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Visit www.aacap.org/AnnualMeeting-2023 for the latest information!

Save the Dates

Member Registration Open: August 1, 2023
General Registration Open: August 8, 2023
Early Bird Registration Deadline: September 14, 2023
On-Demand Content Available: October 9–November 30, 2023

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**Cover:**
The July/August cover of AACAP News proudly features AACAP President Warren Ng, alongside esteemed AACAP leaders and staff, celebrating the dedicated RESIDENT attendees of the 2023 Legislative Conference in Washington DC this past June. Their united presence symbolizes the organization’s unwavering commitment to advancing child and adolescent psychiatry on a legislative front. Kudos to all who made the event a monumental success!
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.
The AACAP Delegation to the American Medical Association (AMA) along with AACAP Department of Government Affairs staff attended the AMA Annual Conference in Chicago this June. We were a part of the Section Council on Psychiatry, working collaboratively with the American Psychiatric Association, the American Academy of Psychiatry and the Law, the American Association for Geriatric Psychiatry and the American Academy of Addiction Psychiatry. Our delegation consisted of Dr. Warren Y.K. Ng, Dr. Karen Pierce, Dr. Adrienne Adams, Dr. Afiya Adiba, and me (Meghan Mallya, MS3, and AACAP’s first Medical Student Section delegate). This conference was an opportunity for AACAP to put forth and support resolutions in line with our mission.

Our priorities at the conference were to call on the AMA to take a stance on children’s mental health being an emergent issue, advocate for naloxone access in schools for students, and encourage further research on the medical use of hallucinogens to ensure their safety and effectiveness for youth.

As a medical student, I was excited to participate in discussions and learn more about how we could advocate for these important issues. On my first day at the conference, I sat through a Reference Committee meeting where I heard proposed resolutions and impassioned testimonies on the need for...
reform on different issues from differing perspectives. Topics such as disability and accommodating wheelchair users on planes came up, and I learned a lot about the pressing issues concerning different community members. Dr. Karen Pierce and Dr. Adrienne Adams, our AACAP delegates to the AMA, testified on behalf of an AACAP-led resolution regarding the need for comprehensive research on the medical use of hallucinogens. While there is emerging research suggesting the potential benefits of psychedelics in treating intractable depression and post-traumatic stress disorder, they emphasized that it is critical to conduct scientifically valid and well-controlled clinical trials to assess the safety and effectiveness of these substances.

After the Reference Committee meetings, the team attended a lunch with the Pediatric Section Council with our colleagues in the American Academy of Pediatrics (AAP). Everyone introduced themselves, and we heard various pediatricians running for AMA office speak about their hopes for AMA policy and how they planned to advocate for children. United in our goals to address children’s mental health, we had worked with the AAP this year to continue the declaration of children’s mental health being a national emergency. With the continued rise in mental health-related emergency department visits among children and teenagers, our delegations came together to advocate for a comprehensive approach to prioritizing children’s mental, emotional, and behavioral health and ensuring they receive the care. We were grateful for the AAP’s support of this resolution and are excited to continue partnering with them on addressing pediatric mental health issues.

Following our lunch with AAP, we attended a meeting with the Section Council on Psychiatry. Here, we reflected on the day’s events and how to proceed with resolutions that the Reference Committees had recommended to be amended or not adopted. One of our resolutions, which was on the importance of naloxone access in schools was met with conflicted testimonies. Many physicians expressed concerns with children carrying naloxone and struggled to understand the context behind this resolution. With the significant rise in drug overdose deaths among individuals ages 10-19, there is a pressing need for bystanders to carry opioid overdose-reversal agents, akin to how one might carry an Epi-Pen or asthma inhaler, to
quickly reverse dangerous symptoms. There are instances of students who died from opioid overdose due to a lack of timely care. Ready access to naloxone can be a matter of life or death for a student who may have accidentally overdosed. While we listened to the different views during the Reference Committee meetings, we felt that there were some misunderstandings and took time to strategize the best approach to addressing their concerns before the next day’s House of Delegates meeting. After coming to a resolution on how to proceed, we CAP-ped off the night with a gathering at the beautiful apartment of Dr. Louis Kraus, who served as the former AACAP delegate as well as AMA leader.

Ready to tackle the House of Delegates meeting, we met the next day and reviewed our strategy to address the concerns of previous testifiers. We wanted to emphasize the need for students to have widespread access to opioid overdose-reversal drugs like naloxone since oftentimes they were the bystanders to overdoses. Dr. Warren Y.K. Ng, Dr. Karen Pierce, Dr. Adrienne Adams, and Dr. Afifa Adiba all gave supportive testimony that explained the need for this policy and the safety of naloxone. Ultimately, we prevailed, and our policy passed! This was such a victory for our delegation, as removing the barriers and empowering students to carry life-saving drugs is an essential step in combating the opioid epidemic.

Participating in the AMA Annual Conference and engaging in policy discussions through AACAP was an eye-opening experience. It reinforced the need for urgent action in addressing children’s mental health, advocating for naloxone access in schools, and conducting comprehensive research on the medical use of hallucinogens in treating mental health conditions. These issues carry significant weight in the medical community, and the conference provided a platform to raise awareness of issues afflicting our youth and drive policy change. Armed with newfound knowledge and a deeper understanding of these issues, I am inspired to continue advocating for improved mental health care, safer school environments, and evidence-based research in the field of child and adolescent psychiatry.

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From Advocacy to Alliances: Inspiring Connections and Empowering Progress at the AMA Annual Meeting

As the curtains closed on the highly anticipated American Medical Association (AMA) Annual Meeting, I find myself reflecting on an incredible experience filled with passionate advocacy, collaboration, and personal growth. This gathering of medical professionals from diverse backgrounds served as a powerful testament to the unity driving us toward a common goal: advancing the health and well-being of patients nationwide.

From the moment I stepped into the conference hall, I could sense the electric atmosphere charged with excitement and purpose. Having been involved with the AMA since my residency days, a deep sense of connection to the organization and the transformative work it undertakes flowed within me. My journey towards making a meaningful impact had already begun as an AACAP delegate to the AMA Resident Fellow Section. However, I had yet to discover just how rewarding the subsequent chapters would be.

Graduating from my residency program did not mark the end of my involvement with the AMA; instead, it signified the beginning of a new phase in my journey. Joining the AMA International Graduate Section Governing Council was an honor that allowed me to contribute to the organization’s global efforts while staying engaged with my beloved Psychiatry Section Council.

This year, the AMA Annual Meeting took on added significance as I was chosen as an AACAP delegate for the AMA Young Physician Sections. The thrill of this opportunity was immeasurable. Joining an exceptional team of delegates, I was welcomed by experienced AACAP members who had dedicated their lives to advocacy. Their wisdom and passion were infectious, igniting a fire within me to amplify our collective voice for positive change.

In the months leading up to the meeting, the AACAP delegate team tirelessly worked on crafting resolutions that would address pressing issues deserving the
AMA’s attention. Amidst our advocacy efforts, two resolutions emerged as beacons of hope: increasing accessibility of naloxone to school students and advocating for the declaration of National Children’s Mental Health.

The first resolution aimed to address the pressing issue of opioid overdoses that have devastatingly impacted communities across the nation. Recognizing the importance of equipping schools with life-saving measures, we passionately advocated for the widespread availability of naloxone, empowering educators to respond swiftly and effectively in emergencies. The successful adoption of this resolution marked a pivotal step forward in safeguarding the well-being of our youth.

Our second resolution, advocating for the declaration of National Children’s Mental Health, underscored the urgent need to prioritize mental health support for our youngest generation. With mental health concerns among children on the rise, it became imperative to amplify our collective voice and secure national recognition of this pressing issue. Through unwavering dedication and heartfelt testimony, we successfully advocated for the creation of a national framework that would enhance access to mental health resources for children across the country. This milestone achievement represented a significant stride towards nurturing the well-being of future generations.

Entering the esteemed halls of the Reference Committee, I keenly felt the responsibility that lay upon me. It was there that we presented our resolutions, where our voices were heard, and our ideas debated. The process was rigorous, but our dedication never wavered. To witness the adoption of our resolutions, validating our hard work and unwavering commitment, filled me with immense pride.

However, my role as a delegate extended beyond resolutions and testimony. Collaboration and forging alliances were essential components of our advocacy efforts. Working hand in hand with the AMA Young Physician Sections and the Resident Fellow Section, we synergized our efforts to garner support and build consensus. The camaraderie we formed was truly remarkable, reaffirming the shared passion we all harbored for children’s mental health.

As a governing council member for the AMA International Graduate Section and a delegate for the AACAP, I had the honor of collaborating with dedicated individuals from diverse backgrounds, all committed to advancing healthcare and advocating for our patients. This multi-faceted experience allowed me to contribute to global efforts while staying connected to my beloved Psychiatry Section Council and representing the interests of Maryland physicians.

The annual meeting was not only a space for advocacy within the AMA’s walls but also a platform to connect with like-minded professionals from other organizations. Collaborating with esteemed members of the American Academy of Pediatrics (AAP) delegation provided invaluable support and reinforcement of our shared goals.
Amidst the intensity of advocacy work, the annual meeting also offered moments of joy, laughter, and camaraderie. The evenings filled with shared meals and engaging conversations provided a welcome respite from the demanding schedule. The AACAP delegation dinner, in particular, stands out as a cherished memory. Engaging in exciting conversations with Dr. Pierce, Dr. Adams, Dr. Ng, Meghan, and others, we formed bonds that transcended professional ties.

Throughout the meetings and interactions at the annual event, I felt a profound sense of purpose and camaraderie with like-minded individuals who were equally passionate about advancing healthcare and advocating for our patients. These experiences not only enhanced my professional growth but also instilled in me a deep appreciation for the power of collaboration and the ability to effect positive change.

One unforgettable moment was capturing a selfie in front of my own poster, proudly adorning the entrance to the AMA annual meeting. It symbolized not only personal achievement but also the recognition of our collective efforts. It reminded me that the path to change begins with passionate individuals coming together, advocating for what they believe in.

As I reflect on this transformative experience, I am grateful for the opportunities that the AMA Annual Meeting provided. It was a privilege to work with a team of dedicated individuals committed to advancing the cause of mental health and improving the lives of our patients. I extend my heartfelt appreciation to my fellow team members and our invaluable staff, Ben and Alexis, for their unwavering support.

In the heart of unity and shared purpose, the AMA Annual Meeting stands as a testament to the transformative power of passionate advocacy. Through my involvement with the AACAP delegation, we have kindled a fire within, fostering connections, inspiring change, and shaping a brighter future for healthcare. Together, we have made significant strides in championing mental health and amplifying the voices of our patients. As we depart from this extraordinary gathering, let us carry the flame of collaboration, forever driven to create a world where health and well-being thrive for all, guided by the impactful work of the AACAP delegation within the AMA.

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Get in the News!

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

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

Production Schedule

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

Citations and References

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

For complete AACAP News Policies and Procedures, please contact communications@aacap.org.
In May, AACAP’s presence at the APA Annual Meeting in San Francisco was a resounding success, as we passionately represented the children, families, and communities we serve. At this significant event, AACAP showcased its commitment to CAPture Belonging, focusing on the presidential initiative on diversity, equity, inclusion, and belonging, spearheaded by our esteemed President, Warren Ng, MD. Our active engagement and contribution in various sessions and discussions underscored our dedication to fostering a more inclusive and compassionate approach to child and adolescent mental health care.

One major highlight of AACAP’s participation at the APA Annual Meeting was our inaugural AACAP/APA Reception, held with great enthusiasm and support. The reception provided a unique platform for attendees to connect, share insights, and forge meaningful connections in a relaxed and welcoming atmosphere. The event garnered overwhelming attendance and positive feedback, further reinforcing AACAP’s commitment to creating a sense of belonging among our members and colleagues.

During the meeting, AACAP’s presence not only showcased our advocacy efforts and research advancements but also provided an opportunity for fruitful collaboration with other leading organizations in the field.

As we continue to champion diversity and equity within child and adolescent psychiatry, AACAP’s active involvement at the APA Annual Meeting serves as a beacon of hope and progress, propelling us forward in our mission to improve the mental health and well-being of children and adolescents, and their families, across the nation.
CAPture BELONGING
Being with a Child in the Case of a Terminal Diagnosis: 
A Short Good Life

What does it mean for a child and their family to live through a terminal childhood diagnosis?

In child and adolescent psychiatrist Dr. Philip Lister’s memoir *A Short Good Life*, an intimate exploration of this question unfolds as he chronicles the story of his own daughter’s diagnosis of terminal leukemia. Many child and adolescent psychiatrists have already helped or will be asked to help such families. As a medical student, I share my experience of reading and learning from the tenderly crafted reflections of Dr. Lister in the hope that my experience will invite you to consider this difficult topic and its place in child and adolescent psychiatry training and practice.

**Introduction**

*A Short Good Life* is a generous act of service, courageously composed by Dr. Philip Lister. One can experience the extremes of joy and sorrow the Lister family underwent as one reads through the memoir. In this story, we face the ultimate adversary of life through the magical lens that is Liza. We are fortunate that Dr. Lister has faithfully transcribed how Liza navigated through her diagnosis to her final day, sitting on her gray sofa. Liza’s true self moves others to love without limits. Her commitment to life inspires a deep sense of love simply because we are all experiencing life together at this very moment. Maintaining this perspective is integral to navigating through the training of medical school and emerging as a wholehearted physician.

**Medical Students and Death**

As medical students, we often do not know what to say, how to feel, or what to do in a given situation, especially concerning death. Our whole life up to this point was about getting into medical school, jumping through every imaginable hoop to finally get to this exact moment. The moment we face death. We know it is painful and inevitable, yet we still choose to be there for it. However, once we are there, we find ourselves utterly underprepared! We are either too nervous about speaking, too inexperienced to find the right words, or too uneasy about comforting others. If we are lucky, our preceptor will spend some time debriefing us, but we move on to the next patient more often than not. Without proper discussion, our proximity and continual encounter with death erode a compartment in our mind titled “deal with this later.” This paradigm leaves little room for any professional relationship with death that is not solely mechanical. Thus begins the desensitization.

Due to unfortunate circumstances, many physicians and medical students enter the workforce with this desensitized view of death, as is evident in *A Short Good Life*. This desensitization can manifest as indifference, emotional reactivity, or lack of empathy. Dr. Lister describes multiple encounters of this kind, including a covering pediatric physician who threatens to hit Liza after she recoils from his physical exam (p55), Dr. Smart, who reprimanded Dr. Lister for Liza’s behavior (p143), or Dan, a priest and fellow psychiatrist, who never asked Dr. Lister about Liza, acknowledging his inability to deal with death (p269). These actions are not due to an inherent lack of empathy but rather to maladaptive coping mechanisms with death. Additionally, during Dr. Lister’s day zero meeting with the pediatric hematology-oncology team, he recalls a medical student who “[as he] leans against the counter, he keeps shifting his position restlessly, eyes on the floor. Maybe he’s just tired from being on call, but I don’t think that’s it. He seems detached and bored, wishing he weren’t here.” Perhaps the perceived detachment and boredom of this medical student are the early manifestations of a failed coping mechanism, one that has been passed down.

**Liza’s Light**

It is special when a piece of writing acts as a mirror and a reminder of one’s essence. *A Short Good Life* is just that. Liza’s loving and openhearted approach to her life, diagnosis, and prognosis is so moving that it compels the reader to pause for a moment of self-reflection. This reflection undoubtedly involves an examination of our relationship with mortality and death. For Liza to wish for no one to ever get sick on a stray eyelash (p31), for Liza to tell her dad she loves him in the middle of a chemotherapy infusion session (p197), and for Liza to demonstrate an inherent understanding of the impermanence of life when suggesting the iguana as a pet for other children (p107), jostles one wide-awake.

How can someone have such a deep understanding of life at such a young age? Is this an innate capacity, is it learned, do we unlearn this as we move through life, and how has Liza retained this disposition in the face of death? Attempting to answer these questions begins to restore a necessary piece of our humanity. To see Liza remain openhearted in the face of extreme suffering reminds me of the option to do the same.

Looking Forward
Medical students, residents, fellows, and child and adolescent psychiatrists can absorb these lessons and implement them in their daily interactions, not only with death but in other situations of extreme suffering. Thanks to Dr. Lister’s vulnerability, we have seen the possibility of courageously encountering death and remaining loving. All it takes is to remember Liza and her spirit.

The child and adolescent psychiatrist I want to be remembers Liza. I want to enter any painful situation with an open heart and love. This means not checking out when discussing death and dying. This looks like showing up when unfamiliar with a patient’s experience with a willingness to engage anyway. I may never know what it is like being a woman walking through the streets of New York City, a child with parents struggling with addiction, or a child born into extreme poverty. Despite my inexperience, if I keep Liza in mind, I can help my patients with love and compassion at the forefront of my treatment.

A Short Good Life would be a remarkable and welcome addition to all healthcare professions curricula. It would be prudent to include this memoir in health care curricula to halve the pain of reading the memoir alone, which can be challenging. Furthermore, reading this story provides a foundation of love that all healthcare workers can refer to when encountering difficult situations.

Remembering Liza means retaining my humanity as I continue through my extensive training in medical school and beyond. My humanity is my desire to stay completely present and available for my patients undergoing extreme suffering and death. My mission is to share unconditional love and compassion, just as Liza had done, in the most practical way. To spread Liza’s healing spirit in this world when it needs it most. For these reasons, I carry around my very own beanbag, “Cowie.”

Anton Livshin is a third-year medical student from Touro College of Osteopathic Medicine in Harlem NY. Anton decided early in his clerkship year that he wanted to specialize in Psychiatry, after being extensively involved in mental health during his undergraduate and medical school years. Anton’s interest in Child and Adolescent Psychiatry sprouted after a formative experience during his Psychiatry clerkship. When not consumed by the duties of medical school, Anton enjoys Ju Jitsu, meditation, and an elaborate espresso making ritual.

*Cowie is Liza’s favorite toy cow out of her horde of many other toy cows. Cowie stayed with Liza from before her diagnosis to her very last day. To see a Ferris wheel of cow faces, photos, poems, websites, books, talks, and podcasts, please visit ashortgoodlife.com*
Expanding Access to Psychodynamic Psychotherapy: Regulation-focused Psychotherapy for Children in Knoxville, Tennessee

Can Buyukasik, MD, Andrew Fraser, PhD, Timothy Rice, MD

The landscape of psychotherapy has been shifting with an ever-increasing evidence base for treatments. Psychodynamic psychotherapy research has blossomed and has brought forward a body of research on short term psychodynamic psychotherapies (STPPs) both for adults, and for children and adolescents. While there are still challenges and refinements to be made around the applicability of manuals in practice, or the generalizability of research findings to larger populations, a major challenge is the dissemination of the knowledge of the research and training in these treatments. Making connections and disseminating knowledge across the country is essential to overcoming the barriers that otherwise exist between the research and clinical practice communities as well as lingering biases against psychodynamics in particular, and psychotherapies generally.

The post pandemic era of online, as well as hybrid in person/online conferences, greatly facilitates child and adolescent psychiatrists (CAPs) forging connections with communities in other disparate parts of the country. The increasing prioritization among psychoanalytic societies of the promotion of evidence based STPPs creates a unique moment for the expansion of access to psychotherapy in communities across the United States, including treatments for underserved and minority children.

Given this context, we were honored to be a part of the hybrid spring conference in March 2023 on Regulation-focused psychotherapy for children (RFP-C; Hoffman et al., 2016) hosted by the Appalachian Psychoanalytic Society (APS) in Knoxville, Tennessee. APS is a local chapter of Division 39, Society for Psychoanalysis and Psychoanalytic Psychology, of the American Psychological Association. Its members include clinicians and trainees from various fields, including psychology, social work, and psychiatry who work in a range of settings across the Eastern Tennessee region. These range from the inner-urban to the mountainous lands of Appalachia and The Eastern Band of Cherokee Indians.

RFP-C is an evidence-based STPP based on play developed by Hoffman, Prout and Rice (Hoffman et al., 2015) for children with oppositional defiant disorder (ODD) and other externalizing problems. RFP-C was specifically designed with the inexperienced, early career psychotherapist in mind. Its efficacy was tested in multiple studies in which the study therapists were trainees (Prout et al., 2019; Prout et al., 2021; Storey et al., 2023). Resting on the presumption that the disruptive child’s behavior has meaning, RFP-C conceptualizes and addresses externalizing behaviors by bridging the neuroscientific concept of implicit emotion regulation which is strictly a set of strategies for changing one’s affective state, and psychodynamic concepts such as defense mechanisms and signal affect. Both sets of concepts describe the child’s automatic strategies through which they protect themselves from painful affective states (Rice & Hoffman, 2014; Rice et al., 2017).

RFP-C is a useful approach also for the experienced clinician looking for the evidence-base of the “basics,” of psychodynamic therapy with its measurable focus on the technique of defense interpretation in a developmentally informed and experience-near, in-the-session, manner.

The training consists of two phases. Level 1 covers the theoretical basis of the treatment with neuroscientific and empirical underpinnings as well as the detailed, step-by-step explication of the technique of psychodynamic defense interpretation via close examination of text and video vignettes and process material. Level 2 consists of group supervision spread over multiple weeks. These trainings are periodically offered by Center for RFP and the schedule of trainings is accessible online (www.centerforrfp.org).

RFP-C promotes the awareness of both children in treatment and their families that there is meaning to disruptive behavior. The treatment goals center around increasing a child’s ability to tolerate and metabolize painful emotions, eventually putting them into words instead of succumbing to affect avoidance or flooding. Because it focuses on teaching the therapist...
to observe defenses against affect as they occur in the session the technique requires only minimal psychotherapy training (Prout et al., 2021; Prout et al., 2019; Storey et al., 2023). Notably, all trials thus far have been conducted in urban settings with a diverse range of patients in terms of identity, family structure, and co-morbid conditions. Early trials that showed efficacy were conducted by psychology trainees as part of their clinical experience. The mode of action focuses on surface-level defense interpretations and close-process monitoring, both of which are a large part of how CAPs practice every day, providing an opportunity to measure our work and to disseminate this approach to larger groups of psychotherapists.

RFP-C is not just a great example of what can be achieved by bringing accumulated wisdom of the past and recent neuroscientific findings together as a therapeutic intervention for children in the community. As an early career psychiatrist, I (CB) found a community with shared interests and opportunities to take on roles to disseminate and promote approaches direly needed across the country and in fact, around the world.

Our presentation was received with great interest and thoughtful consideration and the questions and comments raised by the audience were thought provoking for us as panelists. The conference was attended by several graduate students, some of whom noted that they appreciated seeing psychodynamic work translated into a manualized format, given this is what many of them encounter in their training in treatment modalities other than psychodynamic psychotherapy. Another piece of feedback shared by conference attendees was the value of observing the intervention through recorded sessions. This brought the concepts of RFP-C to life in a palpable sense and made the intervention feel more approachable to clinicians with relatively less clinical experience.

As the panelists, we were at least as excited as the audience to be sharing the technique and theory of RFP-C with a community far away in miles but closely allied with our ideals of thinking deeply about being our patients in order to be helpful to them. In the era of evidence-based psychotherapies, it is especially rewarding to bring psychoanalytic psychotherapy to the table and help disseminate validated uses of classical techniques to larger audiences with the use of video both in the teaching and in the hybrid meeting with a member of our team (TR) in Tennessee and others presenting from New York.

Presenting RFP-C to intrigued colleagues, I was privy to observe curiosities, excitements, and frustrations akin to mine in a place so far away. Exchanging ideas about psychodynamic psychotherapies and forging connections is not only great for professional development and establishing one’s identity as the kind of psychiatrist one wants to be but also to bridge communities, professions, organizations, and theories. We hope that the RFP-C approach will bring future expansions of diversity, equity, and inclusion (DEI) to psychoanalysis through making the great psychoanalytic tradition of listening to each child and finding meaning in the child’s behavior available to children in many patient and provider communities, particularly by offering the more accessible and portable evidence-based STPPs such as RFP-C.

References

In the era of evidence-based psychotherapies, it is especially rewarding to bring psychoanalytic psychotherapy to the table and help disseminate validated uses of classical techniques to larger audiences.
Dr. Can Buyukasik, MD, is a board-certified child, adolescent and adult psychiatrist and psychotherapist in private practice in New York City. He is a faculty member at Donald & Barbara Zucker School of Medicine and a psychoanalyst-in-training at New York Psychoanalytic Society & Institute. Dr. Buyukasik completed his medical training in Hacettepe University, Turkey and his psychiatric residency and fellowship at Icahn School of Medicine at Mount Sinai programs. Dr. Buyukasik treats ages up to middle adulthood in his practice, CBA Psychiatry.

Dr. Andrew Frazer, PhD, is a licensed clinical psychologist in private practice in Knoxville, TN, where he provides assessment and therapy services to children, adults, and families. He serves on the board of the Appalachian Psychoanalytic Society and is also engaged in other local training and educational endeavors.

Dr. Timothy Rice, MD, is a child, adolescent, and adult psychiatrist and psychoanalyst in practice in New York, NY. He is Associate Professor of Psychiatry at the Icahn School of Medicine at Mount Sinai, where he serves as the Director of Inpatient Psychiatry and of Medical Student Education for the Mount Sinai Morningside and Mount Sinai West hospital sites.
What is New in Substance Abuse Treatment? Nasal Naloxone is Available Without a Prescription

Our readers want to be informed of the developments in substance abuse treatment and its regulation by the Food and Drug Administration (FDA). One of such changes impacts availability of naloxone. Dr. Boris Lorberg asked Dr. Sara Polley to summarize these developments for our readers. Below are their responses.

BL: What do our readers need to know about naloxone and its use?

SP: Adolescents and young adults are at especially elevated risk of death from opioid overdoses due to increased risk-taking and decreased impulse control. Our readers know naloxone is an opioid receptor antagonist used to quickly reverse opioid overdose. It is currently available in two forms, a nasal spray and an injection for intramuscular, intravenous, or subcutaneous use. While some have suggested that naloxone may not be as effective as it once was due to the high likelihood of multiple substances being mixed within an illicit drug supply and the drugs’ increased CNS (Central Nervous System) suppression potency, it is strongly recommended to utilize naloxone freely in cases of suspected overdose.

BL: What changes have been made to the availability of naloxone?

SP: In March 2023, the FDA approved Narcan 4 mg, a brand of naloxone hydrochloride nasal spray, for over-the-counter sale. In the months to come, we expect the approval of other brands and a generic form of naloxone to also become available without a prescription. This change allows all individuals to directly purchase naloxone from pharmacies, convenience stores, and other retailers, including vending machines. However, other naloxone dose strengths and administration forms will still require a prescription.

BL: Why were these changes made?

SP: The FDA aims to increase availability and convenience of naloxone to prevent and reverse opioid overdoses. The manufacturers of Narcan submitted safety data to the FDA along with evidence to suggest the reliability of pictograms in a package insert for teaching its administration technique.

BL: Are there any downsides to Narcan’s over-the-counter status?

SP: Some clinicians and advocacy groups worry that the switch to over-the-counter availability may create a situation where the medication is too expensive to purchase for those who need it the most. Over time, consumer price competition will hopefully address this by driving Narcan’s prices down. There are also concerns that the intranasal form of naloxone will no longer be covered by insurance plans. Some community and outreach organizations are worried they will not be able to access free or reduced cost naloxone to give away to communities heavily impacted by opioid overdoses as they do now. Manufacturers of naloxone nasal spray have indicated a commitment to continuing to provide supplies to these organizations but do not have this as a requirement.

BL: How might this affect our readers’ clinical practice?

SP: You can support your community to prevent overdose death by becoming familiar with and discussing naloxone. Even if you are not treating patients prescribed opioids or with substance use disorders, you can discuss the benefits of having naloxone in their home, vehicle, or workplace. You can still prescribe the medication or direct individuals looking for naloxone.

Looking for NALOXONE? Visit: www.naloxoneforall.org
to purchase on their own. We often reference how we may learn CPR, the Heimlich Maneuver, or have an EpiPen for an allergic reaction, even though we do not hope ever needing to use these urgently. As medical professionals, we can make a meaningful difference in reducing stigma related to substance use disorders when we normalize discussions about their treatment and prevention.

**BL:** Where can one find naloxone?

**SP:** Many states have programs designed to help connect individuals with naloxone including where it is available for purchase and a list of organizations where they can obtain the medication for free and receive training on its use. At a national level, the non-profit NEXT Harm Reduction has created a search tool. You can also access the search tool using the QR code below.

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**References**


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Sara Polley, MD
Director of Addiction Psychiatry
Dr. Sara Polley is a national leader in the field of pediatric addiction psychiatry and the treatment of individuals who experience both mental health and substance use concerns. She is passionate about normalizing the experiences of her patients and families. She has been described as a fierce advocate and works to ensure her patients receive research-supported, integrated, and compassionate care.

Boris Lorberg, MD, MBA, is an Associate Professor of Psychiatry and Pediatrics at UMass Chan Medical School and Medical Director of Adolescent Continuing Care Units at Worcester Recovery Center and Hospital. He is a member of AACAP’s P&NC.

boris.lorberg@mass.gov

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After a three year hiatus, over 180 child and adolescent psychiatrists, residents, medical school students, and dedicated family advocates travelled across the U.S. to take AACAP’s advocacy message to Members of Congress. The Legislative Conference, hosted by the American Association of Child and Adolescent Psychiatry, the 501(c)(6) arm of AACAP, is its annual premier advocacy event.

Held May 8-9, 2023, in Washington, DC, conference attendees were briefed on and given materials needed to promote and advocate for three policy priority issues including: improving access to children’s mental health care; improving equity in access to child and adolescent psychiatrists; and increasing the child and adolescent psychiatry workforce.

Attendees advocated for H.R. 2412, Helping Kids Cope Act, sponsored by Reps. Lisa Blunt Rochester (D-DE) and Brian Fitzpatrick (R-PA). This bill aims to integrate pediatric behavioral health care access across a wide range of child-facing systems/settings of care. It also aims to recruit and retain a diverse, evidence-informed pediatric mental health workforce.

S. 923, Better Mental Health Care for Americans Act, sponsored by Sens. Michael Bennet (D-CO) and Ron Wyden (D-OR) was another access priority bill. This legislation would require parity for mental and behavioral health services in Medicare Advantage, Medicare Part D, and Medicaid. It would also encourage mental and behavioral health integration with physical care by increasing reimbursement rates for Medicare and Medicaid.

The Pursuing Equity in Mental Health Act, sponsored by Rep. Bonnie Watson Coleman (D-NJ) was the second priority issue of the conference. This legislation would improve the pipeline of culturally competent behavioral health provided by updating the Minority Fellowship Program to support the development of core competencies for addressing mental health disparities among racial and ethnic minority mental groups in training programs.

S. 462, the Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023, was the final priority for the conference. This legislation would support an existing Health Resources and Services Administration (HRSA) student loan repayment program to repay up to $250,000 in eligible student loan repayment for mental health professionals who work in mental health professional shortage areas.

In a wonderful show of support for children’s mental health, AACAP members and family advocates conducted over 160 Congressional meetings on behalf of AACAP and our priority legislative agenda after rigorous training by members of AACAP’s Advocacy Committee and the Government Affairs Department.

During the legislative training, Advocacy Committee co-chairs Karen Pierce, MD and Laura Willing, MD, spoke from their personal experiences about ways in which meetings with elected officials and their staff can steer off topic or become unfocused. They also reassured attendees that it was acceptable to not immediately know all of the answers to questions and provided techniques that attendees can implement to ensure a successful meeting and build ongoing relationships with Members and staff.

Advocacy Committee Members also performed skits to demonstrate what attendees can expect when entering the halls of Congress and meeting with staff and Members. The skits explored various tactics on conducting Hill meetings, which includes storytelling, bridging and blocking questions, and bringing back the staff to the topic at hand. Sandra Fritsch, MD, Christopher Rogers, MD, Jennifer Dorr, MD, Melvin Oatis, MD, Suzanne Don, MD.

Alexis Geier-Horan, Chief of Advocacy and Practice Transformation helped lead the two-day legislative training by giving a briefing on AACAP’s policy priorities.

AACAP awarded its Children’s Mental Health Champion Award to Assistant Secretary Miriam Delphin-Rittmon, PhD, for her leadership in promoting and advancing public policy in support of children’s mental health.
AACAP also presented its Congressional Champion Award to two Congressional leaders. Senator Ron Wyden (D-OR), chair of the U.S. Senate Finance Committee, received the award for his leadership in fostering bipartisan mental health policy discussions. Representative Bonnie Watson Coleman (D-NJ) received the award for her leadership in supporting research and training programs that address behavioral health disparities among racial and ethnic minority groups, particularly as sponsor of the Pursuing Equity in Mental Health Act.

Fellows, residents, and medical students applied for and awarded grants through the Advocacy Fellow Ambassador Program. This opportunity provides a travel stipend to offset the cost to attend the conference to a limited number of fellows, residents, and medical students who must also secure a matching grant from their regional organization of child and adolescent psychiatry. These awards are offered on a first-come, first-served basis, and are a way in which regional organizations may recruit and build the advocacy workforce of their state.

AACAP recruited numerous family advocates from states across the country, some of whom have given their time to attend the Legislative Conference for 10 years in a row, indicating the power of a patient perspective when meeting with Congressional staff and members of Congress. AACAP members are encouraged to recruit possible family advocates who may be interested in sharing their stories related to children’s mental health and willing to travel to Washington, DC, for the 2024 Legislative Conference. Upon application and approval, AACAP covers the costs for family advocates to attend the conference.
My Time at AACAP’s Legislative Conference

Growing up as the older sister of a child with mental health difficulties meant that I had significant early life exposure to the field of child psychiatry. At a time when my peers were celebrating their sweet 16s and new driver’s licenses, I was learning how difficult it is to navigate our healthcare system to safeguard the life of a suicidal child. I saw firsthand the harm that the current shortage of mental health providers can cause. When we were told there would be six, eight, or even twelve-month waitlists, all we heard was that many more months of suffering.

While my sibling was fortunate and eventually received and benefitted from appropriate treatment, there are so many children across the country who aren’t as lucky. As a medical student, I have seen children in our pediatric emergency room wait up to four weeks to get transferred to an appropriate next phase of care. I recently met a teen who had been struggling to access care for over a year. His mom shared that their insurance company’s list of providers was riddled with physicians who are no longer practicing, do not actually take their insurance, or are not taking new patients. Hearing this story felt eerily similar and I found myself wondering – how had nothing changed in the ten years since I had navigated this system with my own sibling?

I voiced these concerns to my mentor, and she shared that while this is still the unfortunate norm, there was something to be done. I attended the 2023 AACAP Legislative Conference alongside other medical students, residents, and family members. Over the course of two days in Washington D.C., we met with congressmen and house representatives from our own districts to fight for solutions to the very problems I have been describing. In these meetings, I spoke about my own experiences as both a medical student interested in child psychiatry and as a family member of a child with multiple psychiatric diagnoses. I told stories from my childhood and my educational experience, trying to connect with the policy makers to advocate for expansion of the child psychiatry workforce, loan forgiveness programs, and increased equity/access to care.

The response was overwhelmingly positive; right now, offices across the nation are prioritizing children’s mental health! I left this year’s Legislative Conference feeling incredibly inspired. As medical students and physicians, we are uniquely able to use our voices to advocate for positive change in ways that will impact future generations of youth in our country. Not only did I get to advocate on a national level for the changes I so deeply believe in, but I found myself surrounded by an entire community of individuals who believe in the power of those changes too. And now, I’m hooked. See you next year, LegCon!

Structure of the Conference

The annual Legislative Conference of AACAP took place on May 8–9, 2023. More than 180 AACAP members, including residents, medical students, and dedicated family advocates, traveled across the United States to convey our message to Members of Congress. During the two-day event, AACAP’s Government Affairs Department and members of the Advocacy Committee delivered presentations, offering legislative training and resources for successful Congressional meetings. In conjunction with the Legislative Conference, the members conducted over 160 Congressional meetings.

The conference commenced on Monday afternoon with a welcome address from Warren Ng, MD, AACAP President, followed by a briefing on AACAP Advocacy priorities presented by Karen Pierce, MD, and Laura Willing, MD. Attendees were provided with information and materials necessary to advocate for three priority policy issues: Access, Workforce, and Equity. Esteemed members of the Advocacy Committee facilitated Congressional Meeting Practice. The evening concluded with a welcome reception hosted by AACAP-PAC.

On Tuesday morning, the attendees gathered one final time for “issue training” before meeting with their respective Members of Congress on Capitol Hill. During this time, the 2023 Congressional Champion Awards were presented to Rep. Bonnie Watson Coleman (NJ-12) and Sen. Ron Wyden.

Legislative Bills

During our day “on the hill,” attendees met with their congressional leaders and their representatives, advocating for the mental health of America’s youth through 3 main issues: improving access to children’s mental healthcare, increasing the child and adolescent psychiatry workforce, and improving equity in access to child and adolescent psychiatry.

In October 2021, AACAP and the American Academy of Pediatrics jointly declared a national emergency of children’s mental health. There is currently a national shortage of inpatient psychiatric beds and a disparity in how these conditions are reimbursed. To address the issue of access to children’s behavioral mental healthcare, AACAP representatives urged congressional leaders to support bi-partisan bills.
introduced in both the Senate and House of Representatives: S. 923, “Better Mental Health Care for Americans Act” and H.R. 2412, “Helping Kids Cope Act” respectively. These bills would require parity and integration of child behavioral healthcare with medical services within government sponsored and/or private health insurance plans.

Ninety percent of counties in the US face severe shortages of child and adolescent psychiatrists, who are uniquely trained to identify and treat complex mental and behavioral health disorders over the lifespan. To further improve access to care, attendees advocated for support of two bipartisan Senate bills: S. 462 “Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023” and S. 665, “Conrad State 30 and Physician Access Reauthorization Act.” S. 462 would support an existing Health Resources and Services Administration (HRSA) student loan program to specifically support mental health professionals working in shortage areas. S. 665 would extend the Conrad 30 program for 3 years, allowing international doctors to remain in the US while working for federally designated shortage and underserved areas. Additionally, it would increase the number of eligible participants. As there are currently no companion bills in the House of Representatives, attendees encouraged delegates to introduce companion bills to the senate bills above.

In the COVID-19 pandemic, pre-existing mental health disparities in minority populations were further amplified. Minority youth are less likely to receive adequate care for mental health, and are now more likely to attempt suicide than their peers. Conference attendees urged congressional leaders to support research and training programs that address behavioral health disparities by advocating for a representative co-sponsor and companion senate bill to the “Pursuing Equity in Mental Health Act,” which was re-introduced by Rep. Bonnie Watson Coleman (D-NJ) in May 2023.

Sessions with leaders to discuss these bills were largely met with support, education, and insight into the legislative process. It was a great day of advocating for our children’s mental health!

Jessica Nagy, Robert Wood Johnson Medical School Class of 2024.

Joan Winter, MD, is currently a second year child and adolescent psychiatry fellow and chief resident at the University of Colorado. She completed adult psychiatry residency at the University of Virginia where she was also a chief resident.

Yasmine Deol, MD, is currently a second year child and adolescent psychiatry fellow and chief fellow at RWJ-Rutgers NJ. She completed her Adult Psychiatry Residency training at Icahn School of Medicine-Elmhurst Hospital Center, New York.
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AACAP Toolbox for Clinical Practice and Outcomes: Update Efforts and Request for Feedback

Theodore (Ted) Petti, MD, Raman Baweja, MD, MS, Boris Lorberg, MD, MBA

The AACAP Toolbox for Clinical Practice and Outcomes is currently available to the AACAP members at AACAP website. Since it was created over 10 years ago, it is being updated by a workgroup under Dr. Petti’s leadership. Drs. Boris Lorberg and Raman Baweja asked Dr. Theodore (Ted) Petti to describe the current AACAP Toolbox and ideas for its further development. Below is our conversation.

BL/RB: What would be helpful for our readers to know about the AACAP Toolbox?

TP: The AACAP Toolbox for Clinical Practice and Outcomes was developed and then approved in 2013 by members of the Pediatric Psychopharmacology Initiative (PPI), now the Psychopharmacology and Neurotherapeutics Committee (P&NC), then under the auspices of AACAP’s Consumer Issues Committee. This Toolbox provides immediate access to downloadable business practice forms and rating scales useful for monitoring of clinical symptoms, medication side effects, as well as access to medication information resources for professionals and families.

BL/RB: What was the rational for revising the current AACAP Toolbox?

TP: The original Toolbox included many helpful standardized scales. However, it did not provide information about these instruments and how they may be used in practice. It was also not as comprehensive as it could be.

BL/RB: How will this revised AACAP Toolbox 2.0 be helpful to AACAP members?

TP: Child and adolescent psychiatrists’ need to continue to increase awareness of validated and user-friendly clinical measurement tools, and they share renewed interest in measurement-based care. Online resources, such as this Toolbox, assist clinicians in making evidence-based decisions on their own.

BL/RB: What are you planning to include in the revised AACAP Toolbox 2.0 and how will it be different from the current AACAP Toolbox?

TP: Toolbox 2.0 will include a broader range of validated assessments as well as summaries about the validity for their use in clinical and research settings. This will provide a more robust resource for psychiatrists and other clinicians.

This involves reviewing the literature and collaborating with master clinicians and researchers to determine which instruments should be included in each category of the Toolbox. For each instrument, a summary will describe its scope of use, validity, and other psychometric properties. Moreover, it will alert scale users to clinical relevance and shortcomings of individual scales.

BL/RB: What value do you see for AACAP members and other child and adolescent mental health clinicians with this updated AACAP Toolbox?

TP: Updating, expanding, and focusing the Toolbox through greater breadth and depth of instruments in each of its categories will increase its value and utilization. We hope that clinicians will feel more comfortable in using standardized psychiatric assessments due to the ease of access and user-friendly instrument descriptions.

BL/RB: On behalf of our readers, we would like to thank you for leading the efforts on the AACAP Toolbox revisions.

TP: Members of this work group include myself, Michelle Horner, Raman Baweja, and Boris Lorberg from the P&NC with the fantastic support of our AACAP staff, Sara Hellwege. We expect to collaborate again with the Consumer Issues Committee. Other relevant AACAP committees will provide outreach to AACAP members about the updated Toolbox.

BL/RB: Are there ways our AACAP members can send suggestions and feedback for revisions of the AACAP Toolbox?

TP: Yes, we would really like to hear from the AACAP members on what they would like to include in this toolbox. Eliciting input from individual AACAP members is expected to provide insights from those most likely to use such a resource. Please reach out with your feedback (see email address below).

BL/RB: What value do you see for AACAP members and other child and adolescent mental health clinicians with this updated AACAP Toolbox?

TP: Updating, expanding, and focusing the Toolbox through greater breadth and depth of instruments in each of its categories will increase its value and utilization. We hope that clinicians will feel more comfortable in using standardized psychiatric assessments due to the ease of access and user-friendly instrument descriptions.

BL/RB: On behalf of our readers, we would like to thank you for leading the efforts on the AACAP Toolbox revisions.

References


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It is At Your Fingertips: Access to the Mental Health Systems of Care

Jennifer Hu, MD, and Petronella Mbu, MD

Child and adolescent psychiatry is a unique specialty within the medical field as we are frequently positioned to interface with a multitude of systems, impacting our patients and their families. As part of our training, child and adolescent psychiatrists (CAPs) are exposed to a variety of systems, including schools, the juvenile justice system, early childhood services, the Department of Developmental Disabilities, and the child welfare system. Such exposure includes school-based and forensic consultation; rotations at state/public sector hospitals, clinics and other programs; and experiences with crisis services. In fact, our ability to treat and advocate for patients and their families within these systems is often what attracts trainees to child and adolescent psychiatry.

The COVID-19 pandemic has made learning about some child-serving systems even more challenging for many trainees. For CAP trainees who have been trained during the pandemic, there may be some gaps around gaining a full understanding of various systems of care. For example, schools transitioned to virtual classes, and CAP fellows were often unable to rotate in-person at schools. Other rotations may have been unable to provide adequate training and supervision of medical students, residents, and fellows due to COVID restrictions.

As ECP and trainee members of the AACAP’s Systems of Care Committee, we have learned about some resources that could help supplement systems of care curricula for training programs. It consists of fifteen didactics (nine systems modules and five process modules) and two super-vignettes designed to test one’s knowledge related to systems. Additionally, the Toolkit includes a didactics series (“Beyond Private Practice”) educating residents, fellows, and ECPs on career opportunities within the different systems of care, such as community-based systems of care and Community Mental Health Centers. The printable versions of these didactics can be found on the AACAP website, and online training is provided through the Innovations Institute at the University of Connecticut.

While these modules do not replace hands-on clinical work within systems of care, the Training Toolkit does provide a broad overview of systems that can inform one’s clinical work and advocacy efforts when partnered with state/local experiences. For example, we have appreciated gaining a better understanding of funding models for child and adolescent mental health to better understand barriers to care and identify key stakeholders when advocating for expanding services.

Through partnerships with the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services and the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health, the Systems of Care Committee’s Special Program also offers a unique opportunity for trainees to broaden their knowledge and receive mentorship from experienced psychiatrists. This year, participants joined regular didactics sessions to learn more about various systems of care and career opportunities. The Special Program culminates in a clinical poster, incorporating elements of systems of care to be shared with other trainees and attendees at AACAP’s annual conference.

Additionally, serving as a fellow to the Systems of Care Committee is something I have enjoyed and strongly encourage other trainees to apply for a committee membership. Through these committee experiences, we have gained a deeper appreciation of the complexities of working within systems; collaborated with other AACAP committees and national organizations; connected with like-minded colleagues and mentors; and had the opportunity to participate in key advocacy and education efforts.

We are excited to be a part of this important conversation around the systems that impact our children’s mental health. Pediatric mental health remains a national concern, and our involvement in and understanding of the different systems of care is crucial in providing high-quality care, expanding services, and enables us to be better advocates for our patients and their families.

To access the Training Toolkit for Systems-Based Practice, you can visit: https://www.aacap.org/AACAP/Resources_for_Primary_Care/Training_Toolkit_for_Systems_Based_Practice.aspx

To find out more information about applying to AACAP committees, visit: https://www.aacap.org/aacap/Medical_Students_and_Residents/Residents_and_Fellows/Join_an_AACAP_Committee.aspx

Petronella Mbu, a child and adolescent psychiatrist with a subspecialty focus in crisis psychiatry and works at Children’s Hospital of the King’s Daughters.

Jennifer Hu, MD, recently graduated from child and adolescent psychiatry fellowship at Duke University. She is planning to work in North Carolina.
This ECP Life
Episode 2: Life on the Balance Beam

Prologue – Striking the Balance by Dr. Jessica Dotson: In our inaugural edition of This ECP Life we heard from early career psychiatrists in the discussion of their experiences with Imposter Syndrome. In this installment, we continue our efforts of solidarity among us in the early career phase who may be struggling with maintaining our equilibrium between the push and pull of the various demands in our lives. Today we bring you three stories of ECPs working to find their balance – Act 1: An Attending Redefining Priorities; Act 2: An Attending Leans on Others; Act 3: An Attending Finds Self-Compassion.

Act 1 – Redefining Priorities by Dr. Cordelia Ross: I am a new-ish mother (of a very active now-toddler). My daughter arrived at the tail end of my fellowship training and my leave took me into graduation, followed by a new attending job several months later. I now work part-time and spend the remaining weekdays with my daughter. The balance has worked out alright, so far – I recognize my privilege and I am appreciative of the extra time with my little one and my partner’s support for my current schedule. I enjoy the days that I work (a mix of virtual and in-person clinic) and love what I do with kids, families and trainees, though I still rush home at the end of the workday, hoping to squeeze in some meaningful moments with my daughter before her bedtime. When I am in “work mode,” I think about how ambitious I used to be, holding leadership positions and pursuing academic interests and projects. My identity and priorities have shifted considerably since becoming a mother and I continue to struggle, at times, with self-doubt and guilt: for not doing “more” at work; for not honoring who I used to be, professionally; for not being home and with my daughter more; the list goes on. One of my mentors, a physician and mother herself, once told me that you can have it all, just not at the same time. I remind myself of this when I feel insufficient.

Act 2 – Leaning on Others by Dr. Abishek Bala: In the fast-paced world of early career physicians, finding balance becomes a vital pursuit. On my first day as an attending physician, leading a clinical team, teaching students, and preparing for board exams felt overwhelming. However, amidst the whirlwind, transparency became my guiding light. I promptly informed my colleagues about the situation, emphasizing our shared responsibility for safety. Their response was heartening. Having weathered similar storms, they willingly offered support. This network of understanding alleviated my concerns, knowing they would step in if needed.

Open communication with my clinical team became crucial in finding balance. Sharing my circumstances with residents, students, social workers, and nursing staff fostered empathy and unity. Their responses echoed compassion, providing the reassurance and motivation needed to navigate challenges. To conquer the demanding task of studying while juggling responsibilities, I adapted my schedule. I embraced precious moments when my baby napped, dedicating them to board exam preparation. These sacrifices were fueled by a determination to succeed, even in adversity. Amidst these professional commitments, the unwavering support of my wife kept me grounded. Her love and understanding...
reminded me of the significance of personal connections while pursuing professional aspirations. Through this journey, I realized that finding balance is about acknowledging the realities we face as early career physicians. Making deliberate choices, fostering open communication, and drawing strengths from loved ones and colleagues have enhanced my ability to navigate challenges and build a fulfilling personal and professional life.

**Act 3 – Finding Self Compassion by Dr. Afifa Adiba:** In the intricate tapestry of my life as a South Asian woman, balance and sacrifice entwined their dance. Witnessing women forsake careers and dreams for “work-life balance,” I questioned the notion that true equilibrium required sacrificing the “non-essentials.” But what if those very things nourished our souls and preserved our sanity? Seeking balance raises questions: What is truly essential? How do we choose? As humans, we need more than mere basics. Motherhood offered unique insights as I navigated the challenges of being a new attending physician, wife, and mother during a pandemic. Transitioning from trainee to attending, juggling a new state and home responsibilities, new interpersonal dynamics at work or home – we are living situations, new jobs, new responsibilities, new interpersonal dynamics at work or home – we are exploring a new balance as well. As we navigate these changes – through trial-and-error, peer support, mentor guidance, and self reflections – we realize that redefining our commitments to ourselves and our authenticity is crucial. What are our new priorities, our “essentials?” What about our limits, have they shifted as we reframe our personal and professional identities? And what can we do about our feelings of guilt – can they co-exist with transparency and open communications with our loved ones and colleagues, so that we strengthen our own sense of grace, empathy and self-compassion? Above all, we learn through this journey that the attempt to strike a balance may be a perpetual work in progress, that embracing imperfection may be the most difficult step, and that we can have it all – just not at the same time.

**Epilogue – Reflections by Dr. Shinnyi Chou:** Once again our friends shared beautifully vulnerable stories of the struggles and triumphs interspersed throughout the lives of early career psychiatrists. Along with all things new in our lives – whether new professional aspirations. Through personal connections while pursuing careers and dreams for “work-life balance,” I questioned the notion that true equilibrium required sacrificing the “non-essentials.” But what if those very things nourished our souls and preserved our sanity? Seeking balance raises questions: What is truly essential? How do we choose? As humans, we need more than mere basics. Motherhood offered unique insights as I navigated the challenges of being a new attending physician, wife, and mother during a pandemic. Transitioning from trainee to attending, juggling a new state and home responsibilities, new interpersonal dynamics at work or home – we are achieving perfect wholeness, shedding the illusion of perfection and unearthing our inner strength. As a South Asian woman, I redefine sacrifice, uncovering the path to lasting and authentic equilibrium.

**Collective efforts of (in alphabetical order):**

- Dr. Afifa Adiba, Dr. Abishek Bala, Dr. Caitlin Briggs, Dr. Anindita Chakraborty, Dr. Cindy Chou, Dr. Jessica Dotson, Dr. Alissa Hemke, and Dr. Cordelia Ross.

To share your story, please email us at thisecplife@gmail.com.
New England Council of Child and Adolescent Psychiatry Zoom Program – February 11, 2023

Sounding the Alarm for Children’s Mental Health

Overview
On February 11, 2023, NECCAP presented a virtual program with our keynote speaker, Warren Ng, MD, MPH, and AACAP President and Professor of Psychiatry at CUIMC: Sounding the Alarm for Children’s Mental Health.

NECCAP and AACAP have enjoyed a long and productive relationship for 60 years, since NECCAP was founded. We were honored that Dr. Warren Ng joined us and shared his Presidential initiative: CAPture Belonging.

In his words: “Through our Diversity, Equity, and Inclusion journey and by investing in each other, our community, and our connectedness, we can dare to dream and meet the challenges before us. We will promote health equity and justice and combat racism and other forms of oppression and change the world.”

Educational Objectives
Dr. Ng’s objectives for this session were to enable our members to:

1. Describe key social determinants of mental health for youth
2. Identify the youth disproportionately impacted by the mental health crisis
3. List key mental health trends exacerbated by pandemic
4. Select specific strategies in responding to mental health crisis

Program Summary
The American Academy of Child and Adolescent Psychiatry, in partnership with AAP and CHA, declared a national state of emergency in child and adolescent mental health in October 2021. The COVID-19 pandemic worsened the past decade’s silent youth mental health pandemic. With 1/5 children and adolescents living with behavioral and/or developmental disorders and fewer than half receiving any treatment, many youth suffered in silence.

Suicide was already the second leading cause of death for youth 10-24 years of age. There has also been a disproportionate increase in black children dying from suicide at alarming rates. The COVID-19 pandemic exacerbated the social determinants of mental health and risk factors including family mental health and substance use issues, adverse childhood experiences, racial disparities, social isolation, trauma, food and housing insecurity, economic stress, and poverty. Youth and families of color are disproportionately impacted by the systemic and structural racism and inequities embedded within the systems of care meant to serve them. The syndemics of racism, COVID-19 and mental health created the perfect storm.

During the COVID-19 pandemic, children and adolescents went to emergency rooms in crisis. There was a 24% increase in emergency department visits for mental health conditions for children aged 5-11 and 31% increase for youth aged 12-17 years old. There was a 51% increase in adolescent females going to the emergency department with suspected suicidal behaviors. Youth arriving in crisis within emergency departments were presenting with increased severity, complexity and comorbidities.

The existing system of care for youth mental health could not meet the rapidly increasing demands of the crisis. They had never met the needs even before the pandemic. AACAP joined a coalition of many organizations in endorsing the Child and Adolescent Mental and Behavioral Health

“Let us grow strong, but never in our strength forget the weaker brother.
Let us fight, but only when we must fight.
Let us work, for therein lies our salvation.
Let us conquer the soul, for therein lies our power.
Let us march in steady unbroken beat, for therein lies our progress.
Let us never cease to laugh, to live, to love, and to grow.”

Dr. Rev. Pauli Murray
The Harlem Renaissance was an intellectual and cultural revival of African-American music, dance, art, fashion, literature, theater, politics and scholarship centered in Harlem, Manhattan, New York City, spanning the 1920s and 1930s.

Within each principle, the experience of ethnic minority, underserved, LGBTQ, justice-involved, child welfare-involved, and disabled youth should be highlighted. Working in partnership with government, communities and professional organizations, AACAP’s child and adolescent psychiatrists have contributed to strategies such as integrated mental health services with pediatric providers, enhanced school based mental health, and coordinated crisis response services. Collaborations with youth, families and communities in advocacy has been key to continue transforming systems of care to serve all youth, families and communities with health equity and justice.

References

Sharon R. Weinstein, MD
Medical Director and Immediate Past President, New England Council of Child and Adolescent Psychiatry (NECCAP)
Assistant Professor in Psychiatry, Part-time, Harvard Medical School Clinical Associate in Psychiatry, Child and Adolescent Program, McLean Hospital Child, Adolescent, Adult Psychiatrist in private practice - Lexington, MA

Dr. Weinstein’s honors include Distinguished Life Fellow of APA and AACAP, AACAP’s Presidential Award, NECCAP’s first Lifetime Achievement Award, Massachusetts Psychiatric Society’s Outstanding Psychiatrist in Education. Dr. Weinstein has organized over 190 scientific programs for NECCAP.

Warren Y.K. Ng MD, MPH
President of the American Academy of Child and Adolescent Psychiatry (AACAP)
Medical Director Outpatient Behavioral Health at NYPH-CUMC
Director of Clinical Services Child and Adolescent Psychiatry
Professor of Psychiatry at CUMC
AACAP’s 70th Annual Meeting
New York Preview

AACAP’s 70th Annual Meeting is just 3 months away and we’re excited to bring our community back together in New York!

As usual, the meeting includes:

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

What to Expect

■ All 9 Institutes are included with registration! Topics include psychopharmacology, bipolar disorder, anxiety, autism, and much more!
■ 45 hours of pre-recorded Institute content are released to all attendees starting October 9, and available through November 30, to watch anytime, anywhere, significantly expanding the amount of learning included with the meeting.
■ Each Institute includes a two-hour Q&A in New York for direct interaction with the presenters.
■ Earn up to 90 CMEs by attending the meeting in New York!
■ Scientific sessions start earlier on Monday, October 23 at 1:00 pm ET.

We can’t wait to welcome you to New York! For complete details about the Annual Meeting, visit http://www.aacap.org/AnnualMeeting-2023.

Important Dates & Deadlines

August 1 – Members Only Registration opens
August 8 – Nonmember Registration opens
September 14 – Early bird registration deadline
September 22 – Last day AACAP room rate guaranteed at hotels
October 9 – On-demand Institute content available online
October 23 – First day of AACAP’s 70th In-Person Annual Meeting
October 28 – Last day of AACAP’s 70th In-Person Annual Meeting
November 30 – Last day to view on-demand content
Hotel Reservations

Hotel rooms in New York will sell quickly! Visit the hotel page of the Annual Meeting website for more details and information.

Hilton New York Midtown
1335 6th Ave, New York, NY 10019
Early Bird (Limited availability) - $369/single/double per night, plus taxes
Regular Rate – $399/single/double per night, plus taxes
Check-in is at 3:00 pm and check-out is at 12:00 pm

Sheraton New York Times Square
811 7th Avenue, W 53rd Street
New York, NY 10019
Early Bird (Limited availability) – $375/single/double per night, plus taxes
Regular Rate – $395/single/double per night, plus taxes
Check-in is at 4:00 pm and check-out is at 12:00 pm

We recommend you book your hotel reservations online through the AACAP Annual Meeting website to ensure you get the group rate. If you call to make a reservation, ask for the AACAP ANNUAL MEETING GROUP RATE to qualify for the reduced rate.

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

Plan Your Time at the Annual Meeting

You can count on AACAP to provide the latest research in child and adolescent psychiatry with a wide variety of programs to meet all of your educational needs. Get up to date on all of the changes in the field, including psychopharmacology, telehealth, physician wellness, gender and sexuality, and diversity, equity, and inclusion. Log in to the AACAP Annual Meeting website starting in August to build your schedule and plan your time in New York!

Book Your Travel to New York City

New York City is served by 3 airports, the John F. Kennedy International Airport (JFK), LaGuardia Airport (LGA), and Newark Liberty International Airport (EWR). For more information about the airlines serving these airports, flight schedules, and ground transportation options, visit www.panynj.gov.

New York City is served by 2 main rail stations: Grand Central Terminal and Penn Station. Both are served by numerous bus and subway lines, including Metro-North Commuter Railroad, Long Island Railroad (LIRR), Amtrak, New Jersey Transit, and PATH (Port Authority Trans Hudson).

Register for the Annual Meeting Starting in August

Registration for the Annual Meeting opens on August 1 for AACAP members and August 8 for nonmembers. Be sure to register early to secure your spot in all ticketed sessions you want to attend. Save $100 by registering by September 14.

CAP®Home: AACAP’s 70th Annual Meeting Virtual Experience

Want to experience the Annual Meeting, but can’t make it to New York? We’re offering CAP®Home, a limited virtual version of the Annual Meeting. CAP®Home includes:

- Up to 75 CMEs
- 9 Institutes on topics such as psychopharmacology, bipolar disorder, autism, anxiety, and much more!
- Live stream of all General Sessions, now including the Research Symposium and the James C. Harris Developmental Neuropsychiatry Forum
- Over 300 virtual new research posters

Helen Beiser, MD, Art Show

Join us at the Helen Beiser, MD, Art Show!

Coordinated through AACAP’s Art Committee and Local Arrangements Committee, we invite creative AACAP members and their family to submit artwork to make this year’s show spectacular! You may exhibit up to three pieces of art. We are looking for original works including paintings, drawings, illustrations, pottery, sculptures, calligraphy, poetry, letterpress broadsides, artist’s books, or photographs. The Art Show is for exhibition purposes only – no pieces are offered for sale.

All artists are welcomed and encouraged to participate in “Meet the Artists”. This event will give you the chance to showcase your art first-hand to the Annual Meeting attendees. Don’t miss out on this exciting opportunity!

For more information, please contact meetings@aacap.org.

To submit an artwork application, please check the AACAP Annual Meeting website for more information: https://aacap.confex.com/aacap/2023/meetinginfo.cgi

9-8-8 Suicide & Crisis Lifeline – IS LIVE!

The resources and information on this page – https://www.samhsa.gov/find-help/988 – are designed to help states, territories, tribes, mental health and substance use disorder professionals, and others looking for information on understanding the background, history, funding opportunities, and implementation resources for strengthening suicide prevention and mental health crisis services.
Don’t Miss This Opportunity to Save Money!

AACAP members who refer a new Annual Meeting exhibitor can receive a $100 discount on their 2023 AACAP Annual Meeting registration. All referrals must be first-time AACAP exhibitors and must purchase a booth for the AACAP Annual Meeting in New York City.

Exhibitors can connect with more than 4,000 child and adolescent psychiatrists and other medical professionals from around the world, as well as advertise in several of the Annual Meeting publications. Typical AACAP exhibitors include recruiters, hospitals, residential treatment centers, medical publishers, and much more. To review the Exhibit & Sponsorship information at [http://www.aacap.org/AnnualMeeting-2023](http://www.aacap.org/AnnualMeeting-2023) with more details on these opportunities.

Show your support for AACAP and save today!

Questions? Email exhibits@aacap.org or call 202.966.7779.

Medical Students, Residents, and Trainees:
Attend AACAP’s Annual Meeting for FREE!

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

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

**Why Become a Monitor?**
- **FREE** general registration for all residents, trainees, and medical students!
- **Half-priced** tickets for most ticketed events!
- **Networking opportunities** with presenters and peers!

**How to become a Monitor?**
- A Monitor is required to volunteer for one full day or two half day sessions.
- Monitors choose their own assignments when they register.

**Register Early?**
- Monitor registration opens August 1 for AACAP members only. Nonmember registration opens August 8.
- Increase your chances of getting the Monitor assignment that you want by becoming an AACAP member today!

For more information about the Monitor Program, visit [www.aacap.org/AnnualMeeting-2023](http://www.aacap.org/AnnualMeeting-2023) or email meetings@aacap.org.
Clinical ESSENTIALS
A Series of Online CME Courses in Child and Adolescent Psychiatry

- ADHD
- Advancing Anti-Racism and Social Justice Action
- Autism Spectrum Disorder
- Cannabis Use Disorder
- Eating Disorders and Obesity
- Emotion Dysregulation
- Gender Diverse Youth
- Intellectual Developmental Disorder
- Racism, Injustice, and Inequities
- Social Media Use
- Threat Assessment and Violence Prevention
- Trauma-Focused CBT on Pediatric PTSD

These self-study online CME courses feature premium quality materials that have been curated by our experts to deliver the most high-yield content on the topic.

To learn more, visit www.aacap.org/onlinecme
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.

Imperative 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](mailto:cme@aacap.org).

[www.aacap.org/moc](http://www.aacap.org/moc)
Learn clinically relevant psychopharmacology from experts. Course highlights include:

- Earn up to 8 AMA PRA Category 1 Credits™.
- Topics include: autism spectrum disorder, anxiety disorders, insomnia, substance use disorders, and more.
- Deepen your knowledge by watching top-rated lectures from past AACAP Psychopharmacology Institutes and completing a CME quiz.

Visit www.aacap.org/onlinecme to learn more.
ACADEMY & ASSOCIATION 101

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

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

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

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

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

For any further questions, please contact the Government Affairs team at govaffairs@aacap.org.
I am not my age, my race
Nor the size of clothes I wear
I am not my height, my weight
Nor the texture of my hair.
I am not my name
My titles or degrees.
I am not the car I drive
Nor what street I live in.
I am not my portfolio
My assets or net worth
I am not the political party I belong.

Who am I then?

I am all the books I’ve read
And every word I write
I am the sweetness in my laughter
And all the tears I’ve cried.

I am the songs I sing so loudly
When I know I am all alone
I am all the places I’ve been to
And the one that I call home.
I am the things that I believe in
And the people that I love.
I am the one who dreams
Of peace and justice in the world.
I am the green thumb lady
The one that listens to the birds
Like the most beautiful concert
She could ever attend.
I am my parent’s dreams
my children’s roots
and my grandchildren’s wings.
I am all the photos in my bedroom
And the memories behind
I am the happiest moments of my life
When I saw my children’s faces
For the very first time.

I have come to realize
I am made of so much beauty
But it seems that I forgot
When I decided I am defined
By all the things I am not
Don't Miss A Thing
Check out AACAP's Social Media

@AACAP

American Academy of Child & Adolescent Psychiatry

American Academy of Child & Adolescent Psychiatry

News Clips:
We will update you with need-to-know information about the mental health field twice a week.

Contact
Kat Sharma
Communications Coordinator
Ksharma@aacap.org

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY
WWW.AACAP.ORG
Membership CORNER

Congratulations to Graduating Residents and Medical Students

Please provide us with your updated contact information after graduation.

You can update your information online at www.aacap.org.

In Memoriam

Michael J. Mardis, MD
Tuscon, AZ

Sarabjit Tokhie, MD
Okemos, MI

Being an AACAP Owl

AACAP Members qualify as Life Members when their age and membership years total 101, with a minimum age of 65 and continuous membership.

Benefits: Annual AACAP Membership Dues are optional. A voluntary JAACAP subscription is available for $60. Receive the Owl Newsletter, which contains updates focused around your community!

Are you a Life Member who would like to be more involved in Life Member activities? Contact AACAP’s Development Department at 202.966.7300, ext. 140.
Welcome New AACP Members

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Arham Ahmed, MD, New York, NY
Mohamed Safwat Ahmed, MD, Houston, TX
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Thank You for Supporting AACAP!

AACAP is committed to the promotion of mentally healthy children, adolescents, and families through research, training, prevention, comprehensive diagnosis and treatment, peer support, and collaboration. We are deeply grateful to the following donors for their generous financial support of our mission. Donations for May 1 to June 27, 2023.

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Consuelo M. Reddick, MD
Dana S. Rubin, MD, MSW

Danielle Martin, DO
David Lyons, MD
Debra Atkinson, MD, PA
Douglas G. Kondo, MD
Elaine F. Mateo, MD
Erika Bath, MD
Eugenie Curiel, MD
Fazal Ahmed, MD
Hamilton Warren-Sutton, MD
Jennifer King, MD
Jennifer L. Shoenfelt, MD
Jocelyn Lluberes, MD
John N. Korger, MD
Karen J. Hotchkiss, MD
Karen Joan Kraus, MD
Karen Poulos, MD
Katherine Liebesny, MD
Khadijah Booth Watkins, MD
Laine E. Taylor, DO
Marlow Easterling, MD
Mary Boren, MD
Michele Hauser, MD
Nancy Beyer, MD
Nerissa Galang-Feather, MD
Peter D. Nierman, MD
Peter T. Daniolos, MD
Priti Bhardwaj, MD
Rachel Pearson, MD
Rachel Wheeler, MD
Ravi S. Ramasamy, MD
Raymond Behr, MD
Renee Marquardt, MD
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Sheree Krigsman, MD
Shireen Cama, MD
Stacy S. Drury, MD, PhD
Tarik Hadzic, MD
Thrassos S. Calligas, MD
Toni B. Goodykoontz, MD
William Cohen, MD

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.
Marilyn B. Benoit, MD, Receives the Abraham Halpern Humanitarian Award

Dr. Marilyn Benoit, past president of AACAP, was honored with the Abraham L. Halpern, MD Humanitarian Award on Monday May 22, 2023, in San Francisco, CA. The award is given by the American Association for Social Psychiatry (AASP), a component organization of the American Psychiatric Association (APA), for extraordinary achievement in advancing human rights. The recipient is chosen as someone who has championed causes of importance directly or even indirectly to the best practice of psychiatric medicine. Advances in ethics and professionalism, medical education, civic action, reform of legal jurisprudence, significant advances in medical practice and/or treatment, leadership taken at a political, societal or cultural level, anywhere that one person’s efforts have made all the difference in the world and thereby contributed to improved mental health care and psychological wellness.

The award is named in honor of the forensic psychiatrist and human rights activist Abraham L. Halpern, MD (1925-2013) who embodied those values which are central to the AASP. The awardee is invited to give a lecture at the Annual Forum of the American Association for Social Psychiatry, at the Annual Meeting of the APA. Dr. Benoit’s presentation was titled: Pillars of Mental Health: Attachment and Social Connectedness over the Lifespan, which she delivered to a full auditorium. She was introduced by Eugenio M. Rothe, MD, immediate past president of AASP, she received the award from John Halpern, MD, president of AASP and the son of the late Abraham Halpern and was additionally honored by Rama Rao Gogeneni, MD, past president of AASP, who bestowed upon her an East Indian shawl officially endowing her as a Guru of Social Psychiatry. Dr. Gogeneni explained later that the word Guru derives from the words Gu, meaning “ignorance,” the word Ru, “to dispel,” so that the word defines a person who possesses wisdom, and is a teacher and an educator. The American Association of Social Psychiatry could not have chosen a more deserving candidate for the award.
The JAACAP family of journals aims to promote the well-being of children and families globally by publishing original research and papers of theoretical, scientific, and clinical relevance to the field of child and adolescent mental health.

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Become an AACAP Distinguished Fellow Today!

Becoming a Distinguished Fellow represents excellence in your professional career and your positive contribution to our field. Distinguished Fellow is the highest membership honor AACAP bestows upon its members.

Requirements:

- Must be board certified in child psychiatry
- An AACAP GENERAL MEMBER of at least five consecutive years
- Making outstanding and sustained contributions in any three of the five following areas:
  - 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.

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.
Trastorno por Déficit de Atención / Hiperactividad (TDAH):
Guía para familias sobre medicamentos
ILLINOIS

Company: Wellsprings Health Associates (1352005)
Title: Board Certified Child and Adolescent Psychiatrist
Job ID: 18708329
URL: https://jobsource.aacap.org/jobs/18708329

Job Description:
We are currently seeking a board-certified child and adolescent psychiatrist to work part-time as an independent contractor. Your schedule would be flexible with office and virtual accommodations available. You can pick the days and hours that work best for your schedule. Work at Wellsprings provides opportunity for personal and professional growth, and seeks to compensate our clinicians generously. If you are interested in this outstanding part time opportunity, please send your CV and a brief letter of interest to akurzman@wellspringshealth.com and ndresner@wellspringshealth.com. Thank you for your interest!

MARYLAND/VIRGINIA/ WASHINGTON, DC

Company: Spin Recruitment Advertising (876472)
Title: Outpatient Psychiatrists - Child & Adult
Job ID: 18747519
URL: https://jobsource.aacap.org/jobs/18747519

Job Description:
Fulfilling the promise of medicine Outpatient Psychiatrists - 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. If looking for a strong work/life balance - we invite applications for full-time specialists in Child and Adult Psychiatry at our Burke Medical Center and in Upper Marlboro. Eligible for $150,000 - $200,000 as a forgivable loan – OR – $150,000.00 in student loan repayment 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 an outpatient clinic, Monday–Friday (no Saturday or Sunday clinic) with support from a 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: Value a strong work/life balance Practice patient-centered, culturally competent medical care Communicate thoughtfully (listen, educate, advocate) Lead with integrity Value teamwork 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 Nicholas Chastain at nicholas.chastain@kp.org or call (301) 569-0754. You may also apply formally online at our careers page https://midatlantic.permanente.org/careers/. MAPMG profile creation: Candidate profile Amazing benefits! MAPMG Benefits 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.

MASSACHUSETTS

Company: Boston Children’s Hospital (1343571)
Title: Full-time Researcher, Affective Disorders; Boston Children’s Hospital
Job ID: 18678953
URL: https://jobsource.aacap.org/jobs/18678953

Job Description:
The Department of Psychiatry and Behavioral Sciences at Boston Children’s Hospital invites applications for a full-time researcher dedicated to discovering the causes and/or novel treatments of affective disorders in children and adolescents. Appointment at Harvard Medical School as an Assistant or Associate Professor will be commensurate with experience and requires ongoing teaching. Candidates pursuing research in youth with affective disorders involving neurobiological, epidemiologic, genetic, pharmacological and/or psychosocial approaches will join a community of researchers with similar interests in the Department of Psychiatry and in the Brain, Mind and Behavior Center. Applicants should send a personal statement with research interest and Curriculum Vitae to electronically to Cleo Hereford, Administrative Manager, Department of Psychiatry and Behavioral Sciences (cleo.hereford@childrens.harvard.edu). All inquiries are confidential. Candidates will be reviewed in mid-September 2023 and reviews will continue until an appropriate applicant is selected. Applicants must possess an MD, MD/PhD and/or PhD (or equivalent) and have at least two years’ postdoctoral experience or the equivalent. The successful
reviews will continue until an appropriate applicant is selected. We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

Company: Mass General Brigham (1352210)
Title: Psychiatrist Lurie Center for Autism, Mass General Brigham
Job ID: 18711916
URL: https://jobs.source.aacap.org/jobs/18711916

Job Description:
The Lurie Center for Autism, a division of the Department of Pediatrics at Mass General Brigham and Mass General for Children, is seeking a clinical psychiatrist to join a large multidisciplinary autism treatment center based in Lexington, Massachusetts. The Lurie Center for Autism is an integrated clinical, research, and training program dedicated to treating individuals with autism spectrum disorder (ASD) and other neurodevelopmental disorders across the lifespan. The Lurie Center is unique in its multidisciplinary approach that integrates the services of neurology, developmental pediatrics, gastroenterology, primary care, psychiatry, neuropsychology, occupational therapy, physical therapy, speech language pathology, educational services, and family support services. More information about our many programs is available at Lurie Center for Autism (massgeneral.org). The successful candidate will have strong clinical skills in psychiatry with demonstrated interest in treating patients with ASD and other neurodevelopmental disorders. The Center is committed to serving individuals with neurodevelopmental disorders from early childhood through adulthood. Candidates with both research and clinical experience in neurodevelopmental disorders are particularly encouraged to apply. This appointment is anticipated to be at the rank of Instructor, Assistant Professor or Associate Professor. Requirements include an MD or equivalent degree, eligibility for medical licensure in the State of Massachusetts, and certification (or eligibility for certification) by the American Board of Psychiatry and Neurology. Faculty members are appointed through Harvard Medical School (HMS) and serve the research, clinical, and educational missions of Mass General Brigham.

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law. Applicants should email the following: a letter of interest, a CV and three letters of reference on official letterhead with signature to Christopher McDougle, MD; c/o NHEFFERMAN@MGH.HARVARD.EDU.

Job Requirements:
Board certified psychiatrist

Company: Boston Children's Hospital (1343571)
Title: Chief, Early Childhood, Education, and Community Engagement
Job ID: 18763178
URL: https://jobs.source.aacap.org/jobs/18763178

Job Description:
The Department of Psychiatry and Behavioral Sciences at Boston Children’s Hospital invites applications for a full-time position dedicated to the development and implementation of a strategic vision of comprehensive early childhood continuum of care focused on early identification, intervention and the treatment of young children with a broad range of social-emotional, behavioral, and developmental problems and/or at risk of the development of social-emotional and behavioral disruptions. In addition this position will be charged with building and supporting innovative training and education programs for diverse groups of individuals who provide equitable and culturally responsive advocacy, support, and care for infants and young children within Boston Children’s and across the broader Massachusetts community. Appointment at Harvard Medical School as an Assistant or Associate Professor will be commensurate with experience and requires ongoing teaching. Candidates with a focus on infants and early childhood will join a community of providers, trainers, researchers, and community organizations that share a
true commitment to ensuring that at-risk children, and their families, have the full continuum of support to ensure that they thrive during this critical developmental time-period. Applicants must possess an MD, DO, MD/PhD (or equivalent) and have specific training and certification in infant and/or early childhood mental health. Applicants must also be board eligible/certified in general and child/ adolescent psychiatry. The successful candidate will have previous experience building innovative systems of care and in developing and supporting training and education programs and a strong commitment to health equity and anti-racist practices. Applicants should send a personal statement with research interest and Curriculum Vitae to electronically to Cleo Hereford, Administrative Manager, Department of Psychiatry and Behavioral Sciences (cleo.hereford@childrens.harvard.edu). All inquiries are confidential. Candidates will be reviewed in mid-August 2023 and reviews will continue until an appropriate applicant is selected. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, disability status, protected veteran status, gender identity, national origin, disability status, protected veteran status, pregnancy and pregnancy-related conditions, or any other characteristic protected by law.

**Company:** Cambridge Health Alliance (177750)

**Title:** Inpatient Child/Adolescent Psychiatrist Opportunities

**Job ID:** 18785182

**URL:** https://jobsource.aacap.org/jobs/18785182

**Job Description:**
The NEW CHA Center of Excellence for Child & Adolescent Inpatient Mental Health Care at Somerville will provide a transformative continuum of patient- and family- centered care for diverse youth with mental health needs. Including specialized autism spectrum/ neurodevelopmental beds at our Somerville Campus. Cambridge Health Alliance is already one of the region’s leading providers of behavioral and mental health care. We are passionate about helping children and their families, join our expanding team and make a difference! CHA provides Competitive Salaries starting at $300,000! Provide clinical care to patients during periods of inpatient/partial hospitalization Develop and maintain comprehensive treatment plans Participate in teaching opportunities with psychiatry residents, fellows, and other mental health trainees Work in a collaborative practice environment with an innovative clinical model allowing our providers to focus on patient care and contribute to population health efforts Fully integrated electronic medical record (Epic) and robust interpreter service Academic appointments are available commensurate with criteria of Harvard Medical School Candidates with special interest and training in Neurodevelopment encouraged to apply CHA is a teaching affiliate of HMS. This position carries an HMS appointment of Instructor, Assistant or Associate Professor, commensurate with HMS appointment criteria, candidate qualifications and commitment to teaching responsibilities. Qualified candidates will be BC/BE in psychiatry and share CHA’s passion for providing the highest quality care to our underserved and diverse patient population. Please submit CV’s through our secure website at www.CHAproviders.org, or by email to Melissa Kelley at ProviderRecruitment@challiance.org. The Department of Provider Recruitment may be reached by phone at (617) 665-3555 or by fax (617) 665-3553. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

**OHIO**

**Company:** Lindner Center of HOPE (1347073)

**Title:** Child & Adolescent Psychiatrists

**Job ID:** 18717302

**URL:** https://jobsource.aacap.org/jobs/18717302

**Job Description:**
Lindner Center of HOPE is a nationally renowned psychiatric center of excellence located in Mason, Ohio, committed to providing transformational, state of the art diagnosis and treatment to patients of all ages at every level of care. We are looking for highly skilled child and adolescent psychiatrists to enhance our existing outpatient services and develop additional programming to serve the mental health needs of the child and adolescent population in the Greater Cincinnati area. You will have the opportunity to work with other very talented psychiatrists and mental health care professionals, with multiple areas of expertise. Psychiatrists receive faculty appointments through the University of Cincinnati Department of Psychiatry and Behavioral Neuroscience, one of the nation’s top academic psychiatry departments. There is the opportunity to teach psychiatry residents and medical students. Compensation includes a competitive salary, automatic employer contributions to a retirement account, competitive time off, and other University of Cincinnati benefits. There is no inpatient call or weekend work obligation. Psychiatrists joining Lindner Center of HOPE will receive a competitive sign-on bonus. LCOH is part of the UC Health network and affiliated with the Mayo Clinic and the National Network of Depression Centers. The Greater Cincinnati community has professional and collegiate sports teams, outstanding performing arts, and a wide variety of recreational opportunities. Three of the top 10 Ohio school districts are in the Greater Cincinnati area. Come enjoy a collegial atmosphere practicing on the cutting edge of mental health care. If you are interested in viewing the job description or applying for a position listed above, visit: lindnercenterofhope.org/careers/available-positions/. For additional information about this position, please reach out to Dr. Danielle Johnson, MD, Chief Medical Officer at Danielle.Johnson@LindnerCenter.org.

**WASHINGTON**

**Company:** Department of Health (WA Health) - Child and Adolescent Mental Health Services (1342364)

**Title:** Consultant Psychiatrist

**Job ID:** 18683040

**URL:** https://jobsource.aacap.org/jobs/18683040

**Job Description:**
This is a Recruitment Pool for Fixed Term Full Time, Fixed Term Part Time and Sessional appointments for 5 years with the possibility of extensions. WA Health has initiatives to support international and interstate recruitment and expedite employment for critical workforce shortages which includes travel exemptions and financial incentives of up to $8,000 for eligible international
Diagnosis and treatment of eating disorders: A tier 4 state-wide service providing assessment, treatment and support for children aged 6 to 12 years with complex and longstanding mental health issues and their parents/carers. Touchstone: A structured day program for young people aged 12 to 17 years who are struggling to cope with relationships, mood difficulties and impulsive self-harming. Complex Attention and Hyperactivity Disorders Service: CAHDS is a state-wide service that works with children, young people (under 18 years old) and families who have persistent difficulties with attention and behaviour. For further information about the benefits of working for CAHS and our services please click here.

Job Requirements:
For Further Job Related Information: We encourage you to contact Dr Vineet Padmanabhan on +61 (8) 6389 5800. Application Instructions: Applicants MUST apply online via MedJobsWA - Reference Number 11314.

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