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Cover:  “Birdcage” by Marcia Diaz
Through an eclectic array of illustrations and photographs, ten Canada-based artists are collaborating in an effort to boost awareness of mental health struggles. Life on the Line is a new public art campaign spearheaded by Twentytwenty Arts that recently installed 200 posters across the Toronto TTC Subway. All images © Twentytwenty Arts, shared with permission.
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The Birth of an “Impairing Emotional Outbursts” R Code

When Drs. Boris Lorberg and Petronella Mbu asked Dr. Gabrielle Carlson to reflect on some of the most significant highlights of her AACAP presidency (2019-2021), Dr. Carlson’s response was, “I have to tell you about the Explosive Outbursts R Code.” Below is our conversation.

PM: What is an R Code?

GC: Let me begin with a case we presented at the AACAP Clinical Case Conference in Toronto. A 12-year-old boy with classic symptoms of autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and significant motor tics. While he and his family already had a lot on their plates, what brought the youth in for treatment were his outbursts. However, outbursts are not a symptom of any of these conditions, although each in turn is often associated with outbursts. The boy was not an irritable child, and he did not have episodic depressive or manic episodes, so he did not meet criteria of bipolar disorder.

R codes are also subdivided, and the “R 45” codes are those involving cognition, perception, emotional state, and behavior.

When I asked the DSM committee for advice on how to codify the problem of outbursts, Michael First, MD, the DSM-5 Text Revision Subcommittee Co-Chair and DSM-5-TR Editor said that an R code would be the best way of identifying impairing emotional outbursts independent of diagnosis. It was ultimately decided to assign impairing emotional outbursts an “R 45.89” code after it had passed the scrutiny of relevant DSM-5 committees, a public hearing, and the APA Board of Trustees review.

PM: What are “Impairing Emotional Outbursts”?

GC: Impairing Emotional Outbursts represent a serious symptom that may impact treatment planning, independent of a diagnosis. It is the term my Presidential Task Force and I decided to give the behavior that others have called rages, meltdowns, affective storms, and phasic irritability to name just a few terms.

We defined the outbursts as “displays of anger or distress manifested verbally (e.g., verbal rages, uncontrolled crying) and/or behaviorally (e.g., physical aggression toward people, property, or self) that lead to significant functional impairment.”

In my opening Presidential Plenary, I highlighted our recognition of the importance of these outbursts, but we initially have tackled them with diagnoses.

Bipolar disorder began the interest in irritability because irritable outbursts often occur during manic or mixed episodes when the patient is frustrated or denied something.

Chronic (versus episodic) irritability then became a research focus of Ellen Leibenluft’s research at NIMH. This led to the creation of Disruptive Mood Dysregulation Disorder, meant to embody chronic irritability and consisting of irritability and outbursts in the absence of Bipolar Disorder.

Drilling down, it became evident that irritability occurred in many disorders with the mood aspect and/or a behavior aspect.

Although highly correlated, these two components give rise to different impairments both cross-sectionally and longitudinally and need to be disaggregated.

BL: What is the difference between ICD and DSM coding?

GC: ICD-10-CM codes were developed and are maintained by CDC’s National Center for Health Statistics under authorization of the World Health Organization.
The DSM coding has been developed by the American Psychiatric Association. Simply put,

- **DSM-5** provides mental health professionals with the criteria and definitions to classify diseases consistently.
- ICD-10 assigns a code that is used for reimbursement in claims processing and for all conditions, not just mental health ones. However, there is much less disorder detail.

**BL/PM:** What criteria did the R code have to meet to be accepted?

**GC:** It was a high bar. An R code:

- Cannot meet criteria for a mental disorder.
- Must have substantial clinical or public health utility.
- Cannot be limited to a single or a few diagnostic categories.
- Must be clearly defined, including behavioral, cognitive, and sociocultural components.
- Must occur frequently enough to warrant being recognized by inclusion.

**BL:** What is R 45.89 code’s significance, and how will it help the children and the field of child psychiatry?

**GC:** It is our hope that this R Code

- Provides an accurate descriptive label for the clinical problem that may be the reason or among the reasons why evaluation and treatment are being sought. It can thus stand alone if need be.
- In the presence of comorbid conditions (e.g., among children with ADHD, ODD, etc.), the R Code will offer further utility by indicating the additional presence of this clinically significant problem as a focal point for treatment, alongside other conditions for which the child meets diagnostic criteria.
- Offers considerable clinical utility among young children because neither DMDD nor IED can be diagnosed until 6 years of age.
- Will not to be used for children whose presentations already meet criteria for DMDD or IED.

Here are two other examples from our Clinical Case Conference:

- A 6th grade boy had increasingly violent outburst behavior in school since 1st grade. ADHD was recognized but never adequately treated because the provider(s) thought the behavior was secondary to divorce. F 90.2 (ADHD combined), R 45.89.

- A 17-year-old female has a chronic history of mood instability, self-harm (cutting, substance abuse, running away, purging) and aggression (with restraint-requiring outbursts). She has a significant history of trauma and social chaos, including neglect, sexual victimization and multiple out of home placements. F43.10 (PTSD), R 45.89.

**BL:** It appears that creation of the impairing emotional outbursts R 45.89 code is a valuable addition to the field of child psychiatry since it:

1. Enables psychiatrists to provide a more precise clinical and administrative description of the presenting problem.
2. Decreases the temptation to assign Bipolar Disorder, DMDD, or IED diagnoses simply based on the severity of explosive outbursts when other criteria are not met.

**BL:** I can see major positive implications of your work for both child psychiatry research and reimbursement. What are the next steps in your work on the R code?

**GC:** What remains is to educate providers on the utility of the R code for a more accurate representation of their patient’s clinical problems and to be sure the various electronic medical records have this particular R code in its repertoire, so providers can save it in their “favorites.”

**PM:** Does this relate at all to the Gabrielle and Harold Carlson Pediatric Psychopharmacology Research Award Fund?

**GC:** I hope so. We are trying to raise at least $450,000 the interest of which will annually fund $20,000 for a research project for 2nd year fellows/ECPs to get them interested in psychopharmacology research. I personally would love to see someone do a controlled study of PRN use in children with outbursts. I published an article in JAACAP earlier this year in a naturalistic sample demonstrating that PRNs do not shorten outburst duration. However, as I told Drs. Tim Wilens and Adelaide Robb (current Psychopharmacology Committee co-chairs who would be administering the award), I do not want to tie anyone’s hands, either. I am hopeful that members contribute and that we collect enough money for AACAP to provide a young child psychiatrist with some pilot funds to start a career in clinical psychopharmacology research every year.

**BL/PM:** We are extremely excited to hear that AACAP will finally have a psychopharmacology research award! How many readers of this article would need to contribute $100 each to this fund, for it to become operational in 2023?

**GC:** We need to raise another $50,000 in today’s market to meet that goal.

**BL/PM:** We would like to express our deep appreciation of your work. We continue to be inspired by your creative and generative spirit that has served the children and the field of child psychiatry so well.

**References**


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

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

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Should Cell Phones Be Banned From Schools?

Paul Wiegle, MD, co-chair, Media Committee

The Buxton School, a small boarding school in the Berkshires area of New York State, recently announced a total ban on cell phones on campus starting in the fall 2022 semester. This bold and controversial ruling is rare in the United States, in contrast to France, where federal law banned cellphones in public schools starting in 2018. However, it questions the utility of allowing smartphones in schools.

Smartphones have been dubbed “weapons of mass distraction” for good reason, as they have come to dominate the attention of so many youth. A recent study found that on average, college students unlock phones 50 times each day, for a total 262 minutes.1 Screen media distraction can be useful: in medicine it’s been shown to decrease pre-operative and procedural anxiety, as well as ease post-operative pain.

However, smartphone distraction can be a significant detriment to education. Another recent study found that the average adolescent now finds it difficult to study for even 15 minutes. Teens spend more than 35% of that study period in a state of distraction, mostly by smartphones.2 This distraction takes a significant toll on performance, requiring much more time to complete assignments and creating more frustration in the process.

Simply having a smartphone nearby inhibits concentration. One study found that those randomized to perform a cognitive task while their smartphone sat unused on the table had significantly impaired cognitive performance, those randomized to keep their phone in a bag did significantly better, and others assigned to leave their phone in another room performed best of all. Academic dysfunction has been tied directly to smartphone use in a number of studies,3 and teachers often complain that competing with smartphones for the attention of students in class feels futile.

Many teens understand that “multitasking” — studying while periodically checking social media or engaging in other screen entertainment, is inefficient and negatively affects their performance. However, most lack the discipline necessary to put away other devices during schoolwork or resist the impulse to check social media at these times.

The presence of smartphones distracts from social engagement and success as well. Anyone who works with teens has experienced “Phubbing” (i.e., phone-snubbing), the practice of ignoring those physically present in order to pay attention to one’s phone. Self-conscious adolescents often value having a smartphone when in the presence of others as an alternative to direct social interactions which may feel awkward, but such avoidance ultimately exacerbates the problem. Teens attending summer camps or other situations in which smartphones are banned often remark of how fundamentally different social engagement is in such settings: prevention of Phubbing leads to more present, meaningful social interactions. Studies indicate that even brief periods of smartphone restriction can positively impact social skills. One comparison of two 5-day camps for 11-12 year-olds found improved recognition of nonverbal emotional cues in the youth deprived of screen media.4

In 2016 I participated in my own natural experiment on smartphone restriction at the Joshua Center, an adolescent psychiatric partial hospital program I oversee. These are essentially afterschool group therapy programs lasting 3-4 hours per day, 3-5 days per week. A few of our programs enacted a smartphone ban; collecting them at the start of program and returning them at the end. A few teens chafed initially when instructed to hand over their phones, but all complied with minimal trouble. The change in group therapy engagement and social interactions was remarkable. While a few teens disliked the change or complained of ‘nomophobia’ (i.e., no more phone phobia), most seemed to enjoy the program more, appreciating a greater connection with their peers and more productive and effective groups. The difference between partial hospital programs initiating the phone ban and those that did not was so stark that after a few months we initiated the same phone ban among the latter, with similar success. We haven’t looked back.

I believe that children and adolescents would be best served by a smartphone ban in schools. Some critics of a ban express concern that teens must learn to handle technology on their own, and that such bans remove this possibility. I concede that the ultimate goal is for adolescents to learn to moderate their own smartphone use, but in my experience most are simply unable to do so. The social media, streaming, and...
video game industries spend hundreds of billions of dollars to create and perfect platforms whose primary goal is to capture and maintain the attention of youth, using psychological tricks and techniques to do so. Pitting the willpower of children and teens against these powerful companies is simply not a fair fight, and so far industry has been able to evade responsibility for any collateral damage. Most youth need adults to set and maintain limits on screen media engagement, and banning smartphones at schools should be an important part.

Many parents value the instant access that cell phones provide between themselves and their children. A New York City school cell phone ban was lifted in 2015 primarily because of complaints by parents who wished to maintain contact with their children at all times. However, it’s my experience that parent-child smartphone interactions during the school day are more often harmful than helpful, serving as another distraction from schoolwork and giving youth an instrument of avoidance, with which anxious or somatic may attempt to convince their parent to pick them up early from school or make other enabling interventions. Much like leaving a child with a babysitter, it is typically better for parents to make a clean break, and trust in school staff to handle a child or adolescent’s needs. In addition, psychological independence from parents is a vital developmental task of childhood and adolescence, one with which daytime smartphone contact can only interfere.

As child and adolescent psychiatrists, what can we do to help our patients and the public? We may provide education about how smartphones interfere with academic success, and recommend parents enforce device-free periods for uninterrupted homework, meals, and sleep. We can support schools to enact partial or full smartphone restrictions, or to teach effective study habits including screen media management that minimizes multitasking and distraction. We may advocate for smartphone, social media and gaming industries to be accountable by providing safeguards that limit or disincentivize youth engagement during school hours or late at night. Finally, we might consider enabling the ‘Do Not Disturb’ function on our own smartphones during clinical hours, to ensure we are fully available and don’t phub our patients.

References

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.
The CAPtivating Mind: A Podcast Series Devoted to Conversations about Child Psychiatry

Evelyn: Hi, my name is Dr. Evelyn Ashiofu. I am second year child and adolescent psychiatry fellow at the Columbia/Weill Cornell Program. As an American Academy of Child and Adolescent Psychiatry’s resident member of Council, I often get asked by students and residents about entering the field of child psychiatry. With all the interest, we thought it might be nice to share our experiences through a series of short podcasts to give you a glimpse into this special world. Our hope is to highlight the diverse careers related to working with young people’s mental health, and share our own personal journeys.

Thank you everyone for joining the first episode of our series, The CAPtivating mind. We are joined today by Dr. Cindy Chou, an early career psychiatrist at the University of Pittsburgh, and Dr. Jose Vito, a child and an addiction psychiatrist who is a clinical assistant professor at NYU School of Medicine. He is also a forensic telepsychiatrist at the Office of Mental Health State of New York. Welcome Jose and Cindy. Cindy, I’d love to start by hearing what your journey was like in child psychiatry and how your training had been?

Cindy: Thank you Evelyn. I like the idea that you will be hosting different guests, because I’m sure everyone’s story is quite unique. Personally, it was a bit of an exploration. I think there were parts that felt pretty uncertain up until I made the final commitment. To give just a very general overview, I started as a clarinet performance major in college, a little unsure what I wanted to do but knowing that I probably wasn’t going to be the next Yo-Yo Ma. During my explorations, I found a class on music psychology, and that really piqued my interest in learning more about how the brain regulates emotions and behaviors. I was accepted to our school’s neuroscience program, and when I started working in a lab that studied the biology of depression using molecular techniques, I was blown away and thought that I wanted to go to graduate school to learn more. I was really lucky that my research mentor was actually an MD/PhD, and after learning about how he really incorporates the idea of translating research, seeing patients, realizing what is missing in our toolbox, and taking that question to his lab to figure out the answer, I really became convinced that that’s what I wanted to do. I ended up pursuing an MD/PhD program thinking I wanted to study depression, which naturally meant becoming a psychiatrist.

Evelyn: Hi, my name is Dr. Evelyn Ashiofu. I am second year child and adolescent psychiatry fellow at the Columbia/Weill Cornell Program. As the American Academy of Child and Adolescent Psychiatry’s resident member of Council, I often get asked by students and residents about entering the field of child psychiatry. With all the interest, we thought it might be nice to share our experiences through a series of short podcasts to give you a glimpse into this special world. Our hope is to highlight the diverse careers related to working with young people’s mental health, and share our own personal journeys.

A little about my journey: All of my volunteering and work experience up until college had been with children so naturally, I thought I was going to be a pediatrician. To be completely honest, I didn’t know anything about the field of psychiatry let alone child psychiatry. Coming from a Nigerian American household, my family didn’t talk about depression or anxiety. Fast forward to my 3rd year of medical school and it’s time for our rotations. I was so excited to do my pediatrics rotation to but first, I had to get through my psychiatry rotation. To my surprise, it was such a great fit. I enjoyed the idea of getting to really know my patients. I appreciated the fact that psychosocial history was so vital in my ability to make a diagnosis and produce a treatment plan. It was also rewarding to see people get the

“I still felt happiest about working with children. They’re so resilient and if you can intervene early enough, you are bound to make major change. I did an elective in a general child psychiatry clinic and the rest was history.”

Evelyn: Thank you Cindy. It’s so cool that you entered the field through a research lens because like you said, there’s still so much about children’s mental health that we don’t know which makes child psychiatry so exciting! A little about my journey: All of my volunteering and work experience up until college had been with children so naturally, I thought I was going to be a pediatrician. To be completely honest, I didn’t know anything about the field of psychiatry let alone child psychiatry. Coming from a Nigerian American household, my family didn’t talk about depression or anxiety. Fast forward to my 3rd year of medical school and it’s time for our rotations. I was so excited to do my pediatrics rotation to but first, I had to get through my psychiatry rotation. To my surprise, it was such a great fit. I enjoyed the idea of getting to really know my patients. I appreciated the fact that psychosocial history was so vital in my ability to make a diagnosis and produce a treatment plan. It was also rewarding to see people get the
Jose, what helped you decide to go into child psychiatry?

Jose: I always wanted to be a psychiatrist. But what helped me the most is finding the right mentor. I sought after mentors who I felt comfortable asking specific questions, like how much child psychiatrists make? It’s important to know the job market as we are in training for a long time. When I was a second-year resident, I had several cases of adolescents with addiction. This sparked my interest in addiction and adolescence, especially early intervention. After I finished four years in adult residency, I did child and addiction fellowships.

Cindy: I’m curious because I think a lot of us see patients and clients with substance use and other mental health concerns, but few of us pursue multiple fellowships. What made you decide on pursuing an addiction psychiatry fellowship after child?

Jose: Actually, student loans were at the back of my mind as I am sure is true for many trainees. I was in dilemma about working, as I was getting job offers, or if I should do another fellowship in addiction. My program director at that time phrased it as “it’s just another year.” I also know that if I didn’t do an addiction fellowship, I would be wondering “what if.” My advice to medical students and trainees listening to this podcast, the money will come, but make sure you like what you do.

Cindy: Jose, do you feel it was worth it to do the addiction fellowship on top of the child fellowship?

Jose: This comes down to self-fulfillment. I am fortunate that I had great training. I found my niche as an expert in child and addiction psychiatry that serves me well in an academic and forensic setting, and in my private practice.

“I attended the AACAP annual meeting as a first-year resident. I learned that networking is important because this is where you can meet potential mentors who can give you guidance in career development including finding jobs.”

Evelyn: This shows that careers in child psychiatry are so vast that you can carve out your own path!

Cindy, what are you hoping to pursue?

Cindy: I’m still figuring it out. I recently had a supportive discussion with friends about how being an early career psychiatrist is such an odd transition, and it was helpful to be surrounded by others that validate that it is appropriate to feel a little lost. I am working part time as a collaborative care consulting psychiatrist for PCPs, and spending most of my time on research. I think most of us are probably not in our forever jobs right out of the gate. Jose, what are your thoughts when it comes to looking for jobs?

Jose: It is good to be thinking about the market as a child psychiatrist. Child psychiatrists are in high demand. It is important to know what your self-worth is. Know how much you can demand during your interview, either with salary, teaching time, conference days, etc. Do your homework by looking into what areas you want to practice.

Evelyn: Just to backtrack a little, to get to this point you both had to first complete training. There are a few different paths when it comes to child psychiatry training. For Cindy, you chose an integrated program that combined both adult and child psychiatry into the same training. What about you Jose? How did you decide on where to apply for training?

Jose: I grew up in NYC, so I did all my training in NYC. I never left! I do not picture myself living and practicing elsewhere. What I tell trainees is to apply to a place where you can feel happy. That is the most important thing.

Cindy: It’s amazing how just among the three of us, how we got to child psychiatry can be so different. Looking across all of AACAP and also just child psychiatrists in general, you’ll probably see that everyone has different stories of how they got here. That’s why it’s so important to connect with mentors because the people that have been through this experience understand how varied these paths can look like, and can help us brainstorm all the endless possibilities.

Evelyn: I agree, Cindy! Mentorship, no matter where you’re at in your journey, is so imperative. What about you Jose, any last words of advice?

Jose: For me, what helped is networking. I attended the AACAP annual meeting as a first-year resident. I learned that networking is important because this is where you can meet potential mentors who can give you guidance in career development including finding jobs. Eventually, after training, you would need to apply for jobs, and this is what networking is so helpful.

Evelyn: On that note, we will go ahead and close out this episode. Thank you, Cindy and Jose, for joining and providing such a lively discussion on your journeys. I am sure our listeners really appreciate it. Also, special thank you to the AACAP council for making this podcast possible. We hope you tune back in for future episodes.
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Right care, at the Right time, at the Right intensity level
CREATE RESILIENCE

CARE & CONNECT
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THANKFUL GRATITUDE
EMPATHIZE & WITNESS

RENEW & RESPOND
ENGAGE & ENCOURAGE
SAVOR WHAT’S POSITIVE
INTEGRATE & MAKE MEANING
LIVE & LOVE & LET GO
IMAGINE WITH OPTIMISM
EXPRESS & CONTRIBUTE
NAVIGATE THOUGHTS WISELY
COMPASSION IS KINDNESS
EMOTIONAL SKILL & REGULATION

RESILIENCE IS CREATIVE

BY DIANE KAUFMAN, MD
the Miracles Before Us

Poem by Heidi Banh, MD

What if we valued every child like the miracle they are
Marveled at how with every beat of their heart
A million neural connections are being made
Marveled at how they shine, how they give
Simply by being and existing as they have
Since the first day they were brought into this life?

What if we strove always to be curious to understand
How every youth navigates their world, their challenges
In the only ways they know how, and can teach us,
Whether through expressing, masking, or repressing?
And what if we then served as the gentle wind behind their sails
Just long enough to steer them towards the sun?

If youth are resilient enough to endure trauma and loss
Brave enough to question living and choose to live
And still, hopeful enough to seek self-compassion, day after day
Then let us be bold enough to rise up to meet them with acceptance
To be prepared to listen and extend a hand, at their readiness
And to challenge the roots of stigma and systems of oppression
That threaten to allow youth to believe that they are any less than miracles.

What if we treasured every child like the miracle they are
And nurtured them, walked with them until they believed this truth?
Listening will always give us the answer
Acceptance is how youth will know that mental illness can’t shatter
Empathy is how generations can grow, together
And love is how children will know they matter.
Call for Papers

AACAP’s 70th Annual Meeting takes place October 23-28, 2023, at the New York Hilton Midtown and Sheraton New York Times Square Hotel in New York, NY. 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, or administration.

Abstract proposals must be received at AACAP by February 15, 2023, or by June 7, 2023 for (late) New Research Posters. The online Call for Papers submission form for the February deadline will be available at www.aacap.org in December 2022, and all submissions must be made online.

Questions? Contact AACAP Meetings Department at 202.966.7300, ext. 2006 or meetings@aacap.org.

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

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

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

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

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

For any further questions, please contact the Government Affairs team at govaffairs@aacap.org.
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CONSIDER THIS ... 
Your Patients' Gender Identity Matters

In the United States, approximately 150,000 youth (ages 13-17), identify as transgender.¹ The term “transgender,” although often used by the public as a catchall term, actually refers to a subset of the greater gender diversity category of individuals who transiently or persistently identify with a gender different from their gender at birth.²

Transgender patients may experience gender dysphoria. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) “gender dysphoria” diagnosis includes separate specific criteria for children, adolescents and adults. Patients with gender dysphoria face extraordinary stigmatization, discrimination and victimization, including difficulties accessing healthcare and obtaining insurance coverage for treatment. The two primary treatment modalities used to treat gender dysphoria are cross-sex hormone therapy and gender reassignment surgery.³

Conventional healthcare treatment often does not address the specific needs of transgender patients, frequently leading to negative patient experience including, sometimes, negligent patient care. Understanding the specific clinical and psychosocial needs of transgender patients, along with applicable legal and ethical obligations can help psychiatrists ensure patient safety and mitigate potential liability exposures. This article addresses some of the issues psychiatrists may encounter when treating transgender patients undergoing sex hormone therapy and preparing for gender reassignment surgery.

Writing letters
Many surgeons and/or third party payers require that patients obtain documentation from a psychiatrist or other mental health provider confirming the patient’s diagnosis of gender dysphoria, and that either they have been working with the patient for a period of time, or have seen the patient in consultation, prior to accepting a patient for gender assignment surgery. When assessing and drafting the requested correspondence, psychiatrists should avoid predicting specific clinical outcomes, and ensure their documentation reflects a thorough assessment of:

- Patient’s decision-making capacity;
- Does patient meet the criteria for gender dysphoria; and
- Whether gender assignment surgery is an appropriate treatment to address the patient’s gender dysphoria.

Medical Records
It is important that patient records accurately capture the patient’s identifying information. If information is captured incorrectly or the patient is referred to in a manner other than specified, not only can it create confusion, but it can also create further distress and demonstrate insensitivity to the patient. Therefore, intake forms
Your Patients’ Gender Identity Matters (continued)

should capture both the patient’s legal name, as well as the name they prefer to be called. Further, gathering information under the category of sex should be a two-step process. First, it should list male or female for their birth sex, and second it should ask the patient how they identify, using the choices of male, female or other (please specify). Additionally, the medical records should specify this information at the beginning of the medical record so that the patient is referenced as requested at each visit.

Minors
When treating minors, remember that the age of consent varies between individual states. Thus, it is important to know the age of consent in your state in terms of what type of care a minor can provide consent for, and in terms of what information can be shared with parents/guardians.

Policies and Procedures
As always, it is important to develop office practice policies and procedures that are consistent with federal/state laws and standards of care. When treating transgender individuals, office policies and procedures should include additional information regarding:

- Pertinent ADA issues;
- HIPAA/privacy training;
- Sensitivity training, for office staff;
- Identifying patients by the name/pronouns listed on the intake form and provided in the medical record; and
- Items that will incur a charge (including amount). For example, will you charge a fee for writing a letter or completing paperwork required by other providers, payors, etc., as part of the gender reassignment surgery process?

Anti-discrimination Laws
It is also important to understand the relationship between federal/state anti-discrimination laws and a patient’s diagnosis. For example, although the Americans with Disabilities Act (ADA) specifically excludes protection for issues involving gender identity, courts have found the ADA provides protections for medical conditions resulting from gender identity issues. Therefore, a person who is transgender is not deemed disabled under the ADA because they are transgender. However, a transgender person experiencing gender dysphoria may receive protection under the ADA, and/or state anti-discrimination laws.

Conclusion
All patients should be treated equally regardless of sex, gender identity or sexual orientation. Being sensitive to the patient’s identity and needs can go a long way toward limiting potential liability exposures, as well as maintaining a good relationship with the patient and providing a positive outcome in care.


For other timely risk management topics, policyholders can access In Session, our risk management newsletter, at apamalpractice.com.

If you have any questions please contact the American Professional Agency, Inc. at 800-421-6694 x2318.

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AACAP Policy Statement

American Academy of Child & Adolescent Psychiatry

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Policy Statement on Autism and Vaccines

Approved by Council March 2016; revised June 2022

Vaccines work with the immune system to prevent infectious diseases such as polio, measles, diphtheria, and whooping cough. Hence, vaccines are one of the greatest success stories in all of medicine. Unfortunately, immunization rates have dropped in recent years in part because of concerns about whether some vaccines maybe associated with the development of autism spectrum disorder (ASD). Multiple studies conducted in several different countries have demonstrated that there is no causal association between vaccines or their preservatives and ASD. Further, vaccines do not change the timing of the onset of ASD symptoms, nor do they affect the severity of ASD symptoms. Even in families who have a greater risk for ASD, such as those who already have a child with ASD, there is no increased likelihood that the second child will have ASD if vaccinated.

Twin and family studies over the last few decades have consistently demonstrated that ASD has a strong genetic basis. Recent studies have demonstrated that brain changes associated with ASD risk most likely occur before birth and well before any immunizations are ever administered. Some environmental risk factors, such as maternal valproate use during pregnancy, are linked to ASD. Other environmental factors may also increase risk for ASD in those who are genetically vulnerable, though more research is needed on these factors. Childhood vaccination is not one of these environmental risk factors.

The consequences of measles, diphtheria, whooping cough, severe Covid-19 and other preventable infectious diseases can be catastrophic to an individual or a population and lead to death and long-term disability (as evidenced by recent outbreaks of measles in several countries). Research indicates that the lower the immunization rate in a population, the greater the risk of these preventable infections.

Vaccine hesitancy among parents and healthcare providers persists and appears to be on the rise in recent years. Internet searches regarding ASD and vaccines are increasingly frequent. Parents and some providers cite that concerns about ASD may contribute to this hesitancy despite the lack of supporting evidence in the peer-reviewed literature. Parents of children with ASD have higher rates of vaccine hesitancy, are less likely to have their children vaccinated, and are more likely to attribute their child’s ASD to vaccines compared to parents of children who do not have ASD. Thus, vaccine hesitancy is present despite robust evidence indicating that primarily genetic factors and possibly some environmental factors play a role in the pathogenesis of ASD.

To ensure that all children receive appropriate immunizations, the American Academy of Child and Adolescent Psychiatry recommends:

- All children and adolescents receive routine immunizations according to the current U.S. Centers for Disease Control and Prevention Advisory Committee on Immunization Practices Recommended Child and Adolescent Immunization Schedule, unless medically contraindicated.
- Prioritizing research on the potential causes of ASD, including possible environmental risk factors.
- Public education campaigns on the safety and efficacy of routine vaccinations and lack of evidence supporting any relationship between routine vaccines and the development of ASD.
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.

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  - Significant contributions to AACAP for at least five years in one or more of the following: AACAP Committee/Component, AACAP Assembly of Regional Organizations, an AACAP Regional Organization

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AACAP Policy Statement

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Policy Statement on Access to Reproductive Health Education

Approved by Council October 22, 2022

All children and adolescents have a right to confidential, clinically accurate, developmentally appropriate reproductive health literacy. Parents and healthcare providers are important health education resources and should be encouraged to provide confidential, inclusive, and scientific information on sexual development and reproductive health.

Child and adolescent psychiatrists are important sources of reproductive health education and information for children and teenagers and can facilitate patient and caregiver access to high quality, safe, and inclusive reproductive health services. Child and adolescent psychiatrists should routinely inquire about sexual identity, sexual development, and reproductive health literacy as part of a comprehensive initial evaluation and ongoing mental health assessments in a developmentally appropriate manner.

To support children and adolescents’ access to reproductive health education, the American Academy of Child and Adolescent Psychiatry:

- Recommends that all children and adolescents have access to scientific, evidence-based, confidential, inclusive, culturally sensitive, and developmentally appropriate reproductive health education,
- Supports the physician-patient-family relationship,
- Opposes state and/or federal efforts to interfere with physician-patient communications in clinical care delivery,
- Opposes government or third-party interference in medical decision-making, and
- Supports litigation to block the implementation of laws restricting the privacy of physician-patient-family relationships.

#

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.
AACAP Policy Statement

American Academy of Child & Adolescent Psychiatry

Policy Statement on Access to Reproductive Health Services

Approved by Council October 22, 2022

Reproductive healthcare for youth includes autonomy in reproductive health decision-making and is essential to child and adolescent physical, mental, and developmental health. Evidence-based reproductive health services like prenatal care, childbirth, postnatal care, contraception, and abortion are important medical interventions.

To ensure the healthy physical, mental, and developmental health of children and adolescents, the American Academy of Child and Adolescent Psychiatry recommends:

- Ensuring children and adolescents have access to evidence-based reproductive health services, including abortion.

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

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

Live/Virtual Meetings
(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)
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

www.aacap.org/moc
As the area’s premier provider of psychiatric services, Hackensack Meridian Behavioral Health Services has provided comprehensive mental health and substance abuse services to the residents of Monmouth, Ocean, Middlesex, and Bergen Counties for over forty years. Due to continued growth and expansion, we are currently accepting applications for Psychiatrists to join our Mental Health and Addiction Interdisciplinary Teams in the following positions:

**Addiction Medicine**: Ocean University Medical Center (Brick, NJ)  
**Consultation Liaison**: Hackensack University Medical Center (Hackensack, NJ)  
**Geriatric Psychiatry**: Hackensack University Medical Center (Hackensack, NJ)  
**Inpatient**: Raritan Bay Medical Center (Perth Amboy, NJ)  
**Medical Director for Adult Inpatient Unit**: Riverview Medical Center (Red Bank, NJ)  
**Outpatient Addiction**: Jersey Shore University Medical Center (Neptune, NJ)  
**Outpatient Child & Adolescent Psychiatrist**: Hackensack University Medical Center (Hackensack, NJ) and Ocean University Medical Center (Brick, NJ)  
**Outpatient**: Jersey Shore University Medical Center (Neptune,NJ) Ocean University Medical Center (Brick, NJ) and Southern Ocean Medical Center - (Manahawkin, NJ)  
**TelePsychiatry**: Fully Remote, full-time opportunities (Work from anywhere!)

[allison.vogel@hmhn.org](mailto:allison.vogel@hmhn.org) or call: 908-418-8014

[www.hackensackmeridianhealth.org](http://www.hackensackmeridianhealth.org)

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Read, listen, or watch to stay informed on new clinical approaches and share resources with patients and families.

Visit NIDA-CTN at [www.bit.ly/NIDACTN](http://www.bit.ly/NIDACTN) to access these resources:

- Online Interactive Screening Resource  
- Educational Podcasts  
- Video & Fact Sheet

Contact Kenyatta Crenshaw at KCrenshaw@thebizzellgroup.com.
Parents’ Medication Guides

The American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA) have developed Parents’ Medication Guides to help individuals make informed decisions about treating mental disorders in children and adolescents.

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.
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 SMOKING FREE ENVIRONMENT
Clinical Faculty, Child & Adolescent Psychiatry – University of Arizona

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

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

Minimum Qualifications:
• Board Eligible/Board Certified by the American Board of Psychiatry and Neurology
• Fellowship-Trained in Child and Adolescent Psychiatry
• Desire to practice and engage in an academic setting
• Position is open to experienced psychiatrists as well as 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 just basic medical, dental and vision coverage — it’s everything that makes you uniquely you, from your emotional health, to your family to your satisfaction at work. So, we design your benefits with you in mind. We listen to what you have to say, offer a wide variety of competitive benefits to give you peace of mind and provide additional tools and resources to support you.

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

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

We encourage you to mention this site when you submit your CV to the Search Committee, c/o 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.
CLASSIFIEDS

CALIFORNIA

Company: UCLA - Department of Psychiatry and Biobehavioral Sciences (998417)
Title: Academic Child Psychiatrist Position
Job ID: 17511177
URL: https://recruit.apo.ucla.edu/apply/JPF07553

Job Description:
The Division of Child and Adolescent Psychiatry within the UCLA Department of Psychiatry and Biobehavioral Sciences invites applicants to apply for open faculty positions. We are seeking licensed and board certified or board-eligible M.D. clinicians specializing in child psychiatry and higher levels of care. Positions may be available at different ranks (i.e. assistant, associate and full professor) and leadership opportunities in education and clinical care may be available commensurate with experience. Interested candidates should submit: i) curriculum vitae, ii) a statement of research accomplishments and future plans, and iii) the names and complete addresses of three references (do not send letters) to the application portal at https://recruit.apo.ucla.edu/apply/JPF07553. Additional information about the position can be obtained by contacting Tara Peris, PhD, Associate Director of Research and Academic Affairs Child and Adolescent Psychiatry Division, tperis@mednet.ucla.edu. Initial application review will be ongoing. *Statement of Contributions to Diversity – Please see the following page for more details: https://equity.ucla.edu/faculty-search-process/ Cultural North Star. The shared values of the DGSOM are expressed in the Cultural North Star, which was developed by members of our community and affirms our unswerving 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 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. 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 and Affirmative Action Policy.

Job Requirements:
MD, MD/PhD, DO, or equivalent medical degrees California Medical License (or license eligible) Board Certification in Psychiatry specializing in Child Psychiatry Strong experience in teaching and mentorship

FLORIDA

Company: Lakeland Regional Health (1323622)
Title: Outpatient Child & Adolescent Psychiatrist
Job ID: 17490027
URL: https://jobsource.aacap.org/jobs/17490027

Job Description:
Discover the limitless beauty of the Sunshine State! Join Lakeland Regional Health’s collaborative and multidisciplinary Behavioral Health team as an Outpatient Child & Adolescent Psychiatrist and contribute to our tradition of providing expert, patient-centered, care in beautiful Lakeland, Florida! At Lakeland Regional Health, we foster an environment of inspiration, teamwork, and respect. Highlights include: Harrell Family Center for Behavioral Wellness opening in 2022 with full-continuum of outpatient services Strategic Initiative Focused on Behavioral Health Guaranteed Base Salary + Opportunity for Production Incentives Flexible Schedule Comprehensive Psychiatric Services No State Income Tax LRH offers comprehensive benefits including 403B, Medical Insurance, Paid Time Off, CME Allowance, CME Days, and Malpractice Insurance with Tail Coverage. COMMUNITY: Lakeland is a vibrant community conveniently located between Tampa and Orlando and was ranked #1 in Business Insider’s “Top 10 Cities to Buy a House”. Explore the diverse exhibitions at the Polk Museum of Art, stroll around any one of our breathtaking lakeside trails, parks and nature preserves. With just a short drive, you can enjoy Clearwater Beach, named the “#1 Beach in America” by Trip Advisor or have a blast at any one of Florida’s world-renowned theme parks and attractions. There are over 150 schools in Polk County, including over 40 private school options, 6 Florida Arts schools, and nationally recognized workforce academies. Visit the LAL Today website to learn more about all that Lakeland has to offer. Live Where You Vacation!

Job Requirements:
Qualifications: Must be board certified/ board eligible through ABMS or AOA. Must have current Florida medical license or ability to obtain one.
FLORIDA

Company: First Physicians Group
(1515383)
Title: Join our new Behavioral Health Hospital! Child & Adolescent Psychiatrist - Sarasota, FL
Job ID: 17490695
URL: https://jobsource.aacap.org/jobs/17490695

Job Description:
First Physicians Group of Sarasota Memorial Health Care System is seeking to employ a BE/BC Child & Adolescent Psychiatrist to cover admissions for the inpatient program in our behavioral health facility. This will include children, adolescents and some coverage of adult patients. We are open to hiring an experienced psychiatrist or new graduate. Ideal start date will be Summer of 2023. The psychiatrist will also cover consults on the medical floors at Sarasota Memorial Hospital in rotation with the other psychiatrists in the group. There is also an opportunity to cover consults at our new SMH-Venice Hospital, which is a 110-bed acute-care facility that opened in November 2021. This is an excellent opportunity for someone who would like to join a stable and established psychiatry group with well-trained physicians who have been with the practice for many years. The behavioral health hospital is approximately 60 beds with 13 of them allocated for children/adolescents, but we are excited to announce that we will be opening a new 82 bed state-of-the-art Behavioral Health Pavilion in 2023. It will have 4 units to include: A team environment with a multi-disciplinary approach to patient care 80% single person patient rooms Sensory rooms and quite area on each unit 16-bed Geriatric Unit 22 bed Child/Adolescent Unit 24 bed Adult Unit 20 bed Acute Unit Gymnasium Advance technology to optimize patient and staff experience Outdoor gardens for patients & clients Staff retreat area with self-serve café and garden area Outpatient Program will include: Adult Partial Hospital Program Adult & Youth Intensive Outpatient Programs Outpatient counseling Limited psychiatric services to assist with medication management Community Mental Health Education and Wellness programs, ECT and TMS Research opportunities Highlights of the Opportunity: Hospital-based position Monday through Friday seeing approximately 12 encounters per day. Weekend and after-hours call is shared by all psychiatrists in a 1:7 rotation (and increasing as we add more physicians). Patient mix is currently 55% adults, 27% geriatrics and 18% child/adolescent but will change with the opening of the new hospital. Fully implemented EHR (Sunrise Clinical Manager-Allscripts) Excellent comprehensive & low cost benefits – Health, Dental, Vision, 403B Retirement Plan, Life Insurance, Disability and much more. Physicians are generously rewarded with a guaranteed base salary, wRVU productivity bonus AND a bonus for meeting quality measures. Relocation assistance, commencement bonus and other perks are offered with a contract. As an employee of a public, State of Florida organization, physicians are entitled to sovereign immunity. No tail coverage is necessary should you leave our practice. We are a Nonprofit 501(c)(3), so physicians can participate in the Public Service Loan Forgiveness program if employed by the group. No state income tax in Florida. Please contact Joelle Henneysey, Director, Physician & APP Recruitment, at 941-685-4231 or Joelle Henneysey@smh.com to learn more about this opportunity. We are located in the highly desirable area of Sarasota, FL, which is on the West Coast of Florida and close to some of the most beautiful beaches in the country – Siesta Key, Lido Key and Longboat Key. The community is known for its excellent public and private schools and an impressive array of restaurants and activities for all ages to enjoy. Sarasota Memorial is a CMS 5-Star rated hospital in Florida for its overall quality. It is the only hospital in Florida and one of just 52 across the nation to maintain their top rating since 2016. In 2018, Sarasota Memorial Hospital-Sarasota earned its fourth consecutive Magnet recognition from the ANCC, the credentialing body of the American Nurses Association — a humbling achievement that fewer than 1% of the nation’s hospitals have attained. In its 2021-2022 report, U.S. News ranked SMH among the 50 “Best Hospitals” in the nation for our rehabilitation programs and services.

GEORGIA

Company: Peachtree Psychiatric Professionals/Peachtree Comprehensive Health
(1325888)
Title: Outpatient Child and Adolescent Psychiatrist for Atlanta, Georgia
Job ID: 17585987
URL: https://jobsource.aacap.org/jobs/17585987

Job Description:
Peachtree Comprehensive Health is currently accepting applications for a child psychiatrist. Come join our energetic, collaborative team of psychiatrists and therapists who are committed to providing evidence based treatment. Candidates should have an interest in treating children, adolescents, and adults, as well as a commitment to lifelong learning, teamwork, and professional growth. In addition to medication management, psychiatrists may provide individual therapy when indicated, and are encouraged to collaborate with our therapists when there are shared patients. Our team strives to foster a convivial, supportive, inclusive environment. All providers are encouraged to explore their unique clinical interests and are supported in developing new programming. Psychiatrists are on-call for their own patients during the weeknights and call is rotated on the weekends. Call is by phone only. All administrative needs including scheduling, super bills, billing, etc. are provided by the practice. All providers are provided with a fully furnished office in our beautiful newly renovated space. This position offers a highly competitive salary, including malpractice insurance coverage, along with full benefits and 401k matching. PCH offers a wide range of services in addition to medication management, allowing comprehensive care for our patients. Our DBT clinic offers a full array of DBT services including DBT for children (for explosive children), DBT-PE (for trauma) and DBT for substance abuse. Our Cognitive Center focuses on CBT for anxiety, ERP for OCD, and executive functioning classes and coaching for ADHD. Individual therapy, family therapy, couple’s counseling and family therapy is also available. As all providers are on site, in person collaboration is encouraged. Being active in the community is important to us. We offer an ongoing free support group for
INDIANA
Company: Parkview Health (1226356)
Title: Board Eligible / Board Certified Child and Adolescent Psychiatrists
Job ID: 17448069
URL: https://jobsource.aacap.org/jobs/17448069

Job Description:
Join Our Team! To meet the growing demands in our area, Parkview Health is seeking both Board Eligible / Board Certified Child and Adolescent Psychiatrists to work at our Parkview Behavioral Health Institute in Fort Wayne, Indiana. Specifics of The Role Schedule: Monday – Friday; Days Occasional weekend rounding required The Team Our collegial group consists of General, Adult, and Child & Adolescent Psychiatrists as well as Psychiatric Mental Health Nurse Practitioners. We are northeast Indiana’s only provider of inpatient mental health services for children and adolescents experiencing emotional or behavioral issues Parkview Behavioral Health One of 10 service lines for the Parkview Health system PBH provides tertiary psychiatric care treatment for an 11-county area Hospital outpatient services include intensive outpatient treatment and partial hospitalization services for children and adolescents experiencing emotional or behavioral issues Parkview Behavioral Health Institute offers a spectrum of care for children and adults, including inpatient psychiatric care, consult-liaison and emergency psychiatry, ECT procedures, intensive outpatient and partial hospitalization services, and an outpatient behavioral health clinic. The Division also includes Health Psychology doctorate and master’s level psychologists. The Behavioral Health Department provides a spectrum of care for children and adults, including inpatient psychiatric care, consult-liaison and emergency psychiatry, ECT and ketamine procedures, intensive outpatient and partial hospitalization services, and an outpatient behavioral health clinic. Additional outreach is provided by Integrated Behavioral Health providers and Telemedicine services to Essentia Health East regional clinics. Overnight and weekend call is shared by the physician pool Essentia Health Duluth hospital-Child/Adolescent inpatient unit has 16 beds; Adult in-patient unit has 37 beds. 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 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

MINNESOTA
Company: Essentia Health (1045879)
Title: Child/Adolescent Psychiatry (Outpatient) Position by Beautiful Lake Superior
Job ID: 17520827
URL: https://jobsource.aacap.org/jobs/17520827

Job Description:
PSYCHIATRY DEPARTMENT PRACTICE SPECIFICS Our ideal candidate would be looking for an outpatient, behavioral health, clinic practice. Join a group of 8 adult (soon to be 10) and 4 child and adolescent psychiatrists as part of a Behavioral Health Care Team. Other members of the team include; doctoral level psychologists, psychiatric nurse practitioners, psychotherapists, RN’s and clinical assistants. The Behavioral Health Division provides a spectrum of care for children and adults, including inpatient psychiatric care, consult-liaison and emergency psychiatry, ECT procedures, intensive outpatient and partial hospitalization services, and an outpatient behavioral health clinic. The Division also includes Health Psychology doctorate and master’s level psychologists. The Behavioral Health Department provides a spectrum of care for children and adults, including inpatient psychiatric care, consult-liaison and emergency psychiatry, ECT and ketamine procedures, intensive outpatient and partial hospitalization services, and an outpatient behavioral health clinic. Additional outreach is provided by Integrated Behavioral Health providers and Telemedicine services to Essentia Health East regional clinics. Overnight and weekend call is shared by the physician pool Essentia Health Duluth hospital-Child/Adolescent inpatient unit has 16 beds; Adult in-patient unit has 37 beds. 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 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

FOR YOUR INFORMATION
Survivors of suicide, Community Support After Suicide, as well as other volunteer opportunities. PCH is committed to providing culturally competent services to all communities. Applicants with experience working with patients across the gender and sexuality spectrum, and in communities of color are strongly encouraged to apply.

Heal Nursing Quality® and the Success Story the NDNQI Award for Outstanding Press Ganey with two awards for 2019: adult beds, and a 20-bed unit dedicated licensed for 120 beds, consisting of 16 health center The psychiatric hospital is Provides services at two outpatient partial hospitalization at several facilities intensive outpatient treatment and emotional or behavioral issues Parkview children and adolescents experiencing the Life in Your Work-Life Balance behavioral Health Institute in Fort Wayne, Indiana. Specifics of The Role Schedule: Monday – Friday; Days Occasional weekend rounding required The Team Our collegial group consists of General, Adult, and Child & Adolescent Psychiatrists as well as Psychiatric Mental Health Nurse Practitioners. We are northeast Indiana’s only provider of inpatient mental health services for children and adolescents experiencing emotional or behavioral issues Parkview Behavioral Health One of 10 service lines for the Parkview Health system PBH provides tertiary psychiatric care treatment for an 11-county area Hospital outpatient services include intensive outpatient treatment and partial hospitalization at several facilities Provides services at two outpatient physician clinics and a community health center The psychiatric hospital is licensed for 120 beds, consisting of 16 beds for children, 18 beds for adolescent, 37 beds for adults, 18 intensive care adult beds, and a 20-bed unit dedicated to older adult patients Recognized by Press Ganey with two awards for 2019: the NDNQI Award for Outstanding Nursing Quality® and the Success Story Award®. Named in the 2019 IBM Watson Health™100 Top Hospitals® Parkview Health Proudly committed to bringing the highest quality of care to northeast Indiana and northwest Ohio Region’s largest employer with over 14,000 employees Health system is comprised of more than 800 world-class providers in more than 45 specialties in over 300 locations. Named one of the nation’s top employers by Forbes Named one of the nation’s 15 Top Health Systems by IBM Watson Health™ Received national recognition from The Leapfrog Group for straight “A’s” in patient safety Benefits Our excellent benefit package includes: Highly competitive salaries plus annual incentive compensation opportunity Commencement bonus Paid relocation Student loan assistance Retirement contribution plan Flexible spending accounts Medical, dental, vision & life insurance Long and short-term disability And many other non-traditional benefits! Apply Today! For additional information or to submit your CV, please contact us at providercareers@parkview.com. Community Highlights Northeast Indiana is in the middle of it all, located just three hours or less by car from Midwest cities including Chicago, Cincinnati and Indianapolis – but with its own unique vibe and easygoing lifestyle. Here, we offer the opportunity to create your version of the American dream, whether you’re looking to grow your career, family or home. Fort Wayne, the region’s hub and Indiana’s second largest city, consistently ranks as one of the best places to live in the U.S. and boasts some of the nation’s lowest cost of living. Putting the Life in Your Work-Life Balance Northeast Indiana has the charm of small-town life, but with big-city amenities, like vibrant downtown Fort Wayne. It has dining and night life that rival the most eclectic places across the nation. We are big on outdoor adventures, and we love to explore. If you’re a fan of professional sports, you won’t be bored. If you like fairs, festivals and happenings, you’ll have every weekend covered. There are so many events to keep you busy every day of the week! We encourage you to come visit our growing health system and vibrant community and we will commit to welcoming you with our big-hearted hospitality.
AND BENEFIT PACKAGE Generous compensation and benefit package; including malpractice insurance and minimum 6 weeks’ vacation/CME time

**Job Requirements:**
QUALIFICATIONS BC/BE in Psychiatry; Fellowship trained in Child and Adolescent Psychiatry; 2 years of experience in an inpatient setting; Board certification in Psychiatry required and experience in Child and Adolescent Psychiatry required; experience in CME program.

**Job Description:**
About the position: Our ideal candidate would be a strong team player, desiring 1.0 FTE Opportunity to work 7 days on / 7 days off -- or 14 on / 14 off in a Child/Adolescent inpatient unit. No outpatient clinic required. About our 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 hospital consultation, full lab and imaging services in house. Our Ambler office 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 is 460,000

**NEW YORK**
Company: St. Peter’s Health Partners (1326322)
Title: Child and Adolescent Psychiatrist Medical Director
Job ID: 17597885
URL: https://jobsource.aacap.org/jobs/17597885

**Job Description:**
St. Peter’s Health Partners is seeking to recruit a full-time Child and Adolescent Psychiatrist for a Medical Directorship opportunity at Ellis Hospital located in Schenectady, NY. Ellis Hospital is a 150-bed community hospital with inpatient Adult and Adolescent Psychiatric Units. The Ellis Psychiatry program has been helping people overcome mental illness for more than 50 years and offering specialized services for children and adolescents. Ellis Medicine’s Adolescent Treatment Center is a 16 bed inpatient mental health unit that serves children from a wide geographic area that extends from Poughkeepsie to Canada, and from the Vermont border to the Syracuse area. The Adolescent Treatment Center serves patients ages 11-17 with a focus of providing short-term intensive treatment for teens in crisis, including severe episodes of Depression and Anxiety, Bipolar Disorder, Attention Deficit Hyperactivity Disorder (ADHD), eating disorders, severe behavioral disorders and other issues. Patients are safely cared for by a highly trained therapeutic team of psychiatrists, nurses, social workers, certified teachers, recreation therapists and mental health assistants. This multi-disciplinary team works closely with the child’s community – his or her family, private therapists, schools, community-based agencies, residential treatment facilities, and others involved in meeting the long-term needs of the child. Opportunity Details: The Medical Director will provide inpatient coverage, a 16 bed unit for adolescent patients at the Ellis Hospital campus and will work collaboratively with the Hospitalists, specialists, and community providers; Medical Director will clinically supervise the outpatient provider team; Position hours are Mon-Fri, 8am-5pm; Call rotation is 1/4 weekends, weeknight call is 2-3 nights per month. Recruitment Package: Competitive base salary including 25k Starting bonus, 20k Relocation up to 6,500k annual CME allowance 5 weeks annual vacation + 1 week for CME 403B Retirement w/matching program Excellent benefits including health vision/dental insurances Paid malpractice, including post-SPHP Loan Forgiveness eligible.

**Job Requirements:**
MD or DO Board Certified/Board Eligible in Psychiatry; Fellowship in Child/Adolescent Psychiatry required; Experience in an inpatient setting is also preferred; DEA Licensure/NYS licensure required.

**Pennsylvania**
Company: WellSpan Health (1131077)
Title: Psychiatry Opportunities in PA
Job ID: 17490340
URL: https://jobsource.aacap.org/jobs/17490340

**Job Description:**
WellSpan Health’s vision is to reimagine healthcare through the delivery of comprehensive, equitable health and wellness solutions throughout our continuum of care. As an integrated delivery system focused on leading in value-based care, we encompass nearly 1,900 employed providers, 220 locations, eight award-winning hospitals, home care and a behavioral health organization serving South Central Pennsylvania and northern Maryland. Highlights: Opportunities for board certified/board eligible Child & Adolescent Psychiatrists. Work with great support teams including 94 Psychiatrists and Nurse Practitioners, 48 Psychologists, and over 200 Master’s
level Therapists Behavioral Health team provides comprehensive care through 35 locations and 55 programs with 40% of our services provided to children and adolescents. Opportunities to work with well-established programs at our Center for Autism & Developmental Disabilities (CADD) and our Child & Adolescent Day Hospital/Intensive Outpatient Programs Center for Autism & Developmental Disabilities (CADD). CADD's vision is to provide evidenced-based care through a multidisciplinary approach for children, adolescents and adults with autism and other disorders. Child & Adolescent Psychiatrist-Day Hospital/Intensive Outpatient Programs The Child and Adolescent Day Hospital/Intensive Outpatient Programs are mental health treatment programs specifically designed to serve children ages 5 to 18. Benefits Include: Excellent health, dental & vision coverage Life, accidental death & disability insurance at no cost Rich retirement savings plan administered by Vanguard Medical malpractice insurance with tail coverage Generous CME reimbursement & full relocation About the Community: Conveniently situated within a short drive of major cities like Philadelphia, New York and Baltimore/ DC, south central Pennsylvania, is made up of a diverse mix of welcoming communities offering an idyllic blend of unique cities and towns. For confidential consideration please contact: Terri McCardell, WellSpan Physician Recruiter Email: tmccardell2@wellspan.org Phone: (717) 812-3099

TEXAS

Company: University of Texas at Austin: Dell Medical School (1297947) Title: Division Chief, Child and Adolescent Psychiatry Job ID: 17477862 URL: https://jobsource.aacap.org/jobs/17477862 Job Description: The Department of Psychiatry at the Dell Medical School (DMS) at The University of Texas at Austin, along with its clinical partner Dell Children’s Medical Center, a part of the Ascension Seton Healthcare Family, is seeking a mid-career child and adolescent psychiatrist with a strong record in translational research to provide executive and strategic leadership as the Chief of the Division of Child and Adolescent Psychiatry. The Child and Adolescent Division has more than doubled in size over the past two years. In partnership with clinical, educational and research leaders in the Department of Psychiatry and at Dell Children’s Medical Center, the Division Chief will develop and foster a vision for the Division for the years to come, with a strong focus on providing leadership and direction to the Division’s research endeavors. The Division Chief is charged with building statewide and national relationships for our Department and for our partners at Dell Children’s Medical Center. DMS, the first new medical school to be built at a tier one research university in nearly 50 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, advancing innovation from health products to health care delivery, and partnering closely with community and regional stakeholders to serve the community’s underserved population. It is now home to the Mulva Clinic for the Neurosciences, established by a $50 million gift from the Mulva Family Foundation, and part of a collaborative network of departments, centers, and institutes on the adjacent University of Texas campus. Dell Children’s Medical Center (DCMC) is a 248-bed, Pediatric Level I Trauma Center; one of only five in all of Texas. It is one of an elite group of children’s hospitals that offer the highest level of care available to children who have been victims of trauma. The DCMC network encompasses the most pediatric specialists and specialty programs in our region. Austin, the capital of Texas and 11th most populous city in the United States, is universally recognized as a vibrant, entrepreneurial, and socially conscious city. Its live music scene, international festivals such as South by Southwest (SXSW), and outdoor amenities have made it among the fastest growing large cities in the nation. Specific job responsibilities will include: In partnership with the chief executive officer of Dell Children’s Medical Center, provide executive and strategic leadership to the joint program of the Department and the Medical Center, including active involvement on its steering committee to monitor fiscal and clinical performance. Collaborate with the Medical Director for Pediatric Mental Health in the Department’s activities with the Medical Center for design, development, implementation and assessment of value-based clinical care models in key disease areas in child and adolescent psychiatry. Create, pursue financing for, and lead academic and research initiatives in child and adolescent psychiatry, with a focus on translational research. Provide executive support to, and organizational advocacy for, the Associate Chair for Education and the child and adolescent psychiatry program director to foster initiatives within our child and adolescent psychiatry fellowship program to create a world class training program Foster medical education and research in all clinical programs, assuring engagement of all faculty in these efforts. Foster collaborative relationships with other community providers of child and adolescent mental health services that allow a system-of-care in the community that embraces high-quality clinical care, education, and translational research. Foster collaborative relationships with other academic divisions of child and adolescent psychiatry across the state of Texas to allow for robust research and clinical programs. Represent the Department in key clinical decision-making bodies within the Dell Medical School and its partners, as assigned by the Chair Lead in the recruitment and retention of physicians and staff.

Job Requirements: Qualifications MD/DO or equivalent Medical Degree from an accredited medical school Current board certification in Child and Adolescent Psychiatry Eligible for faculty appointment at UT Austin as an associate or full professor Eligible for appointment to the medical staff at Seton Healthcare Strong record in research, education and service Research experience includes substantial and sustained research funding Demonstrable experience in collaborative relationships with strong healthcare organizations, and especially in engaging those organizations in research Demonstrable experience in collaborative problem-solving with academic colleagues in clinical, educational and research spheres.
The Division Chief of Pediatric Psychiatry and Behavioral Health Department of Pediatrics, University of Utah School of Medicine The Department of Pediatrics at the University of Utah School of Medicine has initiated a nationwide search for an innovative academic child and adolescent psychiatrist to lead the Division of Pediatric Psychiatry and Behavioral Health, a well-established division within the Department of Pediatrics at the University of Utah School of Medicine. The Chief also serves as the Medical Director of Intermountain Healthcare’s Pediatric Behavioral Health Service Line, overseeing pediatric behavioral health services at several Primary Children’s Hospital locations and McKay Dee Hospital Behavioral Health Unit. This includes crisis stabilization programs, consult liaison and med psych programs, intensive day programs, and outpatient clinics at Intermountain Healthcare. The Division Chief directs and supports the activities of a growing and thriving group of physicians, psychologists, advanced practice providers, and other members of a broad team whose mission is to advance the mental health knowledge, training, and clinical care of pediatric patients and their families. The Division Chief will ensure a high level of collegiality, cooperation, and communication among their faculty and staff. They will be personally responsible for promoting and maintaining excellence and integrity in patient care and research while continuing to enhance the quality of training in child and adolescent psychiatry and pediatrics, preparing trainees to work effectively as part of an integrated system of care. The Division Chief will actively participate in the strategic planning process of both the Department of Pediatrics and Intermountain Healthcare, and will be responsible for defining and executing the strategy to fulfill the Division’s clinical activities, research activities, education, advocacy, administration, faculty development and recruitment. This includes, but is not limited to, coordination and leadership of the overall academic agenda and health services, assuring the quality of the intellectual and clinical missions, and monitoring the fiscal health of the Division in coordination with the Chair of the Department of Pediatrics and the Associate Chair for Administration and Finance. The successful candidate will be Board Certified in Child and Adolescent Psychiatry. The candidate will be an accomplished academian recognized in the field of child and adolescent psychiatry who demonstrates the ability to lead a large and complex pediatric division within a large department at a major public university which operates within the children’s services of a large, integrated healthcare delivery system. The selected candidate must meet the requirements for appointment as Associate Professor or Professor on the Clinical or Tenure Track The Department of Pediatrics at the University of Utah offers a competitive salary and an unmatched benefits program, including non-matching retirement contributions of 20.2% of annual salary that vest immediately. Salt Lake City offers an outstanding quality of life with a growing economy, rich cultural scene with ballet, theatre, symphony, opera and museums, excellent restaurants, and stimulating nightlife. The Salt Lake International Airport is a hub for a major airline and has direct flights to most North American cities and daily direct flights to multiple European cities. The city is a ski destination and a gateway to the state’s renowned red rock landscapes. In addition to its 14 ski resorts, Utah boasts five national parks (with five more within a day’s drive), a variety of golf courses allowing for year-round play, hundreds of miles of hiking and biking trails, and numerous other outdoor activities. Interested individuals can apply for the position at: https://utah.peopleadmin.com/postings/139015. Cover letter and curriculum vitae will be required. For additional information about the position, please contact Ashly Buhler, Assistant to the Search Committee Chair, at: ashly. buhler@hsc.utah.edu. The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission. The University of Utah values candidates who have experience working in settings with students, staff, faculty and patients from diverse backgrounds and possess a strong commitment to improving access to higher education, employment opportunities, and quality healthcare for historically underrepresented groups. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans’ preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. The University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, ethnicity, color, religion, national origin, age, disability, sex, sexual orientation, gender, gender identity, gender expression, pregnancy, pregnancy-related conditions, genetic information, or protected veteran’s status. The University does not discriminate on the basis of sex in the education program or activity that it operates, as required by Title IX and 34 CFR part 106. The requirement not to discriminate in education programs or activities extends to admission and employment. Inquiries about the application of Title IX and its regulations may be referred to the Title IX Coordinator, to the Department of Education, Office for Civil Rights, or both.
FOR YOUR INFORMATION

Hospital are looking for outstanding Child and Adolescent Psychiatrists to join our growing faculty. We are looking for physicians passionate about pediatric mental health care to care for youth in inpatient, crisis, intensive outpatient, and outpatient clinic settings. We are a growing group and plan to not only continue to provide services in the Salt Lake City, UT, area but also in the new Primary Children’s Hospital in Lehi, Utah and in Ogden, Utah. With our expansion, we will be providing opportunities for leadership as well. We are looking for psychiatrists interested in working in multi-disciplinary teams to provide clinical care, educate future health care providers, conduct research, and engage in advocacy. Qualified candidates must be Board Eligible/Board Certified in both General Psychiatry, and Child and Adolescent Psychiatry. The selected candidate will receive a faculty appointment in the Department of Pediatrics on the Clinical or Tenure track at the academic level commensurate with experience and qualifications. The Department and University offers a competitive salary and an unmatched benefits program, including non-contributory retirement contributions of 20.2% of annual salary that vest immediately. The Department offers a faculty development and mentoring program designed to help faculty succeed in translational or basic research. Salt Lake City offers an incredible quality of life with a growing economy, rich cultural scene with ballet, theatre, symphony, opera and museums, outstanding restaurants, and a moderate cost of living. The city is a well-known ski destination and a gateway to the state’s renowned landscapes. In addition to its 14 ski resorts, Utah boasts five scenic national parks (with five more within a day’s drive), a variety of golf courses allowing for year-round play, hundreds of miles of hiking and biking trails, a picturesque Lake Powell, and numerous other outdoor activities. Interested individuals can apply for the position at: https://utah.peopleadmin.com/postings/139791. Cover letter and curriculum vitae are required. For additional information about the position, please contact: Lisa Giles, M.D., Professor and Interim Division Chief, at: lisa.giles@hsc.utah.edu. The University of Utah Health (U of U Health) is a patient focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to our mission. The University of Utah values candidates who have experience working in settings with students, staff, faculty, and patients from diverse backgrounds and possess a strong commitment to improving access to higher education, employment opportunities, and quality healthcare for historically underrepresented groups. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans’ preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. The University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, ethnicity, color, religion, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, pregnancy, pregnancy-related conditions, genetic information, or protected veteran’s status. The University does not discriminate on the basis of sex in the education program or activity that it operates, as required by Title IX and 34 CFR part 106. The requirement not to discriminate in education programs or activities extends to admission and employment. Inquiries about the application of Title IX and its regulations may be referred to the Title IX Coordinator, to the Department of Education, Office for Civil Rights, or both.

Job Requirements:
Qualified candidates must be Board Eligible/Board Certified in both General Psychiatry, and Child and Adolescent Psychiatry. The selected candidate will receive a faculty appointment in the Department of Pediatrics on the Clinical or Tenure track at the academic level commensurate with experience and qualifications.
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