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Save the Dates

Call for Papers Deadline: **Feb 15, 2023**
New Research Poster Deadline: **June 7, 2023**
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Cover: The first time in several years we had the pleasure of such an amazing group of AACAP Presidents – both past and current! This was taken at the Menninger Plenary in Toronto.
MISSION STATEMENT

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

– Approved by AACAP Membership December 2014

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

MISSION OF AACAP NEWS

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

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CAPture Belonging, OUR Collective Presidential Initiative – Update

“I believe that unarmed truth and unconditional love will have the final word in reality.”

Dr. Martin Luther King Jr.

I’m grateful that you’ve joined me in our collective Presidential Initiative CAPture Belonging, launched in October 2021. Since then, we’ve taken strides in enriching our community and making AACAP even stronger by promoting Justice, Equity, Diversity, and Inclusion (JEDI) across our organization and initiatives. As the late great Dr. Martin Luther King has said, “Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality tied in a single garment of destiny. Whatever affects one directly affects all indirectly.” We are in this together and it will take all of us to fulfill our destiny. We also recognize systemic and structural racism as powerful social determinants contributing to health inequities based on race, ethnicity, and minoritized identities. Not only does systemic and structural racism keep BIPOC communities from achieving the best health outcomes, it stymies efforts to achieve a strong and diverse physician workforce to serve our youth and communities. United States Vice President Kamala Harris said, “Our unity is our strength and diversity is our power.”

CAPture Belonging shines light on the important role of child and adolescent psychiatrists in championing mental health equity. It also illuminates AACAP as an organization that values each member’s unique and individual contributions to our collective efforts. As Maya Angelou says, “We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter their color.” Celebrating, acknowledging, respecting, and appreciating all identities and backgrounds helps us to ensure a welcoming and inclusive AACAP for all of us and the communities we serve.

My Presidential Initiative CAPture Belonging is chaired by Melvin Oatis, MD, and supported by AACAP President-Elect Tami Benton, MD, and past Diversity and Culture Committee Chair Lisa Cullins, MD, and staff lead Carmen J. Thornton, MPH, MCHES. In partnership with AACAP’s robust Diversity and Culture Committee, Indigenous Native Child and Adolescent
Health Equity and Combat Racism in the Era of COVID-19, we are supporting the professional needs of AACAP members to best address mental health inequities within their work and communities. Through this Action Plan, we are also bringing much needed attention to mental health inequities to all children, especially within BIPOC communities. Our Action Plan includes four strategic priority areas and pillars: awareness, advocacy, workforce and professional development, and national partnerships and linkages. I am happy to share some updates on our progress across these foundational pillars.

Through these strategic priority areas we have developed a host of publications, programs, statements, and other resources to include:

- A Special Issue of The Child and Adolescent Psychiatric Clinics of North America Journal was published October 2022. I co-edited this special issue, “Clinical Considerations in Child and Adolescent Mental Health with Diverse Populations,” along with Alexandra Canetti, MD, and Denise Leung, MD. We are eternally grateful for all of the inspiring members and trainees who shared their wisdom, insights and knowledge to help us all provide the best care for our diverse youth, families and communities.

- AACAP’s Diversity, Equity, and Inclusion Fellowships for Emerging Leaders in Child and Adolescent Psychiatry was launched in 2022. The goal of the Emerging Leaders Fellows Program is to ensure a diverse leadership pipeline within our organization. Tasha Lee Brown, MD, is serving as the AACAP Council Fellow, Amalia Londono, MD, is serving as the JAACP Fellow, and a new Fellow will support AACAP’s Program Committee starting this winter. Two new Fellows will also be joining AACAP’s Council and JAACP in 2023. Each Fellow is charged with developing a special project to help AACAP evolve its DEI efforts and further our goals.

- JAACP’s open call for papers on anti-racism showcases a great commitment from editor Doug Novins, MD, and JAACP’s editorial team to publish more papers on topics focused on underserved communities and to also include publications from a broader inclusive network of authors. Wanjiku Njoroge MD, was appointed the Journal’s first Editor for Diversity, Equity and Inclusion, and Eraka Bath MD, was the first Assistant Editor for Antiracism and Health Equity. Since the open call was announced the JAACP has seen a marked increase in the number of diversity-focused papers by a more diverse group of authors and investigators. JAACP’s leadership as an anti-racist journal with leadership to embody the actions is inspiring.

- AACAP’s 2022 June Council Retreat was held in Atlanta, the original site of AACAP’s 2021 Annual Meeting that was held virtually due to pandemic concerns. We were thrilled to hold the June Retreat in Atlanta to celebrate AACAP’s continuing efforts by touring at the National Center for Civil and Human Rights. Following the tour Council members dined at the famous Paschal’s restaurant that was frequent 1960’s meeting place for Dr. Martin Luther King, Jr. and other notable civil rights leaders. A Diversity, Equity, and Inclusion training took place for Council members facilitated by Madhuri Jha, LCSW, MPH, Director of the Kennedy-Satcher Center for Mental Health Equity/Morehouse School of Medicine. It was wonderful to be together in a community and further our AACAP priorities inspired by the city’s rich civil rights history and symbol of hope and humanity.

- Online AACAP Resource Libraries on issues related to BIPOC and diverse communities, including the Anti-Racism Resource Library, the Resource Library on Youth at the Border, and the Asian American and Pacific Islander Resource Library. These online resources offer a wealth of information for AACAP members, allied mental health team members, youth, and families. The Anti-Racism Resource library features videos like the Teaching Children about Race by Dr. Wanjiku Njoroge.

Committee and vibrant Asian, Black, Latino, and International Medical Graduate Caucuses, we are eager to continue this critical work by taking broader action to promote our current activities and integrate structural systematic transformation so that AACAP’s diversity and inclusion efforts will be sustained beyond my tenure as President. As Margaret Mead has said, “If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a social fabric, one in which each diverse human gift will find a fitting place.”

Through our Action Plan to Promote Health Equity and Combat Racism in the
A Presidential Screenside Chat on COVID-19, Racism, and the Asian American Experience hosted by Gabrielle A. Carlson, MD. Past President, was a unique opportunity to share my personal insights and reflections. Dr. Carlson also interviewed Dr. Patrice Harris about Heath Inequities, Dr. Melvin Oatis about Diversity and Health Equity, and Ms. Carmen Thornton about vaccine hesitancy.

A Virtual Forum series session focused on Healthcare disparities through the lens of diversity during the COVID-19 pandemic.


A lecture series session that focused on Difficult Conversation of Racism and Social Inequities in Child and Adolescent Psychiatry Training Programs.

A variety of diversity-focused programs during AACAP’s 2022 Annual Meeting in Toronto, including the outstanding Menninger Plenary presentation from Thomas Fisher, MD, as well as a number of sessions that focused on health inequities and discrimination experienced by Native American and Indigenous communities.

The inspiring Diversity and Culture Committee received the 2022 Catchers in the Rye Award for an AACAP Committee. The Committee is currently led by Annie Li, MD, and Wanjiku Njoroge, MD. This well-deserved award highlighted the Committee’s tireless efforts over the years to support and encourage diversity-focused programming at the Annual Meeting and AACAP. The Committee was also recognized for its work initiating and contributing to AACAP’s Facts for Families, virtual forums, AACAP News articles, mentorship programming for medical students and residents, and a host of other amazing resources and projects.

AACAP’s Asian, Black, Latino, and International Medical Graduate Caucuses presence were a strong and visible force at the AACAP Annual Meeting. Co-Chairs of the Caucuses include Annie Li, MD, Jang Cho, MD, Balkozar Adam, MD, and Madolyn Daas, MD, Lisa Fortuna, MD, MPH, and Angel Caraballo, MD, and Cheryl Al-Mateen, MD, and Kenneth Rogers, MD. Members of the Caucuses have participated and coordinated a host of Caucus Zoom calls and virtual mentorship programming throughout the year. Building a strong community with one member and story at a time has been empowering for all.

Throughout 2023 we are excited to continue our CAPture Belonging journey together to advance AACAP and our community’s diversity, equity, and inclusion priorities. Some of them include:

Important revisions to AACAP’s Bylaws and Code of Ethics to incorporate justice, equity, diversity, and inclusion-focused action.

Additional virtual forums on a host of topics concerning mental health equity including a forum on medical mistrust.

An assessment of AACAP Committees’ progress in revising their Committee Charges to incorporate a focus on diversity and inclusion as well as an inquiry into committee-led equity and diversity work and representation.

New efforts to better capture ethnicity, gender, and other demographic data from our members to celebrate our diversity and identities.

A centralized location of AACAP online resources and papers published in JAACAP that cover many angles of equity, diversity, and health justice.

As physicians, we take pride in our service to others and use our privilege to set a tone that celebrates inclusion and diversity in our practices, training programs, research studies, and communities. As an organization, we are inspired to champion quality and empowering mental health care for all children, especially for BIPOC youth and minoritized communities. An African proverb states “if you want to go fast, go alone, if you want to go far, go together.” I believe together we can CAPture Belonging and go far in advancing mental health equity and justice for all of the youth we serve and their families. I am inspired by each AACAP member and find strength in our tapestry of organizational diversity and hope. “Be the change you want to see in the world,” by Mahatma Gandhi. Together, we have the power to change the world for all youth, and as the civil rights Hero John Lewis said, “if you follow your truth down the road to peace and the affirmation of love, if you shine like a beacon for all to see, then the poetry of all the great dreamers and philosophers is yours to manifest in a nation, a world community, and a beloved community that is finally at peace with itself.”

Warren Ng, MD
President, AACAP
“I Can’t Sing:” What is Music Therapy and How Can You Engage with It?

What is Music Therapy?

Because music is an experiential medium that words cannot fully capture, defining music therapy is difficult. Still, we have a few working definitions. Within arm’s reach of my desk is a 300-page book titled Defining Music Therapy by Kenneth Bruscia, which underscores the nuance of putting words to the work. Bruscia (2014) offers his most recent definition as follows:

“Music therapy is a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music therapy experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research” (p.36).

The elements of understanding music therapy I would like to highlight are:

- Many of the approaches in music therapy run parallel to approaches in verbal therapy. There are CBT-based music therapists as well as music psychotherapists, including those who practice with psychodynamic, humanistic, and transpersonal orientations. Within each category there are music therapy-specific approaches, such as Music-Centered Music Therapy and Guided Imagery and Music.

- Music therapy as a professional entity does not claim to cure illness but rather to optimize health and awaken dormant potential. There may, however, be individuals and group identities, such as ‘sound healers,’ who make additional claims about the properties of music.

- Music therapy, by definition, practiced by music therapists. Just as it would be inappropriate for me to say I practice psychoanalysis without having completed psychoanalytic training, so is the case for music therapy. Nonetheless, music therapists do not claim ownership of music as a modality and encourage others to use music in their work.

Becoming a Music Therapist

The Certification Board for Music Therapists is the national credentialing body for the field. Music therapists can sit for the national exam after completing either undergraduate or graduate training by an accredited program. Board certification is optional; however, many jobs require the credential. Additionally, some states offer licensure, which typically requires board certification, a graduate degree, and many supervised practice-hours. The Creative Arts Therapy license encompasses dance/movement, art, and drama therapists who I am proud to call colleagues.

Challenges in the Field of Music Therapy

Among my graduating class of twenty, at least seven of us do not work primarily as music therapists. While our training informs much of our professional and personal lives, there are factors that make a lifelong career in music therapy difficult. Financial factors, availability of career development opportunities, and the efforts of ‘making a case’ for our job all likely contribute to challenges. Additionally, there is limited transferability between states; a license and subsequent job title that enables work in one state may not exist in another and some seasoned therapists are boxed out of jobs because of rising educational requirements. Last, the work tends to be physically demanding, often requiring movement of large instruments, chairs, and even patients.

Collaborating with Creative Arts Therapists

As an inpatient music therapist, I cherished opportunities to collaborate with other mental health professionals. Through participating in treatment team rounds I gained insights that enabled me to plan group directives.
Reciprocally, I hope incorporating the creative arts perspective helped others on the team. Most often, I only shared summarizing statements that I thought would be narrowly useful for treatment and disposition planning, but at times I discussed a patient’s creative journey more fully, such as their transcendence of “I can’t sing.”

While verbal collaboration may be fruitful, as I alluded to before, a complete understanding requires witnessing that patient sing. Therefore, I would encourage asking about ways to participate. In the inpatient setting, this may be through joining group therapy sessions which, if so, comes with a few considerations:

- Advance notice of your interest is helpful because creative arts therapists often use materials and arrange the room based on the expected number of participants. Additionally, the ratio of caregiver-to-patients is a consideration that can significantly alter group dynamics.
- Although this may be difficult given the demands on inpatient psychiatrists, arriving a few minutes early and staying until the end will be appreciated.
- Enjoy the creative process and allow yourself to be vulnerable, however try to ensure everything is in service of the patients. I have occasionally noticed staff members become carried away by the ‘fun’ of creative exploration in ways that distract from the patients’ ability to engage.

**Concluding Thoughts**

The phrase “I can’t sing” is meaningful to me beyond its role in engaging patients. Although I have played instruments for quite some time, I developed an insecurity about my singing voice from a young age. Training in music therapy challenged me to explore this discomfort. Although even writing about my singing unveils little wells of shakiness, witnessing patients confront their challenges has had a profound impact on my own perception of limits.

Our work in mental health is aimed at taking care of patients, yet it seems undeniable that many of us are also drawn to the field for what the work teaches about ourselves. I look forward to immersing myself in psychiatry residency for the skills and knowledge to take care of patients but also for the way the field will continue to challenge me to be the best version of myself. I hope to continue allowing creative expression to support my journey and I invite anyone to join me. Working together, we can all sing.

Jonathan Weiss, MA, is a fourth-year medical student at Georgetown University pursuing residency training in psychiatry. Prior to medical school, he trained at New York University’s Master of Music Therapy program and subsequently worked as a licensed creative arts therapist on the child and adolescent inpatient psychiatry unit at Mount Sinai and Mount Sinai Morningside. He was also drawn to post-graduate education at the Nordoff-Robbins Center for Music Therapy, where he earned level 1 certification and incorporated this music-centered approach into his work. Jonathan welcomes any comments at jsw108@georgetown.edu.
PsyFL, AACAP’s Psychodynamic Faculty Initiative, Enters Its 5th Year

The Psychodynamic Faculty Initiative (PsyFI) mentorship program, formerly the Psychodynamic Faculty Training and Mentorship Initiative (PFTMI), kicked off its 5th year at the 2022 American Academy of Child and Adolescent Psychiatry (AACAP) Annual Meeting in Toronto. Due to the COVID-19 pandemic, meeting in person was not possible in 2020 or 2021. The group picture from the Chicago 2019 meeting still serves as the banner photo on the award’s webpage. The pandemic forced an abrupt shift in the execution of the program, but not a pause in performance. The 2020 and 2021 planning days were held virtually. Although this made it harder for mentees to get acquainted with each other, it gave mentee and mentor pairs the means to connect even before the AACAP meeting, giving them a head start on discussing their projects. Check-in meetings, previously done by phone, were replaced by virtual meetings through Zoom. The end-of-the-year project presentations no longer needed to find a physical meeting space at the AACAP annual meeting; a virtual meeting is held for the mentees to present their work with easy screen sharing for slides and video presentations. Free of worries about the size of the room or the cost of an extensive mailing list, virtual invitations are sent to the Psychotherapy Committee, Training and Education Committee, and previous participants of the PsyFI program. Despite COVID, the PsyFI mentorship worked for both mentors and mentees. Going forward, the advantages of virtual meetings discovered during the pandemic will be incorporated with future in-person meetings where needed.

PsyFI has been funded for an initial five years through a generous donation From the Samuel and Lucille B. Ritvo Charitable Fund and administered through AACAP’s Department of Research, Grants, and Workforce. The PsyFI Leadership Team, currently Drs. Drell, Ritvo, and Shapiro, functions as a subcommittee of the Psychotherapy Committee in coordination with the Training and Education Committee, represented by Dr. Reliford. Preparing a planned performance review has revealed that, firstly, the program is successful. The program allowed twenty-six early and mid-career psychiatric educators to work with experienced mentors to improve psychodynamic training and education at their programs; substantive gains in these programs have been maintained. Secondly, a number of mentees, in addition to improving their programs’ training, were inspired to advance their own by formally enrolling their programs in the Training and Education Committee. Among the most disconcerting finding was that while the research base for child and adolescent psychodynamics and psychodynamic therapy has grown to the point of providing a sound evidence base, even the most ardent supporters of psychodynamic psychiatry are poorly informed or unaware of this research. PsyFI is working with the Psychotherapy Committee to find means to fill this knowledge gap.

Going forward the most critical issue is recruitment. The initial funding for PsyFI supports up to six mentees per year. For the first four years applications were sufficient to have five or six mentees, but this year we only had three applications. All three were appropriate for us to support, including our first international member. We
have theories about the dwindling applications, some positive (we have already reached many programs) and some concerning (burnout? lack of awareness?). We must renew our efforts at recruitment, but would also be interested in understanding what barriers there are. Our mentees and mentors have found the mentorship revitalizing and supportive. We firmly believe faculty development is an investment in the quality of our field for years into the future.

Having started in-person, transitioned to virtual, and come back to hybridized virtual and in-person, the importance of face-to-face meeting, sharing of interests, and mutual co-creating of intersubjective experiences is perhaps the most vital aspect of PsyFI. A realization not likely to surprise psychodynamic child psychiatrists.

And, at long last, we have an updated picture!

We would like to acknowledge both the newly selected cohort of mentees and mentors that first met in Toronto, and the most recent completed cohort that virtually presented their projects in December 2022:

New 2022-2023 Cohort:

- Mentee: Luc Draisma, MD, University Medical Center Utrecht (The Netherlands); Mentor: Daniel S. Schechter, MD, New York University School of Medicine; Lausanne University Hospital, Switzerland
- Mentee: Veronica Raney, MD, University of Arkansas for Medical Sciences; Mentor: Lee I. Ascherman, MD, University of Alabama at Birmingham
- Mentee: Tareq Yaqub, MD, Northwestern University Feinberg School of Medicine / Ann and Robert H. Lurie Children’s Hospital of Chicago; Mentor: Oliver M. Stroeh, MD, Columbia University
- Mentee: Priya Punnoose, MD, Children's National Health System/ George Washington University School of Medicine; Mentor: John Glazer, MD, Boston Children's Hospital.

Last year’s 2021-2022 Cohort:

- Mentee: Jawed Bharwani, MD, Creighton University; Mentor: Magdalena Romanowicz, MD, Mayo Clinic.
- Mentee: Sarah Flynn, MD, University of South Dakota; Mentor: Ayame Takahashi, Southern Illinois University
- Mentee: Meghan Schott, DO, Children’s National Health System/ George Washington University School of Medicine; Mentor: Arden Dingle, MD, University of Nevada Reno.

GET INVOLVED!

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

How Does It Work?

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

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

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

Who Should Apply?

Applications are currently closed for the 2022-2023 cohort of mentees. For the 2023-2024 cohort, faculty at all stages of their careers and all positions within a training program who wish to enhance their psychotherapy curriculum may apply for consideration to participate as a mentee in this Initiative.

Application Deadline: May 1, 2023. Become a Mentor!

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

Learn More!

For information, visit https://www.aacap.org/PFTMI or email training@aacap.org with questions.

https://www.aacap.org/AACAP/Awards/Psychodynamic_Faculty_Initiative/Home.aspx
Get in the News!

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

- Committees/Assembly. Write on behalf of an AACAP committee or regional organization to share activity reports or updates (chair must approve before submission).
- Opinions. Write on a topic of particular interest to members, including a debate or “a day in the life” of a particular person.
- Features. Highlight member achievements. Discuss movies or literature. Submit photographs, poetry, cartoons, and other art forms.
- Length of Articles
  - Columns, Committees/Assembly, Opinions, Features – 600-1,200 words
  - Creative Arts – up to 2 pages/issue
  - Letters to Editor, in response to an article – up to 250 words

Production Schedule

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

Citations and References

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

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AACAP 2023

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AACAP is pleased to announce the 2023 Legislative Conference in Washington, DC May 8th and 9th, the first in-person Legislative Conference since 2019. This annual event is key to help advance AACAP’s federal legislative priorities and an important time for AACAP members to develop relationships with their members of Congress. Legislative initiatives that did not become law in 2022 must be reintroduced in the 118th session of Congress. It is essential that Congress hears from AACAP members that more needs to be done to improve access to high-quality children’s mental health care.
In 2021, AACAP along with the American Psychological Association and the Academy of Nutrition and Dietetics worked together to survey their respective members and then present the Caregiver Behavioral Management Training code to the RUC panel for appropriate valuation. The RUC approved the code, along with an add-on code for each additional 15 minutes of service, as follows:

CPT 96202 Multiple-family group behavior management/modification training for guardians/caregivers of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; initial 60 minutes.

CPT 96203 Multiple-family group behavior management/modification training for guardians/caregivers of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers; each additional 15 minutes (List separately in addition to code for primary service).

This code allows the Physician/Qualified Health Care Provider to work with groups of family members/caregivers for a set identified patients who have similar behavioral problems. The family members/caregivers receive education, skills training, and support during structured sessions. The median group size consists of 6 family members/caregivers of the identified patients, and the sessions can be provided either in person or virtually. The typical time for the sessions is 60 minutes. The code is billed per identified patient, not by the number of family members/caregivers present at the sessions. The RUC work values (RVW) are 0.43 for the first 60 minutes, and 0.12 for the 15-minute add-on code.

The purpose of this code is not about educating the group about the diagnosis or general treatment education. The focus of the group is to teach specific, evidence-based behavioral management techniques pertaining to the group’s collective needs based on the identified patients’ condition. Family members/caregivers are taught how to structure the patient’s environment to reinforce desired behaviors and to develop structured technical skills to manage patient behavior.

“A family members/caregivers are taught how to structure the patient’s environment to reinforce desired behaviors and to develop structured technical skills to manage patient behavior.”

The CPT codes are available for use in January 2023, though the Centers for Medicare and Medicaid Services (CMS) did not find these services to be payable under the Medicare Physician Fee Schedule. CMS stated that in order for services to be payable for Medicare beneficiaries, they must be reasonable and necessary for the diagnosis and treatment of an individual Medicare beneficiary’s illness or injury, or they must improve the functioning of an individual Medicare beneficiary’s body part. And since these services are furnished to family members/caregivers, they are not payable for Medicare beneficiaries. However, since these codes are now in the CPT code set, they may be payable by other insurance plans. AACAP urges its members to communicate with payers about their policies and educate them about the existence of these new code when necessary.
From Werther to Papageno, Selena Gomez has Flipped the Script on Her Mental Health Influence

Selena Gomez’s recent documentary “My Mind & Me” proves that she has come quite a long way since her involvement as an executive producer of the Netflix series “13 Reasons Why.” The series was found to have a suicide contagion or “Werther” effect on young viewers. However, for some viewers, it may have opened the door to finally discuss a topic that may have been stigmatized in their family, school or community. It was an important learning experience for producers who now, are now hopefully aware of the guidelines available for safely creating entertainment media with suicide-related content (Appendix A).

More recently, Gomez has co-starred alongside Steve Martin and Martin Short as Mabel in the series “Only Murders in the Building.” Unfortunately, this series also shows the graphic aftermath of a death initially presented as a suicide, again breaking one of the most important guidelines for suicide-related content: do not show the method. This scene may not have the same potential for suicide-contagion found in “13 Reasons Why” because the death was ultimately determined to be a homicide.

Later in the show, a GenZ character named Zoe asks Mabel if she “has seen all that stuff on mental health TikTok” and Mabel quickly becomes lost in Zoe’s GenZ vernacular. Zoe goes on to describe that a TikTok user “cross referenced [events that happened during their investigation] with the DSM V” highlighting GenZ’s interest in mental health. Zoe continues, “...I prayed...to get a real diagnosis, but, my mom, she like hates big pharma so...” This scene does highlight the need to not swing the pendulum too far towards romanticization of mental health conditions, despite our dire need to swing it away from stigmatization.

There have been mixed influences on mental health in her previous works, but Gomez’s most positive contribution to mental health has to be her recently released documentary “My Mind & Me.” Gomez’s conversation with Betty Chep, a nursing student at WE College in Kenya is especially compelling. Chep explains that when she was in grade 10, her father passed away in a car accident. The financial strain on the family necessitated that she discontinue her education and spend most of her time doing home chores. Chep describes feeling discouraged, hopeless and burdensome to her family during that time. She candidly recounts that there came a time when she was seriously thinking of killing herself. Chep recollects her internal monologue at that time which involved asking herself “what example will I have shown to my family?” Ultimately, she decided that she needed to keep going. Two weeks later, she was called for an interview at the WE college, which she describes as a miracle. Chep now sees herself as a role model in her community and encourages others to persevere. Selena subsequently shares that she relates to “wanting to end your life and understanding that that’s not what you were meant to do.” Such stories about coming close to suicide and finding non-suicide alternatives are often referred to as having a “Papageno” or suicide-protective effect. Papageno is a character in Mozart’s opera “The Magic Flute” who contemplates suicide, but then encounters three spirits, who remind him that if he uses his magic bells, he will find true happiness. Papageno stories are sorely missed in media today and outnumbered by stories with the opposite or “Werther” effect. Chep’s story will have positive effects on viewers and Gomez should be commended for sharing this conversation.

Another highlight of this documentary is watching Gomez’s push to get a mental health curriculum into all US schools, a long overdue goal. Mental health professionals at the University of Michigan have worked together to create such a curriculum and it is available at trailstowellness.org. This website contains useful resources that range from videos and worksheets to guided group activities based on the principles of cognitive behavioral therapy and dialectical behavioral therapy. It is clear that Selena Gomez’s contributions to public mental health via media have grown more and more positive over time and her evolution and thoughtfulness culminating in this recent documentary deserves the praise of those both inside and outside of the entertainment industry.

Appendix A
https://theactionalliance.org/messaging/entertainment-messaging/national-recommendations
https://apps.who.int/iris/bitstream/handle/10665/258814/WHO-MSD-MER-17.3-eng.pdf

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

Prologue – The Journey by Dr. Alissa Hemke

Have you ever heard someone share their story on the radio and felt the relief of knowing that whatever the struggle, it’s not just you? That life’s inevitable pains are softened by remembering that others experience similar challenges. Well, it’s not quite the radio, but a la This American Life, here we offer you… This ECP Life. As with each phase of our training and careers, the Early Career Psychiatrist (ECP) stage presents unique challenges and can feel, to many, quite lonely. We hope for only a modicum of the national fame of our inspiration, and that AACAP News might have us back for a repeat installment. To start us off today, we bring you four stories of ECPs struggling with imposter syndrome—Act 1: Attending anxiety; Act 2: The Attending’s first talk; Act 3: The IMG Attending, and Act 4: An Attending in transition. Please join us on this journey.

Act 1 – Attending Anxiety by Dr. Cindy Chou

At once universal yet deeply personal, I experienced an exponential increase in imposter-dom during the transition between fellowship and attendinghood. This is marked by a sense of impending doom: either that I might make an irreparable mistake in caring for a patient, or that even a lesser misstep could lead me to lose all credibility. I have gotten in the habit of announcing to everyone I meet, “I just completed my fellowship last month, which means I don’t know anything.” It felt reminiscent of the transition from being a medical student to a resident, when I struggled to introduce myself as “doctor.” I try to remind myself that I will someday graduate from this developmental stage, just as I did five years ago. And, being anxious comes with its unique advantages: I have pursued more self-directed learning these first two months since completing fellowship than the entire year prior, driven by my fear of making the wrong clinical decisions. That’s a good thing, right?

Act 2 – The Attending’s First Talk by Dr. Cordelia Ross

I was recently asked to give a guest lecture to attendings and trainees in my institution’s department of Adolescent Medicine. I was happy to oblige, and do enjoy teaching, but felt increasingly anxious and intimidated in the days leading up to the talk. I would be speaking to some physicians who had been in practice longer than I’ve been alive. What could I possibly share with my “extensive” (less than a year post-fellowship) experience and knowledge? I don’t “read” as much as I believe I should. Would I be able to answer their nuanced questions about Psychopharm? My imposter syndrome was through the roof and I even requested a pep talk from a former co-resident the morning of my lecture. Of course, the talk ultimately went well. Turns out, there is much I’ve learned from my training and time as an attending thus far that can be imparted to others. Despite feeling inadequate beforehand, I am proud to have shared some nuanced expertise with other clinicians who work with our vulnerable patients, particularly given our workforce...
shortage and the current mental health crisis. The positive feedback from the audience was just enough validation and encouragement for me to agree to do it again (help)!

**Act 3 – The IMG Attending by Dr. Abishek Bala**

Transitioning from medical school to residency was particularly hard. I was an IMG, with one unmatched year, which really affected my self-esteem. I spent the year finishing a Masters, applying to residency programs, and finally landing a dream spot in Michigan. I started my training with sheer disbelief that someone wanted me in their program, often feeling like I stole someone else’s job. It took me a whole residency and fellowship to overcome this self-scrutiny. Now that I have completed training and fellowship to overcome this self-scrutiny. To the lay public, June 30th and July 1st are just two different days, but for a new intern or attending, those 24 hours can feel like a chasm where you are now “Doctor” instead of “medical student” and the weight and ownership of decisions become entirely your own. The imposter feelings surged when I taught and supervised trainees whose shoes I was in just one month prior, or when I had to stand firm on a treatment decision for a hospitalized patient. It took at least six months to feel even remotely confident as an attending, and even in my third year my confidence still waxes and wanes.

Most recently during board exam preparation, I was reminded of how far I’ve come yet how far I have to go! But overall, I experience confidence differently, putting greater emphasis not on book-smarts but in knowing myself as a compassionate physician who will never know everything. My students, trainees, colleagues, and even patients frequently teach me something new.

Despite these familiar refrains, I feel like it’s going to be different this time. My sense of accomplishment and gratitude remain fresh, and having lived the burden of self-doubt, I’m highly motivated to leave that baggage behind. Buoyed by the last few years, I feel empowered to reflect, process, talk, and keep growing.

**Act 4 – An Attending in Transition by Dr. Caitlin Briggs**

I believe all physicians experience imposter syndrome at varying points in their careers, typically most prominently at points of transition. I’m not sure when I first learned of imposter syndrome’s existence, but I recall two distinct periods thus far when I have grappled with it: beginning of intern year and beginning my first attending position after fellowship. To the lay public, June 30th and July 1st are just two different days, but for a new intern or attending, those 24 hours can feel like a chasm where you are now “Doctor” instead of “medical student” and the weight and ownership of decisions become entirely your own. The imposter feelings surged when I taught and supervised trainees whose shoes I was in just one month prior, or when I had to stand firm on a treatment decision for a hospitalized patient. It took at least six months to feel even remotely confident as an attending, and even in my third year my confidence still waxes and wanes.

Most recently during board exam preparation, I was reminded of how far I’ve come yet how far I have to go! But overall, I experience confidence differently, putting greater emphasis not on book-smarts but in knowing myself as a compassionate physician who will never know everything. My students, trainees, colleagues, and even patients frequently teach me something new. We all grow and evolve as clinicians at different speeds and my confidence now comes from a place of humility and knowledge that each day holds new learning opportunities.

**Epilogue – Reflections by Dr. Afifa Adiba**

Taking the task to write the conclusion on this topic, I had my doubts. Being amazed by my colleagues’ pieces, insecurity took over “what if I am not as good?” Here goes the Imposter syndrome. Then I realized that the purpose of this series is not to provide solutions but rather to find comfort knowing that we all have flaws and are all imperfectly perfect. First, encouragement should come from knowing that most accomplished people face this problem, and this is something to cope with rather than fix. It is important to learn appropriate self-disclosure, let go of our inner perfectionism, learn to take a compliment, separate our emotions from facts, not to compare ourselves with others in every waking moment of our lives, surround ourselves with supportive people, seek feedback from trusted sources, and find a mentor. Also, let’s learn to accept the fact that by doing all or any of this, we still might not be rid of the “imposter-dom” completely. The way to combat imposter syndrome is to stop it from impeding our success (in our own definitions of the word). Let’s not get caught in our thoughts of being unworthy but remind ourselves that we are much more than we let ourselves believe!

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**Honor Your Mentor**

Tell us why your mentor was important to you and how they influenced your career, and we’ll feature your submission in the March/April issue of AACAP News. In 100 words or less, send your Honor Your Mentor submission to communications@aacap.org. Please include your name, affiliation (if appropriate), the name of your mentor(s), a short testimonial or anecdote, and a picture if you have it. **Deadline for submissions is 3/3/2023.**
MEETINGS

October 17–22
AACAP 2022
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Save the Dates
New Research Poster Deadline: June 7, 2022
Preliminary Program Available: June 15, 2022
Member Registration Open: August 2, 2022
General Registration Open: August 9, 2022
MEETINGS
MEETINGS

For more pictures visit www.aacap.org.
AACAP’s Newest Lifelong Learning Module

AACAP is proud to announce the release of *Lifelong Learning Module 19: Relevant Clinical Updates for Child and Adolescent Psychiatrists*. With the purchase of this module you will have the opportunity to earn **38 AMA PRA Category 1 Credits™ (8 of which will count towards the ABPN’s self-assessment requirement)**.

Module 19 is now available electronically. You can choose to purchase an electronic-only version of Module 19 or still opt to receive the printed version. (Please note that those who purchase the printed version will also have access to the electronic version.)

You can order either version of Module 19 online via our publication store at www.aacap.org.

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

**SPECIAL PROMOTION**
Order Module 19 and pay your 2023 membership dues by January 31, 2023 and SAVE $30!

Look on your dues renewal form for more information.
Join us for AACAP’s 2023 Online Douglas B. Hansen, MD, 48th Annual Update Course. Over a 6-week period, our course allows you to interact with experts and learn about the most sought-after topics in the field — all on your own schedule, in your home or office. Register by March 23, 2023 to receive the Early Bird discount!

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Questions? Email meetings@aacap.org
Reminiscing and Reconnecting: Reflections on the 2022 AACAP Annual Meeting, Toronto

From inspiring lifelong learning to providing countless opportunities for networking, mentorship, and career development, the AACAP Annual Meeting is a highlight of the year. Following two years of virtual programming, the 2022 AACAP/CACAP Annual Meeting held in Toronto attracted an impressive number of in-person attendees. Below we share various reflections on the Annual Meeting emphasizing the importance of community and the ways in which AACAP continues to inspire meaning as we re-emerge from the pandemic.

Happiness
This year’s Annual Meeting was like none other. I commend the AACAP administrators, President, Program Chair and Committee, and member contributors on their amazing job putting on virtual meetings under such novel challenging circumstances. The Toronto meeting had me repeating the statement, “Everyone is just so happy!” And happy we were indeed. While the socialization aspect of the Annual Meeting has been a reason we loyally attend, this meeting, after the two years of deprivation during the COVID pandemic really brought it home that AACAP members care about each other and their families and their professional pursuits and look forward to catching up at the meeting. While the Life Members Committee continued its mentorship of trainees and early career child psychiatrists virtually, it was physiologically exciting to meet in person with the bright, enthusiastic, energetic, young trainees who participated in the mentoring sessions, bringing thoughtful questions, observations, and visions about their futures. Their energy feeds my own enthusiasm about the future of Child and Adolescent Psychiatry (CAP). They make me wish I could be decades younger with the incredible novel opportunities in our profession. I participated in three presentations, attended three committee meetings, and attended several inspiring sessions. I must mention the parties... which were all outstanding! After two years, what a pleasure it was to get out on the dance floor at the opening reception with so many colleagues, all having a grand ole time! I returned home renewed and re-energized to carry on my professional pursuits and work with AACAP. –Marilyn

Jessica Stephens, DO, Marilyn B. Benoit, MD, Carly Kawanishi, MD, Afifa Adiba, MD, Tommy Baumel, MS-4, Apoorva Polavarapu

Excitement
I was trying to remember my last Annual Meeting just before the pandemic. I still vividly remember a few of us walking back to our hotel through the river walk after dinner having an exhilarating conversation about the future. I immediately felt a familiar clenching in my chest that strikes when I feel intense nostalgia. The pandemic took more from us than we realize. The pain seems to fade away when I come back to my recent memory of Toronto. Instantly, I find myself flooded with excitement. This AACAP meeting was my first meeting after graduation. I got to reconnect with many friends whom I felt I grew up alongside as AACAP family. Some are still in training; others have just begun attending life. Some were married and have had babies. It was exciting to sit next to each other, share a drink or meal and discuss how we can advance CAP once again. It felt we had so much to talk about and much more to do. It was so good to see zoom friends in-person for the first time. When it came to goodbye, some of us were on the verge of tears; regardless of how many meets up, coffee trips or meals we had together, it was never enough. Coming to an in-person meeting after two years made me realize how much I cherished these moments. –Afifa

Growth
There is something so special about the AACAP community that is hard to put it into words. It’s in the little moments, when you pass an old friend or mentor on the escalator going up as you’re going down and excitedly greet each other, or when you find yourself waiting in line for coffee next to a Department Chair or former AACAP president who are just as happy to meet you as you are them. The virtual meetings found creative ways to stay connected and showcased how committed this community is to maintaining connections and forging new ones despite distance. But being back together in person exchanging hugs, sharing meals, and finally meeting some of these people we had only seen...
on screens felt surreal. It highlighted the growth that can happen in just a matter of years. I saw the trainees that had been my peer mentors at my first Annual Meeting now serving as committee co-chairs or starting their careers as attendings and realized that now I’m that peer mentor helping trainees navigate the Annual Meeting as others had once done for me. It’s the generativity and generosity of members and staff that capture the spirit of AACAP. There’s a shared joy in seeing each other grow and succeed, and I feel so grateful to be a part of this community. —Carly

**Belonging**

As a medical student, I was fraught with Imposter Syndrome and gave myself a series of pep talks before entering the Annual Meeting. However, I was welcomed by such a warm, inspiring community that made me feel like part of the team. After connecting with a speaker, I was offered an internship to learn more about the intersection of technology and CAP. I joined AACAP Advocacy and realized I could participate in advocacy even as a trainee at my state’s level. I went to a writing workshop to expand my skills and was empowered by JAACAP editors encouraging me to write pieces beyond monotonous academic papers. Besides these wonderful opportunities, I just really appreciated the conversations I had with other attendees who reaffirmed my career pursuits and lifted me—something likely not possible through virtual programming along. To sum up with one experience- I exchanged phone numbers with a new mentor and when I entered my contact information including my “medical student” title, she immediately changed my contact to “future CAP”. She may not understand how much this meant to me, but I felt seen and so motivated to make an impact in AACAP. —Apoorva

**Gratitude**

Being in a new city and country I had never visited before only added to the excitement of attending my first in-person Annual Meeting. As I approached the convention center, my anticipation rose with the glass-covered skyscrapers of Toronto climbing around me. I looked forward to learning from the brightest minds in CAP. I could hardly wait to re-connect with mentors and peers. But what really struck me were the unanticipated, coincidental encounters along the way. It began with a last-minute passenger to share the drive up from Cincinnati. It continued as I walked to the medical student/resident gathering and ran into two old friends that I had not seen in years. Walking over together, we relived old memories and then went on to make new ones making even more friends along the way. As I drove back to Cincinnati, the silhouette of Toronto shrank in my rear-view mirror, but an immense sense of gratitude grew: a gratitude for the re-connections with friends and mentors, for the relationships newly formed, and for the vigor to re-launch and continue my adventure in CAP. —Tommy

**Final Thoughts**

After two years of virtual programming, the 2022 AACAP/CACAP Annual Meeting brought with it a fresh burst of much needed socialization, inspiration, and excitement. It reminded us of the importance of our individual connections—re-kindling longstanding relationships and building new ones. It highlighted our gratitude for belonging to such a vibrant community, especially as we settle into a new post-pandemic normal. Reminiscing these moments, we also look forward to the future and building upon these connections together in New York!

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The AACAP Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award creates an incredible opportunity for child and adolescent psychiatry trainees and early-career child psychiatrists to learn from mentors who have established themselves within the field of child-welfare and/or maltreatment prevention/intervention. This award was established via a generous donation from Ms. Lisa Yang and named to honor Dr. Marilyn B. Benoit, a previous AACAP president and a prominent advocate for maltreated youth. This award aims to enhance interest in and facilitate contributions to the fields of child-welfare, foster care, and maltreatment prevention/intervention.

As the 2022 recipient of this award, I had the pleasure of working with and learning from Dr. Ruth Gerson, a Clinical Associate Professor in the Department of Child and Adolescent Psychiatry at NYU and the Senior Vice President for Mental Health Services at The New York Foundling, a non-profit social services agency known locally, nationally, and internationally for providing evidence-based social services, community supports and mental health care for children, adults and families across NYC and Puerto Rico. Together with the dedicated NY Foundling team, we designed and implemented a quality improvement project entitled “A Focus on Quality Care for the Most Vulnerable: Supporting and Evaluating the Identity and Acceptance Program for LGBTQIA+ Youth in Foster Care and Receiving Preventive Services through NY Foundling”. The goal of this project was to personally develop my understanding of the quality improvement process and how it is implemented while aiding the growth and development of the Identity and Acceptance Program.

The Identity and Acceptance Program was developed in 2020 by Jayson Miller, LCSW, and offers evidence-based therapy, utilizing an adaptation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) specialized for LGBTQIA+ youth, family therapy based in the Ackerman model, as well as consultation to therapists, case managers, psychiatrists, and others involved in the care of LGBTQIA+ youth in child welfare and in disadvantaged communities. The program embeds treatment of the youth’s trauma and psychiatric symptoms within a deep understanding of the youth’s intersectional identities, including not only their sexual and gender identity but also their racial and ethnic identity and their experience in child welfare. This type of care is particularly important to make available to kids in or at risk of child welfare involvement given that, in NYC, one in three foster youth identifies as a member of the LGBTQIA+ community. Additionally, according to a survey commissioned by the New York City Administration for Children’s Services (ACS) and published in 2019, LGBTQIA+ children in foster care are less likely to be in a family-based placement, more likely to be placed in residential facilities, and more likely to be unhappy with their placements. While foster youth are deemed a “protected population” meaning that relevant research studies are strictly regulated to protect them from harm, this regulation also limits the ability to ensure that their care is evidence-based. For this reason, this project utilizes quality improvement methods to enhance the rigor with which we approach the care for this vulnerable population.

Armed with the funding and direction provided by this award, the mentorship of Dr. Gerson, and the support of the Identity and Acceptance Program team, led by Jayson Miller, I set out to learn and implement quality improvement methodology and thereby improve the implementation of care through the Identity and Acceptance Program. I started by educating myself on the fundamentals of QI, TF-CBT, and standards of care for LGBTQIA+ youth. This process was made possible by recommendations for educational materials acquired through my mentor and the funds allocated by this award. Next, I set out to utilize what I had learned by proceeding step-by-step through the Plan-Do-Study-Act (PDSA) cycle model of quality improvement to identify issues needing to be addressed, planning a course of action, executing it, examining it, and repeating the cycle with any necessary revisions.

Through the planning process, it became clear that a primary issue to be addressed was the client referral process, with the goal of systematizing it for sustainability and attempting to spread awareness of the program in the community and within the NY Foundling agency. After utilizing a number of QI tools and diagrams to isolate areas
for intervention and key intervention strategies, we decided as a team to proceed by creating informational materials about the program designed specifically for youth, families, and health professionals, respectively. Additionally, we accumulated a list of key contacts around NYC to be official liaisons between our program and others in the area and distributed educational materials to local referral sources. As a part of this effort, we identified, purchased, and distributed LGBTQIA+ related books accessible to youth at various developmental stages and included within them a QR code with referral information for our program to allow for easy access to youth who wished to self-refer. After each successive outreach effort, we tracked the number of subsequent referrals and retraced our steps and worked to address any further barriers to referral that we uncovered. Having gone through each of these steps, it was my pleasure to have had the opportunity to speak about our efforts with both the AACAP Adoption and Foster Care Committee and the Child Maltreatment and Violence Committee at the Annual AACAP conference in Toronto, Canada, where I was further inspired by experts in the field of child welfare and maltreatment prevention/intervention from all around North America.

This work is ongoing, as the Identity and Acceptance Team and I are working to sustain our outreach efforts and further characterize the program so that it can be distilled down to its core elements and then be disseminated for use in other settings. I am deeply grateful for the opportunity for learning and mentorship that this grant has allowed and plan to continue to regularly implement what I have learned toward improving care for vulnerable and maltreated youth throughout my career. To collaborate or learn more about the I&A program you can send an email to: Identity@nyfoundling.org.

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

For information about the program or to refer clients within the NYC area go to: https://www.nyfoundling.org/what-we-do/our-programs/behavioral-health/identity-and-acceptance-program/

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

Visit www.aacap.org/1953_Society to learn more!
AACAP’s participation in the AMA House of Delegates allows us to represent the interests of child and adolescent psychiatrists within the broader medical community.

Being a part of the meeting is a fantastic opportunity to engage with other medical specialties, share the latest research and clinical practices, and advocate for policy changes that benefit the mental health needs of children and adolescents.

AACAP’s presence at the AMA House of Delegates helps increase awareness and understanding of the unique challenges and needs of the children, families, and communities we serve. This can lead to improved collaboration and communication between different medical specialties, resulting in better overall care for our patients. Additionally, AACAP’s involvement can help to influence the development of policies and guidelines related to mental health care for children and adolescents at the national level.
Wrap Up from the 2022 American Medical Association (AMA) Interim Meeting, Honolulu Hawaii, November 12-15, 2022

The American Medical Association (AMA) which was instituted in 1847 to establish a centralized physician presence within the United States that ushered many medical advances over the years. Among other historical initiatives, the House of Delegates (HOD) was created and has since become a democratic convention that represents the views and interests of a diverse group of member physicians from more than 170 societies. Each year there is an annual and a mid-year interim meeting where the delegates and alternate delegates convene. The delegates and alternates are members of the AMA and have been selected by their organizations that they are representing which includes; state or territorial medical associations, national medical specialty organizations, professional interest medical organizations, the federal services and the AMA’s member sections. During the conventions the delegates work on national issues and establish policies on health, medical, professional and governance matters, as well as the principles within which the AMA’s business activities are conducted.

Delegates
- Bud Vana, M.D. and Adrienne Adams, M.D., MS

Alternate Delegate
- Karen Pierce, M.D. and Soo Lee, MD

Young Physician Section (YPS) Delegate
- Soo Lee, M.D.

Resident and Fellow Section (RFS) Delegate
- Raheel Memon, MD.

AACAP President, Warren Ng, MD, AACAP Executive Director/CEO, Heidi Fordi, and AACAP Chief of Advocacy, Alexis Geier-Horan, also attended the meeting.

AACAP supported a range of policy issues, including juvenile justice jurisdiction age limits, broadening FDA e-cigarette restrictions, gun storage education, and pediatric or child psychiatric oversight of state foster care systems, among others. Ultimately, the following resolutions were supported by the AACAP delegation and adopted by AMA as policy:

- Resolution 007 – Consent for Sexual and Reproductive Healthcare
- Resolution 905 – Minimal Age of Juvenile 45 Justice Jurisdiction in the United States
- Resolution 922 – Firearm Safety and Technology
- Resolution 919 – Decreasing Youth Access to E-Cigarettes
- Resolution 923 – Physician Education and Intervention to Improve Patient Firearm Safety
- Resolution 930 – Addressing Longitudinal Health Care Needs of Children in Foster Care

The Interim meeting also provided AACAP an opportunity to honor and thank Dr. Louis Kraus for his over 20-year tenure as AACAP Delegate and his elected position to the AMA’s Council on Science and Public Health (CSPH). Dr. Kraus found every opportunity to provide his expertise, to lead the charge in representing child and adolescent psychiatrists’ policy concerns, and to forge crucial partnerships with allied medical professional society leadership. While he will be missed, his legacy of strong leadership and advocacy will be carried forward.
AACAP at the Asociación Mexicana de Psiquiatría (AMPI) XXII Congresso Nacional, November 18-21, 2022 in Queretaro, Oro

The Association Mexicana de Psiquiatría Infantil, A.C. (AMPI) held their National Congress November 18-21 in Queretaro, Oro and AACAP was there! AACAP was wonderfully and warmly welcomed by Gabriela Maria Cortes Meda, MD, AMPI President. From educational sessions to social events, AACAP was there working well with our colleagues and friends from Mexico.

By working together, our two great organizations continue to share knowledge, expertise, and best practices, which can lead to improved understanding and treatment for the children, families, and communities we serve. It is our hope that we continue to facilitate cross-cultural exchange and promote a greater understanding of the unique challenges faced by our patient population in both the United States and Mexico.

Furthermore, working together can help to promote the development of policies and practices that support the mental health needs of children and adolescents, not only in the United States and Mexico but also around the world.

Thank you AMPI for being such gracious hosts!
The Day Sky Wept

By Mali Mann, MD

One spring day
the sun grew cold
and blessing left the land.

And the green grass
on the plains dried up.
and the fish in the sea dried up.
and thereafter the earth
no longer accepted the dead
unto itself.

In all the pale windows
daylight vanished
night continually swelled
and overflowed
like a hazy shadow
and no voices were heard

And the roads abandoned
their paths
into the dark.
in the eyes of mirrors,
movements, colors, and images
seemed reflected upside down.
and no one thought
about anything more
and no voices were heard.

The sun had died
the sun had died
the voices had risen.
terror swelled in the air.
blood stained every face
time had stopped
fallen children
went silent
and no voices were heard.

When the gun was fired
the few who escaped
under the ominous sight
stood and stared
the lifeless friends
their corpses laid in
the beds of blood.
and voices never were heard.
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<td>Orland Park, IL</td>
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<td>Arpit, Aggarwal, MD</td>
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<td>Raman Baweja, MD, MS</td>
<td>Hershey, PA</td>
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<td>Irena Bukelis, MD</td>
<td>Vestavia Hills, AL</td>
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<td>Erin Dillon-Naftolin, MD</td>
<td>Mercer Island, WA</td>
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<td>Maalobeka Gangopadhyay, MD</td>
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<td>Brooklyn, NY</td>
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<td>Karen, Lommel, DO, MHA, MS</td>
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<td>Nasuh, Malas, MD, MPH</td>
<td>Ann Arbor, MI</td>
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<td>Akeem, Marsh, MD</td>
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<td>Gisela Sandoval, MD, PhD</td>
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<td>Randie Schacter-Fitzgerald, DO</td>
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<td>Justin Schreiber, DO</td>
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<td>Highland Park, IL</td>
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<td>Aditi Sharma, MD</td>
<td>Tukwila, WA</td>
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<td>Stephanie Sims, MD</td>
<td>Jacksonville, FL</td>
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<td>Marcia Slattery, MD, MHS</td>
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<td>Patrick Sola, MD</td>
<td>Tucson, AZ</td>
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<td>Brooke H. Spanos, MD</td>
<td>Los Angeles, CA</td>
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<td>Beverly Stoute, MD</td>
<td>Atlanta, GA</td>
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AACAP is committed to the promotion of mentally healthy children, adolescents, and families through research, training, prevention, comprehensive diagnosis and treatment, peer support, and collaboration. We are deeply grateful to the following donors for their generous financial support of our mission. Donations for December 1, 2022 to December 31, 2022.

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JANUARY/FEBRUARY 2023 45

We apologize for the following error in the November/December issue:
On page 302, Dr. Kim's generous donation was made in In Memory of Nancy Zrull.

Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org.
AACAP Policy Statement

American Academy of Child & Adolescent Psychiatry

Policy Statement on Coercive Interventions for Attachment Disorders

Approved by Council November 2003; Reviewed by the Child Maltreatment and Violence Committee June 2022; Reviewed and Approved by Council December 2022

Background

Attachment Disorders (Reactive Attachment Disorder and Disinhibited Social Engagement Disorder) are complex psychiatric illnesses characterized by problems in forming and maintaining emotional attachments with others. These difficulties usually present by five years of age and may be detected during the first year of life. Children with Reactive Attachment Disorder appear detached, unresponsive, inhibited, or reluctant to engage in age-appropriate social interactions, whereas children with Disinhibited Social Engagement Disorder may be overly and inappropriately social or familiar, even with strangers.

Attachment disorders are difficult to diagnose. Most children with attachment disorders have suffered severe disruptions in their early relationships. Many have experienced physical, sexual, or emotional abuse or neglect. Others have experienced multiple traumatic losses or changes in their primary caretaker. Many severely traumatized children present with complex problems and symptoms, including difficulties with attachment, but do not meet diagnostic criteria for attachment disorders. Others presenting with symptoms of attachment disorders are misdiagnosed with other neurological or genetic disorders that may mimic signs of attachment disorders.

Because of these diagnostic difficulties, children who exhibit signs of an attachment disorder require comprehensive psychiatric evaluation and individualized treatment plans developed by professionals who are expert in the differential diagnosis and treatment of these complex disorders. Treatment usually includes both individual and family interventions. In extreme cases complicated by self-endangering behavior, time-limited placement in a safe, therapeutic setting may be necessary. Nevertheless, family settings with appropriate supports for caregivers that maximize opportunities for the child to develop selective attachments are usually most helpful.

Some therapists use coercive interventions like “rebirth techniques” or “compression holding therapy” as treatment. Interventions that include physically coercive methods such as forcibly holding a child to improve attachment, using hunger or thirst, or forcing food or water upon the child, can be dangerous and even deadly.

There is no scientific evidence that such coercive interventions are effective, and deaths associated with these practices demonstrate their danger. These techniques also violate the fundamental human rights of the children subjected to them.
To ensure that children and adolescents with attachment-related disorders receive safe and therapeutic treatment, the American Academy of Child and Adolescent Psychiatry:

- Supports comprehensive psychiatric evaluations and individualized treatment plans developed by experts in the differential diagnosis and treatment of attachment-related disorders and
- Opposes the use of dangerous coercive interventions as treatment for attachment-related disorders.

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](http://www.aacap.org).

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  - Scholarly publications
  - Outstanding teaching
  - Five years of significant and continuing contribution to patient care
  - Organizational or social policy leadership at community, state, or national levels
  - 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

**Distinguished Fellowship Nomination Package Requirements:**

- Current copy of Curriculum Vitae
- Copy of Child Psychiatry board certificate
- 3 recommendation letters written by AACAP Distinguished Fellows

**Please submit completed nomination submissions to membership@aacap.org.**
On December 29, President Biden signed a $1.7 trillion federal government spending bill into law. This “omnibus” bill, the Consolidated Appropriations Act of 2023, funds government agencies and programs through 2023 and authorizes new policy reforms, including many mental health programs and policies supported by the American Academy of Child and Adolescent Psychiatry (AACAP).

“Our children and families require a high quality, accessible and equitable pediatric mental health care system that does not exist today,” said Dr. Warren Ng, AACAP President. “AACAP applauds Congress for its significant investments in children’s mental health this year and looks forward to building upon these critical reforms next year.”

The Consolidated Appropriations Act, 2023, includes provisions that AACAP supports, including:

- Funding to states to support mental health and substance use disorder parity implementation,
- Grants that support adoption of integrated care models, including psychiatric collaborative care models,
- Continued Medicare telepsychiatry flexibilities through 2024,
- Additional Graduate Medical Education slots for psychiatry and psychiatry subspecialty residents,
- Increased funding for the Health Resources and Services Administration’s Pediatric Subspecialty Loan Repayment Program, and
- Increased funding for the Substance Abuse and Mental Health Services Administration’s Minority Fellowship Program.

Additional information regarding mental health reforms in the Consolidated Appropriations Act, 2023, can be found in AACAP’s Consolidated Appropriations Act 2023 Policy Priority Review.

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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.
MLK Day Presidential Statement

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

Rev. Martin Luther King Jr. (1963)

WASHINGTON, January, 16 2023—Today we honor Dr. Martin Luther King Jr., an extraordinary human being whose legacy as a civil rights leader, social activist, and recipient of the Nobel Peace Prize serves as an inspiration to us all. Dr. King dreamed of a nation in which every person is equal, and he devoted his life to advancing equality, social justice, and economic opportunity for all.

As we honor the legacy of Dr. King, let us remember his inspiration and our ongoing quest for peace, freedom, equality, and justice. AACAP, through our commitment to improving diversity, equity, and inclusion within our own organization, our physician workforce, and our practice of medicine, celebrates the values and principles inspired by Dr. King. His fight against racial injustice and his vision of liberty and justice for all inspires all of us.

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I remember a quote by civil rights hero, former congressperson, and political leader, John Lewis who said, “Dr. King taught us to recognize the dignity and worth of every human being, as He was the moral compass of our nation.”

Today we celebrate the conviction and great sacrifices of the many who have fought, and continue to fight, for equality and opportunity for all. The incredible work of Dr. King, and of so many others who continue to dedicate their lives to the pursuit of justice and equity, is far from complete.

MLK Day is the only federal holiday designated as a National Day of Service. So let us all make a commitment with action on this day to breathe, live, and act with collective love and hope to serve one another and our diverse communities. May we also remember his challenge to each of us to recognize the important role we all play in building a more just and equitable society, to expose and eliminate racism and hatred in all forms, and to work each and every day – through our words and through our actions, to maintain a steady march toward equality.

As his words remind us, we are “one single garment of destiny.” guided by our humanity. May we all join hands, voices, and hearts in our shared quest for justice, equality, and peace.

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

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

**Live/Virtual Meetings**
 ([www.aacap.org/cme](http://www.aacap.org/cme))
- Pediatric Psychopharmacology Institute — Up to 12.5 CME Credits
- Douglas B. Hansen, MD, Annual Update Course — Up to 18 CME Credits
- Annual Meeting — Up to 50 CME Credits
  - Annual Meeting Self-Assessment Exam — 8 self-assessment CME Credits
  - Annual Meeting Self-Assessment Workshop — 8 self-assessment CME Credits
  - Lifelong Learning Institute featuring the latest module

**Online CME**
([www.aacap.org/onlinecme](http://www.aacap.org/onlinecme))
- Clinical Essentials — Up to 6 CME credits per topic
- Journal CME — (FREE) Up to 1 CME credit per article per month
- On Demand: Douglas B. Hansen, MD, Annual Update Course — Up to 15 CME credits

**Questions?**
Contact us at cme@aacap.org.
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.

www.aacap.org/AACAP/Families_and_Youth/Family_Resources/Parents_Medication_Guides.aspx

Share Your Photo Talents With AACAP News

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

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

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

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

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

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

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

**SALARY & BENEFITS**

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

**QUALIFICATIONS**

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

**TO APPLY**

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

*FDA is an Equal Opportunity Employer with a Smoke Free Environment*
**CLASSIFIEDS**

**CALIFORNIA**

**Company:** Sutter Health - Bay Area (1250789)
**Title:** Psychiatry, Child & Adolescent BC/BE - Mountain View, CA
**Job ID:** 17852439
**URL:** https://jobsource.aacap.org/jobs/17852439

**Job Description:**
Palo Alto Foundation Medical Group (PAFMG) is seeking a full-time, BC/BE Psychiatry Child and Adolescent Psychiatrist. Location: Mountain View, California Position Details: Psychiatrist will join a growing team of physicians, nurse practitioners, and psychotherapists. Schedule flexibility. Full time is 35 patient contact hours (4 day work week). Responsibilities include direct patient care, psychiatric evaluations and diagnosis, treatment planning, psychopharmacology, and supportive brief therapy. Opportunity for rapid practice growth. Hybrid/Remote.

**FLORIDA**

**Company:** Providence Healthcare Group (1336635)
**Title:** Child & Adolescent Psychiatry/Johns Hopkins All Children’s Hospital
**Job ID:** 18076559
**URL:** https://jobsource.aacap.org/jobs/18076559

**Job Description:**
Johns Hopkins All Children’s Hospital (JHACH) in St. Petersburg, FL is recruiting a BE/BC Child & Adolescent Psychiatrist to join our team. JHACH is a 259-bed teaching hospital, ranked as a U.S. News & World Report Best Children’s Hospital in four pediatric specialties (2022-2023). We have been consistently ranked as one of the top children’s hospitals in Florida. JHACH is the only US hospital outside the Baltimore/Washington, D.C. location that is part of the Johns Hopkins Medicine system. Highlights of this opportunity include: The child and adolescent psychiatry program is part of All Children’s Specialty Physicians, a growing multidisciplinary group practice at JHACH that includes more than 200 physicians. Our current team consists of three child and adolescent psychiatrists (including the new hire), a mental health NP and over 20 psychologists. We provide evaluation and treatment for a wide range of conditions and see new patients ranging in age from approximately three years to age 17. Established patients are seen until age 21 in order to assist in the transition to adult care. At present, JHACH does not have an inpatient psychiatric unit. JHACH stands at the forefront of discovery, leading innovative research to cure and prevent childhood diseases while training the next generation of pediatric experts. As the academic component of our practice continues to expand, our preference is to hire a physician that has an interest in clinical care along with medical education/academics. Teaching responsibilities include child psychiatry fellows from University of South Florida (USF) as well as pediatric residents from the JHACH and the USF residency programs. Candidates will have excellent clinical and interpersonal skills, be team oriented and embrace educational innovation. JHACH is a leader in children’s health care, combining a legacy of compassionate care with the innovation and experience of one of the world’s leading health care systems. Qualified candidates are eligible for a faculty appointment at both the Johns Hopkins University School of Medicine and the University of South Florida. There are many opportunities for physicians to develop clinical, educational, and research interests. Tampa-St. Petersburg offers year-round sunshine, abundant cultural and recreational activities, sports venues, and excellent schools. We are centrally located to many of Florida’s amenities, minutes from the beautiful gulf beaches, two hours from Orlando, and four hours from Miami. To learn details, please contact: Joe Bogan Providence Healthcare Group (817) 424-1010 (Direct) jbogan@provdoc.com

**GEORGIA**

**Company:** Children’s Healthcare of Atlanta (1332273)
**Title:** Child and Adolescent Psychiatrist
**Job ID:** 17867720
**URL:** https://jobsource.aacap.org/jobs/17867720

**Job Description:**
Children’s Healthcare of Atlanta and the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine are expanding, and we are actively seeking board-eligible/certified child and adolescent psychiatrists. When you join our team, you’ll help us work to combat the stigma related to behavioral and mental health, while also ensuring that our most vulnerable patients receive access to behavioral and mental health services that will improve their quality of life and ability to thrive. Our goal is to enhance continuity of care, moving toward a comprehensive, whole-child care model. We are building robust, multidisciplinary services with evidence-based approaches—and we need people
like you. Positions are now available in outpatient, integrated care, consultation liaison psychiatry (inpatient) and more. Apply today to join our growing team. (http://bit.ly/3GzlAaL) Applicants should submit a letter of interest to John Constantino, MD, Chief, Behavioral and Mental Health, when they apply.

**Job Requirements:**
Medical Degree, or Doctor of Osteopathy
Pediatric Fellowship/Residency Board licensed
Licensed to practice in state of GA BLS certification
Current DEA registration

**INDIANA**

**Company:** Parkview Health (1226356)
**Title:** Board Eligible / Board Certified Child and Adolescent Psychiatrists
**Job ID:** 17922413
**URL:** https://jobsource.aacap.org/jobs/17922413

**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 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 1000 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 “As” 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.

**NEW MEXICO**

**Company:** Presbyterian Healthcare Services (1112471)
**Title:** Child & Adolescent Psychiatrist
**Job ID:** 18081279
**URL:** https://jobsource.aacap.org/jobs/18081279

**Job Description:**
Presbyterian Healthcare Services, a locally owned, not-for-profit healthcare system in New Mexico is seeking a BE/ BC Child & Adolescent Psychiatrist to join our growing team of exceptional clinicians and staff in Albuquerque, NM. You'll Love Practicing Here! We are a supportive and well-known organization in New Mexico that has sustained stability and longevity, especially during COVID Most recognized healthcare system in New Mexico 300 days of sunshine Great place for the outdoors/ sports enthusiast Awards we have received https://www.phs.org/about-us/Pages/awards.aspx

What We're Offering: Our full-service department includes 2 adult units, 1 child/adolescent inpatient unit, a multidisciplinary outpatient clinic, intensive outpatient treatment, emergency, and consultative services, and behavioral medicine services embedded in primary care. Join an established, multi-specialty medical group A collegial work environment with easy access to well-qualified specialists Enjoy all of New Mexico's beauty and lifestyle Nationally competitive salary with relocation allowance available Generous time off program (vacation, sick leave, CME, and holiday) Comprehensive benefits package CME allowance Fully paid malpractice insurance System-wide EPIC EMR Exceptional retirement plans - 403b retirement savings program with both matching program and employer contributions Who we are: Presbyterian Healthcare Services exists to improve the health of patients, members, and the communities we serve. We are a locally owned, not-for-profit healthcare system of nine hospitals, a statewide health plan, and a growing multi-specialty medical group. Founded in New Mexico in 1908, we are the state’s largest private employer with nearly 14,000 employees – including more than 1,600 providers and nearly 4,700 nurses. What the Area Offers: Albuquerque thrives as New Mexico’s largest metropolitan center with a metro area population of over 900,000. It offers generous springs and...
falls punctuated by moderate summers and mild winters all amid the backdrop of the beautiful Sandia Mountain range. With more than 300 days of sunshine annually, Albuquerque is considered a destination city for most types of outdoor activities such as the annual Duke City Marathon, the Albuquerque International Balloon Fiesta, hundreds of hiking and biking trails as well as skiing in nearby Taos. Albuquerque is less than an hour away from Santa Fe, the third-largest art market in the U.S. Presbyterian invites you to get a glimpse of what it’s like to work at Presbyterian. For more information contact Tammy Duran at (505) 923-5567 or by email at tduran2@phs.org. AA/EOE/VET/DISABLED/ NMHRA. PHS is committed to ensuring a drug-free workplace.

Job Requirements:
What We’re Seeking: Must be BC/BE with the American Board of Child & Adolescent Psychiatry Completed a fellowship program in Child & Adolescent Psychiatry Outstanding patient care qualities, highly motivated with an interest to grow their practice Patient-focused and willing to collaborate and work in a team environment Ability to obtain a medical license to practice in the state of New Mexico

NORTH CAROLINA

Company: Duke University, National Center for Child Traumatic Stress (NCCTS)
(1335811)

Title: Deputy Director, National Center for Child Traumatic Stress (NCCTS)

Job ID: 18042560

URL: https://jobsource.aacap.org/jobs/18042560

Job Description:
The Department of Psychiatry and Behavioral Sciences announces the position of Deputy Director for the National Center for Child Traumatic Stress (NCCTS) in the Child, Family and Community Division. This critical role will serve as the Deputy Director for the National Center for Child Traumatic Stress (NCCTS) within the Department of Psychiatry and Behavioral Sciences at Duke University School of Medicine with faculty appointment at the assistant to full professor rank, career track, commensurate with the record of experience, expertise and scholarly achievement of the successful applicant. Ideally, the successful candidate will demonstrate knowledge of and interest in child development and expertise in an area of child traumatic stress that could include physical and sexual abuse; domestic, school and community violence; natural disasters and terrorism; racism and historical trauma; and life-threatening injury and illness. Experience with and support for the development and broad adoption of evidence-based and trauma-informed treatments is desirable. The NCCTS seeks candidates committed to diversity and inclusion who champion equity and racial and social justice. This is a senior NCCTS leadership position with responsibility for managing programmatic, strategic, and administrative activities of the Duke component of the NCCTS.

Co-located at UCLA and Duke University, the NCCTS is the coordinating center for the National Child Traumatic Stress Network (NCTSN). The NCCTS leads, coordinates and facilitates national collaborations and initiatives across child servicing systems and multiple topical domains, producing child trauma resources, products, reports and information for providers, treatment developers, families and stakeholders. The NCTSN seeks to improve the quality, effectiveness and availability of care and services for children and families who are exposed to a wide range of traumatic experiences. Currently, the NCTSN is a collaboration of 164 funded academic, clinical, and community service centers across the U.S. and a large active cohort of formerly funded affiliate programs and individuals. The NCCTS is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) through a cooperative agreement. Please note that the NCCTS does not provide direct clinical services to children and families. The Deputy Director functions as a full assistant to the Co-Director to oversee all administrative functions of the Duke-NCCTS. The Deputy Director fully shares the duties of providing leadership in planning, implementing, and coordinating all administrative, educational, and programmatic activities of the Duke-NCCTS. Duties are performed with wide latitude, exercising independent judgment and full, delegated autonomy. This position is involved in central administration and operations and in facilitating strategic planning for the NCCTS. Responsibilities include overall planning, direction, and execution of the area of responsibility. The Deputy is also responsible for oversight of Center operations including budgeting, personnel management, resource allocation, and other administrative functions that affect Duke-NCCTS programs. The Deputy makes recommendations to the Co-Director for strategic plans and policies for the Duke-NCCTS to achieve its mission and specific programmatic goals. While the Co-Director focuses on strategic plans, guides the center to fulfilling mission-critical priorities, and fosters collaborative relationships with stakeholders, the Deputy Director supports these activities by overseeing the administrative and operational aspects required to implement programs and projects cultivated by those plans, priorities, and collaborations. The Deputy exercises decisions with wide latitude and independent judgment. The incumbent reports to and assists the NCCTS-Duke Co-Director but largely operates on a day-to-day basis in an independent manner and also serves as the Acting Co-Director in the Co-Director’s absence. Duties performed by the Deputy require skill in directing and effectively managing the work of a complex organizational unit across multiple programs. The incumbent must balance responsibilities in a complex environment and use a high level of autonomy to organize work, set priorities and program goals, delegate tasks, meet multiple deadlines, and achieve Center performance objectives. Skills are required in analyzing and finding solutions to organizational/systems problems across different program components of the Center. These skills include the ability to adapt to changing work environments with fluid program demands, staffing requirements, and emerging organizational challenges. The Deputy must be highly proficient in relating to superiors, peers, and subordinates in order to negotiate and implement program policies and find solutions to personnel and organizational challenges. The person in this position will be a full partner with both Co-Directors in administering the NCCTS cooperative agreement and in providing scientific oversight to the NCCTS and the NCTSN, and in the selection and integration of activities at both Duke and UCLA. Desired Qualifications Doctoral
degree in psychology, public health, mental health policy, or related field. Three or more years of experience and expertise in a clinical, education, training or research area in the field of traumatic stress, preferably with children or adolescents. Three or more years of extensive experience plus proven leadership and management, particularly across organizations or sectors. Extensive experience in the design, implementation, and reporting of organization initiatives of varying sizes from project planning and management, personnel management, and fiscal and budget components. Excellent interpersonal and communications skills (written and verbal), including ability to listen to and communicate with a wide variety of stakeholders from diverse backgrounds in relatable and meaningful ways. Ability to present issues in compelling terms and to communicate complex data and concepts clearly and effectively. Skill with facilitating learning, planning, and knowledge transfer in a variety of formats (i.e., face-to-face, virtual, hybrid). Excellent project management, time management, and organizational skills with careful attention to detail, and a demonstrated ability to manage multi-faceted projects and perform well in a fast-paced environment. Significant experience successfully managing teams and building capacity through mentorship and professional development. Ability to problem solve, and nimbleness in adapting to changing circumstances as well as being an out-of-the-box, innovative thinker and not afraid to challenge the status-quo. Demonstrated ability to work collaboratively in leading efforts to enhance equity, diversity and inclusion. Proven ability to assess, develop, and lead the implementation of strategies and initiatives to enhance equity, diversity, inclusion. The individual in this position should have 1) experience working in a clinical service delivery or clinical research environment related to child trauma, including initiating, planning, and managing clinical and/or research processes; 2) administrative experience including strategic planning, hiring and supervising staff as well as setting standards and monitoring performance, budget planning, and coordination of people and resources; 3) demonstrated oral and written communication skills. Familiarity with Duke’s financial and personnel systems or willingness to quickly learn these systems is desirable. The individual in this position will be expected to work mainly on Duke University campus in Durham, North Carolina, with the possibility of considering a few hybrid options in line with the needs of the NCCTS. For more information, or to submit an application, please contact: Tanya Exum-Coston, NCCTS Administrative and Financial Senior Officer, at tanya@duke.edu. Applications should include a cover letter and curriculum vitae (CV). Commitment to Equity, Diversity & Inclusion With a deep commitment to attracting and retaining a diverse staff, Duke University will honor your experiences, perspectives, and unique identity.

Together, our community strives to create and maintain working, learning and care environments that are inclusive, equitable and welcoming. Duke is an Affirmative Action/Equal Opportunity Employer committed to providing employment without regard to an individual’s age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status. Our collective success depends on the robust exchange of ideas—an exchange that is best when the rich diversity of our perspectives, backgrounds, and experiences flourishes. To achieve this exchange, it is essential that all members of the community feel secure and welcome, that the contributions of all individuals are respected, and that all voices are heard. All members of our community have a responsibility to uphold these values. Duke University Benefits and the Greater Triangle Area Duke employees are part of a premier organization dedicated to excellence in education, research, and patient care. Duke’s overall benefit plan has long been recognized and valued because of its comprehensiveness and competitiveness in the market. In addition to a robust array of traditional benefits such as health care, dental care and retirement, Duke also offers a wide range of family-friendly and cultural benefits to attract, support and reward the skilled employees that help Duke remain a premier education, research, and health care institution. Please visit Duke HR to learn more about these benefits, https://hr.duke.edu/benefits. The greater Triangle area of Raleigh, Durham, and Chapel Hill, has a population of more than two million residents that offers diverse opportunity. From urban loft living to suburban and rural family homes with acreage – there are options for every lifestyle. The Research Triangle Park (RTP) lies in the midst of the area, a globally prominent research and development center conceived around the main academic centers—Duke University, University of North Carolina, and North Carolina State University. This trio of leading universities, combined with the RTP, has helped create a region that is culturally diverse, economically resilient, and nationally recognized as a wonderful place to live. To learn more about the Duke and Greater Triangle communities, visit https://www.discoverdurham.com/.

**OHIO**

**Company:** Graystone Group (1208803)

**Title:** Psychiatrists

**Job ID:** 17879611

**URL:** https://jobsource.aacap.org/jobs/17879611

**Job Description:**

Lindner Center of HOPE is a nationally renowned psychiatric center of excellence located in Mason, Ohio, committed to providing state of the science care. LCOH is part of the UC Health network, and also has affiliations with Cincinnati Children’s Hospital and the Mayo Clinic. It is a charter member of the National Network of Depression Centers. We have a team of top clinicians at the Lindner Center of HOPE, and all clinicians are eligible for a faculty appointment through the University of Cincinnati Department of Psychiatry and Behavioral Neuroscience, one of the top 20 Psychiatry Departments in the country. Final rank of faculty appointment is commensurate with experience. As we continue to expand our services, we are looking for Psychiatrists to join our team. You will have the opportunity to work with other very talented psychiatrists and health care professionals in a variety of specialties such as OCD, eating disorders, trauma, and substance use disorders. We offer inpatient, residential, outpatient, partial hospitalization, research, and interventional services and a unique outpatient comprehensive diagnostic assessment program. Psychiatrist opportunities include: Bipolar Medical Director Outpatient Adult Psychiatrist
Child and Adolescent Psychiatrist Intervventional Psychiatrist (ECT, TMS, and esketamine) Eating Disorders Medical Director. The Psychiatrist will diagnose and treat patients with psychiatric disorders through a continuum of care by working with a team of mental health professionals to provide treatment through our various services. There is the opportunity to teach medical students and residents from University of Cincinnati College of Medicine. Weekend call obligations are approximately once every 3-4 months with the opportunity for additional compensated moonlighting shifts. Mason, Ohio, is considered one of the most desirable communities in the Cincinnati region and has earned a reputation as a progressive, innovative community with attractive neighborhoods, nationally ranked schools, low cost of living, and many amenities. In addition, the Greater Cincinnati community has professional and collegiate sports teams, outstanding performing art groups and a wide variety of recreational opportunities. Come enjoy a collegial atmosphere practicing on the cutting edge of mental health care. For additional information you may visit https://lindnercenterofhope.org or contact Dr. Danielle J. Johnson, MD, FAPA, Chief Medical Officer, Lindner Center of HOPE, 4075 Old Western Row Rd, Mason, OH 45040 or via email to Danielle.Johnson@LindnerCenter.org. Minimum Requirements: MD or DO Required. Training/Certifications: Completion of Psychiatry Residency Program and appropriate fellowship or certificate training if indicated. Must be Board Certified or Board Eligible Psychiatrist. If not board certified, must apply for board certification within one (1) year of employment. Board certification must be maintained. Must have a current license to practice medicine in the State of Ohio and be in good standing. If applicant does not have an Ohio License, they must apply and receive one. Must have CPR certification or complete training within the first 2 weeks of employment. Compensation and Benefits: UC offers a wide array of complementary and affordable benefit options, to meet the financial, educational, health, and wellness needs of you and your family. Eligibility varies by position and FTE. Competitive salary range dependent on the candidate’s experience. Comprehensive insurance plans including medical, dental, vision, and prescription coverage. Flexible spending accounts and an award-winning employee wellness program, plus an employee assistance program. Financial security via our life and long-term disability insurance, accident and illness insurance, and retirement savings plans. Generous paid time off work options including vacation, sick leave, annual holidays, and winter season days in addition to paid parental leave. Tuition remission is available for employees and their eligible dependents. Enjoy discounts for on and off-campus activities and services. FOR ALL FACULTY HIRES OFFICIAL ACADEMIC TRANSCRIPTS WILL BE REQUIRED AT THE TIME OF HIRE. The University of Cincinnati, as a multi-national and culturally diverse university, is committed to providing an inclusive, equitable and diverse place of learning and employment. As part of a complete job application you will be asked to include a Contribution to Diversity and Inclusion statement. As a UC employee, and an employee of an Ohio public institution, if hired you will not contribute to the federal Social Security system, other than contributions to Medicare. Instead, UC employees have the option to contribute to a state retirement plan (OPERS, STRS) or an alternative retirement plan (ARP). The University of Cincinnati is an Affirmative Action / Equal Opportunity Employer / Minority / Female / Disability / Veteran.

**Pennsylvania**

**Company:** Children’s Hospital of Philadelphia (1336554)

**Title:** Co-Chief, Division of Integrated Psychiatry, Psychology and Behavioral Health

**Job ID:** 18076099

**URL:** https://jobsource.aacap.org/jobs/18076099

**Job Description:**

Children’s Hospital of Philadelphia and the Department of Psychiatry at the Perelman School of Medicine of the University of Pennsylvania seeks outstanding candidates for appointment as Associate Professor or Full Professor on the non-tenure clinician-educator or tenure track, to serve as Medical Chief of the Division of Integrated Psychiatry, Psychology and Behavioral Health. In partnership with the Division Chief of Academic Affairs, the next Division Chief will co-lead one of the largest and successful hospital-based child and adolescent psychiatry programs in the nation. Applicants must have outstanding qualifications in clinical care, education, and research. Applicants must have an M.D or equivalent degree and be board certified in Adult and Child & Adolescent Psychiatry; board certification in Pediatrics is desired, but not required. Please use the following link to apply to position: [https://apply.interfolio.com/119587](https://apply.interfolio.com/119587) The Division of Integrated Psychiatry, Psychology, and Behavioral Health is a rapidly growing division that includes over 120 psychiatry and psychology faculty, mental health professionals (social work, BCBA, nursing), and administrators. The Division is responsible for a robust and broad range of clinical services across multiple hospital campuses and regional specialty care centers; this includes inpatient services (Consultation/Liaison Service, Medical Behavioral Unit, Cedar Avenue Inpatient Child and Adolescent Units, Integrated Pediatric Psychology, Neuropsychology), emergency services (University City, Cedar Avenue, King of Prussia Hospital), and outpatient services (Integrated Pediatric Psychology, Neuropsychology, Early Childhood, Pediatric Health and Behavior Program).

**Job Requirements:**

The Division Chief will lead the division collaboratively with the Division Chief for Academic Affairs, and in partnership with section chiefs, medical and clinical directors. The successful candidate must demonstrate the ability to collaborate and partner effectively with psychiatry and psychology faculty, and multidisciplinary clinicians. Educational responsibilities may include teaching medical students, residents, and fellows in psychiatry, psychology, social work, and nursing. Training and educating the next generation of child mental health professionals and leaders is a priority for the Division. Research or scholarship responsibilities may include child, adolescent, and young adult health research. The next Division Chief will co-lead a large group of investigators focused on promoting the development, identification, dissemination, and implementation of best practices and effective health policies to reduce health...
disparities and improve the health and well-being of children, adolescents, and their families. The department has a strong track record of extramural federal funding in basic science, translational and clinical research, implementation science, and community participator research, as well as quality improvement initiatives, with the common goal of reducing health disparities and addressing health equity. The Division Chief reports to the Chair of the Department of Child and Adolescent Psychiatry and Behavioral Sciences and works closely with the other Division Chiefs, Associate Chairs, and Administrative Leaders. The Division Chief will, in partnership with the Division Chief for Academic Affairs, oversee the clinical, research, and educational activities of the Division, lead recruiting efforts in the Division, ensure career mentoring for all faculty and fellows in the Division, and advance the strategic initiatives of the department. We seek candidates who embrace and reflect diversity in the broadest sense. The University of Pennsylvania and Children's Hospital of Philadelphia are EOs. Minorities/women/individuals with disabilities/protected veterans are encouraged to apply.

TEXAS
Company: Ardent Health Services (1332564)
Title: Full-time Faculty Child & Adolescent Psychiatry Opening | UT Health East Texas- Gorgeous Tyler, TX
Job ID: 17868226
URL: https://jobsource.aacap.org/jobs/17868226
Job Description:
About the Position: Joining a team of 12 psychiatrists and 6 psychologists Established Child/Adolescent Practice Monday- Friday, 8 a.m.-5 p.m. Outpatient Opportunity w/ 1:12 weekend Inpatient Adult Psychiatry Call (Residents do evaluations) Own office, clinic opened May 2022- opportunity to grow your practice 10-40% supervision of residents depending on physician’s interest in teaching Recruitment Package may include: Base salary guarantee 2 years CME allowance Sign-on bonus Medical debt assistance + Consultative services by Navigate Student Loans Relocation allowance Paid malpractice coverage Health benefits + Retirement plan Marketing + practice growth assistance About the Hospital: The UT Health East Texas system is comprised of 10 hospitals, more than 90 physician clinics, over 300 employed providers, 13 regional rehabilitation facilities, two freestanding emergency centers, regional home health services covering 41 counties, an EMS fleet of more than 45 ambulances and four helicopters, and a comprehensive seven-trauma center care network, including a Level 1 trauma center. Our primary service area has a population of over 600,000. As a partner with the University of Texas System, UT Health East Texas is uniquely positioned to provide East Texas patients with access to leading-edge research and clinical therapies while training and educating the next generation of physicians and other health professionals. Graduate Medical Education is an integral component at UT Health East Texas and includes accredited residency programs in Family Medicine, Internal Medicine, Occupational Medicine, and Psychiatry. The University of Texas has also approved a medical school in Tyler, which will take it’s first class in 2023. About the Community: Population of over 100,000 (233,00 in the Tyler metropolitan area) Outstanding area public and private schools Small-town comforts with easy proximity to metropolitan cities Affordable housing and low cost of living Various lifestyle choices— lake front, historical homes, modern, rural No State Income Tax
Job Requirements:
American BE/BC in Child & Adolescent Psychiatry

VIRGINIA
Company: Spin Recruitment Advertising (876472)
Title: Psychiatrist - Child & Adult
Job ID: 18064537
URL: https://jobsource.aacap.org/jobs/18064537
Job Description:
Fulfilling the promise of medicine Psychiatrist - Child & Adult Kaiser Permanente, Mid-Atlantic Permanente Medical Group The Mid-Atlantic Permanente Medical Group (MAPMG) proudly provides the highest quality integrated care for over 800,000 members in Virginia, Maryland, and the District of Columbia. We invite applications for a full-time specialist in Child and Adult Psychiatry at our Burke Medical Center. Now offering a $150,000 forgivable loan as a new hire incentive! In collaboration with the Kaiser Foundation Health Plan of the Mid-Atlantic States, we provide high-quality, patient-centered health care. Through this partnership, our physicians are part of an industry-leading health care delivery model, having access to advanced technological tools and receiving comprehensive practice support. MAPMG physicians are salaried, without the pressures of alternative payment models or fee-for-services. Our members have easy access to specialists and medical records, thus allowing you to treat the whole patient. Responsibilities: Provide psychiatric care for patients in outpatient clinic Monday–Friday (no Saturday or Sunday clinic) with support from multi-disciplinary team of physicians, therapists, advanced practice nurses, and clinical pharmacists Document visit notes in EPIC EMR an integrated medical information system Treat patients in clinic and via video/phone (hybrid schedule) No inpatient rounding 20% of daily work time allotted to electronic patient care management Minimum Requirements: MD or DO Board Certified or Eligible Currently licensed or able to obtain licenses in the District of Columbia, Maryland, and Virginia Work visa sponsorship is available for eligible applicants Our physicians also: Practice patient-centered, culturally competent medical care Communicate thoughtfully (listen, educate, advocate) Lead with integrity Value teamwork thoughtfully (listen, educate, advocate) Are transparent and honest Go “above and beyond” for their patients Support dedicated teaching opportunities to work with medical students from over a dozen affiliated top tier medical schools, which includes faculty appointments at those institutions In return we provide: Competitive compensation Pathway for physicians to become shareholders of MAPMG Comprehensive benefits including 100% employer-funded medical and dental insurance premiums, a pension plan and 401(k), life insurance,
and paid leave Complete professional liability coverage provided at no cost, 100% reimbursement for obtaining and maintaining board certification, continuing medical education reimbursement, and in-house CME opportunities A concierge service that works directly with you to apply for all required state, CDS, and DEA licenses For consideration, please reach out to Kat Eide at Katherine.X.Eide@kp.org or call (704) 437-7914. You may also apply formally online at our careers page https://midatlantic.permanente.org/careers/ Equity, Inclusion, and Diversity: MAPMG continuously works to identify and mitigate healthcare inequities, and that starts with providing an inclusive, supportive environment for our physicians. We encourage applicants of any race, color, religion, sex, sexual orientation, gender identity, or national origin who value diversity and will commit to practicing culturally competent healthcare.
February is BLACK HISTORY MONTH