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

– Approved by AACAP Membership December 2014

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

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

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PROGRAM COMMITTEE CHAIR: James J. McGough, MD

COLUMN COORDINATORS
Suzan Song, MD, MPH, PhD, suzan.song@post.harvard.edu
Jeffrey Hunt, MD, jeffrey_hunt@brown.edu
Balkozar Adam, MD, adamb@health.missouri.edu
Maria McGee, MD, MPH, mariamcgee@creighton.edu
Kim Masters, MD, kmaster105@gmail.com
Charles Joy, MD, cjoy1@gmail.com
Dale Peeples, MD, d_peeples@yahoo.com
Timothy Rice, MD

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Congress Must Address Two National Crises: Gun Safety and Mental Health

Washington, DC, June 6, 2022 – The American Academy of Child and Adolescent Psychiatry (AACAP) calls on Congress to pass legislation that safeguards our children, families, and communities from gun-related violence and address America’s mental health crisis.

It is difficult to predict gun violence in youth and the incidence of youth gun violence against others is exceedingly low. Tragically, the incidence of children using guns for self-harm is on the rise. Research clearly demonstrates the connection between firearm availability and child and adolescent fatalities. Reducing the presence of guns in homes and communities is an effective, immediate strategy for reducing gun-related youth morbidity and mortality including death by suicide. Continued research on youth at risk for behavioral disorders and/or those exposed to other risk factors associated with youth violence against themselves or others is urgently needed. Greater investment in prevention and early intervention services for youth can decrease youth violence.

AACAP is eager to work with Congress to enact policies that protect our communities without stigmatizing people with mental illness. This includes promoting education about and research on gun safety and the prevention of gun-related violence; increasing safety measures related to the purchase, ownership, and storage of firearms; and supporting physicians’ ability to counsel their patients and families about firearm safety. Additionally, AACAP strongly urges Congress to remain committed to addressing America’s pediatric mental health crisis, with a particular focus on driving down the rates of youth suicide in our nation.

Congress must work to solve both public health crises.

AACAP’s 10,000 child and adolescent psychiatrists are physician experts on children’s mental health and have unique expertise in promoting and protecting the wellbeing of our nation’s youth. Please look to AACAP and its members as willing and necessary allies in the lifesaving work that Congress must address.

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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.
Statement on Gun Violence Crisis from 60 National Organizations

Washington, DC, June 6, 2022 – Our organizations write to express our deep concerns about false and harmful attempts to link mental illness and gun violence. The horrific school shooting in Uvalde, Texas, that killed 19 children and two adults on May 24 throughout our country. These shootings have one thing in common – easy access to weapons that can kill with terrifying efficiency on a massive scale.

Attempts to connect mental illness to mass shootings are a distraction that inflicts enormous damage by taking attention from solutions that could actually prevent such events. This perpetuates a false narrative that encourages stigmatization of and discrimination against the millions of Americans living with mental health conditions who are more likely to be victims of violence than perpetrators of it.1 In fact, persons with mental illness account for a very small portion of gun violence.2 While mental health conditions are common in countries across the globe,3 the United States is the only country where mass shootings have become disturbingly commonplace. In fact, firearms are now the leading cause of death for children and adolescents in the United States.4 Not coincidentally, the U.S. is also alone in making firearms widely available with few restrictions.

Gun violence is a public health crisis, and the trauma and fear caused by mass shootings significantly worsen Americans’ mental health. A large majority of adults in the United States experience stress associated with mass shootings, and a third of U.S. adults say that fear of mass shootings keeps them from going to certain places and events.5 Moreover, research has shown that victims and members of affected communities experience increases in posttraumatic stress symptoms, depression, and other signs of psychological concerns. Other studies have found that, after previous mass shootings, youth felt less safe and more fearful.6 These findings, many of which are unsurprising, make it all the more important to take urgent action to prevent these shootings, particularly in light of our nation’s ongoing youth mental health crisis.
Our organizations welcome continued bipartisan efforts to improve our country’s mental health and substance use systems. These should be pursued because they will enhance our collective well-being, improve and save countless lives, and lead to a more vibrant and resilient country. However, what these reforms alone will not do is address the epidemic of mass shootings. To prevent more carnage, policymakers must act now to address the national crisis of gun violence and work on a bipartisan basis to pass meaningful solutions that promote gun safety in all of our communities.

- 2020 Mom
- A New PATH (Parents for Addiction Treatment & Healing)
- AII4Ed
- Alliance for Quality Education
- American Association for Marriage and Family Therapy
- American Association for Psychoanalysis in Clinical Social Work
- American Association of Child and Adolescent Psychiatry
- American Association of Psychiatric Pharmacists (previously known as CPNP)
- American Council for School Social Work
- American Counseling Association
- American Federation of Teachers
- American Foundation for Suicide Prevention
- American Group Psychotherapy Association
- American Nurses Association
- American Osteopathic Academy of Addiction Medicine
- American Psychiatric Association
- American Psychological Association
- American School Counselor Association
- American Society of Addiction Medicine
- Anxiety and Depression Association of America
- Association for Behavioral Health and Wellness
- Autism Society of America
- Autistic Self Advocacy Network
- Bazelon Center for Mental Health Law
- Children and Adults with Attention-Deficit/Hyperactivity Disorder
- Clinical Social Work Association
- Council of Administrators of Special Education
- Crisis Residential Association
- Depression and Bipolar Support Alliance
- EDGE Consulting Partners
- Global Alliance on Behavioral Health and Social Justice
- Inseparable
- International OCD Foundation
- Learning Heroes
- Mental Health America
- MENTOR National
- N.A.P.S.
- NAADAC, the Association for Addiction Professionals
- National Alliance on Mental Illness
- National Association for Rural Mental Health
- National Association of County Behavioral Health and Developmental Disability Directors
- National Association of Pediatric Nurse Practitioners
- National Association of School Psychologists
- National Association of Social Workers
- National Center for Learning Disabilities
- National Council for Mental Wellbeing
- National Council of Teachers of Mathematics
- National Eating Disorders Association
- National Health Care for the Homeless Council
- National Health Law Program
- National League for Nursing
- National Register of Health Service Psychologists
- Partnership to End Addiction
- Psychotherapy Action Network
- RI International
- School Social Work Association of America
- The Advocacy Institute
- The Jed Foundation
- The Kennedy Forum
- Well Being Trust

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Teaching Child Psychodynamic Psychotherapy: With a Focus on Racial Identity and Racism

Laura June Whitman, MD

This is the second in a two-part series about teaching psychodynamic psychotherapy to child psychiatry fellows, with a focus on a class on racial issues in child psychotherapy. This is a topic that has not been covered enough in child psychiatric and psychoanalytic curricula.

In part one, I wrote about methods to engage trainees in learning to treat children with psychodynamic play therapy: sharing in teaching, using experiential techniques and focusing on issues of contemporary concern. In part two, I describe a class on racial identity and racism, in detail.

In this class, we first discuss the defense mechanisms involved in prejudice, which include projection, scapegoating, and dehumanization. Undesirable attributes such as aggression, promiscuity, weakness and incompetence are projected onto those that are different from oneself. There is a narcissistic aspect to these projections: the prejudiced person elevates him or herself at others expense. Reportedly Freud said that certain groups were especially prone to be the objects of others’ projections: Blacks, Jews, gypsies, homosexuals and women.

Though most people in Western culture have historically, ostensibly, agreed with the Golden Rule, or the Kantian categorical imperative, to do unto others as you would have them do unto you, they were still able to rationalize slavery and oppression. People of color and other disenfranchised groups were not regarded as entitled to these moral imperatives as they were subject to dehumanization; seen as less than human, their suffering was regarded as not fully real or significant (Carveth, 2010).

Those who are subject to projection and dehumanization often develop low self-esteem and negative beliefs about themselves. In Black Skin, White Masks, first published in 1952, Frantz Fanon, a psychiatrist and theorist from Martinique, describes how people of color adopt the customs of light skinned people as a sort of false self; they may not be able to value their own culture, and this creates a feeling of inauthenticity.

To understand the psychological effects of prejudice and other aspects of racial awareness and identity, we use the well-known story of Ruby Bridges, as written about by Robert Coles. Coles called himself a “documentary” child psychiatrist, especially interested in children’s moral development. He interviewed Ruby, her classmates, and both the Black and White families in the newly integrated schools.

Ruby Bridges was one of the first children to integrate her New Orleans elementary school. Her drawings show the evolution of her self-esteem, as she developed a stronger identity. Initially, she drew white children as sturdy and colorful, but herself, and other black children as shaky and insubstantial. Meaningfully, the black children had small, closed mouths, and large ears, as if to show that they had to be quiet and to listen carefully, to be vigilant. Please see the two drawings reproduced from Children of Crisis, p. 51 and p.53.

Ruby underwent an ordeal, in walking a gauntlet of angry white parents on her way in to first grade, developing a symptom of not eating. One of the hecklers had said that she hoped Ruby would choke. However, Ruby, a resilient child, recovered from this post-traumatic symptom and developed an identity that included pride in her ethnicity and in her own bravery. A drawing at aged 7 shows her strengthened and vibrant self-image.

She became a civil rights activist and wrote a children’s book about her experiences. She was memorialized...
by Norman Rockwell, and again in an image that swept the internet: Kamala Harris, our Vice-president, accompanied by the shadow of 6-year-old Ruby Bridges.

Ruby Bridges’ life story encompasses many of the negative effects of racism but also the resilient and affirming elements of African American culture.

In class we then turn to the thoughts of two recent psychoanalysts who write about race.

In class we then turn to the thoughts of two recent psychoanalysts who write about race, Dionne Powell and Beverly Stoute.

Powell (2018) writes about silence as a defense against acknowledging his dependency needs, severe deprivation, and losses. Gradually, he develops a trusting relationship with Dr. Stoute, with the result that he is able to make use of treatment, and to make good progress.

Stoute describes how generally Black adolescent males are perceived as being older and less innocent than their White peers. She posits that if Black children have to fear and avoid (especially White) authority figures, it causes them to not be able to access the helpful influence that could be available from adults.

At this point, in class, I bring up the vulnerability to a negative identity and a defensive “cool pose” for adolescents, as embodied by this poem from the 50’s:

**The Pool Players. Gwendolyn Brooks, 1959**

*We real cool. We Left school. We Lurk late. We Strike straight. We Jazz June. We Die Soon.*

Negative identity is one by-product of adolescent rebellion, prejudice and many other social forces. The nation as a whole has been occupied with the tragic, too-early deaths of Black youth. We hope as child psychiatrists and as psychodynamic therapists to understand the psychological basis of prejudice. Though in this class we don’t focus on the perpetrators of racism, this would be a very good topic for a follow-up class.

Both Stoute and Powell describe multi-generational transmission of trauma, but also of dignity and defense. Powell remarks on the resilient, adaptive traits of the African American community: pride, identity and familial connection.

Stoute cites James Baldwin, who promoted dignity: the feeling of being nurtured, protected and valued. He felt we can grow and change: “I do believe we can become better than we are.”

We end our class with the following questions for group discussion:

What role has racial identity, privilege and prejudice played in your own life experience?

How has race played a part in your development as a psychiatrist?

Have you been able to bring it up in your work with patients?
For those interested in teaching psychodynamic child psychotherapy, I encourage you to attend my Apsaa (American Psychoanalytic Association) committee, Teaching Psychodynamic Child Therapy which meets several times a year by zoom (email me at drlaurawhitman@gmail.com) and to apply for the AACAP Psychodynamic Faculty Training and Mentorship Initiative, which provides instruction and mentorship in this vital area of child psychiatry practice.

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.

Portrait of Childhood Education Pioneer James Comer Unveiled at Yale School of Medicine

Members of the Yale community gathered at the Yale Child Study Center on May 24 for the unveiling of a portrait of James Comer, MD, MPH, Maurice Falk Professor in the Child Study Center. For more than 50 years, Comer’s pioneering work has revolutionized school systems and lifted up their most vulnerable children. The unveiling honored his commitment to children, child development, and education, and also celebrated his position as the first African American tenured professor at the university.
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Nurturing the Unsung Heroes and Catchers in the Rye – IMGs in Child Psychiatry

Manal Khan, MD, Anindita Chakraborty, MD, and Deepika Shaligram, MD

International Medical Graduates (IMGs) by definition have received their medical education outside of the United States (US) and may include both US and non-US citizens. Some US citizens choose to receive their medical education outside the US due to cost and other factors. IMGs make up 23% of US physician workforce, 30% of psychiatrists, and 1/3 of psychiatry trainees. In 2020, IMGs made up 35% of child and adolescent psychiatry fellows, 40% of addiction psychiatry fellows, and 47% of geriatric psychiatry fellows.

IMGs are more likely to work in underserved, rural, socially disadvantaged settings and with populations carrying public health insurance. As a part of the Conrad State 30 program, non-US IMGs on a J1 visa may fulfill the waiver requirements post-graduation by serving in rural and underserved areas. Thus, IMG psychiatrists play crucial safety-net and gap-filling roles in the healthcare system in the US. IMG physicians have made notable contributions pre-pandemic and rose to the occasion during the COVID-19 pandemic. As per Dr. Harris, the 174th President of American Medical Association, “the immigrant share of the health care workforce is roughly twice that of the national average in New York, New Jersey, and California—three of the states hardest hit so far by COVID-19.” In many respects, IMG physicians are unsung heroes and exemplify Catchers in the Rye. It would be helpful to parallel the ever-diversifying US demographic by training and recruiting IMG child psychiatrists to the healthcare workforce. Currently, children of immigrant parents represent one fourth of the children in the US and they are projected to represent one third of the children in the US by 2050.

According to El najjar et al (2022), non-US IMGs navigate dual learning curves simultaneously, first as immigrants and second as trainees. Peer support, supervision, mentorship, and sponsorship are particularly important in the career development of a non-US IMG trainee in the context of the additional challenges posed by the pandemic. Immigration and acculturation stress has been exacerbated by COVID-related restrictions on social activities, COVID-related losses in the country of origin, and “survivor’s guilt” upon relocating.

Given the mental health workforce shortage, especially in vulnerable, underserved and marginalized populations, it is imperative to recognize IMGs for their contributions.

IMGs would benefit from early exposure to child psychiatry during residency, mentorship during training, and opportunities for career development to bolster and retain their interest in child psychiatry. The AACAP IMG caucus has presented many wonderful opportunities for IMGs to learn, grow and network. The Caucus plays an essential role in creating community, providing support and celebrating endeavors. IMG focused mentorship programs such as the program on Mentorship, Networking and Advocacy: Navigating a successful career as an IMG in Child Psychiatry in the upcoming AAACAP annual meeting is one such forum. Through interactive groups, this session will offer space for reflection on IMG struggles and CAPture belonging in the IMG Community. This forum will facilitate opportunities for trainees to build influential mentorship relationships and learn effective skills in leadership while leveraging the strengths of the IMG community. Trainees will also learn the basics of engaging in advocacy groups, and the power of exercising their voices in supporting common goals and the best interests of patients. In working closely with peers and senior mentors, trainees will benefit from hearing personal reflections and narratives from mentors across the career trajectory. Such forums and AACAP mentoring groups provide much needed support to IMGs and supplement one on one mentorship from yearlong programs such as the much-acclaimed Medical Student and Residents (MSR) Peer Mentorship Program.
Some of the practical tools geared towards IMGs at these forums are:

**Mentorship:** The nuts and bolts of identifying mentors and building fulfilling mentoring relationships are at the core of every career pathway. Participants will be introduced to various mentorship programs including the AACAP MSR Peer Mentorship program, MSR annual meeting events as well as the AACAP Mentorship Pipeline.

**Awards/Fellowships:** Learning how to identify award opportunities in organizations such as AACAP, American Psychiatric Association, American Association of Directors of Psychiatric Residency Training, American College of Psychiatrists, Association of Academic Psychiatry, and American Psychoanalytical Association, building applications, and collaborating with leaders in the field can contribute to career success within and outside of academia.

**Advocacy:** Getting involved in IMG focused advocacy groups and basic education on IMG focused legislation and policy will equip IMGs to use their voices, raise awareness on IMG related issues, overcome barriers, and support the best interests of IMGs both in the United States and in their countries of origin.

**Networking:** Honing networking skills through annual meetings, social media, TV and radio appearances, and scholarly collaborations are the lifeblood of career development especially for IMG physicians.

**Research:** Turning curiosity into scholarly activity thus demystifying research and learning how to seek mentors for projects may pave the way for establishing careers in research. Taking on Quality Improvement initiatives, presenting unique cases at national meetings, writing case reports, and replying to Letters-to-the-editor would be low hanging fruit to demonstrate interest in research.

**Immigration:** An overview of the immigration and work options available to non-US IMGs on the completion of training provides essential practical guidance for IMGs who have trained on a visa.

IMGs have played an indispensable role in the US healthcare system over the years. During the pandemic amidst greater demand for services, heightening of pre-existing workforce shortages and physician burnout, their front-line contributions deserve recognition. By nurturing IMGs through mentorship and other career development opportunities, we would be investing in expanding and diversifying our child psychiatry workforce and ultimately addressing gaps in services.

**References**


Manal Khan MD, PGY6, Child and Adolescent Psychiatry Fellow, Department of Psychiatry and Biobehavioral Sciences Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. Corresponding author: MFKhan@mednet.ucla.edu

Anindita Chakraborty MD, Clinical Assistant Professor, Department of Psychiatry and Behavioral Neurosciences, Wayne State University, Detroit, MI.

Deepika Shaligram MD, Attending Psychiatrist, Department of Psychiatry & Behavioral Sciences, Boston Children’s Hospital/Harvard Medical School, Boston, MA.
AACAP’s Website: Why It Matters

WEB EDITORIAL BOARD

Justine Larson, MD, MPF, WEB Editor

AACAP members interact with AACAP’s website to do things like register for the annual meeting, pay dues, or to find a specific clinical practice update.

But AACAP’s website is much more than that!

The AACAP website is the major “public face” of the organization and for child and adolescent psychiatrists around the world. It’s important that CAPs be seen as the source of grounded, reliable information and expertise about children’s mental health. The website plays an important role in establishing CAPs as dependable, informed, and friendly.

The Web Editorial Board, which includes myself as the Editor and a team of four other AACAP members in various stages of their careers, reviews Google Analytics data on a regular basis to see how many people visit the site, who the visitors are, and what the trends are in the data.

We can glean some important information from these statistics about who is using the site. Here are a few interesting points from our recent reviews:

1) Last year, 3.8 million individuals used the site, and pageviews surpassed 5 million.

2) The largest group of people using the site are actually young adults, ages 18 – 24, seeking information about mental health – to help a friend, or to learn about a condition they’ve been diagnosed with.

It’s also useful to consider not just who, but what people are viewing. The good news is that the information on the site is developed and vetted by YOU, the AACAP members – reassuring given that there is so much unreliable information available online to youth.

The Facts for Families have always had the most pageviews on the AACAP website. See the table below for the top 5 most viewed facts for families this month.

<table>
<thead>
<tr>
<th>#1</th>
<th>Screen time and children</th>
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<tbody>
<tr>
<td>#2</td>
<td>Social media and teens</td>
</tr>
<tr>
<td>#3</td>
<td>Stress management and teens</td>
</tr>
<tr>
<td>#4</td>
<td>Teen brain: behavior, problem solving and decision-making</td>
</tr>
<tr>
<td>#5</td>
<td>Video games and children: playing with violence</td>
</tr>
</tbody>
</table>

Monitoring which pages are viewed most helps us understand: a) in what areas is there an “information vacuum” in our field? b) what are members of the public and CAPs concerned about, regarding children’s mental health; c) where should we be focusing our energies as we continue to develop material for the site? The commonly viewed facts for families are a window into what’s “on people’s minds” recently. The theme of screen time, social media, stress management, and video games will ring familiar to clinicians and parents alike as we are emerging from the pandemic.

Now that I’ve told you a little about what the Editorial Board does, I’d like to ask a few favors of you, member-to-member:

1) Go on to the site and explore the content. There is some incredible information on there which is underutilized by membership. I’m proud that the search engine has been re-vamped, resulting in a better experience in finding materials on the site.

2) Consider how you might experience the site if you were not a CAP, but a member of the public, possibly a young adult. What could be added and improved? Is the site inclusive and welcoming for people of all ethnicities, orientations, and demographics?

3) If you belong to a committee, look at the materials on the site that relate to your committee subject matter, and consider whether the information appropriately reflects the best possible information.

The Web Editorial Board was created in 2010 with the intent of allowing for member input into the content, appearance and organization of the site. We will continue to strive to learn more about how we can improve the site for members and the public. We also can work to continue to infuse AACAP’s values into the site. For example, in the spirit of Dr. Ng’s Presidential Initiative of inclusion and diversity, CAPture Belonging, we can ask, what is the website experience for all CAPs and members of the public? What can we do to make our site more inclusive and welcoming to a diverse public and membership?

As an AACAP member, don’t hesitate to reach out to me or other members of the Web Editorial Board with feedback or thoughts about the website.

For questions and feedback regarding AACAP’s website please contact communications@aacap.org. ✪
There has been a rise in school shooting events across the nation and increased focus on the role of mental health professionals, and specifically child psychiatrists, in the assessment of school threat. The state of Michigan experienced its own tragedy in Oxford, Michigan on November 30, 2021, when six high school students were shot and killed at school by Ethan Crumbley, a 15-year-old sophomore of Oxford High School. The weapon identified was a semi-automatic Sig Sauer 9mm pistol that Ethan received as an early Christmas present a few days before. Ethan and his parents had met with their school guidance counselor hours before the shooting when a teacher raised concern due to disturbing words and drawings on a piece of math homework Ethan had turned in. These included a drawing of a pistol and a drawing of a person bleeding to death from two gunshot wounds. The phrases included “blood everywhere,” “my life is useless,” “the world is dead,” “the thoughts won’t stop,” and “help me.” After this tragic event, there have been increasing discussions on how homicide/school shooting risk was assessed by the school professionals who had seen him that day and whether he had warranted an emergency psychiatric assessment.

After the school shooting at Oxford, Michigan psychiatrists saw a spike in requests for school threat assessments. Child psychiatrists in emergency rooms, clinics, and inpatient units were asked to assess a child for risk for engaging in a school shooting and write a letter in order for the child to return to school. Even transient threats such as non-threatening jokes or memes including reference to a gun resulted in prolonged suspension of the student and requirements for “psychiatric clearance.”

Because of this increased demand, the Michigan regional organization for AACP (Michigan Chapter of Child and Adolescent Psychiatry, MCCAP) invited Dr. Deborah M. Weisbrot to speak to the chapter members on the child and adolescent psychiatrist’s role in school threat assessment. Dr. Weisbrot is a professor at Stony Brook University where her main clinical effort is as director of an outpatient clinic focusing on school threat assessments. Her January 2020 JAACAP Article, “The Need to See and Respond,” is a concise, cogent guide for child and adolescent psychiatrists on the available research and expert wisdom for this difficult subject. Clinical pearls from her talk include:

“Never worry alone.” Consensus guidelines1-3 on school threat assessments recommend that they be conducted by a multidisciplinary team of specifically trained professionals including school psychologists/therapist, school administrators, and school resource officers. Properly done, these evaluations are holistic and longitudinal.

“Collateral is critical.” Evaluators need collateral history from parents, teachers, school records, peers, current mental health treatment providers, school resource officers, and any other salient witnesses.

“There is no profile.” Historically, school shooters can be male or female, as young as 13, loners or popular kids, academically struggling or excelling. Instead of a profile, focus on warning behaviors.5

Internet activity. Many school shooters study prior school shooters, review their tactics, and join school shooter online fan clubs. They research weapons and means, and review of their internet history shows a preoccupation with death, revenge, victimization, and “warrior mentality.” Law enforcement can search a youth’s phone and social media with either parental permission or a search warrant.

Through Means Assessment. This includes access to weapons the youth may have outside of the home, such as at the Grandparents’ home or friends. Have a low threshold to engage law enforcement in this assessment, especially if parents are not felt to be dependable.

Focus on mitigation. Much like with individuals at risk for suicide, child psychiatrists cannot make perfect predictions, but actions can be taken to reduce the risk. In addition to risk for homicide, through suicide risk assessments are also warranted in these youth who make school threats. Even individuals identified due to only transient threats have a high likelihood of having unaddressed mental health needs, such as depression or suicidality. Youth who express school threats may require higher levels of assessment and ongoing care, including therapeutic school setting, forensic hospitalization or even urgent incarceration.

“Document like it is going to be read aloud in court.” This includes the extensive collateral history, diagnostic...
impression, treatment recommendations, and frank discussion of the limitations of one-time evaluations and the need for appropriate longitudinal follow-up.

Overall, the session and the guidance provided by Dr. Weisbort was positively received and helped to provide a framework for how to approach the increasing demand for school threat assessments. Unfortunately, recent events in Uvalde, Texas highlight the ongoing need to address risk for shootings in schools and what can be done to mitigate this risk to protect children throughout the United States.

References

Thomas Zimmer, MD, is a Psychiatry Specialist in Ann Arbor, MI.

Sarah Mohiuddin, MD, Clinical Assistant Professor Director, Multidisciplinary Autism Program, Training Director, Child Psychiatry Fellowship Program, Co-Director, Behavioral Science Sequence, Scientific Trunk.
Psychiatrist

Would you like to have a major impact on U.S. public health and influence on the field of psychiatry? We’re looking for physicians to join our team in the Division of Psychiatry in the Office of New Drugs at the U.S. Food & Drug Administration in Silver Spring, Maryland. Our mission is to ensure that safe and effective neuropsychopharmacological drugs and biologics are available in the United States. We provide guidance to drug companies on a wide variety of clinical, scientific, and regulatory matters and make decisions on whether new drugs or new uses of already marketed drugs should be approved.

We are seeking individuals who are board certified or board eligible in psychiatry to join the Division as clinical reviewers. Primary responsibilities of the clinical reviewer include the following:

• Determine whether clinical trials of new drugs and biologics are safe and have support to justify human testing
• Review clinical protocols and provide input regarding study design
• Interact with investigators and pharmaceutical companies to guide development of drugs and biologics
• Determine whether marketing applications should be approved based on an evaluation of the evidence of safety and effectiveness
• Produce labeling for drug and biologics
• Assist in the development and delivery of educational activities, workshops, and presentations at conferences

This is primarily a non-clinical position; there is an option to provide one half-day per week of clinical care, if interested.

SALARY & BENEFITS

• Salary is commensurate with experience and expertise
• Excellent federal government benefits package (health insurance, life insurance, retirement, etc.).
• Relocation expenses and student loan repayment may be paid to eligible candidates.
• Flexible and/or partial telework schedules available (after completion of initial training period).

QUALIFICATIONS

Applicants must have a Doctor of Medicine or Doctor of Osteopathy degree from an accredited medical school. Graduates of foreign medical schools must be certified by the Education Commission for Foreign Medical Graduates. Candidates must be U.S. citizens. Permanent U.S. residents may apply for staff fellowship appointments. Excellent oral and written communication skills and an ability to work effectively in a team are necessary to be successful in this role. A competitive candidate will have experience working with clinical data with enough knowledge and understanding of clinical trial design to evaluate extensive, long-range scientific programs, and their implications on the drug development process. Prior human subject research experience is desired, but not required.

TO APPLY

Please send a current CV/resume and cover letter detailing your interest in the position to ond-employment@fda.hhs.gov for consideration. Please reference source code: #22-019EG in the subject line.

FDA IS AN EQUAL OPPORTUNITY EMPLOYER WITH A SMOKE FREE ENVIRONMENT
What Else Can You Learn in Your 90’s?

As we explore the need for physician wellness, I began to think about this importance as we age, and one of my mentors, Clarice Kestenbaum, MD, came to mind. At 93, Dr. Kestenbaum still works with clinical patients, supervises and teaches trainees and students, all while entertaining herself with new books, concerts and theater, exercising (yes, she has her own trainer), and socializing with friends and family. Her energy is contagious, and her spirit never ceases to enliven. All this, alone, would be enough to exhaust me, and I’m half her age. But as if that weren’t enough...

During the pandemic, Olga Leibu, MD, and I came up with an idea to record Dr. Kestenbaum. When we broached the idea to her, she said, “Of course, when do we start?” She had an enormous fount of ideas and was excited about finding a new venue to help teach and inspire other physicians and mental health providers. And so, in her tenth decade of life, Dr. Kestenbaum’s new adventure began as a YouTuber.

In October 2021, she introduced the launch of her YouTube series, “Words of Wisdom with Dr. K,” during the New York Council on Child and Adolescent Psychiatry’s AACAP Reception. The event coincided with her celebrating 65 years in medicine. In the series, she shares stories from her life, distills her lectures on child development and psychotherapy, leads clinical consultations with fellow CAPs and trainees, and demonstrates how to engage with children in interviews. The first season will include 12 episodes recorded over the pandemic from Dr. K’s home. From the concept by Dr. Leibu and myself, the videos were co-produced by Janel Smietana, MD, a 4th year psychiatry trainee from Delaware, and were filmed and edited by Dr. Kestenbaum’s son, composer John Stone.

Ginger Anthony, AACAP’s Former Executive Director, commented that one of Dr. Kestenbaum’s secrets is that she’s always looking for a new adventure and always finds happiness whatever comes her way. As many of us know, Dr. Kestenbaum still works seven days a week with clinical patients, supervision, and teaching. During the pandemic, however, she took on a new challenge, embracing the time at home with a new way of connecting to physicians and other mental health clinicians far and wide through the prevailing use of technology and the internet. With her unflappable calm, she readily transitioned to the telehealth platform that has become a necessity in this time. She has been using it masterfully not just in her own clinical work with patients, but as a powerful teaching tool, demonstrating how complex and nuanced clinical care and patient interviews can be managed in this cutting-edge manner without losing the humanistic spirit so essential to our work. What a remarkable human being and inspiration for all of us, a true New York giant in our field!

Scott M. Palyo, MD, is a child psychiatrist who participates and operates a group practice in Greenwich Village. He is a psychoanalytic candidate at NYU Postdoctoral Program in Psychotherapy and Psychoanalysis and a Clinical Assistant Professor at New York Medical College. Within AACAP, Scott is co-chair of the PAC board and the bylaws committee.
Advocacy Matters: The Power of Trainee Voices in Action

We change the world. All of us, whether knowingly or not, contribute to our shared existence, setting in motion powerful forces for change that is yet to unfold...

Even as a child, I was aware that I have the potential to change the world. I have felt pulled to discover how I can best collaborate with others to make an intentional, positive impact on society, in the hope of providing future generations a landscape to blossom into their best selves. Since my first introduction to Maslow’s Hierarchy of Needs, the question burning in me has been, “How can we as a society be better structured to support people along a path of self-actualization?” As such, it saddens me that few of the people I serve in Eastern North Carolina have their safety needs addressed and many have unmet physiological needs. To me, our societal landscape appears to create positive feedback loops that perpetuate negative outcomes. Thus, I want to become a child psychiatrist to address not only lab values or the litany of symptoms afflicting our patients, but the larger underlying pathophysiology of our ailing society.

I have grown to recognize that there are people with hearts that beat as mine who share the same passions, yet approach these issues differently by bringing their own unique skill sets to the table. After all, a team full of quarterbacks, a band full of bassists, or a hospital with only surgeons simply does not work—a diverse set of voices with shared goals is necessary to effect meaningful change. This is why advocacy matters to me and why I signed up for AACAP’s second virtual Legislative Conference.

In preparation for the big day, I was excited to attend a training session by the Advocacy Committee leadership, including an AACAP-liaison staff member who was a self-described ‘policy nerd.’ On the day of the conference, my state captain encouraged me to take the lead in discussions. Though I was a little nervous, I appreciated the opportunity to present this year’s priority issues—to improve access to child psychiatry services, increase the workforce of child & adolescent psychiatrists, and address racial and ethnic disparities in children’s mental health care. First, we highlighted the severe shortage of child psychiatrists across the nation and emphasized the resultant long waitlists for care and increasing boarding times, which have only been exacerbated by the COVID-19 pandemic.

We illustrated how support for the “Strengthen Kids’ Mental Health Now Act,” H.R. 7236, introduced by Reps. Anna Eshoo (D-CA), Lisa Blunt Rochester (D-DE), and Brian Fitzpatrick (R-PA), would promote reimbursement parity for pediatric mental health services, as well as expand integrated pediatric behavioral healthcare models, thereby addressing the issue of access to care. Next, we emphasized that a major contributor to the workforce shortage facing child psychiatry is the considerable amount of debt accrued by the end of training—oftentimes up to $300,000! We explained how support for “Advance the Mental Health Professional Workforce Shortage Loan Repayment Act,”—H.R. 3150, introduced by Reps. John Katko (R-NY) and Grace Napolitano (D-CA), and S. 1578, introduced by Sens. Tina Smith (D-MN) and Lisa Murkowski (R-AK)—would address the issue of mounting debt (sometimes precluding physicians from pursuing further training in child psychiatry), by establishing loan repayment programs for child psychiatrists working in designated workforce-shortage areas.

Finally, we underscored that the current pediatric mental health care system inadequately addresses the needs of racial and ethnic minorities. We drew attention to the fact that though minority youth are more likely to attempt suicide than their white peers, they are less likely to receive mental health care, as well as the alarming increase of suicide by black youth. Hence, we urged support for the “Pursuing Equity in Mental Health Act”—H.R. 1475, introduced by Reps. Bonnie Watson Coleman (D-NJ) and John Katko (R-NY), and S.1795, introduced by Sens. Robert Menendez (D-NJ), Cory Booker (D-NJ), and Catherine Cortez Masto (D-NV)—which would expand programs to address racial and ethnic disparities in mental health and support the development of a diverse workforce to better serve minority communities (though recognizing these measures could be seen as symptom management and ongoing efforts must be unyielding to address the underlying mechanisms giving rise to these inequities). During one meeting, we received an enthusiastic and immediate “Yes!” from the staffer for all three requests. It was extremely rewarding to experience the ubiquitous concern for the state of children’s mental healthcare nationwide, palpable in each one of the day’s meetings.
Even through the virtual platform, the congresspersons’ concerns for youth mental health and their legislative priorities in addressing such shone bright and clear. This was a real-life exercise in relationship building for common good. It reemphasized that government and policy matters influence all aspects of healthcare—from training and research to health insurance and reimbursement. At this pivotal time in history, I shared from the heart with people who are actively engaged in shaping our shared future. I felt the power of the moment and the “power of the [AACAP] movement,” to paraphrase President Dr. Warren Ng’s Hamilton quote: “This is not a moment, it’s the movement.” It felt like all of us, my fellow trainees and attendees were in the right place at the right time to catalyze change. Together, we change the world.

References

Share Your Photo Talents With AACAP News

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

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

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

It is an important goal of inpatient providers to make an inpatient admission a positive experience, and significant care is taken to ensure the physical and emotional comfort of inpatients. However, it is equally important to maintain a healthy routine during this time, so young patients are typically required to have health sleep wake times, regular meals, attend school, and engage in treatment with groups, individual and family therapy, and their child and adolescent psychiatrist.

Seeing inpatient admission as a vacation can be a positive thing, putting emphasis on some positive aspects of and adding a bit of levity to an otherwise grave situation. However, some youth find being inpatient to be such a relief, that they may see it as a way to avoid stressful or non-preferred life situations that they would be better off facing, such as attending school, dealing with the fallout of poor choices, disciplinary action, or facing people they want to avoid. In most situations its best to face the situations that give us stress rather than take refuge from them.

Inpatient psychiatric care can be an enormously therapeutic intervention, but it not without significant risks. Spending days or even weeks avoiding important stressful situations can actually be counterproductive for a young person’s health and growth.

Inpatient psychiatric care as a temporary solution to the stressors of their everyday life, or an acute interpersonal conflict. Ultimately, I believe its preferable for most to face their fears, or tackle and overcome their problems head on rather than use an inpatient admission to avoid them. Some may be trying to connect with a valued peer who is psychiatrically hospitalized. Others may be trying on the identity of a mentally ill person, although this may not be the healthiest role. Still others may seek to validate their distressing experiences, as an inpatient admission provides proof that they are certifiably ill and not simply exaggerating typical worries and frustrations. My preference is frequently for such teens to see themselves as far more than a sufferer, honoring and valuing their personal strengths as much as their weaknesses.

However, simple advice and encouragement from a provider like me is often insufficient to dissuade adolescents who seek inpatient care. Teenagers are smart and often find out from one another how it’s possible to be admitted inpatient, even what words to use specifically, “I’m a threat to myself or others” is a phrase I’ve used by too many adolescents to be coincidental. Such teens may be motivated enough to exaggerate or even be dishonest about their situation in order to meet that goal of inpatient admission, whether or not it is best for them ultimately.

It’s the job of child and adolescent psychiatrists to get the whole picture when
evaluating whether a young person is appropriate for psychiatric admission or would be better served by treatment in a less restrictive setting. In addition to getting the patient’s perspective, it’s necessary to get those of their parents, and when possible, interview other professionals involved in the teen’s life. Pulling together multiple perspectives is often necessary to get the clearest picture and make the best decisions for our patients, and we must tolerate some degree of uncertainty in doing so. However, when a young person’s imminent safety is in significant doubt, it’s best to err on the side of caution, which can sometimes mean admitting a person psychiatrically who does not need it. In addition, giving an adolescent some say in the decision can be both validating and empowering.

Social media replies to ‘bipolar-babe37’ stressed the importance of self-care and recovery.

“Hell yeah! Good for you, that’s not an easy decision to make but you did the right thing.”

“I’m glad you’re getting yourself help!”

I’m glad too.

Paul Weigle, MD, DFAACAP, is associate medical director at Natchaug Hospital of Hartford Healthcare and associate professor of psychiatry at UConn School of Medicine. He serves as the co-chair of the AACAP’s Media Committee, and on the Institute of Digital Media and Child Development’s National Scientific Advisory Board. He can be reached at paul.weigle@hhchealth.org.

**NOMINATE A FELLOW AACAP MEMBER, COMPONENT, OR REGIONAL ORGANIZATION OF CHILD AND ADOLESCENT PSYCHIATRY TODAY!**

The Assembly Catchers in the Rye Awards are the Assembly’s most prestigious awards that recognize an AACAP member, an AACAP component, and a regional organization of the AACAP Assembly for outstanding advocacy efforts done on behalf of children and adolescents.

Advocacy efforts could include organizing mental health services for an underserved population, advocating for children and families politically, or enhancing the efforts of child and adolescent psychiatrists to provide high quality mental health services.

AACAP recognizes advocacy in three categories:

- **Individual** (AACAP member)
- **AACAP Component** (committee or task force)
- **Regional Organization**

Nominations should describe the nominee’s advocacy work and why the nominee deserves the award (100-300 words).

Submit nominations to the Executive Office executive@aacap.org by June 30, 2022.
Lifelong Learning Modules
Earn one year’s worth of both **CME and self-assessment credit** from one ABPN-approved source. Learn from approximately 35 journal articles, chosen by the Lifelong Learning Committee, on important topics and the latest research.

Visit [www.aacap.org/moc/modules](http://www.aacap.org/moc/modules) to find out more about availability, credits, and pricing.

**Improvement in Medical Practice Tools**
*(FREE and available to members only)*

AACAP’s Lifelong Learning Committee has developed a series of ABPN-approved checklists and surveys to help fulfill the PIP component of your MOC requirements. Choose from over 20 clinical module forms and patient and peer feedback module forms. Patient forms also available in Spanish.

AACAP members can download these tools at [www.aacap.org/pip](http://www.aacap.org/pip).

Live/Virtual Meetings
([www.aacap.org/cme](http://www.aacap.org/cme))

- **Pediatric Psychopharmacology Institute** — Up to 12.5 CME Credits
- **Douglas B. Hansen, MD, Annual Update Course** — Up to 18 CME Credits
- **Annual Meeting** — Up to 50 CME Credits
  - **Annual Meeting Self-Assessment Exam** — 8 self-assessment CME Credits
  - **Annual Meeting Self-Assessment Workshop** — 8 self-assessment CME Credits
  - **Lifelong Learning Institute featuring the latest module**

Online CME
([www.aacap.org/onlinecme](http://www.aacap.org/onlinecme))

- **Clinical Essentials** — Up to 6 CME credits per topic
- **Journal CME** — (FREE) Up to 1 CME credit per article per month
- **On Demand: Douglas B. Hansen, MD, Annual Update Course** — Up to 15 CME credits

Questions?
Contact us at cme@aacap.org.

www.aacap.org/moc
AACAP/CACAP 2022 Annual Meeting

Toronto Preview

The 2022 AACAP/CACAP Annual Meeting is just 4 months away and we’re excited to bring our community back together in Toronto! As usual, the meeting includes:

- Top experts in the field sharing the latest research
- A wide variety of educational events, including hands-on workshops to learn skills you can use immediately to improve patient care
- Interactive sessions among your peers to discuss the greatest challenges in the field
- Opportunities to enjoy the multicultural city of Toronto

New this year:

- All 8 Institutes are included with registration! Topics include psychopharmacology, social media, sleep, autism, and much more!
- 40 hours of pre-recorded Institute content are released to all attendees starting October 3, and available through November 30, to watch anytime, anywhere, significantly expanding the amount of learning included with the meeting.
- Each Institute includes a two-hour Q&A in Toronto for direct interaction with the presenters.
- Earn up to 90 CMEs by attending the meeting in Toronto!
- Scientific sessions start earlier on Monday, October 17 at 1:00 pm ET.

We can’t wait to welcome you to Toronto! For complete details about the Annual Meeting, visit www.aacap.org/AnnualMeeting-2022.

Important Dates & Deadlines

June 15 – Program schedule available and hotel reservations open
August 2 – Members Only Registration opens
August 9 – Nonmember Registration opens
September 15 – Early bird registration deadline
September 22 – Last day AACAP room rate guaranteed at hotels
October 3 – On-demand Institute content available online
October 17 – First day of the AACAP/CACAP 2022 In-Person Annual Meeting
October 22 – Last day of the AACAP/CACAP 2022 In-Person Annual Meeting
Hotel Reservations

Hotel rooms in Toronto will sell quickly! Book your hotel room starting June 15, 2022. Visit the hotel page of the Annual Meeting website for more details and information. Please note that all rates are listed in Canadian Dollars (CAD).

**Delta Hotels Toronto**
*(connected to the Metro Toronto Convention Center)*
75 Lower Simcoe Street
Toronto, Ontario M5J 3A6
Phone for Reservations: 888.890.3222
Rates: $309-359 CAD single/double per night, plus taxes
Check-in is at 3:00 pm and check-out is at 12:00 pm

**Fairmont Royal York**
*(approx. 2 blocks from the Metro Toronto Convention Center)*
100 Front Street West
Toronto, Ontario M5J 1E3
Phone for Reservations: 800.257.7544
Rate: $329 CAD single/double per night, plus taxes
Check-in is at 4:00 pm and check-out is at 12:00 pm

**InterContinental Toronto Centre**
*(connected to the Metro Toronto Convention Center)*
225 Front Street West
Toronto, Ontario M5V 2X3
Phone for Reservations: 888.424.6835
Rates: $305-$370 CAD single/double per night, plus taxes
Check-in is at 3:00 pm and check-out is at 12:00 pm

**Toronto Marriott City Centre Hotel**
*(approx. 3 blocks from the Metro Toronto Convention Center)*
One Blue Jays Way
Toronto, Ontario M5V 1J4
Phone for Reservations: 800.237.1512
Rate: $242 CAD single/double per night, plus taxes
Check-in is at 3:00 pm and check-out is at 12:00 pm

When making your reservation, ask for the AACAP/CACAP ANNUAL MEETING GROUP RATE to qualify for the reduced rate.

Situated in the heart of downtown Toronto, all four hotels are optimal options to explore this dynamic, multicultural city! Complement your educational immersion at AACAP sessions with fun-filled adventures throughout the city.

**CAP@Home: AACAP/CACAP Annual Meeting Virtual Experience**

Want to experience the Annual Meeting, but can’t make it to Toronto? New, this year, we’re offering CAP@Home, a limited virtual version of the Annual Meeting. CAP@Home includes:

- Up to 63 CMEs
- 8 Institutes on topics such as psychopharmacology, social media, sleep, autism, and much more!
- Live stream of all General Sessions
- Over 300 virtual new research posters

New Research Poster Call for Papers

The AACAP/CACAP 2022 Annual Meeting takes place October 17-22, 2022, in Toronto, Ontario. Abstract proposals are prerequisites for acceptance of any presentations. Topics may include any aspect of child and adolescent psychiatry: clinical treatment, research, training, development, service delivery, administration, etc.

Verbal presentation submissions were due February 15, 2022, and may no longer be submitted. Abstract proposals for (late) New Research Posters must be received by June 7, 2022. All Call for Paper applications must be submitted online at www.aacap.org. If you have questions or would like assistance with your submission, please contact AACAP’s Meetings Department at 202.966.7300, ext. 2006 or meetings@aacap.org.

Visit www.aacap.org/AnnualMeeting-2022 for the latest information!
DON’T MISS THIS OPPORTUNITY TO SAVE MONEY!

AACAP members who refer a new Annual Meeting exhibitor can receive a $100 discount on their AACAP/CACAP Annual Meeting registration. All referrals must be first-time AACAP exhibitors and must purchase a booth for the AACAP/CACAP Annual Meeting in Toronto.

Exhibitors can connect with more than 4,000 child and adolescent psychiatrists and other medical professionals from around the world, as well as advertise in several of the Annual Meeting publications. Typical AACAP exhibitors include recruiters, hospitals, residential treatment centers, medical publishers, and much more. To review the Invitation to Exhibit with more details on these opportunities, as well as forms to sign up, please visit www.aacap.org/AnnualMeeting-2022.

Show your support for AACAP and save today!

Questions? Email exhibits@aacap.org or call 202.966.7779.
Medical Students, Residents, and Trainees: Attend AACAP’s Annual Meeting for FREE!

Register as a Monitor and we’ll waive your general registration fee!

AACAP’s Annual Meeting is the largest gathering of child and adolescent psychiatrists in the world. Monitors assist AACAP staff in running the meeting by checking badges, collecting tickets, and assisting speakers as needed.

Why Become a Monitor?

✦ FREE general registration for all residents, trainees, and medical students!
✦ Half-priced tickets for most ticketed events!
✦ Networking opportunities with presenters and peers!

How to Become a Monitor

✦ A Monitor is required to volunteer for one full day or two half day sessions.
✦ Email meetings@aacap.org expressing interest in the program starting in July.

Register Early

✦ Monitors choose their own assignments when they register.
✦ Monitor registration opens August 2 for AACAP members only. Nonmember registration opens August 9.
✦ Increase your chances of getting the Monitor assignment that you want by becoming an AACAP member today!

For more information about the Monitor Program visit www.aacap.org/AnnualMeeting-2022 or email meetings@aacap.org.
You’re ready for the next career step.

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

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

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

You want your profile and resume to be there when they look. Visit jobsource.aacap.org today to get started.
Why Caregivers Should Worry About Elon Musk Buying Twitter

Jane Harness, MD

Recently, Elon Musk has tweeted about the “dangers” of psychiatric medications. For some who are taking the medications, having a public figure like this associate them with suicide (he tweeted “every time that drug [Wellbutrin] has come up in conversation, someone at the table has a suicide or near suicide story”) may stifle their hope, even if the medication is helping them to feel better. With his pursuit to purchase Twitter and his focus on minimizing internet content moderation, there is reason for concern. For child and adolescent psychiatrists, who are doing their best in a pandemic with an ever growing wait list of patients to see, his recent tweets are exactly the kind of misinformation that we are working against daily. We would like to have a seat at the table when it comes to limiting the negative mental health effects of media and conversations about media censorship. Important parts of our treatment plans involve discussions about media consumption, so why aren’t we, as child psychiatrists involved before it becomes problematic on the individual level?

The topic of media effects on youth mental health is complex and person-specific. Perhaps even more complex is the topic of censorship. Combine the two and it becomes even more nuanced. Censorship is an entirely taboo word in American culture, however, its presence is strong, even today. Whether you call it “content moderation” or “shadowbanning” it is still censorship in some form.

To truly understand and learn from our mistakes when it comes to censorship it is important to take a historical approach. In general, past presence or absence of censorship has been to the detriment of historically underrepresented communities. When the film Birth of a Nation came out in 1915, the NAACP, among others, protested. Later that year the Supreme Court found state censorship constitutional noting that films “may be used for evil” and could be censored by states, but the damage was already done. James Weldon Johnson was quoted about the movie saying, “The Clansman’ did us much injury as a book….made into a moving picture play it can do us incalculable harm.” In order to avoid further governmental involvement, the Motion Picture Producers and Distributors of America (MPPDA) was formed and a regulatory system, known as the “Hays Code” was developed to ensure the absence of “offensive material.” The Motion Picture Production Code was then established, and interracial relations and homosexuality were banned outright, and these groups were marginalized as a result. It is clear that the censorship that has happened, or not happened, in the entertainment industry has been harmful to society and historically underrepresented communities, including the youth of those communities, and those effects can be felt in the young people of today.

Regarding censorship of entertainment media today, world health guidelines about suicide related content are often blatantly ignored. Just recently, at the 94th Academy Awards, the winning animated short film (“Windshield Wiper”) included an explicit suicide scene which directly violates global media guidelines. The suicide scene in this film can act as a paradigm for the wide range of contemporary productions glorifying, normalizing and even romanticizing suicide in the industry today. These movies and TV shows often hide under the guise of bringing about “awareness” and “ending stigma,” to fill their pockets even after research demonstrates an increase in youth suicide rates following their release.1 Research-driven and empirical guidelines for both news and entertainment media have been published by a number of professional organizations. The National Action Alliance For Suicide Prevention guidelines4 for entertainment media with suicide content include: avoid showing or describing the details about suicide methods, consult with suicide prevention messaging experts, show that help is available, portray characters with suicidal thoughts who do not go on to die by suicide, and portray everyday characters who can be a lifeline. Showing the suicide method is known to have copy-cat effects for viewers,5 especially if the viewer identifies with the character. The sheer number of movies and TV shows with suicide content can give viewers a warped sense of reality and the impression that suicide is common, acceptable and desirable.

The history of social media censorship is closely connected with Section 230 of the Communications Decency Act of 1996. This act states that platforms are not liable for what their users post and has kept any social media platform from being held responsible for anything that has ever been posted on their sites. This act was written with the intent that the internet would police itself before Facebook had even been created. Much of the original Communications Decency Act was actually struck down by ACLU and the Queer Resources Directory because they were concerned that internet regulation would endanger online gathering spaces for marginalized people. There have been a number of amendments to the Communications Decency Act of 1996, most created with the intent to decrease sex trafficking of youth online.

A similar concern is that dating apps that are designed for adults are often used by youth whose identities as minors are not verified by the platform in any way. This is especially true for LGBTQ+ youth who may turn to a dating app because they may not have opportunities for
romantic relationships in their day to day lives. Many of these apps do not require their users to report sex offending status and they are yet another platform that is expected to “police itself.” This poses a significant safety concern for youth who use these apps and have subsequent sexual encounters with adults.

Although there are risks related to the lack of regulation of these apps, there are also risks that arise from censorship. A 2021 study found that three groups of social media users experienced content/account removal more often than others: conservative, transgender and Black participants. Conservative participants’ content removal was more likely to have violated the site’s policies and was correctly removed. Trans participants’ content was sometimes removed because of Facebook’s “real name” policy. Black participants’ content removal was sometimes related to incorrect flagging of African American Vernacular English as hate speech.

Black participants’ content removal also occurred when users were critiquing racism and it was incorrectly getting flagged as racism itself. This paper described that in general social media platforms have great power to make content moderation decisions privately without relying on any consistent set of rules. Users often flag content to be taken down because it may violate their personal norms, and this can create privilege for normative identities and minimize the space for sharing of non-normative experiences. Furthermore, a direct quote from the publication states: “In 2019 Facebook researchers found that under their new proposed automated moderation system for Instagram, Black people were 50% more likely than white people to have their accounts automatically disabled.” Additionally, we are seeing a rise in “shadow banning” which is defined as content being made less visible, but not entirely removed. It prevents users from searching shadowbanned hashtags and the content is removed from the explore page. When certain content is removed for being “inappropriate” the artificial intelligence learns to adopt biases that suppress historically underrepresented communities.

From the perspective of a Child and Adolescent Psychiatry fellow, censorship of entertainment media is fairly straightforward; there should be more pressure on entertainment media producers to abide by the existing guidelines when it comes to suicide content. Censorship of social media appears to be more complex. While efforts have been made by the social media companies themselves to decrease the pro self-harm, pro suicide, pro eating disorder content, youth often find ways to keep their content from being taken down with seemingly unrelated hashtags. We also need to ensure that youth are protected from exploitation from adults. Lastly, we need to find a way to curtail the mis and dis-information spread on social media sites. We have lived the devastating effects of mis/dis-information about the COVID-19 pandemic. This virus has directly impacted the health of youth and their caregivers. There are dangers to content moderation, but there are also dangers to spread of pro suicide, pro self-harm, pro eating disorder, mis- and disinformation. We must find a way to minimize this content without incorrectly removing content from historically underrepresented communities, which means greater investment from the social media platforms themselves and greater transparency. I worry that Musk’s recent tweet about Wellbutrin may play right into an adolescent’s depressed cognitions about not getting better. It is exactly kind of misinformation that I hope my patients will not see.

I would like to acknowledge Dr. Paul Weigle, MD, for his thoughtful input for this piece. Help is available and 1-800-273-8255 is the National Suicide Prevention Lifeline. My thoughts are my own and are not a reflection of any of the institutions I am affiliated with.

References


Jane Harness, MD, is a second year Child and Adolescent Psychiatry Fellow at the University of Michigan. She is interested in the intersection of media and youth mental health.
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Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org.
2019/2020 ADVOCACY AND COLLABORATION GRANT

Opportunities to engage with legislators directly is critical to successful advocacy efforts. At all levels, local, state, and federal, legislation relating to cannabis use are rapidly being pushed through the voting process. I wanted to provide education, but I faced several challenges along the way. Finding a legislator to make time to discuss the opportunity was the first challenge, and finding another to sponsor the event was the next. Ultimately, these proved too great in the first year and I reapplied the following year. After securing a sponsor, date, and time, the Pandemic changed plans for everyone. Undeterred, plans to secure a new event are underway again. In this, as in all things, resilience is key.

2019 AACAP EDUCATIONAL OUTREACH PROGRAM (EOP) FOR CHILD AND ADOLESCENT PSYCHIATRY RESIDENTS

The EOP experience provided the basis for my appreciation of the mentorship and sponsorship provided by AACAP members. I was able to form lasting and meaningful relationships that truly impacted my approach during my CAP interview process, my committee involvement, and the overall direction of my career. I am forever indebted to the mentors in my life.

2019 RESIDENT SCHOLAR FELLOWSHIP

The Resident Scholar Fellowship provided me with insight that is truly invaluable. Working directly with AACAP’s Government Affairs staff was educational and the experiences interacting with legislators was truly awesome. I was able to personally meet with more than twenty Congressional offices and more than five Congress Members. It was one of the most memorable and impactful training opportunities that I was fortunate to attend. If others need help developing rotational core goals and objectives to help with their application, just reach out!

COMMITTEE WORK

Committee work embodies the heart of the mission statement of AACAP, providing meaningful work products for our members, children, and families. The work has been enriching, and the welcomed approach from all members to my voice as a member-in-training was tremendous. My time representing trainee interests and building the Ambassador Program to include all-day access to Assembly Meeting has been a mission of mine that I am proud to have accomplished during my term as the AACAP Assembly Resident Representative. I continue to learn and grow at every committee meeting.

MENTORING/WORKFORCE IMPACT

As a mentee, I was pleasantly surprised at the openness and sincere desire of mentors who provided guidance at the Annual Meeting mentorship events. Information shared improved my ability to interview at the fellowship level and beyond. Recently, I had the great honor and truly amazing experience of paying it forward as a mentor, in gratitude to the many people that have inspired and mentored my career along the way at AACAP.

Visit www.aacap.org/awards to discover available award opportunities!
LIFE MEMBERS | Mentor Bios

Virtual Mentorship Program

June 22, 2022 | 8:30 - 10:00 PM ET | REGISTER HERE

Program Chairs: Martin J. Drell, MD, Marilyn Benoit, MD, and John Dunne, MD

This event is co-sponsored by the AACAP Life Members Committee, along with the AACAP Committee on Medical Students and Residents.

What is an AACAP Life Member?

AACAP Members qualify as Life Members when their age and membership years total 101, with a minimum age of 65 and continuous membership. Life Members are seasoned professionals with tremendous expertise and a wide variety of career paths. A core mission for AACAP’s life members is to serve as mentors to medical students and residents and encourage interest in a career in child and adolescent psychiatry. The Life Members also raise money to provide travel grants to medical students and resident to attend the Annual Meeting. Click here for more details.

Thomas F. Anders, MD | tfanders@gmail.com | South Dartmouth, MA

FACULTY/PROGRAM: Dr. Anders is Distinguished Professor (Emeritus) of Psychiatry and Behavioral Sciences at the UC Davis M.I.N.D. Institute, Adjunct Professor at Brown University, Consulting Professor at Stanford and he has been an NIH funded investigator.

SELECTED INTERESTS/ACTIVITIES: Dr. Anders has long standing clinical and research interests are in the areas of maturation of infant sleep-wake states and pediatric sleep disorders in children with ASD.

AACAP: AACAP Past President (2005-2007); AACAP Robert Cancro Academic Leadership Award (2017); AACAP Simon Wile Leadership in Consultation Award (2007); Former AACAP Ethics Committee Member; Former AACAP Life Members Committee Member; Former AACAP Training and Education Committee Member

Alan Axelson, MD | axelson@intercarehealth.com | Pittsburgh, PA

FACULTY/PROGRAM: Intercare Health

SELECTED INTERESTS/ACTIVITIES: Innovative Programs - Mental Health Care

AACAP: Pittsburgh ROCAP Member and Assembly Delegate; Financial Planning Committee Member; Past Co-Chair and Outgoing Member, Healthcare Access and Economics Committee; Past Member: Task Force on CASII/ECIII; Elections Committee; Program Committee; Campaign for America’s Kids; Project Future Steering Committee; Steering Comm. on Work Force Issues; Task Force on Outcomes Research

Marilyn B. Benoit, MD | mbbenoitmd@gmail.com | Annapolis, MD

FACULTY/PROGRAM: Behavioral Health and Management Consultant to Organizations, State Agencies serving Child Welfare, Schools, Early Childhood programs; Clinical Associate Professor, Psychiatry, Georgetown University School of Medicine; Adjunct Clinical Associate Professor, Drexel School of Medicine, Department of Psychiatry; Private Practice

SELECTED INTERESTS/ACTIVITIES: Child Welfare; Foster Care Concerns; Child Maltreatment; Leadership and Governance

AACAP: AACAP Past President (2001-2003); Greater Washington Society Member; AACAP Life Members Committee Member; first Chair of AACAP’s Child Abuse Committee; AACAP Jeanne Spurlock Lecture and Award for Diversity and Culture (2011); AACAP Catchers in the Rye Award (2014) as part of the AACAP Committee Task Force on the Relationship Between AACAP and the Biomedical Industry; Virginia Q. Anthony Outstanding Woman Leaders Award (2014); AACAP’s Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award launched in 2018 in honor of Dr. Benoit’s exemplary leadership
LIFE MEMBERS | Mentor Bios

Frances Burger, MD | burwend@verizon.net | Andover, MA

**FACULTY/PROGRAM:** Training Director Child/Adolescent Psychiatry, University of Utah, Clinical Faculty Positions UCLA, Brown University, Tufts University

**SELECTED INTERESTS/ACTIVITIES:** School Consultation, Pre-School Disorders, Retired.

**AACAP:** History Committee, past member Ethics Committee

Martin J. Drell, MD | mdrell@lsuhsc.edu | New Orleans, LA

**FACULTY/PROGRAM:** Carl Adatto Professor of Community Psychiatry and Head of Infant, Child, and Adolescent Psychiatry, Louisiana State University School of Medicine in New Orleans; Clinical Director, New Orleans Adolescent Hospital and Community System of Care

**SELECTED INTERESTS/ACTIVITIES:** Psychotherapy and its supervision, Infant/Toddler Psychiatry; Administration; Systems of Care; Family Therapy; working with Foster Care

**AACAP:** AACP Past President (2011-2013); AACP Psychotherapy Committee Member; AACP Life Members Committee Member; Louisiana Council Member; Co-chair AACP’s Psychodynamic Faculty and Training Mentorship Initiative; Chair of the Steering Committee for the new AACP Leatherman-Ritvo Endowment Fund for the Advancement of Psychodynamic Understanding and Psychodynamically Informed Psychotherapy; Owl Newsletter Editor; frequent writer for AACP News; Former AACP Family Committee Member; Former AACP History and Archives Committee Member; AACP Norbert and Charlotte Rieger Service Program Award for Excellence (2005); AACP Catchers in the Rye Award for Advocacy to an Individual (2010)

Rama Rao Gogineni, MD | rgoginenimd@yahoo.com | Camden, NJ

**FACULTY/PROGRAM:** Cooper University Health, Head, Division of Child and Adolescent Psychiatry, Professor of Psychiatry, Cooper Medical School of Rowan University

**SELECTED INTERESTS/ACTIVITIES:** International Medical Graduates, Cultural Psychiatry, Psychotherapy

**AACAP:** Chair, Membership Committee

Joseph J. Jankowski, MD | Josephjankowski@verizon.net | Boston, MA

**FACULTY/PROGRAM:** Retired. Formerly Director of CAP, Director of CAP Training, and Triple Board, Tufts University School of Medicine, Dept of Psychiatry and Tufts Medical Center.

**SELECTED INTERESTS/ACTIVITIES:** Early Onset Psychosis; Community Child/Adolescent Psychiatry; Risk Management

**AACAP:** Past Assembly Chair, Current Delegate, Assembly from the New England Council of CAP; Former Member of the Member Benefits Committee; Co-Chair, Medical Students, Residents, and Fellows: Meet Life Member Mentors at the AACAP Annual Meeting

Margery R. Johnson, MD | drmargery312@gmail.com | Oro Valley, AZ

**FACULTY/PROGRAM:** Full time private practice of child, adolescent and young adult psychiatry; Clinical Associate Professor, Department of Psychiatry, University of Arizona College of Medicine- Tucson

**SELECTED INTERESTS/ACTIVITIES:** Outpatient treatment of anxiety, ADHD, and autism spectrum disorder. The transition to college or adult life for individuals with psychiatric illness.

**AACAP:** Active in the regional organization in Illinois, Local Arrangements Chair for the last AACAP Annual Meeting in Chicago.
LIFE MEMBERS | Mentor Bios

Allan Mark Josephson, MD | allanjosephson@icloud.com | Evans, GA

**FACULTY/PROGRAM:** Former Chief of Child, Adolescent, and Family Psychiatry, University of Louisville; former Director of Training, University of Louisville.

**SELECTED INTERESTS/ACTIVITIES:** Child Development; Family Therapy; Adolescent Personality Disorders; Religion, Spirituality and Psychiatry.

**AACAP:** Georgia Council Member; Life Members Committee Member; Family Committee Former Member; Training and Education Committee Former Member

Paramjit Toor Joshi, MD | Paramjij@hs.uci.edu | Laguna Beach, CA

**FACULTY/PROGRAM:** Dr. Joshi is currently Professor of Psychiatry and Human Behavior at the University of California, Irvine (UCI) and Director of the Child & Adolescent Fellowship Program. She previously served as the Distinguished Endowed Professor and Chair of the Department of Psychiatry and Behavioral Sciences, at the Children's National Medical Center and Professor of Psychiatry, Behavioral Sciences & Pediatrics, at the George Washington University School of Medicine since September 1999.

**SELECTED INTERESTS/ACTIVITIES:** Depression, bipolar disorder, global mental health, and childhood trauma.

**AACAP:** AACAP Past President (2015-2017); Dr. Joshi launched and funds the AACAP Paramjit Toor Joshi, MD, International Scholar Award during her presidential tenure as part of her commitment to providing CAP workforce development opportunities for international scholars; Former AACAP Development Committee Member; Past Chair, AACAP Global Mental Health and International Relations Committee; Former AACAP Program Committee Member; AACAP Financial Planning Committee Member; AACAP Life Members Committee Member; Former Member, Task Force on Awards and Special Funds

Peter Metz, MD | Peter.Metz@umassmed.edu | Worcester, MA

**FACULTY/PROGRAM:** Professor of Psychiatry and Pediatrics, University of Massachusetts Medical School

**SELECTED INTERESTS/ACTIVITIES:** Systems of Care (SOC), Early Childhood, Psychotherapy, Somatoform Disorders, former division director and training director, advocacy

**AACAP:** AACAP Catcher in the Rye Award, leadership role in SOC Committee

Cynthia R. Pfeffer, MD | cpfeffer@med.cornell.edu | New York, NY

**FACULTY/PROGRAM:** Professor of Psychiatry at Weill Cornell Medicine

**SELECTED INTERESTS/ACTIVITIES:** General/Child/Adolescent Psychiatry; Clinical and Research work on Suicidal Behavior; Bereavement; Anxiety Disorders; Mood Disorders; ADHD

**AACAP:** New York City Council Member; Co-chair, AACAP Life Members Committee

William J. Swift, III, MD | wjswift@wisc.edu | Madison, Wisconsin

**FACULTY/PROGRAM:** Professor Emeritus, University of Wisconsin School of Medicine; Senior Foreign Service Officer Emeritus

**SELECTED INTERESTS/ACTIVITIES:** Diplomacy, Third Culture Kids

**AACAP:** Wisconsin Council Member; Life Members Committee Member; Advocacy Liaison, wrote for AACAP News
LIFE MEMBERS
Mentorship Program Resources

Life Member Signature Annual Meeting Sessions
Medical Students, Residents, and Fellows Meet Life Member Mentors at the AACAP/CACAP Annual Meeting
Life Members Wisdom Clinical Perspectives: A Lifetime of Lessons Learned – Careers in Child and Adolescent Psychiatry
Life Members Reception and Dinner

Get Involved!
If you wish to explore opportunities for networking and involvement in conjunction with AACAP’s committees, contact the staff liaison listed in the hyperlinked AACAP Component Chairs list. If you wish to be contacted for any events offered by the MSR committee or AACAP’s affinity groups, sign up here.

Thank You!
A special thank our Life Member mentor panel for their willingness to participate in this event, and to Marilyn Benoit, MD, John Dunne, MD, Martin Drell, MD, Shaquille Sandy, Sarah Miller, MD, Chuchitra Thanigaivasan, along with AACAP staff, Jill Brafford, T.J. Keiter, and Anneke Archer for organizing this event.

AACAP Resources
AACAP Committee on Medical Students and Residents (MSR) Informational Flyer
MSR Newsletters
Owl Newsletters
AACAP News [Login Required]

Awards
AACAP Educational Outreach Program
AACAP Life Members Mentorship Grants for Medical Students
Electroconvulsive therapy (ECT) is not a common treatment for children and adolescents. It may be considered for conditions such as depression, bipolar disorder, psychosis, catatonia, neuroleptic malignant syndrome, and self-injurious behaviors when medications and other treatments have not worked or when the condition is severe.

**What is ECT and how does it work?**

While ECT can be done in the outpatient setting, many treatment centers will start ECT with your child admitted to the hospital. During ECT, the brain is electrically stimulated to cause a seizure under anesthesia while the patient is being closely monitored. The seizure usually lasts between 20 seconds to just over a minute. The length of the entire procedure, from going to sleep until waking up, is about 5-10 minutes. Usually, the patient is observed for 30 minutes or longer following the procedure.

The exact way ECT works is not fully known, but when a seizure occurs, many hormones and chemicals are released in the brain. ECT can help many patients improve quickly.

**Why is the doctor recommending ECT?**

ECT has been found to be effective for the following conditions:

- Depression that has failed to respond to multiple medications and psychotherapy
- Severe depression in patients who are not eating, not drinking, or are having intense self-harm behaviors
- Bipolar disorder (mania, depression or a mixed state)
- Psychotic disorders
- Catatonia which is a potentially life-threatening condition
- Neuroleptic malignant syndrome which is a life-threatening condition that may be caused by certain medications

**Is ECT safe?**

ECT has been shown to be safe, even in pregnant women and the elderly. The risks are similar to the risks associated with getting general anesthesia. While there are no absolute medical reasons why someone should not get ECT, some conditions need more evaluation and monitoring, such as diabetes, heart problems, pneumonia, brain tumors or a history of seizure disorder.

Your child will have a complete medical evaluation before the start of ECT, and the treatment team will often give medications to prevent common side effects like headaches, muscle pain, nausea, and vomiting. Other side effects include memory loss and trouble learning new things, which typically improve over time.

**How long is a course of treatment of ECT?**

The length of an ECT course will be decided by the treatment team, though the average is 12-16 treatments over 4-6 weeks. Treatments typically start three times per week and then decrease in frequency based on the response and the condition being treated.

Most patients start feeling better within the first few weeks. More severe conditions may take longer to respond. Some children may need further treatments known as maintenance ECT to try and stop the return of their symptoms.
Things to keep in mind:

- Laws about ECT for children and adolescents vary by state. Some states have no regulations and others have very strict requirements around age limits, who can provide informed consent, and who can provide ECT treatment.
- Most insurance companies cover ECT. Your treatment team will work with you to determine coverage.
- It is recommended that your child continues seeing a child and adolescent psychiatrist after the course of ECT is completed. This is to help monitor symptoms, prescribe medications, provide psychotherapy, and watch for recurrence.

Related Facts For Families:

- Bipolar Disorder In Children And Teens
- Depression in Children and Teens
- Hearing Voices and Seeing Things
- Know Your Rights: Consent and Confidentiality
- Mental Health Insurance
- Questions to Ask Before Psychiatric Hospitalization of Your Child or Adolescent
- Schizophrenia In Children
- Self-Injury In Adolescents
- Suicide in Children and Teens

AACAP Resources:

- Depression Resource Center

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

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

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 10,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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AACAP Policy Statement

AACAP Policy Statement on 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 and are 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.

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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 or to review AACAP’s Policy Statements visit www.aacap.org.
Arizona

Company: BANNER UNIVERSITY MEDICAL GROUP (1035441)
Title: Clinical Faculty, Child & Adolescent Psychiatry – University of Arizona
Job ID: 16754791
URL: https://jobs.source.aacap.org/jobs/16754791

Job Description:
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 fellow new grads (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 simply 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 eldercare 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 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 day trip 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 of 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 Ande Guzik 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.

California

Company: Stanford Medicine Department of Psychiatry and Behavioral Sciences (1271764)
Title: Assistant, Associate, or Full Professor, UML Stanford Psychiatry and Behavioral Sciences
Job ID: 16615792
URL: https://jobs.source.aacap.org/jobs/16615792

Job Description:
ASSISTANT, ASSOCIATE, or FULL PROFESSOR UNIVERSITY MEDICAL LINE PSYCHIATRY AND BEHAVIORAL SCIENCES. The Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine is seeking new full-time Professoriate faculty members at the rank of Assistant, Associate, or full Professor in the University Medical Line. These are positions for clinician scientists specializing in mental health and based in the Department of Psychiatry and Behavioral Sciences, either located at the Veterans Affairs Palo Alto Health Care System or on the Stanford campus and related facilities. The chosen candidates will be expected to conduct scholarly research, clinical care, and teaching in the areas of psychiatry or psychology in adult and/or child and adolescent populations across several areas of programmatic need, including mood disorders, anxiety disorders, addiction medicine, public mental health and/or special patient populations, among others. Candidates are required to have a proven track record of success in producing high-quality scholarly work, in addition to excellence in teaching and established clinical expertise in their respective field. Possible candidates could include, but are not limited to, psychiatrists, psychologists, neuropsychiatrists, and neuropsychologists. Physician applicants must have a medical degree or equivalent degree, completed training in General Psychiatry, be board-certified in General Psychiatry, and possess or be fully eligible for a California medical license. Physicians interested in working with children must hold board certification in child psychiatry. Clinical psychologist applicants must have a doctoral degree in psychology or equivalent degree, have completed an APA-accredited internship, and possess or be fully eligible for licensure as a...
psychologist in California. Faculty rank will be determined by the qualifications and experience of the successful candidate. The Department of Psychiatry and Behavioral Sciences, School of Medicine, and Stanford University value faculty who are committed to advancing diversity, equity, and inclusion. Candidates may optionally include as part of their research or teaching statement a brief discussion of how their work will further these ideals. The major criteria for appointment for faculty in the University Medical Line shall be excellence in the overall mix of clinical care, clinical teaching, scholarly activity that advances clinical medicine, and institutional service appropriate to the programmatic need the individual is expected to fulfill. Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other characteristic protected by law. Stanford welcomes applications from all who would bring additional dimensions to the University’s research, teaching and clinical missions. Interested candidates should send a copy of their curriculum vitae, a brief letter outlining their experiences and interests and the names of three references via e-mail only to: Laura Roberts, M.D. M.A., c/o Chris Hall Department of Psychiatry and Behavioral Sciences Stanford University School of Medicine 401 Quarry Road Stanford, CA 94305 Phone: (650) 724-0521 Email: chris.hall@stanford.edu.

CALIFORNIA

**Company:** UCLA - Department of Psychiatry and Biobehavioral Sciences (998417)

**Title:** Director - Division of Child & Adolescent Psychiatry

**Job ID:** 16633335

**URL:** [https://jobs.careerbuilder.com/jobs/16633335](https://jobs.careerbuilder.com/jobs/16633335)

**Job Description:**

The Department of Psychiatry and Biobehavioral Sciences and the Semel Institute for Neuroscience and Human Behavior at the UCLA David Geffen School of Medicine are seeking an outstanding physician leader to serve as the next Director of the Division of Child and Adolescent Psychiatry. The Division has a long and distinguished history as a national leader in child and adolescent mental health. Its faculty are highly productive, multidisciplinary and internationally recognized scholars who are leading innovation in research, teaching, and clinical care. The successful applicant for this position will be a mid-career psychiatrist at the Associate or Full Professor level with demonstrated leadership skills, including in research and clinical services, a record of extramural research funding, and accomplishments in clinical teaching and mentorship. Minimum requirements include M.D., M.D./Ph.D., D.O., or other equivalent medical degrees. Candidates must be qualified to conduct clinical services in child and adolescent psychiatry and possess or be eligible for a California medical license. Board certification in psychiatry is required, with added qualifications in child and adolescent psychiatry strongly preferred. In addition to leadership of research, educational and clinical programs, and mentorship of faculty, responsibilities will include teaching psychiatry residents, postdoctoral fellows and medical students. The Division benefits from strong institutional support for its continued excellence. The Semel Institute for Neuroscience and Human Behavior at UCLA is a leading interdisciplin ary research and education institute devoted to the study of complex human behavior and the causes, prevention, and treatment of neuropsychiatric disorders. UCLA has a well-established continuum of services in child and adolescent mental health. Cultural North Star. The shared values of the David Geffen School of Medicine (DGSOM) are expressed in the Cultural North Star, which was developed by members of our community and affirms our unwavering commitment to doing what’s right, making things better, and being kind. These are the standards to which we hold ourselves, and one another. Please read more about this important DGSOM program at [https://medschool.ucla.edu/cultural-north-star](https://medschool.ucla.edu/cultural-north-star). Ethical Values and Standards of Conduct. All aspects of searches are confidential, and all candidates are expected to review and abide by UC Regents Policy 1111 on Statement on Ethical Values and Standards of Conduct. Please see: [https://regents.universityofcalifornia.edu/governance/policies/1111.html](https://regents.universityofcalifornia.edu/governance/policies/1111.html). We invite applicants committed to diversity, equity, and inclusion, dedicated to teaching and mentoring a diverse student body, and prepared to contribute to a strong and heterogeneous university community. Faculty appointment level and salary will be commensurate with the candidate’s experience and qualifications, as part of the Health Sciences Compensation Plan. Interested candidates should submit: i) a curriculum vitae, ii) a statement of teaching, clinical activities, interests and expertise, iii) a statement of research accomplishments and future plans, iv) a statement describing contributions to equity, diversity, and inclusion, and v) contact information for three references to the UC Recruitment application portal at [https://recruit.apo.ucla.edu/JPF07339](https://recruit.apo.ucla.edu/JPF07339). For further information, contact the Psychiatry Chair and Semel Director at [PsyChairSemelDir@mednet.ucla.edu](mailto:PsyChairSemelDir@mednet.ucla.edu) or 310-206-1233. Initial application review will begin May 11, 2022, and continue until the position is filled. As a condition of employment, you will be required to comply with the University of California SARS-CoV-2 (COVID-19) Vaccination Program Policy. All Covered Individuals under the policy must provide proof of Full Vaccination or, if applicable, submit a request for Exception (based on Medical Exemption, Disability, and/or Religious Objection) or Deferral (based on pregnancy) no later than the applicable deadline. New University of California employees must (a) provide proof of receiving at least one dose of a COVID-19 Vaccine no later than 14 calendar days after their first date of employment and provide proof of Full Vaccination no later than eight weeks after their first date of employment; or (b) if applicable, submit a request for Exception or Deferral no later than 14 calendar days after their first date of employment. (Capitalized terms in this paragraph are defined in the policy.) Federal, state, or local public health directives may impose additional requirements. The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status. For the complete University of California nondiscrimination and affirmative action policy, see: UC Nondiscrimination & Affirmative Action Policy.

**Job Requirements:**

M.D., M.D./Ph.D., D.O. or equivalent medical degree required Must
California

Company: Stanford Medicine Department of Psychiatry and Behavioral Sciences
Title: Child and Adolescent Psychiatrist, Medical Coping and Wellness Program
Job ID: 16682862
URL: https://jobs.source.aacap.org/jobs/16682862

Job Description:
Child and Adolescent Psychiatrist
Clinician Educator Faculty Line Outpatient Consultation-Liaison Psychiatry
Medical Coping and Wellness Program
Department of Psychiatry and Behavioral Sciences Stanford University. The Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine is seeking a fulltime faculty member in the Clinician Educator Line to conduct clinical care and teaching in Medical Coping and Wellness Program in the Division of Child and Adolescent Psychiatry. Clinical activities can include up to 20% on the inpatient consultation-liaison psychiatry consult service. The position will be based at the Department of Psychiatry and Behavioral Sciences. Rank will be commensurate with experience and expertise. The chosen candidate will serve as an attending physician and provide clinical care in the Medical Coping and Wellness Program (MCWP) in the Division of Child and Adolescent Psychiatry. MCWP is an important and growing outpatient program on the interface between the inpatient child consultation-liaison service and the child psychiatry clinics. Patients are those with comorbid psychiatric and physical illness who require psychiatric evaluation, psychiatric medication management, and individual and family therapy. There is a close relationship with the Pediatric Pain Service Pain Rehabilitation Program and the candidate will collaborate with this program providing psychiatric consultation for patients with chronic pain conditions including chronic regional pain syndrome. The candidate will collaborate with a cadre of talented pediatric psychologists and help develop a comprehensive consultation program with the pediatric subspecialty clinics at Lucile Packard Children’s Hospital. Responsibilities will include providing supervision and didactics to psychology graduate students, post docs, and child psychiatry fellows. Ample clinical research and mentorship opportunities are also available including with the pediatric solid organ transplant program at Stanford. Applicants should have experience in evaluating and treating both children and adolescents with a broad spectrum of presenting problems. Expertise in pediatric consultation liaison psychiatry is preferred. The successful candidate will be offered opportunities for advanced training in pediatric hypnosis to supplement their clinical work. We are currently accepting applications and review will continue on a rolling basis until the position is filled. Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other characteristic protected by law. Stanford welcomes applications from all who would bring additional dimensions to the University’s research, teaching and clinical missions. Interested candidates should send a cover letter, current curriculum vitae, and three letters of reference via e-mail to: Laura Roberts, M.D., M.A., Professor and Chairman/ Antonio Hardan, Division of Child and Adolescent Psychiatry Department of Psychiatry and Behavioral Sciences, 401 Quarry Road, Stanford, CA 94305-5717 Phone: (650) 498-7376, Email: earcbia@stanford.edu

Colorado

Company: University of Colorado Anschutz Medical Campus, Department of Psychiatry (1307337)
Title: Child Psychiatrist: Neuropsychiatric Special Care (NSC) Program
Job ID: 16785642
URL: https://jobs.source.aacap.org/jobs/16785642

Job Description:
University of Colorado – School of Medicine Department of Psychiatry Open Rank - Child Psychiatrist: Neuropsychiatric Special Care (NSC) Program. The University of Colorado Denver l Anschutz Medical Campus seeks individuals with demonstrated commitment to creating an inclusive learning and working environment. We value the ability to engage effectively with students, faculty and staff of diverse backgrounds. The Department of Psychiatry at the University of Colorado School of Medicine, The Division of Child and Adolescent Psychiatry, and Children's Hospital Colorado invites applications for the position of Child and Adolescent Psychiatrist, primarily on the Neuropsychiatric Special Care Program, the Division of Pediatric Behavioral Child and Adolescent Psychiatry in the Department of Psychiatry at the University of Colorado School of Medicine. Based at the Anschutz Medical and Research Campus, the Division of Child and Adolescent Psychiatry benefits from affiliation with world class interdisciplinary professional education, research programs and clinical services. This faculty position will provide evidenced-based care to children and adolescents suffering from mental/behavioral health conditions and co-morbid neuropsychiatric conditions (autism spectrum disorders, intellectual disabilities, developmental disabilities, etc.) at inpatient and partial hospitalization levels of care. The program provides evidence-based behavioral and psychiatric treatment supported by current research. We provide inpatient and partial hospitalization services that are staffed with experts in their respective areas for children and adolescents ages four through seventeen years who are in crisis and have co-morbid conditions (medical and/or psychiatric). Please note, this is an open rank position and could be categorized as Instructor, Senior Instructor, Assistant Professor, Associate Professor or Professor based on experience and qualifications as indicated below. Along with open rank, there may be an opportunity to work at additional clinical settings based on skillset and program needs. Additional clinics in this Division include: CHCO Inpatient CHCO Partial Hospitalization CHCO Eating Disorders Program CHCO Neuropsychiatric Special Care Services CHCO Medical Day Treatment Program CHCO Outpatient services CHCO ED Coverage CHCO CL Services Integrated services Healthy Expectations Program JFK Program, including school based services Duties and Responsibilities: The Child and Adolescent Psychiatrist must demonstrate clinical experience and excellence with children and adolescents and the ability to manage different levels of acuity, including working with these children and families in outpatient, inpatient, and partial hospitalization programs.
Innovative program development is a critical component of NSC inpatient and PHP programs, and opportunities to engage in quality improvement and research initiatives will be integral to this position. Applicants must demonstrate the ability to apply and implement evidence-based approaches to care. A history of teaching and mentoring residents, medical students and working with milieu staff is also desired. Scholarly activities are encouraged and supported. Salary Offered or Salary Range: Instructor/Senior Instructor/Assistant Professor: The salary range (or hiring range) for this position has been established at $220,000 to $275,000. Associate Professor: The salary range (or hiring range) for this position has been established at $220,000 to $275,000. Professor: The salary range (or hiring range) for this position has been established at $250,000 to $300,000. This represents the 25-50 percentile of the salary range which is reflective of a candidate with 1-7 years of experience. The salary of the finalist(s) selected for this role will be set based on a variety of factors, including but not limited to, internal equity, experience, education, specialty and training. The above salary range (or hiring range) represents the University’s good faith and reasonable estimate of the range of possible compensation at the time of posting. The above salary rate represents the University’s good faith and reasonable estimate of the rate at the time of posting. The University of Colorado offers a full benefits package. Information on University benefits programs, including eligibility, is located at Employee Services. University of Colorado Denver | Anschutz Medical Campus is dedicated to ensuring a safe and secure environment for our faculty, staff, students and visitors. To assist in achieving that goal, we conduct background checks for all new employees prior to their employment. The Immigration Reform and Control Act requires that verification of employment eligibility be documented for all new employees by the end of the third day of work. Alternative formats of this ad are available upon request for persons with disabilities. Your total compensation goes beyond the number on your paycheck. The University of Colorado provides generous leave, health plans and retirement contributions that add to your bottom line. Benefits: https://www.cu.edu/employee-services/benefits. Total Compensation Calculator: https://www.cu.edu/employee-services/total-compensation. Diversity and Equity: Please click here for information on disability accommodations: http://www.ucdenver.edu/about/departments/HR/jobs/Pages/JobsatCUDenver.aspx. The University of Colorado Denver | Anschutz Medical Campus is committed to recruiting and supporting a diverse student body, faculty and administrative staff. The University strives to promote a culture of inclusiveness, respect, communication and understanding. We encourage applications from women, ethnic minorities, persons with disabilities and all veterans. The University of Colorado is committed to diversity and equality in education and employment.

Job Requirements:
Minimum Qualifications: MD/DO Experience in clinical administration in a child and adolescent psychiatric setting. Applicants must possess a Colorado Medical License DEA Certificate Board Certified in Psychiatry Board eligible in Child Psychiatry Must have prior experience in a Child Psychiatric setting. Instructor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Senior Instructor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Assistant Professor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Professor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Assistant Professor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Professor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Professor: 1-3 years of related clinical experience at rank or equivalent experience. Minimum degree qualifications: MD and/or DO Preferred Qualifications: Clinical experience in Child and Adolescent Psychiatry and professional interest/experience in the population being assessed and treated is preferred. Leadership and teaching experience valued. Knowledge, Skills, and Abilities To be successful in this position, candidates will need the following: Clinical skill is required for conducting brief and targeted assessments in integrated care settings Ability to work effectively as part of a team and independently. Capacity for flexibility and adaptability in different work situations. Excellent written and verbal communication skills including presentations to community audiences. Ability to work effectively on multiple tasks and maintain a well-organized work environment. Experience developing, training and supervising psychology trainees. Applicants must meet minimum qualifications at the time of hire.
UNIVERSITY OF GEORGIA

Title: Child/Adolescent Psychiatrist
Job ID: 16760223
URL: https://jobsource.aacap.org/jobs/16760223

Job Description:
Outpatient Child Psychiatry * Ranked among the nation’s top pediatric hospitals * Largest pediatric healthcare provider in Georgia * Competitive compensation based on experience * Sign-on bonus and relocation * Full benefits package including: Medical, Vision, Dental, Life Insurance, FSA, HSA, Disability, Leave of Absence, Holidays, Vacation and Retirement Plans * More than 2,100 pediatric physicians representing more than 60 pediatric specialties and programs * Three hospitals with 673 licensed beds * Center for Advanced Pediatrics: offering innovative programs like a staffed pediatric urgent care, breastfeeding-friendly pediatricians and lactation consultants, travel medicine, parenting classes, behavioral and mental health support, and nutrition * 20 neighborhood locations, including eight Urgent Care Centers: Economic Capital of the South Home to the third largest concentration of Fortune 500 companies in the U.S. and with an abundance of natural beauty and Southern Charm, Atlanta offers the best of all worlds. Offering countless amenities and low cost of living, you’ll be amazed with what this city has to offer * Excellent public, private and parochial schools * World-class dining and shopping * Professional and collegiate sporting venues * Vibrant cultural arts community * Wonderful year-round climate * International airport Don Simon Direct / Fax: 404-591-4226800-492-7771, dsimon@pinnaclehealthgroup.com. Cell / Text: 404-918-8100 Mention Code: 211105 - CHP

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

MARYLAND

Company: Kennedy Krieger Institute (1273496)
Title: Child/Adolescent Psychiatrist Opportunities
Job ID: 16760223
URL: https://jobsource.aacap.org/jobs/16760223

Job Description:
Overview: Located in Baltimore, MD, Kennedy Krieger Institute is an internationally recognized institution dedicated to improving the lives of children and adolescents with pediatric developmental disabilities and disorders of the brain, spinal cord and musculoskeletal system, through patient care, special education, research, and professional training. We are currently seeking superb Child and Adolescent Psychiatrists for the Center of Child and Family Traumatic Stress (CCFTS). The treatment environment at CCFTS is unique and collaborative. The staff psychiatrist will have the support of a multi-disciplinary team of psychologists, social workers and nursing. Available on-site neuropsychological testing can help inform treatment planning. All patients seen by the psychiatrist will be engaged in evidenced-based psychotherapies such as TF-CBT, CBT, DBT, PCIT and others. Yoga and mindfulness-based approaches are also available. The parents and caregivers of patients are also offered psychotherapy. This position also offers unique research and teaching opportunities through an affiliation with Johns Hopkins School of Medicine.

Job Requirements:
Educational requirements include a medical degree, board eligibility or certification in Child & Adolescent Psychiatry and the ability to obtain a medical license in the State of Maryland. Successful candidates will demonstrate substantial experience and reputation as a clinician, the ability to collaborate closely with a multi-disciplinary team and a strong interest in high quality, trauma-informed care. Excellent benefits include paid leave, college dependent tuition, Public Service Loan Forgiveness program for 503(c). Kennedy Krieger Institute is proud to have been named a top workplace by the Baltimore Sun. To apply or inquire, please visit our website www.kennedykrieger.org or contact Jocelyn Feller (McCarty), Sr. Talent Acquisition Partner, fellerj@kennedykrieger.org. Equal Opportunity Employer M/F/Disability/Protected Vet.
be an exceptional and visionary leader with the capability to identify trends and knowledge gaps in ASD research. The incumbent will be responsible for priority setting and coordinating relevant activities within the NIMH, NIH, HH5 and other Federal departments and agencies to promote research strategies that will contribute to the optimal development, health, and well-being of individuals with autism spectrum disorder. How to Apply Applications will be accepted between 04/05/2022 and 05/05/2022. Applications must include your CV and a letter of intent including a mission statement and/or vision for the position. Please send these materials to NIMHsearch@mail.nih.gov.

Contact Sheida Ahdoot, NIMH Workforce Specialist at sheida.ahdoot@nih.gov or (301) 480-8672 if you have any questions. Benefits The NIMH National Autism Coordinator will be appointed at a salary commensurate with his/her qualifications and experience. Full Federal benefits, including leave, health and life insurance, long term care insurance, retirement, and savings plan (401K equivalent) will be provided. Equal Employment Opportunity Selection for this position will be based solely on merit, with no discrimination for non-merit reasons such as race, color, religion, gender, sexual orientation, national origin, political affiliation, marital status, disability, age, or membership or non-membership in an employee organization. The NIH encourages the application and nomination of qualified women, minorities, and individuals with disabilities.

Job Requirements:
Qualifications Applicants must possess an M.D. and/or Ph.D. or educational equivalent in neuroscience, or a related medical or scientific discipline with broad, extensive familiarity with Autism Spectrum Disorder research and services. The incumbent must also have a background of direct administration or management of program/efforts with national dimensions, and be known and respected within their profession, both nationally and internationally.

MASSACHUSETTS
Company: Woburn Pediatric Psychological Services (1288247)
Title: Child & Adolescent Psychiatrist -- $10,000 Signing Bonus!
Job ID: 16646402
URL: https://jobsource.aacap.org/jobs/16646402

Job Description: $10,000 Signing Bonus! We are seeking to hire a talented Child & Adolescent Psychiatrist to join our team working in a unique and expanding practice setting. Psychiatrist will participate in direct patient care including psychiatric evaluations, psycho-pharmacology services, therapy, parent guidance, consultation, and treatment planning. Psychiatrist will function in collaboration and consultation with other psychiatrists, therapists, and primary care providers. This is a full-time position, but part-time candidates may be considered. We offer a competitive salary and comprehensive benefits package. About Us: Woburn Pediatric Psychological Services (WPPS) is a private psychiatry practice serving patients and families of Woburn and North Andover Pediatric Associates. We started this practice in response to the critical need for mental health services in the area and in hopes of providing our families with easier access to high quality care. Our practice provides dedicated staff for scheduling, billing, and support services, regular peer interaction and consultation, onsite technology support, a consistent referral stream solely from our co-located pediatric practice, and a warm, friendly practice environment. The practice continues to develop programs integrating psychiatry with primary care pediatrics. We’re seeking the best long-term candidate and are flexible with a start date. All inquiries are strictly confidential. Candidates completing fellowship training are encouraged to apply. Learn more about our practice at Woburn Pediatric Psychological Services Please send cover letter and CV via email to jblaser@woburnpedi.com. Or via mail to Joanne Blaser/Human Resources, Woburn Pediatric Psychological Services, 7 Alfred Street Woburn, MA 01801.

Job Requirements: Current Massachusetts medical license Current state-controlled substance registration and federal DEA registration Board Eligibility or Board Certification in Psychiatry and Child and Adolescent Psychiatry Excellent written and verbal communication skills and ability to work collaboratively and harmoniously with diverse groups of individuals

MINNESOTA
Company: Essentia Health (1045879)
Title: Endless Outdoor Adventures in Duluth, MN - Child/Adolescent Psychiatry (Inpatient) Opportunity
Job ID: 16601658
URL: https://jobsource.aacap.org/jobs/16601658

Job Description: About the position: Our ideal candidate would be a strong team player, desiring 1.0 FTE Opportunity to work 7 day on / 7 days off — or 14 on / 14 off in a Child/Adolescent inpatient unit No outpatient clinic required About our Behavioral Health Team: Join a group of 9 adult and 4 child and adolescent psychiatrists as part of a comprehensive behavioral health program Position is a full time, hospitalist model child psychiatry inpatient unit Average caseload is 12 children, ages 6-18 years Comprehensive inpatient team including family therapists, social workers, chemical dependency counselors, behavioral health techs with robust programming Overnight call averages 1 in 8 days Access to immediate hospital medical services such as pediatric hospitalist consultation, full lab and imaging services in house Our Amberwing facility provides Partial Hospitalization Programming, state-of-the art, mental health and substance abuse services for children, adolescents, and their families. In addition, there is On Site Pediatric Occupational Therapy and a Birth to Kindergarten Program. NACHRI designated children’s hospital, St. Mary’s Medical Center, part of the Duluth medical campus The Behavioral Health Department provides a spectrum of care for children and adults, including inpatient psychiatric care, consult-liaison and emergency psychiatry, intensive outpatient and partial hospitalization services, and an outpatient behavioral health clinic. Essentia Health Duluth hospital-Child/Adolescent inpatient unit has 16 beds; Adult in-patient unit has 37 beds. Location: Duluth, MN – Population approximately 90,000 with surrounding areas 200,000+ 2 ½ hour drive to the Minneapolis/St. Paul metropolitan area Regional service area 460,000

Job Requirements: Requirements: BC/BE Child and Adolescent Psychiatry Essentia Health is an equal opportunity employer. All qualified applicants will receive consideration

FOR YOUR INFORMATION

FOR YOUR INFORMATION
for employment without regard to race, color, religion, sex, sexual orientation, sexual orientation, national origin, disability, protected veteran status, or any other characteristic protected by law.

**MISSOURI**

**Company:** Jewish Family Services (1302041)

**Title:** Child and Adolescent Psychiatrist

**Job ID:** 16588512

**URL:** [https://jobsource.aacap.org/jobs/16588512](https://jobsource.aacap.org/jobs/16588512)

**Job Description:**
The Child and Adolescent Psychiatrist provides telehealth and/or in-person diagnostic, medication, and case management services for children and adolescents to alleviate debilitating symptoms. As part of a clinical team, the Psychiatrist addresses emotional disorders such as depression and anxiety, as well as neurodevelopmental disorders such as ADHD and autism, allowing children to continue on their developmental path. The Psychiatrist administers comprehensive psychiatric evaluations to explore the history of mental/behavioral health challenges, provides a medical decision for prescription of psychoactive medications, and addresses the selection, prescription and education of that medication. Essential Functions Conducts psychiatric examinations and assessments. Makes diagnoses and prescribes therapy and/or medication, as necessary and appropriate. Prepares psychiatric reports. Confers with clients and clients’ caregivers regarding diagnoses and treatment. Participates in staff conferences and recommends appropriate treatment approaches. Assists in developing and organizing a program of clinic treatment. Serves as a consultant to other clinic staff. Assists with establishing psychiatric programs and policies. Keeps medical records according to licensing, insurance and funder requirements. Completes other duties as assigned. Additional Responsibilities May serve as a liaison or consultant to community organizations and schools. Demonstrates teamwork and support of the JFS mission and values. Performs other duties as required or assigned. Complies with all JFS policies and standards

**Job Requirements:**
Education A medical degree in psychiatry, successful completion of residency training program in child psychiatry and licensure in child psychiatry. Completion of a minimum of two years of post-residency experience as a child and adolescent psychiatrist required. Work Experience Related to the delivery of psychotherapy and/or social services. Knowledge, Skills and Abilities Knowledge of general medicine and child and adolescent psychiatry; current developments in the field of psychiatry; and clinic organization, management, and procedures. Ability to skillfully diagnose and treat children and adolescents. Ability to build strong client relationships, analyze situations and adopt an effective course of action. Ability to prepare and maintain records and reports. Ability to learn and utilize EMR and JFS client databases. Ability to establish and maintain effective working relationships. Ability to maintain objectivity and confidentiality. Licenses, Certifications and Professional Affiliations: Possession of a valid psychiatrist license in the state of Missouri. For information on JFS, please visit our website at jjsl.org. JFS is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

**MISSOURI**

**Company:** University of Missouri School of Medicine (1306270)

**Title:** Research Professor - Autism and Neurodevelopmental Disorders

**Job ID:** 16748663

**URL:** [https://jobsource.aacap.org/jobs/16748663](https://jobsource.aacap.org/jobs/16748663)

**Job Description:**
The University of Missouri School of Medicine The Thompson Center for Autism & Neurodevelopmental Disorders Research Professor The nationally recognized Thompson Center for Autism & Neurodevelopmental Disorders is expanding its depth and breadth in translational research on autism and related disorders and seeks talented research professors (all ranks available) whose clinical research focuses on autism and other neurodevelopmental disorders. What are we working on now? Clinical trials Epigenetic influences on autism outcomes Early infant markers of risk and developmental trajectories Eye-tracking and psychophysiology Sleep research Collaborations with institutions across the nation, including UCSF, UVA, Cornell, WashU, Brown, and KUMC What are we looking for in our newest faculty? The University of Missouri has exceptional resources to support clinical research on autism and neurodevelopmental disorders, Laboratory and state-of-the-art neuroimaging facilities, strong research cores, and biomedical informatics are linked to clinical care in a highly integrated campus. Moreover, the Thompson Center is home to a well-established research and training cores from which to launch effectiveness trials, implementation and dissemination research, and other community-oriented patient-centered outcomes research. This opportunity presents unique opportunities for scientists with Ph.D. and/or MD/DO degrees who: Exemplify team science approaches into the biological basis, neuroimaging, genetics, cell biology, etc., diagnosis, disease progression, treatment (defined broadly to include behavioral treatments, drug discovery, drug repurposing, therapies, assistive devices, etc.), comparative effectiveness, and health policy relevant to autism and other cognitive and related neurodevelopmental disorders. Are eager to use animal models that can leverage our current strengths in veterinary research and the abilities we uniquely have at Mizzou. With expertise and interest in the dissemination and implementation of research. Can leverage the exceptionally strong state-wide relationships and training infrastructure at the Thompson Center and the university’s Extension program. Will conduct research using state-of-the-art neuro-imaging equipment and establish team science collaborations with imaging faculty experts and staff offered by NextGen. Would benefit from access to a large and highly engaged patient population at the Thompson Center would be especially well suited to these positions. Are eager to join and contribute to our mission to create a more inclusive and diverse scientific community. Clinician scientists who span both clinical care and basic science approaches are ideal candidates. Clinician Scientists can expect up to 20% clinical time, with the remaining time made up of established research funding and dedicated start-up time. These faculty will have an academic home in the School of Medicine as appropriate with their discipline and...
may also have joint appointments in The School of Health Professions with their disciplinary “home” department where applicable. Minimum Qualifications: PhD and/or MD/DO Experience in research focused on autism and other neurodevelopmental disorders. Candidates will be evaluated on: BC/BE in Psychiatry, Neurology, or other relevant specialties Clinician Scientists who span clinical care and basic science approaches with an interest in or experience with clinical trials and clinical research protocols Candidates bringing funded research projects Our Community Columbia is rated by Forbes magazine as the fifth best small city for business and careers in America and is consistently rated a top place to live by Money Magazine, boasting a low cost of living, a vibrant community, and nationally renowned public schools. Columbia is an ideal college town that combines small-town comforts, and community spirit, with big-city culture, activities, and resources. Our community is energetic and engaged, packed with restaurants and entertainment venues, and hosts more than a dozen annual cultural festivals.

NEW YORK

Company: Four Winds Hospital (1130907)
Title: Psychiatrist - Moonlighter
Job ID: 16530887
URL: https://jobssource.aacap.org/jobs/16530887

Job Description:
Four Winds Hospital located in Westchester is looking to hire additional Moonlighting Psychiatrists. Warm work environment with collaboration, teaching and ongoing support. More information available upon request. Four Winds is located on a campus in Westchester County. Patients come from all over: Albany, Connecticut, Manhattan, Queens, Brooklyn, Bronx and New Jersey with varied backgrounds. Our mission is to provide the best clinical care, the most advanced treatment and have deep empathy for the pain experienced by the mentally ill and their families. Monday – Friday from 6PM – 7 AM (13 hour shifts) Saturdays & Sundays from 7AM - 7PM and from 7PM - 7AM (12 or 24 hour shifts) Pleasant work environment Comfortable accommodations Dinner provided Malpractice insurance covered Shuttle to and from Katonah train station NYS license and a minimum PGY-4 status required Competitive salary For more information please contact Renee Sibrizzi at 914-763-8151 ext. 2222 Website: www.fourwindshospital.com. Medical Director: Dr. Sarah Klagsbrun.

OHIO

Company: Nationwide Children’s Hospital (1130346)
Title: Child and Adolescent Psychiatrist
Job ID: 16594872
URL: https://jobssource.aacap.org/jobs/16594872

Job Description:
Nationwide Children’s Hospital and the Department of Psychiatry at The Ohio State University College of Medicine are currently seeking talented BE/BC Child and Adolescent Psychiatrists to join our division of Child and Adolescent Psychiatry and team of Behavioral Health Services professionals. The division currently has 33 child/adolescent psychiatrists and is looking to expand. Nationwide Children’s has made a substantial commitment to invest in psychiatric and behavioral health services, as they are a key component of the hospital’s strategic plan for growth. We have opportunities in both Outpatient and Inpatient services, with particular interest in recruiting for the following areas: Emergency/Crisis Psychiatry Inpatient Psychiatry Psychotic Disorders Autism Spectrum Disorders Electroconvulsive Therapy/Interventional Psychiatry Consultation Liaison If you or any of your colleagues are interested in applying or discussing these opportunities, please contact: Megan Rhodes, MBA Psychiatry Practice Plan Coordinator Megan.Rhodes@nationwidechildrens.org Phone: 614-722-6882 You should also free to contact: David Axelson, M.D. Chief, Department of Psychiatry, David.Axelson@nationwidechildrens.org. All inquiries and referrals will remain confidential.

Job Requirements:
The ideal candidate should have excellent clinical, education and administrative skills. An interest in clinical research is encouraged but not required. At a minimum, candidates should be eligible for a Clinical Assistant Professor appointment. The position offers a competitive salary and excellent benefits package. Candidates must be eligible to obtain a license to practice medicine in the state of Ohio.

TEXAS

Company: University of Texas at Austin: Dell Medical School (1297947)
Title: Outpatient Child and Adolescent Psychiatrist, Assistant or Associate Professor
Job ID: 16483422
URL: https://jobs.source.aacap.org/jobs/16483422

Job Description:
The Dell Medical School Department of Psychiatry and Behavioral Sciences, in conjunction with Seton Family of Doctors (“SFOD”) and Ascension Seton, is seeking a board certified/board eligible Child and Adolescent Psychiatrist to join our clinical faculty and serve on our outpatient clinical team in Austin, Texas. We seek a physician who will help our department achieve our goal of working with our community partners to develop clinical, educational and research initiatives that revolutionize how people get and stay mentally healthy in Central Texas and beyond. We seek candidates committed to providing exemplary care and treatment that restores hope and helps patients live healthier, fuller lives. A clinical assignment will occur through our department’s collaborations with Seton Healthcare Family with the physician providing clinical care in various outpatient settings as part of a multidisciplinary team. Primary responsibilities will include providing world-class medicine and clinical expertise to evaluate and treat a broad spectrum of mental health challenges in pediatric subspecialty clinics to provide integrated psychiatric care. The physician would also have a primary role in providing telephone consultation to primary care providers through the Child Psychiatry Access Network (CPAN), and to children and adolescents through Bluebonnet Trails Community Services as part of the Community Psychiatry Workforce Expansion (CPWE) program. These programs are part of recent legislative funding to increase access to pediatric mental health services across Texas. The physician would also work with our Dell Children’s Psychiatry Team to provide on-call coverage on our Mental Health Unit and within the hospital. The successful candidate’s appointment within the Department of Psychiatry at Dell Medical School requires regular participation in educational activities with medical students and residents. In addition, the physician will have the opportunity for...
collaborations that allow for the pursuit of innovative clinical programming and research initiatives. The Dell Medical School, the first new medical school to be built at a tier-one research university in nearly fifty years, welcomed its inaugural class in 2016. The school is committed to redesigning academic medicine and revolutionizing how people get and stay healthy, by educating leaders, developing new models of care, and advancing innovation from health products to health care delivery. The Seton Healthcare Family is a member of Ascension Health, the largest not-for-profit health network in the nation. Austin has been designated by US News & World Report as one of the top ten “Best Places to Live” for several years. This growing metropolis is considered “the live music capital of the world,” a high-tech growth hub, and home to one of the largest state universities in the country. Primary Duties 1. Demonstrates thorough knowledge and child/adolescent psychiatry understands the developmental aspects of treatment and assessment; possesses the communication skills necessary to obtain information through the clinical interview and interpret age specific responses to treatment; understands the impact of various psychosocial systems on treatment; understands age specific psychopharmacology. 2. Provides and appropriately documents in person and/or telemedical psychiatric evaluations consistent with the standard of care and in accordance with any applicable guidelines and documentation requirements. Psychiatric diagnosis is supported by clinical findings. 3. Provides ongoing in person and/or telemedical medication management services consistent with the standard of care and in accordance with applicable guidelines. 4. Provides child and adolescent psychiatric emergency evaluations and ongoing crisis services. Documents risk factors and recommendations. Assists staff in developing appropriate crisis plan. 5. Prescribes medication in collaboration with the patient/guardian based on diagnosis and target symptoms, and in compliance with any applicable center formulary. Applies cost/benefit/risk analysis. Accounts for other medical conditions in making medical decisions and collaborates with other professionals, as necessary. Complies with procedures for acquisition of medication through patient assistance programs. 6. Orders lab work as indicated by patient need and in compliance with applicable rules and guidelines. Reviews lab results in a timely manner, and adjusts treatment as indicated. 7. Evaluates and monitors effectiveness and tolerability of psychiatric medications. Provides patient education and ensures appropriate consents are obtained. Performs AIMS and other assessments as applicable. 8. Clearly documents rationale for treatment that deviates from usual standards, such as polypharmacy, treatment of patients with ongoing substance use, use of off-label medications, change in frequency of lab monitoring, long term use of benzodiazepines. 9. Documents all services in a professional manner, using approved medical records system and forms. All services are documented within 24 hours of service delivery. Documents pertinent information between appointments, including phone calls, medication changes, referrals. 10. Participates in treatment team meetings as indicated. Attends and participates in medical staff meetings, peer review, quality management activities, and other activities within the scope of a Child and Adolescent Psychiatrist and as assigned by the Medical Director. 11. Demonstrates knowledge of, and complies with attendance, work schedule, on-call policies, center policies/procedures, professional/legal requirements, and billing standards. Maintains required training, licensure, and certificates. 12. Demonstrates ethical, courteous, and professional behavior. Treats patients and staff with dignity and respect. Communicates with staff and patients in a timely manner. Demonstrates ability to enhance positive team working relationships, and effectively collaborates with treatment team members. 13. Meets productivity standards as developed by the Medical Director. Demonstrates flexibility and collaboration in the development of new services/programs/affiliations. Works with clinic staff to maximize access to psychiatric services and promotes efficiency and cost effectiveness of services. 14. For CPAN program, provides telephone- and text-based consultations to primary care providers (PCPs), and telehealth evaluations to children and adolescents. Offer education, clinical recommendations, and referral information to equip PCPs to manage mental health cases in the primary care setting.

FOR YOUR INFORMATION

TExAS

Company: Su Clinica (1303847)
Title: Child Psychiatrist
Job ID: 16641659
URL: https://jobsource.aacap.org/jobs/16641659

Job Description:
General Overview: Physician’s role is vital in the health care delivery system. This position requires adherence to PCMH principles, policies, and procedures. Delivers safe and high-quality medical care. Assesses medical history and psychological, psychological, and behavioral factors to determine the cause (s) of a disease, disorder, or injury; developing plans for treatment; and administering specialized medical treatments and procedures as well as preventive. Reports to the Chief Medical Officer. When assessing the patient, the age of the patient is taken into consideration. Supports the vision and the mission of the Clinic at all times and ensures the patient have a pleasant and satisfactory experience in the manner health care is delivered, managed, coordinated with both internal and external entities and in which the patient participates in the decision making. Trains the pediatric medical professionals at Su Clinica to assess and treat pediatric patients with mild to moderate mental health disorders such as Depression,
anxiety, ADHD, Abuse, School failure, school avoidance, pediatric psychiatry (opioids). Consultative services: Trains Pediatricians, Family Medicine Physicians, Nursing staff, counselors, and social workers to create a collaborative mental health care partnership to achieve integration within the Su Clinica pediatric primary care clinics. This will be accomplished through feedback between Contractor and Su Clinica treatment team. The consultations will be limited to the established four (4) hour time frame per week onsite at Su Clinica. When psychiatrist is out of town no coverage will be provided by TTBH, but Su Clinica will be notified with one month in advance of scheduled absences unless for an unexpected/emergency situation. Trains the pediatric medical professionals at Su Clinica to assess and treat pediatric patients with mild to moderate mental health disorders such as Depression, anxiety, ADHD, Abuse, School failure, school avoidance, pediatric psychiatry (opioids). This will be through a specific written consultation request form with specific questions that require feedback, face to face discussion between clinicians or direct observation of interviews of patients by the psychiatrist. Consulti cians with pediatricians from initial evaluation, changes in diagnosis or treatment and throughout as necessary, during identified weekly time frame, specifically through a written consultation form with specific questions that need to be addressed. Advises on strategies to improve the integration of mental health services in pediatrics. Increases the pediatric medical professionals comfort, knowledge, and abilities in diagnosing and responding to mental health issues through written consultations and or informal group discussions of specific topics in children's mental health. Recommends formal lectures available via telehealth or webinar. Will teach supervising pediatric psychiatry residents and or students placed at Su Clinica. Integrates culturally sensitive and evidence based mental health services. Consult with pediatric medical professional's face to face, telephone, tele-psychartry, secure messaging and or other means strictly abiding by HIPAA standards. Recommends strategies for communication protocols among integrated behavioral health team. Recommends procedures for routine, urgent, and emergency consultations. Create a schedule in which face to face mental health consultation can be provided of which the time frame of 12:30 pm to 1:30 pm would be included to accommodate the providers’ schedule.

**Job Requirements:**
Must be licensed as a Medical Doctor by the State of Texas. Must be certified or eligible for certification by the American Board of Psychiatry.

**Virginia**

**Company:** Graystone Group (1208803)

**Title:** Child and Adolescent Psychiatry Positions (M60433, M60451, M60472 & M60473)

**Job ID:** 16682716

**URL:** https://jobsorce.aacap.org/jobs/16682716

**Job Description:**
Virginia Commonwealth University, Department of Psychiatry is recruiting Child and Adolescent Psychiatrists with academic career interests to provide clinical care, consultation, and supervise/teach medical students/residents/fellows and work with Advanced Practice Nurses. This position provides a unique opportunity to work with Children’s Hospital of Richmond (CHoR) pediatric specialties and the Virginia Treatment Center for Children’s (VTCC) inpatient and outpatient services. The position will focus primarily on outpatient along with consultation/ liaison services, and some inpatient for child and adolescent populations. VTCC, the Child and Adolescent Division of the Department of Psychiatry works collaboratively within the VCU Health System and Children’s Hospital of VCU, community-based child serving organizations, state agencies, and others to deliver exemplary psychiatric services. A new, state of the art facility opened in 2018 with expanded capacity for inpatient and outpatient, research and teaching facilities. As a VCU Department of Psychiatry Faculty member, the position is being added to the growing faculty team. The candidate will have the opportunity to teach and work with medical students, residents and fellows and expand training for pediatricians and pediatric specialties. The position reports to the Division Chair/ Medical Director. Rotational evening/weekend coverage with VCU Division of Child and Adolescent Psychiatry for inpatient services is shared within the Medical Staff. All successful candidates will be Board Eligible/Board Certified in Child and Adolescent Psychiatry, be licensed or eligible to be licensed to practice in Virginia and have demonstrated clinical experience with pediatric patients and their families, fostering an interdisciplinary team approach. Experience in an academic setting is preferred. We offer a unique, inclusive, and collaborative environment to support the candidate’s interests and strengths with their clinical assignment and other responsibilities.

VCU Department of Psychiatry employs over 80 fulltime faculty and has well-funded research in genetics, addictions, child and women’s mental health and psychopharmacology. VCU is a large urban university with robust health science campus and 750-bed university hospital. Richmond, the State Capital, has moderate climate and a rich mix of history with modern facilities, excellent, affordable suburban housing, and public/private schools. Interested applicants should apply online at [https://vcu.csod.com/ux/ats/careersite/1/homefc=vcu&q=Child%20Psychiatrist](https://vcu.csod.com/ux/ats/careersite/1/homefc=vcu&q=Child%20Psychiatrist) to one of the available Child Psychiatrist positions listed. Only electronic applications will be accepted. All submitted applications must include a letter of interest, diversity statement and CV. Questions should be directed to Tammy Beltz, HR Manager at Tammy.Beltz@VCUHEALTH.org. Virginia Commonwealth University is an equal opportunity/affirmative action institution providing access to education and employment without regard to race, color, religion, national origin, age, sex, political affiliation, veteran status, genetic information, sexual orientation, gender identity, gender expression, or disability. Read VCU’s notice of non-discrimination, equal opportunity and affirmative action. See also: Equal Employment Opportunity is the Law. Learn more about non-retaliation for disclosure of compensation by reading VCU’s Pay Transparency Nondiscrimination Provision.
Job Description:
WBMA is looking for candidates with:
Strong commitment to providing quality patient care MD or DO with a specialization in psychiatry Board certified or eligible in general or child/adolescent psychiatry Eligible for a valid license in the State of Maryland Drug Enforcement Administration (DEA) Controlled Substances Registration Certificate State of Maryland Controlled Dangerous Substances Certificate Willingness to work cooperatively within a multidisciplinary team (neurotypical and neurodivergent communication styles are welcome!) Openness and contribution to new ideas and innovation Interest in interventional psychiatry a plus.

WEST VIRGINIA
Company: WVU Medicine (1308171)
Title: Division Chief, Child and Adolescent Psychiatry
Job ID: 16810255
URL: https://jobs.acap.org/jobs/16810255
Job Description:
The WVU Rockefeller Neuroscience Institute is recruiting a Director for the Child and Adolescent Psychiatry division in the Department of Behavioral Medicine and Psychiatry in the WVU School of Medicine. The successful candidate will practice in Morgantown, WV. Duties: The successful candidate will practice in the area of child and adolescent psychiatry. In addition to providing excellent patient care, the successful candidate will also be actively involved in teaching medical students, residents, and fellows. This position oversees the child psychiatry mental health clinical service line as it spans from ambulatory to inpatient services for children’s mental health in the WVU Medicine System. Also included is oversight of the clinical needs and integration programs within WVU Children’s Hospital via consultation and liaison services and collaborative care needs of pediatric mental health services. The provider will work alongside and lead a team of multidisciplinary providers in the care and in coordination of the pediatric service line including child and pediatric psychologists, pediatric case managers, clinical social workers, pediatric psychiatric nursing, pediatric behavioral health technicians, pediatric APPS and pediatric professional counselors. This leadership position reports directly to the Vice Chair of Clinical Services and to the Chairman of Behavioral Medicine and Psychiatry. Additional responsibilities will include Conceptualization, coordination, and collaboration with departmental leadership regarding the strategic mission of the department as it applies to pediatric mental healthcare, research and education. Coordination and collaboration with other departments and divisions within West Virginia University that express needs related to pediatric mental health. Collaborate with and oversee clinical supervision of other child and adolescent psychiatrists and affiliated APPs who provide medical psychiatric services to children. Lead Child Division meetings and serve as the leader in community engagement, advocacy and research oversight and clinical care of the service line. Oversee the recruitment, retention and professional development of faculty and staff that meets the needs of the department in pediatric mental health services. Work with educational leadership within the department to meet the clinical training needs of multidisciplinary trainees in pediatric mental health. Qualifications: Candidate must have an MD or DO degree or foreign equivalent and be eligible for state medical licensure. Successful candidate must have completed an accredited psychiatry residency program as well as child and adolescent psychiatry fellowship program. Successful candidates must be ABPN board certified/eligible in child and adolescent psychiatry. All qualifications must be met by the time of appointment. Candidates with background and experience in external relations, integrated/collaborative pediatric behavioral and mental health care, complex processes across organizations, client and patient needs, community and organizational development, and educational programming for a variety of health care learners are encouraged to apply. The WVU Rockefeller Neuroscience Institute guides a team of 170 dedicated faculty in providing compassionate patient care and advanced medicine through education, research, and outreach in the many diverse communities we serve. The Institute spearheads efforts to develop innovative solutions for neurological and psychiatric conditions ranging from Alzheimer’s to Parkinson’s; autism to stroke; and paralysis to chronic pain, addictions, and traumatic brain injury. WVU Medicine is West Virginia University’s affiliated health system, West Virginia’s largest private employer, and a national leader in patient safety and quality. The WVU Health System is comprised of eighteen member hospitals and four hospitals under management agreements, anchored by our flagship hospital, J.W. Ruby Memorial Hospital in Morgantown, a 700+ bed academic medical center that offers tertiary and quaternary care. WVU Medicine has more than 1,000 active medical staff members and 18,000 employees who serve hundreds of thousands of people each year from across the state of West Virginia and the nation. Morgantown is consistently rated as one of the best small metropolitan areas in the country for both lifestyle and business climate. The area offers the cultural diversity and amenities of a large city in a safe, family-friendly environment. There is also an excellent school system and an abundance of beautiful homes and recreational activities. Morgantown is located just over an hour south of Pittsburgh, PA and three hours from Washington, D.C. and Baltimore, MD. Build your legacy as you serve, teach, learn, and make a difference from day one. To learn more, visit https://wvumedicine.org/ and apply online at https://wvumedicine.org/careers. For additional information, please contact Pam Furbee, Senior Physician Recruiter, at pamela.furbee@wvumedicine.org. West Virginia University & University Health Associates are an AA/EO employer – Minority/Female/Disability/Veteran – and WVU is the recipient of an NSF ADVANCE award for gender equity.

WEST VIRGINIA
Company: WVU Medicine (1308171)
Title: Child Psychiatrist - Highland Hospital, Charleston
Job ID: 16824078
URL: https://jobs.acap.org/jobs/16824078
Job Description:
Highland Hospital in conjunction with the West Virginia University Department of Behavioral Medicine and Psychiatry is seeking a Board Eligible or Board Certified
Psychiatrist to serve the youth population in our inpatient facility providing a minimum of 1:4 weekend on call coverage. Come join our team of Highland Heroes! Highland Hospital has an over 60-year tradition of providing quality behavioral health services in a caring environment. We pride ourselves on our dedication to quality, investment in our people, and ethical treatment of all. The candidate will practice in Charleston, WV. Duties: The candidate will be responsible for the diagnosis and treatment of patients with mental, emotional and behavioral disorders, the organization of data concerning patient’s family, medical history, and onset of symptoms, the comprehensive evaluation of all new admissions, and the examination of patients to determine general physical and psychiatric conditions following standard medical procedure. Other duties include ordering laboratory and other special diagnostic tests and evaluation data, determining the nature and extent of mental disorder, and formulation of the treatment program, treating or directing the treatment of the patient utilizing a variety of psychotherapeutic methods and medications, and finally, evaluating and monitoring the progress of patients. The candidate shall provide such services in accordance with a national standard of care, accepted methods of practice, the accreditation standards of The Joint Commission and CMS, the Code of Ethics of the American Medical Association, and all applicable federal, state and local laws. Qualifications: Candidate must have an MD or DO degree or foreign equivalent and be eligible for state medical license. Successful candidate must have completed psychiatry residency program and must be board certified/eligible in psychiatry. All qualifications must be met by the time of appointment. Our current team of psychiatrists and other members of our health care team take great pride in serving the community of Charleston, West Virginia with our trauma informed philosophy of care. We work closely with other facilities in our area serving the needs of patients with behavioral health needs. The West Virginia University Health System is West Virginia’s largest health system and the state’s largest employer. With 2,000 licensed beds and 2,000 active medical staff, the Health System includes 16 hospitals, including a 675-bed academic medical center in Morgantown, West Virginia; seven community hospitals; and eight critical access hospitals. The Health System also manages five hospitals and is building a new 150-bed Children’s Hospital on its main medical campus. To learn more, visit WVUMedicine.org. For additional information, please visit Services for Children & Adolescents | Highland Hospital and forward your CV with a letter of interest to Pam Furbee, Senior Physician Recruiter, at pamela.furbee@wvumedicine.org. The link to apply is https://wvumedicine.org/careers/. West Virginia University & University Health Associates are an AA/EO employer – Minority/Female/Disability/Veteran – and WVU is the recipient of an NSF ADVANCE award for gender equity.
YOU MATTER
HAPPY PRIDE MONTH 

You're not alone. Confidential support is available.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Disaster Distress Helpline
1-800-985-5990

SAMHSA's National Helpline
1-800-662-HELP (4357)

Behavioral Health Treatment Services Locator
findtreatment.samhsa.gov