ≥5% and at a rate at least twice placebo) were decreased appetite, headache, vomiting, nausea, psychomotor hyperactivity, and affect lability or mood swings. One patient in the JORNAY PM group discontinued from the study due to mood swings. Table 1 provides the incidence of adverse reactions reported in Study 2 (incidence of ≥2% and at least twice placebo) among pediatric patients 6 to 12 years in a 3-week clinical trial.

Table 1: Adverse Reactions Occurring in ≥2% of JORNAY PM-treated Pediatric Patients and Greater than Placebo in a 3-Week ADHD Study (Study 2)

<table>
<thead>
<tr>
<th>Body Organ System</th>
<th>Adverse Reaction</th>
<th>JORNAY PM (N=81)</th>
<th>Placebo (N=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric disorders</td>
<td>Any insomnia</td>
<td>33%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Initial insomnia</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Middle insomnia</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Terminal insomnia</td>
<td>11%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Insomnia, not specified</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Affect lability/Mood swings</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Metabolism and nutrition disorders</td>
<td>Decreased appetite</td>
<td>19%</td>
<td>4%</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td>Headache</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Psychomotor hyperactivity</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Cardiovascular disorders</td>
<td>Blood pressure diastolic increased</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td>Vomiting</td>
<td>9%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Infections and infestations</td>
<td>Nasopharyngitis</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Pharyngitis streptococcal</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Injury, poisoning and procedural complications</td>
<td>Contusion</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Musculoskeletal and procedural complications</td>
<td>Back pain</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td>Rash</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Postmarketing Experience The following adverse reactions have been identified during postapproval use of methylphenidate products. Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate the frequency of occurrence or establish a causal relationship to drug exposure. Blood and Lymphatic System Disorders: Pancytopenia, Thrombocytopenia, Thrombocytopenic purpura Cardiac Disorders: Angina pectoris, Bradycardia, Extrastyle, Supraventricular tachycardia, Ventricular extrasystole Eye Disorders: Diplopia, Mydriasis, Visual impairment General Disorders: Chest pain, Chest discomfort, Hypertension Immune System Disorders: Hypersensitivity reactions such as Angioedema, Anaphylactic reactions, Auricular swelling, Bullous conditions, Exfoliative conditions, Urticarias, Pruritus, Rash/bumps, Erythema Rash. Investigations: Alkaline phosphatase increased, Bilirubin increased, Hepatic enzyme increased, Platelet count decreased, White blood cell count abnormal, Severe hepatic injury. Musculoskeletal, Connective Tissue and Bone Disorders: Arthralgia, Myalgia, Muscle twitching, Rhabdomyolysis. Nervous System Disorders: Convulsion, Grand mal convulsion, Dyskinesia, Serotonin syndrome in combination with serotonergic drugs. Psychiatric Disorders: Disorientation, Hallucination, Hallucination auditory, Hallucination visual, Lidoche changes, Mania. Urinary System: Priapism. Skin and Subcutaneous Tissue Disorders: Alopecia, Erythema. Vascular Disorders: Raynaud’s phenomenon.

Vascular Interactions: Do not administer JORNAY PM concomitantly with MAOIs or within 14 days after discontinuing MAO treatment. Concomitant use of MAO inhibitors and CNS stimulants can cause hypertensive crisis. Potential outcomes include death, stroke, myocardial infarction, aortic dissection, ophthalmological complications, eclampsia, pulmonary edema, and renal failure.

USE IN SPECIFIC POPULATIONS

Pregnancy: Risk Summary. Published studies and postmarketing reports on methylphenidate use during pregnancy are insufficient to inform a drug-associated risk of adverse pregnancy-related outcomes. No teratogenic effects were observed in embryo-fetal development studies with oral administration of methylphenidate to pregnant rats and rabbits during organogenesis at doses up to 2 and 9 times the maximum recommended human dose (MRHD) of 100 mg/day given to adolescents on a mg/m² basis. However, spina bifida was observed in rabbits at a dose of 31 times the MRHD given to adolescents. A decrease in pup body weight was observed in a pre- and post-natal development study with oral administration of methylphenidate to rats throughout pregnancy and lactation at doses 3.5 times the MRHD given to adolescents. The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2% to 4% and of miscarriage is 15% to 20% of clinically recognized pregnancies. Clinical Considerations: Fetal/Neonatal-Adverse Reactions. CNS stimulant medications, such as JORNAY PM, can cause vasoconstriction and thereby decrease placental perfusion. No fetal and/or neonatal adverse reactions have been reported with the use of therapeutic doses of methylphenidate during pregnancy; however, postnatal delivery and low birth weight infants have been reported in amphetamine-dependent mothers. Data: Human Data. A limited number of pregnancies have been reported in published observational studies and postmarketing reports describing methylphenidate use during pregnancy. Due to the small number of methylphenidate-exposed pregnancies with known outcomes, these data cannot definitively establish or exclude any drug-associated risk during pregnancy. Animal Data. In studies conducted in rats and rabbits, methylphenidate was administered orally at doses of up to 75 and 200 mg/kg/day, respectively, during the period of organogenesis. Teratogenic effects (increased incidence of fetal spina bifida) were observed in rabbits at the highest dose, which is approximately 31 times the MRHD given to children on a mg/m² basis, and a defect in the acquisition of a specific learning task was seen in females exposed to the highest dose (5 times the MRHD of 100 mg/day given to children on a mg/m² basis). The no effect level for juvenile neurobehavioral development in rats was 5 mg/kg/day (0.25 times the MRHD of 100 mg/day given to children on a mg/m² basis). The clinical significance of the long-term behavioral effects observed in rats is unknown. Geriatric Use: JORNAY PM has not been studied in patients older than 65 years of age.

DRUG ABUSE AND DEPENDENCE

Controlled Substance: JORNAY PM contains methylphenidate, a Schedule II controlled substance. Abuse: CNS stimulants, including JORNAY PM, other methylphenidate-containing products, and amphetamines, have a high potential for abuse. Abuse is characterized by impairment controlled over drug use, compulsive use, continued use despite harm, and craving. Signs and symptoms of CNS stimulant abuse include increased heart rate, respiratory rate, blood pressure, and/or sweating, dilated pupils, hyperactivity, restlessness, insomnia, decreased appetite, loss of coordination, tremors, flushed skin, vomiting, and/or abdominal pain. Anxiety, psychosis, hostility, aggression, and suicidal or homicidal ideation have also been observed. Abusers of CNS stimulants may chew, snort, inject, or use other unapproved routes of administration, which can result in overdose and death. To reduce the abuse of CNS stimulants including JORNAY PM, assess the risk of abuse prior to prescribing. After prescribing, keep careful prescription records, educate patients and their families about abuse and on proper storage and disposal of CNS stimulants, monitor for signs of abuse while on therapy, and re-evaluate the need for JORNAY PM use. Dependence: Tolerance (a state of adaptation in which exposure to a drug results in a reduction of the drug’s desired and/or undesired effects over time) can occur during chronic therapy with CNS stimulants including JORNAY PM. Withdrawal symptoms (a state of adaptation manifested by a decrease in the effectiveness of the CNS stimulant, withdrawal syndrome produced by abrupt cessation, rapid dose reduction, or administration of an antagonist) can occur in patients treated with CNS stimulants, including JORNAY PM. Withdrawal symptoms include abrupt cessation following prolonged high-dose administration of CNS stimulants include: dystrophic mood; depression; fatigue; vivid, unpleasant dreams; insomnia or hypersomnia; increased appetite; and psychomotor retardation or agitation.

OVERDOSE

Signs and Symptoms: Signs and symptoms of acute methylphenidate overdose, resulting principally from overdosage of the CNS and from excessive sympathomimetic effects, may include the following: nausea, vomiting, diarrhea, restlessness, anxiety, agitation, tremors, hyperreflexia, muscle twitching, convulsions (may be followed by coma), euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, hypotension, tachypnea, mydriasis, dryness of mucus membranes, and rhabdomyolysis.

Management of Overdose: Consult with a Certified Poison Control Center (1-800-222-1222) for up-to-date guidance and advice on the management of overdose with methylphenidate. Provide supportive care, including close medical supervision and monitoring. Treatment should consist of those general measures employed in the management of overdose with any drug. Consider the possibility of multiple drug overdosages. Ensure an adequate airway, oxygenation, and ventilation. Monitor cardiac rhythm and vital signs. Use supportive and symptomatic measures.
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