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Photo Credit: Celebrating diversity and improving both health equity and inclusion are major issues for AACAP members, the children and adolescents you serve, and the world. Leadership asked me to come up with a sign to hang on our building to reiterate our resolute support for the principle that Black Lives Matter. This sign adorns our building overlooking Wisconsin Ave., NW. It’s one the busiest streets in the District of Columbia and can be seen by traffic – in all directions! ...Rob Grant
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.

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Interview with Executive Director Heidi Fordi—Celebrating 25 Years!

Gabrielle A. Carlson, MD, President, AACAP, and Heidi Fordi, Executive Director, AACAP

If anyone has any question about who has been—and is—the wind beneath the wings of the American Academy of Child and Adolescent Psychiatry for about the last decade, I can answer it. It is Heidi Buttner Fordi! She is celebrating her 25th year with AACAP—a milestone for AACAP, and one for any organization—especially in this day and age. While it needs to be said that there is something about AACAP that has attracted strong, capable leaders who have endured—our previous executive director, Ginger Anthony, did the job for 39 years—Heidi started at the beginning. She began as a communication assistant, and quickly worked her way up as a meeting planner; director of meetings; and senior director of meetings, continuing medical education, and development before becoming deputy executive director before assuming the current executive director position in 2012.

As child and adolescent psychiatrists, we have a particular interest in what makes someone tick so to speak. Why are they who they are? As AACAP’s president, and one who has been at a number of academic institutions over the years, I can say that what makes Heidi unique is her extraordinary dedication to making things work and making other people look good in the process. I’m sure all of us presidents support that statement, and members (and staff) that work closely with Heidi will second it in a flash. For the record, though, Heidi comes from a family of service-oriented people. Perhaps that is where the selfless gene comes from. However, she started at AACAP because she was looking for an organization that helped children. She is grateful for the mentorship and advancements she received from Ginger.

Nevertheless, in my experience it is rare to find someone who isn’t scrabbling for the credit, and who makes sure everyone else is OK before taking care of themselves. That is, of course, what a good parent does and that also defines Heidi who has a husband and two children. You might even say that AACAP is like a third child. Of course, the parent who puts everyone else first before they get to themselves often means they don’t get to themselves.

I remember meeting Heidi in 2003 when the Annual Meeting was in Miami. I had somehow forgotten to make a hotel reservation and was panicking because of course all the rooms were sold out. My able assistant figured out she was the one to contact, and in a flash, she took care of the problem. I found her to say thank you and her response was “it’s the least we can do for all you do for us.” That kind of response, of course, engenders a reciprocal good-will which is really important in running an organization that is dependent on members volunteering their time. That is her gift.

So, I will use this opportunity to put Heidi at the top of the list and ask her a few questions.

Gaye: How has AACAP changed/evolved over the 25 years?

Heidi: AACAP has grown tremendously over the last 25 years! Our membership increased from 5,800 to 10,000, our budget grew from $3 million to close to $11 million, and attendance at the Annual Meeting has doubled. To accommodate such growth, our team increased from 22 to 41 people. We are still in the building that former AACAP leaders had the wise foresight to purchase, although we’ve gone from having several tenants to being the sole occupants. We treasure our home at 3615 Wisconsin Avenue, NW.

Heidi: I’m passionate about the critical mission of AACAP and am honored to support the amazing work of our collaborative and dedicated members. I’m fortunate to work with talented internal team members who work tirelessly to advance the mission of the organization.

When I first joined the Academy, I knew little about association management. I was fortunate that Ginger provided me with expanded opportunities to grow and experience different roles. Her generous leadership, friendship, and encouragement cultivated my growth and enthusiasm. Early on in my tenure at AACAP, I had the opportunity to work closely with member leaders around the country through my involvement in the Annual Meeting. I received invaluable mentorship from Drs. Bennett Leventhal and leaders on the Program and Local Arrangements Committees. I learned much through these collaborations and was officially hooked on the field.

In my current role, I have the rare opportunity to work closely with AACAP’s elected leadership. Every two years I develop a strong partnership with our President and learn from each of their leadership styles. Since I became executive director, I’ve worked with Drs. Marty Drell, Paramjit Joshi, Greg Fritz, Karen Dineen Wagner, and you. I’m grateful for their (and your) guidance, friendship, and mentorship. Each day is different and another chance to learn and grow.

Gaye: The obvious question, Heidi: Why have you stayed for 25 years?

Heidi: I believe that someone who has a particular interest in what makes a child and adolescent psychiatrist is a great candidate for AACAP because she was looking for an organization that helped children. She is grateful for the mentorship and advancements she received from Ginger.
Of course, it’s more than numbers and dollars. Our members and staff have all contributed to our evolution. AACAP has a strong voice—and we use it! We play a vital role in increasing awareness of mental illness and reducing stigma. Our focus on advocacy has increased. When I started at AACAP, we were a 501(c)(3). We’ve since added a 501(c)(6) and political action committee (PAC).

We value our relationships and collaboration with external organizations including the American Academy of Pediatrics and American Psychiatric Association. The expertise of our members and organization is sought out and valued.

Because of our talented members and staff, I am confident we will continue to make great progress.

**Gaye: What are you most proud of?**

**Heidi:** I am AACAP’s second Executive Director. Managing the transition from Ginger’s esteemed leadership after 39 years was a major accomplishment. We built a strong team and I am grateful for the leadership of our directors. We’ve worked diligently to keep child psychiatry front and center. We have a solid infrastructure and are experiencing our ninth consecutive year of membership growth. Our finances are strong, and our reserves are healthy.

AACAP’s Annual Meeting is the world’s largest gathering of leaders in the field of child and adolescent psychiatry and is a capstone event for our members. Mentorship is embedded in all that we do, including our active Life Members Committee and innovative programming for Medical Students and Residents. Through the generosity of our donors, our fundraising program has flourished and allows us to support research and a robust awards portfolio. It is rewarding to see the commitment of our members and the establishment of the 1953 Society.

We serve as a trusted source for the field, for families, and on Capitol Hill.

“I am especially proud of how our team continues to navigate the challenges of transitioning to a virtual work environment in COVID-19. Over the last six months, we’ve remained responsive and adaptive to member needs and have maintained our commitment to outstanding member service.”

We will continue to work hard for diversity, equity, and inclusion in our leadership, staff, and partnerships.

I am especially proud of how our team continues to navigate the challenges of transitioning to a virtual work environment in COVID-19. Over the last six months, we’ve remained responsive and adaptive to member needs and have maintained our commitment to outstanding member service. It has been rewarding implementing innovative programs that you, Gaye, conceived, such as the Screenside Chats, Virtual Forums, and the Summer Lecture series, all while changing gears to plan for our first virtual Annual Meeting. I’ve never been prouder of our committed and talented staff. They’ve done an outstanding job in all areas of support without missing a beat.

I remain committed to professional development. I maintain my Certified Association Executive (CAE) certification which allows me to network with colleagues and stay abreast of best practices.

**Gaye: What do you see/hope for the future of AACAP?**

**Heidi:** I am optimistic about the future of child psychiatry but recognize there is much more to be done. AACAP’s leadership, passionate membership, and dedicated staff will continue to build and strengthen our programs and services. AACAP is stronger than ever because of our expanding community who donate time, resources, and talent in support of our mission. Some of the areas that I’d like to see us grow include:

1. I’m invigorated by our efforts related to diversity, equity, and inclusion. This is critical for our organization and especially to the children and families we serve.

2. We will grow our team to best support our members in navigating the evolving professional landscape, including promoting better understanding of the unique skills and extensive training of child psychiatrists, encouraging practice transformation, and advocating for better reimbursement.

3. We must continue to focus on growing and diversifying our workforce, including offering earlier exposure to the field, exploring alternative shortened pathways to child psychiatry, and improving our researcher pipeline. Expanding our fundraising programs will help us meet these goals.

4. We must continue the fight to reduce stigma.

5. We will continue to enhance our relationships with other medical and allied organizations and further define our role in organized medicine.

We still face serious obstacles. However, I know with the support of you, leadership, membership, and staff we will rise to the occasion and face these challenges head on.

It’s an honor to work together in support of our shared mission. I’m endlessly grateful for the care and commitment that our members, supporters, and staff contribute to our Academy.
Children, Stressors, and the Pandemic

Notes from our patient population: An 11-year-old boy is admitted to a psychiatric hospital after making threats to harm himself. He reports that after getting into an argument with his grandmother—his primary caregiver—over chores, she took away his video game system, which led to further altercation and him threatening to kill himself. For the past five months, he has spent most of his day inside playing video games, and has not been able to go out for recreational activities or see his friends due to the coronavirus pandemic.

Providing care to school-aged children admitted to the psychiatric hospital during the coronavirus pandemic has provided a unique opportunity to explore their personal experiences of stress. The majority of children who are admitted to the hospital have been sent either because there were concerns for suicidal behaviors, or for aggression and threats to others. Although many of these children meet criteria for one or more psychiatric diagnoses (most commonly ADHD, oppositional defiant disorder, or an anxiety disorder in school-aged children, and depression, anxiety, substance-use disorders, or psychosis in adolescents and teens), the underlying challenges for such children often aren’t mental health issues, but rather the environmental and family stressors that produce or exacerbate them.

The children in our population have a high prevalence of abuse, trauma, neglect, and/or reside in a family system with significant economic struggles. Understanding the reasons for a child’s suicidal or aggressive behaviors must include considering the interaction of factors at multiple levels including the individual level (e.g., psychiatric illness, neurodevelopmental challenges, or medical illness), the relational level (family, siblings, and partners), the community level (school, work, recreational activities, and social media) and the global level (political, economic, and public health factors). The coronavirus pandemic represents a stressor at the global level.

When a child is admitted to the hospital, we spend a significant amount of time working to understand which stressors contributed to the child’s suicidal or aggressive behaviors. By understanding the precipitating stressor, we are positioned to develop a meaningful safety plan to be used when the child returns home. Since the pandemic began, I have seen approximately 300 children in the hospital and to my surprise very few even mention or agree that the pandemic has been a major stressor for them. The kinds of stressors that children and adolescents have been reporting during the pandemic are the same stressors they have been reporting prior to the pandemic: stress about school (e.g., maintaining grades, bullying, or social anxiety), conflict with their caregivers surrounding rules, losing access to electronic devices, relationship issues, and changes in the family structure (e.g., changing households, moving, or a family member being arrested). Most of these stressors represent challenges that have arisen at the relational level.

Clearly, the coronavirus pandemic has been a contributing stressor to children, but from their perspective it may simply magnify existing stressors. For example, the anxiety of starting high school may be exacerbated by not knowing if your classes will go online, be in person, or if the school year will even be completed. Having your phone taken away as a punishment can feel like a severe deprivation given inability to leave the house or visit friends due to social distancing and stay at home orders. Children who identify their primary stressor as being “fussed at,” may find that they are being disciplined more frequently and for lesser offenses as their stressed caregivers struggle to cope with the economic impacts of the pandemic.

Recently there have been lots of families, schools, and organizations requesting resources, materials, and special tools to help children deal with the pandemic. Some of these materials currently exist and more are sure to come as research builds in this area. But while we wait, we should not dismiss existing strategies for supporting children that have proven effective in helping children.

The kinds of interventions that have been successfully helping kids for years have continued to help today. We have been successful in supporting children in crisis during the pandemic using a variety of modalities including CBT, mind-body interventions (breathing practices, guided imagery), art therapy, play therapy, family systems work, psychodynamic interventions, and with the use of medications. We have found success with these techniques even if there are no adaptations made to include pandemic-specific content.

In conclusion, we, as behavioral health professionals need not defer or be paralyzed while waiting for pandemic-focused interventions. We currently do have the tools necessary to support children with issues that they are experiencing. The biggest challenge to helping children with mental and behavioral health needs is not a lack of...
resources—rather, it’s the challenge of delivering these resources. We need to be wise about how we allocate our time. For instance, energy must be put into expanding and developing systems that increase access for families by identifying struggling children and getting them connected with resources. At this time, rather than the focus on pandemic-specific psychological effects, health care providers need to work towards crossing the barriers that impair access to services.

The coronavirus pandemic represents a global stressor which affects many areas of psychological well-being. While important to continue to understand the direct effects of the pandemic on pediatric mental health and develop specific materials accordingly, it seems equally important that we not lose sight of helping kids with problems they were facing prior to the pandemic, and which they will likely continue to face after the pandemic.

Dr. Roi is Assistant Professor of Clinical Psychiatry at LSU in New Orleans. He works with young children and their families in the acute crisis hospital setting. He teaches a year-long psychotherapy seminar and specializes in play, psychodynamic, and family/systems therapy. His current research projects include looking at the effects of bullying, factors that contribute to the report of auditory and visual hallucinations in pediatric patients, trends in suicidal behaviors, the phenomenology of pediatric trauma, and the use of discourse on social determinants of health as a tool for teaching in medicine. He is the recent recipient of AACAP’s Psychodynamic Faculty Training and Mentorship program and is the current president of the Mid-Gulf Council for Child and Adolescent Psychiatry.

Dr. Masters is a consultant at Three Rivers Behavioral Health Services Midlands Campus Residential Treatment Center and adjunct professor in the Physician’s Assistant Program at the Medical University of South Carolina; as well as in the Psychiatry Department and the Physician’s Assistant program at Wake Forest Medical School WinstonSalem, North Carolina. He may be reached at kmaster105@gmail.com.

For more information on CASII, contact the Clinical Practice Program Manager at clinical@aacap.org.
The Role of Child and Adolescent Psychiatrists in Addressing Teen Pregnancy

Jasmin Scott-Hawkins, MD, MPH, Liwei L. Hua, MD, PhD, and the Adolescent Psychiatry Committee

In this first part of a two-part series on adolescent pregnancy and parenting, we will discuss the role of child and adolescent psychiatrists in addressing teen pregnancy in youth populations.

Shana is a 15-year-old female adolescent who presented to a community mental health ambulatory clinic with concerns for inattention, impulsivity, and associated disruptive behaviors. Shana also had a recent history of severe bullying by a group of female peers in school, who reportedly would send young men over to her home to try to attack her. A comprehensive assessment indicated that Shana had ADHD, combined type. She was started on a stimulant medication and began to do much better in school; impulsivity and aggression at school decreased, and Shana’s grades improved. However, as time went on, Shana began missing psychiatry and therapist appointments, and her impulsive and aggressive behaviors began occurring again. Shana also began sneaking out of the house several nights a week and smoking marijuana. She dropped out of treatment despite her mother’s continuing efforts to bring her to appointments. Two years later, her mother called to set up an appointment stating that Shana had been depressed since the birth of her son six months before and had begun smoking marijuana again (although she had reportedly stopped during the pregnancy). Shana’s mom stated that Shana had been transferred to an alternative school when she was 16 years old and had been doing much better in school with extra support services. However, since having the baby, Shana was now more irritable and much more sensitive to perceived insults, resulting in physical altercations with peers at school.

Although the incidence of adolescent pregnancy is currently at a record low, the United States continues to have the highest rate of adolescent pregnancy in developed countries. Adolescent pregnancy disproportionately affects minority racial and ethnic groups, as well as low education/low income households. There is also a relatively high rate of pregnancy in sexual minority women.

Psychiatric disorders, including ADHD, major depressive disorder, borderline personality disorder, and substance use disorders, are risk factors for adolescent pregnancy. Child and adolescent psychiatrists have an opportunity to reinforce the importance of safer sexual practices as well as consequences of adolescent pregnancy, including increased likelihood of dropping out of high school, living in poverty, rapid repeat pregnancy, and their future child(ren) repeating this cycle. There are also physical health risks to pregnant adolescents and their children. Child and adolescent psychiatrists should take care to see adolescents alone and respect confidentiality, unless safety is a concern, and ask about intimate partner violence; contraceptive/condom use; risky behaviors; and psychiatric symptomatology, including suicidal ideation, psychotic symptoms, and substance use history. Awareness of programs that have been identified by the US Department of Health and Human Services as being effective in reducing sexually transmitted infections, sexual risk behaviors, and teen pregnancy in order to refer at-risk youth to these programs is essential. Child and adolescent psychiatrists should be familiar with these programs so that they can share these resources with their patients.

Teen pregnancy and repeat teen pregnancy remain a major public health concern. Although efficacious intervention programs exist across the country, the need vastly outweighs the supply. As providers for youth, child and adolescent psychiatrists are poised in a pivotal position to aid in improving the trajectory of at-risk patients through intervention and education. Participation and collaboration with community-based programs, schools, out-of-home facilities, and primary care providers are critical in joining the effort to promote safer sex and decrease teen pregnancy rates to encourage success in these youth. In our case presentation, Shana was lost to follow-up and ended up returning two years later to outpatient care as an adolescent mother, presenting with similar issues but with an additional diagnosis of postpartum depression. This presented a new opportunity to address her psychiatric symptoms, as well as introduce her to community resources, to keep her engaged in school and offer coping skills that would help her seek more positive options for herself and better nurture and provide for her child.
AACAP Physician Scientist Program in Substance Use K12 Career Development Award

The American Academy of Child and Adolescent Psychiatry (AACAP) is requesting applications for the AACAP Physician Scientist Program in Substance Use K12 Career Development Award, funded by the National Institute on Drug Abuse (NIDA).

- **Letter of Intent (required):** November 3, 2020
- **Application Deadline:** December 1, 2020

The grant provides up to five years of salary support, research support, and mentored substance use research training for qualified child and adolescent psychiatrists who intend to establish careers as independent investigators in mental health and substance use research. AACAP’s K12 Career Development Program will support the research career development of junior faculty who complete child and adolescent psychiatry fellowship training on or before June 30, 2021, and who have mentorship and a solid career development plan for research training in substance use.

AACAP has an ongoing strong commitment to diversity and inclusion. Applications by members of all underrepresented groups are strongly encouraged.

Details regarding eligibility requirements and instructions for preparing and submitting applications can be found in the Request For Proposals online. For additional information please contact the AACAP K12 Program Administrator, Carmen Thornton, MPH, CHES, AACAP Director of Research, Grants, and Workforce (research@aacap.org).
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Chile faced the beginnings of the Coronavirus pandemic during a profound social and political crisis. In October 2019, a social movement emerged to demand social justice and equality in numerous areas, including health. This “social outburst”—triggered by students in the face of 10 Chilean pesos (12 cent) rise in the price of the subway ticket—paralyzed the country. The demonstrations in the streets turned extremely violent, against the government, but also against private property and anybody who opposed it, generating a severe crisis of legitimacy of all institutions, especially the political system. This crisis gave rise to a referendum for a new constitution, which was postponed because of the pandemic.

Demands for greater equality in access to the health system, for mental health, allow us to foresee that the impact of the pandemic on mental health will deepen social unrest and demands on the health system. For the first time, traditional political opinion polls incorporated questions about mental health and 49.3 percent of the respondents said that their mood worsened during the pandemic (rage, sadness, fear), although 15 percent perceived that it improved.

A commission called “The Social Committee” made up of government representatives and specialists in health, municipalities, and academics was convened. With the purpose of “strengthening the country strategy and having a single voice in the fight against the coronavirus,” this panel incorporated mental health into the national plan to confront the pandemic. Given the context in Chile, mental health policies in response to the pandemic may play a relevant role in mitigating the deleterious effects on the mental health of the population, but these would require some coherence with international recommendations and with the policy path previously defined by the country, while also considering the ongoing scenario of mobilizations and the broad social demands by the population.

COVID-19 on top of the previous Social Crisis has had significant effects in Mental Health:

Negative Effects:

- It has deepened the gap between demand and availability of services.
- Initially, health authorities focused on ICU beds and ventilators, not considering the crucial need to provide mental health assistance to both patients and medical teams. So mental health teams and interventions have arrived late and have had difficulty participating as part of an integrative model of health service delivery.
- Government failed to consult with mental health specialists in considering the need for a social communication strategy that would address anxiety and uncertainty, which would have promoted a more adaptive emotional and behavioral response from the population.

Positive Effects:

- As opposed to the Mental Health services provided at major medical centers (both public and private) whose facilities and personnel have been converted into COVID-19 medical services, the Community Mental Health System, part of the National Family Health Centers (CESFAM), has remained the cornerstone upon which our services have been provided.
- Following more than a decade of significant obstacles to developing tele mental health services, in just four months most mental health providers are using them, and regulations are being studied and implemented.
- A presidential initiative, commission, and national mental health plan has been delineated. It attempts to integrate the health system along with the academic, educational, and social policy systems in providing not only outreach and coverage, but also a mental health general and intersectoral approach in all aspects of government and public policy.

If successful, would be akin to switching from a medical model of occasional psychiatric or mental health consultation, to one of mental health liaison, in which all parts of government (health, education, labor, social policy, housing, and urbanism, etc.) would be imbued by a culture of caring for the mental health needs of the population served.

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Andres Cardozo, MD
Resident, Bogota, Colombia

As of this writing, my country (Colombia) ranks fourth among countries in the Americas in the total number of new cases on the daily report by the World Health Organization (WHO). Social distancing, hand washing, use of masks, and other public health measures have achieved an amazing effect by delaying the peak of the pandemic and allowing everyone and the healthcare system to prepare for it. This imposes a huge burden on our children and adolescents, and here we see many mental health problems arising for them: disruption of educational and recreational routines, increased conduct and mood symptoms, and higher exposure to certain types of violence. As our country has one of the highest income disparities in the world, all these effects are worse for a huge portion of our population while only a fraction affords healthcare services easily when needed.

As a child and adolescent psychiatry trainee, it is clear to me that the current
scenario presents us with great opportunities and tough challenges. Many of our activities have undergone a rapid transformation to telehealth services; it is now easier for some underserved populations to access such services, but many of them (and some physicians) do not know how to properly use the necessary technology, and children are especially challenging to assess. Outpatient facilities were either closed for a long time or had low attendance, which hindered the training in some crucial skills (e.g., psychotherapy). We, both teachers and residents, are afraid of entering certain areas of large hospitals and had a hard time learning how to use personal protective equipment. Finally, classes need to be refined to make better use of the tools available online for sharing knowledge and evaluating fairly this new process of learning.

**EGYPT**

Maha Emadeldin, MD  
Consultant Child and Adolescent Psychiatry, Professor & Head of Psychiatry Department, Bani Suef University, Egypt, General Secretary of Egyptian Child and Adolescent Psychiatry Association

In response to the emerging crisis of COVID-19, national bodies responsible for mental health (MH) in Egypt realized the need to integrate efforts supporting children and adolescents (C&A). A national task force for child and adolescent MH was formed, including representatives from universities, NGOs, and regional offices of international organizations. All these entities worked under the ministry of health as an executive body.

To promote psychological well being, messages about MH and disorders in C&A were disseminated by videos and social media posts. In deprived areas, where social media is not accessible, the messages were delivered in person through community workers from collaborating NGOs.

With the closure of several psychiatric facilities, the available services were mapped for referral of urgent cases or new prescriptions since that online prescription is still not legal in Egypt. To adapt to the ongoing crisis, the medications were dispensed for three months. To ensure continuity of the services to ASD children, some centers provided training to mothers with weekly follow up calls.

To compensate for the decreased face-to-face psychiatric services, a specialized national C&A MH helpline was launched. Services included the providing of parenting advice and psychological support. With more challenging cases suspecting MH disorders, parents are encouraged to seek the available psychiatric help from the nearest mapped services. In cases of emergencies like DSH and abuse, a certain protocol is applied.

The helpline was an eye-opening experience toward the possibility of spreading services all over Egypt utilizing the same limited resources with the use of technology. Accordingly, the task-force initiated implemented research to assess the acceptability of using tele-mental health services among service providers, users, and stakeholders. The results could help change the current situation to legalize using these services in Egypt.

**INDIA**

Aniruddh Behere, MD  
Grand Rapids, MI

The current COVID-19 pandemic has caused havoc in India, which is the world’s second-most populous country. Recently, total cases surpassed five million—on track to overtake the US. The psychosocial and emotional trauma associated with the current pandemic in India has been profound and multifaceted.

There has been a surge in reported domestic violence and child abuse cases during the pandemic. The enforcement of the world’s biggest lockdown, enforced to mitigate the spread of the virus, has had negative effects including economic downturn; a dramatic increase in unemployment rates; migrant workers being forced to return to their native homes and dying of exhaustion, or in accidents; and an increase in farmers’ suicide. Not only has there been an increase in rates of anxiety, depression, and suicide attempts, but also stigma associated with people who may have contracted the virus leading to further isolation and psychological distress. In one state in India, 66 children committed suicide within a span of 100 days of COVID-19 lockdown.

Access to trained mental health professionals has been severely restricted as an obvious consequence of the country-wide lockdown. Kids with autism and developmental disabilities have suffered profoundly due to the pause in services. Consequently, this has led to a movement of innovation within healthcare. The Medical Council of India laid out guidelines for telehealth services for medical providers. Numerous indigenous telehealth platforms have been developed. In rural areas, telephonic consultations have increased. There has also been a relaxation of laws governing prescription drugs to maintain accessibility and availability.

**Nigeria**

Ronke Babalola, MD, MPH  
Assistant Professor of Psychiatry, Rutgers University-Robert Wood Johnson Medical School

In Nigeria, most children are evaluated by general psychiatrists. Nigeria is like other parts of the world in that there is a comparatively small percentage of child and adolescent psychiatrists. Some states in Nigeria have no child psychiatrists.

In the city of Lagos, Nigeria, which is considered one of the progressive states (Lagos State) in Nigeria, telemedicine was almost nonexistent in both public and private sectors for psychiatrists prior to the COVID-19 pandemic. Therefore, the minimal EMR does not have the capability to send medication via EMR, and most pharmacies have the same issue. Patients are seen via WhatsApp, telephone calls, and other virtual communication platforms. This is a small percentage of their patients (approximately 1-2% of all patients). The main limiting factor is money, and most of the patients and their families lack Wi-Fi capability. First, they must buy data to use the Wi-Fi, and the signals (connection) are terrible at best even when paid for. Most importantly, some people do not have smartphones, or have minimal capability.
data smartphones that are not able to connect to virtual visits. Hospitals may not be able to provide free data, and doctors may provide this service from their own personal money.

Some child and adolescent psychiatrists found some creative ways to get medication to patients: they made arrangements with pharmacies to scan images of the prescriptions to the pharmacy, and all hard-copy originals were later submitted by the doctors at the end of the week to the pharmacist. Sometimes the doctors used carrier services to deliver prescriptions.

In Nigeria, most patients were not seen, especially in remote areas. The patients are slowly returning to face-to-face visits at hospitals.

PHILIPPINES – Jasmin Lagman
By Rhodora Andrea M. Concepcion, MD, FPAPA (Life), FPSCAP, President, Philippine Society for Child and Adolescent Psychiatry

On March 15, 2020, President Rodrigo Duterte placed the National Capital Region under “community quarantine” intended to last only for two weeks. With the increasing number of patients identified to be positive with COVID-19, the national government implemented stricter efforts to protect the Filipino population. President Duterte placed the entire Luzon under “enhanced community quarantine” on March 17, 2020. Many of the regions in the Philippines with identified cases of the virus infection are still placed in general community quarantine up to this time.

Under this condition, strict home quarantine is implemented in all households. Classes were suspended. All means of public transportation were suspended. Public establishments were closed. Provisions for food and essential health services were regulated. The presence of uniformed personnel to enforce the quarantine procedures was heightened, and all events that could draw crowds were cancelled.

Over this period, parents and children themselves expressed concerns about the impact of this pandemic on their lives and how this is affecting the mental and emotional health of their children and teens. Challenges face families each day on how this pandemic impacts their lives and how this is affecting their physical, mental, and emotional health.

During the COVID-19 pandemic, healthcare workers including adult and child psychiatrists are being pushed to their limits as they selflessly care for patients. Not only are they under enormous strain at work, they also face the fear of bringing the virus home to their families.

Psychiatrists in the Philippines are getting creative about telehealth as the safest and most practical option for the current time. Webinars are now the trend. For now, it has changed the way we communicate and hold psychotherapy sessions with patients, both children and adults, and with their families. It has also changed the way we gather to hold a public event. Looking at the safety benefits of telehealth, there can be an expanded use of telemedicine after the pandemic because it works well for most medical practitioners and their patients.

The Philippine Society for Child and Adolescent Psychiatry provides a series of monthly webinars on the theme “Challenges in the Care of Children and Families in Living the New Normal” that started in the second quarter of 2020 and will run until the last quarter of 2021.

The main objectives of these series of webinars are:

A. To help children and families:

- Find positive ways to express disturbing feelings such as fear and sadness
- Communicate their unique ways of expressing emotions
- Convey their individual styles of coping
- Draw important lessons from the experience
- Elicit valuable realizations from the experience

B. To guide mental health professionals, parents, guardians, and teachers allay the worries and anxiety of these young population amidst the public health crisis and in the post-crisis situation.

QATAR
Muhammad Waqar Azeem, MD
Chair, Department of Psychiatry, Sidra Medical & Research Center

Qatar is a small country in the Middle East with a population of 2.8 million. This includes about 300,000 children and adolescents. Qatar had a national response to COVID-19 through the Ministry of Public Health. One hospital was designated to take care of all the patients with COVID-19. Until July 7, 2020, the total number of people tested was 390,997 with 100,945 testing positive for COVID-19. The total number of deaths was 134. A National Hotline was started for mental health in March.

Sidra Medicine is the main provider of child and adolescent psychiatric services in the country. Telepsychiatry services were started for children and adolescents in the middle of March to a good response. This included psychiatric assessments, follow-ups, and psychotherapy interventions. With telepsychiatry, no-show and cancellation rates markedly decreased. Psychotropic medications were delivered via drive-through pharmacies in hospitals, and the postal service delivered medications to homes. In addition, the Psychiatry Department at Sidra arranged webinars and support groups for frontline staff. On June 15, medical services started phased reopening with plans of fully operational in-person services by September 2020.
Key Considerations for Telepsychiatry Private Practice After COVID-19

The COVID-19 response of rapid conversion to telemedicine has been stressful for some psychiatrists in private practice for whom telepsychiatry may have come with the unfamiliarity of the regulatory and technological requirements. Fortunately, the enforcement of several regulations was relaxed to support the need for telehealth during social isolation and allow widespread use of telemedicine. With the anticipation that the national emergency status will be lifted soon, psychiatrists should discuss continuation of their telepsychiatry practice with their malpractice insurer or healthcare lawyer. Even if we only want to use telepsychiatry once, conduct a hybrid model of both in-person and video visit, or expand our practice with telepsychiatry, these initial considerations remain relevant. This brief overview is meant as a primer of key legal considerations primarily for those who plan to continue practicing synchronous telepsychiatry with their private practice patients.

Telehealth and telemental health describe an umbrella of services that includes synchronous and asynchronous (or “store-and-forward”) modalities. Telemedicine, which includes telepsychiatry, is often defined as the application of synchronous technology to replicate the interaction of in-person encounters between clinicians and patients at different locations from each other. In short, synchronous telepsychiatry visits are conducted in real-time through an audio-visual platform and asynchronous e-visits are provided without face-to-face engagements. Historically, asynchronous modalities do not meet the Centers for Medicare & Medicaid Services (CMS) definition of telemedicine, but these definitions have recently been fluid. In 2019, Medicare started covering virtual check-ins1 that can be conducted through telephonic communication, while Medicaid did not. If applicable to your practice, it is important to stay updated on the changes with both Medicaid and Medicare since they do differ in coverage for different telehealth modalities.

Implement the Standard of Care

The first step in telepsychiatry is to determine exactly which clinical care model we will use, while remembering that the standard of care for treatment via telemedicine is exactly the same as it is for the patient seen via an in-person encounter. In addition to clinical standards of care, we must meet the standards required for the practice of telemedicine. The American Academy and Child and Adolescent Psychiatry (AACAP) and the Federation of State Medical Boards have issued guidelines for the practice of telemedicine that informs the standard of care.

Comply with Federal and State Regulations

After we have defined the scope of our telepsychiatry practice, we should familiarize ourselves with the telemedicine regulations of both your state and the state where the patient resides, as we will be required to comply with both sets of rules. While there are many regulations, the below are a few major areas to start.

Licensure

A psychiatrist must often first meet the licensure requirements of the states in which their patients are physically located at the time of treatment.

“\textbf{We should become familiar with state consent requirements, which may require a telehealth consent process, in addition to a consent for mental health treatment. This process may require verbal, digital and/or paper consent, and may be different for telephonic visits versus synchronous, virtual visits.}”

Whether a license is required may vary depending on several factors, including whether another physician is involved in the care. For example, teleconsultation to other healthcare providers without seeing the patient has its own licensure requirements that differs from direct-to-patient care.

Consent

We should become familiar with state consent requirements, which may require a telehealth consent process, in addition to a consent for mental health treatment. This process may require verbal, digital and/or paper consent, and may be different for telephonic visits versus synchronous, virtual visits. For example, some states do not consider telephonic visits as telemedicine, and thus may not require a consent process for telephonic visits, but will for audio-visual visits.

Electronic Prescribing

If part of our treatment plan includes prescribing medication, we should be aware of relevant federal and state laws regarding prescribing of controlled and non-controlled medications online. During the national emergency, the
Drug Enforcement Administration (DEA) has developed an algorithm\(^2\) to guide prescribers on how to prescribe controlled substances. Outside of this national emergency, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008\(^3\) dictates that no controlled substance may be delivered, distributed, or dispensed by means of the internet without a valid prescription. In short, the Ryan Haight Act requires that a physician must see a patient in person before prescribing a controlled substance.

There are exceptions for certain telemedicine activities, but overall, this act has made the expansion of telepsychiatry difficult. In an effort to remedy this, the American Telemedicine Association, American Psychiatric Association, and other organizations advocate for a flexible framework for legitimate and appropriate online prescribing. It is important to discuss the Ryan Haight Act with a healthcare lawyer to make sure your practice procedures are in compliance.

**HIPAA**

HIPAA regulations require that when using a system wherein patient-identifying information is created, received, maintained, or transmitted, a Business Associate Agreement (BAA) with the system vendor is necessary. While many video vendors are HIPAA compliant, they must still sign a BAA directly with you and your business, which may simply entail signing an electronic form. If the information is not stored and the system merely acts as a conduit, then the vendor is not a Business Associate under HIPAA. For example, while the technological processing of payment is an exception\(^4\) to HIPAA, there are factors, such as invoicing and statements associated with a payment processing company, that are not exempted. Most situations require a BAA. If your system vendor will not provide this, you should carefully review the privacy policy to confirm that it is not a Business Associate.

Telemedicine regulations are rapidly changing. Given the increasing focus placed on access to mental healthcare and the continued shortage of mental health providers, telepsychiatry is projected to have tremendous growth, and with it, new opportunities. COVID-19 has prompted software platform companies to invest further in telemedicine regulatory compliance, and pushed malpractice services and healthcare lawyers to provide support for their clients to conduct telepsychiatry. As such, the telemedicine community should advocate for regulatory agencies to be flexible with appropriate telepsychiatry prescribing practices. Payers should enhance their coverage of telepsychiatry services and take into account the continued need for telemedicine, even after this national emergency ends. We have seen that telepsychiatry can be an invaluable tool for allowing greater mental healthcare access for patients, and ultimately improve quality care.

A great resource on updated federal and state policies is The Center for Connected Health Policy.\(^5\) For further information, please visit AACAP’s Telepsychiatry toolkit.\(^6\)

**References**


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Climate Change and Child and Adolescent Mental Health—Points to Ponder

Introduction
Climate change is a long-term devia-
tion in weather patterns and is a leading
public health threat to vulnerable popu-
lations.1 During the last 650,000 years,
scientists have recorded seven cycles
of climate change, most of which were
the result of slight changes in earth orbit
that affected the amount of solar energy
the Earth received. The modern climate
era, which started at the end of the last
ice age, also led to increased human
activity on Earth. By the mid-nineteenth
century, climate trends were point-
ing towards a level of increased global
warming that was unprecedented.2,3
The rise of urbanization, industrializa-
tion, and global trade in the twentieth
century led to increased atmospheric
CO2 levels (from 285 parts per million-
ppm in the pre-industrial era to 407 in
2018), which caused sharp increases in
global temperatures. With the mount-
ing surface and oceanic temperatures,
melting glaciers are increasing sea levels
and causing the acidification of oceans.
These increasing temperatures also lead
to increased intensity and frequency of
rainfalls, coastal flooding, droughts, hur-
rricanes, and wildfires, wreaking havoc
on vulnerable communities.

Direct and Indirect Effects on
Mental Health
It is well known that childrens’ cogni-
tive and emotional development occurs
in the context of healthy relationships
within the home, school, and broader
community. Climate-related events
and eventual displacements disrupt
the relationship between humans and
their environment, which is essential to
maintaining adequate emotional health
and livelihood across all ages. As a
result, individuals of all ages are affected
by these climate-induced phenomena
and experience increased psychological
distress. Individuals with pre-existing
mental health problems are particularly
prone to further decoupling of
their physical and emotional health.4
Individuals at the extremes of the age
groups and indigenous population
show greater psychological vulner-
ability to these adverse events and take
longer to recover. Climate change can
affect individuals indirectly by creat-
ing psychosocial insecurity because of
uncertainty about the intensity, dura-
tion, and frequency of weather patterns.
Long periods of drought-like conditions
usually increase environmental dust,
alter disease patterns, pollen, and water-
borne diseases, and lead to food and
water insecurity, which in turn results in
poor physical and emotional health. It is
important to note that if disasters cause
disruption and chaos in the communi-
ties, they may also inspire individuals to
come together to console, rebuild, and
create a sense of meaning amid the loss.

In addition to disrupting the socio-
economic fabric of the society, global
warming has more direct effects on our
mental health. Studies have found that as
temperature and humidity rise, emer-
gency room visits increase.5,6 Higher
temperatures are associated with aggres-
sion and conduct behaviors. Youth
with psychotic disorders and substance
use disorders are particularly prone to
decompensation. Sudden and abrupt
disruption in weather resulting in torna-
does, cyclones, and floods causes severe
anxiety disorders and post-traumatic
stress disorder (PTSD).7 In contrast, sub-
acute weather disasters, like droughts,
tend to cause symptoms consistent with
loss, including depression, anxiety disor-
ders, sub-threshold traumatic responses,
hopelessness, and suicide.8,9

Conclusion
The literature on the effects of climate
change on child and adolescent mental
health is limited. This brief review
attempts to generate further debate and
to highlight the need for more research
into one of the biggest mental health
challenges of the 21st century. Both the
American Academy of Pediatrics (AAP)
and American Psychiatric Association
(APA) have published position state-
m ents about the effects of climate
change on individuals.

Other than creating a consensus among
AAP members, it is essential that
practicing physicians and the broader
mental health system play a role in
identifying the effects of climate change
on mental health. This work needs to
be done on a continuum from providing
support to families, restoring their safety
and helping them through treatment and
recovery, and at the same time coming
up with effective means to prevent or
reduce youth’s vulnerabilities.
*Citations and References*

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The waves crashed onto the beautiful pacific beach and sand worked its way into the creases of my black shoes — the same ones I had worn to medical school interviews just a year before. I felt incredibly lucky to be attending the Northern California Regional Organization of Child & Adolescent Psychiatry’s (NCROCAP) annual meeting as a first-year student, and a morning of interesting talks had left me feeling excited about the future of child psychiatry.

Sanne, Liza, Maud, and Cindy, four medical students from The Netherlands and Australia, were equally enthused. They had travelled to the US as part of Dr. Anita Kishore’s initiative to create an international medical student network for child psychiatry, and we had begun our journey together at the 2020 Klingenstein Third Generation Foundation (KTGF) National Medical Student Conference just a few days earlier. It had been an intense week of immersion in child psychiatry, and we had learned a lot, both from peers as well as from mentors in the field.

When I first entered medical school, I wasn’t sure where my journey would take me. As an MD-PhD student, I had a strong interest in science and knew that I wanted research to be a large part of my future career. I also knew that I loved to work with children, but it wasn’t clear to me how these two passions could be combined or translated professionally. Early participation in the Klingenstein program introduced me to the exciting world of child psychiatry and a warm community of medical students that shared many of my research and clinical goals. An opportunity to present at the KTGF National Medical Student Conference — and an introduction to the international students — expanded this community dramatically and highlighted the diverse pathways that my future career could take.

At the NCROCAP meeting, I learned about current practices within the field and gained valuable insight from a broader group of child psychiatrists. The inclusion of trainees and medical students in the meeting made it clear that education was valued by the organization’s members, and I left with the sense that a career in child psychiatry would be well-supported.

The main day of NCROCAP meeting ended with an exciting talk by Matthew State, MD, PhD, on the genetics of Autism Spectrum Disorder. Using high-throughput data from the largest cohort of patients ever studied, his team had been able to characterize many rare mutations that were highly predictive of the condition. Dr. State finished his talk with a bold promise: gene-therapy treatments would be available for neuro-psychiatric disorders within the next five years. Advancements in basic science are racing towards an intersection with child psychiatry and new treatments are on the horizon. It’s an exciting time to be a student entering the field.

Emily Trimm is a second-year medical student in the medical scientist training program at Stanford University. She is a teaching assistant for the Klingenstein Fellowship in Child Psychiatry, a Fulbright student leader, and the 2020 recipient of the AWP Leah J. Dickstein, MD Award. Emily is currently working with Dr. Anita Kishore to establish an international medical student network for child and adolescent psychiatry.
Climate Change, Coronavirus, and Children’s Mental Health

Robert Root, MD

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. There is an urgency to take action that is driven by our fears around health, finances and the safety of our planet.

The year 2019 was one 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. The year 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 dual crises. I believe 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 at the level of society and in the minds of our children.

There are 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 heightens dependence on parents, which both children and parents 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 impacts. Some teens have responded with remarkable maturity, and recognize that their social distancing helps to protect vulnerable members of the community. 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 high school seniors, there is profound disappointment at missing the milestones of prom, graduation, and college tours. Summer jobs, camp and specialized programs are likely all going to be cancelled. For children already vulnerable to depression and anxiety, sheltering in place is further isolating. I anticipate that we will soon see a “surge” of childhood anxiety, depression and PTSD.

It is clear that we must take action on a transformational scale. We must provide equitable access to telehealth and ensure the protection of our natural resources—like clean air, clean water and healthy forests.

And yet we have historically failed 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. A March 2020 article through Yale Environment 360 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 once more by 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. 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 many weeks have been, I marvel at how remarkably adaptable we human beings can be. Children do Zumba class by Zoom, parents serve as primary teachers, journalists cover new beats, and mental health practitioners provide care through teletherapy.

People around the world have demonstrated that they are capable of mobilizing a massive and united global response. As we contemplate re-opening our communities, we must integrate environmentally sustainable clean energy policy as we rebuild the economy. Let us galvanize young adults with public service work rather than unemployment. Let us protect the elderly and the marginalized. For the sake of our children, let us nurture this spirit of action with compassion and wisdom.

Robert Root, MD, is a Senior Child and Adolescent Psychiatrist at The Child Mind Institute and A Climate Reality Leader through Al Gore’s Climate Reality Project.
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- **WEEK TWO (October 19–24)**
  - Interactive conversations, discussions and networking via zoom, including the follow-up to the recorded content from Week One.
  - Live-streamed programming, new research posters and networking events to connect with and learn from fellow attendees.
  - Virtual Exhibit Hall to explore from the comfort of a home or office. One-on-one meetings with exhibitors will be available along with resources to “take home.”

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- **Wellness Activities.** Take advantage of yoga, stretch breaks, and mindful meditation classes.
- **CME tracking through Pathways.** Track your AACAP as well as other organization’s CME credits all in one place through our online learning portal, Pathways!
- **Programming on Emotional Dysregulation in Children and Adolescents,** tying into Dr. Carlson’s Presidential Initiative. View the online program schedule to find the listing of dysregulation-related programming at www.aacap.org/AnnualMeeting-2020.

2020 has certainly been a year of rapid change and keeping up with the field is ever more important. This year’s meeting addresses our changing world in the era of the COVID-19 pandemic and ongoing struggles with healthcare disparities, health inequities, and systemic racism, in addition to changes in school settings gun violence, ongoing challenges with children of illegal immigrants, and updated research in complementary medicine and psychopharmacology. Mental healthcare professionals simply can’t afford to miss this year’s the opportunity to connect with colleagues and address these challenges together at AACAP’s Virtual Annual Meeting. Please visit www.aacap.org/AnnualMeeting-2020 for more information!

**Look forward to “seeing” you online,**

James J. McGough, MD  
Program Chair

Tami Benton, MD  
Deputy Program Chair
10 Tips for Program Directors to Help Trainees Engage Meaningfully in the 2020 Virtual AACAP Meeting

1. **It’s FREE!** We need to spread the word not just to our residents and fellows, but also to our colleagues in medical student education that registration to this year’s annual meeting is free for ALL trainee members!

2. **Plan in Advance.** Meet NOW to start planning. Use a virtual meeting with trainees to explore the [AACAP Meeting Virtual Center](https://aaccp.org) together! Be sure to orient them to the structure and content of the two weeks. Walk them through the [MSR Events Guide](https://aaccp.org) which highlights Medical Student and Residents (MSR) signature events. Additionally, here are two sessions, we don’t want you to miss:
   - **AALI (Alliance for Learning & Innovation):** Trainees or ECPs who are up-and-coming clinician educators can email [aarcher@aaccp.org](mailto:aarcher@aaccp.org) to RSVP to the AALI Meeting on Sunday, October 18th
   - **Training & Ed Summit:** While we can’t share lunch, we still want to see you! Join Program Director friends from across the nation to connect meaningfully and learn together on Monday, October 19th

3. **Watch Parties.** If you have an auditorium or large conference room, reserve it for Watch Parties (distanced and masked, of course). Pair with outdoor breaks so trainees and faculty can rejuvenate with refreshments or lunch. Or learn from millennials (and their Netflix Watch Parties) and create virtual Watch Parties!

4. **Encourage Time Off.** It’s important for well-being that we don’t just squeeze in conference time between clinical obligations! So, strategize with your chief residents in advance. Can clinical duties be streamlined? Can a shared or staggered clinical coverage schedule be arranged? Be creative. Be mindful!

5. **Cancel Didactics.** Your job as a Program Director is easier during the conference! Simply cancel your didactics and extracurricular learning activities, and substitute with AACAP Annual Meeting content! You could even make attendance mandatory during regular protected classroom teaching hours.

6. **Divide & Conquer.** It’s tempting to answer emails and write patient notes while on Zoom, but we know from neuroscience that “multi-tasking” impairs learning and efficiency. So, create structure that encourages engagement! Have trainees teach their peers what they learned in post-conference summarization sessions.

7. **Engage Your Faculty.** Have faculty recommend specific conference sessions to attend based on their expertise, and then distribute the suggestions to your trainees. Encourage mentors to have a 1-on-1 mentorship meeting to share tips and tricks of how to utilize the conference for professional development.

8. **Network, Network, Network.** Be sure trainees are aware of networking events (e.g. Meet and Greet, Mentorship Programs, Receptions & Reunions, Direct Chat). You could even shoot an email to another Program Director to e-connect a fellow who is interested in career opportunities in new geographies.

9. **Targeted Kudos.** Be sure that folks at your institution know when others (especially trainees) are presenting posters and presentations, so that we can support our colleagues. Snap a screenshot of your trainee presenting and (with their permission!) share on social media and with your department leadership.

10. **Have FUN!** AACAP has Virtual Fun sessions scheduled in the evenings! Have fun locally too! Gamify by breaking into teams and using a free tracking app (e.g. MapMyFitness with “Indoor Sport, Other”) to track the most minutes of conference time attended. Virtual Happy Hours between programs in the same city! Be sure to share additional innovative ideas on the AADPRT CAP Listserv!
2020 VIRTUAL ANNUAL MEETING • OCTOBER 12-24, 2020

Monday, October 19
1:00 PM - 2:30 PM
Is Screen Time Good for Children’s Mental Health? A Debate on Technology Use

Cultural Mentorship Forum: A Discussion About Culture, Humility, and Mental Health

6:00 PM - 7:00 PM
Virtual Fun for Residents and Early Career Psychiatrists

Tuesday, October 20
11:00 AM - 1:00 PM
Rapid Fire Trainee Case Presentation 1

1:30 PM - 3:00 PM
MSR – Meet Life Member Mentors
Connect with AACAP’s most distinguished senior members.

3:00 PM - 4:30 PM
The Power of Vulnerability and the Solutions to Keep Us Well: Using Self-Compassion as a Means to Combat Maladaptive Perfectionism

3:00 PM - 5:30 PM
Advocacy Boot Camp: School Advocacy, State Advocacy, Federal Advocacy, and Advocating Through Writing

9:00 PM - 10:00 PM
Medical Students Networking Hour

Wednesday, October 21
10:00 AM - 11:00 AM
Sharing International Opportunities and Challenges

12:30 PM - 2:30 PM
MSR – Meet and Greet
Network with Training Program Directors and AACAP component leaders.

Thursday, October 22
11:00 AM - 1:00 PM
MSR – Excelsior! Virtual Wisdom for Medical Students and Residents: Advancing Your Career as a Child and Adolescent Psychiatrist
Drs. Rebecca Klisz-Hulbert, Nancy Rappaport, and Andrés Martin share their CAP career journeys.

2:30 PM - 4:30 PM
Life After Combined Training: Perspectives and Mentorship Opportunities for Triboard and Post Pediatric Portal Trainees and Graduates

School Closures and Re-Opening During COVID-19: Considerations for Child Psychiatrists

4:30 PM - 6:00 PM
MSR – Mentorship Program: Part 1 FREE
In depth, small group discussions by training levels. Sign up by Oct 9th.

6:00 PM - 7:00 PM
Receptions and Reunions

Friday, October 23
11:00 AM - 1:00 PM
Walk Me Through It: The Art of Sexual History Taking in Diverse Youth Through a Screen

11:00 AM - 1:30 PM
Resident as Teacher: How to Win Followers and Influence People: Helping Your Message Reach the Public

1:00 PM - 3:00 PM
Roundtable Discussion: Between Two Pandemics: Where Are We Now? Looking Back and Looking Forward

1:30 PM - 3:30 PM
Rapid Fire Trainee Case Presentation 2

Saturday, October 24
12:30 PM - 2:00 PM
Youth at the Border: Where Are They/We in 2020? FREE

NOTES: Event dates / times are provided in Eastern time and are subject to change. Registration is FREE for MSR/F AACAP members!
Program Highlights

KARL MENNINGER, MD, PLENARY
Empathy, Understanding, and Anti-Racism
Monday, October 19
11:00 am–12:30 pm EDT (open)
Chair: Gabrielle A. Carlson, MD
Speaker: Jelani Memory
Author and entrepreneur Jelani Memory shares his personal journey with racism, mental health, and anti-racism advocacy. The burden for mental health professionals has never been greater to recognize the legacy of systemic racism and to actively work against it to treat, empower, and understand kids of color.

Jelani Memory is the Founder of A Kids Book About, Co-Founder of Circle Media, entrepreneur, thinker, and constant learner. He lives in Portland, Oregon, with his wife and six kids. He still wants to be an artist when he grows up.

The Karl Menninger, MD, Plenary is supported by Ronald K. Filippi, MD, in honor of his mentor, Karl Menninger, MD.

CATCHERS IN THE RYE HUMANITARIAN AWARD
W. Thomas Boyce is a pediatrician and Distinguished Professor Emeritus in the Departments of Pediatrics and Psychiatry at the University of California, San Francisco. Previously, he was Associate Dean for Research in the UC Berkeley School of Public Health and the BC Leadership Chair in Child Development at the University of British Columbia, Vancouver. He is past co-director of the Child and Brain Development Program for the Canadian Institute for Advanced Research, is a member of the JPB Foundation Research Network on Toxic Stress in Children, served on the Board on Children, Youth and Families of the National Academies of Science, and was elected in 2011 to the National Academy of Medicine.

Dr. Boyce’s research addresses individual differences in children’s biological susceptibility to social contexts, such as the family, classroom, and community. His work, which has generated over 200 scientific publications, demonstrates that a subset of children (“orchid children”) show exceptional biological sensitivity to their social environments and bear higher risks of illness and developmental disorders in settings of adversity and stress. Taken together, findings from his research suggest that supportive and responsive early environments have powerful effects on children’s health and well-being. This work is the subject of his 2019 book entitled The Orchid and the Dandelion: Why Some Children Struggle and How All Can Thrive (Knopf).

SYSTEMS OF CARE SPECIAL PROGRAM
Creating Safe and Affirming Systems of Care for LGBTQ Children, Youth, and Their Families
Monday, October 19
4:00 pm–6:00 pm EDT (ticket required for pre-recorded content AND live Q&A)
Chairs: Lisa R. Fortuna, MD, Justine Larson, MD, Christopher Bellonci, MD
Speakers: Scott Leibowitz, MD, Sherilyn Adams & Larkin Street Youth, Shannon Minter, JD, Caitlin Ryan, PhD, Judith A. Cohen, MD, Marlene Matarese, PhD, Christopher R. Thomas, MD, Rebecca Mui, Justine Larson, MD
Through a systems of care approach and by engaging in affirming practice, child and adolescent psychiatrists can improve care and better conceptualize, promote, and advocate for the mental health and well-being of LGBTQ youth. This special session focuses on equipping child and adolescent psychiatrists to provide and participate in high-quality, responsive, and accessible mental health care for LGBTQ youth. We begin by reviewing topics important to consider in the care of LGBTQ youth including intersectional identities, stigma, mental health risk factors, homelessness, religiosity and family acceptance, legal issues, and barriers to services. We then turn to the presentation of systems-level principles which can help guide the provision of inclusive, affirming, and evidence-based care. The session concludes with an interactive discussion on how child and adolescent psychiatrists and systems of care can participate collaboratively in creating services that are responsive to the needs of LGBTQ youth.

Sponsored by AACAP’s Community-Based Systems of Care Committee & Sexual Orientation and Gender Identity Issues Committee
RESEARCH SYMPOSIUM

Developments in Irritability: An Old Phenotype With New Frontiers

Tuesday, October 20
1:30 pm–2:30 pm EDT (open)

Chair: Abidemi Adegbola, MD
Speakers: Scott Russo, PhD, Ellen Leibenluft, MD
Sponsored by AACAP’s Research Committee

WHY BULLIES ATTACK: INSIGHTS INTO THE NEURAL CIRCUITRY OF AGGRESSION

Speaker: Scott Russo, PhD, Ichan School of Medicine at Mount Sinai

Scott Russo, PhD, is Professor of Neuroscience and Director of the Center for Affective Neuroscience at the Icahn School of Medicine at Mount Sinai. He obtained his PhD in psychology from the City University of New York. He then completed his postdoctoral work in psychiatry and psychology at the University of Texas Southwestern Medical Center before joining the faculty at the Icahn School of Medicine in 2008. Dr. Russo is known for his contributions to understanding the neural and immunological basis of neuropsychiatric disorders. His translational studies have identified novel disease mechanisms in depressed humans that play causal roles in the expression of depression-like behaviors in rodent models. He has also identified novel circuitry in the brain that control aberrant social behaviors leading to new perspectives about social dysfunction in neuropsychiatric illness. His work has been highly cited in the field and featured in the popular press. Thomson-Reuters listed him as a “highly cited researcher.” He has received numerous honors and awards in recognition of his work; including being named a Kavli National Academy of Science Frontiers Fellow, receiving the Johnson and Johnson/IMHRO Rising Star Translational Research Award, and being elected fellow of the American College of Neuropsychopharmacology.

IRRITABILITY: TRANSLATIONAL OPPORTUNITIES AND CHALLENGES

Speaker: Ellen Leibenluft, MD, National Institute of Mental Health, Bethesda, MD

Ellen Leibenluft, MD, is Senior Investigator and Chief of the Section on Mood Dysregulation and Neuroscience at Intramural Research Program, National Institute of Mental Health (NIMH). Dr. Leibenluft’s research involves the use of cognitive neuroscience techniques and neuroimaging modalities, including functional MRI, to elucidate brain mechanisms mediating severe irritability in youth and to use that knowledge to suggest novel treatment interventions. Dr. Leibenluft completed her BA from Yale University summa cum laude, her MD from Stanford University, and psychiatric residency at Georgetown University. She has authored more than 300 publications and served as Reviews Editor for Biological Psychiatry, Deputy Editor of the Journal of the American Academy of Child and Adolescent Psychiatry, and editorial board member of the American Journal of Psychiatry. She is co-chair of the American Psychiatric Association DSM-5 Steering Committee. Her honors include election to the National Academy of Medicine, the NIMH Director’s Merit Award, and the American College of Neuropsychopharmacology Julius Axelrod Mentoring Award.

NOSHPITZ CLINE HISTORY LECTURE

Thrown Under the Bus: Addressing the Mental Health Impacts of the Pandemic on Young People Globally

Wednesday, October 21
1:00 pm–2:30 pm EDT (open)

Speaker: Vikram Patel, MBBS, PhD

While the pandemic has disrupted the lives of billions around the world, its impact has not been evenly distributed. The closure of educational institutions, physical distancing, and the loss of jobs disproportionately affects children and adolescents who, paradoxically, are the least affected by the virus itself. They are, in effect, being asked to sacrifice their needs and desires for the good of their parents and grandparents. But their unique developmental needs, and their voices and aspirations, are largely absent from the conversations on how policies should be designed. The emergence of a generation of young people who feel anger, despair, and anxious about the world around them and their own future is a distinct reality. This lecture considers how the pandemic offers a historic opportunity to address this distress and transform our approach to mental health concerns of children and adolescents.
Vikram Patel is The Pershing Square Professor of Global Health and Wellcome Trust Principal Research Fellow at the Harvard Medical School. He co-leads the GlobalMentalHealth@ Harvard initiative. His work has focused on the burden of mental health problems, their association with social disadvantage, and the use of community resources for their prevention and treatment. He is a co-founder of the Movement for Global Mental Health, the Centre for Global Mental Health (at the London School of Hygiene and Tropical Medicine), the Mental Health Innovations Network, and Sangath, an Indian Non-governmental organization (NGO) which won the World Health Organization (WHO) Public Health Champion of India prize. He is a Fellow of the UK’s Academy of Medical Sciences and has served on the Committee which drafted India’s first National Mental Health Policy and the WHO Independent High-level Commission on Noncommunicable Diseases (NCDs). He has been awarded the Chalmers Medal, the Sarnat Prize, the Pardes Humanitarian Prize, an Honorary Officer of the Most Excellent Order of the British Empire, and the John Dirk Canada Gairdner Award in Global Health. He was also listed in TIME Magazine’s 100 most influential persons of the year in 2015.

Sponsored by AACP’s History and Archives Committee and supported by David W. Cline, MD.

JAMES C. HARRIS, MD, DEVELOPMENTAL NEUROPSYCHIATRY FORUM
Understanding Neurodevelopmental Consequences of Premature Birth: Key Findings and Their Implications for Clinical Practice
Thursday, October 22
11:00 am–1:30 pm EDT (open)

Chairs: Amandeep Jutla, MD, Ernest Pedapati, MD, MS, Lisa Yeh, MD
Speakers: Agnes Whitaker, MD, Cynthia Rogers, MD

Agnes Whitaker, MD, and Cynthia Rogers, MD

In this Forum, two leaders in the field of neurodevelopmental consequences of premature birth provide an overview of the epidemiology of premature birth in the United States, the effects of prematurity on brain development, the potential longitudinal effects of premature birth on psychopathology, and the biological and psychosocial factors modulate the risk of psychopathology in premature birth survivors.

The first speaker, Agnes Whitaker, MD, is a Clinical Professor of Psychiatry at Columbia University Irving Medical Center and a Research Psychiatrist at New York Psychiatric Institute. She has received numerous accolades as a major figure in developmental neuropsychiatry, including the Frank J. Menolascino Award for Psychiatric Services for Persons with Intellectual Developmental Disorders and Developmental Disorders from the American Psychiatric Association in 2018, and the George Tarjan, MD, Award for Contributions in Developmental Disabilities from AACP in 2019. Dr. Whitaker has studied the long-term psychiatric sequelae of perinatal brain injury in preterm birth survivors for over thirty years, through her involvement in the landmark longitudinal Neonatal Brain Hemorrhage-Child Health and Progress (NBH5-CHAPS) cohort study.

The second speaker, Cynthia Rogers, MD, is an Associate Professor of Psychiatry and Pediatrics at Washington University School of Medicine in St. Louis. She leads the NICU Behavioral Health Clinic, a teaching consultation clinic for ex-preterm children with early developmental and social-emotional delays, and directs the Washington University Perinatal Behavioral Health Service, which serves perinatal women with psychiatric and substance use disorders, with a clinical arm focused on mothers of preterm infants. She also co-directs the multidisciplinary Washington University Neonatal Developmental Research (WUNDER) lab. In her research, Dr. Rogers uses multimodal neuroimaging techniques to understand how adverse exposures such as prematurity affect the brain at birth, alter the development of functional brain networks and related white matter tracts across childhood, and contribute to childhood psychiatric disorders. A rising star in developmental neuroscience, Dr. Rogers leads multiple NIMH and NIDA-funded longitudinal studies and serves on the editorial board of the Journal of the American Academy of Child and Adolescent Psychiatry.

Dr. Whitaker describes the contribution of perinatal brain injury to developmental and neuropsychiatric outcomes in survivors of preterm birth. This sets the stage for Dr. Rogers to discuss her work, which builds on neuroimaging advances to further characterize the effect of preterm birth on neurodevelopment. She also describes the role of clinical and psychosocial risk factors such as early life adversity in modifying these relationships.
TOWN MEETING
Transforming Child Psychiatric Care Delivery: Necessities and Opportunities

Thursday, October 22
1:00 pm–2:30 pm EDT (AACAP members only)

Chair: Mary-Margaret Gleason, MD

Speakers: Mark S. Borer, MD, Lawrence Wissow, MD, MPH, Kaye L, McGinty, MD, Kaye L. McGinty, MD, Shabana Khan, MD, Linda Chokroverty, MD

Responding to multiple forces, the practice of child and adolescent psychiatry is moving towards innovative approaches to delivering high quality care to the patients who need it in the places they need it. Prominent among these shaping forces are the ongoing workforce shortage and the COVID-19 pandemic. The chronic workforce shortage is well known to our field. There are approximately 8,300 child adolescent psychiatrists to meet the estimated needs of over 15 million children with mental health problems. These estimates are based on pre-COVID-19 mental health needs in the population and the mental health burden is expected to rise exponentially in this disaster time and that disaster-related mental health problems will persist without treatment.

In response to chronic workforce shortages and to the immediate public health measures of COVID-19 in early 2020, child and adolescent psychiatrists are participating in transformations of service delivery. This year, most child and adolescent psychiatrists learned to provide individual direct care through telehealth. To meet the needs of our youth, innovative population health approaches are also needed, including consultation to pediatric primary care clinicians to promote early identification, first line intervention, co-management, and referral. To sustain these and other innovative approaches, it will be critical for child and adolescent psychiatrists to understand some financing structures.

This Town Meeting focuses on introducing principles and models of transformative approaches to child psychiatry in 2020 and beyond with a goal of highlighting innovative strategies and models of care and providing a framework for understanding financing structures.

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LAWRENCE A. STONE, MD, PLENARY
Stigma, Mental Illness, and Families. New Frontiers

Saturday, October 24
4:00 pm–5:30 pm EDT (open)

Speaker: Stephen P. Hinshaw, PhD

Tragically, stigma related to mental and neurodevelopmental disorders remains strong. After discussing the meaning of the concept of stigma and its huge consequences for individuals, families, communities, and society at large, Dr. Hinshaw covers multi-level strategies for reducing stigma. He features a narrative of his family’s plight, as discussed in his most recent book, Another Kind of Madness: A Journey through the Stigma and Hope of Mental Illness. Disclosure and humanization are crucial for all anti-stigma efforts.

Stephen P. Hinshaw, PhD, is Professor of Psychology at the University of California, Berkeley, where he was Department Chair from 2004-2011. He is also Professor of Psychiatry and Vice-Chair for Child and Adolescent Psychology at the University of California, San Francisco.

He received his AB from Harvard (summa cum laude) and, after directing school programs and residential summer camps, his doctorate in clinical psychology from University of California, Los Angeles. He performed his post-doctoral fellowship the Langley Porter Institute of University of California, San Francisco.

His work focuses on developmental psychopathology, clinical interventions with children and adolescents (particularly mechanisms underlying therapeutic change), and mental illness stigma. He has directed research programs and conducted clinical trials and longitudinal studies for boys and—more recently—for girls with inattention and impulse-control problems, having received over $20 million in National Institutes of Health funding and an equal amount in foundation support.

Hinshaw has authored over 360 articles and chapters (h-index, Google Scholar = 118), plus 12 books. From 2009-2014 he was editor of Psychological Bulletin, the most cited journal in general psychology. Hinshaw’s research awards include the Distinguished Scientist Award from the Society for a Science of Clinical Psychology (2015); the James McKeen Cattell Award from the Association for Psychological Science (2016)—its highest award, for a lifetime of outstanding contributions to applied psychological research; the Distinguished Scientific Contributions to Child Development Award from the Society for Research in Child Development (2017); the Ruane Prize for Outstanding Achievement in Child and Adolescent Psychiatric Research (2019); and the Distinguished Scientific Contributions Award from the American Psychological Association (2020). He is the only individual to have received all five.

The Lawrence A. Stone, MD, Plenary is named in honor of AACAP Past President and Life Fellow, Lawrence A. Stone, MD. It recognizes his leadership, vision, and passion to the mission of AACAP. Mrs. Marnette Stone endowed this plenary in loving tribute to her husband.
Welcome to the creative genius experience of our AACAP 2020 Virtual Annual Meeting! It is a privilege as your President-elect to share some incredible programs to “Focus On.” However, if you are like me, I want to attend and see everything! Luckily, this year, more than ever, you can indulge and binge-learn by choosing from an incredible selection of presentations over two weeks. The challenges and realities of 2020 will forever shape our future. I am moved by the words of Frederick Douglass, “It is easier to build strong children than to repair broken men.” With those wise words, I am inspired by some of these wonderful presentations highlighting the importance of culture, diversity and equity, and where we can make a difference. There are too many great events, so I invite you to find the ones that feed your soul. Here are just a few:

**Clinical Perspectives 2: Youth at the Border: Do NO MORE Harm** *(open)*
- Monday, October 19
- 1:00 pm–1:30 pm EDT
- Sponsored by AACAP’s Child Maltreatment and Violence Committee, Children and the Law Committee, Disaster and Trauma Issues Committee, Global Mental Health and International Relations Committee, and Resource Group on Youth at the Border

**Member Services Forum 1: Cultural Mentorship Forum: A Discussion About Culture, Humility, and Mental Health** *(open)*
- Monday, October 19
- 1:00 pm–2:30 pm EDT
- Sponsored by AACAP’s Diversity and Culture Committee

**Clinical Perspectives 6: Restoring Harmony With Authenticity: LGBTQ Asian-American Youth Mental Health** *(open)*
- Monday, October 19
- 2:30 pm–3:00 pm EDT
- Sponsored by AACAP’s Diversity and Culture Committee and Sexual Orientation and Gender Identity Issues Committee

**Clinical Perspectives 33 and 35: Collaboration or Bust! A Multidisciplinary, Patient-Centered Approach to Delivering High-Quality Care for Transgender Youth – Part 1: Comprehensive Assessment and Ethical Considerations and Part 2: Treatment and Interventions** *(open)*
- Wednesday, October 21
- 2:30 pm–3:00 pm and 3:30 pm–4:00 pm EDT
- Sponsored by AACAP’s Sexual Orientation and Gender Identity Issues Committee

**Workshop 21: Join the Movement! Learn How to Provide Asylum Evaluations for Children and Families Fleeing Torture and Persecution** *(ticket)*
- Wednesday, October 21
- 3:00 pm–6:00 pm EDT
- Sponsored by AACAP’s Diversity and Culture Committee and Disaster and Trauma Issues Committee

**Clinical Perspectives 37: Intercepting Poor Outcomes: An Innovative Clinical Approach for Reducing Mental Health Disparities Among Vulnerable Populations** *(open)*
- Wednesday, October 21
- 4:30 pm–5:00 pm EDT

**Clinical Perspectives 46: Improving Knowledge, Skills, and Attitudes Regarding Racial Bias in Child and Adolescent Psychiatry** *(open)*
- Thursday, October 22
- 3:00 pm–3:30 pm EDT
- Sponsored by AACAP’s Diversity and Culture Committee

**Other Programs 28: Reimagining Excellence: Achieving Equity as the Outcome** *(open)*
- Thursday, October 22
- 4:00 pm–5:00 pm EDT
- Sponsored by AACAP’s Diversity and Culture Committee

**Member Forum 3: Between Two Pandemics: Where Are We Now? Looking Back and Looking Forward** *(open to AACAP members only)*
- Friday, October 23
- 1:00 pm–3:00 pm EDT
- Sponsored by AACAP’s Diversity and Culture Committee and Caucuses

**Clinical Perspectives 68: What’s Going on? Increased Suicidality in Young African American Children** *(open)*
- Saturday, October 24
- 11:00 am–11:30 am EDT
- Sponsored by AACAP’s Health Promotion and Prevention Committee and Diversity and Culture Committee
Registration for the Annual Meeting allows you to take advantage of this ABPN-approved self-assessment activity for FREE. Complete the 100-question exam and earn 8 AMA PRA Category 1 Credits that count toward the CME and self-assessment requirements of MOC. Feedback from the exam can then be used to guide your selection of programs at this year’s Annual Meeting. This exam will be available until November 30.

Not Attending the Annual Meeting?
You can purchase access to the 2020 AACAP Annual Meeting Self-Assessment Exam online at www.aacap.org/AnnualMeeting-2020.

AACAP’s Newest Lifelong Learning Module
AACAP is proud to announce the release of Lifelong Learning Module 17: Relevant Clinical Updates for Child and Adolescent Psychiatrists. With the purchase of this module you will have the opportunity to earn 38 AMA PRA Category 1 Credits™ (8 of which will count towards the ABPN’s self-assessment requirement).

Module 17 is now available electronically. You can choose to purchase an electronic-only version of Module 17 or still opt to receive the printed version. (Please note that those who purchase the printed version will also have access to the electronic version.)

You can order either version of Module 17 online via our publication store at www.aacap.org.

Any questions? Please contact Quentin Bernhard III, CME and Recertification Manager, at 202.587.9675 or at cme@aacap.org.

SPECIAL PROMOTION
Order Module 17 and pay your 2021 membership dues by January 31, 2021 and SAVE $30!

Look on your dues renewal form for more information.
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.
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.

 AACAP Coronavirus Resources

NEW! Check out AACAP’s new section Resources for Helping Kids and Parents Cope Amidst COVID-19.

AACAP’s Coronavirus Resource Library contains updated resources for parents, patients, and clinicians to help with the impact of the coronavirus (COVID-19).

Renew for 2021

Don’t procrastinate! Make the effort and get it out of the way! AACAP 2021 dues invoices drop in early October.

Renew today at www.aacap.org!
Gregorio (‘Goyo’) Katz, MD: International Recognition for a Lifetime Member

Andrés Martin, MD

It is no exaggeration to say that Dr. Gregorio (‘Goyo’) Katz is one of the fathers of child and adolescent psychiatry in Mexico. In fact, he was its co-father, with the late Dr. Manuel Isaás López. In 1974, the two of them launched its first formal training program at the National Autonomous University (UNAM), the country’s largest university. After completing his residency and fellowship in Michigan in the late ‘60s, Goyo returned to his native Mexico to become a trailblazer not only in education, but in clinical care, scholarship, and advocacy as well. Goyo’s expertise and innovative approaches to intellectual disabilities are legion: in 1984 he established CADI, a thriving model center for independent living for young adults; he has been a member of the WPA’s steering committee on intellectual disabilities, and an ICD-11 taskforce topic expert.

He has written or edited 16 books, including Discapacidad Intelectual, the first textbook in its class written in Spanish, and published by McGraw Hill in 2010. In 1998, he was awarded the Academy’s prestigious Gorge Tarjan Award for his lifelong dedication to intellectual disabilities. Goyo is a proud lifetime member of the Academy, and was one of the founding members and a past president of the Mexican Association of Child and Adolescent Psychiatry (AMPI).

In the midst of the pandemic, Goyo reached an important milestone. On June 15, 2020, he was inducted into the Mexican National Academy of Medicine (ANMM). He joined that rarified club of honor by virtue of his lifelong efforts, as well as by his more recent research initiatives. In this work, including an article now in press at BMC Medical Ethics, Goyo has focused on paternalism and how to move from this still entrenched doctor-patient paradigm into one of shared decision-making. Goyo is a dear colleague, teacher, mentor and close friend. I salute and celebrate his latest and so well deserved professional accolade: ¡Felicidades, Goyo!

Andrés Martin, MD
New Haven, CT

Please consider a gift in your Will, and join your colleagues and friends:

1953 Society Members
Anonymous (5)
Steve and Babette Cuffe, MD
James C. Harris, MD, and Catherine DeAngelis, MD, MPH
Paramjit T. Joshi, MD
Joan E. Kinlan, MD
Dr. Michael Maloney and Dr. Marta Pisarska
Jack and Sally McDermott (Dr. Jack McDermott, in memoriam)
Patricia A. McKnight, MD
Scott M. Palyo, MD
The Roberto Family
Diane H. Schetky, MD
Gabrielle L. Shapiro, MD
Diane K. Shrier, MD, and Adam Louis Shrier, D.Eng, JD

Will You Join?
Make a gift to AACAP in your Will.
Ensure AACAP’s Future!
Visit www.aacap.org/1953_Society to learn more!
Avoid Unforeseen Penalties and Fees! Why Reviewing Your Electronic Health Record System is Essential to be Compliant with the Office of the National Coordinator for Health Information Technology (ONC)’s 21st Century Cures Act.

What is the 21st Century Cures Act?
The 21st Century Cures Act, signed into law by President Obama, promotes and funds the acceleration of research into preventing and curing serious illnesses; accelerates drug and medical device development; attempts to address the opioid abuse crisis; and tries to improve mental health service delivery. The final rule for cures act was published on May 1, 2020.

Why is the 21st Century Cures Act important?
While the bill is largely known to help fund efforts such as precision medicine, it contains some provisions to improve healthcare IT and improve patient access to their own electronic health information.

How does the 21st Century Cures Act impact me and my fellow child and adolescent psychiatrists?
The final rule includes a provision stating that patients can electronically access all electronic health information (EHI), structured and/or unstructured, at no cost. Section 4004 of the regulation authorizes the U.S. Secretary of Health & Human Services to identify any blocking of information to patients while still allowing reasonable exceptions. The consequence of being an “information blocker” can be severe and may include civil penalties up to $1 million per violation for the health IT developers, disincentives for health care providers, and possible certification ban on Healthcare IT providers. Many child and adolescent psychiatrists in private practice may be in violation of some aspects of the 21st Century Cures Act.

AACAP’s Health Information and Technology Committee is happy to be a resource for members with electronic health information questions including how the 21st Century Cures Act will impact how patient information is shared. For more information, please reach out to AACAP’s Clinical Practice Department (clinical@aacap.org) for upcoming meetings and webinars on these and all related health information technology topics.

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

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

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

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.

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Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org.
AACAP AWARD SPOTLIGHT
Sudhakar Kateel Shenoy, MD

2019 AACAP SYSTEMS OF CARE PROGRAM
Poster Title: The Ripple Effect: Children of the Opioid Epidemic and the need for Wraparound Services

For the AACAP Systems of Care Program, I worked on a project emphasizing the need for wraparound services that echoes a grassroots effort in community-based teamwork from both individuals and organizations. This project set off a chain reaction of learning, using all available resources at my university, fellowship program, local institutions and organizations, governmental programs, and the general community. Attending the day-long program and presenting a poster with fellow awardees was interactive, informative and fun. Now as an attending physician, I apply the concepts of systems-based care in collaborating with our colleagues from several other specialties.

2018 AACAP EDUCATIONAL OUTREACH PROGRAM (EOP) FOR CHILD AND ADOLESCENT PSYCHIATRY RESIDENTS
SUPPORTED BY THE AACAP ENDOWMENT FUND

Through AACAP’s EOP program, I was able to experience at the Annual Meeting a glimpse of the breadth and depth of opportunities AACAP can provide combined with rich mentorship. I felt inspired by various child and adolescent psychiatry leaders and got to share the table with the President of AACAP over the Young Leaders Awards Breakfast. A memory I will treasure is during the Life Members’ Dinner I was the youngest one at the table and was nervous; the Life Members endearingly addressed me as “kiddo” and had great conversations with me. With this experience, it felt like I grew a personal relationship with AACAP, despite this being my first Annual Meeting.

AACAP’S ADVOCACY COMMITTEE

I strongly believe that every physician is inherently an advocate for our patients. My first brush with the Advocacy Committee came in the form of a presentation by Drs. Deb Koss and Karen Pierce on the important role of physicians in mental health policy. This created a deep impression and ignited my interest to learn and involve myself in such efforts. I successfully applied for the Resident Scholar Fellowship opportunity, which allowed me to work closely with AACAP’s Department of Government Affairs on projects that support lawmakers’ offices in Congress, aiding in policies related to child and adolescent mental health. Living in Washington DC in July, visiting Senators’ and Representatives’ offices on the Hill, I felt like a congressional summer intern (without the coffee runs!). I also received exposure collaborating with other stakeholders with mutual goals in the “House of Medicine.” Since joining the committee in 2019, the committee members and AACAP’s support staff have become like family. I feel like I am ‘always learning’ in the midst of these esteemed committee members and the knowledge they bring to the table is awe-inspiring. I strongly urge you to join our Advocacy Liaison Network, the backbone of our grassroots effort! We would love to have you on our team.

MILESTONES

Born in India, I grew up in a household that instilled in me that knowledge and values are one’s greatest assets. At age 8, I was playing cricket with friends when our ball went onto a roof. Upon retrieving it, I was electrocuted by a high voltage power line and needed nine life-threatening surgeries to survive. Life “as a patient” motivated me to strive hard and become the first doctor in my family. Upon finishing medical school in India, I turned to the United States after experiencing inhuman discrimination in my effort to pursue further specialty training. Navigating a new country without knowing anyone was humbling, living on couches while preparing my residency applications; and the uncertainty of basic necessities like food and shelter, taught me a lot about life. I worked hard and eventually trained and did research at Harvard. I matched and pursued both residency and fellowship at SIU School of Medicine in Springfield, Illinois. Abe Lincoln’s town! My motto is “Learn to serve; serve to learn.” I am an immigrant physician, taking it one day at a time, serving the underserved population. Life’s uncertainty continues but AACAP has become my steady source of support and camaraderie through members and colleagues like you.

Visit www.aacap.org/awards to discover available award opportunities!
AACAP Reaffirms Commitment to Advance Diversity, Inclusion, and Health Equity

August 11, 2020

As an organization dedicated to the health and well-being of children and families, the American Academy of Child and Adolescent Psychiatry (AACAP) is committed to promoting diversity, inclusion, and health equity. We recognize the impact that systemic and structural racism has on everyone—especially youth and black, indigenous, and people of color (BIPOC)—and the trauma and pain caused by systemic racism and violence.

As President, I recently appointed a Presidential Working Group to Promote Health Equity and Combat Racism, led by Drs. Melvin Oatis, Lisa Cullins, and Tami Benton. AACAP’s longstanding priority to diversity and action includes advancing health equity and combating racism. To that end, AACAP is engaging all members at all levels (Executive Committee, Council, Assembly, committees, and staff) to combat racism and inequities in all areas, including research, care, and practice.

AACAP’s Diversity and Culture Committee, skillfully led by Drs. Lisa Cullins and Cheryl Al-Mateen and managed by Carmen Thornton, crafted a dynamic and robust Action Plan for AACAP to address mental health equity concerns as well as combating racism in the era of COVID-19 and beyond. AACAP’s Council approved this plan and champions these efforts.

We continue with our efforts on this front, working on many projects including the following:

- AACAP’s Virtual Forum on “Healthcare disparities through the lens of diversity during the COVID-19 pandemic.”
- Dr. Carlson interviewed Dr. Patrice Harris on health equities and disparities in the COVID-19 era, as part of AACAP’s SCREENSIDE CHATS series
- AACAP’s Racism Resource Library, prominently positioned on AACAP’s website
- AACAP and the American Psychiatric Association released a joint statement detailing the necessary steps for safely reopening schools
- JAACAP: Our Vision: An Anti-Racist Journal
- Lecture series with multiple committees on COVID-19 and Health Disparities
- AACAP Caucuses: Black, Hispanic, Asian, Latino, and International Medical Graduates
- Policy Statement on Racism (in development)

We are committed to anti-racism and to building a just and equitable society. Working together, we move forward with our efforts in strengthening our community that is built on dignity, respect, and trust.

(continued)
In the weeks ahead, we will continue to share ideas and resources for your active participation in improving our shared future.

Thank you for your continued support.

Sincerely,

Gabrielle A. Carlson, MD
President, AACAP

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.
AACAP Responds to Police Shooting of Mr. Jacob Blake, Kenosha, Wisconsin

August 26, 2020

The American Academy of Child and Adolescent Psychiatry (AACAP), along with the rest of the world, are once again witnesses to an unconscionable shooting of a Black man by police.

The shooting of Mr. Jacob Blake in Kenosha, Wisconsin, appears to represent a failure to adhere to the credo of “protect and serve” while another Black family is destroyed and the lives of children unnecessarily endangered and forever traumatized due to actions of individuals sworn to protect them.

While most police officers serve with honor and professionalism, the actions of a few officers betray this trust and once again, traumatized a family and a nation still grieving a growing list of Black lives unjustly lost at the hands of law enforcement personnel.

This tragedy, like so many others that have taken the lives of Black men and women, should have never happened. Effective screening and training of police officers with mandated anti-racist and implicit bias training and other actions are urgently needed.

Racism and trauma significantly impact children’s physical and emotional health and development. AACAP stands by our mission to promote the healthy development of children, adolescents, and families through advocacy, education, and research. As a result, we cannot stand by silently while events like that in Kenosha traumatize Black children and families, while adversely affecting the moral fiber of our community.

We send our thoughts and prayers to the Blake family, offer support for the children, and reiterate our resolute support for the principle that Black Lives Matter.

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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.
Working with Child and Adolescent Psychiatrists in the Digital Age

Healthcare technologies are changing rapidly. Child and adolescent psychiatrists increasingly use digital health tools such as video and messaging technologies, patient portals, and electronic health records. As a parent seeking care for your child, it is important to understand why and how these tools are used and what the risks and benefits are of using them. When seeking mental health care, you may want to ask how the clinician uses technology. Some clinicians use paper charts, while others use electronic records. While digital health tools can be very convenient and provide valuable information, it is important to understand how this data is used and protected. Asking the following questions can help you decide if a clinician’s use of technology will be a good fit for you and your family.

**Virtual appointments**
- Does this practice offer visits via video (telepsychiatry)?
  - What program is used?
  - What measures are taken to make sure information is protected and confidential?
  - Are there any differences in cost or how insurance coverage works for visits via video or phone compared to in person?
  - Does video have to be used or can the appointment be by phone?

**Health records**
- Does this practice use an electronic health record or paper charts?
  - Is the electronic health record shared or accessible between providers and systems?
  - Is it possible to opt out of or limit a clinician’s use of electronic records for my child?

**Patient portal**
- Is there a patient portal where I can access my child’s information, such as upcoming appointments, health records, and billing information?
  - Does my access depend on the age of my child?
  - Who has access in the case of divorced parents?
  - Can a full medical record be accessed through the portal?
    - If not, how can the record be requested?

**Providing clinical information**
- Will electronic surveys or symptoms rating scales be sent out to us?
  - Are they sent via the portal, email, text message or an app?
  - How are they used in treatment?
  - Who has access to this information?
- Can we share data from our devices or health tracking apps, such as apps that track mood, sleep patterns or steps walked?

(continued)
Communication

- How are email, text messages and voicemail used in this practice?
  - What measures are taken to maintain confidentiality and security when communicating using text messages or email?
  - Are texting and email for requests such as scheduling changes or can they be used to discuss concerns about my child?
  - Can my child contact their clinician directly via text, voicemail or email?
- What is the best way to reach out in case of an emergency?

Prescription refills

- How do we request prescription refills between appointments?
  - Are prescriptions sent electronically to pharmacies?
  - Can all types of prescriptions be sent electronically, including prescriptions for controlled substances such as stimulant medications?

Billing

- How do I access billing information?
- Can bills be paid electronically?

These are some questions that can help you understand how digital health tools are used. Federal and state laws, insurance plans and other policies can impact the use of technology in the care of your child. Ask the child and adolescent psychiatrist or health care provider you are working with if you have additional questions or concerns.

# # #

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

You may also mail in your contribution. Please make checks payable to the AACAP and send to Campaign for America’s Kids, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 9,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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CLASSIFIEDS

ARIZONA

Company: Banner University Medical Center South (BUMC-S) (1035441)
Title: Academic Child & Adolescent Psychiatrist
Job ID: 13837016
https://jobs.bannerhealth.com/jobs/13837016

Job Description:
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 include outpatient supervision, consult/liaison, and didactic teaching. Opportunities to expand duties based on interests are welcome. Qualifications: Graduate of an ACGME accredited psychiatry residency program and Graduate of an accredited CAP fellowship program. Open to experienced physicians and new grads. Interest in Integrative Psychiatry a plus. Setting is a collaborative, team environment; one that thrives in a highly integrated and innovative setting. 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: County of San Diego (1221381)
Title: Psychiatrist-Specialist
Job ID: 13887877
https://jobsource.aacap.org/jobs/13887877

Job Description:
The County of San Diego is currently accepting applications from qualified candidates for: PSYCHIATRIST-SPECIALIST $179,670 - $220,688.00 annual salary. In addition to the base salary, the incumbent may receive: • 10% premium for diplomate in psychiatry • 5% additional premium for diplomate in relevant sub-specialty • 5% Psychiatric Hospital location premium. Psychiatrist-Specialists perform professional psychiatric work involving the examination, diagnosis, and treatment of specialty forensics, children/adolescents and or geriatric patients. This is the specialty journey level class in the series that requires a fellowship or experience in child and adolescent psychiatry or forensic psychiatry. Under general direction, incumbents exercise independent medical judgment in the diagnosis and treatment of children and adolescents, geriatric patients, or provide forensic services to the courts. Incumbents exercise independent medical judgment in the diagnosis and treatment of patients in the Juvenile Detention facilities, skilled nursing facility, forensic evaluation clinic or in a psychiatric emergency room; act as a lead worker providing technical guidance and leadership to staff; and act in the absence of the Supervising Psychiatrist. The County of San Diego provides a rich array of services delivered through an integrated community based system of care. Services include prevention, treatment, and interventions that promote resiliency/recovery and social well-being. Why choose the County? Fully-paid malpractice insurance 13 paid holidays 13 sick days per year Vacation: 10 days (1-4 years of service); 15 days (5-14 years of service); 20 days (15+ years) Defined benefit retirement program Cafeteria-style health plan with flexible spending Wellness incentives Click here to review the complete job description including benefits, minimum qualifications, examples of duties, essential functions, etc. Click here to learn more about the Health and Human Services Agency.

Job Requirements:
Minimum Qualifications: Required at time of application: 1. Valid license to practice medicine in the State of California; OR, 2. Graduation from a U.S. accredited medical or osteopathic school or certified foreign studies equivalency equivalent to a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) Note: Possession of an ECFMG (Educational Commission for Foreign Graduates) certificate may substitute for the certified foreign studies equivalency. AND; 3. Completion of a General Psychiatric residency in an ACGME approved residency program; AND; Required at time of appointment: 1. Valid license to practice medicine in the State of California (if not submitted at time of application); AND, 2. Valid Drug Enforcement Administration (DEA) certificate; AND, 3. Completion of fellowship in Child and Adolescent Psychiatry, Forensic Psychiatry, or Geriatric Psychiatry, OR four (4) years of full time experience working in Child and Adolescent Psychiatry, Forensic Psychiatry, or Geriatric Psychiatry* Note: *Applicants may apply within six (6) months of anticipated graduation from an approved fellowship. An official letter of anticipated graduation from the Residency Director is required at time of application. Completion of fellowship is required at time of appointment. Some positions in this class may require a valid National Provider Identification Number (NPI) at time of appointment.
FOR YOUR INFORMATION

CALIFORNIA

Company: Spin Recruitment Advertising
Title: Child, Adolescent & Adult Psychiatrists
Job ID: 13815264
https://jobsource.aacap.org/jobs/13815264

Job Description:
I am a PERMANENTE PHYSICIAN. A dedicated doctor who believes in pursing 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 AND 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 Multidisciplinary 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://scpmpgphysiciancareers.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. The Answer to Health Care in America.

COLORADO

Company: Colorado Permanente Medical Group (1220576)
Title: Child Psychiatry Physician
Job ID: 13864859
https://jobsource.aacap.org/jobs/13864859

Job Description:
Job Summary – The Medical Specialty Care team provides expert integrated care with clear treatment plans to patients. Specialist Physicians provide evidence-based, solution-focused assessments and interventions geared toward optimal patient care and outcomes. Medical Specialty is a health care model that is interconnected with patient’s medical care and medical care teams and requires specialized training and experience. In addition, this role performs high-level consultation to other physicians and other medical care team members. Physician Specialists work in a fast pace, high volume setting with the ability to effectively pivot from a patient facing to a physician/staff facing role throughout the day. Physician Specialists thrive on being adaptable, flexible, and able to function at a consistently high level. Major Responsibilities/Essential Functions – In order of importance, list primary job responsibilities. • Work in a fast-paced Specialty Care setting requiring the ability to manage multiple competing demands, constantly re-prioritize, and succinctly communicate relevant information effectively to both patients and medical team members. • Provide expert integrated specialty care and diagnostic services in a clinical setting. • Work effectively in an inter-disciplinary team collaborating with care teams to explore patient health conditions and diagnose health issues, while ensuring positive, effective patient experiences. • Demonstrate current knowledge of cultural competency, particularly related to how variables related to socioeconomic status, race, ethnicity, and culture impact physical and emotional health; demonstrated experience and working understanding of how these variables may impact presentation of various concerns in specialty care settings. • Analyze reports, test results, medical records and examinations to diagnose condition of patients and propose treatment options. • Order laboratory and radiology tests and refer patients for additional care when appropriate. • Prescribe appropriate medications, treatments and health regimens to treat patient health issues, and documented medical conditions. • Discuss potential side effects of medication/treatment with patients and ensure that all allergy information is up to date before prescribing medication/treatment. • Provide advi standards. • Maintain patient confidentiality and comply with all federal and state health information privacy laws. • Record complete, timely electronic medical records. • Effectively utilize electronic health record and verbal communication to concisely communicate relevant information to staff and patients in a timely manner. • Fosters collaboration and open communication between primary and specialty care as delineated in the Primary Care-Specialty Care Master Service Agreement. • Advice to patients for lifestyle and diet changes that may improve their health or help to treat the health issue they are experiencing. • Adhere to departmental policies, procedures and objectives, ongoing quality improvement objectives and safety, environmental, and infection control CPMG Core Competencies – ALL are required Developing Trust • Demonstrates transparency in decision making and applies rules and expectations consistently. • Empowers others by giving autonomy on day-to-day execution of strategy. • Leads by example by delivering on own commitments and managing operations efficiently. • Trusts others to deliver on their commitments. Defining Vision • Gives others a voice by engaging the team in collaboratively defining strategies rather than imposing own agenda. • Takes a big picture approach by considering future market factors for healthcare. • Links the benefits of strategies to patient outcomes and organizational performance. • Provides rationale for ideas to demonstrate feasibility and practicality. • Breaks down silos to engage other departments and learn from their experiences to support problem solving. Leading Teams • Sets clear expectations with the team to give direction and establish metrics for success. • Holds others accountable to mutually agreed upon goals and performance standards. • Knows the diverse styles of individuals on the team and leverages strengths.
appropriately. • Creates open lines of communication to share information and receive feedback. • Maintains emotional poise and understands the emotional impact of decisions and actions on the team. Leading Change • Seizes opportunities to implement innovative ideas. • Takes initiative to deliver results beyond the status quo. • Adapts to changing circumstances by maintaining flexibility and quickly changing course. • Demonstrates openness for taking appropriate risks to achieve results. 

Disclaimer, Compliance and Service Language-Do Not Edit DISCLAIMER: The above statements are intended to describe the general nature and level of work being performed by incumbents assigned to this job. This is not intended to be an exhaustive list of all the responsibilities, duties and skills required. The incumbent may be expected to perform other duties as assigned. COMPLIANCE AND INTEGRITY: Consistently supports compliance and the Principles of Responsibility (Kaiser Permanente’s Code of Conduct) by maintaining the privacy and confidentiality of information, protecting the assets of the organization, acting with ethics and integrity, reporting non-compliance, and adhering to applicable federal, state and local laws and regulations, accreditation and licensure requirements (if applicable), and Kaiser Permanente’s policies and procedures. Models and reinforces ethical behavior in self and others in accordance to the Principles of Responsibility; adheres to organizational policies and guidelines; supports compliance initiatives; maintains confidences; admits mistakes; conducts business with honesty; shows consistency in words and actions; follows through on commitments. All Directors, Managers and Supervisors are accountable for communication, implementation, enforcement, monitoring and oversight of compliance policies and practices in their departments. SERVICE & QUALITY: In addition to defined technical requirements, accountable for consistently demonstrating service behaviors and principles defined by the Kaiser Permanente Service Quality Credo, the KP Mission as well as specific departmental/organizational initiatives. Also accountable for consistently demonstrating the knowledge, skills, abilities, and behaviors necessary to provide superior and culturally sensitive service to each other, to our members, and to purchasers, contracted providers and vendors.

Job Requirements: 
Job Qualifications Preferred Education - education or degree preferred Fellowship training in area of specialty. Required Licensure, Certification, Registration or Designation - Licensure or certifications required M.D. or D.O. • Board certification or eligibility in related field. • Current State Medical Practitioner License. • Current Drug Enforcement Agency (DEA) and Department of Public Safety (DPS) registration, for prescription writing.

CONNECTICUT
Company: Yale University Child Study Center (1198705) 
Title: Assistant Professor of Clinical Child Psychiatry 
Job ID: 13921649 
https://jobs.source.aacap.org/jobs/13921649 

Job Description: 
Position Description The Yale Child Study Center has an opening for a half-time board certified or board eligible child and adolescent psychiatrist dedicated to a career in academic medicine. The mission of the Yale Child Study Center is to improve the mental health of children and families, advance understanding of their psychological and developmental needs, and treat and prevent childhood mental illness through the integration of research, clinical practice, and professional training. This clinical ladder track faculty position will be at the level of Assistant Professor. The position involves providing support to the medical staff around issues of diagnostic clarity and medication management. The child psychiatrist will hold collaborative office rounds on a weekly basis, provide psychiatric evaluations, follow patients for short term adjustment of medications, and support the PCP in their medication management of their patients. Medical education is a critical part of this role, providing skills to medical students, residents and fellows regarding diagnosis and medication management of youth. Yale University provides a competitive salary and excellent benefits, including the Yale Home Buyers program, a scholarship program for dependents at any college, and a 5% match to contributions to your Yale retirement account.

Job Requirements: 
Qualifications Successful candidates will be excellent clinicians and educators with interest and experience practicing in primary care consultation and service delivery. Yale University is an Affirmative Action/Equal Opportunity employer. Yale values diversity among its students, staff, and faculty and strongly welcomes applications from women, persons with disabilities, protected veterans, and underrepresented minorities.

MARYLAND/VIRGINIA
Company: Kaiser Permanent - Mid Atlantic Permanente Medical Group (890794) 
Title: Child Psychiatrist - Metro DC (Rockville, MD and Woodbridge, VA opportunities) 
Job ID: 13898438 
https://jobs.source.aacap.org/jobs/13898438 

Job Description: 
Join a Leader in Integrated Healthcare Delivery – Kaiser Permanente Mid Atlantic! The Mid Atlantic Permanente Medical Group is seeking Child Psychiatrists to join our Rockville, MD and Woodbridge, VA (Metro DC) practices. Practice in a large, multi-specialty group of over 1650 physicians and enjoy the many benefits of practicing in our integrated delivery system: • Robust, integrated medical information system • Team approach to providing care with easy access to therapy services and clinical pharmacist • Reasonable, predictable schedules with video medicine capability • Clinical autonomy with excellent sub-specialist support • Energetic focus on excellence and patient centered service, quality, safety, and patient flow • Pension program, excellent medical/dental package and occurrence based malpractice coverage. 

Job Requirements: 
Massachusetts

Company: Cambridge Health Alliance (1177750)
Title: Child and Adolescent Psychiatrist
Opportunities in Outpatient and Integrated Care
Job ID: 1388037
https://jobsource.aacap.org/jobs/1388037

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.

Massachusetts

Company: Boston Children’s Hospital (881542)
Title: MEDICAL DIRECTOR, COMMUNITY BASED ACUTE TREATMENT PROGRAM
Job ID: 13820994
https://jobsource.aacap.org/jobs/13820994

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

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

Missouri

Company: Graystone Group (1208803)
Title: Executive Director of the Thompson Center
Job ID: 13919110
https://jobsource.aacap.org/jobs/13919110

Job Description:
Executive Director of the Thompson Center for Autism and Neurodevelopmental Disorders.
Thompson Endowed Chair in Child Health University of Missouri – Columbia The University of Missouri-Columbia (Mizzou or MU), the flagship, land-grant, comprehensive research university of the University of Missouri System (UM System), seeks nominations and applications for the Executive Director of the Thompson Center for Autism and Neurodevelopmental Disorders. The successful candidate will also hold the Thompson Endowed Chair in Child Health and will provide visionary leadership to the Center’s interdisciplinary programs and oversee faculty, staff, and programs. Reporting to the Executive Vice Chancellor of Health Affairs the Executive Director will build on the existing world-class programs and expand upon continued growth and broad impact for families, professionals, and trainees. Inaugurated in 2005 with a generous gift from William and Nancy Thompson / The Thompson Foundation, the Thompson Center is a nationally recognized clinical, training, and research center founded to improve the lives of individuals and families affected by autism spectrum disorder and neurodevelopmental disorders through world class programs that integrate research, clinical service delivery, education and public policy. The Thompson Center brings together the School of Medicine, School of Health Professions, and College of Education activities and is aligned with the MU Health Care System that consists of five hospitals and more than 65 primary and specialty clinics in and around...
The Thompson Center is a cohesive, multi-disciplinary home to over a 100 faculty, staff, and students from diverse backgrounds. Thompson Center research is supported by a well-established research core and database and supports a variety of federal and industry sponsored trials. The Center is also part of several multi-site projects and data collection initiatives. Research program growth is a major, strategic initiative of the Center and the University of Missouri overall. The Center provides care for approximately 4,000 patients each year across 15,000 visits. Families from across the state of Missouri and beyond are served by 14 clinical sub-specialties. In addition to clinical breadth, the Center provides training for students in applied behavior analysis, medical, psychology, and therapy programs. The Thompson Center training core provides thousands of training hours annually for parents, patients, professionals, and students. Trainings range from in-person to tele-mentoring programs and include a national, annual conference that hosts over 500 attendees. The Thompson Center is supported by the infrastructure from MU. MU is a comprehensive research campus with a mission of research, teaching, service, and economic development. Being one of the nation’s top-tier Research 1 institutions, MU ranks among the 34 public university members of the Association of American Universities with significant investments into interdisciplinary research as well as a new emphasis on precision health. MU is also home to the MU Extension that heavily focuses on community outreach and engagement and addresses Missouri’s challenges by improving economic opportunity, educational access as well as health and well-being. The City of Columbia, home of the University of Missouri, has been consistently rated as one of the most desirable places to live and work in the United States and accommodates all cycles of life. This college town of 113,000+ residents has the best of both worlds – small-town convenience with urban sophistication and amenities. Columbia is well known for affordable housing and moderate cost of living, excellent public schools with a low student-teacher-ratio, and a huge variety of leisure time activities. The Thompson Center welcomes applications from individuals with an exceptional academic record and a strong background in externally funded clinical and translational research paired with the expertise to grow and develop programs, strategize innovative solutions, and a demonstrated passion to support the growing needs of this population locally, nationally, and beyond. Specific contributions in this role will include, but are not limited to: Provide exemplary and innovative leadership to Center faculty, staff, and students through transparent communication, strong administrative acumen, nuanced problem solving, and positive interpersonal approach Develop realistic and comprehensive plans that align with the Center mission and provide positive outcomes for families, trainees, and staff Build relationships and coalitions among collaborating academic units, MU Healthcare, Thompson Foundation, and external organizations Maintain and expand national and international contacts and networks through research, training, and clinical initiatives; provide national leadership in evolving center partnerships Provide leadership in Center research initiatives and align with the research mission and vision of the University of Missouri Nourish a collegial and inclusive environment and promote interdisciplinary and collaborative research within the Center and across MU and UM System Drive inclusive recruitment initiatives for additional research faculty and grow research funding, breadth, and space to advance the knowledge in the field Oversee integration of multi-disciplinary practice that includes medical, psychiatry, psychology, applied behavioral analysis, speech and occupational therapy; ensure quality and productivity goals are met Ensure training mission and need is met through clinical, professional, family, and student programs Work closely with MU and Thompson Foundation advancement teams to support sustainability and growth plans Develop and implement cohesive plans with stakeholders to support the needs of the autism and neurodevelopmental community REQUIRED QUALIFICATIONS Earned terminal degree and board certification in a field appropriate to the role (MD, DO, EdD, or PhD) Academic accomplishments that merit an appointment at the rank of an Associate Professor or Full Professor with tenure Commensurate administrative and leadership experience in a highly complex and matrixed environment Strong scholarly research accomplishments in a basic, translational, or clinical area and substantial experience in securing extramural grant funding Robust record of excellence in mentoring and teaching Experience in leading trans-disciplinary and/or trans-institutional projects or programs Familiar with national and international research and scholarship trends Passionate about innovation and interested in enhancing the research environment of interdisciplinary teams Strong commitment to inclusion, diversity, and equal opportunity in all activities PREFERRED QUALIFICATIONS Visionary, open-minded, respectful, and approachable leadership style Strong communication and excellent interpersonal skills Desire and willingness to support advancement efforts An understanding and commitment to the mission of an AAU Research 1 University, MU’s institutional values, and the land-grant mission We anticipate this appointment will be made as early as Summer, 2021. Review of applications will begin immediately. For full consideration, applicant material should be received by November 1st, 2020. Candidates should submit their materials utilizing our Applicant Tracking System (Academic Job Opening ID 34410) including a cover letter outlining relevant experiences and research interests, a statement on their philosophy for promoting inclusivity and diversity as well as a detailed curriculum vitae. Later in the search process, statements of current and future research plans along with names and contact information for references may be requested. Candidates will be notified before references are contacted. Partnering in the search is Anna Wiedermann, Senior HR Consultant for the University of Missouri System. Inquiries can be sent to umhrexecutive@umsystem.edu More information can be found on the University’s search webpage (https://www.umsystem.edu/ums/hr/tmr/executive-director-thompson-center). BENEFITS This position is eligible for University benefits. The University offers a comprehensive benefits package.
FOR YOUR INFORMATION

including medical, dental and vision plans, retirement, paid time off, and educational fee discounts. For additional information on University benefits, please visit the Faculty & Staff Benefits website at http://www.umsystem.edu/totalsrewards/benefits DIVERSITY COMMITMENT The University of Missouri is fully committed to achieving the goal of a diverse and inclusive academic community of faculty, staff and students. We seek individuals who are committed to this goal and our core campus values of respect, responsibility, discovery and excellence. EQUAL EMPLOYMENT OPPORTUNITY Equal Opportunity is and shall be provided for all employees and applicants for employment on the basis of their demonstrated ability and competence without unlawful discrimination on the basis of their race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law. This policy shall not be interpreted in such a manner as to violate the legal rights of religious organizations or the recruiting rights of military organizations associated with the Armed Forces or the Department of Homeland Security of the United States of America. For more information, call the Vice Chancellor of Human Resource Services/Affirmative Action officer at 573-882-4256. To request ADA accommodations, please call the Disability Inclusion and ADA Compliance Manager at 573-884-7278. EEO IS THE LAW To read more about Equal Employment Opportunity (EEO) please use the following links: EEO is the Law English Version EEO is the Law Spanish Version EEO is the Law Chinese Version.

NEW MEXICO

Company: Presbyterian Healthcare Services (112471)
Title: Child and Adolescent Psychiatrist Albuquerque, NM
Job ID: 13901029
https://jobs.source.aacap.org/jobs/13901029

Job Description:
Presbyterian Healthcare Services, a locally owned, not-for-profit healthcare system in New Mexico is seeking a BE/BC Adult Psychiatrist to join our growing team of exceptional clinicians and staff in Albuquerque, NM. Dedicated to improving the health of our community, Behavioral Health at Presbyterian offers treatment for lasting recovery from substance abuse, behavioral health conditions, and psychiatric emergencies. Our full-service program includes 2 adult units, 1 child/adolescent inpatient unit, a multidisciplinary outpatient clinic, intensive outpatient treatment, emergency, and consultative services, and behavioral medicine services embedded in primary care. What We’re Offering: Join an established, multi-specialty medical group A collegial work environment with easy access to well-qualified specialists Enjoy all of New Mexico’s beauty and lifestyle Nationally competitive salary with relocation allowance available Generous time off program (vacation, sick leave, CME, and holiday) Comprehensive benefits package CME allowance Fully paid malpractice insurance System-wide EPIC EMR Exceptional retirement plans – 403b retirement savings program with both matching program and employer contributions What We’re Seeking: Must be BC/BE with the American Board of Child & Adolescent Psychiatry Completed a fellowship program in Child & Adolescent Psychiatry Outstanding patient care qualities, highly motivated with an interest to grow their practice Patient-focused and willing to collaborate and work in a team environment Ability to obtain a medical license to practice in the state of New Mexico.

NEW YORK

Company: Westwood & Wilshire (1219030)
Title: Clinical Director, West Coast Region and Associate Medical Director
Job ID: 13823756
https://jobs.source.aacap.org/jobs/13823756

Job Description:
Child Mind Institute is an independent, national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. CMI is headquartered in New York City and recently established a new clinical center in the SF Bay Area. Founded in 2009 by preeminent medical, business and philanthropic leaders, CMI is committed to open sharing and does not accept funding from the pharmaceutical industry. CMI’s dedicated teams advance the science of the developing brain through cutting-edge research and open sharing; provide education, teaching, and community
awareness programming; and operate a private clinical service that offers gold-standard, evidence-based care provided by exceptionally trained and skilled psychiatrists, psychologists, master’s prepared therapists, and other supporting disciplines. In its first decade, CMI grew from a single site in Manhattan into a national catalyst for advancing children’s mental health with more than 80 clinicians, 260 staff, nationally leading research programs, and robust engagement and support from leading corporations, foundations, celebrities, media organizations, and philanthropists. CMI offers school and community programs in over 300 schools. Childmind.org, which offers useful, accurate information that empowers families and communities to get help, has had over 50 million visitors. This position will lead the program development and expansion of CMI’s West Coast clinical center (currently comprised of four PhD psychologists and two clinical neuropsychologists) and substantively contribute to overseeing CMI’s clinical endeavors nationwide. Reporting to CMI Co-Founder and President Harold Koplewicz, MD, s/he will be a visible, driven, and engaged leader, builder, and spokesperson with a passion for furthering the mission of CMI. This role is approximately 50% management and 50% clinical practice and provides the opportunity for compensation at the highest level of the clinical specialty.

**Job Requirements:**
The successful candidate will be a physician leader who is fellowship trained (BC/BE) in Child and Adolescent Psychiatry with a minimum of five (5) years’ experience post-fellowship. S/he will possess a impressive academic background, outstanding communication and presentation skills, strong technology orientation, the demonstrated ability to successfully lead and build programs, and a track record of providing highly responsive, compassionate, evidence-based clinical care of the highest caliber. S/he must possess or be eligible for licensure in the state of California. Westwood & Wilshire has been exclusively retained to conduct this search. Inquiries, nominations and applications should be sent to CMI’s search consultants, Ryan Hubbs and Kari Donovan, via email at capsych@westwoodwilshire.com. We can be reached via phone at 206.926.3995 (Hubbs) or 314.623.1264 (Donovan). All communication will be treated with full professional confidentiality. CMI is an equal opportunity employer and does not discriminate in employment based on race, religion, color, sex/gender, gender identity/expression, national origin/ancestry, disability, medical condition, marital status, age, military or veteran status, or any other non-merit basis protected by federal, state or local law or regulation.

**NORTH CAROLINA**
**Company:** MAHEC (1223107)
**Title:** Psychiatrist Faculty Physician
**Job ID:** 13930604
https://jobsource.aacap.org/jobs/13930604

**Job Description:**
FIND YOUR PURPOSE in our mission-driven community-focused organization! We are committed to creating a diverse, equitable, inclusive and empowering workplace. Mountain Area Health Education Center (MAHEC) seeks to fill both Adult and Child & Adolescent Psychiatrist roles. Under the direction of the Psychiatry Department Chair, the Psychiatrist will provide psychiatric care within the MAHEC Center for Psychiatry and Mental Wellness and other assigned locations as needed. The Psychiatrist will also provide supervision for psychiatric residents in the outpatient setting. Specific responsibilities include, but are not limited to:
- Evaluate patients by interviewing patient, family, and other persons; reviewing medical history and related documents; ordering laboratory tests and evaluating results.
- Develop treatment plans by determining nature and extent of cognitive, emotional, developmental, social, and behavioral disorders; establish treatment goals and methodologies.
- Maintain interdisciplinary treatment by reviewing treatment plans and progress; consult and collaborate with primary care physicians, mental health therapists, nurses, and other health care providers
- Consult with other MAHEC physicians or nurse practitioners to ensure physical care needs are addressed and makes appropriate referrals and aftercare recommendations, as needed; provide suicide/homicide assessments.
- Provide teaching, training and supervision of medical students, residents, fellows and/or advanced practice clinical students, as assigned; may be assigned to mentor junior staff.
- Development and delivery of in-service training for primary care-based providers and staff regarding recognition and treatment of behavioral health conditions in primary care.
- Assure quality and safe service for patients and staff by complying with policies, procedures, standards, rules, AAAHC requirements, and legal regulations; participate in utilization reviews.

**Equal Opportunity Employer**

**Job Requirements:**
Any combination of education and experience equivalent to: Graduated from an accredited medical school with Doctorate’s degree in medicine (MD/DO) is required. Licensed to practice medicine in North Carolina; AND Completion of four (4) years of ACGME Psychiatry training (applicants within their final six (6) months of training may be considered, proof pending of training completion by appointing authority). OR Completion of five (5) years of ACGME Psychiatry and Child Psychiatry training (applicants within their final six (6) months of training may be considered, proof pending of training completion by appointing authority). Federal Drug Enforcement Administration (DEA) Registration American Board of Psychiatry and Neurology (ABPN) eligible in Psychiatry (or Child Psychiatry) at the time of initial appointment. Certification will be required and must be obtained within time requirements recognized by the Psychiatry Board post-residency or child fellowship. ABPN Certification in Psychiatry (and Child Psychiatry, if applicable) shall be maintained, at all times, after date of initial certification or date by which applicant is required to obtain certification. Prior experience as psychiatrist in outpatient and/or inpatient setting Prior teaching experience preferred.
Pennsylvania

Company: Tyler & Company (1220454)
Title: VP & Chief Medical Officer
Job ID: 13860813
https://jobsource.aacap.org/jobs/13860813

Job Description:
Vice President & Chief Medical Officer
The Renfrew Center Philadelphia, Pennsylvania The Renfrew Center has retained Tyler & Company for an exciting search for a VP & CMO, Philadelphia, Pennsylvania. The Opportunity. The Chief Medical Officer (CMO) is responsible for oversight for all psychiatric services throughout Renfrew and the operations of programs and services at the residential treatment facility in Philadelphia. The CMO also interfaces and consults on the medical and clinical issues at the non-residential sites. The Philadelphia residential site, the CMO provides oversight for clinical, nursing, aftercare utilization review (UR), medical records, nutrition, medical, and psychiatric services and programs, directing the review and revision of all policies in these areas. He/she works closely with the Director of Plant Operations to ensure patient safety in the EOC, and also works closely with the Quality Manager and other senior staff to ensure Renfrew Philadelphia and the larger Renfrew network meet regulatory and standards requirements for licensing and Joint Commission.

The CMO works closely with the business office, admissions, UR and insurance contracting to ensure that clinical services throughout the organization are authorized and paid. Working collaboratively with the Vice President and Chief Clinical Officer, the CMO provides oversight for the Renfrew Clinical Excellence Board... 

Texas

Company: University of Texas Southwestern (1147585)
Title: Child & Adolescent Psychiatrist-Eating Disorder Specialty
Job ID: 13847883
https://jobsource.aacap.org/jobs/13847883

Job Description:
The University of Texas Southwestern Medical Center, Department of Psychiatry, Division of Child and Adolescent Psychiatry is seeking a board certified/board eligible Child Psychiatrist to provide support to the Eating Disorders Program and the Consult Liaison Service at Children's Medical Center. Level of appointment will be commensurate with experience. Candidates for this position do not require specific Eating Disorders experience as training and mentorship by senior faculty and staff is available. The Eating Disorders Program offers a full continuum of care for children and adolescents, girls and boys with eating disorders and other eating-related illnesses. The program includes 12 inpatient beds, a partial hospitalization program, an intensive outpatient program and outpatient care. The Consult/Liaison Service provides integrated clinical services at Children's Medical Center. Consultations are provided to all pediatric inpatient services, including general pediatric inpatient services, pediatric intensive care unit, pediatric neurology and other sub-specialty services as well as ambulatory clinics and the emergency department.

UT Southwestern Medical Center is an Affirmative Action/Equal Opportunity Employer. Women, minorities, veterans and individuals with disabilities are encouraged to apply.

Job Requirements:
The candidate’s background should include experience with psychiatric assessment and treatment of children and adolescents. This includes the treatment of medical patients with cognitive, behavioral, and emotional needs, and...
medication management. Candidate must be able to provide supervision and teaching of child psychiatry fellows, general psychiatry residents, medical students and other allied health students. Applicant must have or be able to obtain a Texas medical license and be board certified or board eligible in Child and Adolescent Psychiatry.

WASHINGTON

Company: LifePoint Health (1116532)
Title: Lourdes Counseling Center; Established Team in the Pacific Northwest
Job ID: 13826563
https://jobsource.aacap.org/jobs/13826563

Job Description:
About this Position Lourdes Health in Pasco, Washington is now accepting BC/BE CHILD/ADOLESCENT PSYCHIATRY candidates to join their team! In/outpatient mix, weekend in-house call 1/6, 1/5 weekday phone coverage. Board eligible with requirement to complete Boards by end of contract term. Will see Adult inpatients when on call with average census of 16. Lourdes Counseling Center currently employs five psychiatrists, including one child/adolescent psychiatrist. Services include day treatment, medication management, crisis triage, case management, therapy and an acute inpatient hospital for adults.

Job Requirements:
Requirements BC/BE in psychiatry BC/BE in child/adolescent psychiatry from accredited fellowship.

WEST VIRGINIA

Company: Pinnacle Health Group (1114105)
Title: West Virginia Child Psychiatry Opening 180713
Job ID: 13900779
https://jobsource.aacap.org/jobs/13900779

Job Description:
Join one of the best health care providers and teaching hospital in the state Child Psychiatry • $260K base salary with wRVU bonus potential plus comprehensive benefits • $20,000 sign-on bonus • Monday - Friday Outpatient Only; No Weekends or Holiday • Occurrence malpractice; No tail coverage required • Potential for leadership position with stipend for medical director duties for actual hours worked • Nationally recognized 88 bed Residential Treatment Center • Well established and tenured support staff • Accredited Charter School • Integrated approach and Continuum of Care ranging from Sub-Acute Residential to Community Based Programs • Clinical Emphasis on Assessment, Treatment Planning, Discharge and After Care Planning Wild and wonderful . . . almost heaven • The cultural, recreational, and business capital of the Appalachian Mountains • Excellent Public and Private Schools • NCAA Division I Intercollegiate Sports Teams • Driving distance for skiing, water sports, hiking, etc. • Bike friendly community with a network of trails • Art walks, downtown street festivals and brown bag concert series • Come play – multiple family friendly venues and activities Timothy Stanley Direct / Fax: 404-591-4224 800-492-7771, tstanleyweb@phg.com Cell / Text: 770-265-2001 MENTION CODE 180713 – CHP

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

WISCONSIN

Company: Mayo Clinic (1222567)
Title: Child & Adolescent Psychiatrist - Outpatient
Job ID: 13918685
https://jobsource.aacap.org/jobs/13918685

Job Description:
Mayo Clinic Health System in La Crosse, Wisconsin is seeking a Board Certified/Board Eligible Child and Adolescent Psychiatrist to join an established department with adult psychiatry providers, child and adolescent psychiatrist, psychologists, psychotherapists and nurses. Mayo Clinic Health System is a physician-led, financially stable organization, committed to both high quality patient care and patient satisfaction. The Child-Adolescent Psychiatry outpatient practice is part of a well-established Child-Adolescent Behavioral Health team, which already includes a child-adolescent psychiatrist, 2 child-adolescent psychologists, as well as clinical therapists, case workers and nurses. An adolescent DBT program and integrated behavioral health support to primary care are some of the outpatient services offered. - No call; no hospital coverage - Tiered system of care for children and adolescents - Full back up from all subspecialties - Comprehensive benefits package and competitive salary guarantee. Mayo Clinic Health System – Franciscan Healthcare Behavioral Health Services is a growing and robust interdisciplinary team of Psychiatrists, Psychologists, Neuropsychologists, Nurses, and Therapists. This group provides evidence-based diagnostic and treatment interventions to children, adolescents, adults, and families struggling with mental health and/or substance use disorders. Care is provided in primary care clinics, an outpatient behavioral health center, hospital for consultations, and four residential programs. There will also be the opportunity for a 20% appointment at Mayo Clinic Rochester for interests related to research, academics, or clinical practice. Being a part of Mayo Clinic’s large institution allows us to offer you: More work-life balance. Competitive Compensation. Pension, Mayo funded defined benefit plan 403(b) with match and optional deferred compensation 457(b). Excellent medical, dental and spending accounts. First-rate malpractice coverage. Generous CME and travel stipend. Opportunities to have a partial appointment in the academic setting if desired. Opportunities for leadership experiences within the department and institution if desired.

Job Requirements:
Candidates must be board-certified/board-eligible in Child-Adolescent Psychiatry. A mixed child-adolescent/adult psychiatry practice could be considered. Wisconsin Medical License.
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For any/all questions regarding advertising in AACAP News, contact communications@aacap.org.