Inside...

President’s Column: A Funny Thing Happened On the Way to the (Virtual) Forums • Gabrielle A. Carlson, MD .............. 121

Mobile Health Apps for Child and Adolescent Psychiatrists: Suicide Prevention and Safety Planning •
Nicole M. Benson, MD, and Mirjana Domakonda, MD ........................................................................................................... 124

Lessons Learned at the AMA State Advocacy Summit 2020: One United Voice • Debra Koss, MD, FAACAP, DFAPA ...... 135

AADPRT Workshop Review: Child and Adolescent Psychiatry Recruitment: What YOU Can Do •
Rebecca Klisz-Hultbert, MD, DFAPA, DFAACAP ......................................................................................................................... 136
You’re ready for the next career step.

We’re ready to help you leverage your membership to get there.

AACAP members have a distinct advantage over the typical job seeker. Your member benefits include access to a free online job board, JobSource.

Employers from across the country look to JobSource to seek out the most qualified child and adolescent psychiatrists.

You want your profile and resume to be there when they look. Visit jobsource.aacap.org today to get started.
Cover:
John Gelinas Jr., MD, took this photo in a small village near Luang Prabang, Laos, 2019.
MISSION STATEMENT

The Mission of the American Academy of Child and Adolescent Psychiatry is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

– Approved by AACAP Membership
December 2014

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. For more information, please visit www.aacap.org.

MISSION OF AACAP NEWS

The mission of AACAP News includes:

1. Communication among AACAP members, components, and leadership.
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.

EDITOR ................................................ Uma Rao, MD
MANAGING EDITOR ..................................... Rob Grant
PRODUCTION EDITOR ............................ Reilly Polka
COLUMNS EDITOR .............................. Neera Ghaziuddin, MD
COMPONENTS EDITOR ..................... Ellen Heyneman, MD
OPINION EDITOR ............................. Megan Baker, MD
FEATURES EDITOR ............................ Alvin Rosenfield, MD
ANNUAL MEETING EDITOR .................. Wanjiku Njoroge, MD
PSYCHOPHARMACOLOGY EDITOR ........ Boris Lordberg, MD
RESIDENT/ECP EDITOR: MEDIA PAGE ........ Amna Aziz, MD

AACAP EXECUTIVE COMMITTEE

Gabrielle A. Carlson, MD, President
Warren Y. K. Ng, MD, President-Elect
Catherine Galanter, MD, Secretary
Bennett L. Leventhal, MD, Treasurer
Melvin D. Oatis, MD, Chair,
Assembly of Regional Organizations
of Child and Adolescent Psychiatry

2019-2020 COUNCIL

Adrienne L. Adams, MD
Mary S. Ahn, MD
Boris Birmaher, MD
Mary Margaret Gleason, MD
Pamela E. Hoffman, MD
Anita Kishore, MD
Scott M. Palyo, MD
Marina A. Swope, MD
Karen Dineen Wagner, MD, PhD
John T. Walkup, MD
Sala Webb, MD

JERRY M. WIENER RESIDENT MEMBER
Amanda Downey, MD
EXECUTIVE DIRECTOR
Heidi B. Fordi, CAE
JOURNAL EDITOR
Douglas K. Novins, MD
AACAP NEWS EDITOR
Uma Rao, MD
PROGRAM COMMITTEE CHAIR
James J. McGough, MD

COLUMN COORDINATORS

Suzan Song, MD, MPH, PhD, suzan.song@post.harvard.edu International Relations
Jeffrey Hunt, MD, Jeffrey_hunt@brown.edu Clinical Case Reports and Vignettes
Balkozar Adam, MD, adam@health.missouri.edu Diversity and Culture
Gail Edelsohn, MD, gail_edelsohn@ccbh.com Ethics
Maria McGee, MD, MPH, mariamge@creighton.edu
Rachel Ritvo, MD, rritvomd@gmail.com Psychotherapy
Kim Masters, MD, kmaster105@gmail.com Acute Care Psychiatry
Charles Joy, MD, cjoy1@gmail.com Poetry
Dale Peeples, MD, d_peeples@yahoo.com Youth Culture

AACAP News is an official membership publication of the American Academy of Child and Adolescent Psychiatry, published six times annually. This publication is protected by copyright and can be reproduced with the permission of the American Academy of Child and Adolescent Psychiatry. Publication of articles and advertising does not in any way constitute endorsement or approval by the American Academy of Child and Adolescent Psychiatry.

© 2020 The American Academy of Child and Adolescent Psychiatry, all rights reserved
A Funny Thing Happened On the Way to the (Virtual) Forums

Gabrielle A. Carlson, MD

Well, maybe it hasn’t been so funny; however, as a result of the pandemic, AACAP members have risen to a new level of resourcefulness. As President, I thought it was important to share the accomplishments of our colleagues in addressing the COVID-19 pandemic: I asked Drs. Victor Fornari, Nasuh Malas, Angel Caraballo, and Melvin Oatis to tell us about their “virtual forums” which have provided input on very important topics relating to COVID.

Dr. Fornari summarizes the rapidly evolving situation in the epicenter of the pandemic: the New York metropolitan area: “In early March 2020, the cases of COVID-19 began to spread in the New York Metropolitan area, such that by mid-March, the decision to shift most services to telehealth preceded other parts of the United States. With the public health measures of social distancing and isolation to mitigate the spread of the contagion, clinical services became telehealth services virtually overnight. This included the ambulatory clinics, emergency services, and aspects of the hospital-based inpatient care. By the end of March, even intakes for ambulatory care were being performed by telehealth. By early April, New York’s hospitals were overrun with COVID-19 patients. Additional inpatient beds were created, including thousands of additional intensive care unit beds. Testing was scarce. Employers asked their staff to work from home when possible. Everything became virtual: schools, houses of worship, theaters, and all sporting events were cancelled. Institutions discontinued visitation of inpatients; personal protective equipment was required for everyone; and partial programs converted to virtual treatment programs. As psychiatric inpatients began to be diagnosed with COVID-19, specialized inpatient services for adults and adolescents were opened to care for patients that did not require inpatient medical care. Inpatient units reduced census to allow for social distancing, and patients were required to wear face masks. Trainees continued to receive supervision and coursework virtually, and some were deployed to medical floors. Second-year child fellows were credentialed to serve as faculty to cover clinical services when needed.

“In response, AACAP’s sister organization, The American Association of Directors of Child & Adolescent Psychiatry (AADCAP) held its first town hall on April 2 in lieu of its annual meeting to discuss the implementation of guidance for Child & Adolescent Psychiatry Divisions around the country. Topics included the rapid conversion to telehealth for ambulatory and crisis/emergency room services; shifts in residency education for fellows in child and adolescent psychiatry, including redeployment outside of psychiatry; and use of virtual internet platforms for teaching. A subsequent town hall was held on May 21 to provide ongoing guidance regarding the education of trainees, preparation for recruitment, and the gradual phased re-opening of some clinical services from virtual to face-to-face. The town halls reflected national perspectives. The New York Council on Child & Adolescent Psychiatry (NYCCAP) began a series of six weekly Thursday-evening town hall meetings in late April to address local concerns. Town halls are available at: http://www.aadcap.org/home0.aspx and http://www.nyccap.org/nyccap_vtown_hall_series.aspx.”

From the Midwest (Michigan) Dr. Malas wrote that “the COVID pandemic has shaken us, our families, our communities, and our health systems across the country and the world. We continue to experience a wide range of emotions, challenges, and potential opportunities that have shaped our practice in child and adolescent psychiatry. We have learned to adapt and share information rapidly. At times, gaps in care and communication within our care settings have been exposed. Doors have also opened to opportunities in telehealth and other distance-based care models. In the midst of this hurricane of change and uncertainty, our membership has craved guidance and input on a variety of administrative, clinical, educational, and research-related questions. From these exchanges on our committee listservs grew the idea to hold a virtual forum to share national consensus experience, narratives, and data to help us identify issues, provide potential solutions, and reflect collectively on our shared experiences. The Emergency Child Psychiatry Committee, Inpatient and Partial Hospitalization Committee, and Physically Ill Child Committee, pulled together to hold the first ever AACAP Virtual Forum on Saturday, April 25, 2020.

“With the help of moderators, Dr. Mary Pao and Dr. Patrick Kelly, our speaker panel shared a depth of personal experience, consensus understanding, and tangible examples to help us process the whirlwind of challenges posed by the current pandemic, and channel this new-found knowledge into opportunities for positive change and lessons learned. Key themes that were highlighted included the importance of regular communication and coordination of local and systemic efforts, the need for transparency, being mindful of issues of equity, diversity, and inclusion, as well as leveraging technology and enhancing efficiencies to promote safety in care while maintaining quality and access to care. Ultimately, the forum provided a conduit to consolidate our experiences, reflect on past events, discuss current experience, and anticipate future challenges and opportunities.”

This forum had 481 registrants and 279 attendees, with over 98 percent of attendees stating the forum was a...
medium they’d attend again. We are hopeful about continuing future forums to address issues important to Child and Adolescent Psychiatry, and about better leveraging technology to improve and expand the professional mission of AACAP for its membership. The forum was also recorded and posted to the AACAP website and can be found at the bottom of https://www.aacap.org/virtual_forum.

One Forum has yet to occur. The COVID-19 pandemic has highlighted disparities in the burden of illness that members of racial and ethnic communities face. Under the leadership of Cheryl Al’Mateen, Angel Caraballo, Lisa Cullins, and Melvin Oatis, a two hour forum has been developed to address this entitled Healthcare Disparities Through the Lens of Diversity During the COVID-19 Pandemic, and is scheduled for Saturday June 13th, 2020. This event explores the unique and chronic challenges to healthcare delivery to patients of color, and varying geographic locations, which may not always be apparent or discussed in patient visits. Issues include those of access, trust, race, economics, language, and bias. This forum will start with a discussion by representatives from AACAP’s Diversity and Culture Committee, Black, Latinx, Asian, and International Medical Graduate Caucuses, the Native American Child Committee, and the Rural Health Committee. Each speaker will discuss the pertinent issues to the healthcare disparities that have been made even more evident by this current disaster, and will suggest solutions for AACAP members to implement in their work. The success of this endeavor, however, depends on audience participation. The hope is to come up with practical solutions to these problems such that broad-thinking, inherently creative AACAP members will strengthen their therapeutic alliance with their patients.

In conclusion, I’m grateful to my contributors (below), to the many people who have developed the innovative forums discussed, and I am incredibly proud to have them, and all of our members, as colleagues. What has happened with these forums has been a strengthening of our roles and vision as Child and Adolescent Psychiatrists and AACAP members.

Victor Fornari, MD, recent past president of our sister organization, the American Academy of Directors of Child and Adolescent Psychiatry (AADCAP), and Professor of Psychiatry & Pediatrics at the Donald & Barbara Zucker School of Medicine at Hofstra/Northwell.

Nasah Malas, MD, Director, Pediatric Consultation-Liaison Psychiatry and Clinical Associate Professor, of Psychiatry and Pediatrics at University of Michigan.

Angel Caraballo, MD, New York City Private Practice Child and Adolescent Psychiatrist; Immediate-Past President of NYCCAP; Co-Chair AACAP Latinx/Hispanic Caucus.

Melvin Oatis MD, Private practice–Manhattan; NYU Langone Child Study Center-voluntary faculty; Chair of the AACAP Assembly.

For more information on CASII, contact the Clinical Practice Program Manager at clinical@aacap.org.
Climate Change, Coronavirus and Children’s Mental Health

Robert Root, MD

Our society has just begun to confront climate change as an existential threat to our future. Suddenly, the coronavirus pandemic has emerged as a second unprecedented global health emergency. These are acute and chronic stressors of great magnitude. The impact of a viral pandemic, though terrible, is temporary. Other threats however, like climate change, are longer lasting. As a child and adolescent psychiatrist, I am concerned about the synergistic impacts of these experiences on the health and psychological well-being of our children.

I think a lot about COVID-19 and of the parallels to my work to combat the climate crisis—issues of eco-anxiety, climate grief, and the risk of PTSD in children who have experienced wildfires and massive storms. The coronavirus is also a global health threat on an unimaginable scale: it, too, triggers feelings of being overwhelmed and helpless. Currently, there is an urgency to take action that is driven by our fears around health, finances, and the safety of our planet.

2019 was the year of expanded consciousness about the devastating impacts of climate change, as millions of people in diverse regions of the world personally experienced extreme weather events. 2020 will be remembered for decades to come for this viral pandemic. Our lives have changed so drastically and abruptly. Our fundamental sense of the safety and security of our future has been shaken.

As a child and adolescent psychiatrist, I see the human effects of these global crises, and I think it is vitally important that, as we work towards more enlightened policies in global public health and climate activism, we keep in mind the impacts these crises have at both the societal level, and in the minds of our children.

Currently, we face profound disruptions to the normal rhythm of everyday life. The constricted nature of our activity threatens to derail adolescents from a healthy developmental trajectory. The virtual classroom is incredible, but it also heights dependence on parents, which both children and parents alike know is a strain on the relationship. We are asked to socially distance when what we need most is the intimacy and comfort of our social network.

Loneliness and isolation are some of the most pernicious effects. Some teens have responded with remarkable maturity and recognize that their social distancing helps to protect vulnerable members of the community, while others are finding social cohesion virtually through Zoom and online activism. But many adolescents I have spoken to are painfully aware of the disruptions to their social connections. For children already vulnerable to depression and anxiety, sheltering in place is further isolating. I predict we will soon see a “surge” of childhood anxiety, depression and PTSD.

What can be done? To change the course for individuals we must also take collective action at a grand scale. And yet we fail to mobilize when catastrophe approaches.

Again, I draw the parallel to climate change: public health experts have warned for decades about the risk of a severe pandemic. Climate scientists have similarly warned about the health impacts of a warming world. It would be rational self-preservation, guided by evidence-based science, to prepare for such planetary plagues and atmospheric changes in advance. These crises could have been mitigated, if not largely prevented, by swift and urgent action.

What can we tell our children whose lives are upended and imperiled by inaction? We need to “flatten the curve” by concerted action to limit the exponential spread of the pandemic. An article through YaleENVR360 suggests we need similarly to “flatten the curve” of greenhouse gases in the atmosphere. I would add that we must be determined to flatten the curve as well in limiting the emotional reverberations of these events on our children’s well-being.

As a psychiatrist, I believe that we can do this by accepting reality and taking positive action. We must listen to our children’s anxiety with thoughtfulness and patience, and we must manage our own. Let us transform worldwide anxiety and suffering into global collaboration. We have the opportunity to emerge from this crisis with greater wisdom and empathy. As frightening and surreal as these past few weeks have been, I marvel at how remarkably adaptable human beings can be. Children do Zumba class by Zoom; parents serve as primary school teachers; journalists cover new beats; and mental health practitioners provide care through tele-therapy.

This is just the beginning of what we can do together when we accept reality and take action. People around the world are capable of mobilizing a massive and united global response. For the sake of our children, let us nurture this spirit of action and bend it towards all of the challenges we face.

Dr. Robert Root received his medical degree from Yale University School of Medicine and then trained in Psychiatry at the NY Hospital—Cornell Medical Center in New York City. Dr Root works as a Senior Psychiatrist at the non-profit Child Mind Institute in the San Francisco Bay Area.
Suicide is a significant public health concern for children and adolescents and is the second leading cause of death for youth ages 10 to 24.¹ The risk factors and determinants of suicidal thinking and behavior vary widely across individuals, making prevention, identification, and treatment of at-risk youth with suicidality complex.

Mobile applications (apps) are promising avenues for suicide prevention. Widely available, they have the potential to provide immediate and accessible resources for youth with suicidal ideation, particularly given the ubiquity of smartphone use in this population. As with any targeted intervention, it is essential that such apps be safe and utilize evidence-based strategies for suicide assessment, safety planning, and emergent prevention.²

Apps for Suicide Prevention and Assessment

Patients and clinicians may be overwhelmed by the number of apps available for improving mental health. There are over 10,000 mobile apps in Apple’s App Store and the Google Play marketplace³ advertised as either treatment adjuncts or standalone tools in the care of psychiatric symptoms and/or disorders. Unfortunately, the majority of apps are unregulated, few have been assessed for efficacy and safety in children and adolescents, and none are approved by the US Food and Drug Administration (FDA) for use in youth with suicidality.

Apps that focus on safety planning and crisis intervention —considered best practice for suicide intervention— have been of particular interest to app developers and clinicians.⁴ Recently, researchers have explored app efficacy based on clinical standards, and government organizations have begun to incorporate best practices to develop newer and better apps.

The majority of apps have not been rigorously evaluated for use in pediatric populations but preliminary evidence from small-scale studies suggests they may be effective. One pilot study showed that web-based apps successfully reduced suicidal ideation in school-aged children, and that adolescents show willingness to using their phone for safety planning⁵ and may prefer technology-based to in-person interventions.⁶ Additional studies to assess mobile health tools for use in suicide prevention are ongoing.⁷⁸

Here we offer four examples of evidence-based apps for suicide care in adolescents, provide a framework for child and adolescent psychiatrists to assess the quality of an app, and suggest recommendations for integrating apps into clinical practice.

Safety Plan

The New York Office of Mental Health and Columbia University developed the Stanley-Brown Safety Plan, a free app to be used in conjunction with comprehensive suicide safety planning. The app, downloadable on Apple and Android devices, allows users to customize safety plans with their doctor based on individual warning signs, effective coping strategies, reduced access to means, and social, family, and professional supports that can be utilized during a crisis.

MY3

MY3, co-created by the Mental Health Association of New York City and the California Mental Health Services Authority, helps individuals at risk of suicide with safety planning. The easy-to-use app, free on Apple and Android devices, encourages users to designate support networks of three people they can contact when in crisis, and also provides easy access to the National Suicide Prevention Lifeline. Notably, users must grant the app permission to their phone’s contact list to add emergency contacts.

SAMSHA Suicide Safe

This Substance Abuse and Mental Health Services Administration (SAMHSA)-designed mobile app, free on Apple and Android platforms, provides resources for patients, including crisis lines and a behavioral health treatment locator. It also includes the five-step suicide assessment tool, the SAFE-T (Suicide Assessment Five-Step Evaluation and Triage), to guide healthcare professionals in the assessment of suicide risk, protective factors, and interventions.⁹
“Remember that apps are intended to augment—not replace—clinical care. Do not rely solely on apps for clinical assessment, treatment decision-making, or interventions outside of your clinical practice.”

CrisisCare

This unique app, developed by a clinical research team at Boston Children's Hospital, grants adolescents and their parents access to personalized safety planning, coping skills (including uploaded songs/videos), and crisis interventions. A pilot study of 20 at-risk adolescent-parent dyads revealed the app was accessible and user-friendly.5 Currently, the app is only available to patients in treatment with a Boston Children's care team.

Incorporating Apps into Clinical Practice

Step 1: Choosing an App

Given the myriad of mobile apps, selecting the appropriate one can be difficult. Several tools are available to guide healthcare providers in choosing safe and efficacious apps:

- The American Psychiatric Association (APA) developed the App Evaluation Model to help clinicians assess apps for use in practice. The framework employs a hierarchical system based on safety and privacy, evidence and potential benefits, ease of use, and functionality related to secure exchange of information between patients and physicians.5,10 While the APA does not endorse any specific app, their model encourages a collaborative, individualized approach to the selection of apps as adjuncts to clinical care.

- The Anxiety and Depression Association of America (ADAA) has developed a rating system for anxiety and depression apps.11

- A nonprofit group, One Mind, created PsyberGuide which contains expert reviews based on credibility, user experience, and transparency/privacy.

- Common Sense Media, a nonprofit organization geared toward children, families, and schools, offers a searchable database of unbiased app reviews.12

- The American Psychological Association has also designed a series of apps with evidence-based principles in mind.13

Step 2: Working with Apps

Before incorporating apps into clinical practice, familiarize yourself with their interface and features. Is the app easy to access? Do users need to create a username/password and/or link their account information to social media or other online platforms (e.g., Facebook, Google)? This feature is especially important when considering patient privacy. Is the presented information clinically accurate and in line with current practice standards? How often is the app updated by developers?

Once you feel comfortable that the app meets basic privacy and clinical standards, discuss the app with patients and families. Most importantly, review the privacy policy of any app you choose and disclose any relevant security or privacy issues. Reiterate that the app is not intended to replace office-based treatment, rather enhance understanding of patients’ day-to-day experiences and symptoms. Download the app with patients, review the features, and discuss your expectations for using the app. Ideally, you should incorporate mobile app use into informed consent discussions and documentation, with a review of expected outcomes, risks/benefits, and alternatives (e.g., printed safety plans). As always, encourage patients to password-protect their phones for security.

Step 3: Assessing Outcomes

After you start using apps in practice, follow-up with patients to assess whether they are using the apps. For example, ask them how many times they have used the safety plan or called emergency contacts/crisis hotlines. Ongoing assessment provides valuable information about the patient’s risk – particularly if you are concerned about clinical decompensation – and whether the app is a positive and useful supplement to their care.

Remember that apps are intended to augment—not replace—clinical care. Do not rely solely on apps for clinical assessment, treatment decision-making, or interventions outside of your clinical practice. Furthermore, apps may not be appropriate for everyone. If patients are hesitant or unwilling to use apps, consider more traditional alternatives, like printed safety plans or increased office visits, when appropriate. As always, if you choose to use apps in practice, trust your clinical judgment first, not data gathered from the app, if/when safety concerns arise.

Conclusions

Mobile apps are novel and innovative tools for safety planning and suicide risk assessment, that, when integrated thoughtfully into clinical care, can enhance treatment and patient engagement.

References


Dr. Benson is a child and adolescent psychiatrist at McLean Hospital and Massachusetts General Hospital and a fellow in clinical informatics at Partners Healthcare. She is also a member of AACAP’s Health Information Technology committee.

Miriana Domakonda, MD, is a child psychiatrist and clinical researcher at the Institute of Living in Hartford, CT, and an Adjunct Assistant Professor in Psychiatry at Yale University. She is a member of the AACAP Health Information Technology Committee and serves as co-chair of the AACAP Early Career Psychiatrist Committee. She can be reached at miriana.domakonda@hhchealth.org.
LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

SPONSORED BY

Psychiatrists Professional Liability Insurance

Discounts Offered Include:

- **15% NEW POLICYHOLDER DISCOUNT** *(must be claims free for the last 6 months)*
- **Up to 50% New Doctor Discount** *(for those who qualify)*
- **10% Claims Free Discount** *(for those practicing 10 years, after completion of training, and remain claims free)*
- **50% Resident-Fellow Member Discount**
- **50% Part-time Discount** *(for up to 20 client hours a week or less)*
- **5% Risk Management Discount** *(for 3 hours of CME)*

*Where allowable by law and currently not available in AK or NY. (Above Discounts and Coverage Features are subject to individual state approval.)*

For over 40 years we have provided exceptional protection and have a reputation for outstanding customer service. Our extensive years of experience and industry knowledge allows us to help you by providing worry free coverage so you can concentrate on what you do best – helping people help themselves. When it comes to caring about people, we have a lot in common.

Our Psychiatrists Professional Liability Program Provides:

- Limits up to $150,000 in Defense Expenses related to Licensing Board Hearings and other Proceedings
- Up to $150,000 in Fire Legal Liability Coverage
- Up to $100,000 in Medical Payments for Bodily Injury
- Up to $25,000 for First Party Assault and Battery Coverage
- Up to $25,000 for Information Privacy Coverage (HIPAA)
- Up to $15,000 in Emergency Aid Coverage
- Insured’s Consent to Settle required in the settlement of any claim – No arbitration clause
- Telepsychiatry, ECT, Forensic Psychiatry Coverage
- Risk Management Hotline with 24/7 Service for Emergencies

Visit us at [apamalpractice.com](http://apamalpractice.com) or call (800) 421-6694 x-2318 to learn more.
A CAP in Yangon

George H. Stewart, MD

I arrived in Myanmar on December 24, 2018. At Yangon International Airport, Professor Tin Oo and his protégé, Dr. Kyi Min Tun met me and drove me to the Taw Win Garden hotel. As we drove down Pyay Road to the hotel, where Dr. Jim Harris, a child psychiatrist at Johns Hopkins who has been helping here since 2012, assured me I would get a good breakfast, Professor Tin Oo showed me a live stream on his phone. A wing of Yangon Mental Health Hospital was burning up. “An electrical fire,” he said, which I later learned is what causes most blazes in the city. Professor Oo added that they would swing by the hospital after dropping me off. It seemed to be an inauspicious beginning, but in retrospect was not a portent, just an example of the struggles in a developing country with which I would become very familiar.

My first meal on Christmas Day 2018 was mohinga, a fish soup with a potentially limitless number of tasty garnishes, including fresh limes and fried garlic. If there is a national Myanmar dish, it is mohinga. And it is reliably good.

My Fulbright scholarship ran from January 1 through October 31, 2019. I first had an inkling of what I would be doing only one month before I came to Myanmar. I had imagined I’d be giving some random lectures in Child and Adolescent Psychiatry. What I learned was that I’d be teaching 10 General Psychiatrists from all over that country for seven and a half months, full-time, in a “Certificate” course with written and oral examinations. Cripes! Compress a child fellowship into seven and a half months. Using the International Association for Child and Adolescent Psychiatry and Allied Professions’ (IACAPAP) e-textbook as a base, I developed a full curriculum, (50 PowerPoint presentations) supplemented by two relevant articles per lecture. The required Health and Sports Ministry permission to run the course and to select the students didn’t allow me to start lectures until March 1. It took another month to secure clinic space at Yangon Children’s Hospital. Then we were off full speed.

The students, eight women and two men, were terrific: smart, fun, feisty, hard-working, and generous, with never a complaint, and they were seasoned. They ranged in age from 33-45 years old, having completed five years of medical school, 18 months of internship, and three years (minimum) posting as a general practitioner (GP) at a district hospital in a rural area. They often had been the only physician there, doing major surgery, c-sections, etc. After that, they had completed a three year General Psychiatry training followed by at least three years of practice.

I had heard of ana deh, a Myanmar warning not to make someone else feel uncomfortable. That wouldn’t work with us; I told them that being uncomfortable was part of learning. Mind you, all of them had been beaten at school as they were growing up. So, we locked this concept, Ana as I called it, out of our classroom. They were overjoyed and later became so rowdy in discussions that when I tried to get their attention and said, “This is like herding cats,” they all began to meow! So, they became my cats. We had a great time with clinic every morning, lunch together, and lectures in the afternoons four days a week. Being a one-man band, I thought four days was my capacity. Also, half of them took the bus Thursday night to their hometown to run their private clinics. For example, one student’s ride to Lashio in northern Shan State took 15 hours. Other destinations were closer but still staggering. The government salary for a physician, even the Professor at the most prestigious of the six medical schools in the country, is $200/month. This is not enough to live on, even here where food is very inexpensive. Everyone works on weekends.

I have learned a lot about teaching. For me it is all about their engagement, whether in problem-based exercises, role plays, their own presentations to the class, or our free-ranging discussions. I started a journal club and the students took turns presenting and leading discussions on a relevant journal article or book chapter. I shipped a mountain of books via the US “diplomatic pouch,” which was essentially for free. Entire books were copied here, and bound, for minimal cost. The library at my home base, University of Medicine 1, has a wonderful subscription service to over 6000 journals so I can search and copy the literature at will. I also use UpToDate, a great service from Partners in Health.

The students had no training in psychotherapy, let alone basic counseling skills, in their residency. Their training in treatment planning is purely the Bio part of BioPsychoSocial and they were hungry to learn psychotherapy. Thus, in addition to the basics of CAP, having been trained as a psychoanalyst, I taught them some developmental psychology, modules on working with parents, behavioral management, Interpersonal Therapy (IPT), and—being self-taught myself but recognizing its utility—some basic CBT. Our clinic was situated, unfortunately, in the Child Development Center at Yangon Children’s Hospital. It was a newly-remodeled building but lacking any privacy. The only doors were...
at the entrance and to the two toilets. So, unfortunately, I could not replicate my excellent psychotherapy training experience from UC Davis with them. They do know, however, that CAP is primarily about relationships, working with parents and schools, behavior therapy, psychotherapy, and, on occasion, the use of medication. And there are now two functioning Child and Adolescent Psychiatry clinics, one in Yangon and one in Mandalay.

Aung Kyi Myint is a 10-year-old boy with a global intellectual disability. He could only say “Meme”—for mother—when we saw him. He spit at strangers, including yours truly when I approached. He was aggressive and destructive and often would be tied with a rope so he wouldn’t run into the road. He peed himself frequently. He wanted to play with others but was too rough and they would run away. And he’d be hit if he behaved badly—a common approach here. But his uncle and mother loved him. He’d been on risperidone and valproex since 2 ½ years of age. We tapered him off the meds, leveraged his mother and uncle’s love, provided some behavioral management suggestions and after 10 weeks (five visits total) he didn’t spit at anyone, no longer destroyed things, peed in a pot and emptied it in a proper drain, didn’t run into the road, played nicely with younger children, enjoyed helping his mother with shopping, cooking, and cleaning, and, mirabile dictu, he had learned 5 new words.

Aye Thu Htun was nine years old when he came to the clinic. A sturdy, clever child, he’d just been suspended from school for the third time in four months for fighting. His friends refused to play with him because he was too rough. His parents didn’t know what to do, literally. “So how do you discipline him when he does something he shouldn’t do?” I asked.

“We beat him. His mother does, I do, and his grandmother does.”

“Could you make sure no one beats him and come back in two weeks to see us?” I said.

“How should we punish him?”

“Tell him once, in a calm voice, that you don’t like it when he does that.”

In two weeks appears a cheerful little guy appeared at my office, happily in school and playing with friends and two pleased but puzzled parents. “He’s smart and admires you. He learned that the way to deal with a problem is to hit it, like you did.”

It wasn’t always so easy or dramatic, of course. I did learn about anti-NMDA receptor antibodies; we saw three cases, two of which improved dramatically on a short course of steroids. The third had developed a psychosis after a febrile illness and had been treated with antipsychotics for a year by a provincial GP. They apparently often don’t respond well if not treated promptly. We were lucky that our clinic was next to the Pediatric Neurology Clinic. Dr. Kyaw Lin is the only pediatric neurologist in the country and was of great help as a diagnostician: Rett’s Syndrome; Sydenham’s Chorea; Overdoses; Eating disorders. It was a remarkable clinical education. I always impressed upon my students the imperative to speak up: we all make errors, even their professor. How will he learn if you don’t point it out? And no one knows everything; I just need to know when I don’t know and where to look it up. Oh, we had a great time!

I extended my Fulbright for the maximum allowable: three more months, and am determined to stay as long as suits me. I am six months shy of 80, so who knows how long that may be, especially with this unpleasant virus replicating so vigorously. I’ve picked up a consultancy with UNICEF, teaching brief therapy (again, IPT) to a group of eight on the weekends for which I’ll be paid a bit. But I am retired and living expenses are very modest here.

I have a large two bedroom, three bathroom penthouse apartment with a deck and views over the Yangon River for less than I could rent a closet in Berkeley. There is a five block-long fruit/vegetable/fish/poultry street market every day ½ block from the entrance to my building where a kilogram of huge tiger prawns costs $6.50. Not to mention mangoes and passion fruit. I’ve made some wonderful friends in the ex-pat community, people in teaching or humanitarian work. And I love the bustle of the city, how all we ants scurry about and manage to complete our days.

This group of students is smaller: five women and one man, but no less spirited. I was ill this weekend and cancelled class today. At 11 AM I received a phone call. “This is Su Su. We are outside your apartment.” Two of my students, accompanied by one husband, came up and brought apples, bananas, clementines, a pound cake, a loaf of bread, and chicken noodle soup, my penicillin. This is Myanmar, where generosity is the rule. The Buddha said, “If you knew what I know about the power of giving, you wouldn’t let one meal pass without sharing it.”

It is remarkably safe here, day and night. Some waitresses refuse tips. Cabbies are puzzled when you give them 500 kyat (33 cents) extra. I could leave my laptop on the street and it would be safe in a nearby store when I return in 3 days. There are multiple frustrations and it lacks the familiarity of home, but this has been a wonderful life experience. Any of you reading this can apply for a Fulbright scholarship and do the same for 10 months in a fascinating location. Come here and help me with this course!

My blog: apsychiatristinmyanmar.com

George H. Stewart, MD, is a Child and Adolescent Psychiatrist currently conducting a Child and Adolescent Psychiatry Training Program in Yangon, Myanmar. Before this, he taught Child and Adolescent Psychiatry as a Global Health Service Partnership fellow in Blantyre, Malawi. The bulk of his career was spent in Berkeley, California, half in private practice and half spent consulting to Seneca Family of Agencies. [Harvard College undergraduate, Columbia P&S for medical school, UC Davis Psychiatry and CAP].

MAY/JUNE 2020
Family’s Gender Bias and Influence on Girl’s Mental Health Vulnerabilities

Mariam Rahmani, MD

This article is drawn from a presentation at the 2017 AACAP meeting in Washington DC.

A brief review of the literature on how girls internalize family’s bias will be presented followed by two psychotherapy cases in which the family’s attitudes contributed to different outcomes. Strategies to counteract gender bias in families will be identified.

Bronstein et al., 1992, studied parents’ interactions with their children. They found that parental bias might place girls at a disadvantage. In non-clinical samples, parents criticized and interrupted daughters more than sons, restricted their independence more, reacted negatively to their emerging sexuality, and assigned them more household chores.

Brommelhoff et al., 2004, studied 205 adults on the subject of family and depression, comparing men and women. Women were more likely than men to be reported as depressed by a family member when the women reported themselves as not depressed. Family members were more likely to attribute depressive symptoms of females to internal causes but did not find any differences by gender in attribution of depression to external causes.

Bleidorn et al., 2016 studied an internet sample of 985,937 people ages 16-45 across 48 countries. Males were found to have higher self-esteem than females in all age groups and cultures.

Atwood (2001) also studied family and self-esteem. The study compared sisters to their brothers and focused on 45 American-born depressed single women in their 20s and 30s who were employed. The women’s poor self-esteem and mental health were found to be associated with gender bias experienced in their families in the form of devaluation and deprivation from resources/privileges that their brothers had, and abuse from their brothers, without redress.

Ryan et al., 2010, surveyed 245 young adults ages 21-25 who self-identified as LGBT which showed that family acceptance in adolescence is associated with young adult positive health outcomes (self-esteem, social support, and general health) and is protective for negative health outcomes (depression, substance abuse, and suicidal ideation and attempts).

Adya et al., 2005, studied early determinants of women in the Information Technology (IT) workforce and showed that parents directly or indirectly influence their daughters’ career choices. Most of the girls (73%) who chose IT careers reported that they were influenced by their fathers. Although college-educated mothers influence both traditional and non-traditional career choices, women choosing non-traditional careers indicate that their fathers have a stronger influence.

The Making Caring Common project at Harvard Graduate School of Education examined reasons for why male leaders outnumber female leaders in many fields, including business and politics. Using several surveys, in-depth interviews and focus groups, they found that mothers’ average level of support was higher for councils led by males than by females.

Case 1

An 18-year-old American girl of South Asian Muslim background was transferred from another physician to the author for treatment of depression, anxiety, and a history of self-injurious behavior. She had a history of intermittent compliance with medications and appointments. Interpersonal psychotherapy was begun and revealed a romantic relationship with a “white boy” for more than a year, which had been kept secret from her parents. She felt guilt over dating which is not permitted in many
What can we, as the treating child/adolescent psychiatrist, do in these situations?

- Several studies have shown that everyday discrimination or racism is associated with more mental health problems than experiencing significant discrimination a few times. The behavior associated with implicit bias is like the behavior associated with discrimination: the former is unconscious while the latter is intentional. Both behaviors can cause similar psychological harm to children/adolescents.

- Educate parents about the latest findings on family acceptance; about the effects of the family's gender biases on girls’ development; and, for parents with implicit or explicit bias, help them navigate the stages of “grief” and move them toward the acceptance stage.

- The Making Caring Common project team recommends that families prevent gender biases in their children by orchestrating tasks in a way that doesn’t reinforce stereotypical male/female roles as follows: Using a “chore wheel” which boys and girls spin to see who does which family chores can prevent boys and girls from falling into gender-based family roles

- Exposing children to culturally-diverse women

- Having mothers model certain leadership skills because girls identify more with their mothers

- Asking close friends and family members, including children, whether you (the therapist) are expressing gender biases of which you are unaware, and welcome them to point them out to you.

References:


Leaning Out. Teen girls and leadership biases. https://mcc.gse.harvard.edu/reports/leaning-out

Mariam Rahmani, MD, FAPA, DFAACAP, is the Training Director of Child and Adolescent Psychiatry at the University of Florida (Gainesville). She is a member of the AACAP Women in Child and Adolescent Psychiatry Committee and the AACAP Art committee.

Call for Self-Nominations – AACAP Delegation to AMA

Interested AACAP members who are also current members of the American Medical Association (AMA) may self-nominate for future openings on AACAP’s Delegation to AMA. At present, AACAP enjoys two Delegate slots in the AMA House of Delegates (HOD), as well as two Alternate Delegate positions. The AMA HOD meets yearly in Chicago, IL, in June and at a changing location in November of each year.

Ability to travel for up to 6 days in June and 5 days in November each year is required. Former or current leadership service in a state medical society to the AMA HOD or one of AMA’s special sections, councils, or Assemblies, such as the Medical Student Section (MSS), Resident Fellows Section (RFS), or Young Physicians Section (YPS) would be highly advantageous to AACAP. Members of AACAP’s delegation must also actively participate in the AMA Psychiatry Section Council at the AMA HOD Annual and Interim meetings, as well as in preparation for each meeting during the year.

AACAP provides travel reimbursement up to established limits for committee members upon timely filing of expense vouchers and receipts.

In addition to the AMA HOD, AACAP may have up to two Delegates to YPS. A Stubblefield RFS Delegate is also chosen under a separate solicitation, which will be advertised later in 2020 for a position opening after June 2021.


Letters of interest and a current CV should be addressed to Gabrielle A. Carlson, MD, President, and be delivered by June 30, 2020, for future consideration, to: gcarlson@aacap.org.
Poetry

West Tower, Ballroom Level
By Chuck Joy, MD

the room has a name, Comiskey
I can google it later but
I already understand to remember
a baseball park on the south side,
the White Sox right? back in the day

south side, north side, that’s Chicago
where I’m from it’s east or west
always the dichotomies, always a divide
good bad, sane crazy, democrat
republican
alive deceased

this room, its table
home to our temporary community
maybe next year somebody will ask,
Remember Chicago?

Youth’s Glorious Scotoma
By Gordon R. Hodas, MD

The advantage of youth, with some exceptions, is that
during this time period we are largely unaware of our
limitations. While this can lead to reckless behavior,
it can also underlie great professional success. As I
have gotten older, my knowledge base and technical
skills as a psychiatrist have grown, but so has my
self-awareness, including greater awareness of my
limitations. Years ago, despite my underdeveloped
professional competence, I effectively mobilized
patients in crisis and distress through the force of
my personality and self-confidence. Some of this
has survived, but what I would give for the elixir of
youth’s glorious scotoma.
The Doctor is Getting Older

By Lourdes Chahin, MD

The older I get the more I realize that the answers we seek come from inside.

The older I get the less I seem to care about small talks and the superficial world.

The older I get the more I understand that what really matters in life is the love we have in our hearts for the loved ones, for our friends, for our coworkers, for our pets, for the stranger on the street, or the bus driver, for the waitress, for the cashier.

The older I get the more I fall in love with Nature, because it makes me feel connected to my essence.

The older I get the simpler my life becomes.

I want to accumulate experience rather than richness.

new friendships rather than new business.

more inner peace rather than more degrees.

a brand new attitude of gratitude rather than a brand new castle.

If this crazy doctor heart of mine keeps growing older like that.

soon I may be prescribing.

long walks along the shoreline.

counting butterflies on the nature trail.

emptying your closet and giving it all away.

hugging your dog three times a day.

planting a seed and watching it grow.

dancing under the stars.

singing to the full moon.

or simply being still, finding your health within . . .
Experts in Social Isolation: Helping Kids with Social Anxiety Disorder During School Closures

I am a child and adolescent psychiatry fellow at Central Michigan University in Saginaw, Michigan. My outpatient census consists of several patients with social anxiety disorder who struggle with school attendance and truancy. The current situation with COVID has led to worries for these children surrounding their safety and the safety of their loved ones, while at the same time social distancing has reinforced their avoidance of peer interactions. These patients understandably express an improvement in symptoms and convey their wishful thoughts of prolonged school closures to alleviate anxiety.

While telepsychiatry and teletherapy are being rolled out, patients with social anxiety are requesting to put therapy on hold and even space out follow-up appointments. Perhaps, this could be secondary to parents perceiving a sense of improvement in their children due to reduced stress from limited social interactions. These once challenging clinical encounters have now become more relaxed, with fewer psychological and somatic complaints. Children with significant experience in social isolation have now been reassuring me about their lack of psychopathology in these anxious times. This situation has made me wonder about steps to prevent a surge in decompensation when schools eventually resume, and social interactions return to relative normalcy.

When my patients cite sleeping or sitting in their rooms as examples of hobbies demonstrative of their wellbeing, I discuss the risk of subconsciously enabling avoidance in their kids thereby contributing to the possibility of decompensation when returning to a regular school environment. Establishing daily routines, sharing household responsibilities with other family members, facilitating heart-to-heart talks between patients and their family members, having children engage in phone conversations with a school friend, taking walks outside, or interacting with strangers in acceptable settings like a curbside food pickup, etc. might help overcome the superficially comforting but ultimately deteriorating effects of isolation in our socially anxious children. We have also explored the use of mindfulness apps to use this time for reflection, coping and healing. Assessing their challenges in tackling the above tasks and planning for when school resumes can foster a sense of structure, responsibility, and predictability.

While we understand the importance of prevention from COVID infection through social distancing, it also becomes vital to monitor the effects of avoidance of social interactions on youth with underlying anxiety disorders. Such patients would likely benefit from a therapeutic home environment and safe transition to normalcy through positive, structured social interactions with loved ones. As orders are being passed in different States to close schools for the rest of the academic year, we could also consider including schools in our conversations on back to school strategies for our vulnerable, socially anxious patients.

Abishek Bala, MD, MPH, is a Child & Adolescent Psychiatry fellow at Central Michigan University in Saginaw, Michigan, and a graduate of the MD and MPH programs from St. George’s University, Grenada. Through his growing global mental health network, he has supported trauma care initiatives targeting toxic stress and adverse childhood experiences. He is also an active proponent of wellness interventions and is keen on dedicating his career to improving the quality of life of infants, children, and adolescents around the world through culturally cognizant, community based mental health interventions.
Lessons Learned at the AMA State Advocacy Summit 2020: One United Voice

Debra E. Koss, MD, FAACAP, DFAPA

In January 2020, I had the opportunity to represent AACAP at the 2020 American Medical Association (AMA) State Advocacy Summit along with Emily Rohlfis, AACAP State Advocacy Manager. Over 300 attendees representing 33 state medical societies and 28 national medical specialty societies participated in this three-day advocacy meeting. The conference provided a broad overview of health care policy trends in 2020, comprehensive discussions on state legislative and regulatory actions, as well as specific references for AMA advocacy resources. The conference also provided ample opportunity for networking with colleagues across specialties. Overall, I was struck by the similarity of advocacy priorities between specialties and the impact of physician engagement in advocacy, especially as physician groups presented organized and united in their messaging. As a physician advocate, I was energized by the resources and the camaraderie.

Prior to the conference, the AMA conducted a survey of state and national specialty medical societies. This survey revealed a number of interesting trends for the 2020 state legislative sessions. Top legislative and regulatory issues as reported by these medical groups included:

1) scope of practice (such as physician assistants and nurse practitioners)
2) public health issues (such as tobacco, e-cigarettes, and vaccines)
3) opioid and drug overdose epidemic issues (such as access to MAT and PDMPs)
4) Medicaid issues (such as physician reimbursement and Medicaid expansion)
5) physician workforce (such as loan repayment programs) and
6) private health insurance practices (such as prior authorization and surprise billing)

It is worth noting that these are many of the same issues reported by AACAP members participating in AACAP’s Advocacy Liaison Network: a dynamic group of physician advocates serving as the “eyes and ears” on legislative and regulatory affairs in their regional organizations. This survey confirmed that physicians across specialties and across geographic areas are facing similar challenges.

During the AMA State Advocacy Summit, more than 40 panelists covered a broad range of topics. Discussions regarding mental health and substance use disorders were prevalent throughout the meeting with key remarks provided by Patrice A. Harris, MD, Past AMA President and a child and adolescent psychiatrist. Speakers addressed the impact of social determinants of health, evidence-based standards for the treatment of mental health and substance use disorders, efforts to end the opioid epidemic, and rising concerns regarding the vaping epidemic in our youth. Speakers also addressed concerns regarding patient safety associated with the challenges of rising prescription drug costs, the impact of prior authorization practices and the expansion of non-physician scope of practice. Speakers provided multiple examples of physician engagement in advocacy, highlighting the impact that physicians can have on population health when we engage with decision makers and share our clinical expertise.

As I reflect on the content shared during these panel presentations, I am inspired by the following universal themes:

1. Physicians must engage in the legislative and regulatory process. The future of healthcare will be determined by state level legislative and regulatory action. Physicians must have a seat at the table in order to inform health care policy. Panelists reported that quite often, legislators’ and regulators’ perspective about the current healthcare system is based solely on their own, or their family members’, experiences as patients. Physicians and medical associations have an opportunity to inform decision makers about science, evidence-based practices, and the impact of policy on patient access to care.

2. The most effective way to make an impact on the legislative process is for physicians to develop constituent relationships with their elected officials. There are many ways to build these relationships including inviting an elected official to tour a medical facility, attending a town hall meeting, or requesting a meeting with an elected official in their district office. Many panelists, including physician lawmakers, shared anecdotes about the impact of the constituent relationship (for example, elected officials calling a physician for input when drafting a bill or calling for expert opinion during a committee hearing). With advocacy training, physicians can become effective advocates. Medical societies and specialty associations can provide advocacy training and organize advocacy efforts.

3. As physician advocates, we must emphasize the impact of healthcare policy on patient safety. For example, physicians should speak about prior authorization practices delaying or interrupting access to medication, thus impacting patient safety. This is far more effective than describing (continued on page 137)
AADPRT Workshop Review: Child and Adolescent Psychiatry Recruitment: What YOU Can Do

Rebecca Klisz-Hulbert, MD, DFAPA, DFAACAP

The shortage of child and adolescent psychiatrists (CAPs) is not breaking news. The latest data tells us that there are 9,000 or fewer CAPs practicing in the US, while the need for CAP services is increasing. Estimates show that to meet current needs, 20,000-30,000 practicing CAP physicians are needed. The CAPs that do practice often do not treat patients full time, split their time between seeing minors and adults, and are not distributed equitably with 70 percent of counties across the country having no practicing CAP.2 Despite increasing need, recruitment has plateaued, with only 62 percent of CAP programs filling in the 2020 NRMP Match. While interest in psychiatry is increasing, fewer residents are seeking CAP fellowship. Increasing medical student debt, family obligations, regional factors such as fellowship availability within an area of geographic preference, and a perceived lack of benefit to fellowship training all contribute to the decision of residents not to pursue additional subspecialty training. While leading experts in the field debate ways to address the workforce shortage and recruitment crisis, what can the rest of us do to encourage more young doctors to pursue a career in child and adolescent psychiatry?

Recruitment should begin in medical school if not before. Many medical students cite a positive experience with a passionate attending as a key factor in their decision to pursue CAP. In the preclinical years of medical school, visibility is key. Volunteering to mentor or present to medical students is a great way to expose them to a subspecialty that they may not even know exists! Medical schools often have introductory interviewing courses or workshops on medical errors. Does your alma mater or local medical school have a Psychiatry Interest Group or regional chapter of PsychSIGN? Plan an event to discuss hot topics like vaping or social media and suicidality, which are of interest to a variety of students. Sign up to serve as a mentor to medical students. Develop a relationship with a nearby medical school or volunteer though the alumni association of your medical school to mentor students expressing interest in CAP or participate in broader outreach events. Even if you no longer live in the area where you attended school, you can communicate with students through Skype and email. Offer to allow local students to shadow in your practice, for example the summer between the first and second years of medical school is a great time to host an externship.

During the clinical years of medical school, volunteer to host students in your practice—be open to students from a variety of med schools. If you are involved with the clerkship, advocate for a longer clerkship experience (at least 4-6 weeks). Clerkship experiences should include exposure to psychiatric subspecialties. Even one day on a CAP service with an enthusiastic attending could pique a student’s interest in the field! Provide an elective experience in CAP—even students who are not initially interested may change their minds. Try to expose students to a variety of CAP practice settings, such as outpatient, inpatient, residential, consultation, etc. Befriending the clerkship director can be a great way to connect with interested students. Keep a contact list of interested students and support in connecting to local and national organizations; invite them to regional meetings and share information about the wonderful opportunities that AACAP has to offer! Students are much more likely to attend a meeting or apply for an award if an attending they know gives them a nudge—even a simple forwarded email with some encouraging words will do the trick.

Now we need to get all those interested students into residency. Volunteer to participate in residency interviews and dinners. Pay special attention to applicants interested in CAP and advocate for them when it comes time to rank. If you’re involved in a residency program, support the development of a CAP Track, which allows students to match into residency and fellowship at the same time. Participate in didactics, supervision, and social events with general psychiatry residents. Offer a CAP experience to residents from institutions where exposure to children and adolescents is limited, even if it is not the institution you are affiliated with (i.e. share your resources). Residents need to see that CAP practice can be about more than acute inpatient care. Maybe residents can do a day per week of CAP outpatient, school-based clinic, or consultation. Make their CAP experience a rewarding one. Enlist current fellows and early career CAPs to serve as mentors and advisors for interested residents. Provide support for academic opportunities such as Quality Improvement projects, research, poster presentations, journal articles and presentations at local, regional, or national meetings. Again, connect residents to AACAP with a personal invitation to join, attend a regional or national meeting, or apply for an award. For example, AACAP Educational Outreach Program provides financial awards to support travel to the annual meeting for interested residents and fellows to broaden exposure to the field including research opportunities, access to mentors, and an emphasis on networking opportunities. Many regional organizations host local meetings and provide discounted registration or travel support for local trainees.

Even those of us who are not involved in undergraduate or graduate medical education can serve as representatives for the field. As advocates at the institutional, regional, and national levels, CAPs can support student...
loan repayment programs, advocate for equitable reimbursement, and address issues contributing to burn-out. Institutionally, you can ensure that CAPs are valued members of the team and that our expertise is appreciated. Regional organizations can reach out to medical schools and residencies, inviting trainees to attend meetings at no cost or for a reduced rate. Work with AACAP as a mentor for a medical student or resident project.

All CAPs have the opportunity to serve as role models for medical students and residents. Visibility is key—consider giving lectures to high school or undergraduate interest groups, write for academic publications, give interviews to the media (AACAP has some great resources), or share your passion on a blog. Help trainees see the benefit to resources), or share your passion on a blog. Help trainees see the benefit to 

while doing so can help the future of a student, or help with a project, think your passion for this fulfilling career. If the extra year(s) of training and share blog. Help trainees see the benefit to 

training, physicians can learn to deliver talking points that are accurate, engaging and persuasive.

4. **Current advocacy priorities are similar across medical specialties.** Physicians can more effectively meet our advocacy goals when we work together as members of the house of medicine. As AACAP continues to develop advocacy strategy and tactics, we must remember that we have access to advocacy resources through the AMA and can amplify our voices by collaborating with state medical societies and other medical specialty organizations.

5. **Physician medical groups are increasingly aware of the impact of social determinants of health as well as mental health and substance use** disorders on an individual’s overall health status. As child and adolescent psychiatrists, we must guide conversations about the importance of supporting mental health as part of overall health, advocate for the enforcement of mental health parity, educate about the impact of trauma on child development, and illustrate the impact of early intervention and prevention on the developing brain. We also have a unique responsibility to advocate on behalf of children and adolescents who don’t have a voice in the legislative or regulatory process.

Now, spending much of my professional time engaged in mental health advocacy, I firmly believe that we as physicians can make a difference in the legislative and regulatory process, especially if we organize and speak in one voice.

While AACAP, APA, AADPRT and other organizations each contribute to tackling the workforce shortage in CAP, each individual psychiatrist can be part of the movement to recruit more trainees into the specialty. No matter your level of involvement with trainees, you can increase the visibility of our field and be an “ambassador” for the profession. My personal motto when approached with an opportunity to teach, mentor, supervise or speak out is “always say yes.” It may take a little extra time now, but it’s a worthwhile investment in the future of our field.

**References**


New Research Poster Call for Papers

AACAP’s 67th Annual Meeting takes place October 19-24, 2020, in San Francisco, CA. Abstract proposals are prerequisites for acceptance of any presentations. Topics may include any aspect of child and adolescent psychiatry: clinical treatment, research, training, development, service delivery, administration, etc.

Verbal presentation submissions were due February 13, 2020 and may no longer be submitted. Abstract proposals for (late) New Research Posters must be received by June 4, 2020. All Call for Paper applications must be submitted online at www.aacap.org. If you have questions or would like assistance with your submission, please contact AACAP’s Meetings Department at 202.966.7300, ext. 2006 or meetings@aacap.org.
Helen Beiser, MD, Art Show

*Join us at the annual Helen Beiser, MD, Art Show in the Exhibit Hall in San Francisco!*

Coordinated through AACAP’s Local Arrangements Committee and Art Committee, we invite creative AACAP members and their family to submit artwork to make this year’s show spectacular! You may exhibit up to three pieces of art. We are looking for original works including paintings, drawings, illustrations, potteries, sculptures, calligraphy, poetry, letterpress broadsides, artist’s books, and photographs. The Art Show, open **October 21-23**, is for exhibition purposes only – no pieces are offered for sale.

All artists are welcomed and encouraged to participate in “Meet the Artists” in the Exhibit Hall on Thursday, October 22, from 12:30 pm-1:30 pm (day/time is subject to change). This event will give you the chance to showcase your art first-hand to the Annual Meeting attendees. **Don’t miss out on this exciting opportunity!**

For more information, please contact exhibits@aacap.org.

To submit an artwork application, please go to the AACAP Annual Meeting website to register and submit an application online at [http://www.aacap.org/AnnualMeeting-2020](http://www.aacap.org/AnnualMeeting-2020).

---

**Don’t miss this opportunity to SAVE MONEY**

AACAP members who refer a new Annual Meeting exhibitor can receive a $100 discount on their 67th Annual Meeting registration. All referrals must be first-time AACAP exhibitors and must purchase a booth for AACAP’s 67th Annual Meeting in San Francisco.

Exhibitors can connect with more than 4,500 child and adolescent psychiatrists and other medical professionals, as well as advertise in several of the Annual Meeting publications. Typical AACAP exhibitors include recruiters, hospitals, residential treatment centers, medical publishers, and much more. To review the *Invitation to Exhibit* with more details on these opportunities, as well as forms to sign up, please visit [www.aacap.org/AnnualMeeting-2020](http://www.aacap.org/AnnualMeeting-2020).

Questions? Email exhibits@aacap.org or call 202.966.9574.

Show your support for AACAP and SAVE today!
Lifelong Learning Modules
Earn one year’s worth of both CME and self-assessment credit from one ABPN-approved source. Learn from approximately 35 journal articles, chosen by the Lifelong Learning Committee, on important topics and the latest research.
Visit www.aacap.org/moc/modules to find out more about availability, credits, and pricing.

Improvement in Medical Practice Tools
(FREE and available to members only)
AACAP’s Lifelong Learning Committee has developed a series of ABPN-approved checklists and surveys to help fulfill the PIP component of your MOC requirements. Choose from over 20 clinical module forms and patient and peer feedback module forms. Patient forms also available in Spanish. AACAP members can download these tools at www.aacap.org/pip.

Live Meetings
(www.aacap.org/cme)
Pediatric Psychopharmacology Institute
— Up to 12.5 CME Credits
Douglas B. Hansen, MD,
Annual Update Course
— Up to 16 CME Credits
Annual Meeting
— Up to 50 CME Credits
• Annual Meeting Self-Assessment Exam
  — 8 self-assessment CME Credits
• Annual Meeting Self-Assessment Workshop
  — 8 self-assessment CME Credits
• Lifelong Learning Institute featuring the latest module

Online CME
(www.aacap.org/onlinecme)
Clinical Essentials
— Up to 6 CME credits per topic
— Course topics include ASD, Depression, Positive Parenting Practices, SUDs, Sleep
Current Topics in Pediatric Psychopharmacology: An Online Advanced Course — Up to 8 CME credits
Journal CME — (FREE) Up to 1 CME credit per article per month

Questions?
Contact us at cme@aacap.org.

www.aacap.org/moc
Pathways

Clinical Essentials:

A Series of Online CME Courses in Child and Adolescent Psychiatry

- Autism Spectrum Disorder
- Depression
- Positive Parenting Practices
- Sleep
- Substance Use Disorders

These self-study online CME courses feature premium quality materials that have been curated by our experts to deliver the most high-yield content on the topic.

Current Topics in Pediatric Psychopharmacology

Earn up to 8 CME credits while updating your knowledge on clinically relevant, evidence-based pediatric psychopharmacology. Listen to top rated speakers from past AACAP Institutes lecture on topics including ADHD, aggression, bipolar disorder, and more.

Pathways Transcript Feature

In addition to these great online activities, Pathways’ transcript feature allows you to track your CME certificates from AACAP and other organizations in one place.

Visit www.aacap.org/onlinecme to learn more.
AACAP AWARD SPOTLIGHT
Aviva K. Olsavsky, MD

2011 JUNIOR SCHOLAR AWARD
SUPPORTED BY AACAP’S CAMPAIGN FOR AMERICA’S KIDS
The Junior Scholar Award enabled me to travel to the AACAP meeting as a medical student, participate in instrumental mentoring, and make connections with faculty and peers who I look forward to seeing at every meeting. It was inspiring to see trainee recipients across research developmental trajectories during the awards luncheon.

2014 AACAP ROBINSON-CUNNINGHAM AWARD FOR THE BEST PAPER BY A RESIDENT
Publication Title: Indiscriminate amygdala response to mothers and strangers after early maternal deprivation
Working with Dr. Nim Tottenham on this project as a medical student opened up new ways of thinking both about neural correlates of affiliative processes and motivated maternal behaviors, including the impact of these factors on the early lives of children. Further, I began to consider how attachment processes play an important role across the lifespan, and how these phenomena may impact adult mental health.

2016 AACAP EDUCATIONAL OUTREACH PROGRAM (EOP) FOR CHILD AND ADOLESCENT PSYCHIATRY RESIDENTS
SUPPORTED BY AACAP’S LIFE MEMBERS FUND
The Life Members EOP enabled me to network with both junior trainee peers as well as accomplished faculty with longstanding AACAP membership. It was meaningful to participate in the Life Members reception and dinner and to see how a career in child and adolescent psychiatry can be meaningful throughout multiple stages of career development.

2018 AACAP PILOT RESEARCH AWARD FOR JUNIOR FACULTY AND CHILD & ADOLESCENT PSYCHIATRY FELLOWS
Project Title: Maternal Childhood Maltreatment Exposure and Association With Salience of Infant Cues and Motivated Maternal Approach Behaviors
Through the AACAP Pilot Award, I was involved in a research project from beginning to end—from design and conception to dissemination of results—for the first time. This project has been critical for me in the drafting of an NIH career development award application. It provided the opportunity to continue working with my mentors, Drs. Pilyoung Kim and Joan Luby, who have provided considerable expertise on designing a research career that has a positive impact on prevention and treatment in early life.

MENTORING FUTURE PHYSICIANS
Navigating being the first woman to attend college and the first person in my family to become a doctor has been an important aspect of my development as a physician. To trainees from a similar background, know that even when things are difficult, it is still possible to pursue a career in academics. I am always happy to share my experience and advice with any AACAP trainee.

ABOUT DR. OLSAVSKY
JOINED AACAP: SEPTEMBER 2010
WORKS AT: UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CENTER/CHILDREN’S HOSPITAL COLORADO
POSITION: SENIOR INSTRUCTOR, DEPARTMENT OF PSYCHIATRY
INTERESTS: EARLY CHILDHOOD ADVERSITY; PERINATAL PSYCHIATRY; MATERNAL PROCESSING OF INFANT CUES
MENTORING: AACAP ANNUAL MEETING MENTORSHIP EVENTS

CALLING ALL LEADERS!
AACAP offers resources and programs to nurture the next generation of child and adolescent psychiatrist leaders. Visit the AACAP website at www.aacap.org/awards to discover opportunities available for you!
Membership CORNER

Congratulations to Graduating Residents and Medical Students

When planning your graduation ceremony and after-party, be sure to include AACAP! Please provide us with your updated contact and address information so you can put your AACAP member benefits to use for the next phase of your professional career.

Update your information online at www.aacap.org.

Is Renewing Stressing You Out?

AACAP offers flexible payment solutions to meet your needs.

Take advantage of our monthly installment payment program. Contact Member Services at 202.966.7300, ext. 2004, or email us at dues@aacap.org to discuss your personalized payment plan options.

In Memoriam

William Clotworthy, MD
Washington, DC

Barbara Geller, MD
St. Louis, MO

Abilio Hernandez, MD
Montebello, CA

Florence Levy, MD
Sydney, Australia

James Pessin, MD
New York, NY

Amy Rowan, MD
Bryn Mawr, PA

Being an AACAP Owl

AACAP Members qualify as Life Members when their age and membership years total 101, with a minimum age of 65 and continuous membership.

Benefits: Annual AACAP Membership Dues are optional. A voluntary JAACAP subscription is available for $60. Receive the Owl Newsletter, which contains updates focused around your community!

Are you a Life Member who would like to be more involved in Life Member activities? Contact AACAP’s Development Department at 202.966.7300, ext. 140.
Welcome New AACAP Members

Mouad Abdulrahim, Fayetteville, AR
Ololade Adebiyi, Pittsburgh, PA
Nnenna Akaronu, MD, Winston Salem, NC
Sarah Alam, Dayton, OH
Jose Alfredo Alvarez, MD, Miami, FL
Christopher Andersen, MD, Chula Vista, CA
Carmen Avramut, Westland, MI
Emma Banasiak, Hoboken, NJ
Marissa Barmine, Columbia, SC
Barsegh Barseghian, MD, Washington, DC
Alexandra L. Bey, MD, Durham, NC
Devika Bhatia, MD, Denver, CO
Can Buyukasik, MD, New York, NY
Annamarie Caracansi, MD, Brookline, MA
Piper N. Carroll, MD, Pittsburgh, PA
Julia K. Cataldo, New Haven, CT
Eugenia Chen, Houston, TX
Hao Cheng, MD, Chicago, IL
John Coates, MD, Cedarburg, WI
Cesar A. Cordero Sam, MD, San Juan, PR
Robyn Cowperthwaite, MD, Oklahoma City, OK
Andrea Danese, MD, PhD, London, United Kingdom
Alexandra DeBlasio Bonesho, MD, Epping, NH
Prital Desai, MD, MPH, Santa Rosa, CA
Michael DiBianco, MD, West Hartford, CT
Madeline DiGiovanni, New Haven, CT
Erin Dunn, MD, MPH, Brookline, MA
Andrew Ebner, MD, Atlanta, GA
Christine Emmanuel, Pequannock, NJ
Taliat Fawole, MD, Bronx, NY
Elicia T. Fernandez, MD, Fresno, CA
Shannon Flahive, MD, Denver, CO
Jasmine Flowers, MD, Harlingen, TX
Roxanne Fries, MD, Los Angeles, CA
Smita Gautam, MD, Chicago, IL
Lee Ginton, Boca Raton, FL
Vikram Gopal, DO, Bothell, WA
Kunali Gurdita, Rochester, NY
Brandon Hage, MD, Pittsburgh, PA
Justin Halloran, Washingtonville, NY
Tyler Hill, DO, Las Vegas, NV
Kara Hunter, MD, Battle Creek, MI
Hania Ibrahim, Oakville, ON, Canada
Maheen Islam, Fort Pierce, FL
Vivek Jain, MD, Boston, MA
Sehar Jessani, MD, Atlanta, GA
Juan Pablo Jose-Ramos, Milwaukee, WI
Seth Kalin, MD, Jackson, MS
Elizabeth Kim, Allentown, PA
Jordanne King, MD, Pembroke Pines, FL
Leah Komor, London, Ontario, Canada
Troy Kurz, MD, Riverside, CA
Crystal Li, Miami, FL
Keeva Madden, MBChB, Brooklyn, NY
Ariella Maghen, Beverly Hills, CA
Aniket Malhotra, MD, Atlanta, GA
Geetha Manikkara, MD, Midland, TX
Mark Moncino, MD, Sandy Springs, GA
Tiffany Morton, Columbus, OH
Zachary Muscato, MD, Lake Oswego, OR
Hamed Nagy, MBChB, MSc, Menoufia, Shebin El Kom, Egypt
Chioma Onyekwape, Galveston, TX
Soyna Owley, MD, London, ON, Canada
Sofia Almeida, MD, Queens Village, NY
Brian Penny, MD, Los Angeles, CA
Samuel Petrie, Boston, MA
Estefania Quiroz, MD, Astoria, NY
Abigail Radomsky, Detroit, MI
Jonathan Raub, MD, MPH, West Hartford, CT
Jennifer Roberts, MD, Orinda, CA
Ryan Nicholas Ruppert, Los Angeles, CA
Madhankumar Saiprasad, Suwanee, GA
Vishnupriya Samarendra, MD, Tarrytown, NY
Connie Santana Gonzalez, MD, Toa Alta, PR
Anna Sheen, Carmichael, CA
Amrit Sidhu, MD, Brooklyn, NY
Andrew Silvera, New Orleans, LA
Aaron Silverman, MD, Ottawa, ON, Canada
Nadia Sion, Dearborn, MI
Joshua Ryan Smith, MD, Cambridge, MA
Katherine Smith-White, MD, San Fernando, CA
Amber Song, Houston, TX
Emma Stanislawski, New York, NY
Israel Taylor, Hollywood, FL
Kelly Tull, MD, Denver, CO
Rekha Vijayan, MD, De Pere, WI
Tim Walsh, MD, Seattle, WA
Kevin Walsh, MD, Claymont, DE
Krin Walta, MD, Portland, OR
Joshua Warren, MD, Mc Gregor, TX
Wendy Welch, MD, Charlotte, NC
Lewis Alexander Wong, Forest Hills, NY
Harjasleen Bhullar Yadav, MD, Middlebury, CT
Maril Yehudian, MD, Great Neck, NY
Thank You for Supporting AACAP!

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

$500 to $999
Life Members Fund
Ralph Gemelli, MD
William J. Swift, III, MD

$100 to $499
Campaign for America’s Kids
Rick D. Bingham, MD
Joshua Villar Cabrera, MD
Arthur C. Jackson, MD
DeJuan Singletary, MD

Life Members Fund
Phillip L. Edwardson, MD
Dr. Richard and Mrs. Carol Gross
Daniel Rosenn, MD
Herschel D. Rosenzweig, MD

Where Most Needed
Matthew N. Koury, MD, MPH
Dorothy E. Stubbe, MD

Up to $99
Campaign for America’s Kids
Abiola Adelaja, MD
Judith A. Arnold, MD
Muhammad Waqar Azeem, MD
Brigitte Bailey, MD

Rebecca Bieman, DO
Jana D. Bingman, MD
Kelly N. Botteron, MD
Sarah F. Brown, MD
Alexandra Canetti, MD
Carlos Castillo, MD
Alice L. Del Rosario, MD
Peter Deschamps, MD, PhD
Robert Dicker, MD
Deirdre Dupre, MD
Carolyn Federman, MD
Morgan Feibelman, MD
Benjamin I. Goldstein, MD, PhD
Lynn Grush, MD
Barbara Hamm, MD
R. Andrew Harper, MD
Katina Denise Hatten, MD
Bohdan N. Hrecznyj, MD
Scott R. Hunter, MD, MHS
Jieun Kim, MD
Ghada Lteif, MD
Kirk C. Lum, MD
James T. McCracken, MD
Margarita Munoz, MD
Lisa B. Namerow, MD
Brett Nelson, MD
Jennifer Mariko Neuwalder, MD

Aviva K. Olsavsky, MD
Paula Marie Powe, MD
Tracy Protell, MD
Lorna Mallari Rivera, MD
Robert A. Root, MD
Loucresie Rupert, MD
Emily R. Schnurr, DO
Nancy Soll Shosid, MD
Ronald G. St. Hill, MD
Deepti-Sagar Varma, MD
Timothy John Whalen, MD
Endowment Fund
Patricia L. Goetz, MD

AACAP Virginia Q. Anthony Fund
Alice R. Mao, MD

Life Members Fund
Charles Robert Goshen, MD

Where Most Needed
Howard Demb, MD
Charles Robert Goshen, MD
Fredy Santos

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

Company: Grystone Group (1208803)
Title: Child/Adolescent Psychiatrist
Job ID: 13605193
http://jobsource.aacap.org/jobs/13605193

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 M.D. 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/6504 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 screen to be hired. UAB is an Equal Opportunity/ Affirmative Action Employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work-life balance irrespective of, race, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

ARIZONA

ACADEMIC CHILD & ADOLESCENT PSYCHIATRIST
Join Top Rated Academic Medical Center in Tucson, AZ

Join Top Rated Academic Medical Center in Tucson, AZ. Academic Child and Adolescent Psychiatry Faculty Position. Join our collegial child and adolescent psychiatry faculty in beautiful Tucson Arizona. We are a growing department supporting an ACGME approved child and adolescent (CAP) psychiatry fellowship program looking for an additional team member to help support the academic mission of teaching and excellence in clinical care at Banner University Medical Center (BUMC), part of the Banner-University of Arizona Health System. Duties are primarily direct outpatient care with opportunity to provide didactic teaching and engage in educational programming. Opportunities to expand duties based on interest are welcome.

Qualifications:
Graduate of an ACGME accredited psychiatry residency and CAP fellowship programs. Open to experienced physicians and new grads. Interest in Integrative Psychiatry a plus. Setting is collaborative, team environment; one that thrives in a highly integrated and innovative setting.

- Work Schedule: Monday-Friday
- Shared call taken from home (very light)
- Ability to access a variety of behavioral health patients
- 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
- Opportunities to establish outside contracts in areas of interest are encouraged

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@bannerhealth.com. For questions, please call Linda Montano, Sourcing Strategist, at (520) 694-6730. Visit our website at: www.bannerdocs.com.

As an equal opportunity (EO) and affirmative action (AA) employer, Banner University Medical Group (BUMG) recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds.

CALIFORNIA

Company: Jordan Search Consultants (1069757)
Title: Seeking Medical Director / Lead Adolescent Psychiatrist in Bay Area of Northern California
Job ID: 13562496
http://jobssource.aacap.org/jobs/13562496

Job Description:
Northern California Medical Director and Lead Psychiatrist Position

Description Evolve provides the Northern California Medical Director and Lead Psychiatrist the opportunity to work at the top of their license. This new leadership position will report jointly to Bradley Peterson, MD the Founder of Evolve Adolescent Psychiatry PC (EAP) and Michelle Gross, the Chief Operating Officer of Evolve Treatment Centers. The launch of EAP is part of a strategic initiative to more deeply align and dedicate psychiatry with the other clinical teams within Evolve. Established and owned by nationally recognized Child and Adolescent Psychiatrist, Bradley Peterson, MD, EAP will exclusively provide psychiatry to Evolve’s adolescent clients and work collaboratively with the entire multi-disciplinary team at Evolve Treatment Centers. As the lead psychiatrist in Northern California, this position will be an essential part of the professional team which includes licensed therapists, clinical psychologists, counselors and nurses all collaborating to execute an individualized and tailored treatment plan. Impressive staff ratios combined with an authentic culture of compassion and empathy creates a caring atmosphere for Evolve’s clients. For example, in the Residential

FOR YOUR INFORMATION

CLASSIFIEDS

146 AACAP NEWS
Treatment Center (RTC) setting, a milieu is capped at 6 clients, with two full-time clinicians carrying a maximum of 3 clients each on their caseload, in addition each RTC has a team of 14 full-time equivalent staff providing 24-hour support for the six clients. • Work at the top of your license with high complexity clients• Full-time employed hybrid clinical/administrative position• Competitive guaranteed compensation and comprehensive benefits package• Mentorship and clinical supervision from a national leader in child and adolescent psychiatry• Join an elite clinical and administrative team with a dedicated practice manager • Multidisciplinary approach delivering “best in class” programming and care• Serve as the face of the organization and a resource for the region’s providers• Grow professionally with the organization alongside experienced administrative partners • Limited regional travel and access to telepsychiatry technology • Extensive state of the art training in substance abuse therapies and CTE opportunities Candidate Qualifications Required• Board certified in Child and Adolescent Psychiatry required. (2020 Fellows highly considered)• Licensed in the State of California. (Candidates currently in process may be considered)• Deep interest in complex career path to blend clinical care, leadership, medical director duties• Full agreement to develop additional skills and credentials needed Desired (or to be acquired) Skills and Competencies • Credentials or intensive training in Dialectic Behavioral Therapy (DBT) • Substance Abuse credentials include ASAM certification and Suboxone prescribing• Entrepreneurial spirit with interest in growing programs highly desirable• Leadership and team development to include hiring/recruiting additional psychiatrists • Clinical outcomes measurement including written and oral presentation • Evolve Treatment CentersEvolve is a leading California adolescent behavioral health services provider, specializing in mental health, substance abuse and dual-diagnosis treatment. Serving teens ages 13 to 17 exclusively across residential and outpatient levels of care, Evolve's thoughtfully developed program is known for its team-based care model and integrated evidence-based practices. Evolve is fully accredited by the Joint Commission and by CARF. Headquartered in Los Angeles, California, the growing organization currently manages 8 residential treatment centers and 5 outpatient treatment centers in Northern and Southern California. This is an exciting time for the organization as a substantial expansion of programming is in progress. To better meet national and regional needs, Evolve projects to substantially grow the number of RTCs over the next three years and will be selectively expanding outpatient locations when there is a community need for these services. For additional information regarding this dynamic physician leader opportunity, please contact: Adam Rockey Executive Search Consultant Jordan Search Consultantsarockey@jordansc.com Office: 636-294-6085.

CALIFORNIA
Company: Spin Recruitment Advertising (876472)
Title: Adult & Child Psychiatrists
Job ID: 13602669
http://jobsource.aacap.org/jobs/13602669

Job Description:
I am a PERMANENTE PHYSICIAN. A dedicated doctor who believes in pursuing dreams, creating hope and driving progress. Southern California Permanente Medical Group is a physician-led, partnership organization with a patient-centered and evidence-based medicine approach. SCPMG is an organization with strong values who provides our physicians with the resources and support systems to ensure our physicians can focus on practicing medicine, connect with one another and provide the best possible care to our patients.

ADULT, CHILD & ADOLESCENT PSYCHIATRISTS Openings in Southern California

At SCPMG, you'll enjoy the amazing recreational activities, spectacular natural scenery and exceptional climate our area is known for, along with stability in today’s rapidly changing health care environment. SCPMG is proud to offer its physicians: 4 1/2 day work week (8-10 hours) * Flexible schedules Education time (1/2 day a week) * 1 hour for initial evaluations and 30 minutes for follow-ups Multi-disciplinary team consisting of Nurses, LCSWs, Psychologists and MAs Medical, Dental, Vision, Life & Supplemental Comprehensive Insurance Robust retirement plans: Pension Plan, 401K and Keogh Excellent salary and compensation package (bonuses offered) Partnership eligibility after 3 years * Not available for the Inpatient Psychiatrist opportunity. We invite you to make a difference in the community we serve. For consideration or to apply, please visit our website at http://scpmgphysician-careers.com. For additional information about these opportunities, contact Jolanta Buschini at Jolanta.U.Buschini@kp.org or call (877) 259-1128. We are an AAP/EEO employer.

ILLINOIS
Company: OSF HealthCare (1163205)
Title: A Career With Us Centered Around You………
Job ID: 13578852
http://jobsource.aacap.org/jobs/13578852

Job Description:
The Department of Pediatrics at the University Of Illinois College Of Medicine at Peoria (UICOMP) seeks an additional child psychiatrist to enhance a growing division. The position includes teaching medical students and residents and opportunities to pursue research. Be a part of the largest downtown academic medical center that includes OSF HealthCare Children’s Hospital of Illinois. Fourteen residencies (including psychiatry) and five fellowship programs are located at OSF HealthCare Saint Francis Medical Center in collaboration with the University Of Illinois College Of Medicine Peoria. We offer the medical sophistication of a major referral center and cultural diversity in a family oriented community without big city hassles or cost of living. Rank and compensation commensurate with qualifications. The Community Peoria, the largest Illinois metropolitan area outside of Chicago, is home to a large collection of medical research, educational and clinical facilities including the University Of Illinois College Of Medicine at Peoria and Jump Trading Simulation & Education Center. Peoria offers a range of residential opportunities whether you are looking for something out of the way, in the woods, along the river or right
in the heart of the city. Peoria is also home to several performance venues, museums, art galleries and more than two dozen historic landmarks of both local and national fame. About OSF HealthCare Children’s Hospital of Illinois OSF HealthCare Children’s Hospital of Illinois in Peoria is the third largest pediatric hospital in Illinois and the only full service tertiary children’s hospital downtown. With 136 beds and more than 141 pediatric subspecialists, OSF HealthCare Children’s Hospital of Illinois cares for more children in Illinois than any hospital outside of Chicago. OSF HealthCare Children’s Hospital of Illinois has over 7,000 admissions; 2,500 newborn deliveries, and 18,000 emergency department visits each year and is staffed by University of Illinois faculty. More at https://www.osfhealthcare.org/childrens/.

MASSACHUSETTS

Company: Cambridge Health Alliance (1177750)
Title: Child and Adolescent Psychiatrist Opportunities in Outpatient and Integrated Care
Job ID: 13591461
http://jobsource.aacap.org/jobs/13591461

Job Description:
Child and Adolescent Psychiatrist - Opportunities in Outpatient and Integrated Care Cambridge Health Alliance (CHA), a well-respected, nationally recognized and award-winning public healthcare system, is seeking full-time/part-time Child and Adolescent Psychiatrists. CHA is a teaching affiliate of Harvard Medical School (HMS) and Tufts University School of Medicine. Our system is comprised of three hospital campuses and an integrated network of both primary and specialty outpatient care practices in Cambridge, Somerville and Boston’s Metro North Region. Full-time or half-time opportunities within our outpatient clinic in Revere and in Cambridge Half-time opportunity in child integrated care providing team-based, short term consultation to outpatient primary care practices Seeking candidates with clinical and/or academic interests in developing evidence-based clinical programs for youth with severe mental illness (first episode psychosis, mood, trauma disorders) Work closely with multidisciplinary staff; including psychologists, social workers, primary care providers, nurses and administrative support Work in a collaborative practice environment with an innovative clinical model allowing our providers to focus on patient care and contribute to population health efforts Fully integrated electronic medical record (Epic) and robust interpreter service Academic appointments are available commensurate with criteria of Harvard Medical School Opportunities for scholarship and clinical research in community mental health and supervision of Harvard-affiliated trainees Ideal candidates will be board eligible or board certified in Child and Adolescent Psychiatry and possess a strong commitment to and passion for our multicultural, underserved patient population. Please visit www.CHAproviders.org to learn more and apply through our secure candidate portal. CVs may be sent directly to Melissa Kelley, CHA Provider Recruiter via email at ProviderRecruitment@challiance.org. CHA's Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax at (617) 665-3553. CHA is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

MICHIGAN

Company: Graystone Group (1208803)
Title: Faculty – Child and Adolescent Psychiatry
Job ID: 13585088
http://jobsource.aacap.org/jobs/13585088

Job Description:
Department of Psychiatry Faculty - Child and Adolescent Psychiatry Western Michigan University Homer Stryker M.D. School of Medicine Overview: The department of Psychiatry, Western Michigan University Homer Stryker M.D. School of Medicine (WMed) seeks a board eligible or board-certified child and adolescent psychiatrist to join its growing academic department. The department currently has 14 full-time academic employed faculty members. The psychiatry residency program is a fully accredited program with 24 residents (6 per year with accreditation up to 8 per year). This is a newer medical school that is looking to expand and enhance psychiatric clinical services, research, and both medical student and resident training. There are significant clinical and research collaborations with community mental health care (SWMBH and ICS), the VA system (BCVHA), and collaborative care psychiatry arrangements with a number of WMed Health, Bronson, and Ascension Borgess primary care, family medicine, and pediatric practice groups. The Department of Psychiatry is currently in a rapid growth phase with development of several community clinical collaborations and program enhancements. Progress has been made in developing funding for four endowed faculty positions and program development. One of the endowed professorships will be for the Chair of the Department and the other three endowed professorships and the three endowed fellowships will be in each of the priority areas (emergency psychiatry, child/perinatal psychiatry, and geriatric psychiatry). Responsibilities: We are seeking board certified or eligible psychiatrist who are interested and passionate about teaching and clinical research. The candidate will join a full-time academic child psychiatrist who is currently on the faculty. Clinical responsibilities will include a combination of inpatient (up to 5 beds), partial program, outpatient, and collaborative care. This opportunity features: Mentorship and strong support for individualized career planning and development Practice with a collegial team of 14 psychiatrists (including a Child Psychiatrist), a PhD psychologist and social workers focused on quality patient care Enjoy clinical time incorporated with supervision medical students and psychiatry residents in their ACGME-accredited residency program Be a part of a department that
is fully supportive of growth and change for any academic interests with potential for leadership. Enjoy protected academic time for administrative and research endeavors. Option to focus on either Inpatient services in their 50-bed unit or Outpatient care in a clinic that sees a very diverse patient population. Excellent salary and comprehensive benefits package with up to 7 weeks of PTO annually. Qualifications: Valid M.D. or D.O. degree. Licensure to practice medicine in Michigan. Board Certified in General Psychiatry Board Certified or Eligible for Board Certification in Child and Adolescent Psychiatry. About Western Michigan University Homer Stryker M.D. School of Medicine. As one of the newer US medical schools, WMU is an exciting environment to pursue an academic career. The medical school is a collaboration of Western Michigan University and Kalamazoo's two teaching hospitals, Ascension Borgess Health and Bronson Healthcare. The medical school is a private 501(c)(3) nonprofit corporation supported by private gifts, clinical revenues, research activities, tuition, and endowment income. WMU is fully accredited by the Liaison Committee on Medical Education (LCME) and also by the Higher Learning Commission (HLC). The inaugural medical student class graduated in 2018 after completing an innovative, patient-centered four-year curriculum that prepares them to be exceptional clinicians, leaders, educators, advocates, and researchers of tomorrow. There are more than 200 residents and fellows in ten residencies and three fellowships accredited by the Accreditation Council for Graduate Medical Education (ACGME). WMU has Joint Accreditation for interprofessional continuing education, which incorporates accreditation by the Accreditation Council for Continuing Medical Education (ACCME). The School of Medicine Clinics are housed in a modern 60,000 square foot clinical building on the Oakland Drive Campus and are accredited by The Joint Commission with recognition by the National Committee for Quality Assurance (NCQA) as a Patient-Centered Medical Home. The 350,000 square foot educational building on the W.E. Upjohn M.D. Campus located in downtown Kalamazoo underwent a $78 million renovation and expansion project including two laboratory research floors and a state-of-the-art Simulation Center that is accredited by the Society for Simulation in Healthcare. The Innovation Center on the Parkview Campus is a life science, technology, and engineering incubator serving the earliest startups to maturing companies with laboratory, office, and conference space, access to core scientific equipment and expertise, and a wide range of support services. About Kalamazoo: Kalamazoo is a wonderful and vibrant city, located midway between Chicago and Detroit. It is a short distance from Lake Michigan, and home to two nationally ranked institutions of higher learning, Western Michigan University and Kalamazoo College. Kalamazoo is known for its community focus and emphasis on access to quality education at all levels. The Kalamazoo Promise is a nationally renowned program in which graduates of Kalamazoo Public Schools receive free tuition to attend public and private colleges in Michigan. Kalamazoo and Michigan provide extensive entertainment and recreational activities, including opportunities to enjoy the outdoors, unique restaurants and shops, and a strong culture supporting the arts. Questions and inquiries can be directed to Dr. Rajiv Tandon, Professor and Chair, Department of Psychiatry at rajiv.tandon@med.wmich.edu 269.337-6375; qualified applicants should apply online at www.med.wmich.edu (click on employment) or directly at https://careers.wmich.icims.com/jobs/1525/faculty—child-and-adolescent-psychiatry/job Western Michigan University Homer Stryker MD School of Medicine is an Equal Employment Opportunity/Affirmative Action employer of females, minorities, individuals with disabilities, and protected veterans, and actively strives to increase diversity within its community. WMU provides a drug- and tobacco-free workplace. EOE Minorities/Women/Disabled/Protected Veterans
NEW YORK
Company: Graystone Group (1208803)
Title: Outpatient Psychiatry Positions
Job ID: 13562495
http://jobsource.aacap.org/jobs/13562495

Job Description:
Outpatient Psychiatry Positions Upstate Hospital Adolescent Psychiatry Intensive Outpatient Program Medical University in Syracuse, NY is seeking candidates to work in the soon to be opened Child and Adolescent Psychiatry Intensive Outpatient Program (IOP). The IOP is designed for individuals who are experiencing mental health problems such as depression, anxiety, suicidal ideation that are impacting their everyday functioning in their work, school, relationships, family and community. The IOP offers a more intensive treatment option than a traditional outpatient setting alone. The IOP provides a “step down” level of treatment for patients discharged from inpatient or acute partial hospitalization settings, or a “step up” level of treatment when traditional outpatient services are not effectively meeting their needs. This is an exciting opportunity to join a team of highly qualified therapists working with children and adolescents in need of psychiatric care. Applicants will work within the multidisciplinary setting providing individual, group and family therapy. The IOP is a DBT-informed program. There is also an additional DBT – A Comprehensive program available for patients needing more long-term treatment. Additionally, applicants will be responsible for completing required documentation following NYS Office of Mental Health (OMH) regulations. We are searching for the following candidates: Psychiatrist: Lisa Cardella, cardelll@upstate.edu to send a resume or contact at 315-464-3180 for further information. Nurse Practitioner: Job #62886 LCSW/LMSW (5 open positions): Job #62891 We prefer candidates with DBT training and experience; however, will provide training for motivated candidates. Also, excellent health, dental and vision benefits. Apply to job # referenced via our website at www.upstate.edu/jobs. We are an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran status or disability.

PENNSYLVANIA
Company: Montgomery County Intermediate Unit (1183850)
Title: Psychiatrist
Job ID: 13595624
http://jobsource.aacap.org/jobs/13595624

Job Description:
A vacancy exists for a Psychiatrist at the Montgomery County Intermediate Unit in the Office of Student Services. The Psychiatrist will provide psychiatric support to a partial hospitalization program treating adolescents and will also conduct psychiatric evaluations for school districts. This is an independent contracting opportunity for up to 30 hours per week. Duties: Medication management of clients Psychiatric evaluation and assess patient continuity of care Collaborate with client treatment team Conduct psychiatric assessments and evaluations Estimated Work Days and Hours: Up to 30-40 hours per week Salary: Competitive hourly rate How to Apply: Apply online at www.mciu.org/jobs (Job ID: 533). Questions: Please contact Hannah Messner at hmessner@mciu.org.

Job Requirements:
Qualifications: Have an M.D. or D.O. 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 Possess a minimum of professional liability coverage of $500,000 Occurrence, $1,500,000 Aggregate and PA M-Care.

TEXAS
Company: Texas Tech University Health Sciences Center (918292)
Title: Academic Psychiatry (Texas)
Job ID: 13591464
http://jobsource.aacap.org/jobs/13591464

Job Description:
Academic Psychiatry Opportunities https://www.ttuhsc.edu/medicine/psychiatry/ Texas Tech University Health Sciences Center School of Medicine is seeking Board Eligible/Board Certified psychiatrists to join our thriving academic practice. Clinical opportunities abound throughout the community including: Inpatient Service -Covenant Health System https://www.covenanthealth.com/ Consultation/Liaison Service - University Medical Center https://www.umchealthsystem.com/-Covenant Medical Center (http://www.covenanthealth.org/view/default) Community Psychiatry Service - Larry Combest Wellness Center https://www.ttuhsc.edu/nursing/combест/ - Community Health Center of Lubbock https://www.chclubbock.org/ Child & Adolescent Psychiatry Service -Covenant Children’s Hospital https://www.covenantchildrens.org/ Geriatric Psychiatry Correctional Psychiatry Addiction Psychiatry The Department of Psychiatry’s residency program is fully accredited by the Accreditation Council for Graduate Medical Education. It is a four year program and currently has 24 residents. Emphasis is on general psychiatry supported by departmental and community resources in specialized care areas. Residents participate in a progression of experiences which blend inpatient and outpatient care responsibilities with a series of didactic seminars. Research activities are encouraged through opportunities in ongoing clinical and basic science studies. Junior and senior medical students rotate through the department and resident have an opportunity to participate.
in their education. Lubbock is many things - the Hub City of the South Plains, home of Buddy Holly and countless nationally prominent musicians, cotton capital of Texas, and the center of a burgeoning wine industry. The cost of living is moderate, and opportunities for economic development are prevalent. Part of the sprawling and beautiful Llano Estacado, Lubbock is one of a kind.

Geographically located on the South Plains of Texas, Lubbock is a thriving city of approximately 312K who take great pride in their surroundings. A lot can be told about a city through its people, and Lubbock certainly has some of the friendliest people anywhere. Lubbock offers various charms – little traffic, art trails, outdoor activities, college sports, theater, and live music. Questions may be directed to Sarah.Harris@ttuhsc.edu, Director of Faculty Recruitment. Please apply online: 19409BR: https://sjobs.brassring.com/TGnewUI/Search/Home/Home?partnerid=25898&siteid=5281#jobDetails=477023_5281 19410BR https://sjobs.brassring.com/TGnewUI/Search/Home/Home?partnerid=25898&siteid=5281#jobDetails=477030_5281 17390BR https://sjobs.brassring.com/TGnewUI/Search/Home/Home?partnerid=25898&siteid=5281#jobDetails=446727_5281

As an EEO/AA employer, the Texas Tech University System and its components will not discriminate in our employment practices based on an applicant’s race, ethnicity, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information or status as a protected veteran.

Get in the News!

All AACAP members are encouraged to submit articles for publication! Send your submission via email to AACAP’s Communications Department (communications@aacap.org). All articles are reviewed for acceptance. Submissions accepted for publication are edited. Articles run based on space availability and are not guaranteed to run in a particular issue.

- **Committees/Assembly.** Write on behalf of an AACAP committee or regional organization to share activity reports or updates (chair must approve before submission).

- **Opinions.** Write on a topic of particular interest to members, including a debate or “a day in the life” of a particular person.

- **Features.** Highlight member achievements. Discuss movies or literature. Submit photographs, poetry, cartoons, and other art forms.

- **Length of Articles**
  - Columns, Committees/Assembly, Opinions, Features – 600-1,200 words
  - Creative Arts – up to 2 pages/issue
  - Letters to Editor, _in response to an article_ – up to 250 words

**Production Schedule**

AACAP News is published six times a year – in January, March, May, July, September, and November. The 10th of the month (two months before the date of issue) is the deadline for articles.

**Citations and References**

AACAP News generally follows the American Medical Associate (AMA) style for citations and references that is used in the _Journal of the American Academy of Child and Adolescent Psychiatry_ (JAACAP). Drafts with references in incorrect style will be returned to the author for revision. Articles in AACAP News should have no more than six references. Authors should make sure that every citation in the text of the article has an appropriate entry in the references. Also, all references should be cited in the text. Indicate references by consecutive superscript Arabic numerals in the order in which they appear in the text. List all authors’ names for each publication (up to three). Refer to _Index Medicus_ for the appropriate abbreviations of journals.

For complete AACAP News Policies and Procedures, please contact communications@aacap.org.
ADVERTISING RATES

Inside front or inside back cover . . . . . . $4,000
Full Page . . . . . . . . . . . . . . . . . . . . . . . . $2,000
Half Page . . . . . . . . . . . . . . . . . . . . . . . . $1,600
Third Page . . . . . . . . . . . . . . . . . . . . . . . . $1,100
Quarter Page . . . . . . . . . . . . . . . . . . . . . . . $700

CLASSIFIED ADVERTISING RATES

$350 for 100 words $475 for 350 words
$375 for 150 words $500 for 400 words
$400 for 200 words $525 for 450 words
$425 for 250 words $550 for 500 words
$450 for 300 words

Discounts

■ AACAP members and nonprofit entities receive a 15% discount.
■ Advertisers who run ads three issues in a row receive a 5% discount.
■ Advertisers who run ads six issues in a row receive a 10% discount.

For any/all questions regarding advertising in AACAP News, contact communications@aacap.org.