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New Research Poster Deadline: June 7, 2021
Preliminary Program Available: Mid-June
Member Registration Open: August 3, 2021
General Registration Opens: August 10, 2021

Visit www.aacap.org/AnnualMeeting-2021 for the latest information!
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## FOR YOUR INFORMATION
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**On the cover:** First-grade friends gather for a picture after an afternoon of after school covid-safe fun!
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
On behalf of AACAP’s Executive Committee, please know that AACAP will hold our 2021 Annual Meeting virtually, rather than in Atlanta as originally planned. This was an extremely complex decision and one that was thoroughly vetted. Please know our decision was made in the best interest of our members’ and attendees’ safety, health, and well-being.

We appreciate the significant feedback from our members, as your input played a large role in the overall decision. We will miss the togetherness, camaraderie, and fun that comes with attending an in-person Annual Meeting, however, we know we can create and deliver a fantastic virtual experience for all attendees.

The Executive Committee decided on a virtual format for 2021 for three key reasons:

- **As a community of physicians, we feel strongly about supporting responsible public health.** We are very excited about the scientific success of vaccines and we hope that the vaccine rollout swiftly continues so that we can return to some normalcy. However, it was our judgment that, currently, there are too many risks and uncertainties to safely hold a large-scale meeting with thousands of our colleagues in October.

- **We want to ensure equitable and wide participation.** A virtual platform will enable many more attendees to participate again this year, eliminating issues with continued travel restrictions and difficulties, uncertainties related to vaccines, and potential financial constraints at institutions or for important communities, such as trainees.

- **Building on a successful 2020 meeting, the Program Chairs and staff are already hard at work to provide an even better virtual experience.** We are working on creating new and improved ways to connect and network, offering more opportunities for live educational engagement, and expanding the time to earn CME credits.

Plan to join us October 18-30, 2021, when we will bring together child and adolescent psychiatrists and other professionals from around the world to connect, learn, mentor, and network—albeit virtually. Similar to 2020, we will offer a two-week format, with the week of October 25-30 having all of the live sessions. More schedule and content details will be available in mid-June. Over the coming weeks, we will be talking to committee chairs, exhibitors, members, presenters, and sponsors, about our plans.

We are excited to again provide cutting-edge scientific programming and, as the world emerges from an unprecedented pandemic, AACAP’s leadership continues to explore how we can sustain, unite, and engage our vibrant community in new ways.

Stay tuned for more information and we can’t wait to see you online this fall! Questions? Contact meetings@aacap.org.

Thank you for your ongoing support during these complex times.

Sincerely,

Gabrielle A. Carlson, MD
President
AACAP

Cathryn A. Galanter, MD
Secretary

Melvin D. Oatis, MD
Assembly Chair

Warren Y.K. Ng, MD, MPH
President-Elect

Bennett L. Leventhal, MD
Treasurer
Ketamine Treatment of Pediatric Depression – What Can We Learn From the Experts?

Dr. Lorberg and Dr. Kriegel: What is the current evidence base for adolescent ketamine treatment? How does it differ from the evidence in the adult population?

Dr. Bloch and Dr. Dwyer: While there are only two FDA-approved medications for pediatric unipolar depression (fluoxetine, escitalopram), when one considers that suicide is the second leading cause of death in adolescents, the critical need for more effective medications becomes obvious. Adult psychiatry has a much larger evidence base for pharmacologic treatment strategies for treatment-resistant depression in general compared to Child Psychiatry (Dwyer et al, 2020), and ketamine is no exception. For adults with treatment-resistant depression, the evidence of short-term antidepressant response is convincing. While some encouraging longer-term studies have been conducted in adults, key questions remain regarding the optimal ways to sustain short-term benefits and the safety of prolonged repeated exposures.

Pediatric studies are important since Glutamate and GABA neurotransmitter systems continue to mature during adolescence, and there is no guarantee that ketamine works to the same degree, or even in the same ways in pediatric patients as it does in adults. Until recently, clinicians have only had a handful of case reports, an open label trial with thirteen patients (Cullen et al, 2018), and in April, we published the first pediatric placebo-controlled randomized control trial of IV ketamine (Dwyer et al, 2021). Fortunately, our group and others have several pediatric studies in the pipeline, including studies at UT Southwestern Medical Center in Dallas, University of Minnesota in Minneapolis, Nationwide Children’s Hospital in Columbus, Cleveland Clinic in Ohio, and Chinese PLA General Hospital in Beijing, China.

In our proof-of-concept randomized, double-blind, single-dose crossover clinical trial, 17 adolescents (ages 13–17) with a diagnosis of major depressive disorder received a single intravenous infusion of either ketamine (0.5 mg/kg over 40 minutes) or midazolam (0.045 mg/kg over 40 minutes), and the alternate compound two weeks later. All participants had previously tried at least one antidepressant medication and met the severity criterion of a score >40 on the Children’s Depression Rating Scale–Revised (CDRS). The primary outcome measure was a score on the Montgomery-Åsberg Depression Rating Scale (MADRS) 24 hours after treatment. MADRS was used because it is well validated in adolescents, and the MADRS is more sensitive than the Hamilton Depression Rating Scale (HDRS) to short-term changes in symptoms (the CDRS is based on the HDRS). We made this decision a priori prior to seeing any of the data as it was expected that the CDRS would be less sensitive and has only been used over the weekly time course.

We found that a single ketamine infusion significantly reduced depressive symptoms 24 hours after infusion compared with midazolam (MADRS score: midazolam, mean=24.13, SD=12.08, 95% CI=18.21, 30.04; ketamine, mean=15.44, SD=10.07, 95% CI=10.51, 20.37; mean difference= -8.69, SD=15.08, 95% CI= -16.72, -0.65, df=15; effect size=0.78). In secondary analyses, the treatment gains associated with ketamine appeared to remain 14 days after treatment, the latest time point assessed, as measured by the MADRS (but not as measured by the Children’s Depression Rating Scale–Revised). Ketamine was associated with transient, self-limited dissociative symptoms that affected participant blinding, but there were no serious adverse events.
In addition to the need for a longer-term study, we also will need to learn how well our findings will generalize to the community. Monitoring of research studies is very intensive; for instance, every patient has a 24-hour phone number to call if they encounter problems. Patients have a high level of contact with study staff. They also undergo regular urine toxicology screens.

Appropriate monitoring is critical both for assessment of efficacy and for monitoring of any safety issues. If patients do not respond to ketamine, hopelessness and suicidal urges may increase. If patients do have a clinical response, they may experience vulnerability if the improvement is only short-lived.

In our pediatric experience, and in the adult literature, if a patient responds to a single ketamine infusion, they will make gains within one to three days of initial treatment; but if they only receive one treatment, symptoms generally return over one to two weeks. Studies are underway to better determine treatment regimens to extend the benefits of a single treatment, but regardless of the paradigm, close monitoring is critical for risk mitigation when patients either do not respond or have a relapse.

**Dr. Lorberg and Dr. Kriegel: When would you consider ketamine to be a reasonable option?**

**Dr. Bloch:** I believe that as clinicians, we are far too cautious in offering aggressive treatment to depressed, suicidal adolescents who have withdrawn from life and fallen off their developmental trajectory. It is of critical public health concern that while suicide is the second leading cause of death in adolescents, and depression is a significant, modifiable risk factor for suicide, we as clinicians do not have an evidence base to guide treatment decisions after two failed antidepressant trials.

**Dr. Dwyer:** Ultimately, there needs to be more research into interventional psychiatric techniques, such as ketamine, transcranial magnetic stimulation, and electroconvulsive therapy to determine where they may be appropriate in the sequence of treatment algorithms. Ideally, we would strike just the right balance of being both appropriately cautious and sufficiently aggressive in offering interventional psychiatric treatment modalities.

**Dr. Lorberg and Dr. Kriegel: What is the youngest age in which ketamine would be a reasonable option?**

**Dr. Bloch and Dr. Dwyer:** There is no specific age cutoff — we consider the key to be meeting criteria for treatment resistance. It often takes time to try standard treatments like SSRIs and psychotherapy, and in general we are not considering interventional psychiatric techniques before adolescence (younger than 11-12 years old). Also, the older the adolescent is, the more comfortable we are using ketamine, given the greater evidence base from the adult studies and increased capacity for nuanced understanding of the potential risks and benefits. Currently, we are not aware of any evidence that ketamine interferes with puberty.

**Dr. Lorberg and Dr. Kriegel: Are there any relative contraindications to ketamine?**

**Dr. Bloch and Dr. Dwyer:** Psychosis and substance use disorders are the primary exclusion criteria in research trials and in our clinical practice.

**Dr. Lorberg and Dr. Kriegel: What about borderline personality traits and ketamine use?**

**Dr. Bloch and Dr. Dwyer:** We often find it difficult to sort out personality disorders from severe depressions in adolescence. If criteria are met for major depression, we generally consider ketamine as a valid treatment option. That being said, a trial of DBT would also be a good complementary approach if a patient also has significant borderline personality traits.

**Dr. Lorberg and Dr. Kriegel: What are the most important risks of ketamine use?**

**Dr. Bloch and Dr. Dwyer:** Since Ketamine is FDA approved for anesthesia in patients above 16 and is frequently used for anesthesia at younger ages in dental and medical procedures, the acute effects of a single dose are well-known and regarded as relatively safe with monitoring. It is important to note that a lower dose of ketamine is used in depression studies (0.5 mg/kg infused over 40 minutes) compared with the doses used in anesthesia settings. We have not seen emergent psychosis or mania in our treatment trials, but this is something we screen for, and we exclude participants with a history of psychosis or mania.

The most common pediatric side effects with the antidepressant dosing we have studied are as follows:

- nausea and vomiting
- increased pulse and blood pressure
- dissociation and anxiety; dissociative symptoms can include perceptual disturbances, such as feeling like you are in a dream, disconnected from your body, like you are moving in slow motion, or parts of your body are unusually large or small.

The longer-term side effects, particularly of repeated exposures, are not fully known, and this uncertainty drives concerns around whether and how to utilize maintenance ketamine treatment. Data that give us pause come from both human studies of ketamine use disorder and animal studies highlighting the potential for neurotoxicity, particularly in the developing brain. Studies in adolescent animals show that some chronic ketamine regimens cause white matter changes as well as neuronal cell death. Human studies also highlight the potential for chronic cystitis and hepatoxicity with heavy use. Unfortunately, the threshold for toxicity, particularly with cumulative exposures over time, is not known, and toxicity thresholds could be lower in adolescents compared to adults.

With regard to substance use risks, ketamine can be abused. DEA designated it a schedule-3 controlled substance in 1999. While we hope that by adequately treating someone’s depression, we are lowering their risk for subsequent substance use, it is important to include abuse potential in the informed consent and assent discussions and to include questions about substance use in post-treatment monitoring.
Dr. Lorberg and Dr. Kriegel: How do you explain a ketamine trial to the parents/patients?

Dr. Bloch and Dr. Dwyer: We start with a discussion of how ketamine is very much an experimental medication for pediatric depression. Then, we define the idea of treatment resistance. We look for at least two antidepressant trials at appropriate doses with adequate duration, in addition to at least one adequate psychotherapy trial. In our recently published trial, the mean duration of illness was 21 months for current depressive episode, so most of these participants were dealing with both high severity and chronicity. We tend to think about ketamine when we would also be thinking about ECT. We discuss the promising data in adults and the limited, but promising data in adolescents, and then review some of the known risks mentioned above. Then we explain that all the risks are not yet well-known, and to participate in the trial involves taking on a certain level of unknown risk. We also discuss the risk of no response in advance and prepare the patient and the family for next steps if they do not improve after ketamine treatment. We also clarify that ketamine is not a quick fix and does not take the place of evidence-based multi-modal depression treatment that includes psychotherapy and, if appropriate, family therapy.

Dr. Lorberg and Dr. Kriegel: How do you think about IV vs IM vs IN vs PO ketamine options?

Dr. Bloch and Dr. Dwyer: We use a protocol of IV dosing of racemic ketamine at 0.5 mg/kg over 40 min, which is the best studied dose and what we consider to be the gold standard. The current understanding of the neurobiology, coupled with a small dose-finding study in adults, suggest that both higher and lower doses may have less antidepressant efficacy. By using an IV administration, side effects can be assessed and the medication can be stopped in real time if needed.

Intranasal esketamine (trade name: Spravato) is approved for use in conjunction with an oral antidepressant in adults with treatment resistant depression or depression with acute suicidal ideation. It has a REMS database. There are no published pediatric studies yet, although intranasal esketamine trials in pediatric patients are currently underway. While compounded versions of racemic ketamine are available, there is a concern that nasal congestion may affect absorption, and variable absorption equates to variable dosing. Risks and benefits of IN racemic ketamine are not as well-established and quantified as those of IV ketamine or IN esketamine.

While there are other potential routes of administration (PO and IM), they have not been well-studied in adults with psychiatric disorders. They have not been studied at all to our knowledge in pediatric depression. We advise keeping with the routes of administration best studied in the adult literature and the growing pediatric evidence base, namely intravenous racemic ketamine and intranasal esketamine.

Dr. Lorberg and Dr. Kriegel: How do you conceptualize ketamine maintenance?

Dr. Bloch and Dr. Dwyer: There needs to be further research on this question. In the short-term, we do four to six infusions and then focus on maximizing other treatment options. In adults, maintenance treatments decrease relapse rates. However, since there may be an enhanced risk to neurotoxic effects of ketamine at younger ages and the risks are not fully known, we focus our efforts on maximizing other treatment modalities and psychosocial supports.

Dr. Lorberg and Dr. Kriegel: Given proliferation of commercial ketamine clinics, how could one decide which providers are using best practices for pediatric ketamine treatment?

Dr. Bloch and Dr. Dwyer: While the FDA-approved use of esketamine (Spravato) in adults with treatment resistant depression has a REMS system, no such system is in place for intravenous ketamine. A clinic that is administering IV ketamine should have clear plans for safety and efficacy monitoring, including access to ACLS-certified providers. Treatment should include structured ratings of symptom severity and side effects. Ketamine should always be administered in a health care setting where observation by qualified, trained physicians and staff is possible. We advise against dispensing ketamine for home administration.

We also would ask the following:
- Is there a plan for treatment and monitoring beyond ketamine?
- Is there a plan for leveraging all treatment modalities, including psychotherapy?
- What is the interface with other psychiatric and medical professionals?

Dr. Lorberg and Dr. Kriegel: Could you comment on ketamine-assisted psychotherapy? There are clinics, such as Field Trip, that deliver psychotherapy along with the ketamine.

Dr. Bloch and Dr. Dwyer: There are several studies underway that look at how psychotherapy could be combined with ketamine, particularly as a means to harness the potential period of enhanced synaptic plasticity and to extend any experienced antidepressant benefits. Psychotherapy sessions do not occur at the time of the ketamine infusions, but rather are interspersed at different points in the week.

Dr. Lorberg and Dr. Kriegel: What else do you consider with ketamine treatment?

Dr. Bloch and Dr. Dwyer: Cost can certainly be an issue. While adults with TRD may have insurance coverage for FDA-approved esketamine, coverage for racemic intravenous ketamine is variable in adults, and we have not seen any instances of insurance coverage for adolescents. As a result, it may not be affordable for all patients.

In conclusion, it is most important to weigh the risks and benefits of each individual case and to be certain that there is informed consent from the parents and assent from the adolescent. Families should clearly understand the state of the field, where the evidence base remains quite small for pediatric patients, and doctors should be sure that the risks (both known and unknown) are clearly communicated.
References


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Jennifer Dwyer, MD, PhD, is an Assistant Professor in the Child Study Center and the Department of Radiology and Biomedical Imaging at Yale University, and the co-director of the Yale Pediatric Depression Program. Her research focuses on testing novel therapeutics for adolescent treatment resistant depression and using neuroimaging to explore predictors of treatment response. She may be reached at Jennifer.Dwyer@yale.edu.

Joshua Kriegel, MD, is a PGY-2 psychiatry resident at UMass. He is interested in the therapeutic potential of psychedelics in psychiatry and is the co-founder of the Psychedelic Science Interest Group (PSIG) at UMass.

Michael H. Bloch, MD, MS, graduated from Yale School of Medicine and completed his child and adult psychiatry training at Yale. He is currently an Associate Professor at the Yale Child Study Center. His research focuses on evidence-based medicine and developing improved treatments for individuals with mental illness across the lifespan using clinical trials and meta-analysis. His clinical and research interests concentrate on depression, anxiety, Tourette syndrome, ADHD, trichotillomania and OCD across the lifespan. He has published over 125 peer-reviewed manuscripts and was co-editor of the fifth edition of the Lewis Textbook of Child and Adolescent Psychiatry. He serves on the editorial boards of the Journal of the American Academy of Child Psychiatry, Journal of Child Psychology and Psychiatry, Journal of Child and Adolescent Psychopharmacology and Depression and Anxiety.

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.
Teaching Psychodynamics During COVID-19: AACAP Psychodynamic Faculty Training and Mentorship Initiative (PFTMI) Takes Up the Challenge

As the second-ever cohort of participants set to work on their projects for AACAP’s new Psychodynamic Faculty Training and Mentorship Initiative (PFTMI) program, the PFTMI administrators and the mentor-mentee pairs were forced to find new ways of managing their work. The PFTMI, which launched in 2018, aims to support and advance the teaching of psychodynamics in child and adolescent psychiatry fellowship programs. The Initiative pairs early career and junior faculty mentees with more experienced mentors with the goal of creating and implementing projects to improve training and education in psychodynamics.

For the first year of the PFTMI, mentees presented their projects at the in-person 2019 AACAP Annual Meeting in Chicago. Due to COVID-19, a live meeting did not happen this year. Instead, the mentees were given a Zoom platform to share their projects as others watched, asked questions, and provided support and encouragement. Those who attended included the mentors and members of the Psychotherapy Committee and the Training & Education Committee.

Typically, the mentees and mentors meet regularly throughout their project year, and this year the pairs and the committees needed to adapt their meetings and communications because of the pandemic. While some pairs were forced to give up in-person meetings, virtual meetings replaced monthly phone calls.

In some cases, the shift to televideo proved advantageous as screen sharing allowed pairs to look at projects together in real-time, including multimedia and visual presentations.

We quickly learned that COVID-19 not only forced the PFTMI to shift its activities online, but the mentees—as well as educators across the country—were forced to adapt their projects to online teaching formats in their home institutions. Being able to see how early career educators adapted their teaching was quite stunning. As video teaching became the norm, innovative ways of using multimedia to teach psychodynamic concepts came to the forefront, including the use of video clips and computer presentations.

This year’s projects included:

- Curriculum on the psychodynamics of prescribing medications in child psychiatry, by Rangsun Sitthicahi, MD (UMass), and Horacio Hojman, MD (Brown University).
- Lectures on defense mechanisms using role-play, by Hal Kronsberg, MD (Johns Hopkins), and Victor Fornari, MD (Zucker School of Medicine at Hofstra/Northwell).
- Eight-week seminar series on attachment and object relations using mixed media and readings, by Cody Roj, MD (Louisiana State University), and Laura Prager, MD (Mass General/Harvard).
- Revamping a program’s entire psychotherapy curriculum, by Sheena Joychan, MD (Institute of Living/Hartford Hospital), and Lee Ascherman, MD (UAB Birmingham).
- Improving access to psychodynamic supervision for CAP fellows, by Paria Zarrinnegar, MD (Oregon Health & Science University), and Susan Donner MD, (UCLA).
- Seminar series focusing on gender identity and trauma utilizing contemporary books and movies, by Shobha Chottera, MD (Seton Hall/Hackensack), and Ted Gaensbauer, MD (University of Colorado).

Though we all missed the opportunity to interact with each other face-to-face, at least we were able to interact online and share in the fruits of the labor. As a result, several of the pairs are now collaborating on a symposium submission for AACAP’s 68th Annual Meeting to share the projects and experiences.

The PFTMI continues to acknowledge and address the many barriers and resistances to teaching and learning psychodynamics, despite the fact it is a core psychotherapy for CAP programs per the ACGME. Barriers include:

- Managed care and financial strains have de-emphasized psychotherapy as being done by child psychiatrists
- The need to train a new generation of psychodynamic CAP role models,
teachers, and supervisors, as many have retired or nearing retirement

- Difficulty keeping up with new teaching modes and incorporating adult learning theory
- The need to consistently exhibit the clinical utility of psychodynamics in multiple “real-life” clinical encounters
- Assumptions about the evidence-base for psychodynamics, requiring the review of existing research that shows that psychodynamic psychotherapy has proven efficacy in the child and adolescent population for specific conditions such as depression, anxiety, and personality disorders

The PFTMI has already launched the 2020-21 (Year 3) program with five pairs of mentees and mentors who have been “virtually” introduced to each other to help them springboard their project ideas. We will soon begin soliciting applications for Year 4, for both mentors and mentees. Interested AACAP members who teach psychodynamics should consider applying as a mentee or mentor! More information and applications can be requested from Anneke Archer at aarcher@aacap.org.

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Dr. Shapiro is associate clinical professor of Psychiatry at the University of Florida College of Medicine in Gainesville, FL, and an inaugural mentee graduate of the PFTMI. He may be reached at mshapiro@ufl.edu.

Dr. Drell is past president of AACAP and the Carl P. Adatto, MD Professor of Community Psychiatry at Louisiana State University Medical School in New Orleans, Louisiana. He may be reached at MDrell@lsuhsc.edu.

Dr. Ritvo is assistant clinical professor of Psychiatry and Behavioral Sciences at George Washington University and Children’s National Medical Center. She recently retired from the faculty of the Washington Baltimore Center for Psychoanalysis, and her private practice in Kensington, MD. She may be reached at rzritvomd@gmail.com.

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GET INVOLVED!

**Background**

AACAP’s Psychodynamic Faculty Training and Mentorship Initiative (PFTMI) aims to advance psychodynamic psychotherapy training in child and adolescent psychiatry programs by focusing on faculty development through a one-year mentoring program.

**How Does It Work?**

In collaboration with an assigned mentor, awardees design a psychodynamic training project to address needs within their child and adolescent psychiatry programs. Participants in the PFTMI also gain access to a network of leaders in psychodynamic child and adolescent psychiatry.

Awardees are expected to 1. Attend a planning session, offered in conjunction with AACAP’s Annual Meeting, 2. Complete their project through the subsequent year. 3. Present their project to the group at the end of their mentorship year 4. Provide a summary of the work. 5. Share their work on AACAP’s website if appropriate.

A stipend of up to $450 is provided to cover Annual Meeting expenses to attend required project planning and networking events.

**Who Should Apply?**

Applications are currently closed for the 2021-2022 cohort of mentees. For the 2022-2023 cohort, faculty at all stages of their careers and all positions within a training program who wish to enhance their psychotherapy curriculum may apply for consideration to participate as a mentee in this Initiative.

**Application Deadline:** To be announced for 2022

**Become a Mentor!**

AACAP members with experience in the teaching and supervision of psychodynamic knowledge and skills, who are willing to cultivate professional relationships with the awardee(s), while supporting the development and implementation of the proposed training project are invited to sign-up to serve as mentors.

**Learn more!**

For information, visit [https://www.aacap.org/PFTMI](https://www.aacap.org/PFTMI) or email training@aacap.org with questions.
AACAP Grant Improves Advocacy for Children in Nebraska

The Nebraska Regional Council of the American Academy of Child and Adolescent Psychiatry (AACAP) and the Nebraska chapter of the American Academy of Pediatrics (NE AAP) were awarded a 2020 AACAP Advocacy and Collaboration Grant. This grant allowed the creation of the Nebraska Advocates for Child Health, a group of child and adolescent psychiatrists, pediatricians, and developmental pediatricians, working collaboratively to improve advocacy for children’s health across the state of Nebraska.

Using grant funds, we provided education for members of both groups from local advocacy experts as well as the AAP Senior Director of Federal and State Advocacy and the AAP Advocacy Communications Manager. We offered an introduction to advocacy activity for trainees in pediatrics and child psychiatry and purchased Improving Healthcare through Advocacy and The Citizen’s Guide to Influencing Elected Officials: Citizen Advocacy in State Legislatures and Congress: A guide for Citizen Lobbyists and Grassroots as resources for our members and trainees.

We were excited to host our first annual one-hour discussion with Nebraska legislators where we learned effective advocacy techniques as well as what issues the senators anticipated considering in the upcoming legislative session. We created a brochure and cover letter which detail general child health topics about which we feel passionate and can provide expert information.

While we were unable to physically be at our Capitol this year due to the pandemic, we were able to send our brochure, a cover letter, and a bound journal with our contact information inside to every state senator, regional city council members, University of Nebraska Medical Center leadership, and Nebraska’s US Congressional delegation and Senators.

Our Nebraska ROCAP provided 11 letters of support or opposition to bills presented in the Nebraska legislature in 2020; we also provided testimony on two bills. The Nebraska AAP sent nine position letters during the 2020 legislative season.

We intend to have one member from each organization lead the Nebraska Advocates for Child Health into the future. We plan to meet every other week during the legislative season and quarterly thereafter. We hope to forge more personal relationships with our representatives through increased one-on-one conversations and annually provide advocacy training for trainees in both programs. We have established a gmail account to allow for ongoing contact: NEChildAdvocates@gmail.com. Annual meet and greet events with senators will continue to offer opportunities to educate them on important issues affecting our patients and the care we provide. These events will also allow us to learn senators’ legislative initiatives for each upcoming legislative session. Once the pandemic allows, we plan to make yearly trips to the Capitol with members and trainees to establish working relationships with key senators and their staff.

In 2021, the Nebraska Advocates for Child Health is partnering with the Maternal and Child Health Bureau-funded Nebraska LEND (Leadership Education in Neurodevelopmental and Related Disabilities) Program to provide ongoing policy and advocacy training and experiences for pediatric residents/fellows and child and adolescent psychiatry fellows. Our AACAP and NEAAP members will serve as the trainers and mentors, thus ensuring sustainability and future growth for the Nebraska Advocates for Child Health.

The pandemic initially delayed our efforts but we were able to successfully convert our objectives into a virtual format which allowed easier collaboration between our two organizations and greater availability from senators, local leaders, and national advocacy experts. Building on our commitment to collaborate, we are hopeful for a stronger and more productive relationship between both groups which will allow for more structured, targeted, and widespread advocacy for children’s health needs in Nebraska.

Joan Daughton, MD, Cindy Ellis, MD, Beth Ann Brooks, MD, Daniel Gih, MD, and Melissa St. Germain, MD
Our educational sessions were promoted on the NE AAP website, Facebook and Twitter pages. [https://nebraska-aap.org/](https://nebraska-aap.org/)

This is the link to our ROCAP YouTube channel. [https://www.youtube.com/channel/UC05Q0Vbo01JbpoNGaLT_HxYQ](https://www.youtube.com/channel/UC05Q0Vbo01JbpoNGaLT_HxYQ)

These are the links to our training sessions: Advocacy Basics: Writing Letters and Testifying: [https://youtu.be/vDuYiT-TQsU](https://youtu.be/vDuYiT-TQsU)

Advocacy Basics: Identifying & Connecting with your Lawmaker: [https://youtu.be/ItJAoEEgzrI](https://youtu.be/ItJAoEEgzrI)


This is the link to our child health discussion with Nebraska Senators John Arch, Anna Wishart, and Machaela Cavanaugh [https://youtu.be/7kHLLi40CYw](https://youtu.be/7kHLLi40CYw)

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Dr. Daughton specializes in child and adolescent psychiatry, treating patients with a broad range of illnesses including mood, anxiety, behavioral and developmental disorders. She attended Loyola University Stritch School of Medicine for medical school. She completed her general and child/adolescent psychiatry residencies at the Creighton/Nebraska Training Program. Her interests include community outreach, the adoption and foster care system, lesbian-gay-bisexual-transgender health issues, and school-based health care. Dr. Daughton sees patients in the Children’s Behavioral Health clinic, Dundee Pediatrics Clinic, and four schools in the Omaha Public School System as a part of One World school-based health centers.

Dr. Mel St. Germain was born and raised in Omaha, Nebraska. She volunteered at Children’s hospital as a teenager and has always loved pediatrics. She completed medical school at UNMC and Pediatrics residency through UNMC/Creighton/Children’s Hospital and Medical Center in Omaha. She worked as a pediatrician with Children’s Physicians for 11 years before taking on the role of Vice President and Medical Director of Children’s Physicians and Urgent Care in 2020. She is also the current President of the Nebraska Chapter of the American Academy of Pediatrics. She is inspired by child health advocates within the AAP and strives to add strength to the voices of children in our community.

Dr. Brooks is a graduate of the University of Nebraska College of Medicine who completed psychiatry residency training and a fellowship in child and adolescent psychiatry in Detroit. Subsequently she earned a Master of Science in Health Services Administration. Dr. Brooks was a faculty member at Wayne State University School of Medicine where she directed medical student education in psychiatry where she retains Professor Emerita status. Dr. Brooks has been active in numerous professional organizations, was a member of the editorial board of The Journal of the American Academy of Child and Adolescent Psychiatry, and is a former director and chair of the American Board of Psychiatry and Neurology. She returned to her Nebraska roots in 2013 and resides in Lincoln where she has a limited consulting practice; she is an Adjunct Professor of Psychiatry at the University of Nebraska College of Medicine. Dr. Brooks is the legislative chair of the Nebraska Regional Organization of Child and Adolescent Psychiatry and for the Nebraska Psychiatric Society.

Daniel E. Gih, MD (he/him/his) is Associate Professor and Director of Education in the UNMC Department of Psychiatry. He currently serves on the UNMC College of Medicine Curriculum Committee and is the founding program director (PD) of the UNMC psychiatry residency program. He completed his medical education at the University of Iowa, and training in adult and child psychiatry at the University of Michigan where he started his faculty career. While on the faculty at Michigan, he co-founded and directed the University of Michigan Comprehensive Eating Disorder Program, the state’s only academic partial hospitalization program for eating disorders for children and young adults. His clinical interests include psychiatric education, severe mood disorders in adolescents, electroconvulsive therapy, and eating disorders. Dr. Gih holds adjunct faculty positions at the University of Michigan and Creighton University. He is a proud member of the American Association for Directors of Psychiatric Residency Training and currently serves as the 2019-2021 President of the Regional Organization (Nebraska) of Child and Adolescent Psychiatry (American Academy of Child & Adolescent Psychiatry state chapter.)

Dr. Gih achieved distinguished fellow status for both the American Psychiatric Association and the American Academy of Child & Adolescent Psychiatry.

Dr. Cynthia Ellis is a Professor of Pediatrics and Psychiatry at the University of Nebraska Medical Center in the Department of Developmental Medicine at the Munroe-Meyer Institute for Genetics and Rehabilitation. She is board certified in Pediatrics, Developmental/Behavioral Pediatrics and Neurodevelopmental Disabilities. Dr. Ellis received her medical degree from the University of Nebraska Medical Center and completed residency training in Pediatrics and fellowship training in Child and Adolescent Psychiatry at the Medical College of Virginia/VCU. She has been practicing in the field of Developmental/Behavioral Pediatrics for over 20 years. Her clinical expertise is in the psychopharmacological management of children with developmental disabilities and other behavioral disorders. She has also published extensively in the field. Dr. Ellis is the Director of the Munroe-Meyer Institute’s MCH-funded LEND (Leadership Education in Neurodevelopmental and Related Disabilities) and ALA (Autism Leadership Academy) Interdisciplinary Training Programs. Dr. Ellis has served as the medical director for numerous public school and interdisciplinary community-based programs and as a research consultant in the field of developmental disabilities. She also participates in a number of other leadership positions on committees and boards.
Lessons Learned from Teens, Screens, and the Year of COVID-19

It's hard to believe that it's been just over a year since the COVID-19 pandemic began, bringing radical changes into our lives, and even more so into the lives of adolescents. Uncertainty, social isolation, and parental distress presented insults to mental health and greatly colored the problems our patients brought to us.

Perhaps the most significant change in the lives of youth was a drastically reduced time in school brought about by distance and hybrid learning. This year, most adolescents spent far less time going to and being at school, time only partially replaced by a shorter virtual school day, a dearth of extracurricular activities, and decreased homework expectations. This created a vacuum of several hours per day that was immediately filled by video games, social media, and streaming services. Some studies documented a near-doubling in daily entertainment screen time, with the greatest increases in social media and multiplayer online games like Fortnite and Roblox. Combined with virtual school hours, this meant that teens were engaged with screens almost all of their waking hours.

The time adolescents spent in virtual school often had their attention divided between Zoom classrooms and social media, streaming videos, and games. That diluted the quality of their education. Without in-person adult supervision, many distance learners were unable to resist online distractions to focus on school work. Combined with a deficit of reminders to stay on task and immediate reinforcement for completing assignments, many formerly successful students fell behind; some even failed school for the first time.

Many teens spent their days isolated in bedrooms, often in bed during the day, frequently napping, sleeping later and staying up later at night, and exposed to less sunlight. Young people were eating fewer regular meals and snacking more, especially skipping breakfast and eating more at night. Combined with less physical activity, this often led to significant weight gain. To compensate partially for reduced in-person interaction, teens spent far more time on social media, a poor substitute. That left many feeling lonely, disconnected, or feeling that they were missing out.

The quarantine may have enabled some positive trends as well, including decreased drug use and smoking (in part owing to reduced opportunities to purchase and share substances) and fewer suspensions for in-person bullying and aggressive behavior in school (presumably because youth were in school less often, in less-crowded classes which were easier to supervise).

Whole family systems have been also stressed by forced crowding, fear, uncertainty, and the economic, practical, and health stressors of COVID-19. Additionally, poor quality sleep, social isolation, poor diet, decreased exercise and sunlight exposure, and declines in academic performance contributed to the increased incidence of depression and anxiety in youth evidenced by research data and referrals for care. The explosion in psychiatric referrals overwhelmed the capacity of child & adolescent psychiatrists, so it fell upon pediatricians to treat an unprecedented number of cases, pushing many beyond what their experience and training had prepared them for.

It's worth remarking that the rapid changes brought on by COVID in the lives of adolescents only exacerbated a number of trends which have been occurring for decades. Namely, youth are spending more time on screen entertainment, and less on extracurricular activities, non-screen hobbies, and socializing in person. They experience more insomnia and get less physical activity and sunlight exposure. These changes have seen steady, concomitant increases in rates of depression, self-harm, and suicide.2,3

What have we learned from this? A lifestyle dominated by screen media is a poor substitute for one in which sleep, exercise, in-person interactions, and diverse in-person pursuits are prioritized. Excessive screen engagement among teens is becoming more common as social media, gaming, and streaming platforms become more sophisticated, engaging, easy to access, and habit-forming. However, it puts youth at a higher risk for depression, anxiety, and dysfunction in multiple domains.4 As screen media continues to evolve, both children and teens will require more effective limits to screen media access in order to maintain a healthy balance and structure in their lives, since they are less likely to manage this on their own. The thankless job of providing needed limits and structure falls most heavily on parents, a task for which many find themselves ill-equipped.

As child and adolescent psychiatrists, it is our duty to educate patients and their families about the need for a healthy balance in daily activities, and to help them achieve it.

“As child and adolescent psychiatrists, it is our duty to educate patients and their families about the need for a healthy balance in daily activities, and to help them achieve it.”

“...”

“For increased mastery at home, exercise in person and...”

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Paul Weigle, MD

1, 2, 3, 4

As child and adolescent psychiatrists, it is our duty to educate patients and their families about the need for a healthy balance in daily activities, and to help them achieve it. This involves improved child-parent communication, more effective limit-setting, parental control settings on WIFI and devices, encouraging...
physical and extracurricular activities, cultivating improved decision making around media choices, and aggressively addressing complicating conditions such as depression and ADHD. To support healthy limits, we can advocate for government regulations on software and media corporations. We can ensure that the lessons this year has taught us about adolescent mental health are not forgotten but enable us to shape a happier and healthier future for the patients and families who depend on us.

References

Get in the News!

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

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

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

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

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

**Production Schedule**

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

**Citations and References**

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

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

Paul Weigle, MD, DFAACAP, is associate medical director at Natchaug Hospital of Hartford Healthcare and associate professor of psychiatry at UConn School of Medicine. He serves as the co-chair of the AACAP’s Media Committee, and on the Institute of Digital Media and Child Development’s National Scientific Advisory Board. He can be reached at paul.weigle@hhchealth.org.
MANAGING THE STRESS OF RETURNING TO WORK AFTER COVID-19:
A Guide for Supervisors

The COVID-19 pandemic has required physical distancing, which altered many aspects of personal and occupational life, including reduced in-person work. A shift to remote work/tele-working changed how workers manage daily routines, develop work goals, perform tasks, and interact with one another.

Living with ongoing uncertainty caused by the pandemic has been challenging for many workers and their families. However, as rates of COVID-19 infection decline and more people are vaccinated, many organizations are resuming in-person activities to improve productivity and work performance. Although some workers look forward to face-to-face interactions with co-workers and supervisors, others are likely to feel reluctant.

It is helpful to anticipate challenges returning to in-person work, including: 1) re-establishing routines and schedules; 2) defining new goals and tasks; 3) establishing workplace safety procedures, and; 4) addressing uncertainty and worker questions about policy and procedures. Supervisors can assist workers to return to the workplace by implementing simple practices, which are listed below.

Help to Prepare for In-Person Work

- Anticipate Concerns — Be prepared to offer additional assistance and support to workers who do not feel comfortable returning to work.
- Involve Personnel — Ask workers about challenges of returning to work and potential solutions; individual conversations, group discussions, and surveys can all be useful.
- Address Challenges — Help workers plan how best to take care of family needs (e.g., vulnerable family members, child care needs, and others).
- Reduce Barriers — Assist their transition back to in-person work by reviewing and modifying policies and procedures that impact worker well-being and productivity.

- Be Creative — Consider practices that balance the mutual strengths of virtual and in-person work to create strategies that are positive for workers, as well as the organization.

- Encourage Healthy Routines — Encourage employees to get regular and adequate sleep, eat nutritious meals, and engage in daily physical activity.
- Develop Goals — Review how best to align workers’ short- and long-term goals with in-person activities.

Help to Transition to In-Person Work

- Re-establish Routines — Facilitate opportunities for workers to re-establish routines that will foster a sense of community in the workplace.
- Encourage Connections — Help workers connect regularly with each other to provide peer support, help with problem-solving, and build team connections.
- Incorporate Breaks — Recommend workers take regular breaks and, whenever possible, go outside to get exposure to fresh air and daylight.
- Communicate about Safety — Regularly send clear messages to workers about how the workplace is staying up to date and complying with health and safety guidelines.
- Manage Uncertainty — Help workers understand that information about COVID-19 and return-to-work is likely to evolve, and as a result leadership will continually adjust practices and procedures to optimize the work environment.
- Facilitate Growth — Model for workers how best to adapt their skills and coping strategies as they return to work, and encourage their successful practices.
New Research Call for Papers

AACAP’s 68th Annual Meeting takes place October 18-30, 2021, virtually. Abstract proposals are prerequisites for acceptance of any presentations. Topics may include any aspect of child and adolescent psychiatry: clinical treatment, research, training, development, service delivery, administration, etc.

Verbal presentation submissions were due February 16, 2021, and may no longer be submitted. Abstract proposals for (late) New Research Posters must be received by June 7, 2021. All Call for Paper applications must be submitted online at www.aacap.org. If you have questions or would like assistance with your submission, please contact AACAP’s Meetings Department at 202.966.7300, ext. 2006 or meetings@aacap.org.

Don’t Miss This Opportunity to SAVE Money!

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

Exhibitors can connect with more than 4,000 child and adolescent psychiatrists and other medical professionals, as well as advertise in several of the Annual Meeting publications. Typical AACAP exhibitors include recruiters, hospitals, residential treatment centers, medical publishers, and much more. To review more details on these opportunities, please visit www.aacap.org/AnnualMeeting-2021.

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Annual Update Course
— Up to 15 CME credits

Questions?
Contact us at cme@aacap.org.

www.aacap.org/moc
Honor Your Mentor

Below are eight recognitions that didn’t make it into the last issue. We hope you enjoy reading them!

Honoring: Julie Balaban, MD and Craig Donnelly, MD
Submitted by: Sarah Vaithialingam, Daniel Bigman, MD, Joel Peterson, MD, Dinesh Sangroula, MD, Linda Gao, MD, Omar Shah, MD

The term mentor is derived from a character in Homer’s “The Odyssey.” In the story, Athena took on the appearance of an old man to guide Telemachus during his time of difficulty. Like Athena, our mentors Dr. Donnelly and Dr. Balaban undoubtedly appear old (we can hear the work piling on as we poke fun). However, as young Child and Adolescent Psychiatry Fellows who started this adventure during the Covid-19 pandemic, we can also say that they have undoubtedly guided us through some of the more challenging parts of medicine. They have used their experience and leadership to teach us how to effectively drive and direct clinical care, as well as navigate institutional barriers. They have given advice not because they like to hear themselves talk, but because they genuinely want us to benefit from their wisdom. And they know how to deliver feedback in a way that’s constructive, kind, and direct. We are truly grateful to have them as part of our lives and would love the opportunity to honor their hard work and dedication.

Honoring: Kathryn Cullen, MD
Submitted by: Rana Elmaghraby, MD

Dr. Kathryn Cullen is a wonderful mentor. I have worked with her for over a year now on various scholarly work from posters to opinion pieces. She groomed me to be a sound professional and researcher. Dr. Cullen showed me how interesting and enjoyable research can be. She welcomes my questions with an open heart and is willing to spend time out of her busy schedule to guide me. She has everything that makes her a great mentor. She was one of the mentors that sparked my interest in child and adolescent psychiatry.

Honoring: Antoine Douaihy, MD
Submitted by Gil Hofman, MD, PhD

“In a real sense all life is interrelated. All [people] are caught in an inescapable network of mutuality, tied in a single garment of destiny.” Dr. Martin Luther King, Jr.

Dr. Douaihy’s mentorship on the dual-diagnosis inpatient unit was a transformative experience. He modeled channeling empathy into action daily using motivational interviewing; I am grateful to call Antoine my mentor, role model, and friend. He gracefully combines detailed instruction with a broad conceptual framework that fosters meaning in each encounter. Fundamentally, Antoine confirms we are human first, mutually interconnected “in a single garment of destiny.”
**Suma Jacob, MD, PhD**

*Submitted by: Rana Elmaghraby, MD*

Dr. Suma Jacob has everything that qualifies her not only a great but a phenomenal mentor. She is so humble and professional that I aspire to reach her level one day. She helped me navigate my path and determine how to narrow my research interest. In addition, she makes it seem possible to be able to integrate work-life balance and not worry about jeopardizing one or the other. She has involved me in her community outreach work to increase awareness of managing ASD. I am honored to call her my mentor and grateful for the opportunity to work with her.

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**Honoring: Sheryl Kataoka, MD**

*Submitted by: Misty Richards, MD, MS*

Dr. Sheryl Kataoka cares deeply for those around her. She leads by example, models integrity in her everyday actions, and reminds us all that being a kind, good human being matters most. Despite being one of the most accomplished faculty members in our child division at UCLA, she carries herself with humility and grace. She wants the best for those around her and, as a result, cultivates a wonderful environment for her colleagues/mentees to thrive.

On a personal level, Sheryl has been my mentor for close to four years. She has shepherded me through my transition from child fellow to junior faculty at UCLA, and I am so grateful for her honesty, vision, and belief in me through all the twists and turns. She reminds me to always do what is right, to try to be kinder and wiser every day, and that there is incredible value in giving back to the community and those around you. I am grateful to Sheryl for not only being one of the best mentors, but for being a trusted, invaluable friend.

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**Ayesha Mian, MD**

*Submitted by: Aisha Sanober, MBBS, FCPS*

I had not truly imbibed the meaning of mentorship until I met Dr. Mian. Over time, her input in all things small and large has greatly inspired me. She has a skill for knowing when to challenge my thought process and to help repackage my many cluttered ideas into a coherent proposition.

Dr. Mian has taught me to look every challenge in the eye and face it. Her visionary and value-centered guidance challenged me to think beyond my clinical work and take responsibility for the bigger picture. She truly believed in my potential, which made all the difference in my ability to ultimately reach where I am today.
FOR YOUR INFORMATION

Honoring: Sigita Plioplys, MD
Submitted by: Agnes K. Costello, MD

I had a chance to work closely with Dr. Sigita Plioplys as a child psychiatry fellow at Ann and Robert Lurie Children’s Hospital in Chicago in 2008. At the time, she had just created a multidisciplinary diagnostic clinic for children with comorbid neurological and psychiatric illnesses. My time with her taught me that the most complicated patients are not to be feared, that nonverbal does, in no way, mean non-communicative, and that families of these children can find relief just from having a good formulation of their child’s brain and behavior explained to them. Neurodiversity was still not an official “thing” back then, but looking back, she taught me how to respect and find the positive in even the most “differently wired” brains. This has shaped the way I have practiced to this day, and I am grateful for her influence.

Honoring: Maria Sauzier, MD
Submitted by: Shireen Cama, MD, Priya Sehgal, MD MA, Lee Robinson, MD, Jennifer Harris, MD, Josepha Immanuel, MD, Courtney McMickens, MD MPH, Elizabeth Fenstermacher, MD, Erin Belfort, MD

Dr. Maria Sauzier has been a beloved mentor to us and many other child & adolescent psychiatrists throughout her years of service, supervision, and teaching at the Cambridge Health Alliance. For over 20 years, Dr. Sauzier organized the Harvard Consolidated Seminar—a rich learning experience where CAP fellows from Cambridge Health Alliance, Boston Children’s and Massachusetts General Hospital gathered for weekly lectures and discussions with eminent clinicians and scholars. Dr. Sauzier has a genuine interest in the well-being of her trainees and colleagues. With grace, wisdom, and generosity of her time, she is always ready to lend a listening ear, consult on a case, or offer support for a personal concern. Dr. Sauzier has an incredible gift of making everyone feel seen, valued, understood and special to her. Your legacy continues to ripple on! We love you, Maria, and are grateful to have a mentor like you!
Renew for 2021

Don’t procrastinate! Make the effort and get it out of the way!
Renew today at www.aacap.org!

In Memoriam

James Harris, MD
Baltimore, MD

Asian American and Pacific Islander Resource Library

Developed by AACAP’s Asian Caucus, this resource library provides resources for Asian American and Pacific Islander (AAPI) families to effectively support their children, educate others, take action, and more.

Lecture Series on Improving Health Equity During the COVID-19 Era

Sponsored by the Diversity & Culture Committee, this four-part lecture series explores complex social issues that have been further impacted by the pandemic.

www.aacap.org
Welcome New AACAP Members

Nicholas Dunlao, MD, New York, NY
Mahmoud Dweik, MD, Brooklyn, NY
Amanda Eberhardt, MD, Wilmington, DE
Eamon Egan, MB, ChB, Hamilton, Waikato, New Zealand
Daniel Elyehouzadeh, Great Neck, NY
Fattent Elkomy, MD, PMHNP-BC, Columbus, GA
Bryan Ellerson, MD, Miami Beach, FL
Zehra Erdev Temiz, MD, Alpharetta, GA
Ilhuen Erondu, Chicago, IL
Rissa Fedora, DO, Boca Raton, FL
Veronica Fellman, MD, Brooklyn, NY
LaToya Floyd, MD, Great Falls, MT
Kathryn Forneris, Commerce City, CO
Stanley M. Fuentes, Madisonville, LA
Marta Galecki, MD, Atlanta, GA
Camilla Gallin, Chicago, IL
Mary Galuksa, Mount Pleasant, MI
Aleksandra Gasparova, Largo, FL
Annalynn Gibson, MD, Rochester, NY
Simran Gilwani, La Jolla, CA
Emma Kate Gilbert, MBBS, FRANZCP, Westmead, NSW, Australia
Vihasa Govada, Philadelphia, PA
Evan Gregg, MD, San Antonio, TX
Alma Guerra, MD, Pittsford, NY
Joanne Ha, Boston, MA
Ala Hejeissa, Hickory Hills, IL
Fadi Hamati, Chicago, IL
Hira Hanif, MD, Houston, TX
Cady Hansen, Brooklyn, NY
Daniel Hart, MD, Monrovia, MD
Shahzad Hassanein, Dariyari, Chicago, IL
Sara B. Heron, MD, San Jose, CA
Jad Hila, Pittsburgh, PA
Margaret Kay Ho, Kowloon, Hong Kong SAR
Emily Hochstetler, MD, Omaha, NE
Sarah Homitsky, MD, Gibsonia, PA
Eric Huynh, Little Rock, AR
Ijeoma Ijeaku, MD, MPH, Cherry Valley, CA
Brianan Iron, La Jolla, CA
Ragda Izar, Dearborn, MI
Pauline Jackson-Thompson, Gainesville, FL
Sonja Jacob, DO, Philadelphia, PA
Cory Jaques, MD, Visalia, CA
Michael Jayson, Fort Lauderdale, FL
Alexandra Johnson, New Berlin, WI
Supriya Juneja, Columbia, SC
Yukung Jung, MD, Flower Mound, TX
Tamzin Kaiser, Miami, FL
Nauman Khan, MD, Corpus Christi, TX
Meghana Khosla, Fort Lauderdale, FL
Ellen Jo Kim, MD, Saint Louis, MO
Rachel Kim, Rockford, IL
Donia Kirriella, Staten Island, NY
Christopher Kline, MD, Ann Arbor, MI
Karis Dampier Knight, MD, Rochester, NY
Kenton Ko, MD, Honolulu, HI
Yumi Kovic, MD, Shrewsbury, MA
Rachael Kuch-Cocconi, MD, Fayetteville, NY
Emily Rachel Laifferman, Owings Mills, MD
Ann Landowne, MD, Geneva, NY
Shadi Lavasani, MD, Temple, TX
Scott Leary, Miami, FL
Hyuk Lee, MD, Haeundae-gu Busan, Republic of Korea
Brian Levins, Jr., MD, Augusta, GA
Henry Lewis, Dublin, OH
Jessica Lienesch, Cincinnati, OH
Ming Liu, MD, San Francisco, CA
James Luccarelli, DPhil, Boston, MA
Mary Lunde, DO, Saratell, MN
Austin Lynch, Athens, GA
Arabia Maaz, MD, Miami, FL
Sundeep Madireddi, MD, Rego Park, NY
Denise Makala, MD, Charlotte, NC
Darren Mannuso, DO, Fort Belvoir, VA
Naila Maniar, MD, Northbridge, CA
Paige Marchini, Rockford, IL
Alexandra Marcovicci, New Orleans, LA
Jesse Martinez, Jr., MD, Hoover, AL
Christina Maslo, MD, Edmonton, AB, Canada
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This has been a challenging year for many children, adolescents and families. In much of the country, schools and businesses are now gradually starting to reopen. Here are a few tips for parents to help their kids adjust and adapt:

1. Don’t try and rush back to a full “pre-pandemic” schedule right away. Let kids resume activities at a gradual pace.

2. Some kids may be eager to return to school full-time, while others may be more anxious and hesitant. It may also take time to adjust to more rigorous academic schedules and expectations.

3. Help kids modify their sleep schedules so they can get up in time for school.

4. Accept that the “new normal” is not yet predictable. Anticipate disruptions as school policies and schedules evolve.

5. Continue to follow current CDC guidelines with respect to masks and social distancing.

6. Talk to your kids. Ask them about their concerns and worries. Acknowledge their fears and answer questions honestly, using words and language they can understand.

7. Help kids regain a sense of control. Give them choices where there are choices.

8. Try and develop a consistent routine and schedule. Kids are reassured by structure and predictability.

9. Start making future plans (e.g., vacations, holiday celebrations, visits to relatives, etc.).

10. Watch for signs of stress including changes in mood, sleep or appetite. Talk to your child’s pediatrician, family doctor, or school counselor. If problems persist, ask for a referral to a trained and qualified mental health professional.

Fortunately, most kids are quite resilient. They’ll be happy to be back at school, seeing friends and playing outside. However, by providing thoughtful attention and support, we can help them adjust, adapt and successfully cope with the current and ongoing challenges they face.

David Fassler, MD is a child and adolescent psychiatrist practicing in Burlington, Vermont. He is also a Clinical Professor of Psychiatry at the University of Vermont Larner College of Medicine, and member of the Consumer Issues Committee of the American Academy of Child and Adolescent Psychiatry.
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For any/all questions regarding advertising in AACAP News, contact communications@aacap.org.

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.
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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ACADEMY & ASSOCIATION 101

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

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

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

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

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

For any further questions, please contact the Government Affairs team at govaaffairs@aacap.org.
ARIZONA
Company: B.E. Smith (1250950)  
Title: Director, Behavioral Health  
Job ID: 14708136  
URL: https://jobsource.aacap.org/jobs/14708136

Job Description:
Serve on the Senior Leadership Team at Phoenix Children's Hospital, A Top Rated Location for Both Delivery of Pediatric Care and to Work in Healthcare! The Position the Director of Behavioral Health Services will lead the successful delivery of inpatient and outpatient behavioral and mental health initiatives for Phoenix Children's Hospital, including oversight for operational, strategic, and financial outcomes. Reporting to the Physician in Chief/Chief Operating Officer–Phoenix Children's Medical Group, the Director will work in close partnership with hospital and ambulatory leadership to drive innovative, high-quality services for all patients and families across the behavioral health care continuum. Additional responsibility areas include capital planning, new program development, and employee recruitment, retention, and education. Must bring significant management experience, including 5+ years in group practice management with an emphasis in behavioral or mental health, reimbursement, or academic medicine in a multi-specialty physician practice. A clinical background or leadership of a clinical program, as well as experience working with pediatric populations, is preferred. Master’s degree preferred.

The Organization  
As one of the largest and most preferred clinical programs in the country, Phoenix Children's Hospital delivers care across more than 75 pediatric specialties and is recognized as a Gold status leader in ECMO. Phoenix Children's Hospital is Arizona's only nationally recognized pediatric hospital by U.S. News & World Report; 2018-2019 marked the hospital's eighth year earning this prestigious ranking. Phoenix Children's Hospital was also cited as a top-50 pediatric facility in all 10 medical specialties for the 2019-2020 list. In 2018, Phoenix Children's was named among the “150 Top Places to Work in Healthcare” for the fifth consecutive year.

PRINCETON, NJ—Phoenix Children's was named Business of the Year and Exceptional Innovator by the Greater Phoenix Chamber in 2018. Phoenix Children's Hospital partnered with Dignity Health Mercy Gilbert Medical Center to construct a state-of-the-art Women's and Children's Pavilion, set to open in Spring 2021, adding a 60-bed Level III NICU, a 24-bed pediatric ER, six ped ORs, and 24 more general pediatric beds. The Community Phoenix, Arizona's lovely capital city, boasts a warm climate, a bevy of cultural and historical attractions and breathtaking scenery. Truly an adventurer’s paradise, the area provides trails for hikers, bikers, and equestrians, along with mountains, skiing, and lakes. Enjoy one of Arizona's four professional sports teams or year-round golf at one of the hundreds of area courses. Phoenix offers an average high temperature of 85 degrees more than 325 days of sunshine per year.

California
Company: Sutter Health - Bay Area (1250789)  
Title: Psychiatry, Child & Adolescent BC/BE  
Job ID: 14708395  
URL: https://jobs.source.aacap.org/jobs/14708395

Job Description:
Palo Alto Foundation Medical Group is seeking a part-time or full-time, BC/BE Child/Adolescent Psychiatrist Highlights Join a dedicated team of Adult Psychiatrists, Child/Adolescent Psychiatrist, Nurse Practitioners, Therapists and Medical Assistants

Unique integrative behavioral health program, working closely with pediatricians and therapists with a shared EMR Opportunity to grow new programs and develop special interests

No call required Opportunity to partner and educate other specialties about behavioral health Practice in beautiful beachside community, with close proximity to San Francisco and other greater Bay Area cities

Schedule flexibility Palo Alto Foundation Medical Group We are one of the largest multi-specialty medical groups in the country, made up of over 1,600 physicians in 40+ specialties, in practices throughout the San Francisco Bay Area. Our organization is nationally recognized for our excellence with multiple awards for quality of care, innovation, and leadership. Palo Alto Foundation Medical Group is affiliated with Palo Alto Medical Foundation, a not-for-profit health care organization, providing operational and administrative support, including the latest technology, allowing physicians to focus on delivering exceptional patient care. EEO – Equal Employment Opportunity.

Job Requirements:
Psychiatry Residency Child and Adolescent Psychiatry Fellowship

Florida
Company: Lee Health (1233957)  
Title: Golisano Children's Hospital of Southwest Florida (Lee Health) is seeking a Pediatric Psychiatrist!  
Job ID: 14797932  
URL: https://jobs.source.aacap.org/jobs/14797932

Job Description:
Position Information: Lee Physician Group (LPG) – Pediatric Behavioral Health is seeking a full time BC/BE Child and Adolescent Psychiatrist to join our dynamic multidisciplinary team.

Candidate for this position must have completed an Adolescent and Child Psychiatry Fellowship from an ACGME accredited program. Applicant must hold a current Florida license or be eligible for licensure. This practice is comprised of 3 psychiatrists, 5 Clinical Psychologists, 2 licensed clinical social workers, 2 mental health workers, 3 social workers, neurology, developmental, and several other critical support staff. Practice based experience in working with developmental medicine is a plus. Potential plans to expand with consultative liaison services and partial hospital program – experience in these areas is preferred.

This main practice location is across the street from Golisano Children's Hospital in Fort Myers, Florida. EPIC is the electronic medical record. Call for this position with full complement is 1:4 weekends. Benefits Highlights: Offers a competitive compensation package with salary and bonus opportunities, Generous paid time off, Sign on bonus & relocation package Malpractice through sovereign immunity 403(b) retirement.
Community Highlights

Georgia’s top cities offer a remarkable quality of life in one of the most breathtakingly scenic areas. You’ll enjoy a wonderful quality of life surrounded by beautiful walking trails, beaches filled with gorgeous beaches, and a thriving arts scene. The community highlights of Fort Myers include a lower cost of living than the national average and a variety of housing options, including beautiful homes in historic and Victorian districts. Excellent public and private schools and multiple local colleges and universities offer an abundance of outdoor recreation, including kayaking, canoeing, golfing, hiking, biking, and fishing. Access to an array of amenities, including an international airport, Travel + Leisure ranks this city #4 in “Best Cities in the United States.”

Immediate Consideration: if you are interested in learning more about this opportunity, please e-mail your CV to our Physician Recruitment Office at physicianrecruitment@leehealth.org.

**GEORGIA**

**Company:** The Southeast Permanente Medical Group (1123444)
**Title:** Child/Adolescent Psychiatrists-Atlanta, Georgia
**Job ID:** 14739694
**URL:** https://jobsource.aacap.org/jobs/14739694

**Job Description:**
A well-established organization is seeking a qualified Child Psychiatrist to serve as Program Director for a newly accredited Child and Adolescent Fellowship. This is a wonderful opportunity to develop your own role and educational curriculum while working with Fellows in a new program. Opportunity Highlights: Academic and clinical position with mostly outpatient clinical work. Protected academic time. Work with outstanding leadership Monday-Friday, no call, no weekend options. Nestled along the Beautiful Atlantic Coast, this charming, sought-after destination is filled with gorgeous beaches, a thriving arts scene, and events and activities throughout the year. Surrounded by breathtaking scenery, you’ll enjoy a remarkable quality of life in one of the nation’s top cities. Community Highlights: A lower cost of living than the national average and a variety of housing options, including beautiful homes in historic and Victorian districts. Excellent public and private schools as well as multiple local colleges and universities. An abundance of outdoor recreation, including kayaking, canoeing, golfing, hiking, biking, and fishing. Access to an array of amenities, including an international airport.

**GEORGIA**

**Company:** Gateway Community Service Board (1252526)
**Title:** Child Psychiatry Program Director and Clinical Faculty – Savannah
**Job ID:** 14750620
**URL:** https://jobsource.aacap.org/jobs/14750620

**Job Description:**
Gateway CSB is seeking an experienced Child Psychiatrist as Fellowship Program Director and is also seeking Child Faculty for its newly accredited Child & Adolescent Psychiatry Fellowship in Savannah. Responsibilities include didactics and supervision for the Child Fellowship and in the Psychiatry Residency and direct patient care in outpatient settings. The residency webpage: www.Gatewaypsychiatry.org. Faculty position is with Mercer University School of Medicine.
FOR YOUR INFORMATION

Job Requirements:
Current board certification in Child & Adolescent Psychiatry Experience in GME teaching and administration Research experience.

KENTUCKY
Company: University of Kentucky Department of Psychiatry (1248986) Title: Associate Professor / Professor Job ID: 14659057 URL: https://jobs.aacap.org/jobs/14659057

Job Description:
The Department of Psychiatry at the University of Kentucky College Of Medicine is seeking a board certified Associate Professor or Professor to serve as the Director for the Child & Adolescent Division. The candidate must be committed to excellence in clinical care as well as teaching, administration, support of division research activities and professional development. Required experience includes previous experience in providing psychiatric services to children and adolescents, as well as experience in teaching medical students, residents, and other health professionals. This position will be instrumental in expanding outpatient physician coverage for the diagnosis and treatment of psychiatric conditions as well as the diagnosis and treatment of adolescent patients with substance use disorders. In addition, this position will assist in providing on-call coverage of the inpatient Child & Adolescent service. This position will serve as the Director of the Child & Adolescent Division and will be responsible for managing all clinical, educational and research activities of faculty and staff within the Division in collaboration with other leadership in the Department of Psychiatry and other departments across UK Healthcare, the UK College of Medicine and other departments and organizations. Reporting directly to the Chair, this Division Director role will provide leadership in the areas of outpatient access to clinical care, research projects and related deliverables and education to residents and medical students in both the inpatient and outpatient settings. The Department of Psychiatry at the University of Kentucky College of Medicine strives to provide the highest level of patient care, innovative educational programs, active research in mental illness and advocacy throughout the state of Kentucky and beyond. These pursuits have helped the department win the American College of Psychiatrists’ Award for Creativity in Psychiatric Education not once, but twice. To apply, please submit a CV and cover letter along with application. Applications will be reviewed immediately and will continue until the position is filled. Demonstrated ability to relate and communicate with internal and external faculty, staff, and other clients of the department.

Job Requirements:
Completion of residency in Psychiatry. Knowledge of psychiatric practices in a variety of clinical, teaching, and research environments, as well as a demonstrated ability in teaching students at all levels in an academic environment. Experience in serving as a division director or in a leadership role is essential for this position. Board certification in Adult and Child Psychiatry by the American Board of Psychiatry and Neurology Current licensure, or eligibility to obtain licensure, to practice medicine in the state of Kentucky. Current DEA-x license/buprenorphine waiver or eligibility to obtain the waiver immediately upon employment. Previous experience in providing psychiatric services to children and adolescents in an academic medical center setting. Previous experience as a clinician educator and as a is preferred.

MAINE
Company: Maine Health / Maine Behavioral Healthcare (1251551) Title: Child Psychiatrist-Outpatient Rockland and Pen Bay Pediatrics Clinic Job ID: 14721697 URL: https://jobs.aacap.org/jobs/14721697

Job Description:
Live & Work in MAINE...in that order! Maine Behavioral Healthcare (MBH), a member of Maine Health, is seeking an Outpatient Child Psychiatrist to work in MBH Rockland and in Pen Bay Pediatric Clinic, located in Rockland, ME. Our outpatient practices provide an array of services for adults, adolescents, and children challenged with mental health, developmental disorders, co-occurring, and/or substance use issues. The responsibilities of this Child Psychiatrist include working with an interdisciplinary treatment team to provide outpatient psychiatric services for adults and children which include Psychiatric evaluation Developing effective, multidisciplinary treatment plans Psychiatric management & follow-up Individual and a group based treatment sessions Use of electronic medical record (EPIC) You can practice in a location that provides unsurpassed natural beauty, safe communities, excellent schools and nearly unlimited four season outdoor recreation! This vibrant city is located on the Penobscot Bay in the heart of Midcoastal Maine. It is renowned for its importance to Maine’s lobster industry and its working waterfront. Rockland upholds is reputation as a unique, creative community and as a premier destination for experiencing all that Maine offers. We welcome your inquiry & CV by email to Steve Stout, MD, VP Med Affairs Ambulatory Svcs, MBH Psychiatry STOUTS@mmc.org

Job Requirements:
The ideal candidate will have: Training and/or experience in clinical treatment of adults and children Strong verbal and written communication skills Ability to adapt to frequent change and fast paced environment.

MICHIGAN
Company: Spectrum Health - Helen DeVos Children’s Hospital (1253080) Title: Child & Adolescent Psychiatry Opportunity in booming Grand Rapids, Michigan Job ID: 14797495 URL: https://jobs.aacap.org/jobs/14797495

Job Description:
The ideal candidate will have: Training and/or experience in clinical treatment of adults and children Strong verbal and written communication skills Ability to adapt to frequent change and fast paced environment.
practiced types. As the prime pediatric clinical academic partner of Michigan State University College of Human Medicine, Helen DeVos Children’s Hospital offers teaching opportunities and academic appointments for qualified candidates. This position can support a J1 waiver or H1b visa candidate. About HDVCH: Ranked in 8 specialties (2020-21) by the US News & World Report Best Children’s Hospitals, Helen DeVos Children’s Hospital is a state-of-the-art, fully integrated, 236-bed free standing dedicated children’s hospital located on the main campus of Spectrum Health. Annually, there are approximately 8760 inpatient and 124,600 ambulatory visits, as well as over 55,165 children seen in the Pediatric Emergency Department (Level 1 Trauma rated). HDVCH also has one of the nation’s largest Level 4 NICU’s with 108-beds. As a Spectrum Health HDVCH employed physician you can anticipate: Competitive salary Starting bonus Student Loan Repayment assistance (if eligible) Medical, Dental and Vision plan options 403b & 457b retirement planning with employer contribution CME funds with additional funds for licensure, board fees, and dues Concierge services to help promote work/life balance Paid time off, 30 days per year Relocation assistance Malpractice coverage About Grand Rapids Grand Rapids is the second largest city in Michigan, from its humble beginnings as a historic furniture manufacturing center, to today’s bustling downtown scene with hundreds of local restaurants and craft breweries, earning it the nickname Beer City, USA. It is the economic and cultural hub of West Michigan, the fastest growing major city in Michigan, and one of the fastest growing cities in the Midwest. Grand Rapids is home to ArtPrize, concert and theater venues, museums, Frederick Meijer Gardens & Sculpture Park, city owned parks, and is located just 30 minutes away from the beautiful west Michigan lakeshore.

**MISSOURI**

**Company:** Mercy Clinic (1234991)

**Title:** Seeking Child & Adolescent Psychiatrist for Outpatient Practice

**Job ID:** 14804282

**URL:** [https://jobsource.aacap.org/jobs/14804282](https://jobsource.aacap.org/jobs/14804282)

**Job Description:**
Mercy Clinic is seeking a full-time BC/BE Child & Adolescent Psychiatrist to join an established, outpatient practice with four Board-Certified Child & Adolescent Psychiatrists. This Position offers: Highly competitive guarantee, and a busy Child & Adolescent Psychiatrist can earn up to $400k on the Physician Compensation Plan Fellowship Stipend Attractive Commencement Bonus Monday through Friday scheduling, no weekends: RN answers all patient phone calls; MA check in patients and administrative billing support Outpatient care only Shared outpatient clinic call coverage Highly competitive two-year income guarantee wRVU Compensation Plan after guarantee Residency Stipend for early commitment Comprehensive benefits package & relocation assistance Professional liability coverage Qualification for the Public Service Loan Forgiveness Program About Mercy Clinic Child Psychiatry: Largest child & adolescent psychiatry group in Missouri Two inpatient behavioral health units (27 beds) designed to provide a healing, kid-friendly environment, staffed by our inpatient Child & Adolescent Psychiatrists 24-hour in-house pediatric hospitalist coverage 175 pediatric providers on staff with over 80 fellowship-trained pediatric specialists Educational program for University of Missouri medical students Member of Children’s Hospital Association System-wide EPIC EMR Our Child & Adolescent Psychiatry Group is a part of Mercy Clinic a strong, physician-led and professionally managed multi-specialty group. With over 2,500 primary care and specialty physicians, Mercy Clinic is ranked one the largest integrated physician organization in the country by SK&A. Mercy hospitals and clinics are based in St. Louis County and surrounding communities near excellent neighborhoods, public and private schools, five-star restaurants, music venues, parks, hiking and biking trails, an international airport, and more! Become a part of our legacy and help us build a healthier future. For more information, please contact Lisa Hauck, MBA | Senior Physician Recruiter 314-364-2949 | fax: 314-364-2597 Lisa.Hauck@mercy.net | Mercy.net EEO/AA/Minorities/Females/Disabled/Veterans

**MONTANA/NORTH DAKOTA**

**Company:** Sanford Health (1254263)

**Title:** Child and Adolescent Psychiatry Opportunity | Bismarck, ND

**Job ID:** 14797829

**URL:** [https://jobsource.aacap.org/jobs/14797829](https://jobsource.aacap.org/jobs/14797829)

**Job Description:**
Sanford Health is seeking a Board Certified/Board Eligible Child and Adolescent Psychiatrist to join a successful, well-established group of providers! ● Join a multi-specialty group of four adult and two child/adolescent psychiatrists● Collaborative environment with flexible and personalized scheduling● Large referral area of western North Dakota, eastern Montana, and northern North Dakota● Robust Behavioral Health staff includes 4 APPs, 7 Psychologists, 3 Social Workers, 15 Nurses, and 6 Psychiatric Tech (CNA’s)● 23 bed inpatient unit Nationally competitive 2 year salary guarantee with a comprehensive physician benefit package including 401k, Health, Dental, Vision, Paid CME, Paid Vacation, Malpractice, Disability and Relocation Allowance.

**SOUTH CAROLINA**

**Company:** Prisma Health (1250388)

**Title:** Child Consultation - Liaison Psychiatry

**Job ID:** 14732776

**URL:** [https://jobsource.aacap.org/jobs/14732776](https://jobsource.aacap.org/jobs/14732776)

**Job Description:**
Prisma Health, the largest not-for-profit healthcare provider in South Carolina, currently seeks BC/BE Child & Adolescent Psychiatrists to join our growing psychiatry department. The department is expanding our clinical, education, and research missions and looking for great candidates to help us grow! Successful candidates will have the opportunity to work within our children’s hospital and outpatient clinics. Ideal candidates should have an interest in teaching and eligibility for faculty appointment with University of South Carolina School of Medicine Greenville, located on Prisma Health’s...
Greenville Memorial Medical Campus. Details Include: Candidate must be fellowship-trained and BE/BC in child and adolescent psychiatry Experience or interest in working in a consultation-liaison role and outpatient clinics Monday - Friday work schedule with 1:7 weekend inpatient coverage Academic faculty position working with fellows, residents and medical students Competitive compensation Rich benefits package including relocation, malpractice, health and dental insurance CME allowance.

Job Requirements:
Engages in the diagnosis, prevention, or treatment of disease, defects or injuries and recommend or prescribe treatments for the relief or cure of physical, mental or functional ailments or defects. Renders medical treatment to his or her patients consistent with generally accepted professional standards of care without regard to their ability to pay for such treatment and without regard to race, creed, color, sex, religion, national origin, or age. Completes accurate, legible, and timely records with respect to all medical examinations and procedures; to accurately use Current Procedural Terminology and International Classification of Diseases codes. Provides after hours call coverage equally with other physicians of the Practice unless there is an agreement otherwise. Complies with standards of accepted medical practice, the rules and regulations of managed care organizations and other payors, including but not limited to Medicare and Medicaid (except to the extent those rules conflict with Physician's professional medical judgment), and the standards of the Joint Commission on Accreditation of Healthcare Organizations. Enhances clinical skills by maintaining sufficient continuing medical education to meet the requirements of the Physician's certification and/or state licensing board. Agrees to actively participate in non-revenue generating activities which serve to advance the Vision and Mission of Prisma Health. As an Academic Health Center, these activities may range from serving on committees, community outreach, helping to meet the teaching, the research goals and/or other activities as determined by the appropriate Department Chair. These important expectations are shared by all providers within Prisma Health–University Medical Group and are key elements of a high performing, integrated, physician led organization. Participates in responding to requests for proposals for managed care contracts. Participates in the establishment of quality assurance programs, utilization management programs, patient education services, and patient satisfaction programs. Assists Employer in obtaining and maintaining all licenses, permits and other authorizations, plus achieving any applicable accreditation standards that relate to the business of Physician's Practice or Department.

VIRGINIA
Company: Graystone Group (1208803)
Title: Child and Adolescent Psychiatry M60295
Job ID: 14712477
URL: https://jobsorce.aacap.org/jobs/14712477
Job Description: Child and Adolescent Psychiatry M60295 Virginia Commonwealth University, Department of Psychiatry is recruiting Child and Adolescent Psychiatrists with academic career interests to provide clinical care, consultation, and supervise/teach medical students/residents/fellows and work with Advanced Practice Nurses. This position provides a unique opportunity to work with Children's Hospital of Richmond (CHoR) pediatric specialties and the Virginia Treatment Center for Children's (VTCC) inpatient and outpatient services. The position will focus on outpatient services and occasional consultation/liaison services for child and adolescent populations. VTCC, the Child and Adolescent Division of the Department of Psychiatry works collaboratively within the VCU Health System and Children's Hospital of VCU, community-based child serving organizations, state agencies, and others to deliver exemplary psychiatric services. A new, state of the art facility opened in 2018 with expanded capacity for inpatient and outpatient, research, and teaching facilities. As a VCU Department of Psychiatry Faculty member, the position is being added to the growing faculty team. The candidate will have the opportunity to teach and work with medical students, residents and fellows and expand training for pediatricians and pediatric specialties. The position reports to the Division Chair/Medical Director. Rotational evening/weekend coverage with VCU Division of Child and Adolescent Psychiatry for inpatient services is shared within the Medical Staff. All successful candidates will be Board Eligible/Board Certified in Child and Adolescent Psychiatry, be licensed or eligible to be licensed to practice in Virginia and have demonstrated clinical experience with pediatric patients and their families, fostering an interdisciplinary team approach. Experience in an academic setting is preferred. We offer a unique, inclusive, and collaborative environment to support the candidate’s interests and strengths with their clinical assignment and other responsibilities. VCU Department of Psychiatry employs over 80 fulltime faculty and has well-funded research in genetics, addictions, child and women's mental health and psychopharmacology. VCU is a large urban university with robust health science campus and 750-bed university hospital. Richmond, the State Capital, has moderate climate and a rich mix of history with modern facilities, excellent, affordable suburban housing, and public/private schools. Interested applicants should apply online at https://www.vcujobs.com/postings/104940. Only electronic applications will be accepted. All submitted applications must include a letter of interest, diversity statement and CV. Questions should be directed to Tammy Beltz, HR Manager at Tammy.Beltz@VCUHEALTH.org. Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities, veterans, and persons with disabilities are encouraged to apply. Please note: Employer work visa and/or permanent residence sponsorship is not available for this position.
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