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**Front Cover:** Smithsonian Magazine, in its April 2021 issue ran a multi-page spread of street art all revolving around COVID. The cover image is from a wall mural in downtown Chicago.
MISSION STATEMENT
The Mission of the American Academy of Child and Adolescent Psychiatry is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

– Approved by AACAP Membership December 2014

The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children’s mental health. For more information, please visit www.aacap.org.

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The mission of AACAP News includes:
1. Communication among AACAP members, components, and leadership.
2. Education regarding child and adolescent psychiatry.
3. Recording the history of AACAP.
4. Artistic and creative expression of AACAP members.
5. Provide information regarding upcoming AACAP events.
6. Provide a recruitment tool.

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Advocacy in Action:
Warren Ng, MD, AACAP President “on” Capitol Hill

AACAP continues to receive national attention for our participation in the National Children’s Mental Health Emergency declaration, including solicitation for policy input from Members of Congress and from Administration leadership. Warren Ng, MD, AACAP President, continues to represent AACAP and our membership by emphasizing the key role that child and adolescent psychiatrists play in supporting pediatric patients’ access to evidence-based, culturally competent, and affordable medical mental health care.

Recent efforts include:

- On January 12, 2022, Dr. Ng participated in two federal policy convenings:
  - The first was a meeting of Senate Democrats, coordinated by the Senate Democrat Steering and Outreach Committee, to discuss the impact of our nation’s child mental health crisis on parents and caregivers. I was joined by the leaders of MomsRising, National Partnership for Women and Families, FairPlay, and First Focus on Children. Senator participants included Senate Majority Leader Schumer, Senate Finance Committee Chairman Wyden, Senate Health Education Labor and Pension Committee Chairwoman Murray, among many other Senate Democrats. I was asked to discuss how child and adolescent psychiatrists support parents, caregivers and families in their work and for recommendations for policy solutions that can support parents with children suffering with mental health conditions.
  - The second was a roundtable discussion hosted by US Health and Human Services (HHS) Secretary Xavier Becerra, to discuss how HHS can help implement key policy recommendations offered in the Surgeon General’s Advisory: Protecting Youth Mental Health. Other participating organizations included the American Academy of Pediatrics, Children’s Hospital Association, National Alliance on Mental Illness, National Association of School Psychologists, The School Superintendents Association, the YMCA/WMCA, The Trevor Project and the National Federation of Families for Children’s Mental Health.

Additionally, Dr. Ng and AACAP were invited to discussions hosted by HHS Administration for Children and Families and the HHS Substance Use and Mental Health Administration, both later this month.

AACAP’s 2022 Legislative Conference will be virtual again this year, with training being held from 3 - 6pm EDT on Thursday, May 5 and Congressional meetings scheduled throughout the day on Wednesday, May 11. Conference registration is FREE, and open to AACAP members only. For questions about the Legislative Conference, please contact the Government Affairs team at govaffairs@aacap.org or 202.587.9669.
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 govaffairs@aacap.org.
Teaching Child Psychodynamic Psychotherapy: With a Focus on Racial Identity and Racism

By Laura June Whitman, MD

In the “Psychodynamics” course for child psychiatry fellows at New York Presbyterian (the longer name is “Psychodynamic Concepts to Enhance Clinical Work”), we have discovered that certain teaching methods are especially engaging. The teachers include child psychiatrists John Burton, Wendy Turchin, Dan Chrzanowski, Sabrina Gratia, and me, Laura Whitman.

The New York Hospital-Presbyterian fellows rate their classes each week after their didactic day. I receive a bar graph in which the orange bar shows that class members “strongly agree” the material was useful, a turquoise bar indicates they “agree” the class is useful and so on. At the end of the year, I note which classes have received orange or turquoise ratings, the strongest ones, and front-load them the next year. I think of this as behavioral treatment for the course director, me (a bit of humor 😉).

In this two-part report, I’ll first describe some successful teaching methods. Then, in Part Two, I’ll present teaching vignettes from a class that is especially relevant now, on racial identity and racism, which includes the story of Ruby Bridges. This was one of the highest rated classes for the last several years, I think because students are understandably concerned with issues of race in their practices and in the world at large.

The following teaching techniques bring classes to life even over the occasionally soul-deadening zoom connection.

Having the fellows co-teach the class. I choose one or two students who either discuss a case, summarize a paper, or lead a discussion. I meet with those students briefly before class to plan our strategy and rehearse a bit. Having the students co-teach is a bit of parallel process. In the treatment situation, patients ideally take the lead in their own therapy, just as the fellows teach at the same time as they are learning. It is understood that in a class of child psychiatry fellows, the teachers learn something new from the students during each class.

In the racism and racial identity class, students enthusiastically volunteer to co-teach as they are keenly interested in the topics. Our class is diverse, and people do mention their own backgrounds and experiences in the class.

Using participatory, or experiential learning. During the pandemic, in the Zoom classroom, we discuss such questions in break-out rooms of 3-4 people, and return to share findings with the larger group. In the class on racism, we discuss racial issues in psychotherapy in New York City, where the students practice.

In other classes, discussion points are also clinically based. For example, the class may address the question: when has countertransference been challenging for you? In a recent class, the group was energized when discussing one of the fellows’ reactions to a disdainful, rejecting adolescent, and how other members of the class understand and deal with the frustration the adolescent evoked.

Focusing on play in therapy at different developmental levels. From peek-a-boo to fantasy play, and onto board games, the language of childhood changes with cognitive and relational development. In 1960, Ruby Bridges was chosen to integrate the first grade of a New Orleans elementary school (following the Supreme Court ruling in Brown vs. the Board of Education in 1954 (Michals, 2015). In Robert Coles’ interviews with Ruby Bridges from age 6 to age 8 he asks her to draw herself, her family and her friends to better understand her feelings about herself and her world (Coles, 1967). Drawing, like images in a dream, often bypasses censorship and shows central conflicts. Play, including fantasy play, drawing and other creative symbolic interchanges is used in therapy with children to safely represent, through displacement, their wishes, fears and defenses. Play is also the realm in which the unconscious of the therapist and the unconscious of the patient may overlap; the “transitional space” of treatment described by Winnicott.

Using case-based teaching. Via the therapeutic moment, we infer many crucial elements of the problem and of the treatment; we “see the world in a grain of sand.”* We also practice writing psychodynamic formulations, which concentrate on the dynamic meanings of symptoms, but also include important constitutional, family, social and cultural factors in the understanding of each patient’s difficulties and strengths.

Ruby Bridges was not a patient (she was interviewed to explore how children dealt with racism and how their morality developed) but her drawings and interchanges with Robert Coles were a window into the development of a child in a “crisis.” She experienced the trauma of the racism prevalent at that time, the responsibility of taking part in change, and of course her own particular character and family background are evident in her conversations and drawings. Her narrative sheds light on the experiences of children both in the atmosphere of Jim Crow and in the new effort to integrate schools in the south. I relate William Blake’s poem to the way that Ruby Bridges’ narrative illuminates the subjective experience of many children.

Exploring contemporary concerns from a psychoanalytic point of view. Currently, students are especially interested in issues of race, ethnicity, sexuality and gender in child and adolescent psychotherapy. The psychoanalytic point of view explores how these issues affect the intrapsychic and intersubjective worlds of children and families.

* To see a World in a Grain of Sand And a Heaven in a Wildflower Hold Infinity in the palm of your hand And Eternity in an hour.
– William Blake, 1803
In the class on race, psychotherapy and psychoanalysis, we read an excerpt from Robert Coles’ Children of Crisis, combining that with recent scholarship on racism in by psychiatrist-psychoanalysts Beverly Stoute and Dionne Powell. The class is anchored by the moving and inspiring story of Ruby Bridges. In Part Two of this series, I will describe this class in detail.

References

Laura June Whitman, MD, teaches child psychotherapy at NY Presbyterian and child and adult psychoanalysis at the Columbia University Center for Psychoanalytic Training and Research. In 2020, she received the Edith Sabshin award from ApsAa for excellence in teaching. She has recently written about relationships across time. She is in private practice on the upper west side of Manhattan, or, during the pandemic, in Riverside Park. You can write to her at drlaurawhitman@gmail.com.
DIVERSITY & CULTURE COMMITTEE
Empowering the Potential: Mentoring Tomorrow’s Doctors

Balkozar Adam, MD, Brandon Newsome, MD, Cheryl Al-Mateen, MD, and Lisa Cullins, MD

The clear lack of minority physicians in medicine—and especially psychiatry and child psychiatry—is a failing we can no longer ignore. COVID-19 and the civil unrest following George Floyd’s murder laid bare longstanding inequities. The mental health impact of COVID-19 has been devastating. The isolation, lack of social connections and educational disruptions have all led to increased anxiety, depression, and deterioration of academic achievements, especially for children of color.

Social determinants of health, including access to quality healthcare and education, economic and housing stability, and neighborhood support, played an adverse role in these populations. This negatively impacted their ability to seek and benefit from their scarce resources and interventions.

This has been compounded by the underrepresentation of diverse providers in mental health. Indeed, of psychiatric physician workforce 64.5% are White, 18.1% of the Asian, 9.3% Latinx or Hispanic, 5.2% Black, and 0.1% American Indian or Alaskan Native. This is an under representation compared to US demographics for the later three groups. Thus, as children of color struggled during the pandemic, they faced the additional burdens of stigma, historical distrust, and a fear that their clinicians would not understand their needs in a way that incorporated community, historical and cultural factors. As such, it is imperative that we recruit and support students from diverse backgrounds early on in their journeys so they will be prepared to help our children when they need them most. Doing so will, hopefully, lead to improved mental health care of these populations and benefit our profession as a whole as we welcome and learn from diverse perspectives.

Thankfully, the leading voices in child psychiatry agree. Increasing representation of diverse CAPs is one of AACAP’s goals. The 2021 legislative conference identified three issues to address with the legislators that year: the workforce shortage in child psychiatry, mental health equity for BIPOC youth, and mental health services in schools.

To that end, AACAP and the D&C Committee have worked to address the stress and suffering of BIPOC youth during the pandemic. The D&C committee, in collaboration with other AACAP committees, are developing a Position Statement addressing the elevated risk of Black youth suicide.

In addition, the Black, Asian, Hispanic and IMG caucuses held a mentoring session during the 2021 fall to identify challenges faced by CAPs and trainees who represent the four different caucuses. The groups also are brainstorming approaches to help provide the best care for their BIPOC patients.

The D&C committee has long recognized the need to recruit trainees from marginalized communities in psychiatry and in particular child psychiatry. Members developed pipeline recruitment plans and planned to meet and introduce undergraduate students to medicine in the San Francisco area during the 2020 annual meeting. Plans included providing financial assistance for transportation and meals during the conference. However, those plans were put on hold when the meeting was held virtually.

This year, we are able to plan ahead. We will invite undergraduates, graduates and medical students from different areas to our virtual session, which will be facilitated by aspiring psychiatrists and psychiatry fellows. We plan to hold a listening, fact-finding forum where we listen to the students’ concerns, try to understand their challenges, and introduce them to psychiatry. A survey will be conducted during this virtual meeting to obtain feedback from all participants.

Following those sessions and the subsequent surveys, we will begin to plan for the 2022 annual meeting in Canada.

In preparation for the 2022 annual meeting, we are in touch with Dr. Amy Gajaria, a child and adolescent psychiatrist in Toronto, Canada. She is involved in mentorship initiatives for historically underserved medical students and residents and provides training across mental health sectors in Canada on race and mental health. She will be connecting with the networks she has established in these capacities in Canada to support our efforts. Our goals are to build upon our experience with the students and expand our reach by meeting in person with other students of color, including Latino students. If successful, we would like to adopt the same
framework for NYC students during the 2023 annual meeting. The outcome of these interventions will be shared regularly with the D&C committee as well as with the AACAP Executive Committee. AACAP News articles and submissions to the AACAP annual meeting to report the progress are planned.

This is just the start of a lengthy process to recruit a new generation of diverse physicians who are needed. Our hope is that by exposing college students at various levels of their education to psychiatrists and psychiatry trainees of diverse cultures, ethnicities, and racial backgrounds, we can encourage more students of color to see what a fulfilling career psychiatry is and show them that it is within reach. We must encourage, recruit and mentor students of color to pursue careers in medicine and psychiatry. Together, we can improve patient care and help our children feel supported and understood.

For any questions or comments please feel free to reach out via email to badam60@gmail.com, brandon.c.newsme@gmail.com; cheryl.al-mateen@vcuhealth.org or lisacullins@yahoo.com.
Advocacy in Action, Lessons Learned by CAPs in Washington State

Carol Rockhill, MD, and Ravi Ramasamy MD

The Washington State Council of Child and Adolescent Psychiatry (WSCCAP) received a 2021 AACAP Assembly Advocacy and Collaboration Grant to partner with Community Passageways, a Black-led nonprofit organization in Seattle with a vision for zero youth incarceration, and a focus on addressing the disproportionately negative legal system impacts on youth of color, especially Black youth. Community Passageways aims to divert youth and young adults from community violence and incarceration by connecting them to Ambassadors with shared life experiences and offering programming focused on personal healing, interpersonal skill building, identity development, and leadership building.

In response to a recent spike in fatal community violence that placed many of its young people in imminent danger, Community Passageways engaged in a novel crisis intervention called 30 Days of Peace. Two groups of eight members were sent to Arizona and California for 30 days of therapeutic crisis support and reflection, with the goal of promoting self-worth and the value of life. The Seattle Seahawks ultimately made a short film about this initiative: https://www.youtube.com/watch?v=x3TmOy0MbN4.

Our original project entailed providing advocacy training for the young people in the Community Passageways civic engagement group, and connecting them with stakeholders who want to help, and are positioned to do so. We hoped the young people would appreciate the impact of their voices on decision-making processes and inspire future participation, and at the same time provide stakeholders the opportunity to engage directly with the young people their policies are intended to help. However, our initial approach was met with skepticism from the youth members, who are wary of short-term performative interventions that are unlikely to be impactful for them and may leave them feeling used to assuage the guilt of privileged “do gooders.”

While participating in the 30 Days of Peace from Arizona and California, the young men met with groups of city and county council members, to educate them on the changes and support that they needed for themselves and their communities. Empowering them as the experts on their needs respects their experience and encourages their participation. Thus, we adapted our original plan to have dialogue with the Community Passageways members to better understand their mental health needs by listening and learning from them as consultants. We learned several important lessons that we wish to share with the broader AACAP community:

Society underestimates and pathologizes them. When asked what the young men assume we think about them, one replied: “I think y’all might be thinking that I’m not as capable as others, not likely to succeed.” Society communicates this to Black youth daily, regardless of what we as individuals think about them. They walk into situations aware that their hope of a positive outcome is low for reasons they can’t control, and without viable alternatives. It’s important that we as child psychiatrists acknowledge their negative experiences, validate their assumptions are contextually understandable, and recognize their anxiety and discouragement motivating what we often pathologize: anger, irritability, guardedness, minimizing, disengagement, projection, mistrust, and even dishonesty. How would you feel in this situation? We must invest the time needed to earn their trust by understanding and validating their experiences.

Safety is not guaranteed but is essential for healing and growth. One participant described, “I gotta watch my back even taking out the garbage.” This heartbreaking and sobering statement demonstrates the extreme danger these young men face even when performing mundane tasks. They have been conditioned to fear for their lives at any given moment. Prior to the 30 days of Peace, someone came into a Community Passageways meeting and fatally shot a member. Participants bravely shared with us the tremendous impact that this event (and countless others) have had on their mental health and overall attitude. They expressed feeling irritable, unmotivated, overwhelmed, and scared to interact with each other. They also felt hopeless in the face of the decision of whether to engage in or disengage from further conflict; with either option bringing significant risk of fatal retaliation and the potential for incarceration. They reflected that leaving Seattle for 30 days enabled them to feel safe enough to engage in shifting their mindsets from surviving the cycle of violence to identifying and processing their emotions, to begin healing.
The **30 days of Peace** intervention allowed for future orientation and willingness to change. How does one consider the future when the present is not guaranteed? When one’s baseline state is a fight-or-flight level of panic, the effect on both physical and mental health is profound. Within this context, we must recognize that one’s motivation for change is contingent on a realistic hope that change is both possible and worthwhile. Unless we acknowledge this important context, we risk them feeling misunderstood and even judged.

During the **30 days of Peace**, therapy was tailored to their needs and included trust-building as a core element. As one participant commented, the “book don’t really apply to us.” The change in environment allowed them to see a broader perspective. They connected in a profound way with a highly regarded Black psychologist, who conveyed that she really cared about them as individuals rather than standardized patients: “She showed us she wasn’t just there for a paycheck, she really cared about us.” In contrast, they expressed wariness of “do-gooder tourists” interested in superficial one-time interventions which were not created with their unique struggles and situations in mind. Such efforts to them seemed to be to alleviate the practitioner’s own guilt rather than support them. They instead valued relationship-building over time to develop trust. They also wanted strategies for managing stress and anger and promoting relaxation. The therapist has continued to reach out and check on them, which has preserved their relationship and is an example of the consistent support that they want and need.

**After the 30 days of Peace, they needed a plan for a next step in life that promoted ownership over service work.** These young people have noticed that adults in their community have not gained access to safety, stability, or financial security by working service jobs or working for others; they are instead taken advantage of, even more than people of other races who work similar jobs. They see their lives being pre-determined to a great degree. They have seen that people in their community who work for others are exhausted, stressed, unhappy, and yet still struggling socioeconomically. They explained that they need access to work opportunities that allow for ownership rather than subservience to feel that they can attain safety, stability, and upward mobility, without being taken advantage of by those in power. They want jobs where they can be their own bosses, rather than being bossed by white people. Many are now working toward establishing LLCs that will allow them to be private contractors rather than working for specific companies.

This conversation helped us to ask how we can provide a type of care to Black youth that respects their unique individual and collective struggles and considers their valid and astute skepticism of interventions that were not designed for them. If the average Black man is more likely to be incarcerated or killed by police regardless of what they do or don’t do, then what is the incentive to work towards the goals set out by white therapists / white society? Some lessons we aspire to: show you care in tangible ways, reach out to people whose lives you have had the privilege to be involved in to see how they are doing over time, and support Black therapists who share a life experience doing over time, and support Black therapists who share a life experience designing interventions that were not created with their unique struggles and situations in mind. They made it easier for them to connect and be vulnerable through music and art therapy, which reminded them of childhood and felt more relevant than conventional interventions. In contrast, they expressed wariness of “do-gooder tourists” interested in superficial one-time interventions which were not created with their unique struggles and situations in mind. Such efforts to them seemed to be to alleviate the practitioner’s own guilt rather than support them. They instead valued relationship-building over time to develop trust. They also wanted strategies for managing stress and anger and promoting relaxation. The therapist has continued to reach out and check on them, which has preserved their relationship and is an example of the consistent support that they want and need.

For more information contact Ravi, Ramasamy@seattlechildrens.org or Carol.Rockhill@seattlechildrens.org.
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School’s Out – and Not Just for the Summer: Trends in Acute Mental Health Care Demands for Children in New York City During the COVID-19 Pandemic Recovery

Concerns about the issues surrounding the delivery and accessibility of mental health services to children and adolescents are not new; however, it took nothing short of a world event to sharpen the attention to these long-standing problems that have risen to crescendo levels during the last two years. On October 19, 2021, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children’s Hospital Association (CHA) declared a national state of emergency in child and adolescent mental health. Following this declaration, on December 7, 2021, the U.S. Surgeon General Dr. Vivek Murthy issued a new Surgeon General’s Advisory to address the urgency to meet the challenges of the nation’s youth mental health crisis. Surgeon General Vivek Murthy clearly outlines the sobering truth that even before the COVID-19 pandemic, national surveys of youth revealed significant increases in depressive symptoms and suicidal ideation from 2009-2019, with the number of high school students reporting persistent feelings of sadness or hopelessness increasing by 40%, seriously considering attempting suicide increasing by 36% and creating a suicide plan increasing by 44%. Furthermore, 1 in 5 children ages 3-17 in the US had reported mental, emotional, developmental or behavioral disorders, making mental health challenges the leading cases of disability and poor life outcomes in young people. Not surprisingly, between the years 2011-2015 there was a 28% increase in psychiatric emergency department (ED) visits.

The pandemic exacerbated the unfortunate trend that was already well underway for America’s youth, upending their lives in every conceivable way, which has been reflected in significant increases in emergency department visits for suspected suicide attempts in early 2021. Nevertheless, no amount of reporting has resulted in any kind of reflection or indication that lessons have been learned. From the perspective of clinicians who take care of children’s emotional problems at the front line, it seems like the only option left is to continue to sound the alarm and expand awareness to both people in power and the general public. This opinion article will share observations about the changes in the need for mental health services during a distinct period of time in New York City. This, in our view, clearly reflects consequences related to prolonged school closure. We will report data, including Emergency Room visits and hospitalizations for children and adolescents presenting with mental health problems after September 2021, and offer some interpretations of the relationship between these latest trends and the policies in response to the pandemic.

First, it is relevant to present some historical context. For instance, approximately 10% of all child psychiatrists in the US are employed in the New York City metropolitan area. Given the dearth of child psychiatrists in the rest of the country, New York is in the best relative position with respect to meeting patient needs. In turn, in the years before the pandemic, there was a pervasive sentiment that beds in psychiatric units for children and adolescents were in relative excess. Supporters of that notion kept pointing to low bed occupancy, primarily during school holidays and vacations. This resulted in policies advocating for downsizing inpatient beds and expanding access to outpatient services. These efforts were successful in one aspect of the equation – the reduction of inpatient beds for existing units and the closure of several inpatient psychiatric units for children and adolescents. However, the efforts to expand access to outpatient care seem disjointed and with little regard for measuring their effectiveness. And then COVID happened. New York City was the epicenter of the pandemic in the US, and many measures designed to assure public safety were put in place. These included school closure and transition to full-time remote learning that extended for the last trimester of the 2019-20 and most of the 2020-21 academic years, with some students opting for hybrid learning. Accordingly, all outpatient child psychiatry providers also transitioned to remote care delivery. Ironically, telepsychiatry improved compliance with appointments. In an unexpected way, the issue of access to care may have found a solution.
With advanced technology, providers were able to care for patients and families, meeting them at places and times of their convenience, and thus, circumventing the age-old problem of poor compliance that has plagued child psychiatry. For a while, this method seemed to be working as visits to the child psychiatry clinics in our health system increased, and the volume of our acute care services remained stable. In theory and on the surface, the model advocating for increased access to outpatient care – although delivered in a slightly different manner, and minimizing the demands to keep the beds in the inpatient child psychiatry units occupied – appeared to have worked.

This might have been true until September 2021, when public schools in New York City returned to in-person learning after 18 months of remote or hybrid learning. Remote learning has had a profound impact on the mental health of children and adolescents. According to the AAP, “remote-learning highlighted inequities in education, was detrimental to the educational attainment of students of all ages, and exacerbated the mental health crisis among children and adolescents.” Given the evidence on low in-school transmission rates of SARS-CoV-2 with proper prevention measures and the availability of effective vaccines for those ages 12 years and older, “the benefits of in-person school outweigh the risks in almost all circumstances,” the guidance states.

Although we strongly support the return to in-person learning, it appears to come with a cost. While the return to school was imperative to promote healthy social and emotional development, adequate preparations for this transition were not made, and students did not receive the necessary support. Once students returned to school, it became abundantly clear that they had lost a good deal of their ability to socially interact with peers and teachers, and this skill loss affected the most vulnerable among them, namely those with pre-existing learning, cognitive, behavioral, and emotional problems. Accordingly, since September 2021 there has been a tremendous increase in ED visits by children and adolescents. Indications for ED visits ranged from suicidality and threats of self-harm, parent-child interpersonal/relational problems (e.g., increased arguments and fights) and requests for outpatient referrals to care, and there has been a clear increase in the severity of chief complaint as well as the number of children and adolescent requiring either extended observation or inpatient psychiatric admission.

For context, we clarify that Child Psychiatry Consultation Liaison (CL) services across the Mount Sinai Health System differ across locations. For instance, the CL service at the Morningside campus, which is also the location of the only child psychiatry inpatient unit in the system (and one of the few in NYC), delivers services exclusively to the pediatric ED. In turn, the CL service at Mount Sinai Hospital, which is the location of the biggest general and specialized pediatric non-psychiatric services in the system, provides services primarily to children and adolescents hospitalized in pediatric units.

We compared two time periods in 2021: January to April (Period 1) and September to December (Period 2). We omitted the summer as the long-standing pattern of low volume during school vacation persisted in 2021. Period 1 represents the time of hybrid/remote learning, and Period 2 occurred during the return to full-time in-person learning in NYC. Overall, the numbers more than doubled: during Period 1, the CL service at Mount Sinai Morningside consulted on 56 ED cases, which increased to 129 cases in Period 2. Further, for Period 1 we had one referral from school versus twenty-five school referrals for Period 2: 14 Extended Observation Bed (EOB) and twenty-four inpatient admissions for Period 1 versus 14 EOB and thirty-nine inpatient admissions for Period 2. Lastly, in Period 1, the service consulted thirty cases for suicidality and self-injurious behaviors, compared to seventy-four such cases during Period 2.

Similarly, at the Mount Sinai Hospital campus, the number of patient encounters on the CL service doubled during Period 2 – from seventy-four in Period 1, to 155 in Period 2. In addition to the sheer volume of cases, this increase also reflects changes in the length of stay, which has nearly doubled during Period 2. Frequently, children and adolescents were “boarding” in the ED or on the general pediatric floors while waiting for a bed to become available; some patients had to wait over 7 days before a bed could be found.

Taken together, these trends reflect the increase in the number and acuity of psychiatric presentations and the paucity of available inpatient psychiatric beds. We are aware that there are various reasons for this significant uptick in mental health acuity since September of 2021, but one common factor is obvious – the return to in-person learning. The return to in-person learning resulted in exposure to more diverse social situations, demanding adequate skills to navigate fast-changing social environments (e.g., home vs. school vs. neighborhood) as well as deploying and rebuilding skills for learning in the classroom that were replaced by skills required to learn in isolation in front of a computer screen. These are not small asks for any child at any age – but can prove to be impossible for children with a history of mental health conditions without access to school-based services for over a full academic year. School professionals have had the opportunity to observe and identify changes in behaviors that gradually accumulated over the period of the pandemic. It is not an exaggeration to speculate that these changes may have evaded parental supervision as they developed over a protracted period of time, but for the teachers, counselors and administrators, the changes may seem dramatic and alarming. It is also possible that schools may have become a little rusty in their ability to triage and address behavioral and emotional problems in their students – after all, they have not interacted with them in person for over a year. Not surprisingly, the referrals from school represent close to 20% of all ED referrals.

The aforementioned Surgeon General’s Advisory provides an extensive list of recommendations pertinent to different medical professionals, community leaders, educators, media organizations and alike to alleviate the crisis. Under the category “What Health Care Organizations and Health Professionals Can Do,” the Advisory highlights the need to build
“multidisciplinary teams to implement services that are tailored to the needs of children and their families.” As frontline providers assessing and treating youth for acute mental health issues, we offer a few suggestions that might address the current state of emergency. First, child psychiatrists who have the exclusive expertise to assess youth for the need for acute inpatient treatment versus continuing outpatient care with the appropriate safety measures must consider providing direct consultation to school counselors and school-based therapists via telepsychiatry. Such consultation services may help reduce referrals to the ED, especially for lower-acuity referrals simply requesting information on how to obtain mental health services in the community. We suggest that with proper support and supervision, the scope of mental health services delivered in schools can be expanded to meet the drastic increase in such referrals. Another approach will be to designate emergency clinics within existing outpatient psychiatric settings with the goal of offering quick appointments for safety assessments, intermediate support, and crisis treatments, to bridge patients and families with no active outpatient care until the most appropriate referrals and services are put in place. We also believe that our colleague child psychiatrists providing consultations to EDs, and pediatric inpatient departments may benefit from workshops and additional training aiming to improve skills in relation to crisis management. For example, the utilization of alternative settings, such as Extended Observation Beds (EOB) or general pediatric inpatient units, to provide more comprehensive treatments beyond safety assessments and determination of the need for acute inpatient psychiatric treatment. Treating patients in these alternative settings will require concerted, coordinated multidisciplinary efforts. Pediatric providers would benefit from more robust training in the management of mental health disorders as well, in order to work in multidisciplinary teams to address the many-faceted issues involved in providing high-quality mental health care. Lastly, there is an enormous need for adolescent-centered services for detoxification and stabilization of substance use disorders. The dearth of such services is partially due to regulatory red tape related to licensing of clinics that provide services for substance use disorders.

One possible way to address these needs is by providing more training to mental health professionals so that they can be more comfortable in treating both mental health and substance use disorders, and putting in place additional services that are tailored to the needs of adolescent patients and their families. Without addressing these issues, we all will continue to face an ever-increasing burden of referrals for mental health services, primarily through the entry point of ED visits - which is inefficient, inadequate, and seems to increase frustration for both providers and families.

**References**

9. Little Colorado

As we came down the river we saw many people, dories and inflated rafts at a beach by a side stream. It was a popular spot for lunch. The Little Colorado River was milky blue. When it flowed into the main stream, it colored the river in two halves.

The blue water was warm and comfortable in contrast to the cold Colorado. Women stood waist-deep in the stream to relieve themselves discreetly.

Putting on life jackets, several of us floated over and over thru small rapids in the Little Colorado, sometimes we rafted a rapid together.

Although the water was comfortable, the sun and air were hot. Some of us rested in the shade of an overhanging rock to watch others play in the water.

Hidden upstream was a forbidden area, the Sipapu, a holy place to the Hopi, a hole in the earth where “First People” emerged.

Across the small river was Beamer’s crude cabin, a former prospector who sold asbestos for fireproof theater curtains.

Nearby was the place where two airliners fell into the canyon after colliding in midair.*

For years the wreckage couldn’t be removed from near-vertical canyon walls.

David F. Freeman
October, 2017

*In 1956 a Lockheed Super Constellation, flying from LA and a Douglas DC-7 from Chicago collided at 21,000 feet.
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Honor Your Mentor

Each year in the March/April issue of AACAP News, we take the time to honor our mentors and say thank you to those who have made a significant difference in our professional and personal lives.

Balkozar Adam, MD
Submitted by Sarah H. Arshad, MD

Dr. Adam is the ideal mentor – someone whose warmth is evident from the moment you meet her, and who cares so deeply about those around her. She has helped mentor me personally, serving as a confidant and advisor as I navigated dating to getting married. She has also been a tremendous professional mentor, including me and directing me towards exciting opportunities! Thank you, Dr. Adam!!

Cheryl Al-Mateen, MD
Submitted by Sarah H. Arshad, MD

Dr. Al-Mateen has been a godsend! She is as kind and down to earth as her CV is impressive and awe-inspiring. She has a unique ability to find mentees at different levels (training, ECP, etc) and know exactly how to help them grow. She has guided me towards diversity and inclusion work and given me skills and confidence to continue my academic journey. I am a stronger, more holistic thinker because of her and look forward to continuing to work with her – THANK YOU!!!

Tom Anders, MD
Submitted by Bon Hendren, DO

I first met Tom Anders when he interviewed me on a sunny patio at Stanford for a child psychiatry fellowship. He was warm, knowledgeable, laughed easily, and seemed interested in me. Over the years, we have met many times in many settings. He was AACAP President the term before me. We had lunch last week in Sausalito and talked about the joys and challenges we were experiencing in our lives. I felt that I was talking to a longtime friend but also a mentor who was a bit older and was willing to share his perspective. Most importantly, he seemed genuinely interested in my life.
Alicia Barnes, MD
Submitted by Dewonna Ferguson, MD

When I think of Dr. Alicia Barnes, the quote by Jesse Jackson comes to mind, “Leadership cannot just go along to get along. Leadership must meet the moral challenge of the day.” Dr. Barnes is not only invested in medicine, but she is a leader in her community and often uses her influence to advocate for the voiceless. Most importantly, she strives to help others reach their full potential. She saw my strengths and taught me how to use them to be the successful resident that I am today. I am proud to call Dr. Alicia Barnes my mentor.

Nicole Christian-Brathwaite, MD
Submitted by Abiba Salahou

Dr. Christian-Brathwaite has been a phenomenal mentor to me over the years. She introduced me to the various career and advocacy opportunities available through psychiatry and made me feel like my dream of becoming a psychiatrist was possible, even when I was doubtful. Meeting Dr. Christian-Brathwaite has been instrumental to my medical journey. She motivated me to get involved in research and gave me the nudge I needed to be confident in my achievements and potential. In a field where less than 5% of the psychiatrists are black, it has been powerful to connect with someone I could directly relate to and emulate. As a mentor she has been supportive throughout the highs and lows of my journey and introduced me to the AACAP community. I am so grateful!

Barbara Burr, MD
Submitted by Giuseppe (Bepi) Raviola, MD MPH

Dr. Barbara Burr has been a cherished teacher and mentor at Harvard and Boston Children’s Hospital. I met her as a medical student when she introduced me to child psychiatry, then as attending physicians and psychotherapy supervisors for fellows. Clinically brilliant, adventurous, curious, funny and always ready to listen and ask good questions, Barbara has shown me how to be a human being in medicine. We now collaborate on developing child development clinical and training programs in Haiti, and co-lead clinical rounds in the new psychiatry residency training program at Sierra Leone Psychiatric Teaching Hospital. Barbara, you inspire so many.
Dennis Cantwell, MD
Submitted by John C. Raiss, MD

I was a first-year child fellow at Reiss-Davis Child Study Center, a psychoanalytic program, when Denny Cantwell invited me to attend his seminars at UCLA. Every Tuesday and Thursday, the fellows met for two hours in a windowless basement room at the Neuropsychiatric Institute to study psychiatric diagnosis and psychopharmacology. Denny, sometimes wearing Notre Dame green and holding a cigar, would arrive with a huge stack of xeroxed articles which we read and presented to him. It was like a grand tour of biological psychiatry. The mental excitement of experiencing his first-rate intellect made that windowless room more interesting than any scenic vacation vista could ever be.

Tara Chandrasekhar, MD
Submitted by Audra “Jackie” Ryan-Shepard, MD MPH

I would like to honor my mentor and current director of the Duke Child and Adolescent Psychiatry Fellowship: Dr. Tara Chandrasekhar. Dr. Chandrasekhar has worked hard to serve her patients and fellows in the Duke Child and Adolescent Psychiatry Fellowship program. I have learned a great deal from her patience, compassion, and extensive knowledge. She has continued to assist me with difficult patients from a far as I have transitioned to being an attending myself at a Federally Qualified Health Center in Hamilton, OH. Thanks for all you have done and continue to do to build the next generation of child psychiatrists!

Cindy Shinny-yi Chou, MD
Submitted by Chioma Onyejiaka, 4th Year Medical Student

My involvement in AACAP has given me the opportunity to see how tirelessly Dr. Chou strives to ensure that anyone with an interest in child psychiatry has an opportunity to learn and grow in the field. Even before I formally asked for guidance from her, she reached out to me as a mentor after I attended my first Medical Student and Resident Committee meeting. In addition to promoting my ambitions to increase diversity in child psychiatry, she connected me to other seasoned members of the organization and supported me during my Step 2 preparations. Her encouraging guidance has helped develop my confidence in myself and further solidified my desire to be a child psychiatrist. Dr. Chou exemplifies characteristics that I hope to possess when I am a physician mentor, and I feel incredibly privileged to have her as a mentor and friend.

Chrissie Clure MD
Submitted by Caitlyn Fitzgerald MD

Thank you for believing in me, supporting me, and pushing me to be the best version of myself that I can be. Thank you for being such a great role model and showing me what it means to be an outstanding child and adolescent psychiatrist as well as an advocate. I am so lucky to work with someone who inspires me each and every day. I will forever be grateful for your guidance and kindness. Thank you for being you.
Takesha Cooper, MD, MS  
*Submitted by Margaret Yau, MD*

Dr. Takesha Cooper is dedicated to mentoring and supporting medical students. I first met Dr. Cooper when she was a guest speaker on childhood mental illnesses at a local NAMI meeting. Her knowledge and passion in mental health inspired me to learn more about her area of expertise, and she graciously shared with me her career in child and adolescent psychiatry. After I entered medical school, she became my research mentor and continued to provide me invaluable guidance both professionally and personally. I am grateful to Dr. Cooper for being such an inspiring, supportive mentor and role model.

Mark De Antonio, MD  
*Submitted by Michael Enenbach, MD*

Mark De Antonio was my mentor and friend at UCLA for 12 years. I worked with him on the inpatient child unit as an attending and learned so much about the field because of him. He is the smartest and kindest child psychiatrist I’ve ever encountered. He passed away in December 2021 after a lengthy battle with cancer. I’m devastated by his loss, but his mentorship will continue to influence my practice forever.

Melissa DelBello, MD  
*Submitted by Manpreet K. Singh, MD MS*

I would like to honor Dr. Melissa DelBello, who is one of the few Psychiatry Department Chairs in the nation who is also a Child and Adolescent Psychiatrist. When I first started triple board training at the University of Cincinnati/Cincinnati Children’s Hospital Medical Center, I knew that if I wanted to learn how to do research in our field, I’d have to identify a mentor. Dr. DelBello stood out immediately and ever practical, expressed some natural uncertainty that I’d have time to pursue my research interests during residency. After all, research and clinical care have different goals, and the dance card of expected skills in residency let alone in a combined training program was full to the brim. Nevertheless, I persisted, and by the end of my residency, I was able to publish ten first-authored publications, generously edited by her. She reasoned I needed this cushion to launch my career as a clinician scientist. This was the first of a series of selfless acts and modeling she provided to encourage and nurture my career. The field and I are lucky to have her.

Lois Flaherty, MD  
*Submitted by LL Hua, MD*

I have known Dr. since 2010, when I first joined the Adolescent Psychiatry committee as a Child fellow. During that first committee meeting, she (and Dr. Adele Martel) encouraged an idea I had and suggested I submit a proposal for the annual meeting; in that moment, she totally shaped my future involvement with AACAP. Dr. Flaherty has been a constant support in the last 12 years, and I’m very fortunate to call her my mentor.
Mary Margaret Gleason, MD
Submitted by Myo Thwin Myint, MD

Mary Margaret has been mentoring me for almost 15 years. She served as an associate program director (APD) to a program director (PD) for me, only to vacate her post to allow me to become a PD while continuing to support me and program as APD, later stepped aside her post again to support another junior faculty to step into the APD role while continuing to watch over us as a senior mentor, and now is checking-in regularly from afar. She is a secure base, supporting my exploration, and safe haven for me to return, while always stronger, wiser, and kind.

Anne Glowinski, MD
Submitted by Martin K. Huynh, MD

I want to honor one of my most treasured mentors, Dr. Anne Glowinski. She was the legendary training director of the WashU child psychiatry fellowship, and I was blessed to be one of her final fellows in St. Louis before she took her talents to UCSF last summer. Dr. Glowinski wasn’t just a teacher and mentor to her trainees but an informal family member for many of us. She invited us to CrossFit, hosted many memorable gatherings at her home, and babysat for us too. Beyond her clinical acumen and research prowess, she was authentic, available, and optimistic as she guided the fellowship through an unprecedented pandemic. She is a gift to whatever organization is fortunate enough to have her. Cheers to our philosopher queen, Dr. Anne Glowinski.

Elisabeth Guthrie, MD
Submitted by Oliver M. Stroeh, MD

It is my sincere pleasure to recognize Elisabeth Guthrie, MD, for the incredible mentorship and sponsorship she has offered me and many others over her remarkable career. Dr. Guthrie’s impact locally, regionally, and nationally is tremendous, given her superb teaching abilities and the impressive numbers of physicians, psychiatrists, and child and adolescent psychiatrists that Dr. Guthrie has mentored, taught, and trained at every training and career stage. Certified in Pediatrics, Neurodevelopmental Disabilities, Psychiatry, and CAP, she also is an indefatigable champion for education around development and is a steadfast advocate for children—particularly those with developmental challenges. Thank you, Lis!

Alexandra Harrison, MD
Submitted by Abishek Bala MD MPH, PGY-5

Dr. Alexandra Harrison: I first met Dr. Alexandra Harrison during a stressful time for me as an international medical graduate combatting Impostor syndrome. What I needed was the warm guidance of a mentor willing to teach and inspire. Alex was and has always been that mentor. The pleasure that Alex garners from talking about her mentees, putting their interests ahead of her own, demonstrates her selfless leadership. Alex has made me grow as a person. I now approach various aspects of my career by asking myself a simple question, “What would Alex do?” She is truly an exemplary mentor.
Klisz-Hulbert, MD  
*Submitted by* Anindita Chakraborty MD  

Dr. Klisz-Hulbert is an amazing mentor. My favorite memories of her are of us doing supervision over lunch, talking about child psychiatry and life. She has been there to celebrate my successes but also to support me during my setbacks, giving me honest feedback on how to navigate my career. She is an excellent clinician and teacher, now that I have started my career as an early career psychiatrist, I often go back to formulations we reviewed together. Through her generosity and wisdom, she has inspired many of us. It is with much gratitude that I honor you, Dr. KH!

Sansea Jacobson, MD  
*Submitted by* Lianna Karp, MD & Cordelia Ross, MD  

We are honored to have had the opportunity to work closely with Dr. Sansea Jacobson over the past few years and consider her to be a pivotal mentor. We have learned so much from Sansea and her humanity, humility, and fearless demonstration of vulnerability. She is a cheerleader for trainees (even those who are not her own) and is an unwavering source of support and encouragement in our collaborative efforts, despite the many hats she wears. She is a compassionate physician, dedicated educator, effective leader, and loving mother, and her commitment to each of these roles is palpable and awe-inspiring. Thank you, Sansea, for all that you do!

Thomas Jones, MD  
*Submitted by* Shari Crane, MD  

I would like to thank Thomas Jones MD, for his mentorship. I met Dr. Jones while working at the IHS hospital in Shiprock, NM. Honestly, I’ve been a child psychiatrist for the last 15 years, but never had a mentor until I met Dr. Jones. He was instrumental in helping me prepare for my board exams, and encouraging me to become more involved in AACAP. He has definitely been a huge part of my success.

Heather Joseph, MD  
*Submitted by* Cindy Chou, MD  

Dr. Heather Joseph has been a quietly supportive force throughout my residency research journey. She is insightful and encouraging at the right moment, and I was inspired by her can-do perspective. Her encouragement of my application for the pilot award led to more mentorship development, and I was moved by her candid sharing of her research journey and self-discovery toward confidence and commitment during various mentorship programs. Thank you for being a wonderful role model and support Heather!
HONOR YOUR MENTOR

Amy Kim, MD
Submitted by Sarah H. Arshad, MD

Dr. Kim is one of the wisest people I have met! She has been an amazing mentor in training/education and has helped me think more intellectually on both macro and micro levels. Her approach to problem solving is so thoughtful, I have gained tremendous insight on how to approach and navigate different situations that arise. She is also so wonderfully personable and practical in guiding ECPs towards a future career – her advice is invaluable! Thank you!!

Wun Jung Kim, MD
Submitted by Shawen Ilaria, MD

Dr. Wun Jung Kim attended every AACAP meeting from 1979 through 2018, with the exception of 1980. I know this by heart, because as his former fellow and now APD, he makes time to sit down with me 1-2 times per week. I am learning how to run a training program, but beyond that, I get unlimited access to his wealth of experiences: the history of AACAP, the workforce shortage, the value of a golf membership. He tells me of the movers in our field, recalling their first name, and then I google until we figure out their last name, laughing about it all the way. Dr. Kim, I appreciate your humor, wisdom, and all the time you have invested in me over these past five years. I hope to keep finishing your sentences for years to come.

Salma Malik, MD
Submitted by The Institute of Living at Hartford Hospital Child and Adolescent Psychiatry Fellows: Justin Marshall, MD; Lara Addesso, MD; Sumayya Ayaz, MD; Ainsley Backman, MD; Monica Nakhla, DO; Khalid Elzamzamy, MBBC; Hanife Akal, MD.

As accomplished as she is kind and caring, Dr. Salma Malik continually inspires us to approach all of our endeavors with a curious and compassionate lens. We want to thank her for her exceptional and tireless effort in leading the Institute of Living at Hartford Hospital Child and Adolescent Psychiatry Fellowship Program. With equal time and dedication, Dr. Malik is readily available to extend a supportive listening ear, foster both professional and personal growth, and share clinical pearls of wisdom. Through her tremendous commitment to education and learning, she continues to encourage the next generation of child and adolescent psychiatrists.
Pilar de Castro-Manglano, MD, PhD  
Submitted by Victor Pereira-Sanchez, MD, PhD

Dr. de Castro-Manglano is a passionate, hardworking child and adolescent psychiatrist in Spain. Her drive for teaching and research, good humor, and eclectic clinical skills have helped countless patients and psychiatric trainees. I had the blessing to meet her as a student at the University of Navarra, and her encouragement and mentorship were decisive in my vocation to academic child and adolescent psychiatry. How happy and fulfilled we were when, after years of challenging work together, I completed my residency at her department, moved to a great future in New York, and completed my PhD under her advisory!

Richard “Dick” Manning, MD  
Submitted by Lance Clawson, MD

Throughout my career I have met few individuals who embody the qualities that has both lived and taught. His compassion for his patients, true respect for his medical and non-medical colleagues, and his consummate teaching opened my eyes early on to what it means to be a Child and Adolescent Psychiatrist. I am forever grateful for the years that Dick Manning has been my mentor and friend.

Yiu Kee Warren Ng, MD  
Submitted by Deepika Shaligram, MD

A shining star of the AACAP community (which has been my lifeline during the pandemic), is my mentor Dr. Yiu Kee Warren Ng. An unassuming giant and a visionary, his passion, generosity of spirit and deep commitment are exemplary. He draws out the best in people and gently encourages them to strive for more. His ability to bring people together by recognizing the potential in every individual is a testament to his leadership. Despite the many claims on his time, he listens attentively and thoughtfully to guide personal and professional growth while staying true to one’s values. He personifies strength, perseverance and authenticity. I feel blessed to have his mentorship and I hope to pay it forward.

Theodore Petti, MD, MPH  
Submitted by Alison DeLuca, MD & Mayank Gupta, MD

Professor Petti (aka Ted) is a well-known clinician-educator researcher within the AACAP family whose overarching career spans the last five decades. He has inspired many with his unique, positive spin to the most challenging and adverse circumstances his patients and trainees presented. A rare gem, an altruistic, highly motivated trainer who has provided a broad range of training opportunities. We applaud his constant encouragement and selfless mentorship in setting’s clear goal for attaining higher standards in the evolving clinical environments. A word of gratitude, admiration, and best wishes to Prof. Petti.
HONOR YOUR MENTOR

Samuel J Pullen, DO, MS, MPH & Linmarie Sikich, MD, MA
Submitted by Kira Panzer, MD

Thank you, Dr. Samuel Pullen and Dr. Linmarie Sikich, for helping me dream big as I start to lay the foundation for an exciting career in Child & Adolescent Psychiatry! Your collective wisdom as I’ve navigated my clinical and research interests has empowered me to further explore my career options and goals within CAP, and I am forever grateful for your guidance, mentorship, and support during such a pivotal time in my training.

Andres Pumariega, MD
Submitted by Zheya Jenny Yu, MD, PhD

I still remember my out-of-the-blue request, either through an email or a call, to Dr. Pumariega: “Can you please be my mentor officially?” This was probably in 2009 after Dr. Elizabeth Weller, my previous mentor passed away.

A mentor is someone you look up to, who knows your interests and your potential. Someone who pushes you to the next level, even when you want to say “No”; you persevere when you might otherwise hesitate, because he has high expectations for you.

A mentor is someone who dedicates his professional life to many just causes, including the well-being of immigrants and their children, someone who supports diversity and culture, and much more.

A mentor is someone who can clear a path for you when you are faced with challenges.

A mentor is someone whom I think about often with a smile, and who gets a box of chocolate around each Christmas to remind him how grateful I am to have him as my mentor.

I would like to thank you, Andy P, officially, and I hope to pass this special gift onto others…

Robert Pynoos, MD MPH
Submitted by Naser Ahmadi MD PhD

Dr. Robert Pynoos is a savvy child trauma psychiatry pioneer with a beautiful mind and soul. His stellar work as a developmental trauma specialist led to a new horizon in screening and managing youth at risk for traumatic stress disorder and bereavement. With his solid mentorship and positive mindset, I completed the AACAP Pilot Research Award during my child & adolescent psychiatry fellowship. His support and leadership made me a better person, pursuing my academic child psychiatry career providing contemporary positive psychiatry to underserved populations and teaching the next generation of clinicians, having him as my role model with humility and kindness.
Barbara Robles-Ramamurthy
Submitted by Phillip Yang, 3rd Year Medical Student

My name is Phillip Yang and I’m a 3rd year medical student at UT Health San Antonio. I would like to honor my amazing mentor, Dr. Barbara Robles-Ramamurthy. In every way, Dr. Robles-Ramamurthy encompasses my ideals of a perfect physician. She is compassionate about her community, a visionary about systemic changes, supportive of her students and colleagues, and passionate about patient-centered care. Dr. Robles-Ramamurthy is my career role model and I look forward to continuing learning and being inspired by her!

Suzanne Sampang, MD
Submitted by Ashley-Marie Berry, MD

Compassionate. Dedicated. Leader. Humility. Integrity. Inspirational. Mentor Extraordinaire! These are all of the qualities and more of my mentor, Dr. Suzanne Sampang. I remember my first-time meeting Dr. Sampang during the Second Look Event while interviewing for residency seven years ago. Dr. Sampang’s graceful, confident and calm presence was infectious. I was drawn in and engaged with how distinguished yet “cool” she was and still is.

I was lucky to be assigned to her as my mentor early on in residency and she regularly met with me to discuss career goals, academic plans and even personal life “stuff.” At the time, she was Program Director of Child and Adolescent Psychiatry with several other administrative and leadership roles, yet she always was available to mentor me. We would meet for lunch to enjoy various cuisines, go out to listen to jazz, dancing and other fun activities. She took a genuine interest in both my personal and professional success. I always felt so grateful and lucky to know her closely, and still do. Dr. Sampang was there for all of my momentous moments and accomplishments during my residency training and beyond.

I am currently an attending physician at the same institution, and it is Dr. Sampang’s advice and guidance that led me. I continue to turn to her to help direct my steps professionally. Dr. Sampang, words cannot express the depth of my gratitude to have received your pearls of wisdom, your support and encouragement. Quite frankly, I still receive these. I hope to pass the torch of being as graceful, distinguished, dedicated and “cool” as you, to my own mentee.

Karen Saroca, MD
Submitted by Rachel Olfson, PGY4 Triple Board

Karen Saroca has been an instrumental mentor through my training as a Triple Board physician, and has shown incredible compassion, and support to my fellow Triple Board resident trainees. She has gone above and beyond as a program director, despite the immense, unforeseen challenges and stressors on residents as frontline workers during the Covid-19 pandemic. She is not only a role model in her care for child and adolescent patients, but also demonstrates a genuine investment in the development of each Triple Board trainee. I am truly fortunate to call Dr. Saroca, my mentor.
Justin Schreiber, MD
Submitted by Cindy Chou, MD

Dr. Schreiber has been a positive influence for many years, tirelessly promoting the importance of community engagement and advocacy for residents and fellows. Because of him I was inspired to participate in the AACAP Legislative Conference and interact with our representatives, something that felt intimidating but powerful. I have also tried to give back to the community more after seeing his passion and dedication while juggling multiple obligations, reminding me that if we can all take some of our energy to make service a priority. Thank you, Justin!

Sandra Sexson, MD
Submitted by Dale Peeples, MD

I would not be in academic psychiatry if not for my mentor Dr. Sandra Sexson. As I began my child psychiatry fellowship she relocated from Emory in Atlanta, GA to The Medical College of Georgia in Augusta, GA. I couldn’t have been more fortunate to have such an opportunity to watch as she rebuilt our child division, and added new training pathways through our post pediatrics portal program. She’s always demonstrated fairness, thoughtfulness, and compassion. As I finished my training, I wanted to continue to learn from her, and stayed on as faculty, eventually becoming her assistant program director.

Desiree Shapiro
Submitted by Lauren Tronick, 3rd Year Medical Student

Dr. Desiree Shapiro’s mentorship has changed our life and career. Never has a person, let alone a sponsor, been more genuinely willing to collaborate, listen, and encourage. We first met Dr. Shapiro through her incredible Child and Adolescent Psychiatry Inclusive Excellence program, which she developed to increase exposure to and diversity within the field of CAP. Dr. Shapiro has a way of concretizing our wildest brainstorms into actionable goals by facilitating connections and dreaming wildly alongside us. We are grateful for her every day and as we strive to become the CAPs that we know she believes we can be!

Manpreet Singh MD, MS
Submitted by Aaron Gorelik, MD

Dr. Singh has been an exceptional mentor and has shown true care in mentoring me directly in my undergraduate career and has continued to advise me during my PhD. Her mentorship role began when I joined her lab as a first-year summer intern and has since been instrumental in my development as a researcher. Fast forward six years and we have collaborated on a variety of publications focusing on interdisciplinary research combining computational and bio-psycho-social based methodologies. She has always championed the belief that research needs to benefit and help people which she demonstrates on a daily basis. Throughout my time with her, she has focused not only on the research but also demonstrated through her actions that science is a form of hope. I am profoundly grateful to have Dr. Singh as mentor and hope in the future to emulate her mentorship approach.
Manpreet Singh MD, MS
Submitted by Mark Gorelik, MD

Research is often challenging and frustrating, for many people it is overwhelming. That’s not the case when working with Dr. Singh; as a mentor, she provides an environment where every setback is a learning opportunity, every counterintuitive result is a deeper story, where there is a challenge to always do better. Dr. Singh’s mentorship has helped me learn how to work in interdisciplinary collaborations, placing an emphasis on leveraging computational approaches to identify children who are at-risk and for contributing to open science by automating extremely time-consuming problems. Every meeting with her has always left me filled with energy and brimming with ideas on how to improve the research. For these reasons and many more, I’m extremely thankful to have had Dr. Singh as a mentor and aspire to pass on the energy, intellectual depth, and hope she brings to her mentees’ research and careers.

Suzan Song, MD
Submitted by Abishek Bala MD MPH, PGY-5

Dr. Suzan Song: Ever since I met Dr. Suzan Song at AACAP’s Global Mental Health and International Relations committee meeting, I have been drawn by her kindness and vision. Suzan leads by example and is a true symbol of resilience. Her ability to balance her clinical and global duties initiatives, while being an excellent mother is a lesson for new parents like me. She always makes time as a mentor to discuss my career goals with genuine interest, offering honest feedback with reassurance and optimism, while drawing on wisdom with humility. I am extremely grateful for Dr. Song’s mentorship.

Mary Steinmann, MD
Submitted by Rebecca Powell, MD

Dr. Mary Steinmann directs the medical student psychiatry course at the University of Utah, and when I met her, I had not yet considered psychiatry as a career. One year later I meet her again, and she was stepping between me and an agitated teenager on the adolescent unit during clerkships. Two years later I was in her kitchen deciding my specialty. She told me after Match she was secretly cheering not only for me to pick triple board like her, but to stay at Utah! Now I’m a resident teaching medical students in that same psychiatry course. Thanks, Dr. Steinmann, for fanning this triple board spark into a flame!

Pictured at the pre-pandemic psychiatry mixer that she hosted in her home is Dr. Steinmann as Dorothy from The Golden Girls and Dr. Powell as a flower child.

Jeffrey Strawn, MD
Submitted by Tommy Baumel, MS3

Dr. Strawn has gone above and beyond as a mentor ever since I arrived at UC. From shaping me as a scientist to providing new avenues to explore to tasty pork chops at your home, thank you for everything you do to support my development as a future child psychiatrist!
Dorothy Stubbe, MD  
Submitted by Philip Merideth, MD, JD

The definition of “mentor” as an “experienced and trusted advisor” certainly describes the feeling that CAP trainees have about Dorothy Stubbe, M.D., the Program Director at the Yale Child Study Center since 1996. Having supervised the training of about 200 CAP fellows, Dr. Stubbe’s impact is felt nationwide, and she is highly regarded as a kind, thoughtful, and unflappable educator. She is known for reminding her current and former trainees about one of the YCSC’s guiding tenets, “Never worry alone.” Thank you, Dr. Stubbe, for all that you have done to improve the lives of countless children and their families.

Rami Al-Sumairi, MD  
Submitted by Pooja Sarkar, DO PGY3

I met Dr. Rami Al-Sumairi while on-call my intern year. I remember ordering stat naloxone for the first time. He let me take the lead and stepped in when needed. He now supervises me in our child clinic. Working with children has been both an incredible challenge and honor. Dr. Al-Sumairi models compassion and empowers children to voice uncertainty about the changing world around them. The kids in the clinic and I are certain of one thing at least: we want to be like Dr. Al-Sumairi when we grow up.

Cecilia de Vargas, MD  
Submitted by Adrian A. Mejia, MD

Dr. De Vargas’s a compassionate and caring teacher and leader. She has a genuine care for the mental and emotional well-being of her patients and trainees. Her positive influence on my career started during my first rotation. I admired her dedication, commitment and compassion for every patient and their families. In addition, her enthusiasm as an educator motivates me and all the fellows and residents to become better psychiatrists. She is committed to our success and strives to match us with career promoting opportunities. It is with deep gratitude that I take this opportunity to honor Dr. Cecilia De Vargas.

Heather J. Walter, MD  
Submitted by Deepika Shaligram, MD

It is a great privilege to work with and learn from Dr. Heather J Walter. Her forthright style is tempered by kindness and complemented by a powerful intellect, exacting standards and unparalleled attention to detail. She is principled, perceptive and passionate about her work. She thus leads by example to command excellence. As a leader and innovator in academic medicine, her career showcases the exciting opportunities within child psychiatry. A particular inspiration for me is her ability to identify systems issues and come up with creative solutions by building bridges and effective teams. She is a consummate educator who delights in investing in and opening doors for mentees. My sincere gratitude to her.
HONOR YOUR MENTOR

James Waxmonsky, MD
Submitted by Raman Baweja, MD, MS

I am fortunate to have Dr. James Waxmonsky as my mentor. He is an exceptional mentor and role model for me throughout my professional development in research, patient care, education and community outreach missions. He continues to track my career goals and challenges my professional growth. In addition to my professional growth, he has made significant contributions in my personal growth. He is always there, when I need him, to listen to my concerns and give me his balanced and unbiased advice. I aspire to be an effective mentor for my mentees as Dr. Waxmonsky has always been for me.

John Werry, MD
Submitted by Jack McClellan, MD

John Werry, MD, emeritus professor at the University of Auckland, adopted me as a mentee when I was a child psychiatry fellow (as part of my AACAP Presidential Scholar Award). John helped forge modern research in developmental psychopathology and psychopharmacology, pulling the field kicking and screaming from “the dark dark days of psychoanalysis.”

A brilliant wit, wise clinician and sly provocateur, John taught me that, in order to advance science, truth and critical thinking matter more than dogma, political expediency or social conformity. Speak your mind, raise a few eyebrows, and have a little fun along the way.

Molly Wimbiscus, MD
Submitted by Ashley Cantu-Weinstein, MS2

Dr. Molly Wimbiscus is a Cleveland Clinic child & adolescent psychiatrist. I met her at a networking event for first-generation medical students. Her radiant positivity and passion inspired me even before learning that she created a longitudinal rotation for psychiatry residents to experience and work in school mental health. She served as my mentor for AACAP’s Jeanne Spurlock Fellowship; our project explored how teachers perceive and respond to parental substance use disorders among high school students. Her insight into the research topic and development of sound research methodology made this important project possible. I am very thankful for Dr. Wimbiscus’ mentorship.

Amy Yule, MD
Submitted by Joanne Ha

My name is Joanne Ha, and I am a second-year medical student at Boston University School of Medicine, and Dr. Amy Yule is one of my mentors. I am grateful for her guidance in teaching me about clinical research and scientific writing, and our research poster “Examination of the Location of Health Care Utilization Among Adolescents with Substance Use Disorders” was presented at the 2021 AACAP Annual Meeting. She has also helped me gain clinical experience by allowing me to shadow in her child psychiatry practice, and has helped me learn more about the exciting field of psychiatry.
Charley Zeanah, MD
Submitted by Mary Margaret Gleason, MD & Myo Thwin Myint, MD

Charley Zeanah, MD, has mentored CAP, triple board, infant psychiatry, and psychology trainees as well as faculty at Tulane since 1998. His passion for making children’s lives better, his dedication to interdisciplinary teaching, and his high standards for himself and everyone around him have shaped all of our careers. A consummate academic, he’s curious and always interested in learning. As he transitions into his next phase of mentoring, teaching, and scholarship, we are grateful that he has inspired us to imagine a better world for the children we serve... helped us turn some dreams into realities.

Ning Zhou, MD.
Submitted by Kelly Yang, MD

“Thank you so much to my mentor, Dr. Ning Zhou, for providing me with infinite support during my residency application year! Ning, I have loved our conversations about career and life advice and am always so impressed by your thoughtfulness and humility. Thanks for being such a great listener and for helping me learn from your experiences and wisdom. I’m so glad we were paired through the Asian Caucus mentorship program and look forward to the next time we can connect in-person!”

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.
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Parental Alienation Misinformation at AACAP’s 2021 Virtual Annual Meeting

Parental alienation (PA) is an important mental condition that should be on the radar of all child and adolescent psychiatrists (CAPs)—both clinicians and forensic practitioners. CAPs should be able to recognize and diagnose PA and have general information about the various interventions that are appropriate for mild, moderate, and severe levels of PA.

A widely accepted definition of PA is a mental state in which a child—usually one whose parents are engaged in a high-conflict separation or divorce— allies strongly with one parent (the favored parent) and rejects a relationship with the other parent (the alienated parent) without a legitimate reason. It is important to distinguish PA from parental alienating behaviors. PA encompasses the behavioral signs of parental rejection exhibited by the alienated child; parental alienating behaviors refer to the actions of the alienating parent, which contribute to the child’s rejection of the alienated parent.

At the AACAP virtual annual meeting in October 2021, a clinical perspective featured much misinformation regarding PA. The event’s title was “Parental Alienation: A Simple but Potentially Harmful and Poorly Supported Explanation for the Complex Problem of Parent Contact Resistance/Refusal.” Unfortunately, five presenters (excluding the discussant) delivered what we believe to be misleading information regarding PA. This short article does not refute every instance of misinformation we noticed in the AACAP presentation, but we want to provide a few examples.

Some of the presenters at the clinical perspective strongly implied that PA proponents make the diagnosis of PA without identifying alienating behaviors by the favored parent, i.e., that PA proponents assume that when a child rejects a relationship with a parent, the favored parent’s indoctrination and brainwashing must have caused their contact refusal. That is a serious misinterpretation of PA theory; this muddles the difference between PA and contact refusal. PA proponents have explained that the identification of PA typically requires the interaction of two factors: multiple alienating behaviors on the part of the favored parent and typical behavioral signs of PA by the child. No PA proponent has written those alienating behaviors of the favored parent cause every instance of contact refusal, since we all know that there are many reasons for a child to reject a relationship with a parent.

One presenter criticized advocates of PA for saying “that parental alienating behaviors are a form of child abuse” and “that parental alienating behaviors constitute family violence.” What’s wrong with saying that alienating behaviors are a form of child abuse? Every mental health professional who writes on this topic concludes that precluding a child from maintaining a healthy relationship with a loving parent through incessant alienating behaviors is child psychological abuse.

Another presenter at the clinical perspective complained that the determination of PA sometimes occurs in court proceedings. However, the “diagnosis” of PA made by a court after an exhaustive legal proceeding is no different from other judicial decisions—e.g., that a child was sexually abused, that a woman was a victim of domestic violence, or that a man committed a crime. One of the speakers at the clinical perspective introduced their presentation by saying the problem with PA is that “as soon as someone mentions the words ‘parental alienation,’ people stop thinking critically.” This opinion does not mean there is anything flawed about the concept of PA; it simply means that some people are not sufficiently knowledgeable about PA theory to apply it correctly.

Finally, one of the presenters claimed that unproven allegations of sexual abuse represent legitimately justified evidence. For example, “Residual abuse suspicions [of sexual abuse, despite inadequate evidence] are consistent with children’s resistance to disclosure.” That may be true or false depending on the case facts, but allegations are not evidence. Moreover, most children who “resist disclosure” do so because there was no sexual abuse. That presenter advocated that protecting a child from
the possibility of parental abuse trumps losing a relationship with a falsely accused parent. Such a priority for allegations over evidence is unjustified and dangerous since an alienated child’s losing contact with a parent is psychologically damaging to the child, often permanently so.

The two-hour clinical perspective was packed with attempts to critique, detract, and deny the importance of PA theory. Indeed, one presenter concluded with the statement, “Parental alienation concepts are not ready for clinical use.” That is a false and harmful conclusion to communicate to an audience of CAPs, particularly for those trainees and early career psychiatrists in attendance who may lack experience with PA.

Over the years, journal articles and books intended for mental health clinicians have published and recycled misinformation about PA. Unfortunately, this misinformation has already contaminated the knowledge base of an unknown number of CAPs and other mental health professionals. The extreme ideological polarization in this field impairs collaboration among professionals on the child’s best interests. Tragically, if it were not for the extensive misinformation and false mythology regarding this topic, proponents and critics would find they agree on many aspects of parental alienation. For example, both proponents and critics are concerned about domestic violence; everyone wants to protect children from maltreatment.

Most CAPs have seen cases of PA in their work, and they struggle with how to diagnose it and what to do about it. The little story and the drawing on this page by a 10-year-old girl, who was alienated from her father, illustrate the reality of PA. This child had the heartbreaking fantasy of killing her father with a cannonball from a military tank. CAPs need to learn how to understand the girl’s feelings and intervene in a helpful, therapeutic manner.

Stay tuned: When AACAP convenes in Toronto in 2022, we intend to submit a clinical perspective called “Parental Alienation: Basic Training for Clinicians.”

William Bernet, MD, Professor Emeritus, Vanderbilt University School of Medicine, is the president of the Parental Alienation Study Group. Email: william.bernet@vumc.org.

Christine B. L. Adams, MD, is a child, adolescent, and adult psychiatrist in private practice in Louisville, Kentucky. Email: christine@doctorchristineadams.com.

Astik Joshi, MD, is Assistant Professor of Psychiatry, Texas Tech University Health Sciences Center. Email: dr.aastik@gmail.com.

Les Linet, MD, is a child, adolescent, and adult psychiatrist in private practice in Princeton, New Jersey. Email: leslinet@yahoo.com.

Wade C. Myers, MD, is Professor and Chief, Forensic Psychiatry Division, Alpert Medical School of Brown University. Email: wmyers@lifespan.org.

Eri Shoji, MD, is a third-year psychiatry resident, Texas Tech University Health Sciences Center. Email: erishoji.md@gmail.com.

Children who experience parental alienation utilize the psychological mechanism of splitting, i.e., they perceive the favored parent in overly positive terms and the rejected parent in overly negative terms. This short story and the drawings of the military vehicles were created by a 10-year-old girl, who was severely alienated from her father. The story ends with the child’s fantasies of her father’s violent death: “He got shot by a tank.”

This story is called He and She and the Kids.

She had the Kids.
She gave the Kids to Him.
The Kids didn’t want to go.
He gave the Kids back.

She had the Kids.
She gave the Kids to He.
The next day He took the Kids.

He got shot by a tank.
The kids lived happily ever after with She.

The End
Strengthening the Front Lines: A Child Welfare Program for Families and Multidisciplinary Professionals

Children and adolescents in the child welfare system experience more adverse childhood events (ACE) compared to the general population and face barriers developing secure attachments with caregivers (Pecora, 2009). Children in the foster care system are also more likely to experience physical and mental health comorbidities compared to the general population (Bellamy et al, 2010). All of this necessitates a comprehensive treatment team, including front line workers who coordinate and link children to treatment options (Dorsey et al, 2012).

Many front-line workers lack knowledge specific to the attachment and developmental challenges that these children experience and the psychiatric disorders that afflict them. They also lack knowledge as to where to find evidence-based treatment options and local resources (Whitaker et al, 2015). There is evidence that programs designed to increase the knowledge of front-line workers result in increased awareness of and more appropriate referrals to evidence-based treatment services (Dorsey et al, 2012).

In my community of Western New York (WNY), there was no such educational program.

For this project I collaborated with three organizations in WNY with well-established connections to the child welfare, mental health, and developmental disability communities. The first was the Parent Network of WNY (PNWNY), which provides education and resources for families and professionals working with special needs children. The second was the Mental Health Advocates of WNY (MHAWNY), which provides essential non-clinical mental health services. The third was the WNY Foster and Adoptive Families Association (WNYFAPA), which represents foster and adoptive families in relation to the Erie County Department of Social Services.

The lectures were live and conducted virtually. The series focused on teaching participants about the typical attachment process, how that process and other areas of development can be disrupted by experiences of children in the child welfare system, an overview of mental health diagnoses and evidence-based treatments, and how to navigate the local child welfare and mental health systems.

Participants were asked to complete evaluation forms assessing their knowledge base and comfort level of the topic to be presented at three points: pre-lecture, immediately post-lecture, and two months’ post-lecture. There were 15 participants that completed the full series. Evaluation data indicate that participants did not feel subjectively more knowledgeable or comfortable after the introductory lecture and the lecture on attachment but did demonstrate improvements in both areas after the lectures on treatment options (51% increased scores for knowledge related measures and 36% increase in comfort related measures) and an overview of the foster care and mental health systems (14% increased scores for knowledge related measures and 15% increased scores for comfort related measures).

In addition to the lecture series for the general public, a four lecture professional training series was provided for MHAWNY’s Court Appointed Special Advocates (CASA) volunteers.

The second modality by which this project aimed to disseminate information was via online resources. To do this, I collaborated with Aldo Media to create wnychildwelfareresources.com to house various types of educational material. At the core of this website are recordings of lectures and training series, which will continue to be updated as more occur.

PNWNY, MHAWNY, and WNYFAPA contributed educational materials related to the child welfare system for inclusion.
on the website. It also contains short educational video clips and handouts addressing a range of mental health topics related to children in the child welfare system. There is also a comprehensive listing of various local, state, and national resources. The website can add new content in the forms of video clips, presentations, and a blog style column to answer questions from viewers about mental health topics.

The funding provided by the Marilyn B. Benoit, MD Child Maltreatment Mentorship Award was instrumental in developing the website and will be used to maintain and add new content for a substantial period of time. This will allow for content to remain current and allow for the creation of innovative and original content to be added. Funding was also used to edit the recorded presentations so they could be housed on the website.

The opportunity provided by the Marilyn B. Benoit, MD Child Maltreatment Mentorship Award has directly led to an injection of cutting-edge informational content into a community within which it was sorely lacking. WNY has a substantial population of children and adolescents in the child welfare system, and the work on this project has revealed that there are many professionals and families who are in search of knowledge and resources in order to better provide for and serve these children. MHAWNY, PNWNY, and WNYFafa are committed to expanding this project with me over the next several years so that we can increase our ability to provide information and therefore improve quality of care to a much larger number of children and adolescents in WNY. Another important outcome of this project is that it has increased my influence and connections within the child welfare system, allowing me to work towards becoming a regional expert in this field.

For follow up questions please contact Dr. Russell via email at jsr9@buffalo.edu.

Joshua Russell, MD, is an assistant professor of psychiatry at the University at Buffalo (UB) Jacobs School of Medicine and Biomedical Sciences in Buffalo, NY. He completed his undergraduate education at UB with a major in psychology. He then completed medical school, general psychiatry residency, and child psychiatry fellowship through UB. Upon completion of fellowship training in 2017, Dr. Russell joined the faculty of UB’s Department of Psychiatry. During his fellowship training, Dr. Russell created resources for child welfare workers related to the foster care system.

Dr. Russell has established relationships with multiple foster care agencies in Western New York, and works with dozens of children and families within the foster care system through his outpatient practices.

Dr. Russell’s project entitled “Strengthening the Front Lines: A Child Welfare Program for Families and Multidisciplinary Professionals” aims to enhance education and training for families and professionals working with children in the foster care system via multiple channels, including public lecture series, professional trainings, and on-line educational resources. His mentor, Dr. Terry Lee, is a child and adolescent psychiatrist and clinical associate professor at the University of Washington. Dr. Lee is first author of AACAP’s Practice Parameter for the Assessment and Management of Youth Involved with the Child Welfare System.

“My experience through the Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award, and the guidance of my mentor Dr. Lee, have been incredibly enriching. Not only have I had opportunities to teach (a passion of mine) but I have exponentially grown my knowledge of using different forms of media to extend my educational reach.”

Being an AACAP Owl

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AACAP Calls on Administration: Declare Children’s Mental Health Crisis a Public Health Emergency

Washington, DC, March 1, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) applauds President Biden’s commitment to children’s mental health and strongly supports the priorities outlined by the president in his 2022 State of the Union Address. AACAP asks the Administration to take the next vital step – to declare the crisis in children’s mental health a Public Health Emergency.

Dr. Warren Ng, president of AACAP, said, “The president’s plan is a great start. We ask that he also call on the Department of Health and Human Services to declare a Public Health Emergency to provide critical immediate resources to communities across the nation grappling with increasing rates of youth mental illness and waning resources.”

“For our 10,000+ physician members who are expertly trained to care for children and adolescents, the crisis is very real and will only get worse without brave and swift action,” he said. Ng added, “We are caring for young people with soaring rates of depression, anxiety, trauma, loneliness, and suicidality that will have lasting impacts on them, their families, their communities, and all of our futures. The time for swift and deliberate action is now.”

AACAP, the American Academy of Pediatrics, and the Children’s Hospital Association jointly declared a national emergency in children’s mental health October 2021, setting the stage for our appreciation of the president’s plan and call for a national public health emergency declaration.

AACAP has long fought to strengthen the size and diversity of mental and behavioral health professional workforce, improve access to care through investment and innovation, and support healthy mental and physical development for all children and adolescents across all settings of care, especially for under served populations like the youth of color, LGBTQ, and rural communities.

AACAP is committed to engaging its physician members and the families they serve to find solutions to this national crisis in children’s mental health and stands ready to work with the Administration in protecting our nation’s youth, families, and communities.

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children’s mental health. For more information, please visit www.aacap.org.
AACAP Policy Statement

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Increased Suicide Among Black Youth in the U.S.

Approved by Council March 2022

Since 2017, suicide has been the second leading cause of death in those 10-19 years old. Rates of suicide among Black youth have risen faster than in any other racial/ethnic group in the past two decades, with suicide rates in Black males 10-19 years-old increasing by 60%. Early adolescent Black youth are twice as likely to die by suicide as compared to their white counterparts. Understanding and changing this trajectory will require transdisciplinary efforts including those of educators, child welfare, legal and juvenile justice systems, health care professionals including child and adolescent psychiatrists, and the community at large.

Data does show us that community violence, socioeconomic stress, perceived discrimination, stigma, and interpersonal and family conflict are greater predictors for suicide in Black children and adolescents than in their white peers. Intersectionality, membership in more than one minoritized population, affecting Black females and LGBTQ identities, experience significantly increased suicide risk. Mental health and substance use problems occurring in Black youth are often under recognized, undertreated, or misdiagnosed due in part to bias, discrimination, and structural racism. Black youth who do come to clinical attention are often diagnosed with behavioral problems, rather than other mental health conditions that identify an increased risk for suicide. They are more likely to receive poor quality care an dare less likely to receive follow-up care after discharge from crisis or hospital services. These well-documented inequities in health care foster distrust in health care systems, limiting opportunities for prevention, identification, and timely intervention.

Structural factors reinforce racism and discrimination and elevate exposure to potentially traumatic events. These experiences exacerbate risk for mental health concerns and suicide among Black youth who are also more likely to experience punitive treatment in the educational and juvenile justice systems. They are disproportionately affected by adverse involvement in the child welfare system and the negative impacts of policing and violence. These cumulative factors are associated with the increased risk for suicide among Black youth.

The American Academy of Child and Adolescent Psychiatry recommends that child and adolescent psychiatrists:

1. Collaborate with other systems of care involved in the lives of Black youth to promote early recognition of suicide risk factors, which is crucial to increase awareness of the impact of structural racism, gender bias, discriminatory practices, and unconscious bias.

2. Improve identification, access to care, and retention in mental health and substance use treatment for Black youth, with a focus on the impact of social determinants of health, discrimination, structural racism, stigma, gender and sexual minority status, interpersonal and family conflict, and intergenerational trauma.

3. Support evidence-based resiliency programs in Black youth with a focus on protective factors including sense of belonging, racial and collective socialization, family strengths, and community cohesion; develop evidence-based interventions for suicide prevention.

4. Promote research for potential risk factors including structural racism, bias, and incorrect diagnoses in order to help decrease under-recognition of the precursors of suicide in these children and adolescents.
5. Advocate for increased investments in programs that build a more culturally competent and minority-representative pediatric health care workforce, including research and education programs that promote the inclusion of health equity as a core competency in pediatric health care professional training.

6. Advocate for scholarship funding and loan forgiveness programs that target students underrepresented in medicine and child and adolescent mental health.

References


For more information or to review AACAP’s Policy Statements visit www.aacap.org.
AACAP Statement Opposing Actions in Texas Threatening the Health, Mental Health and Well-Being of Transgender and Gender Diverse Youth and Their Families

Washington, DC, March 1, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) supports the healthy development of all children, adolescents, and their families, including transgender and gender-diverse youth and families.

Recent state attacks on gender-affirming support and care for transgender and gender-diverse youth endanger the welfare of many young people across the country. These attacks undermine the right of parents and caregivers to access evidence-based and developmentally appropriate treatment. The goal of gender-affirming care is to help children and adolescents understand their gender as one facet of their identity while building resilience and increasing family and social supports. Attempts to criminalize gender-affirming care deprive youth and families of treatment and endanger the physician-patient-caregiver relationship, which is the foundation of pediatric healthcare. The allocation of scarce child protective services to these efforts further endangers youth who actually require those important services. Gender-affirming care is not child abuse.

Variations in gender expression are not pathological; rather, they represent normal dimensions of human development. All youth and families benefit from access to professional support and information about gender development. Gender-affirming care is informed by long-standing standards of care and by evidence-based clinical studies supporting improved mental health and health outcomes for youth. For transgender and gender-diverse youth, family and social supports have improved mental health outcomes and functioning, and for some, medical treatment may be necessary. AACAP has strongly advocated for gender-affirming evidence-based care and vehemently opposes efforts to block access to care.

So many youth and families across the United States are experiencing mental health crises during a national children’s mental health emergency. Marginalized youth, including transgender and gender-diverse youth, are particularly vulnerable to higher rates of mental health conditions, including suicidality.

Child and adolescent psychiatrists, pediatricians, and child welfare professionals share a common mission: protecting and promoting the health and well-being of all children. Policymakers who share this goal must seek solutions that safeguard the safety and health of America’s youth, respect the clinical decision-making of licensed pediatric healthcare professionals, and promote health equity for children across all child-facing systems of care.

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children’s mental health. For more information, please visit www.aacap.org.
Florida’s “Don’t Say Gay or Trans” Law Stigmatizes LGBTQ+ Youth and Families

Washington, DC, March 18, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) is alarmed at the “Parental Rights in Education” act, also known as “Don’t Say Gay or Trans” bill recently passed in Florida. This new law blocks teachers and educators from talking about LGBTQ+ issues and undermines existing protections for LGBTQ+ youth and families in schools.

Dr. Warren Ng, AACAP president said, “In the midst of a national crisis on youth mental health, it’s unconscionable to target and harm LGBTQ+ youth and families. LGBTQ+ youth during the pandemic have suffered, with 42% of LGBTQ youth, and over half of transgender and nonbinary youth, seriously considering attempting suicide in the past year.” Dr. Ng added, “As child and adolescent psychiatrists, we are the physician experts and advocates for children’s mental health, and we will continue to support our LGBTQ+ youth and condemn all harmful legislation and actions. Having a safe learning environment that supports healthy development is not a privilege, but a right for all youth.”

AACAP opposes policies that stigmatize normal and healthy expressions of sexual and gender identity. Sexual and gender identification begin at an early age and are formed through inquiry, exploration, and validation. Differences in sexual orientations and gender identifications are part of healthy physical, social, and emotional developmental processes. This bill exacerbates the stigma that many LGBTQ+ youth already experience and paves the way for other groups to similarly be targeted.

Youth spend much of their time in school with peers and adult teacher caregivers, where education policies should promote safe and supportive environments for learning and for the development of their identities, including sexuality and gender. This law grossly undermines the basic tenets of education policy by denying students access to and support from some of the most important and influential adults in their lives. This regressive approach to education and development will have devastating consequences for all, especially for LGBTQ+ youth and families.

Harmful legislation like the “Don’t Say Gay or Trans” bill not only endangers the LGBTQ+ community, but it also jeopardizes their ability to reach their full potential. This action sends a dangerous message that certain voices don’t deserve to be heard. Additionally, this bill is a big step backwards for all marginalized communities, their families, and for the appreciation and understanding of diversity.

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children’s mental health. For more information, please visit www.aacap.org.
How to Talk to Children About What’s Happening in Ukraine

Washington, DC, February 24, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) is dedicated to helping children and families around the globe. Our thoughts are with the children, families, and communities impacted by this act of senseless violence. For those caught up in the violence and attacks, it’s unimaginable and for those looking on from afar, the feelings of fear and helplessness can be overwhelming. For children, who have less of an idea of what is going on, this can be even more terrifying.

In hopes of helping families and children cope with violence and violent images, AACAP compiled the following resources:

- **New!** Talking to Children about the War in Ukraine: 15 Tips for Parents
- AACAP Military Families Resource Center
- AACAP Disaster Resource Center
- AACAP Facts for Families, “Terrorism & War – How to Talk to Children”
- AACAP Facts for Families, “News & Children”
- AACAP Facts for Families, “Disaster: Helping Children Cope”

These resources are a starting point for addressing trauma and are not intended to serve as a substitute for psychiatric treatment or counseling. Our resources were created for those coping with loss and grief, and for those seeking to foster a dialogue with their children about regional, national, and international news events. If you would like to speak to an expert, please reach out to the co-chairs of AACAP’s Disaster & Trauma Issues Committee:

- Steven Berkowitz, MD, steven.berkowitz@ucdenver.edu
- Linda Chokroverty, MD, chocolatebirdie@live.com

The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children’s mental health. For more information, please visit [www.aacap.org](http://www.aacap.org).
Clinical Faculty, Child & Adolescent Psychiatry – University of Arizona

The Department of Psychiatry at Banner – University Medicine Tucson is actively seeking a fellowship-trained Child and Adolescent Psychiatrist to join our dynamic department. The selected individual will be responsible for the clinical care of child and adolescent behavioral patients at the innovative Banner – University Medicine Behavioral Health Clinic in Tucson, Arizona. The physician hired will gain a faculty appointment at the University of Arizona consistent with rank and credentials.

Essential Functions:
- Clinical responsibilities include outpatient care and shared call coverage (taken from home); opportunities to participate in Consult/Liaison service
- Academic time provided
- Teaching and mentoring of students, residents, and fellows
- 1.0 FTE | M-F

Minimum Qualifications:
- Board Eligible/Board Certified by the American Board of Psychiatry and Neurology
- Fellowship-Trained in Child and Adolescent Psychiatry
- Desire to practice and engage in an academic setting
- Position is open to experienced psychiatrists as well as new grads completing their child and adolescent psychiatry fellowship (excellent loan repayment available!)

Banner Benefits:
You take care of others. Let us take care of you. At Banner, your benefits package is all about your well-being. But that's more than just basic medical, dental and vision coverage — it's everything that makes you uniquely you, from your emotional health, to your family to your satisfaction at work. So, we design your benefits with you in mind. We listen to what you have to say, offer a wide variety of competitive benefits to give you peace of mind and provide additional tools and resources to support you.

- 100k Loan Repayment available, plus Public Service Loan Forgiveness
- Production Incentives (wRVU), Paid Sick Time, Personal Time Off, Malpractice, and CME Allowance
- Legal, Medical, Dental and Vision Coverage
- Pet, Auto, and Home Insurance included in Voluntary Benefit Options
- Adoption Assistance, Fertility Benefits, and Parental Leave Support
- Resources available for pet care, childcare, elder care, housekeeping, and tutoring
- 24/7 Confidential Mental Health Support, plus coordination of child and elder care
- Physician Well-Being Program, including healthy-habit building, fitness challenges, nutrition guides, on-demand webinars, sleep guides, mindfulness, and more!
- Financial wellness resources, including retirement plans with matching or 401b deferred options, employee perks and discounts
- Resources available for pet care, childcare, elder care, housekeeping, and tutoring

Our Community:
The soul of the Sonoran Desert. The flavor of the Southwest. The peacefully blooming community of Tucson, Arizona is nestled within surrounding mountain views and the lush Sonoran Desert. With 350+ days of annual sunshine, it is easy to soak some sunny Vitamin D with championship golf courses, scenic hiking, cycling-friendly community, horseback riding, and daytrip fishing or kayaking. Selfcare enrichment abounds in refreshing spa resorts, art galleries, enriching culture and entertainment. Tucson was also designated a UNESCO City of Gastronomy with many exciting culinary adventures in our restaurant scene. With a population slightly over 0.5 million, Tucson is a growing city with a college town feel that continues to boast an attractive cost of luxury living to enjoy with those you love most!

We encourage you to mention this site when you submit your CV to the Search Committee, c/o Linda Montano at doctors@bannerhealth.com. For more information, visit https://practicewithus.bannerhealth.com.

The safety of our team members and patients is of utmost importance, so Banner is requiring the COVID-19 vaccine for all team members. As members of the health care field, we are in the business of caring for people, so we take seriously our commitment to ensure our patients and teams are safeguarded from this rapidly changing and dangerous disease.

As an equal opportunity and affirmative action employer, Banner University Medical Group (BUMG) recognizes the power of a diverse community and encourages applications from individuals with varied experiences and backgrounds. BUMG is an EEO/AA - M/W/D/V Employer.
FOR YOUR INFORMATION

CLASSIFIEDS

CALIFORNIA

Company: County of Sonoma (1294015)
Title: Behavioral Health Medical Director
Job ID: 16268450
URL: https://jobsource.aacap.org/jobs/16268450

Job Description:
Behavioral Health Medical Director
$244,088 - $296,704/Annually* The County of Sonoma is seeking an experienced and mission-driven leader to serve as the next Behavioral Health Medical Director! Starting salary up to $296,704/annually, a cash allowance of approximately $600/month, and a comprehensive benefits package.

The Benefits of County Employment
Working at the County of Sonoma offers expansive opportunities for growth and development, the ability to be a part of a challenging and rewarding work environment, and the satisfaction of knowing you're working to better our communities. You can also look forward to excellent benefits* including:
- An annual Staff Development/Wellness Benefit allowance up to $1,700 and ongoing education/training opportunities
- Competitive vacation and sick leave accruals, 12 paid holidays, and an additional 8 floating holiday hours per year
- Significant portion of health care premiums paid by the County and access to several health plan options
- County contribution to a Health Reimbursement Arrangement to help fund post-retirement employee health insurance/benefits

May be eligible for up to 8 weeks (320 hours) of Paid Parental Leave after 12 months of County employment Retirement fully integrated with Social Security Eligibility for a salary increase after 1,040 hours (6 months when working full-time) for good work performance; eligibility for a salary increase for good performance every year thereafter, until reaching the top of the salary range

The Behavioral Health Medical Director Position Reporting to the Behavioral Health Division Director, the Behavioral Health Medical Director plans, organizes, and manages the Division's medical services. As a member of the Division Management Team (DMT), this position plays a key role in determining the strategic direction of the Behavioral Health Division, including the type and quality of clinical services provided, service philosophy, system design, and financial planning. Primary duties for this position also include:
- Leading the Division's primary care and behavioral health integration initiatives
- Supervising 20+ full-time and part-time psychiatric providers, including psychiatrists, psychiatric nurse practitioners, and physician assistants
- Overseeing behavioral health medical providers compliance with applicable community standards of care, State and Federal laws, and other regulatory requirements for providing services
- Directing and evaluating the psychiatric component of services across the behavioral health system to ensure clients receive quality medical and psychiatric treatment
- Acting as a key participant in ongoing clinical review of behavioral health system programs and services
- Partnering with the nurse supervisor, program and section managers, to oversee operations of all medication support services
- Mastering the crisis stabilization unit (CSU) supporting the staff and psychiatrists there, as well as in the adult and youth medication support programs.

As the ideal candidate for this position you will bring your: Experience and understanding of working in a community-based setting with youth and families; transitional aged youth, adults, and older adults; and a culturally diverse population with serious to severe mental illness and co-occurring substance use disorders

Knowledge of the principles of trauma-informed care and mental health recovery
Experience as a leader and administrator, including managing personnel/performance issues, hiring staff, and creating organizational procedures and workflows
Skill in the use of electronic health records (EHR) and ability to help support the medical staff with the proper use of EHR Collaborative work style, excellent listening skills, and ability to communicate with staff at all levels, clients, and families

Flexibility and willingness to quickly shift focus to attend to critical needs, such as consulting with staff who have a client in crisis or have an urgent need for a medication refill

Passion for working with individuals with serious to severe mental illness, and a belief that they are the experts in their treatment and can recover

Comfort addressing difficult employee issues, using a strengths-based style, and effective leadership skills

Dual board certification in adult and child psychiatry and/or experience with forensic psychiatry

Bilingual English/Spanish skills are highly desired, but not required

Board Certification in Psychiatry by the American Board of Psychiatry and Neurology highly desired

*Salary is negotiable within the established range and benefits described herein do not represent a contract and may be changed without notice. This recruitment is open continuously and may close at any time without notice.

Applications received after the recruitment closes will not be accepted. For more information, including minimum qualifications, & to apply, visit www.yourpath2sonomacounty.org or call 707-565-2331.

The County of Sonoma is an Equal Opportunity Employer. We value diversity and are committed to having a workforce that is representative of the communities we serve. Apply Now

CALIFORNIA

Company: Sutter Health - Bay Area (1250789)
Title: Psychiatrist, Child & Adolescent BC/BE - Core Faculty Position - San Francisco, CA
Job ID: 16240064
URL: https://jobsource.aacap.org/jobs/16240064

Job Description:
Sutter West Bay Medical Group is seeking a full-time, BC/BE Psychiatrist for an exceptional Core Faculty opportunity for the Department of Psychiatry at California Pacific Medical Center (CPMC).

Location: San Francisco, California

Opportunity Details: Core Faculty position, GME teaching/supervision of CPMC Psychiatry residents and Dartmouth Medical students

Work in our state-of-the-art facilities including a new inpatient psychiatry unit and outpatient clinics at the Davies Campus Opportunity to work at the 2 new hospitals located at the Van Ness Geary (VNG) and Mission Bernal (MB) sites

Direct clinical care: 90%

AACAP NEWS
Department. Works in close partnership with nursing and administrative leadership to ensure optimal department operations, patient and family satisfaction, patient safety, quality of care, efficiency, and individual and collective staff performance. Leads efforts to build positive and collaborative relationships across the system. Ensures that medical staff and other employees adhere to appropriate billing and coding procedures. Participates as an active member in all appropriate Hospital administrative and clinical care committees as assigned. Ensures that medical staff and other employees adhere to Hospital compliance. Ensures coordination and integration of interdepartmental and intra-departmental services. Monitor quality and safety data relevant to the department. Monitor and respond to any reported safety events. Facilitate team-based approach to quality and safety. Maintain fiscal responsibility and financial growth. Evaluate opportunities for growth and new care models within the service line. Assist in building proformas for new opportunities. Clinical Responsibilities (15 – 25% of time will be clinical) Provide treatment services in any capacity including, but not limited to, assessment, medication management, and disposition of psychiatric patients including making arrangements for hospitalization if needed. Provide routine, intensive, complex and emergency intakes and extended evaluations for a variety of emotional, psychological, and behavioral disorders. This may occur in the ED, Ambulatory or C&L. Ability to provide oversight and collaboration to advanced psychiatric nurse practitioners. Follows and ensures agency policy/procedures, including all emergency procedures are adhered to. Ensures patients are referred to appropriate programs and services as clinically appropriate and communicates need to nursing staff and Social Work to ensure referrals are completed. Participates in and meets all ethical and agency standards regarding treatment and documentation practices, QA/QI procedures, utilization management, emergency procedures, and program and patient outcomes. Engages the patient and family to develop treatment plans that address identified goals. Documenting assessment findings, treatment recommendations and plan for continuing care in the clinical record. Collaborate with physicians, clinicians, other agency providers, clinical support staff, administrative staff and community resources in meeting patient and family needs. Provide health promotion, education and counseling for patient/families related to medication, diagnosis, health issues and coping strategies. Provide supervision of resident and student cases with feedback given on interview techniques, assessments, treatment plan and documentation. Perform other duties as assigned. Academic appointments may be available with the University of Connecticut.

FOR YOUR INFORMATION

CONNECTICUT

Company: Connecticut Children’s Hospital (1293631)
Title: Division Head of Child & Adolescent Psychiatry
Job ID: 16260081
URL: https://jobs.source.aacap.org/jobs/16260081

Job Description:
The Division Head of Child & Adolescent Psychiatry is responsible for the overall day to day management of a broad range of psychiatric clinical and educational activities, administrative and strategic efforts. Located in Hartford, CT, this role will provide visionary and innovative leadership to guide the department into the next phase of growth and development while ensuring the delivery of superior clinical outcomes. The Division Head will oversee the promotion of the best mental health practice to guide decision-making, program and policy development, and development of resources to ensure that our patient population and families are receiving the best possible care to address psychiatric and behavioral health conditions. Building this department to serve the communities of CT for our children & families.

Job Requirements:
Leadership and Management Responsibilities (75 - 85% of time will be non-clinical) Responsible for supervising and ensuring the quality, safety, patient/family experience and efficiency Coordinates development and implementation of policies and procedures that guide and support the provision of care, treatment, and services within the Department. Works in close partnership with nursing and administrative leadership to ensure optimal department operations, patient and family satisfaction, patient safety, quality of care, efficiency, and individual and collective staff performance. Leads efforts to build positive and collaborative relationships across the system. Ensures that medical staff and other employees adhere to appropriate billing and coding procedures. Participates as an active member in all appropriate Hospital administrative and clinical care committees as assigned. Ensures that medical staff and other employees adhere to Hospital compliance. Ensures coordination and integration of interdepartmental and intra-departmental services. Monitor quality and safety data relevant to the department. Monitor and respond to any reported safety events. Facilitate team-based approach to quality and safety. Maintain fiscal responsibility and financial growth. Evaluate opportunities for growth and new care models within the service line. Assist in building proformas for new opportunities. Clinical Responsibilities (15 – 25% of time will be clinical) Provide treatment services in any capacity including, but not limited to, assessment, medication management, and disposition of psychiatric patients including making arrangements for hospitalization if needed. Provide routine, intensive, complex and emergency intakes and extended evaluations for a variety of emotional, psychological, and behavioral disorders. This may occur in the ED, Ambulatory or C&L. Ability to provide oversight and collaboration to advanced psychiatric nurse practitioners. Follows and ensures agency policy/procedures, including all emergency procedures are adhered to. Ensures patients are referred to appropriate programs and services as clinically appropriate and communicates need to nursing staff and Social Work to ensure referrals are completed. Participates in and meets all ethical and agency standards regarding treatment and documentation practices, QA/QI procedures, utilization management, emergency procedures, and program and patient outcomes. Engages the patient and family to develop treatment plans that address identified goals. Documenting assessment findings, treatment recommendations and plan for continuing care in the clinical record. Collaborate with physicians, clinicians, other agency providers, clinical support staff, administrative staff and community resources in meeting patient and family needs. Provide health promotion, education and counseling for patient/families related to medication, diagnosis, health issues and coping strategies. Provide supervision of resident and student cases with feedback given on interview techniques, assessments, treatment plan and documentation. Perform other duties as assigned. Academic appointments may be available with the University of Connecticut.

FOR YOUR INFORMATION

FLORIDA

Company: Nicklaus Children’s Health System (1294064)
Title: Child Psychiatrist Opportunity in Miami, FL
Job ID: 16273544
URL: https://jobs.source.aacap.org/jobs/16273544

Job Description:
Outstanding Opportunity for a Board-Certified Child Psychiatrist in Miami Nicklaus Children’s Hospital, a 309-bed freestanding children’s hospital and Level I trauma center, and Nicklaus Children’s Pediatric Specialists, the multispecialty medical group practice of Nicklaus Children’s Health System, have an exceptional opportunity for a board-certified Child and Adolescent Psychiatrist, with three or more years of experience, to provide inpatient and outpatient clinical services. Join a growing team of four Psychiatrists, two Fellows and two Pediatric Psychiatry Residents. This practice opportunity will be focused on providing both inpatient and outpatient child and adolescent psychiatric clinical services in a 20-bed inpatient unit with plans for expansion, providing care to patients up to 18 years of age, averaging 900 discharges per year. Responsibilities also include daily rounds and coverage of medical floors and the Emergency Department, which generates approximately 80/100 consults per month and approximately 16,000 outpatient visits annually. This role also includes on-call coverage, which is shared with each physician in the practice covering one weekend per month and two-to-three weekdays of phone coverage. Founded in 1950, the rebranded Nicklaus Children’s Hospital is renowned for excellence in all aspects of pediatric medicine and has numerous subspecialty programs that
are ranked among the best in the nation. It is also home to the largest pediatric teaching program in the southeastern U.S. Our organization consistently appears on employer award lists such as Fortune magazine’s “Best Workplaces In Health Care,” Becker’s “150 Great Places to Work in Healthcare” and People magazine’s “50 Companies That Care.” Join a phenomenal team that brings lifelong health and hope to children and their families through innovative and compassionate care. Nicklaus Children’s Hospital is located in Miami, Florida, and offers all of the advantages of a tropical, diverse, metropolitan community. Enjoy abundant sunshine and warm weather year-round with easy access to beaches, golf courses, two international airports and sporting events. Bilingual (English/Spanish) candidates are preferred. Competitive compensation and benefits package. Qualified candidates please contact: Joyce Berger, Physician Recruiter joyce.berger@nicklaushealth.org or 786-624-3510 nicklauschildrens.org/NCPS

Job Requirements:
Board certified or eligible in the appropriate subspecialty(ies). Current BCLS-CPR card. Florida medical license, DEA, MD or DO degree from accredited medical school. Meets MCH medical staff credentialing requirements. Minimum three years experience in pediatric setting.

IDAHO
Company: Kootenai Health (1100913)
Title: Child and Adolescent Opportunity in Coeur d’Alene Idaho
Job ID: 16260154
URL: https://jobsource.aacap.org/jobs/16260154

Job Description:
Kootenai Clinic in Coeur d’Alene, Idaho is seeking a BE/BC Child and Adolescent Psychiatrist to join a comprehensive, integrated, collaborative care team. This is a full time seven on/off, inpatient opportunity joining a collegial team of Psychiatrists, Nurses, Pharmacists, Therapists and other highly trained staff. Our Behavioral Health department consists of a 26 bed adult unit, 35 bed child and adolescent unit, and 16 bed chemical dependency unit. We are seeking an additional full time provider whose expertise will support our mission and vision of providing safe, compassionate, and comprehensive care on our inpatient psychiatric units. Opportunities exist for assisting in program development, education and on-going service line growth with a mix of medical floor and emergency department consultations. This is a hospital employment opportunity with competitive compensation and benefits in a supportive and positive work environment. Kootenai Health is northern Idaho’s only regional referral health system and the largest employer with over 4,000 employees and over 700 medical staff. Our service area includes the Panhandle of north Idaho, western Montana, and eastern Washington. The organization is an independent, not-for-profit, three hospital system, with an integrated multi-specialty group practice, Kootenai Clinic spanning 30+ specialties at 30+ locations in two states. Kootenai Health is nationally recognized for clinical excellence and is the only health system in the Pacific Northwest recognized as a member of the Mayo Clinic Care Network. Additional recognitions include Magnet designation for nursing excellence since 2006, a Leapfrog A safety rating, and having achieved the Gallup Great Workplace Award five years in a row. Kootenai Health started the first graduate medical education opportunity in northern Idaho with a University of Washington affiliated Family Medicine Residency, in 2013.

INDIANA
Company: Universal Health Services (1287679)
Title: IN - I/P Psychiatry + Medical Director Opportunity - Full Time
Employed: $405,000 Yearly Earning Pot
Job ID: 16260354
URL: https://jobsource.aacap.org/jobs/16260354

Job Description:
Bloomington Meadows Hospital is seeking to recruit a General or Child/Adolescent Psychiatrist to serve our in-patient programs, using a variety of elements to provide an individualized, well-rounded treatment plan. The team of professionals at Meadows is comprised of board-certified physicians and master’s level clinicians for every treatment program. Meadows is located in Bloomington, just 50 miles south of Indianapolis. Bloomington is home to the beautiful campus of Indiana University, with more than 42,000 students. The city has rich and diverse cultural attractions, many public and private educational systems, affordable housing and sports and recreational activities to meet the interests of all ages. With a population of nearly 84,000, the City of Bloomington ranks as Indiana’s sixth largest city. Bloomington is the County Seat for Monroe County, with a population of 165,577. CONTACT ME FOR MORE DETAILS OR TO APPLY! Bloomington Meadows Hospital is owned and operated by a subsidiary of Universal Health Services, Inc. (UHS)

Clinical duties include: admissions, daily care of assigned patients, treatment team leadership, day time call Medical Director duties include: supervision of Medical Staff on day-to-day operations, OPPE/FPPE, regulatory compliance, oversight of Tele-psychiatry, and supervision of NP’s Compensation/Benefits: Base Compensation + Bonus Potential + Medical Directorship Stipend Full Medical, Dental, Vision Benefits Plans Paid Malpractice Insurance Relocation assistance, if moving Paid Time Off, CME with financial assistance, 401k with match, and more! Qualifications: Board Certified or Board Eligible in General or Child/Adolescent Psychiatry Ability to obtain IN medical license Bloomington Meadows Hospital is a private behavioral health facility offering a wide range of general and specialized services for children ages 6-12, adolescents ages 13-17, and adults struggling with emotional, behavioral and or addictive disorders. Full service continuum of care programs include inpatient hospitalization, intensive outpatient services and outpatient clinic services. The team of professionals at Meadow is comprised of board-certified physicians and master’s level clinicians for every treatment program. Meadows is located in Bloomington, just 50 miles south of Indianapolis. Bloomington is home to the beautiful campus of Indiana University, with more than 42,000 students. The city has rich and diverse cultural attractions, many public and private educational systems, affordable housing and sports and recreational activities to meet the interests of all ages. With a population of nearly 84,000, the City of Bloomington ranks as Indiana’s sixth largest city. Bloomington is the County Seat for Monroe County, with a population of 165,577. CONTACT ME FOR MORE DETAILS OR TO APPLY! Bloomington Meadows Hospital is owned and operated by a subsidiary of Universal Health Services, Inc. (UHS)
Women and minorities are encouraged to apply based on experience and qualifications. The positions will include a Harvard Medical School appointment, which will be at least one rank below professor with salary dependent on experience and qualifications. Women and minorities are encouraged to apply.

**MASSACHUSETTS**

**Company:** Boston Children’s Hospital (81542)

**Title:** OUTPATIENT and/or EMERGENCY SERVICES CHILD & ADOLESCENT PSYCHIATRISTS

**Job ID:** 16254484

**URL:** https://jobsource.aacap.org/jobs/16254484

**Job Description:**
We are seeking full-time and part-time (half-time or more) OUTPATIENT CHILD & ADOLESCENT PSYCHIATRISTS interested in providing diagnostic and treatment services in our Outpatient Psychiatry Service. These positions provide opportunities to teach child psychiatry fellows as well as unique opportunities to teach and collaborate with pediatric and psychology colleagues. Based in the Brain, Mind, & Behavior Center, a new collaborative pediatric specialty care site at BCH, these are ideal positions for the physician wanting to join an academic outpatient service. We are also seeking a half-time EMERGENCY SERVICE PSYCHIATRIST to provide crisis assessments and consultations in Boston Children’s emergency department. Working with our Emergency Psychiatry Service (EPS) medical director, this position will involve critical oversight, teaching and supervision of our emergency social workers, advanced practice nurses, and child psychiatry fellows in the emergency and crisis care of children and adolescents. There are unique opportunities to collaborate with pediatric colleagues and their trainees. This position can stand alone OR can be melded together with an outpatient psychiatry position.

**Job Requirements:**
Applicants for these positions must be board eligible/certified in general and child/adolescent psychiatry. While all applications are welcome, applicants with specialized training or certification in pediatric neuropsychiatry and/or consultation-liaison psychiatry are encouraged to apply. These positions will include a Harvard Medical School appointment, which will be at least one rank below professor with salary dependent on experience and qualifications. Women and minorities are encouraged to apply.

**PENNSYLVANIA**

**Company:** ICON Medical Network (1294244)

**Title:** Child Psychiatrist - Telespsychiatry

**Job ID:** 16280476

**URL:** https://jobsource.aacap.org/jobs/16280476

**Job Description:**
A top rated, doctor owned telepsychiatry company is looking for a Child and Adolescent Psychiatrist who is passionate about telehealth and bringing care to the patients in the community. If you're interested in picking up some extra shifts or interested in a full-time position let's connect. About the Opportunity Job Type: 100% Telepsychiatry Provider Type: MD, DO Specialty: Child and Adolescent Psychiatry Department: Hospital based Consult Liaison Service Available Shifts: Day Shift, Evening Shift, Over Night Shift, Weekend Shift (Part time or Full Time hours) Consult Expectations: Initial Consult (60 minutes) | Follow Up Consult (30 minutes) What the providers are saying! The company is very flexible on the schedule! I can adjust it month to month and pick-up last-minute shifts when I can! The company has a reputation for providing outstanding clinical care! Being doctor owned the message is quality. There is a level of professionalism and kindness throughout the organization. The company is very organized. They have care coordinators that make the day stress free. They are there to set up patients, adjust my schedule and ensure everything is going smooth. The hiring process is very spelt out and transparent. Lets schedule something, here is my link. [https://calendly.com/scott-aronian/scheduloday](https://calendly.com/scott-aronian/scheduloday)

**Job Requirements:**
Qualifications: Completion of a 4 year ACGME residency program in psychiatry. Experience in consult-liaison psychiatry Active medical licenses in the US. New Graduates are okay to apply. Live in the United States of America.

**PENNSYLVANIA**

**Company:** Universal Health Services (1287679)

**Title:** Child & Adolescent Psychiatrist Position in Central Pennsylvania – just outside of State College

**Job ID:** 16254126

**URL:** https://jobsource.aacap.org/jobs/16254126

**Job Description:**
The Meadows Psychiatric Center, in central Pennsylvania is seeking a BE/BC fellowship-trained child and adolescent psychiatrist for an inpatient position. The new associate will partner with an experienced multidisciplinary team comprised of psychiatrists, nurses, clinicians and counselors to assist in meeting the unique psychiatric needs of child and adolescent patients. This is a fantastic opportunity for a new graduate or experienced psychiatrist. Inpatient experience is preferred. The Meadows is a 119-bed private behavioral health car facility on a spacious 52-acre rural campus. The region offers good schools, safe neighborhoods, several state parks allowing for a professional career and a fulfilling personal lifestyle while in close proximity to State College. The Meadows is owned and operated by a subsidiary of Universal Health Services (UHS), one of the nation’s leading hospital management companies. We are proud to offer: Highly competitive base compensation 7 weeks Paid Time Off Matching 401k CME Health insurance package Relocation Commencement bonus Resident/Fellowship Stipend Employee stock purchase plan Malpractice For consideration, please contact Stephanie Figueroa, In-house Physician Recruiter, Universal Health Services, at stephanie.figueroa@uhscinc.com or (484) 695-9913. Candidates may also apply directly at www.uhsinc.com/careers/physician-career-opportunities.
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- Advertisers who run ads six issues in a row receive a 10% discount.

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