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

Save the Dates

New Research Poster Deadline: **June 7, 2023**
Preliminary Program and Hotel Reservations Available: **June 15, 2023**
Member Registration Open: **August 1, 2023**
General Registration Open: **August 8, 2023**
Early Bird Registration Deadline: **September 14, 2023**

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Local Arrangements Chair
A young girl residing in the vibrant community of Dharavi in Mumbai, India, which is renowned for being one of the most densely populated areas in the world. With an area spanning over 0.81 square miles and a bustling population of approximately 1,000,000 individuals, Dharavi is an incredibly diverse and dynamic neighborhood.
MISSION STATEMENT
The Mission of the American Academy of Child and Adolescent Psychiatry is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

– Approved by AACAP Membership December 2014

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

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

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Warm greetings from the CAPture Belonging Presidential Initiative taskforce as the calendar announces the arrival of spring. The additional hour of daylight, cherry blossoms and budding fresh foliage signals a new season ripe with promise for all.

Our task force recently met in person to discuss goals, review priorities and plan for the future, we started and ended the meeting with inspirational quotes upon staff director Carmen Thornton’s suggestion. The process enlivened our meeting with intention and provided a quick history lesson as we accomplished the meeting agenda.

Tami Benton’s inspirational quote:
“If you want to go fast, go alone. If you want to go far, go together.”

African Proverb

AACAP’s resource library to combat racism and promote health equity illustrates this proverb nicely with the numerous academy committees’ collaborations and lectures going far to provide education for our members and the families we serve.

Carmen Thornton continues to be inspired by Shirley Chisholm, “Don’t listen to those who say you can’t. Listen to the voice inside yourself that says, I can.”


This is the perfect opportunity to highlight the Medical Mistrust virtual forum which took place on March 22nd. The full recording is still available at www.aacap.org.

Finally, one of the many quotes from Dr. Martin Luther King I find inspiring is, “True peace is not merely the absence of tension; it is the presence of justice.”

I am ever grateful for the work of this task force to utilize the blueprint set forth in the Diversity and Culture action plan to assist child and adolescent psychiatrists to accomplish the mission to better treat the children, families, and communities we serve.

We will continue working on AACAP priorities collaboratively within the 4 pillars of awareness, advocacy, workforce and professional development and national partnerships and as delineated in the Diversity and Culture Action plan.

Awareness

- 5 lectures on improving healthcare equity during the Covid-19 era along with ScreenSide Chats with Gaye Carlson, MD.

Advocacy

Several presidential statements were crafted and posted:

- An Abramson Grant was awarded to Drs. Adam, Al-mateen and Newsome allowing the development of a video: Engaging a new generation of trainees: amplifying voices of color. https://youtu.be/qoOqSGjNANO.

- CAP diversity equity and inclusion in research pipeline initiative was presented by a distinguished group from the diversity and culture committee.

- Two additional resources were developed, a Facts for Families resource on children and racism and a policy statement on increased suicide among black youth in the US.
MLK, Juneteenth and reflections on the violent January 6 protests.

AACAP statement responding to the Robb elementary school shooting in Uvalde Texas, Florida’s “don’t say gay or trans” law and the opposition of actions in Texas threatening the health and well-being of LGBTQ+ youth were developed. All of these statements and resources are available online at www.aacap.org.

Workforce & Professional Development

- Drs Adam and Al-Mateen and Newsome developed an Excellence Through Mentorship series.
- The program committee and clinical essentials began to integrate a DEI lens within their charge.
- A DEI fellowship program began with 2 fellows last year!

National Partnerships

- AACAP is working collaboratively with the AMA, ABPN, AADPRT, APA, AAP, SAMHSA, SNMA, LMSA and AADCAP to address disparities in healthcare.

As we celebrate Women’s History Month, let’s also take a moment to recognize the importance of diversity, equity, and inclusion in our field. Our task force is committed to working together to create a more inclusive and supportive environment for everyone. We believe that by valuing and uplifting diverse voices and experiences, we can strengthen our community and advance our shared goals. Let’s keep up the good work and make this Spring season one of growth and progress for all!

Melvin Oatis, MD
A Case for the Use of Music Therapy as a Primary Form of Mental Health Treatment

In a recent article for this publication, Jonathan Weiss, MA described how music therapy can be best utilized as a part of a psychiatric care plan. As he mentioned, music therapy is often viewed by psychiatric treatment teams as an adjunct to mental health care. It is often thought of as a place where clients can “relax,” “have fun,” or “get their energy out.”

While each of these descriptors can be true of music therapy sessions, music therapy is underutilized as a clinically relevant treatment modality and can be used alongside or instead of mental health counseling or social work. In my work with adolescent boys at a group home, I was hired as the mental health therapist. This role was traditionally held by a social worker or mental health counselor, but the social service agency that ran the group home saw value in hiring a music therapist to work with these clients as their primary therapist. Through the case study below, I hope to demonstrate the value in utilizing music therapy as a critical aspect of psychiatric treatment, not just an activity for the client’s free time.

In 2016 I was hired to work as the music therapist at a group home for teenage boys in foster care in the Bronx, NY. Most of the clients at the group home were Black or Hispanic and, as a White male, cultural and racial differences often came to the fore of our relationships. For example, many of the clients told me that their primary interactions with White males occurred with police officers, lawyers, and judges. As a result, it became clear that developing a trusting therapeutic relationship with these clients would require time and considerable effort to demonstrate that I was an ally and not there to punish them. Being a music therapist was a great asset in this endeavor. Many of the teenagers had strong and very personal relationships with music, and several of them were talented musicians. My ability to provide a therapeutic environment in which the musical identities of the clients could be expressed proved to be effective. This case study will explore one such case with a 16 year-old Black male of African American and Hispanic heritage named Drew.

**Background Information**

Drew first entered the foster system after his mother gave birth to him at a young age and did not have the means to care for him. He liked his foster parents but said that they had become increasingly strict as he entered his adolescence, and he could no longer abide by their rules. He regularly left home and stayed with a close friend’s family, which became like an additional family to Drew. He even began referring to his friend’s mother as “mom.” However, his friend’s family did not have adequate space or resources to care for Drew, so he was placed back into the care of the Administration for Children’s Services (ACS). He was given a bed at the group home where I worked while ACS sought a more adequate long-term home.

**Music Therapy**

When Drew first entered music therapy, he was withdrawn and resistant to treatment. He regularly ran away from the group home and often did not show up for sessions. When he did attend, he was polite, quiet, and willing to engage in introductory conversation. In initial music therapy sessions, I assess the client’s musical interests in an effort to plan interventions that they may be open to trying. Drew talked about his love of rap music and writing. He kept a notebook and wrote lyrics in his free time. For the first several months of therapy, Drew regularly stated that he was too tired to share his raps or work on lyric writing. We spent most of those sessions listening to music and watching YouTube videos of his favorite artists. These sessions proved to be invaluable for developing our therapeutic alliance. I was able to see how Drew’s enthusiasm changed depending on the songs he chose, which lyrics he personally related to, and which artists he admired. He was able to see that I did not judge or restrict his music. He was also able to see that I had my own musical knowledge, and he became interested in my musical tastes. He began to attend music therapy more frequently and even sought me out in between scheduled sessions.

I acquired new recording equipment for my work at the group home, such as a microphone, microphone stand, headphones, and a laptop equipped with the music production software GarageBand. Drew was intrigued by the gear and was especially excited about the microphone. When he first saw it, he stood up and began rapping into the microphone while moving his arms enthusiastically. From that point on, most of our sessions involved working on original lyrics, finding beats online to rap over, and recording his raps. We would have writing sessions in which we would play a recording of the instrumental version of one of his favorite songs and write accompanying lyrics. We would both write and then share our lyrics with each other. Initially, I only asked whether Drew wanted to record his music.
lyrics. He was very judgmental of his work and many of his lyrics wound up scribbled out or in the trash can. As he continued to share lyrics with me, I increasingly encouraged him to record his work, challenging him to see how performing them felt. When he refused, he would often explain that he did not see the point in keeping lyrics that he found imperfect. Throughout the course of treatment, we were able to explore how feelings of imperfection presented themselves in other areas of Drew’s life.

I worked with Drew for over a year in music therapy and over that time his musical flexibility increased. He became willing to take more chances with his lyrics, writing about different themes and even recording lyrics that were not yet perfect in his mind. Still, he struggled to feel satisfied with the finished product and we spent sessions editing minutiae and rewriting completed songs. His willingness to explore a range of emotions musically, however, continued to grow. Drew would come into sessions experiencing joy, calm, sadness, anger, and frustration. He was able to reflect each of these emotions in his writing and in the performance of his lyrics. While these emotions may have been present in his notebook before the start of therapy, his willingness to express them with another person, and to explore them in music, demonstrated a feeling of safety that he may not have felt in other areas of his life.

**Conclusion**

Developing a strong therapeutic alliance with Drew would have been more difficult without the ability to connect through music therapy. Our stark cultural differences and his previous interactions with White males created a barrier that took time to overcome. Because of Drew’s passion for music and the fact that music was such an integral part of his identity, being able to use music to connect and communicate with each other was an invaluable asset. Music therapy intervention led to progress that would have otherwise been difficult to achieve. After working with Drew for over a year, he was more active in group home activities, more communicative with staff, and rarely left the home overnight without clearing his plans with the site director. He also developed closer relationships with peers in the group home. Music therapy was only part of Drew’s treatment plan but was a primary vehicle for change in his life.

Chris Lambert, MA, MT-BC, is a music therapist based in Orange County, CA. He works primarily with adolescents and adults in substance abuse rehabilitation and in outpatient mental health treatment facilities. Chris recently moved to California from New York City, where he worked as a licensed creative arts therapist with clients in foster care and in the juvenile justice system. He is currently working towards a master’s in marriage and family therapy at California State University, Fullerton. Chris can be contacted at CLambert08@gmail.com.

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

**1953 Society Members**

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

**PM:** Dr. Allen, could you set the frame for our conversation about generic vs brand medications?

**Dr. AJ Allen:** The FDA website states the following: “To obtain approval of a generic drug, a company must submit an Abbreviated New Drug Application (ANDA) to FDA and prove that its product is the same as the brand-name drug—in active ingredient, conditions of use, dosage form, strength, route of administration—, and that it is “bioequivalent,” meaning it gets to the part of the body where the drug works at the same time and in the same amount. A generic drug must also meet the same standards of quality and manufacturing as the brand name drug. An ANDA applicant is not required to provide independent evidence of the safety and effectiveness of a proposed generic drug.”

**Dr. AJ Allen:** Pharmacokinetic profiles of generics can be approved based on having an acceptable profile of +/- 15% of the pharmacokinetics of the brand-name medication. This means that there could be up to a 30% difference between the action of a generic compared to the brand-name medication with respect to “getting to the part of the body where the drug works at the same time and in the same amount.”

**BL:** Dr. Raiss, when it comes to stimulants, how do you approach the conversation about various generics and brand medications with your patients?

**Dr. John Raiss:** If you have an established patient, and they tell you that a new stimulant formulation is not working in the same way, I investigate and then intervene as follows:

1. **Identify the name of the generic by using its color, shape, and markings.** Have the patient save a picture of the generic they find effective since when they run out of their preferred generic, they may have difficulty recalling its details. Use pill identifiers to determine the specific generic, see Drugs.com, WebMD, Medscape, CVS.com.
2. **Identify the specific differences – loss of efficacy, change in duration of action, side effects, etc.**
3. **Trial other generics or brand options.**

**BL:** What changes have you observed in your psychopharmacology clinic practice?

**John Raiss:** Some of my patients have noticed lack of efficacy or new side effects, such as the following:

a) lack of efficacy – foggy brain, cannot focus, need higher doses
b) insufficient duration of effect, fatigue
c) irritability, anxiety, too up and down
d) physical side effects - headaches, indigestion, anxiety.

**MB:** Could you share some specific patient examples?

**Dr. John Raiss:** As an example, I had a patient for whom Teva MAS (mixed amphetamine salts) IR generic and then Lannett generic had worked well for years. But then, she received first the Camber generic, and later, the Alvogen generic. In her case, Teva and Lannett were more effective than Camber or Alvogen.
She later switched to Teva MAS ER, which she found effective. This does not happen frequently, perhaps once every couple of weeks or months. What happens with daily frequency is the stimulant shortages.

**Dr. John Raiss:** As another example, a patient taking amphetamine salts 10 mg bid-tid, reported that she had been on the Barr Teva generic, and was switched to the Core Pharma generic by her pharmacy. On the Core Pharma, she noticed more dry mouth, an oral dyskinesia, and a lack of efficacy. She felt scattered and moody. “I never felt any benefit at all.” She tried to increase her dose to 15 mg without benefit. Her side effects disappeared and her medications efficacy returned when she resumed the Teva generic the following month.

* * *

**BL:** Since the issues of medication shortage and brand vs. generic challenges are becoming a public health problem, we asked Dr. Whitmore to comment on the perspectives of customer protection and customer rights.

**Dr. Charles Whitmore:** Mental health parity is the law of the land, meaning that mental health treatments and access have to be covered equally to physical treatments. But enforcement is a pretty big issue. State Medicaid programs have a pharmacy benefit manager. From year to year, the prices of generic vs brand may shift for the state pharmacy formulary. This means that approved medications may need to be shifted from generic to name brand, or name brand to generic.

**PM:** What could clinicians and patients do in response?

**Dr. Charles Whitmore:** When it comes to mental health parity, there are some things people can do even if it is a state program mandating a change from generic to name brand or name brand to generic. First, providers can appeal this change. What you want is to talk about what you have seen in your patients and their response to their medications. Second, providers can go to [www.paritytrack.org](http://www.paritytrack.org) and actually file a complaint for violation of mental health parity due to patient experiencing

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**Amphetamine (AMPH) in ADHD**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>Maximum Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall</td>
<td>2.5-5 mg QD</td>
<td>15 mg/kg/day</td>
<td>6 hr/BID</td>
</tr>
<tr>
<td>Adderall XR</td>
<td>2.5-5 mg QD</td>
<td>15 mg/kg/day</td>
<td>6 hr/BID</td>
</tr>
<tr>
<td>Vyvanse</td>
<td>30 mg QD</td>
<td>12-14 mg/day</td>
<td>12 hr/BID</td>
</tr>
<tr>
<td>Mydayis</td>
<td>12.5 mg QD</td>
<td>50 mg QD</td>
<td>12-14 hr/QD</td>
</tr>
<tr>
<td>Dexedrine Tablets</td>
<td>2.5-5 mg BID</td>
<td>15 mg/kg/day</td>
<td>3-5 hr/BID-QID</td>
</tr>
<tr>
<td>Procentra (capsule)</td>
<td>2.5-5 mg BID</td>
<td>15 mg/kg/day</td>
<td>3-5 hr/BID-QID</td>
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<td>Evekeo</td>
<td>2.5-5 mg BID</td>
<td>15 mg/kg/day</td>
<td>3-5 hr/BID-QID</td>
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<tr>
<td>Dexedrine Spansules</td>
<td>5 mg QD</td>
<td>15 mg/kg/day</td>
<td>3-5 hr/BID-QID</td>
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<tr>
<td>Dyanesf X consideration</td>
<td>2.5-5 mg QD</td>
<td>15 mg/kg/day</td>
<td>3-5 hr/BID-QID</td>
</tr>
<tr>
<td>Adzenys XR-QDOT (suspension)</td>
<td>6-3-10.5 mg</td>
<td>12.5 mg (adults/adolescents)</td>
<td>3-5 hr/QID-BID</td>
</tr>
<tr>
<td>Xelstrym</td>
<td></td>
<td>10 mg/kg</td>
<td>6 hr/QID-BID</td>
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<tr>
<td>Adderall XR (suspension)</td>
<td></td>
<td></td>
<td>15 hr/QD</td>
</tr>
<tr>
<td>Adderall XR (disintegrating tab)</td>
<td>6-3-10.5 mg</td>
<td>12.5 mg (adults/adolescents)</td>
<td>3-5 hr/QID-BID</td>
</tr>
<tr>
<td>Xelstrym (Parl)</td>
<td>6.5 mg</td>
<td>12 hr/QD</td>
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</tr>
</tbody>
</table>

*May exceed FDA approved dose.

limited access to medications. It is important to know that every complaint is presented to local agencies to enforce mental health parity laws.

* * *

**BL and PM:** We would like to thank our panelists for sharing their insights into these important and complex issues of generic vs brand medication differences as well as stimulant shortages.

**References**

2. FDA Drug Shortages

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Get in the News!

All AACP members are encouraged to submit articles for publication! Send your submission via email to AACP'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 AACP 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**

AACP 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**

AACP 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 AACP 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 AACP News Policies and Procedures, please contact communications@aacap.org.
Caregiver Behavioral Management Training CPT Code

In 2021, AACAP along with the American Psychological Association and the Academy of Nutrition and Dietetics worked together to survey their respective members and then present the Caregiver Behavioral Management Training code to include the full form or RUC. The RUC approved the code, along with an add-on code for each additional 15 minutes of service, as follows:

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

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

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

The purpose of this code is not about educating the group about the diagnosis or general treatment education. The focus of the group is to teach specific, evidence-based behavioral management techniques about the group’s collective needs based on the identified patients’ condition. Family members/caregivers are taught how to structure the patient’s environment to reinforce desired behaviors and to develop structured technical skills to manage patient behavior. The process includes utilizing written information, video clips, role playing, and discussion of the techniques during the sessions. Homework assignments can be given to group members to assess the effectiveness of the interventions and to utilize and enhance feedback from the members about their experiences using the various techniques being taught. Discussions among the group members are facilitated by the group leader.

AACAP members may find this code helpful in extending their reach to a greater number of families who are struggling with parenting their children with behavioral, emotional, or developmental problems. The code could be utilized for behavior management training for several diagnoses, including Attention Deficit Hyperactivity Disorders, Oppositional and Defiant Disorders, Anxiety Disorders, Depression and Mood Disorders, Eating Disorders, Autism Spectrum Disorders, or any other types of disorders that could benefit from evidence-based behavior treatment strategies.

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

Most of our child/adolescent patients attend schools, where their symptoms and strengths may be prominent. Effective communication with schools can be cumbersome, as parents are sometimes apprehensive about our direct communication with school staff, and timely communication about a student’s performance can sometimes also be difficult to arrange. We here provide some tools to enhance effective content communication with schools.

For any communication to occur with schools, appropriate releases of information are required, and most States require these to be updated (a new form signed by parents/guardians) each year. Initial contact should include a request for school information that will help inform the child psychiatrist’s evaluation, such as the child’s symptoms, impairments, and also strengths. A first letter that introduces the child psychiatrist’s participation in this case, and seeks school information such as grades, prior/current school support services, teacher rating scales, past evaluations, school psychological testing, and interventions attempted and helpful or not, can enhance the early collaboration between the child psychiatrist and school staff.

Ongoing communication between providers and schools can be difficult logistically, and insurance reimbursement is not always provided for clinician-time spent interacting with school staff. To enhance school communication, 2 sample template letters for ongoing communication are provided below. These can help child psychiatrists and schools align information given their different languages (i.e., child psychiatrists usually identify DSM-5 diagnoses, while schools code such diagnoses into Individual with Disabilities Education Act (IDEA) or Section 504 (Rehabilitation Act) categories (e.g., seriously emotional disturbance, other health impairment, etc.) required for school documents.

Schools seek communications from clinicians that (1) clarify the presence of a condition or disability, (2) identify educational impacts, and (3) provide school-based interventions appropriate for these symptoms. Schools typically do not find rule-out diagnoses helpful, so letters that clarify the primary diagnosis(es) are preferred, and diagnoses can change or be updated if new/more accurate diagnoses emerge. Educational impacts include academics, but also interactions with others, mood regulation (when relevant), and behaviors. Suggested interventions for schools to address this student’s condition can be helpful, and a smaller number of prioritized interventions for most impairing symptoms is preferable to an Internet-list of interventions for students with a particular diagnosis. Providing structural changes (as described in the letter above) can help schools make feasible classroom interventions.

Figure 1. Template Letter For Clinicians to Describe Ongoing Student Needs to School Staff

Dear [Teacher or School Staff Member] *,

[Patient’s Name] has been my patient since [Date], and was most recently seen on [Date seen].

[Patient’s Name] meets criteria for [Diagnoses, e.g., attention deficit hyperactivity disorder (ADHD)], given [Notable and Impairing Symptoms, e.g., prominent difficulties with listening, sustaining attention, completing tasks, losing items, being disorganized, avoiding mental tasks, moving about excessively, restlessness, feeling driven like by a motor, struggling to remain in lines, blurtng out, and interrupting others].

These symptoms impact [Patient’s Name]’s educational progress [identify academic, social, interpersonal, emotional areas, e.g., both academically and in social-emotional encounters, as [Patient’s Name] often struggles to listen and then misinterprets comments and efforts by others, leading to frequent conflicts and needs for staff intervention].

[Patient’s Name] would benefit from educational interventions including structural/routine adjustments [specific to their impairing symptoms] such as [e.g., placement at the front but at the end of a row closer to the window, noise-cancelling headphones for deskwork, visual cues for transitions, and the provision of fidget items that are not distracting to others]. Additional support for building skills include [e.g., time management, effective listening, identifying alternatives and consequences when frustrated, and steps to take to move when restless or when needing a break would also be helpful for this student].

Thank you for your consideration, and I may be reached at [phone number].

Sincerely,

Dr. [Name]

*Information in brackets [] indicates what specific information should replace the bracketed words in these templates.
changes, while skill development may require more time for schools to identify staff with appropriate expertise to teach and reinforce these skills. While suggested interventions are usually appreciated by schools, recommendations for specific alternative placements can be problematic for several reasons. First, schools are legally required to provide a “Free and Appropriate Public Education” (“FAPE”), and not to provide an ideal educational setting or all potentially useful interventions for a student. Second, schools often have programs within their school/district and/or between their (and other) district(s) for students with more specialized needs, so recommending specific placements without first speaking to school staff can position parents/guardians to feel confused by differing recommendations regarding placement settings. Schools are legally required to provide FAPE for students in the “Least Restrictive Environment” (LRE), sometimes favoring more geographically proximate settings, including programs within a school that allow a student to continue to participate/engage with desired activities at that school. Sending these types of letters to/from a school do require a signed release of information from the legal guardian/representative for the child. However, if guardians are apprehensive about direct communications between clinicians and school staff, providers can also give the guardian a completed letter to review and then provide directly to the school, as well as providing the guardian the school staff template letter above, which the school can provide directly to the guardian to then give directly to the clinician.

Child psychiatrists can help bridge communications with schools to benefit their patients and to align their efforts. Providing information that addresses the interests and needs of the schools regarding services for their students/our patients, can enhance mental health promotion for this student (and often other students) at school.

This template can be modified to emphasize the information you seek from schools, such as current functioning (and trajectory since the prior visits), identified precipitants or circumstances that impact symptoms, current impairments in school functioning, possible side effects, and sometimes new information (e.g., living circumstances, student relocation to live with others, changes in school classes/teachers, etc.) that may influence the student’s educational progress.

**Figure 2. Template Letter for School Staff To Provide Ongoing Student Information To A Clinician**

<table>
<thead>
<tr>
<th>(On School Letterhead)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Dear [Provider’s Name],</td>
</tr>
</tbody>
</table>

(Identify student and current school environment)**: [Student’s Name] is a [grade level] th grade student here at [School Name]. [Student’s Name] is in a (e.g., typical inclusionary classroom with approximately 25 other students from 8:15 until 2:45pm each day). We have provided this letter to both you and to parents to provide clarity about what we see at school.

(Describe specifically what staff observe at school): We have monitored [Student’s] classroom behavior over the past 2 weeks, and have noticed that most days [Student] exhibits the following behaviors: [e.g., struggles to focus during instruction for more than 3-4 minutes before becoming easily distracted, often moves around much more than other students, and doesn’t seem to recognize social boundaries with others (talks over them or interrupts frequently, often bumps into others while waiting in lines, encroaches into other student’s space and doesn’t realize it). Student requires frequent reminders, redirection, and even when repeating instructions back to us, too often forgets and cannot follow through; struggles to keep up with books/materials and despite our efforts to provide places for items, Student cannot remember where items are or find them easily].

(Clarify if any daily patterns/precipitants): [Student] seems to [e.g., work more diligently in the mornings, and around 1pm each day, staff notice much more difficulty with focus and attention, and it takes longer for completion of tasks, even with staff support often provided 1:1 to help guide tasks].

(Describe any unusual changes or possible side effects): We have noticed [e.g., Student seems tired by 9am, and remains tired/lethargic throughout the school day, such that little work is completed].

(Student Strengths and Conditions/Precipitants for Success): This student does better [e.g., in small groupings, and is supportive and encouraging to other students who value the student more in these smaller group interactions. When the student is provided cues surrounding transitions, and options for how to complete work, staff have noticed the student shifts more quickly, seems more comfortable, and completes more assignments accurately].

(Provide contact address or phone): We hope this information is helpful in [Student]’s treatment planning, and I can be reached at [phone number] for any questions/clarification.

Sincerely,

[Teacher’s Name]

*Information in brackets [] indicates what specific information should replace the bracketed words in these templates.

**Bolded topics in this template clarify what major topics to address (and the bolded words/phrases should be omitted in the actual letters. }
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.
Climate change is being felt in every corner of the world, with disproportionate consequences for the physical and mental health of youth. Humankind must mitigate the worst-case scenarios through a rapid transition away from fossil fuels and adapt to some changes that are already inevitable. The American Psychiatric Association, American Psychological Association, and American Academy of Pediatrics have all taken significant steps over the past decade to engage in action around climate change. As child psychiatrists, we have our own role and responsibility in responding to the crisis through clinical interventions, research, education, and advocacy. We are encouraged by the leadership already demonstrated by AACAP, and hope to encourage more members to become involved in 2023.

**Background**

Starting with the industrial revolution and accelerating since the 1950s, human combustion of fossil fuels has increased the amount of heat-trapping carbon dioxide, methane and other “greenhouse gasses” in the earth’s atmosphere. Consequences include higher global ambient temperatures, rising sea levels, increased extreme weather, and massive shifts in ecosystem characteristics. The associated human health harms span every body system: temperature related illness and death, asthma and allergies, cardiovascular disease, expanding vector-borne illnesses, and threats to the safety and availability of food and water.

Young people are disproportionately vulnerable to virtually all of these negative health outcomes due to their immature physiology and dependence on adult caregivers.¹

“Children and youth are again disproportionately vulnerable to these mental health impacts of climate change related to the outsized impact of trauma during critical periods of development and to their dependence on adult caregivers.”

**Traumatic Stress**

Mental health consequences of climate change are related to traumatic stressors associated with extreme weather events including hurricanes, typhoons, floods, wildfires, and heat waves.² As these events become more frequent and severe, more people are exposed to associated acute traumas: injuries; near-death experiences; deaths of loved ones; destruction of homes; and lack of access to food, shelter, and medical care. Negative psychiatric outcomes associated with extreme weather events include post-traumatic stress disorder, anxiety, depression, substance-use disorders, and increased interpersonal violence including gender-based violence and child abuse. The aftermath of disasters is also associated with longer-term, secondary impacts on social determinants of health, widening health disparities, and disruptions in provision of healthcare. Slower moving climate disasters, including droughts, loss of land, and civil conflicts, are chronic psychological stressors with consequences for the health of individuals and whole communities.³

Children and youth are again disproportionately vulnerable to these mental health impacts of climate change related to the outsized impact of trauma during critical periods of development and to their dependence on adult caregivers. They are also at increased risk simply because of their age: children will live more years of their lives in an increasingly chaotic and unpredictable world, with more opportunities to experience climate-related stressors.

**Climate Distress**

Youth are also more likely than adults to have strong negative emotions about climate change, even if they have not yet experienced acute climate-related stressors themselves. Fear, anger, hopelessness, helplessness, betrayal, and guilt are common reactions. “Climate anxiety,” “eco-anxiety,” and “climate grief” have all been used to describe this phenomenon. A 2021 survey of 10,000 young people in 10 countries showed globally high levels of worry about the climate. 84% of youth were at least moderately worried, 45% said their worries negatively affected their daily lives, and 75% said the future was frightening.⁴ It is important to note that anxiety about climate change should not be considered pathological given the very real nature of the threat – indeed, worry about the changing climate can be a sign of connectedness, health, and a motivator for climate action.


Climate Change and Systemic Inequity

Climate change is fundamentally a crisis of inequity, with those most responsible for historic emissions – including wealthy nations, the Global North, and adults – being the least vulnerable to its consequences. The physical and mental health harms associated with climate change will ultimately be experienced globally but will fall soonest and heaviest on children and youth oppressed by social, economic, and political inequities: those living in the Global South, the poor, people of color, Indigenous peoples, those identifying as female, and people with disabilities.

AACAP’s Response and Future Directions

In the face of the mounting threats posed by the climate crisis, AACAP has demonstrated leadership and has ambitious plans for 2023 and beyond. The annual conference has included presentations on clinical, research, and educational aspects of climate change every year since 2020. In 2022, AACAP released a Facts for Families offering guidance on children affected by climate change or eco-anxiety. AACAP also established a Climate Change listserv, harnessing grassroots efforts within membership to increase awareness and action.

AACAP has now committed to further action in several areas. AACAP is joining The Medical Society Consortium on Climate and Health, a professional organization representing over 40 national medical societies and 700,000 U.S. physicians. The Consortium is dedicated to mobilizing the powerful voices of doctors to advocate for equitable climate and health solutions. AACAP leadership is also establishing a Resource Group on Climate Change to coordinate current efforts and facilitate sharing of information. There is much work to be done, and we invite members to join us in advancing projects already underway or to collaborate moving forward. Development and action are needed in the clinical, research, education, and advocacy realms.

For example, in terms of clinical need, as climate change becomes a more salient stressor clinicians are encountering strong feelings of dread or anger in patients they serve (and potentially in themselves). What are best practices for “climate aware” psychiatrists? How can these be disseminated? How can we best help youth channel climate emotions to sustain hope and action, as opposed to denial or paralysis?

Investigations on climate change and child mental health are in their infancy, and potential research questions are extensive. What are the greatest needs? What interventions are most effective for climate anxiety, and by what measures?

As the climate crisis deepens, learners, including medical students, residents, and fellows, will need to be equipped with skills to recognize and respond to mental health outcomes related to climate change. Curriculum development is underway at every level of training, including continuing medical education for child psychiatrists.

And perhaps most pressing, in terms of advocacy, physicians have trusted voices and can be powerful messengers for policy makers, other leaders, and the public about the health harms of climate change, the health benefits of climate solutions, and the imperative for a just, rapid transition off fossil fuels.

We anticipate an initial meeting of the AACAP Resource Group on Climate Change in the spring of 2023, and we invite all AACAP members to join us. For further information, please contact Elizabeth Pinsky at epinsky@mgh.harvard.edu or Joshua Wortzel at joshua_wortzel@brown.edu.

References


Honor Your Mentor

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

Frances Adachi, MD
Submitted by Isabella Chirico, MD

I am grateful to AACAP for pairing me with my amazing mentor, Dr. Frances Adachi. Since our first meeting in 2021 she has been a source of knowledge, inspiration, and support. Dr. Adachi has been an invaluable mentor as I navigate the path to residency by discussing her own training and its benefits to her career.

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

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

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

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

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

I met Dr. Rami Al-Sumairi while on-call my intern year. I ordered naloxone for the first time, and he let me take the lead (though was never far away). He later supervised our child clinic, which served many vulnerable children in the community. He was kind and patient with me—and taught me to be kind and patient with myself. Dr. Al-Sumairi modeled compassion and empowered children to voice uncertainty about the changing world around them. Kids in the clinic and I remain certain of one thing at least: we want to be like Dr. Al-Sumairi when we grow up.
**Peter Ash, MD**  
Submitted by Ritvij Satodiya, MD

I feel blessed to have my mentor, Dr. Peter Ash. The zest to train a forensic psychiatrist, especially a child forensic psychiatrist, was the spark that I experienced during our first meeting, and I saw an impactful mentor under whom I want to train. I am honored to be a mentee of Dr. Ash, a phenomenal human being, and a role model. Learnings from Dr. Ash has been instrumental to be a competent forensic psychiatrist. My conversations with him about professional development are extremely valuable in navigating me through the critical decisions of life. I am grateful for preparing me for my professional journey. Thank you, Dr. Ash.

**Alicia Barnes, MD**  
Submitted by Erica Smith, MD

I would like to honor Dr. Barnes for all the guidance she has given me over the years. We first met during my time in medical school where she introduced me to the juvenile hall setting of Child Psychiatry. She has helped me grow my interests in health inequities, health disparities, underserved communities, and research. Since medical school, she has also helped me establish my career goals by providing supervision every step of the way. She continues to motivate and inspire me, and I appreciate all the time she has invested with me. I cannot thank her enough for her leadership and support.

**Apurva Bhatt, MD**  
Submitted by Ivy Song, MD

Dr. Bhatt is a CAP fellow at UC Davis. When I reached out to her for advice, I did not expect that one conversation could turn into mentorship. Dr. Bhatt is approachable and generously shared her experience with AACAP. She invited me to committee meetings, which opened doors for me. Since then, I have been actively engaged in AACAP and worked on submissions for the annual conference. One time, I had an urgent situation before a deadline, Dr. Bhatt immediately FaceTimed me afterhours. Dr. Bhatt is like a Big Sister to me in my journey of becoming a CAP fellow!

**Boris Birmaher, MD; Rasim Diler, MD; Tina Goldstein, PhD; Danella Hafeman, MD, PhD; and Dara Sakolsky, MD, PhD**  
Submitted by Mohamed Elhosary, MD

It has been a blessing to spend most of my last two years learning from the exceptional faculty of the CABS clinic at UPMC. The team, led by Dr. Birmaher, created an outstanding environment for young clinicians and researchers to widen their horizons and boost their knowledge and skills. I have learned a lot from them, as exceptional scientists, excellent doctors, and amazing human beings. I am so proud that I got the chance to learn from all of them, and would like to honor and thank them for their invaluable mentorship, unlimited kindness, and tremendous support.
**Honor Your Mentor**

**Juan Campos, MD**  
*Submitted by: Usman Ghumman, MD*

Dr. Campos is an incredibly down-to-earth child and adolescent psychiatrist and is the main reason I decided to become a psychiatrist. He started his training in Panama but had to start from scratch and work hard when he came to the US. He has been serving the community of San Antonio for over 20 years and is one of the most sought out Child psychiatrists in San Antonio today. He is highly competent in his field and is really admired by his patients. Yet when you meet him, he is so humble and always ready to help. He genuinely cares about his patients and goes above and beyond to help them. I am truly grateful for his encouragement and support. He is a wonderful mentor and human being.

**Gabrielle “Gaye” Carlson, MD**  
*Submitted by Shawn S. Sidhu, MD*

It is an honor to nominate Dr. Gaye Carlson for Honor Your Mentor! When I first met Gaye, it was immediately clear why Gaye has been so incredibly impactful throughout her career. She simply ran circles (and continues to run circles) around me. She has this extremely rare ability to simultaneously be unapologetically direct and honest in a very endearing, warm, and loving way. She is authenticity personified. More important than any of the presentations or programs that we’ve put together, it is the small, tender, and vulnerable moments in our relationship that I will cherish the most. Thanks, Gaye!

**Gabrielle Carlson, MD**  
*Submitted by Angel Caraballo, MD*

Dr. Carlson has been a mentor to many, but she is the reason I ultimately became a CAP fellow. I remember being a 2nd year adult resident and not being fully certain if I wanted to pursue Child Psych. I was given the opportunity to do my rotation on the child inpatient unit at Stony Brook UH first so that I could decide if I wanted to fast track to CAP. I was extremely fortunate that Dr. Carlson was the unit attending at that time. I remember just being totally in awe from the moment I had my first morning meeting with her. I learned so much during that time and completely fell in love with the profession. She was extremely respected and loved by everyone in the unit. I remember her demanding a lot from me but at the same time being extremely funny, caring and nurturing. I decided not to fast track because I had decided to become chief and that gave me the opportunity to spend several months rotating in the Outpatient Department. It was just fascinating observing Dr. Carlson while she conducted an evaluation in one of the many difficult cases that came through the clinic. Although I was completely taken by Dr. Carlson, I decided to do my fellowship elsewhere. Even though I had “broken her heart” by not training at SBUH, she asked me to become the first, early career psychiatrist in the Program Committee during her tenure. Being part of the program committee for many years has been one of the most gratifying and enriching opportunities at AACAP for me and I have Dr. Carlson to thank for it. Aside from that, she has always taken the time to meet with me at every annual meeting to mentor me and listen to anything I had to say about my career and give me wonderful advice. I have not met with Dr. Carlson in-person since the annual meeting in Chicago in October of 2019 (see pictures below) but I am hoping that will change this year and I will have the honor and privilege to meet with her in person once again. Thank you so much Dr. Carlson for being the amazing mentor that you are.
HONOR YOUR MENTOR

**Tara Chandrasekhar, MD**
*Submitted by: Huseyin Bayazit, MD*

I am writing to express my heartfelt gratitude to my mentor, Dr. Tara Chandrasekhar, the program director of the CAP fellowship at Duke University. Since the day I started the fellowship, Dr. Chandrasekhar has been a constant source of support and encouragement. She has always placed a high priority on the professional development of the fellows and encourages us to pursue our passions within the field. She goes above and beyond in tailoring the curriculum to our individual needs and interests, making the program feel like it exists to support us, rather than us just being part of a larger system.

I cannot express enough how grateful I am to have such an incredible mentor. Dr. Chandrasekhar’s unwavering support and guidance has had a profound impact on my growth as a professional and as a person. I am truly lucky to have her in my life.

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**Irene Chatoor, MD**
*Submitted by Joyce Harrison, MD*

I met Dr. Irene Chatoor when I went to work at DC Childrens a few years after completing fellowship about 30 years ago. She was the first infant psychiatrist I had ever been exposed to and working with her on the multidisciplinary feeding team was career changing. Her passion for this age group was contagious. I spent the rest of my career becoming an early childhood psychiatrist and recreating multidisciplinary teams for very young children in a variety of settings. Irene introduced me to the Infant and Preschool Committee and has remained a valued mentor, colleague, friend, and neighbor.

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**Nicole Christian-Brathwaite, MD**
*Submitted by Abiba, MD*

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

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**Jaclyn Chua MD**
*Submitted by Tevin Um, MD*

“Dr. Jaclyn Chua, Child and Adolescent Psychiatry, queen and my mentor extraordinaire! She took me under her wing when I cold emailed her after watching her YouTube videos. She spent hours on the phone with me and gave multiple talks to my club, PsychSIGN. Her words are full of knowledge and humor. I owe so much to her guidance and support. So, if you’re lucky enough to have her as a mentor, hold onto her tight, listen to her wise advice, and get ready for a journey filled with growth, inspiration, and maybe even a chuckle or two.”
**HONOR YOUR MENTOR**

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**Chrissie Clure, MD**  
*Submitted by Caitlyn Fitzgerald, MD*

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

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**Rosario Cosme, MD**  
*Submitted by Sumbul Liaqat, MD*

Dr. Rosario Cosme has been a mentor in its truest sense, both in my personal and professional life. She is always very compassionate and perceptive about her mentees, making time to listen, understand, and encourage personal growth. In addition to her being a very competent psychiatrist, I admire her dedication and commitment towards mentoring international students and actively working towards introducing them to career opportunities. My journey as an International Medical Graduate towards psychiatry residency is incomplete without her mentorship, motivation and constant feedback, and I am really grateful to know what a wonderful human being and mentor she is.

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

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

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**Mark De Antonio, MD**  
*Submitted by Misty C. Richards, MD*

Dr. Mark DeAntonio was a hero to many of us and one of the main reasons I became a child and adolescent psychiatrist. His commitment to the UCLA Child and Adolescent Psychiatry Training Program and to the future of child psychiatry was unparalleled. He was quirky, direct with his feedback, and had a heart of gold. Underneath that seemingly gruff exterior was the kindest, gentlest, most loving person who cared deeply about his community. He set the pace for inpatient child and adolescent psychiatry and leaned in to the most complicated, complex, and treatment-refractory cases in the country. He modeled what hard work and compassionate care looked like and seemed to truly lift patients and families out of despair. I felt so lucky to be a part of his world and UCLA family. I will miss his Friday afternoon calls, his short, punchy emails, his fatherly advice, and the way he would end every conversation with “call anytime, kid.” His legacy will live on in the good work we do.
Azucena Díez-Suárez, MD
Submitted by Victor Pereira-Sanchez, MD

“I had the privilege of doing my general psychiatry residency at Clínica Universidad de Navarra in Spain under the mentorship of Dr. Díez-Suárez, a wise, compassionate, and hardworking child and adolescent psychiatrist who confirmed and shaped my career orientation towards the youngest members of society. From her I specially learned to formulate diagnosis and treatment through an integrative biopsychosocial lens and to ask thoughtful research questions. She leads an outstanding child and adolescent psychiatry department in Spain, and she is passionate about medical education, bringing innovation for the benefit of medical students at my alma mater school. Thank you, Azucena!”

Alicia Feghhi
Submitted by Allison Zuckerberg, MD

As my medical school advisor, Alicia Feghhi was a warm, welcoming, and always present force. I first conceptualized my future as a psychiatrist in her office. When I was struggling on a particularly challenging rotation she had told me it sounded more like a temporary setback than a full stop, which turned out to be 100% true. Thanks to her support, I have achieved so much even earning the AACAP Life Members Grant in 2022. Ms. Feghhi recently decided to pursue counseling full time and I am grateful that the mental health field will have someone like her.

James Giordano, MD
Submitted by Justin Rossi, MD

I met Dr. James Giordano during a critical crossroads in my life. His counsel was instrumental to my pursuing a career as a physician-scientist and clearing the numerous hurdles along the way. Many know Dr. Giordano as a neuroscientist, clinician, philosopher, pilot, pianist, athlete, and much more besides. For me, he is foremost a dedicated mentor and a true friend. His integrity, humility, and zest for life have been constant sources of inspiration for me for over 13 years. With fondness for our work together and gratitude for our friendship, I give Dr. Giordano my most heartfelt and well-deserved salute.
Anne Glowinski, MD
Submitted by Martin K. Huynh, MD

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

Alexandra Harrison, MD
Submitted by Abishek Bala, MD

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

Klisz-Hulbert, MD
Submitted by Anindita Chakraborty, MD

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

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

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

I met Dr. Kaczka Weiss in my third year of medical school when I first expressed an interest in child and adolescent psychiatry. Since then, she has mentored me through research projects spanning my fourth year of medical school. She gives me the independence to drive the projects forward on my own, but I always know she is there for guidance when it's needed. I had some curveballs thrown my way during the implementation of my project and Dr. Kaczka Weiss went above and beyond in her support for me in dealing with the aftermath of the situation.

Kathleen M. Kelley, MD
Submitted by Suma Jacob, MD

During medical school, Dr. Kelley came to our American Medical Women's Association luncheon. She shared how she became a child psychiatrist and how it was an amazing field focused on development. What left a significant impression on me was how she integrated her complex roles. She shared her personal experiences of being a mother and how this also influenced her practice as a physician and educator. Looking back, I heard how we can't have everything at the same time but what a rich life we have when we make meaningful connections. Was privileged to later have Dr. Kelly as my training director and I remain so grateful for her insight and wisdom.

Arnold Kerzner, MD
Submitted by Naomi Dworkin, MD

Dr. Kerzner, who started his career in Pediatrics, chose to move into Psychiatry many years ago. He was a mentor to me by asking me to join his private practice group in 1995. He had heard me ask a challenging question to some local child welfare officials at a local CME event, and it was lucky for me that my feistiness was a positive for him. Our practice included a weekly meeting to present cases, and we were able to share our work by having one of us see the child, and another work with the parents, and sometimes someone for a sibling as well. He was always compassionate, insightful about the clients and their families, and supportive of the rest of us as providers. Early on, he had some negative feedback to share with me that had come from a client, and he did it in a very thoughtful and compassionate way so that I was able to grow and improve from the feedback, and never questioned his support for me. He nominated me for a position on the NECCAP Board, on which I then served for 3 years, giving me greater insights into the broader administrative world of Child and Adolescent Psychiatry as well as meaningful connections with a wonderful set of colleagues. Dr. Kerzner also was very involved in the formation and running of the Boston Institute for the Development of Infants and Parents, and the Human Resources Institute in Wellesley serving the children and families in a large area, especially as a support to the local school system. He also has been an irrepressible consultant to many local schools, including the Perkins School for the Blind. All these activities informed his approach, his knowledge, and his insights and feedback. He has made a huge difference in my professional life, and I am very grateful for his guidance and mentorship.
Amy Kim, MD
Submitted by Sarah H. Arshad, MD

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

Annie Li, MD
Submitted by Yesie Yoon, MD

Annie Li, MD has been instrumental in promoting diversity and inclusion at AACAP. Her leadership at Asian Caucus for the past four years and now at DEI committee has paved the way for meaningful change within the organization, and her dedication to fostering a culture of acceptance and understanding has touched the lives of so many. Thank you for your tireless efforts to make AACAP a better and more inclusive place for all. You have been such a wonderful and supportive presence in my professional and personal life, always ready with a listening ear or a shoulder to lean on.

Alice R. Mao, MD
Submitted by Olivia Hindera, MD

Anytime a student has a vague potential interest in child psychiatry, or even adult psychiatry, they are recommended to talk to Dr. Alice Mao. I heard her name multiple times and did not understand until I took her elective during my MS3 year. She truly takes the time to teach us and supports our interests, giving us opportunities to ask questions, practice, and grow. With her guidance, I was able to present at AACAP and connect with our amazing mentors.

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

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

I have never been met with such graciousness and kindness. Thank you for opening your heart and practice to teach me. You embody compassion, courage, and competency in your daily walk. I appreciate your value of your faith which guides you and makes you an exceptional person. You have added value to me as a person and a professional. May God continue to bless you. Thank you, Dr. Martin.

Annie McBride, MD
Submitted by Apurva Bhatt, MD

Dr. Anne McBride MD has played an instrumental role in my journey as a child and adolescent psychiatry fellow. She is kind, has a great sense of humor, and is a joy to work with. Dr. McBride’s encouragement and guidance have helped me grow professionally and personally. Her willingness to sponsor me for leadership roles and awards exemplifies her unwavering belief in my abilities and potential. She inspires me to be the best child psychiatrist I can be through my clinical work, writing, research, and advocacy. I am forever grateful for her positive influence on my life and career!

Jim McGough, MD
Submitted by Shawn S. Sidhu, MD

It gives me great pleasure to nominate Jim McGough for this year’s Honor Your Mentor segment. As a fellow, Dr. McGough was an outstanding educator and taught me so much. However, as an early and now mid-career psychiatrist, Dr. McGough’s mentorship has simply been career and life-altering. A great mentor is someone who sees something in you before you see it in yourself, and that couldn’t be truer for all that Dr. McGough has done for me. Thank you, Jim, for all of the encouragement, feedback, opportunities, and for ultimately helping me to believe in myself!

Juliana Melody Fort, MD
Submitted by Ladoris L. Warren, MD

You saw my potential when you selected me to spend the summer conducting psychiatric research with you. This led to fulfillment of my dream of scientific writing and this publication continues to be cited worldwide. Thank you for shielding me, giving great advice, and providing adequate solutions. You demonstrate the true meaning of embracing diversity, including all, and accepting change. What a blessing it has been knowing you. I hope all of God’s blessings to my Mentor Mom, Dr. Fort.
HONOR YOUR MENTOR

Ronald Milestone, MD
Submitted by Yolanda Graham, MD

Dr. Ronald Milestone was my mentor right out of fellowship. I’m honoring him for his wisdom, the way he addressed whole person health, and inspired everyone on the team to work toward a common goal. His ability to conceptualize complex cases and develop a focused treatment approach was masterful. Plus, he made it fun. Dr. Milestone helped to nurture my love of residential treatment which shaped my career. He recently published a book, Neuromind: A Contemporary Approach to Mental Health, demonstrating that his thoughtful exploration of the brain and its connections have not diminished over time.

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

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

James Norcross, MD
Submitted by Lynne Love, MD

I would like to honor James Norcross MD, my program director in the Child and Adolescent Psychiatry fellowship at UT Southwestern for his ability to be kind and calm in the face of pressure and disagreement. He was not afraid to let this older Neurologist into his program and to discuss pros and cons and have compassion for those of us who may be more high-strung at times than maybe best. He embodies what anyone would want from their program director, or their psychiatrist.

Theodore Petti, MD
Submitted by Alison DeLuca, MD, and Mayank Gupta, MD

Professor Petti (aka Ted) is a well-known clinician-educator researcher within the AACAP family whose overarching career spans the last five decades. He has inspired many with his unique, positive spin to the most challenging and adverse circumstances his patients and trainees presented. A rare gem, an altruistic, highly motivated trainer who has provided a broad range of training opportunities. We applaud his constant encouragement and selfless mentorship in setting’s clear goal for attaining higher standards in the evolving clinical environments. A word of gratitude, admiration, and best wishes to Prof. Petti.
Thank you, Dr. Samuel Pullen and Dr. Linmarie Sikich, for helping me dream big as I start to lay the foundation for an exciting career in Child & Adolescent Psychiatry! Your collective wisdom as I’ve navigated my clinical and research interests has empowered me to further explore my career options and goals within CAP, and I am forever grateful for your guidance, mentorship, and support during such a pivotal time in my training.

Karam Radwan, MD
Submitted by Tony Liu, MD

From medical students to residents and fellows, individuals I have spoken to have repeated the same adages about Dr. Radwan — that he exudes kindness and care exemplifying mentorship and leadership many one-day hope to model. Dr. Radwan is someone who wishes to get to know each of his trainees as a person and is simultaneously invested in their growth and development. He has helped establish a culture of support, healthy challenge, and possibility in the department, and we are lucky to have him as a mentor.

Robert Sahl, MD
Submitted by: The Institute of Living at Hartford Hospital Child and Adolescent Psychiatry Fellows: Ainsley Backman, MD; Monica Nakhla; Khalid Elzamzamy; Hanife Akal; Ramis Akhtar, Pragya Verma, Ashley Sanchez Ramos, MD; Jessica Vargas, MD

As kind and caring as he is distinguished in the field of Child and Adolescent Psychiatry, Dr. Robert Sahl is a beloved mentor at the Institute of Living. His exemplary leadership and innate ability to make us feel simultaneously seen and supported is bar none. Every day, we as child psychiatry fellows feel so incredibly privileged to continue to learn and grow from his wisdom, compassion, and ultimate dedication to fellowship training and education. A colloquialism shared amongst us fellows is, “they don’t make them like Dr. Sahl anymore” – He is certainly a cherished gift to us all.
HONOR YOUR MENTOR

Fred Seligman, MD
Submitted by Warren Ng, MD

“A mentor is someone who allows you to see the hope inside yourself.”
–Oprah Winfrey

Fred Seligman is someone whom I have the greatest love and respect for. This unsung hero is the incredible individual who CAPtured AACAP through the lens of his humanity and camera for decades. His photos are a testament of his generosity and selflessness. He would run around our annual meeting every year to all of the right moments and reappear everywhere. Behind that flash was Fred. His love for AACAP and child and adolescent psychiatry is captured in the beautiful images that he took of us when we gathered as a family and community. He CAPtured our spirit, our passion, and our beloved community. I loved turning the camera on him and making sure that he was in pictures too! When I first met Fred, I was so moved by his humility, warmth, and joy. Maybe it was our shared Canadian roots or our love of taking photos. Fred may have been behind the scenes, but he will always be center stage in the limelight when I think about my mentors. “Nothing dims the light that shines from within” as Maya Angelou says, and Fred is a true northstar.

Sandra Sexson, MD
Submitted by Dale Peeples, MD

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

Angelo Sica, MD
Submitted by Apoorva Polavarapu

I first met Dr. Sica when I was struggling to work through a case report. He helped me find my focus and suggested multiple directions I could take my paper. I am still familiarizing myself with academic writing, so this was very helpful to review over multiple sessions. I am empowered to write more and feel like I have a voice even at the medical student level. He is a friendly face to see around the hospital and constantly encourages my participation in NJ CAP events and believes in my efforts to become a CAP.
Manpreet K. Singh, MD
Submitted by Cody Abbey, MD

Dr. Singh has been both an inspiration and a guide for me in my journey to become a mental health researcher and practitioner. Upon first meeting her several years ago, I was impressed with the positive energy that she radiated and a palpable passion for making an impact on the world. She has offered me not only both an immense amount of scholarly feedback on drafts of publications and ignited sparks for innovative research ideas, but she has also provided caring emotional support when I have most needed it during setbacks and dilemmas. Whether it is seeing her in action when giving an academic presentation, during mentorship sessions, or doing HIIT on the elliptical at the gym, she motivates me to flourish in my own life and help others flourish in theirs.

Manpreet Singh, MD
Submitted by Aaron Gorelik, MD

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

Manpreet Singh, MD
Submitted by Mark Gorelik, MD

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

I have had the pleasure of working with Dr. Singh as my mentor during the development of a mental health intervention for caregivers of young children in rural China. Dr. Singh’s expertise in psychology has been an invaluable asset to me as she has provided valuable insights and guidance that have helped me to understand and improve the curriculum from a psychological perspective. Her passion for the field is truly inspiring and her unwavering support and dedication to helping me achieve my goals have been instrumental in my professional growth.

Shawn S. Sidhu, MD
Submitted by Olivia Shadid, MD

Dr. Shawn S. Sidhu is an exemplary, generative mentor. From immediately making me feel welcome and like I had a place in CAP in our first introductory email to encouraging me to portray the psychiatrist in a training film we created (at a time when I was learning that I did not fit some people’s preconception of what a doctor looked like), his active and thoughtful encouragement, advice, and modeling over four years of mentorship has undoubtedly bolstered my commitment to CAP and particularly marginalized populations. Now I am mentoring others, I strive to be like Shawn: actively creating opportunities for and centering mentees.

Shawn S. Sidhu, MD Andrea Spencer, MD Lisa Fortuna, MD Balkozar Adam, MD Gabrielle Shapiro, MD
Submitted by German E. Velez, MD

“During my three years of residency, I encountered numerous challenges, such as relocating from Colombia in 2020 amidst the pandemic, adapting to a different health system and language, pursuing research grants, delivering presentations, and participating in various boards and committees. At every step, my mentors played an instrumental role in providing support, invaluable guidance, and diverse opportunities for both professional and personal growth. Dr. Sean Sidhu has been an inspirational role model since I first became aware of his work in 2019. Upon meeting him, his kind words and genuine interest in my development have been a constant source of motivation. Dr. Andrea Spencer’s exceptional intellect, passion, and charisma have been invaluable in guiding me through my research experiences and modeling the type of professional I aspire to become. Dr. Lisa Fortuna, Dr. Balkozar Adam, and Dr. Gabrielle Shapiro have shown trust in my abilities and passion and have actively supported my career advancement through organized medicine. I am grateful for their continued guidance and support in propelling my career forward.
Desiree Shapiro, MD
Submitted by Heidi Banh, MD

When I think of Dr. Shapiro, I am filled with immeasurable gratitude for what a gift she is to me and all of us lucky to know her. I first met Dr. Shapiro in 2020 as an MS1 through the UCSD Child and Adolescent Psychiatry Inclusive Excellence Program she passionately spearheaded and directs. Since then, I have continually been inspired by her humble and skillful leadership, and by the depth of her care, warmth, compassion, and sincerity for the people and causes she devotes her time to. Through Desiree, I have found comfort and empowerment in processing the roughest moments of medical school (from academic hurdles to my first emotionally challenging patient encounters in the wards), sponsorship in career exploration and growth, partnership in turning our shared passions into community action, and cherished friendship that celebrates who we are and who we are becoming.

Michael Sorter, MD
Submitted by Drew Barzman, MD

I would like to honor Dr. Michael Sorter as my mentor. Dr. Sorter has been very generous with his time, energy, and expertise while providing mentoring over the past 20 years. Dr. Sorter has always been incredible at motivating and encouraging his faculty like an NFL football coach. Dr. Sorter has made me realize how to best deal with challenges in research and clinical care. He inspired me as a clinician and researcher. I very much appreciate all of his support and help.

Jeffery Strawn, MD
Submitted by Tommy Baumel, MS3, University of Cincinnati

Jeff has gone above and beyond as a mentor ever since I arrived at UC. From shaping me as a scientist to providing new avenues to explore tasty pork chops at your home, thank you for everything you do to support my development as a future child psychiatrist!

Kiet Truong, MD
Submitted by Ivy Song, MD

Dr. Truong is my outside mentor through my residency program. Despite his busy schedule, Dr. Truong offered to meet on a weekly basis, both in person and remotely. Dr. Truong and I share an interest in both CAP and cultural psychiatry. Through our weekly meetings, I was able to share my passion project of serving Asian American youth in Sacramento Area with him. Knowing my interest well, he recommended me to apply for APA fellowships. Now as I’m applying into CAP fellowship, Dr. Truong continues to offer tailored advice for my application. Thank you, Dr. Truong!
Cecilia de Vargas, MD
Submitted by Adrian A. Mejia, MD

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

Christopher Varley
Submitted by Saundra Stock, MD

Throughout my child psychiatry fellowship, I felt like a kid on a bicycle with training wheels trying to learn to stay upright on my own. Chris Varley was the constant, calm, steady presence behind me, letting me struggle figure things out and offering corrective guidance during pivotal moments. As my own career led me into academics and the Program Director role, Chris has always been available to talk me through challenges, helping to weigh pros and cons and consider options while providing his own invaluable perspective. Thank you so much Chris for all the years of wisdom and fun!!

Roma Vasa
Submitted by Usman Ghumman, MD

Dr. Vasa is an exceptional mentor who works with the autism population at Kennedy Krieger Institute. She is kind, compassionate, and highly competent in her field. Both the faculty and patients admire her. Despite being a busy clinician, she takes the time to teach the fellows and is always there for her patients. I am honored that she was my mentor, and I want to pursue an academic psychiatric career working with children with special needs because of her. I want to thank Dr. Vasa for guiding me through my journey at Johns Hopkins, and for being a fantastic role model.

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

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

Submitted by Annie Li, MD

This photo, (AACAP Annual Meeting, October 2022), represents mosaic mentorship. I met Dr. Warren Ng, Dr. Schuyler Henderson, and Dr. Khadijah Watkins in CAP fellowship at NYP-Columbia over a decade ago. Through the years, all of them invested in my growth and success. To Dr. Khadijah Watkins, for her authenticity and camaraderie as a physician mother of color in academic psychiatry; To Dr. Warren Ng, for his incredible sponsorship and empowerment as an AAPI CAP; And lastly, to the one who left us too soon, Dr. Schuyler Henderson, for teaching me to mentor with humor and wit, encouraging me to think critically and creatively, and whose legacy and memory will carry on through me and so many others.

James Waxmonsky. MD

Submitted by Raman Baweja, MD

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

Jeffrey J. Wilson M.D

Submitted by Petronella Taku Mbu, MD

Dr. Wilson was the inpatient medical director at Carilion Virginia Tech during my C&A psychiatry Fellowship. He has a kind, gentle and caring spirit. He is passionate about inpatient care, graduate medical education, research, working in diverse teams and collaborative care. He is extremely talented in motivational interviewing, substance abuse treatment and inpatient care. He saw a unique talent in me, nurtured it and encouraged me to keep going against all odds. He mentored me to develop the pilot, “stable bridge clinic” at Carilion Clinic. Thank you, Dr. Wilson, for being my mentor, colleague and friend.
HONOR YOUR MENTOR

Eunice Yuen, MD, PhD
Submitted by Nealie Ngo, MD

Dr. Yuen has been an incredible mentor to me during medical school, and I will always be forever grateful for her kindness, patience, and guidance. She has consistently advocated for me, helped me find opportunities to present my work, helped me brainstorm ideas on how to combine my passions for art and medicine, and most importantly, given me hope and excitement for pursuing my future career as a child psychiatrist. Dr. Yuen’s mentorship has been essential in helping me discover who I am and who I want to be, and I am so honored and grateful to be one of her many mentees!

Mohammed Zeshan, MD
Submitted by Gregory Chen

Dr. Mohammed Zeshan has been a vital mentor in my journey as a 3rd year medical student. Through his guidance in the AACAP summer fellowship, he helped me discover my passion for child psychiatry. He taught me valuable clinical skills for identifying and treating various psychopathologies and instilled in me the importance of empathy and taking thorough patient histories. Furthermore, his mentorship on a project regarding the side effects of methylphenidate was instrumental in my interest in research. I am grateful for his dedication and support in my development as a future physician.

To Our Psychiatry Faculty
Submitted by Jonathon, Moshe, Bavani, George, Rocio, and Manny, 2nd Year Child and Adolescent Psychiatry Fellows

Submitted by Ann and Robert H. Lurie, Children’s Hospital of Chicago Northwestern University Feinberg School of Medicine

We can’t believe our two years of Fellowship is quickly ending! Thank you to each and every Attending who has shared their time and expertise for our own education and development. While we are stepping into our own careers both near and far, we will always carry our training, our hospital, and our city in our hearts.
AACAP is pleased to announce the 2023 Legislative Conference in Washington, DC May 8th and 9th, the first in-person Legislative Conference since 2019. This annual event is key to help advance AACAP’s federal legislative priorities and an important time for AACAP members to develop relationships with their members of Congress. Legislative initiatives that did not become law in 2022 must be reintroduced in the 118th session of Congress. It is essential that Congress hears from AACAP members that more needs to be done to improve access to high-quality children’s mental health care.
The Life of a Program Director During the Jackson Water Crisis

I’m flooded with questions. With little to no A/C and the only bathroom being a portable one that has been brought in, I can’t ask patients to come to their appointments in person. Looks as if tele-psychiatry it is then. However, where to “house” the residents as they see the patients is another conundrum. Do I make them come to the clinic? Is it safe for them? Safe enough? How do I supervise if they are at home seeing patients? Maybe by phone? We may lose the ability to bill for the encounters, but extreme measures and all that. Ding! Another email. A/C has returned. I think to myself, let’s try to have the residents in the clinic this afternoon.

“I then have to decide how the state’s only academic medical center is going to tackle the mental health needs of children and families.”

We survive this day. But, the following clinic days, conditions worsen and we have to all but cancel the clinic. How can I keep doing this? I’m waking up early every day to determine where my wife and I will shower. I’m brushing my teeth using bottled water. I’m seeing TikToks highlighting the issue nationally. I then have to decide how the state’s only academic medical center is going to tackle the mental health needs of children and families. I was in the position of barely meeting some basic needs myself while trying to help others meet their mental health needs. This internal barrage of questions continues for weeks. Finally, with federal aid, the city of Jackson is able to make the necessary, albeit temporary, repairs. My life is able to return to normal and patient care can resume as it was as well.

This experience has allowed me to better understand what my patients go through. Maybe it isn’t clean water access, but rather, food or housing insecurity. Mississippi is the poorest state in the Union with a poverty rate around 20%. As such, the social determinants of health can often be palpable. Was this new stress I was experiencing a facsimile of what my patients and their families experience daily? How will I use this experience to grow as a child and adolescent psychiatrist and provide better care? How will I use this to educate our trainees and help them grasp the downstream effects of structural barriers? These are the questions that I reflected on as things returned to normalcy.

Months have gone by now, and life returns mostly to normal. Despite the apparent return to normalcy, it didn’t take long for us to be reminded that it is a facade. On Christmas, a freeze happened that led to several damaged pipes, and increased the strain on the patched water system. This led to no water pressure and a boil water notice on Christmas. On a day where hope, charity, and family/community are supposed to reign, families in Jackson had to face added challenges yet again. Knowing several of the structural barriers to good mental health care that my patients already face, I was crest-fallen. As I drove to the grocery store to pick up more bottled water, I knew what I would want for this holiday season. I wish that we could come together as a community, a city, a state, and more broadly as a country to overcome and address the societal shortcomings that lead to these situations. That we would band and demand a call to action to remove structural barriers that hurt patients and hinder health.
My Experience of Entering the Field of Psychiatry from the Pediatrician Perspective

Rosie Gellman, MD, FAAP

"Welcome to the jungle!" the world exclaimed as I entered with some trepidation about the field of psychiatry to be… I hate to voice it here… somewhat simple. I thought, "There are only a few psychiatric meds and they’re all the same" and "Only one chief complaint— I’m Anxious – how easy." Needless to say, I was very wrong. Though the patients do not present for a full well child check, they come for a full well mind check instead, which can easily be just as convoluted. I gather essentially the same history, though instead of asking about ear pain, I inquire about suicidality. There is nothing simple about suicidality.

In terms of my treatment assumptions, a one-drug-fix-all obviously does not exist. Kids are resilient, if they present to the child psychiatrist, they have often surpassed the point of healing by resiliency alone. Sure, there are a limited number of psychotropic meds, but they all have nuances requiring a cultivated approach, making psychiatry truly an art to be mastered.

As a pediatrician, I benefitted from a longitudinal relationship with patients, sometimes even the privilege of following them from birth into adulthood. This continuity allows formation of immense trust, which, I thought, was unmatched by any field. Wrong! What I may lose in longitudinal time, I make up for with a true presence in the room with patients. I have time not only to sit, but to get comfortable in my seat, and the patients can get comfortable in theirs as well. This presence has made all the difference in terms of career fulfillment and my feeling of impact on patients’ lives.

Expectation Number Two: Simplicity

Compared to pediatrics, I expected to the field of psychiatry to be… I hate to voice it here… somewhat simple. I thought, “There are only a few psychiatric meds and they’re all the same” and “Only one chief complaint— I’m Anxious – how easy.” Needless to say, I was very wrong. Though the patients do not present for a full well child check, they come for a full well mind check instead, which can easily be just as convoluted. I gather essentially the same history, though instead of asking about ear pain, I inquire about suicidality. There is nothing simple about suicidality.

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Expectation Number Three: Severe mental illness is scary

Prior to starting, I toured the adult psychiatry unit in the ED, which was like nothing I had ever seen, not even the movies, with psychosis and mania in their truest forms. Someone reassured me, “Don’t do anything you aren’t comfortable with,” after which I wanted to run back to my world of rainbows in pediatrics. But I am glad I stayed. I concluded that mental illness itself is not scary, but rather, mental illness without appropriate support, just as anything left floundering without proper sustenance cannot flourish and is bound to fail. I entered with some trepidation about the

Expectation Number Four: I would miss “medicine” as I knew it

Initially, I found myself missing the classic definition of medicine—entwined in pediatrics— the pathogens we memorized in medical school, the ventilators in the PICU, and the asthma action plans created in clinics. Was it all useless now? I also faced an identity crisis: was I a pediatrician or a psychiatrist?

During my time in psychiatry, I have more clearly realized the role of the psychiatrist in medicine. Psychiatrists manage psychotropic medications and also everything that the medications may affect more than just the brain, and they bridge the extensive overlap between emotional and physical concerns. As a psychiatrist, I do not have to choose between asking about mood or asthma; I can ask about both, as well as anything else that demonstrates compassion and ensures the patient is taken care of to the best of my ability. Nothing can replace being a pediatrician, a bright pillar of trust and guidance in a family’s life, so I am glad I do not have to replace that role. I can be both a pediatrician AND a psychiatrist, minus the stethoscope, vaccines, and ear exams, of course.
New Research Poster Call for Papers –
Deadline: June 7, 2023

AACAP’s 70th Annual Meeting takes place October 23-28, 2023, at the New York Hilton Midtown and Sheraton New York Times Square hotels in New York, NY. Abstract proposals are prerequisites for acceptance of any presentations. Topics may include any aspect of child and adolescent psychiatry that advance the field and can be used to improve the well-being of children and their families.

In addition, there are two opportunities to orally present your poster in some special sessions. See more details on the Call for Papers page and indicate your interest on Step 1 of the form.

AACAP is planning for an in-person meeting in New York and as such, will require all presenters to be in-person in New York for their presentation. AACAP will continue to monitor public health and safety and will consider safety measures if necessary closer to October. As you prepare your submission, please make sure all speakers are willing and able to attend in person.

Verbal presentation submissions were due February 15 and may no longer be submitted. Abstract proposals for (late) New Research Posters must be received by June 7. The online submission site will open in April. All Call for Papers applications must be submitted online at https://www.aacap.org/AnnualMeeting-2023.

If you have questions or would like assistance with your submission, please contact AACAP’s Meetings Department at 202.966.7300, ext. 2006 or meetings@aacap.org.
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Family Psychiatry: A Potential Solution to the Workforce Problem

The United States Surgeon General’s call to action to address the crisis in pediatric mental health in 2021 comes at a time of severe workforce shortage in child and adolescent psychiatry (CAP) (OSG, 2021). It is estimated that we need five times as many child and adolescent psychiatrists to meet the burgeoning need triggered by the COVID-19 pandemic (Jarvis).

In the 2022 match cycle, there were a total of 303 applicants for child psychiatry fellowships. This number, albeit greater than in the previous years, still continues to be a small fraction of the total of 2,908 applicants for general psychiatry residency training in 2022 (NRMP 2022). We know now that part of this disparity is driven by a decline in interest in child psychiatry careers over the course of medical education. A 2010 study reported that between the fourth year of medical school and fourth year of psychiatry residency, there was about a 50% decrease in interest in child psychiatry (Schlozman, 2010). Between 2019 and 2022, the number of unfilled CAP fellowship positions has risen from 57 to 90 positions. This declining interest in CAP is attributable to 1) residents’ perceived challenges in their child psychiatry rotation, 2) The need to prolong training, 3) concomitant increase in student debt, and 4) relatively lower reimbursement and social status within medicine (Shaw, 2010; Skokauskas 2019).

What might be the CAP-specific challenges trainees have been perceiving? The clinical care provided in CAP is fragmented, which accounts for increased work demand and burnout for child and adolescent psychiatrists. The growing separation of roles of psychiatrists and therapists, especially in the United States, has led to psychiatrists being viewed as psychopharmacologists who are detached entities from therapists. Thus, psychiatrists bear the onus of making additional time and effort for collaborating with the therapists. This collaboration may be more time consuming in CAP due to the need to involve school personnel and other relevant figures in a child’s life.

Another crucial and more alarming vulnerability in current practice is the tendency to view childhood mental illness as disparate from the family context. This view normalizes a fragmented, narrower case formulation, and establishes an unrealistic expectation of managing children and adolescents independent of their family system. This may contribute to disappointment and frustration about the experience of patient care and drive burnout.

The “family psychiatry” concept—which was proposed as the correct name of the field of CAP (Kramer, 2015)—has the potential to bridge the widening chasm between psychopharmacologists and therapists as well as that between children and their family systems. The idea of family psychiatry emerged in the 1970s as “the psychiatry of the whole family” (Ackerman, 1971). However, the development of the family therapy movement—partly due to its anti-medical and anti-diagnosis sentiment—has fallen into the moat around the field of CAP (McDermott, 1974). Nevertheless, family psychiatry has persisted as a conceptual idea that treating the whole family is crucial if one of the family members undergoes psychiatric treatment (Whitaker, 2014). The following case vignette illustrates a clinical situation where this idea can be effectively implemented.

Let us consider a family of four: two parents with two biological teen children. The family presents for family therapy, one of the children Lisa (pseudonym) being the identified patient. Lisa has become more aggressive towards her father. As sessions progress in treatment, it becomes evident that Lisa’s father was a victim of childhood abuse and neglect. He has difficulty managing his anger when he perceives Lisa is challenging his parental authority. Lisa’s mother was also a survivor of childhood neglect and has an anxiety disorder. She finds it challenging to protect her children from her husband’s coercive parenting. If the family therapist referred Lisa’s parents to a psychiatrist, they may face long wait times for treatment and may be lost to follow-up. This delay and/or unavailability can undermine the effectiveness of family therapy and negatively impact the mental health of each member. But what if the family therapist could assume psychiatric care for Lisa’s parents?

Lisa’s family could benefit much more from the family psychiatry model. According to family psychiatry, the patient is the family (Kramer, 1988); one family of two generations—can be treated by one child and adolescent psychiatrist...
psychiatrist. Some clinicians have even recommended working with the three-generational system to best understand the introjected values and beliefs of the entire family (Kramer, 1988). Lisa’s parents’ medications could be prescribed by the family psychiatrist who has expertise in CAP and an awareness of parental struggles with mental health. This would expedite treatment and optimize outcomes for the individual members and the family unit. Furthermore, biopsychosocial and relational processes can be activated to nurture growth, identity, and love in the family. Under the family psychiatry model, each family member can learn how to collaboratively solve problems as well as to think about relational repercussions of one’s behaviors. Treatment could extend to positively impact relationships with friends and colleagues.

A more expanded, multi-family intervention could even be implemented to optimize certain clinical settings. Dr. Doug Kramer was able to implement such a multi-family psychiatry model at an understaffed mental health center with burnt out staff clinicians as a solution to their workforce ailments. Most treatment encounters took place in a multi-family group-therapy format. The groups were formed of patients and their families. Two co-therapists facilitated the 75-minute-long therapy sessions. Thirty minutes were allocated in-between sessions to debrief and discuss clinical issues. Medication-management sessions were held outside the multi-family setting, with the patient, sometimes including additional family member(s). This structure improved outcomes for children and their families, and helped families to feel more engaged in treatment, thereby enabling the treatment team to find satisfaction in their work that previously felt insurmountable.

Since mental health conditions are often clustered within families, one psychiatrist seeing one family as a whole for a family psychiatry interview may tap into the bio-psycho-social-relational processes inherent in family therapy and provide expedited medication management as needed. This format may also help to determine the efficacy of medication as there are multiple observers with input at each interview. Some notable challenges of this model that need to be taken into consideration in clinical practice are: 1) limits to privacy amongst family members and 2) the need to schedule multiple evaluation sessions if several members need medication-management. 3) Further, proof-of-concept studies are needed to bolster the evidence in the clinical practice of CAP.

To tackle the pediatric mental health crisis in the backdrop of a workforce shortage, we need to think outside of the box and consider more upstream interventions, innovations in training and education, and collaborations across specialties and systems. We propose a family psychiatry model as one approach to revamp existing models of care. The family psychiatry model has the potential to deliver more efficient care, retain candidates interested in the field, and decrease burnout of clinicians. The AACAP Family Committee is spearheading initiatives to promote family-centered care and set training standards that ensure competency in family-based approaches and interventions with the end goal of delivering optimal care and addressing challenges around the workforce shortage.

References

Deepika Shaligram, MD, is an attending Psychiatrist, Department of Psychiatry & Behavioral Sciences, Boston Children’s Hospital/Harvard Medical School, Boston, MA.

Joo-Young Lee, MD, is a Child and Adolescent Psychiatry Fellow in Harvard Medical School at Cambridge Health Alliance.

Rakin Hoq, MD, is a child and adolescent psychiatrist specializing in psychiatric consultation for children and families. His work includes providing mental health assessment and treatment recommendations for children having emergency mental health crises and for children having acute mental health needs while receiving pediatric specialty care in the Shawn Jenkins Children’s hospital.

Douglas Kramer, MD, is a Child & Adolescent Psychiatry Specialist in Madison, WI and has over 52 years of experience in the medical field. He graduated from University of Wisconsin / Madison in 1971.
All Politics is Personal: My Advocacy Journey

Sandra L. Fritsch, MD, MSEd

Many of us don’t recognize or honor the advocacy we do each day in our professional lives. We lend support to give that child we treat a voice during their appointment. We give caregivers the tools to advocate for their children to receive educational support needed for success. We take that deep breath to steel ourselves for those (rarely) “pleasant” peer to peer reviews to ensure our patients receive the continued care they need. My personal “advocacy journey” has grown beyond the immediate patient-oriented efforts and most recently led to writing a state bill and getting it passed.

As often happens, specific events or needs lead to professional development in unanticipated areas. My “formal” advocacy work began in Maine when a rural county state representative was writing legislation potentially impacting the professional role of child and adolescent psychiatrists practicing in Maine. We were fortunate to receive support from the Maine Medical Association (MMA) to guide our work with the rural legislator. In addition, our ROCAP members received a “grassroots advocacy training” from American Academy of Child & Adolescent Psychiatry (AACAP) advocacy staff and funding from AACAP for an “Advocacy & Collaboration (AC) Grants” to support regional advocacy efforts. These relationships supported my advocacy efforts. In 2021, Colorado received ARPA funds and determined ~ $450 million would be designated for mental health related programs. The first legislative “ask” was to ensure 1/3 of the money be dedicated to youth as youth are 1/3 of the populous. A statewide Behavioral Health Transformational Task Force was created to recommend where the funds be spent. Subsequently, information about a child psychiatry access program (CoPPCAP) I developed was presented at task force meetings/hearings. Money to support CoPPCAP became a task force recommendation, wow.

SB22-147 was the bill supporting CoPPCAP and in March 2022, I was asked by a state bill writer to write the actual bill (yikes! eek!). My first reaction was “what? I don’t know how to write a bill”, and the second reaction was that I shouldn’t be in the role as I had a core conflict of interest with CoPPCAP benefiting from the bill. The “ask” came late on a Friday afternoon with a completed product to be delivered the following Monday. Being asked to write a bill felt completely out of my expertise and it was time to reach out to colleagues and others for support (and asking others to join in this project over a weekend). Key partners to provide feedback/edits were a pediatrician and a legislative affairs staffer from my workplace. Essential partnership and support continued through to the passage of the bill and the bill signing ceremony on May 17, 2022.

What have been the key learning points for me about this process?

Signing Ceremony: Governor Polis, SB22-147, May 17, 2022
1) Even someone without an interest in politics can become involved in advocacy and find the experience rewarding and fulfilling.

2) One never needs to feel alone as like-minded colleagues and supports are readily available.

3) During the legislative season, the hours can be extensive with “testimony” potentially occurring into the evenings, our involvement mandates flexibility of schedules.

4) Ironically, I felt my promoting SB22-147 was a “conflict of interest” as I stood to gain from the passing of the bill, but in politics (unlike medicine) it is expected that we will have a loud voice when we may benefit. Should politics be more like medicine with mandatory requirements of notification of potential conflicts of interest?

5) All politics is personal, and persistence is needed for success

6) Each of us can be an advocate.

What is next on my own personal “advocacy journey”? Being proactive or reactive? Working with my advocacy like-minded colleagues in various professional roles (legislators, pediatricians, psychiatrists, families, influencers, etc.) to develop and lead our own agenda at the state and national level? There are so many possibilities now that the public, policy makers, and politicians know we need to put our youth first. We all can help.

Dr. Sandra L. Fritsch, MD, is a child and adolescent psychiatrist in Aurora, Colorado, and is affiliated with Children’s Hospital Colorado. She received her medical degree from Michigan State University College of Human Medicine and has been in practice for more than 20 years. Dr. Fritsch is co-chair of AACAP's Consumer Issues Committee and member of AACAP's Advocacy Committee.

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Reflection on the 2022 AACAP Legislative Conference

Minseo Kwak, PharmD, and Debra E. Koss, MD, AACAP Secretary

The practice of “see one, do one, teach one” is something many medical students are familiar with and personally getting involved in legislative advocacy was no different. I have observed attending physicians and residents repeatedly advocating on behalf of individual patients but unable to create lasting change in health care systems or policies. Numerous patients continue to face the same barriers to care, such as prior authorization related issues and mental health parity violations. I have wondered, how can a physician advocate on a larger scale and represent the needs of an entire patient population? And what can I do in my current early stage of medical training as a medical student? AACAP has provided me with a roadmap and opportunities to observe, act and inform.

With my strong interest to become a child and adolescent psychiatrist, I attended my first advocacy event at AACAP’s Virtual Legislative Conference in 2022. I had no way of knowing it then but it was the moment that I became an active participant instead of just an observer. Along with other child and adolescent psychiatrists, fellows, residents, and medical students, I actively connected with legislative staff of federal elected officials to promote AACAP’s policy priorities such as the H.R.3150/S.1578 “Advance the Mental Health Professional Workforce Shortage Loan Repayment Act.” They appreciated hearing my personal story of how my anticipated student debt burden will weigh on me heavily as I move forward in my career, in hopes to practice within underserved communities. Sharing my perspective allowed them to understand how their support for student loan repayment programs for pediatric mental health providers will increase interest to join the child and adolescent psychiatry workforce. I shared the massive financial burden a majority of today’s trainees face, and how this debt influences where a future child and adolescent psychiatrist may practice. I explained that the loan repayment bill would help to increase the CAP workforce and close the gap in care, particularly in under-resourced communities. AACAP’s Legislative Conference was an experience that had a lasting impression on me, instilling a desire to continue my advocacy activities.

As I left the conference, I walked away with connections to New Jersey child and adolescent psychiatrists who were actively committed to mental health advocacy. It was a window of opportunity to continue advocating in my home district. I designed an elective, “Responding to the National Emergency in Children’s Mental Health: Advocacy Priorities and Strategies,” with Debra Koss, MD, AACAP Secretary and Chair of the New Jersey Psychiatric Association Council on Advocacy, to learn more on forms of advocacy that influence changes within the healthcare system and better support entire communities. I also learned about the power of sharing patients’ stories when advocating for policies and regulations. Despite still being a student, I realized that I already collected many patient stories that could inform and educate lawmakers. For example, I further contributed to AACAP’s advocacy efforts by participating in a meeting with Senator Cory Booker’s staff, Dr. Koss and members of AACAP’s Department of Government Affairs. I was able to describe my experiences from family medicine and pediatric clerkships where many patient visits focused on mental health issues. The patient stories I shared allowed the legislative staff to understand the benefits of New Jersey having its own child psychiatry access program to deliver mental health care. They were receptive when asked to continue to support the expansion of such programs and need for federal support to ensure standardization of these programs across the country. It was an eye-opening revelation that even as a medical student, there is much to contribute.

Overall, I have found advocacy to be easy, accessible and impactful. I encourage other medical students, residents and fellows to join in AACAP’s advocacy efforts. Here are some tips to get more involved:

1) Continue to listen to our patients
   a. Our profession allows us to not only listen to what patients say but also observe the impact of improved access to care. It is upon us to bring these stories and observations to legislators.

2) Educate patients regarding health care policies and advocacy
   a. Who knows, you might inspire a patient to become a family advocate and join the effort!
3) Attend AACAP’s Legislative Conference
   a. It’s an opportunity to lend one’s voice and connect with other child and adolescent psychiatrists in order to help improve access to care.

4) Build a relationship with your elected officials
   a. Sign up for your legislator’s newsletter, attend a town hall meeting, or meet with them in district. Writing a personalized letter to elected officials can also be easily done with the aid of a pre-written, editable template on AACAP’s Legislative Action Center.

5) Educate colleagues about ways you have contributed and join together for future advocacy related events

a. Advocacy is not a solo endeavor. Communicating and having that initial conversation with others will enhance participation.

6) Join AACAP’s Advocacy Liaison Network and help organize grassroots advocacy efforts through AACAP’s regional organizations.

   a. Questions about the Advocacy Liaison Network should be directed to Emily Rohlffs, AACAP State Advocacy Manager at erohlffs@aacap.org.

   Advocacy on behalf of an individual patient is a core part of what physicians commit to do for their patients. Advocacy on a larger scale is much needed to create lasting changes in health policies and this requires a team effort. AACAP provides training, mentorship and opportunities to engage in legislative advocacy at the local, state and federal level. These opportunities are simple and effective. The collective voices of child and adolescent psychiatrists who are actively engaging in policy discussions with lawmakers will result in greater change.

Minseo Kwak, PharmD, is a fourth-year medical student at Rutgers Robert Wood Johnson Medical School pursuing residency training in psychiatry and CAP fellowship. Prior to medical school, she earned her Doctor of Pharmacy degree at the Ernest Mario School of Pharmacy at Rutgers University. mk1111@rwjms.rutgers.edu

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An omission was made in the 2022 November/December issue of AACAP News regarding a generous donation made by Ted Petti, MD. We regret that we failed to include his contribution of $1,500 to the Gabrielle and Harold Carlson, MD, Pediatric Psychopharmacology Research Award Fund. We apologize for any inconvenience this may have caused and express our gratitude to Dr. Petti for his generosity.

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.
Sleep Problems

No. 34; Updated March 2023

Sleep is very important for mental, physical and overall health. According to the American Academy of Sleep Medicine, the amount of sleep needed varies by age:

- Infants up to 12 months: 12 to 16 hours of sleep
- Children 1 to 2 years: 11 to 14 hours of sleep
- Children 3 to 5 years: 10 to 13 hours of sleep
- Children 6 to 12 years: 9 to 12 hours of sleep
- Teenagers 13 to 18 years: 8 to 10 hours of sleep

Many children have sleep problems. Examples include:

- Problems falling asleep or staying asleep
- Feeling sleepy during the day (daytime fatigue)
- Having nightmares or night terrors
- Bed wetting
- Teeth grinding and clenching
- Snoring and mouth breathing
- Sleepwalking or talking during sleep
- Moving around too much during sleep
- Sleeping during the day and staying awake at night (sleep-wake reversal)

Many childhood sleep problems are related to poor sleep habits or anxiety about going to bed and falling asleep. Regular bedtime and sleep routines for children can be helpful. Bedtime routines, such as reading stories and teeth-brushing, help children understand it is time for bed.

Nightmares are fairly common during childhood. Children may remember nightmares, and this may lead to fears and worries about bedtime. For some children, nightmares are frequent and interfere with restful sleep. Ways to help a younger child with nightmares can include helping the child know before bed the dreams are not real, using “dream catchers”, or even writing up the story of the nightmare and ripping up the paper. These are ways to give the child some sense of control over the nightmares. Some children have sleep terrors which are different from nightmares. Children with sleep terrors will scream uncontrollably and appear to be awake but are confused and cannot respond. Sleep terrors can also be scary for parents and caregivers to see. The child usually has no memory of the sleep terror in the morning. Sleep terrors begin between the ages of 4 and 12 years. Like sleep terrors (night terrors), sleepwalking and sleep talking are part of a rare group of sleep disorders, called “parasomnias.” Children who sleepwalk may seem awake as they move around but they are actually asleep and in danger of hurting themselves. Sleepwalking usually begins between the ages of 6 and 12 years. Both sleep terrors and sleepwalking run in families and affect boys more often than girls. Sometimes a sleep specialist can help with sleep terrors, sleepwalking and talking during sleep.

Sleep problems for teens can be different than for younger children. Sleep-wake reversal, meaning someone is awake in the night and asleep during daytime hours, is common in teens and can cause problems with daily life. Sleep-wake disorders are due to the circadian rhythm (internal biological clock) that controls sleep being mismatched with the sleep-wake schedule needed for school and other activities. Many travelers have experienced this as “jet lag” with the circadian rhythm signaling sleep for the previous time zone.

Sleep problems during teenage years could also be from problems such as mood disorders, post-traumatic stress disorder (PTSD), substance use, attention-deficit/hyperactivity disorder (ADHD), and anxiety.

Behavioral changes can help improve your teen’s ability to fall asleep and wake up at appropriate times. Here are some recommendations to support a restful sleep plan:

- Have planned bedtime and wake up times. For weekends, sleep and wake schedule should be within 1 to 2 hours of weekday schedule.
- Build a simple and relaxing bedtime routine.
• Try not to exercise within 3 to 4 hours of bedtime. Exercise earlier in the day can help with sleep.
• No caffeinated/“energy” drinks within 6 hours of bedtime. Nicotine, alcohol and drugs can affect sleep as well and should be avoided.
• All use of electronics (computer, tablet, smartphone, etc.) should be stopped within 1 hour of bedtime. Screens can affect the brain’s natural signal to fall asleep.
• The bed should only be used for sleep. Using computers, tablets, smart phones, and watching TV in bed can tell the brain that the bed is not for sleep. This includes not eating or doing homework in bed.
• Keeping electronics out of the bedroom at bedtime is preferred.
• Keep the bedroom quiet, comfortably cool, and dark at night.
• If your child is unable to fall asleep within 15 to 20 minutes of going to bed, they can try getting out of bed and doing a quiet and relaxing activity. They should not return to bed until they are sleepy.
• If your child returns to bed and is still unable to fall asleep, try doing a quiet and relaxing activity again.
• No matter how many hours your child slept, have your child wake up at a regular time each day.
• Try not to take naps during the day even if tired.

Fortunately, as children age, they usually get over common sleep problems and the more serious sleep disorders (parasomnias). However, some sleep problems require a comprehensive medical evaluation. Examples include:
• Loud snoring and mouth breathing can be from a condition called obstructive sleep apnea. Your child will need to be checked for enlarged tonsils and/or adenoids.
• Restless legs, which can be happen during sleep, can be from low blood iron levels
• Daytime sleepiness despite getting enough hours of sleep can be from a condition called narcolepsy
• When your child has medical or psychiatric disorders that are significantly impacting their sleep.

For a comprehensive review and assessment of sleep problems and available treatments, please refer to the AACAP Sleep Disorders: Parents’ Medication Guide.

Parents with ongoing concerns about their child’s sleep should contact their pediatrician, a sleep specialist, or a trained child mental health professional for a comprehensive evaluation.

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

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

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

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AACAP Policy Statement

American Academy of Child & Adolescent Psychiatry

WWW.AACAP.ORG

Policy Statement on Vaping and Electronic Cigarettes

Approved by Council June 2015; Updated February 2023

Background

Youth vaping is an emerging epidemic, with 1 in 10 (2.5 million) U.S. middle and high school students currently vaping. Vaping is the act of inhaling vapors produced from a liquid solution aerosolized by an electronic device such as an electronic cigarette (e-cig) or vape pen. The liquid solution used in vaping devices typically contains a psychoactive drug such as nicotine or Δ9-tetrahydrocannabinol (Δ9-THC), the primary addictive components of tobacco and cannabis, respectively. Vaping of other cannabinoids including cannabidiol (CBD) and legal Δ9-THC analogues (e.g., Δ8-THC) is also increasing in popularity. Vaping results in higher blood serum concentrations of THC and nicotine compared to smoking combustible forms of cannabis or tobacco products. As a result of this higher exposure, regular vaping of THC and nicotine among youth can lead to vaping-related cannabis and tobacco use disorders characterized by the development of tolerance, habituation, loss-of-control over vaping behaviors, and experience of withdrawal symptoms upon cessation.

Nicotine exposure during adolescence is associated with behavioral and neurochemical changes along with continued engagement in tobacco and other drug use. Further, tobacco-naïve youth are initiating nicotine exposure through vaping. Youth who vape are also more likely to smoke cigarettes. Cannabis use, and particularly high-potency THC use, is associated with development of cannabis use disorder and the misuse of other substances. Problems associated with heavy cannabis use during adolescence include worsening mental health with increased risk of suicide, cognitive dysfunction, altered neurodevelopment, decreased school completion, and other health and socioeconomic consequences.

Not all harms related to vaping are the result of nicotine or THC exposure. Recent studies have found an array of environmental toxins within the vapors of commonly used e-cig brands including heavy metals, reactive oxygen species, aldehydes, and carbonyls. These toxins often result from chemical reactions between the heating elements, fluid components, and chemical flavoring agents. Specific carcinogens identified in the vapors include formaldehyde, acetaldehyde, and nitrosamines. Vaping may result in increased risk of toxicity and pulmonary injury, including e-cigarette or vaping associated lung injury (EVALI), as well as mechanical burns.

Youth are being increasingly targeted through direct advertisements, peer marketing, social media, and pop culture. Products are also designed for easy concealment as everyday items (e.g., highlighter, USB flash drive). Flavor additives have been shown to be the most important factor in youth initiation of vaping. While the safety of electronic vaping devices has not been scientifically established, e-cigs have been portrayed as less hazardous than conventional tobacco or combustible cannabis products. Manufacturers have also advertised e-cigs as tobacco cessation treatments. In fact, online interest in vaping has surpassed conventional tobacco cessation treatment among individuals who want to quit smoking. These factors contribute to decreased perceived harm of vaping. Though many states have enacted age restrictions, vaping devices and liquid cartridges remain easily accessible to underage youth through online purchasing and within local communities and peer groups.
To protect youth from behavioral and physical harms associated with vaping, the American Academy of Child and Adolescent Psychiatry:

- Recommends that clinicians screen all youth for vaping behaviors and for vaping as a method for consumption of nicotine and cannabinoids, following Screening, Brief Intervention, and Referral to Treatment (SBIRT) guidelines, and promote the use of evidence-based treatments for vaping cessation across all youth health care settings.

- Encourages researchers to prioritize the development of primary and secondary prevention strategies for youth at risk of vaping and to develop and promote evidence-based treatments for youth who develop vaping-related cannabis and tobacco use disorders.

- Supports state and federal policies that restrict youth access to vaping devices, flavor additives, and direct advertising that target youth and are associated with increased uptake of vaping among youth.

- Supports state and federal regulation of e-cigarettes, electronic vaping devices, liquid cartridges, and any product containing nicotine or cannabinoids.

- Supports policies that identify and address barriers to substance use disorder treatment for youth, including stigma associated with seeking treatment.

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

For more information or to review AACAP’s Policy Statements visit www.aacap.org.
AACAP Statement Regarding DEA Notice of Proposed Rulemaking on Telemedicine Prescribing of Controlled Substances

February 27, 2023

On February 24, 2023, the Drug Enforcement Administration (DEA) issued proposed rules governing telemedicine prescribing of controlled substances when the practitioner and the patient have not had a prior in-person medical evaluation. These rules seek to extend telemedicine flexibilities beyond the end of the COVID-19 public health emergency by extending the PHE in-person exam waiver for 180 days after the PHE ends and by allowing for telemedicine prescriptions of controlled substances without an initial in-person exam under limited circumstances. Of note, these rules do not implement the long-awaited “special registration” exception to the practice of telemedicine in the Ryan Haight Act. Rather, these rules create flexibilities within a different “exception” category.

The PHE-related telemedicine flexibilities significantly improved access to mental health care during the COVID-19 crisis and continue to do so as the national children’s mental health crisis worsens. AACAP will offer comments on these proposed rules that will: promote children’s access to safe, effective psychotherapeutic medications prescribed by physician pediatric mental health specialists; assert AACAP members as physician prescribers uniquely qualified to prescribe psychotherapeutic medications while also minimizing patient risk for misuse or diversion; and protect child and adolescent psychiatrists from undue administrative burdens that may result from these rules.

For additional information regarding the proposed rules, please read AACAP’s summary. Links to additional resources and the full text of the proposed rules are included in the summary.

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The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children’s mental health. For more information, please visit www.aacap.org.
Lifelong Learning Modules
Earn one year’s worth of both CME and self-assessment credit from one ABPN-approved source. Learn from approximately 35 journal articles, chosen by the Lifelong Learning Committee, on important topics and the latest research.
Visit www.aacap.org/moc/modules to find out more about availability, credits, and pricing.

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

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

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

Questions?
Contact us at cme@aacap.org.
Parents’ Medication Guides

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

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.

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

CALIFORNIA

Company: Pacific Clinics (1339828)
Title: Child And Adolescent Psychiatrist
Job ID: 18201204
URL: https://jobsource.aacap.org/jobs/18201204

Job Description:
Pacific Clinics is California’s largest community-based nonprofit provider of behavioral and mental health services and supports. Our team of more than 2,000 employees speak 22 languages and are dedicated to offering hope and unlocking the full potential of individuals and families through culturally responsive, trauma-informed, research-based services for individuals and families from birth to older adults. Pacific Clinics serves children, transitional age youth, families, adults, and older adults. We offer a full range of mental and behavioral health services, foster care and social services, housing, continuing adult education and early childhood education programs to Medi-Cal eligible individuals and families throughout Alameda, Contra Costa, Fresno, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Francisco, Santa Clara, Solano, Stanislaus, Stockton, Tulare and Ventura Counties.

Job Summary: Uplift Family Services seeks a BE/BC California-licensed Child and Adolescent Psychiatrist (CAP) to work 20 hours per week in a new integrated health program in San Jose. At least 8 hours per week must be in-person; up to 12 hours per week may be provided via telehealth. (Due to the COVID-19 crisis, all services may initially be remote.) Duties include psychiatric evaluation, medication management, consultation to primary care providers, and collaboration with clinicians providing psychosocial services. The integration of specialty mental health services in this established healthcare clinic is new, offering the CAP opportunities to build consultative relationships, teach, and contribute to program development with sponsorship from the agency’s Medical Director (also a CAP). The CAP must be available to staff 24/7 by phone for urgent medication-related situations. If you or someone you know may be interested in learning more about this opportunity please contact Chris Eggleston at ceggleston@pacificclinics.org.

CONNECUT

Company: Connecticut Children’s Medical Center (1339696)
Title: Physician, Consultation Liaison Psychiatrist
Job ID: 18200419
URL: https://jobsource.aacap.org/jobs/18200419

Job Description:
The Consultation Liaison Psychiatrist will collaborate with a multidisciplinary medical team to support care of patients with comorbid psychiatric and general medical conditions. The multidisciplinary team includes social work, advanced practice providers and pediatric medicine in delivering high quality effective care. The Consultation Liaison Psychiatrist will perform evaluations, emphasizes short-term treatment interventions with patients and their families and facilitates referrals for long-term treatment when needed to a diverse population.

ROLE RESPONSIBILITIES
* Provide consultation liaison to multidisciplinary primary providers and behavioral health team.* Provide comprehensive evaluations, diagnosis, and consultation or intervention to patients, child and adolescent (treatment plan) and their families in a manner consistent with the policies.* Assess both medical and psychiatric information including patient presentation, differential diagnosis, psychopharmacology needs and medication management, referral to primary care, and/or community support systems as appropriate.* Conduct comprehensive psychiatric intakes, perform follow-ups as indicated per treatment plan, prescribe medication when indicated, and create and update treatment plans.* Review medical records, test results, lab reports, and consultations as necessary.* Complete accurate and relevant electronic progress notes, prescriptions, and Treatment Authorization Requests.* Provide supervision and teaching for the Child Psychiatry residents, general psychiatry residents, other specialties requiring psychiatry training, and medical students.* Participate in efforts to ensure compliance with JCAHO standards and other applicable accreditation and regulatory standards.* Comply with scheduling and billing practices of the department.* Works collaboratively with patients to improve their health and well-being.* Actively participates in multidisciplinary team approach to case management.* May provide care in an ambulatory clinic and ED as needed.* Perform other duties as assigned.*

Academic appointment may be available with the University of Connecticut.

Job Requirements:
Graduate from accredited school of medicine required* Successful completion of a Psychiatry residency required* Fellowship trained in Child and Adolescent Psychiatry required* Experience in Child and Adolescent Psychiatry preferred* CPI trained preferred* Must possess current unrestricted license to practice in the State of CT and must be maintained thereafter* DEA with Controlled Substance required and must be maintained thereafter* Board certification / Board Eligible in Child and Adolescent Psychiatry required* BLS

FOR YOUR INFORMATION

MARCH/APRIL 2023

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adolescent psychiatry, psychology, and nursing. On-going collaboration and support through The Institute of Living, which is part of Hartford Hospital’s campus, and is a national leader in comprehensive mental health treatment, research and education. Supportive physician leadership that is excited to help foster professional development and growth. The Chair/Associate Medical Director Psychiatrist will be responsible for stewardship of a large group of child and adolescent psychiatrists, a child and adolescent psychiatry training program, community/external affiliate relations, strategic planning, governance, and partnership with administrative and operational leaders to achieve mutually agreed upon deliverables. The Chair/Associate Medical Director Psychiatrist will participate in patient care, resident supervision and possible didactic teaching, joining a mature and collegial faculty peer group. Applicants will be eligible for academic appointments through our affiliation with the University of Connecticut, School of Medicine. Applications will have opportunities for potential research infrastructure for a candidate within a research background. Competitive salary plus comprehensive benefits including low cost, high quality medical/dental, STD/LTD, matching 401(k), generous paid time off, CME, and more. A mentorship program and grand rounds. Opportunities for additional paid call. Eligibility to apply for the Public Service Loan Forgiveness Program. H1 and J1 Candidates are welcome to apply. There are no limits to what you can achieve when you join the Behavioral Health Network at Hartford HealthCare. The extensive capabilities of the most integrated healthcare system in CT offers Psychiatrists MORE OPPORTUNITY as you practice with nationally respected colleagues in a progressive, physician-led environment. Our broad network includes seven acute care hospitals including one of the largest academic and surgical hospitals in the northeast, thriving community teaching hospitals, and one of the largest multi-specialty medical groups in New England with more than 1,000 providers. This means MORE OPTIONS to propel your career to new heights and all within a deeply embedded culture of diversity, inclusion, innovation, and focus on the highest quality of care. We are teachers, researchers, innovators, leaders and, most of all, caregivers.Located between Boston and New York City, Connecticut offers you and your family access to a lifestyle that is second to none. Enjoy the finest schools in the nation, four beautiful seasons of recreational activities, and options to live at the shore, in leafy suburbs, or in vibrant urban areas. For additional information: E-mail Samuel McNeil, Physician Recruiter, Samuel.McNeil@hhchealth.org or call/text 860-637-5571.

GEORGIA
Company: The Southeast Permanente Medical Group (1123444)
Title: Child/Adolescent Psychiatrists
Atlanta, Georgia
Job ID: 18174869
URL: https://jobsource.aacap.org/jobs/18174869
Job Description:
The Southeast Permanente Medical Group (TSPMG) is seeking child/adolescent psychiatrists to join our busy inpatient and outpatient practice for locations throughout the metropolitan Atlanta area. Our behavioral health department is one of the largest groups in Atlanta with over 30 psychiatrists and 70 therapists. The Kaiser Permanente medical centers give our patients access to primary care and a wide range of specialties. Additional support for our physicians includes nursing staff, clinical pharmacy specialists, crisis therapists and ability to offer treatment options for our patients. Minimal call schedule. The Southeast Permanente Medical Group (TSPMG) is one of Georgia’s largest independent, physician-owned, multi-specialty medical groups. More than 500 physicians and 150 associate practitioners work together in a unique integrated care model to provide high-quality care to over 300,000 Kaiser Permanente members. Care is delivered at 26 medical offices featuring state-of-the-art equipment, labs, imaging services, and pharmacies. We also provide surgical services and around the clock care at some of the area’s top hospitals. TSPMG offers a competitive salary, a generous retirement package, paid time off, health, dental, vision, and life insurance, long and short-term disability, relocation allowance, and more. We also offer numerous clinical and non-clinical learning opportunities and physician leadership development. Atlanta, our home for more than 30 years, is a thriving metropolis that blends southern charm with modern art, music and culture. Learn more about our beautiful southern city at www.atlanta.com. We are an equal opportunity employer. All applicants will be considered for employment without regard to race, color, religion, age, sex, sexual orientation, gender identity, national origin, veteran or disability status. We maintain a drug and nicotine free workplace and perform pre-employment substance abuse testing.

Job Requirements:
Education, Training, & Experience
Board Certified or Board Eligible in child/adolescent psychiatry Ability to obtain an active medical license in the state of Georgia Functions well in a team environment, contributing to and supporting organizational goals Minimal call schedule Generous sign-on bonus Student loan repayment Desire to be part of a growing and high-volume psychiatry practice.

NEW YORK
Company: Four Winds Hospital (1130907)
Title: Psychiatrist
Job ID: 18229595
URL: https://jobsource.aacap.org/jobs/18229595
Job Description:
Four Winds Hospital, a leading provider of inpatient psychiatric treatment for children, adolescents and adults in the Northeast, is looking to hire additional full-time inpatient child, adolescent and adult Psychiatrists. Limited on call responsibilities. The job is Monday through Friday. Competitive salary Great benefits. Warm work environment with collaboration, teaching and ongoing support. More information available upon request. Come for a visit, shadow Dr. Sarah Klagsbrun, the Medical Director, for the day and see what Four Winds is all about! (Feel free to reach out directly to S.Klagsbrun@FourWindsHospital.com) Four Winds Hospital has 150 child & adolescent beds and 30 adult beds. Our staff work as collaborative teams with a non-corporate, family feel. Four Winds is located on a campus in Westchester County. We have seven units in different cottages that are not locked. Each unit has a narrow age range. Our
older adolescent units are even divided into three units with different treatment approaches (ABA, DBT and Collaborative Problem Solving). We celebrate all the holidays with our patients: Halloween consists of a costume parade and trick-or-treating, Thanksgiving is filled with a traditional meal for patients and families and Christmas morning means every patient receives a Holiday Gift. Patients come from all over: Albany, Connecticut, Manhattan, Queens, Brooklyn, Bronx and New Jersey with varied backgrounds. Our mission is to provide the best clinical care, the most advanced treatment and have deep empathy for the pain experienced by the mentally ill and their families. For more information please contact Renee Sibrizzi at 914-763-8151 ext. 2222 or email CV to rsibrizzi@fourwindshospital.com Website: www.fourwindshospital.com Medical Director: Dr. Sarah Klagsbrun S.Klagsbrun@FourWindsHospital.com

NEW YORK
Company: Four Winds Hospital (1130907)
Title: Psychiatrist - Moonlighter
Job ID: 18229650
URL: https://jobsource.aacap.org/jobs/18229650
Job Description:
Four Winds Hospitals provides inpatient and outpatient mental health treatment services for children, adolescents and adults. We are the leading specialized providers of inpatient psychiatric treatment for children, adolescents and adults in the Northeast. Four Winds Saratoga invites New York State licensed Psychiatrists to join our team as a Moonlighter Physician. We offer a pleasant work environment, comfortable accommodations, dinner, competitive pay, malpractice insurance covered NYS license and a minimum PGY-4 status required. Sunday - Thursday 5PM – 8AM Weekend & Weeknight shifts available. For more information please contact Karen Winters at 518-584-3600 ext. 3286 or email resumes to kwinters@fourwindssaratoga.com

OHIO
Company: Shaker Recruitment Marketing (1295176)
Title: Child & Adolescent Psychiatrist
Job ID: 18174779
URL: https://jobsource.aacap.org/jobs/18174779
Job Description:
The Department of Psychiatry at The MetroHealth System, a major teaching hospital of Case Western Reserve University, is seeking a board-certified (or board eligible) Child & Adolescent psychiatrist, who will provide clinical care for adult patients, teaching of residents and students and have the opportunity for academic and career development at the largest medical research institution in Ohio and a top 1% ranked hospital. Because of the strong commitment to the needs of the community, the MetroHealth System is building a new 112-bed behavioral health hospital in Cleveland Heights, Ohio, with specialized units including: adolescent, geropsychiatry, adult psychiatric intensive care, adult dual diagnosis, adult thought disorders and adult mood disorders. Partial hospitalization and intensive outpatient treatment programs will be attached to this hospital as well. The MetroHealth System offers a competitive compensation package, health insurance, paid time off, liability insurance, an academic appointment to the Case Western Reserve School of Medicine faculty at a rank commensurate with experience, CME opportunities, malpractice coverage, an impressive pension program with a generous employer match through the Ohio Public Employees Retirement System (OPERS) and excellent environment for faculty members to develop a strong clinical and research program (both basic and clinical). As a Child & Adolescent Psychiatrist, you have a number of opportunities to consider. However, few will offer you the personal and professional satisfaction and the opportunity to work in a safety-net academic, community integrated medical system that is leading the way to a healthier community through service, teaching, discovery, and teamwork. We have exceptional clinicians with extraordinary hearts, and we are looking for more to join us. If you would like to be a part of our team, please send cover letter and CV to: Eloy Vazquez, Provider Recruitment evazquez@metrohealth.org c/o Ewald Horwath, MD, MS Professor & Chair, Department of Psychiatry Medical Director, Behavioral Health Center 2500 MetroHealth Drive, BG 301 Cleveland, OH 44109-1998 Our healthcare providers are leaders in their field and choose to work for MetroHealth because equity in healthcare is their passion. Equity, inclusion, and diversity aren’t just who our patients are. Equity, inclusion, and diversity aren’t just who our employees are. Doing the difficult work of equity, inclusion, and diversity in our community and at the bedside is who we are. We redefine healthcare to improve the foundations of community health and well-being. Our commitment to our patients means that questions and concerns rooted in historical disparities are met with compassion, patience, and flexibility to meet the needs of each patient. That’s what we call EQUITY FIRST. The MetroHealth System and Case Western Reserve University does not discriminate in recruitment, employment, or policy administration on the basis of race, religion, age, sex, color, disability, sexual orientation or gender identity or expression, national or ethnic origin, political affiliation, or status as a disabled veteran or other protected veteran under U.S. federal law.

OREGON
Company: PeaceHealth (1249047)
Title: Child & Adolescent Psychiatrist
Job ID: 18249009
URL: https://jobsource.aacap.org/jobs/18249009
Job Description:
PeaceHealth is looking for a Child & Adolescent Psychiatrist to join our team! PeaceHealth’s commitment to Behavioral Health is reflected in our state-of-the-art inpatient psychiatric unit, nationally respected research, and community advocacy and leadership. Oregon has been selected as one of 8 states to participate in CMS’ demonstration project, Certified Community Behavioral Health Clinic (CCBHC) with the goal to transform how mental health services are provided and PeaceHealth is participating as a CCBHC. This provides PeaceHealth with the opportunity to build on our industry leading coordinated care strategies which include community-based resources and the integration of services with primary
care. We are currently transitioning into full coordination in the medical home model utilizing team-based care models for the populations we serve. In addition, we provide telepsychiatry services within our network and to rural communities. As a result of our progressive programs, our work with first episode schizophrenia coordination and medication has garnered national attention. We are a National Institute of Mental Health participant in this multi-site national study. Our patient-centered approach has a primary goal of helping people recover and promoting a safe and inspired life to the community. Position highlights include flexibility with variety and interesting/challenging group of patients, Child and Adolescent Psychiatry with some Young Adult Psychiatry Comprehensive Behavioral Health Services, some administrative responsibility, opportunities to mentor/teach rotating medical students through Oregon Health and Science University ECT Services available. Research opportunities available. Why Eugene? Eugene, Oregon ranked 9th on the Livability Top 100 Best Places to Live. Come experience the wide array of restaurants, visit the fermentation district, and entertainment venues that make Eugene a true urban playground. Eugene boasts cultural amenities typical of larger cities, from the Jordan Schnitzer Museum of Art to the world-famous Oregon Bach Festival. Eugene is home to the University of Oregon Ducks! Historic Hayward field will host the Olympic Trials in 2021, NCAA Track & Field Championships, and the World Athletics Championships in 2022. The area offers outdoor produce markets, abundant parks, camping, hiking, wine tasting, and natural beauty. It truly is a place to experience and live! Here are more reasons why you’ll love Eugene. Oregon Eugene is the place for the outdoor enthusiast. With everything from hiking, biking, kayaking, swimming, running and water sports, there is no shortage of things to do outside. Check out Spencer’s Butte which provides some spectacular views of the city! The Hult Center for the Performing Arts features all kinds of entertainment including jazz, opera, ballet, the Eugene symphony and choir. Eugene also has numerous other venues for live music and for live theater. Go shopping at the 5th street market. Spend an afternoon visiting the shops and enjoy a multitude of international cuisine while local musicians provide live entertainment at the market Sports fanatic? Eugene is home to the University of Oregon (Mighty Ducks) where you can catch professional, Olympic and collegiate sporting events Affordable cost of living 1 hour away from the city of Florence, situated on the scenic Oregon coast. Florence, Oregon was voted the nation’s “most beautiful small city” by Expedia! Home to a community of great schools and churches. 3 local high schools recently voted top 30 schools in Oregon! Living and Practicing with PeaceHealth in Eugene - YouTube https://traveloregon.com/places-to-go/cities/eugene/ Compensation Package Salary: $274,124.23 Employment Bonus Relocation Assistance Student Loan Repayment (if eligible) Additional Compensation for Clinical & Quality Measures Annual CME Allowance Medical/Dental/Vision/Disability/Life/Wellness Retirement For more information contact: Danny Keo, dkeo@peacehealth.org PeaceHealth Sacred Heart Medical Center at Riverbend is a state-of-the-art regional medical center. On the leading edge of evidence-based hospital design, and creating a patient-centered, healing environment with a strong focus on quality clinical outcomes and patient safety. PeaceHealth offers outstanding Benefits! See how PeaceHealth is committed to Inclusivity, Respect for Diversity and Cultural Humility, EEO Affirmative Action Employer/Vets/Disabled in accordance with applicable local, state or federal laws.

**Pennsylvania**

**Company:** Meadville Medical Center (1338779)

**Title:** Exciting Opportunity - Child Psychiatry in Northwest Pennsylvania

**Job ID:** 18157490

**URL:** https://jobssource.aacap.org/jobs/18157490

**Job Description:**

Meadville Medical Center is currently recruiting a BC/BE Child Psychiatrist to build a program in a community with a great and growing need. The current psych practice has 3 busy adult psychiatrists. Closest child psychiatrist is a 45-minute drive, so the community need is tremendous. The position can be 100% outpatient child/adolescent psychiatry and/or could include a mix of child psych and in/outpatient adult psych. The inpatient mental health facility currently has twenty adult beds with an opportunity of expansion to include eight additional beds. The staff is productive and easy to get along with, providing a comfortable, progressive atmosphere for the physician. Candidate should be well trained and ready to apply for or already possess their Pennsylvania state medical license. Clean background and excellent communication skills required. Employment package for the ideal candidate includes: Generous Base Salary + incentives program Up to $100k in Educational Loan repayment Signing Bonus Paid Moving Expenses Full family health benefits Paid medical malpractice insurance Paid vacation and CME time/allowance.

**Texas**

**Company:** Cook Children’s (1330228)

**Title:** Child Psychiatrist Opportunity - Jane and John Justin Institute for Mind Health

**Job ID:** 18200963

**URL:** https://jobsource.aacap.org/jobs/18200963

**Job Description:**

Child & Adolescent Psychiatrist Opportunity This position will primarily serve the patients of the Jane and John Justin Institute for Mind Health which will open in the fall of 2023 providing collaborative care between the departments of neurology, neurosurgery, neuropsychology, developmental pediatrics, psychiatry, and psychology. The position will be primarily outpatient clinic work with opportunities to develop subspecialty interests caring for the psychiatric needs of children and adolescents with comorbid neurologic conditions. The position will also include on-call and weekend coverage with our general psychiatry pool. Opportunities for research and teaching are available as desired by the candidate. The Jane and John Justin Institute for Mind Health was created to provide a single point of care for children with disorders of the nervous system. The Institute’s Vision is to uphold the Promise of Cook Children’s by providing easily accessible, well-coordinated and comprehensive evaluation and treatment - guided by innovation, research and a relentless
Job Description:
The Texas Tech University Health Sciences Center at Amarillo is seeking an established, academically accomplished, and mission-driven Psychiatrist to serve as the next Chair, Department of Psychiatry. The new Chair will assume leadership of a department with a strong and dedicated faculty, the highest-rated clerkship in the school of medicine, and significant opportunity for growth including strategic planning for a future residency program in Psychiatry. The Department of Psychiatry is an innovative community-based teaching program. The Department of Psychiatry offers clinical experiences in treating children to geriatric patients with varying diagnoses of psychiatric conditions. In addition to working at the clinic, medical students can expect to work in community organizations like Texas Panhandle Centers and Oceans Behavioral Hospital. To add to the clinical experience, community-based private practice psychiatrists serve as faculty preceptors and offer robust patient interaction at their respective practice locations. Students can expect heavy patient contact which also includes direct teaching from attending physicians and the Regional Chair. Students also have exposure to cutting-edge technologies such as transcranial magnetic stimulation. Students highly rank their educational experience in Psychiatry due to direct interaction with attendings, various clinical experiences, exposure to multiple psychiatric diagnoses, innovative technologies in serving rural patients with chronic mental illness and the high degree of patient interactions.

Job Requirements:
Candidates must be board certified/board eligible in Child and Adolescent Psychiatry, and eligible to obtain an unrestricted Texas Medical License before commencement of employment.

TEXAS
Company: Grant Cooper (1339951)
Title: Chair, Department of Psychiatry, Texas Tech University Health Sciences Center at Amarillo
Job ID: 18207460
URL: https://jobsource.aacap.org/jobs/18207460
AACAP’s Presidential Initiative on Diversity, Equity, and Inclusion.
Learn more at www.aacap.org.