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“Amidst Cambodia’s echoes, two Smiles that Lit Up the Day!” Photo credit Howard Rudominer
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.

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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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The excitement is palpable as we approach AACAP’s 70th Annual Meeting! Anticipated to be among our largest gatherings yet! Over these decades, we’ve united child and adolescent psychiatrists worldwide and consistently provided top tier continuing medical education. As the date draws near, we eagerly await the chance to connect, learn, and grow together, even as we recognize that not all members can join us in person. Whether in attendance or from afar, each member’s contribution and spirit form the heart of AACAP.

The goal of the meeting, as always, is to come together as a community, to advance AACAP’s mission 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.” We continue to confront our national children’s mental health crisis and challenges, including equal access to care. This year’s Annual Meeting highlights these and other emerging issues and offers something of great value for every child and adolescent psychiatrist.

While we eagerly anticipate the in-person interactions and learning that will take place in NYC, we recognize that not everyone can make it this year. Whether it’s due to personal commitments, health concerns, or other reasons, please know your presence will be missed. Even if you can’t join us in person, there are plenty of exciting initiatives and events happening outside of the Annual Meeting, ensuring all our members remain engaged and informed.

Our Presidential Initiative, “CAPture Belonging,” and the commitment to our values of diversity, equity, inclusion, and belonging are woven through a wealth of programming that addresses the Initiative’s priorities of awareness, advocacy, workforce and professional development, national partnerships, and organizational structure change.

I would like to extend a heartfelt thank you to AACAP’s Program Committee, chaired by James J. McGough, MD assisted by the members of the Committee, Deputy Program Chair, Barbara J. Coffey, MD, MS, and staff, led by Jill Z. Bräford, CMP, MTA, Director of Meetings and Continuing Medical Education. They have met the challenge of a record-breaking volume of submissions, ensuring that key areas are addressed, and the program is balanced, in addition to planning a full in-person program and virtual meeting experience, CAP@Home.

Whether in NYC or at home, there are hundreds of hours of highly informative scientific sessions, and for those in NYC, networking, and a plethora of other fun activities with your colleagues in the child and adolescent psychiatry community in the extraordinary city I am pleased to call home. Many of the local events have been knowledgeably planned and orchestrated by the Local Arrangements Committee, co-chaired this year by Melvin D. Oatis, MD and Gabrielle L. Shapiro, MD.

Dr. McGough has led the Committee for nine years and ends his term after this meeting. Please join me in thanking him for his leadership in transforming our Annual Meeting in many positive ways.

I look forward to a productive and meaningful meeting in New York, during which we can once again learn and grow professionally with one another in the pursuit of improving mental health care for all youth.

Sincerely yours,

Warren Y.K. Ng, MD
AACAP President

Warren Ng, MD, MPH
AACAP President
Catatonia in children and adolescents is a life-threatening condition that can be very challenging to manage. There may also be a trend of increased catatonia presentation in children with autism spectrum disorder (ASD). Boris Lorberg, MD, the Psychopharmacology Corner editor and Raman Baweja, MD, a pediatric consultation psychiatrist interested in psychopharmacology have asked two of the national experts in pediatric catatonia and ASD to answer questions of interest to our readers.

Dr. Lorberg and Dr. Baweja: How does the presentation of catatonia in children and adolescents differ from the presentation in adults?

Dr. Hazen: The features of pediatric and adult catatonia are similar, and the diagnostic criteria are the same in DSM-5. However, making the pediatric catatonia diagnosis can be more challenging since developmental factors may lead to misinterpretation of symptoms. For example, mutism in a child may be attributed to social anxiety, and negativism can be interpreted as oppositionality. In addition, the catatonia exam can be more challenging in children, particularly those with developmental delay, as both understanding of the directions and willingness to cooperate with the exam may be limited. There is also evidence that some symptoms may be more common in children, including enuresis, developmental regression, and acrocyanosis of the extremities.

Dr. Lorberg and Dr. Baweja: How does catatonia present in youth with autism spectrum disorder (ASD)?

Dr. Thom: Standard catatonia criteria can also generally be applied when evaluating youth with ASD. Some features of catatonia that may be more common in ASD include regression (e.g., incontinence, loss of verbal language, loss of self-help skills), difficulties with crossing different surfaces/levels (walking from grass to stone paving or taking stairs), repetitive vocalizations, freezing, and atypical gait like shuffling or stomping feet.

Dr. Lorberg and Dr. Baweja: What are the most common causes of catatonia in children and adolescents?

Dr. Hazen and Dr. Thom: As in adults, catatonia in children and adolescents may be associated with an underlying primary psychiatric or medical condition. Unlike adults, where mood disorders are the most common primary psychiatric conditions underlying catatonia, there is evidence to suggest that psychotic disorders are the more common underlying psychiatric conditions in the pediatric population, though mood disorders are also prevalent. Of note, children with ASD are at increased risk of developing catatonia, and ASD is increasingly thought of as a possible underlying etiology. The age of onset of catatonia in youth with ASD is typically in later adolescence/early adulthood, although it can occur in younger children as well. The course of catatonia tends to be more chronic rather than episodic in ASD, often requiring chronic treatment.

Dr. Lorberg and Dr. Baweja: What would you recommend as a standard work-up for symptoms of pediatric catatonia? What published resources do you use as a point of reference?

Dr. Hazen and Dr. Thom: The medical workup for a pediatric patient with new-onset catatonia depends a great deal on the history and clinical presentation. However, for patients with an acute onset of catatonia in the absence of known risk factors, workup for possible autoimmune encephalitis should be considered, particularly if catatonia is accompanied by new onset of seizures, fever, or focal neurological deficits. This workup includes, but is not limited to, brain MRI, electroencephalogram, and lumbar puncture. A helpful approach to the assessment of suspected autoimmune encephalitis is outlined in papers by Graus et al and Hauptman et al.

Dr. Lorberg and Dr. Baweja: Could you comment on any temporal changes in

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incidence of catatonia based on your experience, especially in children and adolescents with ASD, compared to a prepandemic or over a longer period?

Dr. Hazen and Dr. Thom: We have not appreciated a significant increase in catatonia cases after the pandemic at our institution, but there has been a general trend of increasing frequency over the longer time of the last 10-15 years. We believe this is due to improvements in recognizing the condition, but it is possible there are other factors driving this apparent trend. For example, we have seen several cases related to the use of cannabis and synthetic cannabinoids, which may be due to shifting patterns of substance use among youth.

Dr. Lorberg and Dr. Baweja: What is your general approach to management of pediatric catatonia?

Dr. Hazen: Timely identification and treatment of any underlying medical cause of catatonia is essential. Lorazepam is accepted to be the first-line treatment for pediatric catatonia, and intravenous lorazepam is more effective than oral administration. At the inpatient pediatrics unit, we assess catatonia symptoms prior to administration of a test dose of lorazepam, then reassess following the dose. If there is evidence of a response, a standing dose will be started and titrated to affect. Frequent reassessment of symptoms, both before and after lorazepam dosing, and use of standardized rating scales, such as the Bush-Francis or the Pediatric Catatonia Rating Scale, are helpful. Immediate removal of potential exacerbating agents, including strong dopamine-2 receptor antagonists, is also advised. There is evidence to support adjunctive treatment with an NMDA receptor antagonist, either amantadine or memantine. Medically, monitoring of vital signs and supportive care, including hydration and nutritional repletion, are essential in severe cases, as is prevention of the adverse effects of immobility (such as bed sores and deep vein thrombosis). Physical and occupational therapy to restore function are also important after significant and prolonged impairment. Electroconvulsive therapy (ECT) is another effective treatment for pediatric catatonia, as discussed below.

Dr. Lorberg and Dr. Baweja: Do you expect different catatonia response patterns in youth with ASD?

Dr. Thom: Lorazepam is also considered the first-line treatment for catatonia in youth with ASD, however response rates are lower than would be expected in the general population. Because the catatonia course in ASD tends to be more chronic, longer-term therapy is often needed to sustain remission. Of note, our group has found that clozapine has been a well-tolerated and effective oral treatment for catatonia that is refractory to benzodiazepines in youth and adults with ASD.

Dr. Lorberg and Dr. Baweja: How do you titrate Lorazepam in the management of catatonia? What kind of monitoring do you recommend? Does this differ based on practice setting?

Dr. Hazen and Dr. Thom: Titration of lorazepam depends upon the clinical setting and the severity of symptoms. At an inpatient medical unit with close monitoring, the dose and frequency can be adjusted quite rapidly according to clinical response, and daily adjustments are fairly common practice. Assessment of symptoms immediately prior to and approximately 30 minutes after a scheduled lorazepam IV dose is important to gauge the adequacy of both the dose and the frequency of dosing. Some patients with severe catatonia require quite frequent dosing, as often as every 2 or 3 hours, in order to maintain remission. With less severe cases being managed with oral medications in the outpatient or inpatient psychiatric settings, more gradual titration of dosing with adjustments made every few days to every week is common. Again, frequent serial monitoring of the catatonia exam and use of standardized rating scales should guide treatment.

Dr. Lorberg and Dr. Baweja: What are the other medications one needs to be aware of in children and adolescents with catatonia?

Dr. Hazen and Dr. Thom: Caution should be used in the use of antipsychotic medications with pediatric catatonia, as they have the potential to exacerbate catatonia symptoms. Medications with a high degree of dopamine receptor antagonism appear to have the greatest risk of worsening catatonia. Other medications with dopamine antagonism, which include some antiemetic medications such as metoclopramide, should also be avoided.

Dr. Lorberg and Dr. Baweja: When (in what situations) do you consider ECT in children and adolescents with catatonia?

Dr. Hazen and Dr. Thom: ECT should be considered for any patient who is not responding to other treatments, such as lorazepam, or who has had a partial response that has plateaued despite escalating doses with ongoing significant functional impairment. ECT should be considered immediately if patients show signs of progression to malignant catatonia, as this is a life-threatening condition. Signs of malignant catatonia include vital sign instability, fever, and often significant rigidity.

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Dr. Lorberg and Dr. Baweja: What are the steps for getting clearance for ECT in children and adolescents? How do the regulations for ECT treatment vary from state to state?

Dr. Hazen and Dr. Thom: The process of getting permission for ECT in children and adolescents varies widely from state to state. Given these differences, it is best to contact the specific state’s department of mental health for guidance. It also may be helpful to seek legal consultation with a hospital attorney. While it is important to have safeguards in place, and ECT can have side effects, overall, it is a safe and very effective treatment for catatonia that can significantly reduce suffering and can be lifesaving in some cases.

Dr. Lorberg and Dr. Baweja: What are your thoughts about the future directions in the field of pediatric catatonia?

Dr. Hazen and Dr. Thom: Much of the diagnosis and treatment of pediatric catatonia has been based on extrapolation from adult studies, but in recent years there has been a growing literature specifically focused on the pediatric population. We hope that this trend continues, so that we have more research to understand how catatonia in the pediatric population differs from that of adults in terms of its presentation, underlying etiologies, and responses to treatment. In addition, while there is consensus about a general approach, there is currently a great deal of variability in how pediatric catatonia is treated in different centers. The development of consensus guidelines for its treatment would be an important step forward for our field. Finally, we believe there is a need for public education and advocacy work related to the availability of ECT for the treatment of severe pediatric catatonia, as stigma and bureaucratic barriers can limit access to this effective and potentially life-saving treatment.

Dr. Lorberg and Dr. Baweja: On behalf of our readers, we would like to express our appreciation to you both for taking the time to share your insights and for your commitment to doing this important work.

References:


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Being one of the most diverse cities in the United States, New York is home to many cultural museums and historic sites such as the Frederick Douglass Memorial, Marsha P. Johnson State Park, and countless museums and cultural centers.
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Introduction

Using live theater in psychiatry brings an innovative and engaging approach to the field. It offers a platform that combines real-time dramatic performances with audience interaction, making it a powerful tool for medical education and therapeutic intervention in trauma-related disorders like OCD and mood disorders [1-4]. By using characterization and storytelling, live theater raises awareness about mental health issues, fosters empathy, and challenges stigmas [5]. Furthermore, it can play a crucial role in addressing mental health concerns within the Asian American and Pacific Islander (AAPI) teen population, where stigma, lack of awareness, and communication barriers are prevalent. Live theater helps bridge the gap between unmet mental health needs and community psychoeducation. Initiatives like Compassionate Home, Action Together (CHATogether) [6] and Communication Health Interactive for Parents of Adolescents and Others (CHIPAO) project, have demonstrated how theater-based approach effectively improve communication skills and mental health within AAPI families.

Live theater description

An example of using live theater performance to improve parent-teen communication took place in October 2022 in Sacramento, California. The performance targeted parents and caregivers of Asian American high
school teens in the community. The performance was held at an Asian community center, with a central stage and round tables set up for the audience. Instead of professional actors, mental health professionals like psychiatrists and psychologists took on the roles. Each vignette featured 2-3 actors and portrayed real-life scenarios and conflicts between parents and teens within AAPI families.

The live performance vignettes included diverse topics based on real-life scenarios, such as:

- “You should have studied” – Introducing the format of 1.0 and 2.0 versions
- “The fruit basket” – depicting first day of college
- “Bad at math” – depicting high academic expectations and pressure
- “What’s wrong with you” – demonstrating solutions to self-injurious behavior
- “Unsuitable boy” – illustrating interracial dating
- “Pride” – embracing sexual orientation

Each vignette consisted of a problematic version “1.0,” depicting conflicts between the teen and the parent with inefficient, insensitive, and often harsh communication. The performance then paused for discussion. The audience actively participated in discussions facilitated by a moderator, reflecting on the scenes, and suggesting ways to enhance communication. Subsequently, the actors performed an improved version “2.0,” incorporating these techniques followed by further audience reflections. This interactive approach allowed for an open dialogue between the audience and the performers. Each vignette lasted approximately 15-20 minutes, including both versions and audience discussions.

**Research results**

To evaluate the effectiveness of this live theater intervention, a pilot study was conducted. Audience members were asked to fill out an anonymous one-page survey, which included demographic questions, quantitative and qualitative components. A total of 73 participants took part in the study.

Demographically, 31 participants identified as Asian, followed by 11 African American, 10 White, 9 Hispanic, and 8 multiracial individuals. Around 79% reported English as the only language spoken at home, while 14% reported being multilingual. Regarding parenting, approximately 74% indicated that two adults were involved, while 14% reported more than three adults being involved.
Participants were asked to self-rate their communication skills, understanding of their teen’s concerns, and parenting style using a numerical scale of 1-5 (with 5 being the highest and 1 being the lowest) before and after the program. The quantitative results revealed improvement in all three areas following the viewing of the live performance and participation in the subsequent discussion (see graph below).

In the qualitative section, participants were asked to list their top three concerns regarding their teen’s mental health and their top three takeaways from the performance. The audience’s primary concerns were identified as 1) depression, 2) anxiety, and 3) lack of communication. In addition, more than 20 general topics were mentioned, including social media use and bullying. Based on the additional comments, parents found the project highly beneficial and expressed a desire to attend more performances in the Sacramento area.

Conclusion and take-home points
Live theater can serve as a powerful tool for psychoeducation in the AAPI community by integrating cultural elements and narratives. It promotes awareness, challenges stereotypes, and sparks meaningful discussions about mental health. The interface of art and mental health holds immense potential for understanding and healing. Art forms such as music, poetry, and visual arts have a unique ability to delve into the depths of human emotions and experiences. It allows individuals to express their inner struggles and vulnerabilities in ways that conventional mental health interventions may fail to adequately address.

References:

Ivy Song, MD, MS is a third-year general psychiatry resident at the University of California, Davis. Dr. Song completed her medical education at Keck School of Medicine of USC and was inducted into the Gold Humanism Honor Society for her community outreach during the COVID-19 pandemic. Dr. Song has a strong interest in child and adolescent psychiatry and is applying for CAP fellowship. She holds a special passion for Asian American youth mental health, artistic expression, and community service.

Eunice Y. Yuen, MD, PhD, is an Assistant Professor of Psychiatry at Yale School of Medicine and Yale Child Study Center. Dr. Yuen’s clinical, community, and research work focus on Asian American mental health in vulnerable children and immigrant families. Dr. Yuen is also the founder and director of Yale Compassionate Home, Action Together (CHATogether), a family-centered model using multi-faceted psychotherapeutic approaches for improving familial relational health and increasing communication between adolescents and their parents.

Rona J. Hu, MD, is a Clinical Professor of Psychiatry at Stanford University School of Medicine. From 1998-2018 she was Medical Director of the Acute Psychiatric Inpatient Unit at Stanford Medical Center, and from 2020-2022 served as Associate Dean of Academic Affairs at Stanford University School of Medicine. She has received national awards for her clinical care, research, and teaching, and more recently international recognition for work in cultural psychiatry and advocacy.
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ACAP is pleased to announce the 25th anniversary of its Career Development Physician Scientist Program in Substance Use. This highly successful program has been funded since 1998 through the National Institute of Drug Abuse’s (NIDA’s) Career Development Award (K12). This longstanding and successful award provides up to five years of salary support, research support, and mentored substance use research training for qualified Child and Adolescent Psychiatrists. Twenty-four scholars completed this NIDA/AACAP K12 program between 1998 and 2020, under the leadership of Program Directors, Bennett Leventhal, MD of the University of California San Francisco (1998-2003) and Paula Riggs, MD of the University of Colorado, Denver (2004-2020). Previous K12 scholar (2004-2008) and Advisory Committee chair (2016-2020), Kevin Gray, MD, of the Medical University of South Carolina is now serving as the K12 Principal Investigator (2020-2025). Advisory Committee Chair, Catherine Martin, MD, of the University of Kentucky College of Medicine (2004-2014 and 2020-2025) assists in the administration of the K12 program.

The partnership between AACAP and NIDA is complimentary to each organization as both have a shared mission to:

• Increase the number of Child and Adolescent Psychiatrist investigators conducting both substance use and mental health research; and

• Disseminate pediatric substance use research to increase scientific knowledge and improve clinical practice.

The K12 scholars have significantly contributed to the advancement of the field of child and adolescent substance use research and clinical practice. Together, K12 scholars have contributed over 900 publications to the scientific and clinical literature and presented over 1,500 scientific presentations. After completion of their award, past K12 scholars have productively obtained more than 200 new research grants to support their investigative work in childhood and adolescent substance use disorders.

In May 2020, NIDA awarded AACAP with its fifth competitive renewal (2020-2025) of the NIDA/AACAP K12. Due to an overwhelmingly qualified and diverse applicant pool, eight new scholars -- rather than the traditional six -- were awarded in May 2021, with supporting funds from the National Institute on Alcohol Abuse and Alcoholism.

Alongside Drs. Gray and Martin, Carmen J. Thornton, MPH, MCHES, AACAP’s Director of Research, Grants, and Workforce, serves as the Program Administrator with outstanding support from Sarah Hellwege, MEd, AACAP’s Deputy Director of Research, Training, and Education. Current K12 Advisory Committee members include leading researchers in substance use disorders and/or child and adolescent psychiatry: Lillian Gelberg, MD, MSPH, Yasmin Hurd, PhD, Frances R. Levin, MD, Paula Riggs, MD, Manpreet K. Singh, MD, MS, and Timothy E. Wilens, MD. Each scholar also designates a primary home institution mentor to provide year-round support.
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Committees/Regional Organizations

research mentorship and participate as K12 program faculty during K12 annual retreats. The K12 annual retreats are held in June just prior to the College of Problems on Drug Dependence (CPDD) Annual Meeting. Retreats allow program participants to come together as a community of scholars and have, over time, fostered the development of a national network of research mentors.

The annual NIDA/AACAP K12 retreat took place in Denver, Colorado June 14-17, 2023. NIDA/AACAP K12 scholars convened with their mentors, Dr. Gray, and K12 Advisory Committee Members. Ms. Hellwege also attended and was instrumental to the planning and success of the retreat. The retreat program is specifically designed to develop core competencies and skills necessary to scholars’ successful academic career development. Scholars received feedback and guidance on their research presentations and specific aims page for a proposed research grant application from faculty mentors, fellow scholars, and the K12 Advisory Committee. Dr. Gray presented strategies for building a research team. NIDA priorities and opportunities specific to the K12 scholars were highlighted by Guifang Lao, MD, PhD, NIDA Health Scientist Administrator/Program Officer and Geetha Subramaniam, MD, Associate Director, NIDA Center for Clinical Trials Network. Larry Brown, MD, attended the retreat as representative of AACAP’s Grant Oversight Committee.

The eight current NIDA/AACAP K12 scholars, listed below, have demonstrated remarkable progress and academic achievement at this early stage of their career, which predicts that they will soon join their predecessors as scientific leaders in the field.

Colin Burke, MD, Harvard University / Massachusetts General Hospital
Primary Mentor: Timothy E. Wilens, MD
Project Title: Toward Enhancing Resiliency: The Role of Stress in Cannabis Use Disorder Among Homeless Transitional Age Youth

Jesse Hinckley, MD, PhD, University of Colorado Denver
Primary Mentor: Christian Hopfer, MD
Project Title: Characterization of Biomarkers of Regular Cannabis Use in Adolescence

Aviva Olsavsky, MD, University of Colorado Anschutz Medical Campus / Children’s Hospital Colorado
Primary Mentor: Kent Hutchison, PhD
Project Title: Maternal Brain on Cannabis: Implications for Mother-Infant Relationships

Natalia Ramos, MD, MPH, University of California Los Angeles Semel Institute
Primary Mentor: David Miklowitz, PhD
Project Title: Family-Focused Therapy for Transgender and Gender Diverse Youth at Risk of Substance Use and Co-occurring Mood Disorders

David Saunders, MD, PhD, Columbia University / New York State Psychiatric Institute
Primary Mentor: Cristiane Duarte, PhD, MPH
Project Title: Mindfulness-Based Substance Use Prevention (Mind-UP) Program: Feasibility, Neural Mechanisms, and Preliminary Efficacy

Kevin M. Simon, MD, Harvard University / Boston Children’s Hospital
Primary Mentor: Sharon Levy, MD, MPH
Project Title: Family-based Intervention to Improve Justice-Involved Adolescent Psychiatric and Substance Use Service Engagement and Retention

Ryan Sultan, MD, Columbia University / New York State Psychiatric Institute
Primary Mentor: Frances R. Levin, MD
Project Title: Natural Language Processing of Electronic Health Records to characterize ADHD Youth who use Electronic Nicotine Device Systems

Carol Vidal, MD, MPH, Johns Hopkins University
Primary Mentor: Carl Latkin, PhD, MS
Project Title: Short-term and residual effects of cannabis use on adolescents’ affect and suicidal ideation using Ecological Momentary Assessment

NIDA highly regards the NIDA/AACAP Physician Scientist Program in Substance Use. AACAP congratulates the NIDA/AACAP K12 scholars and looks forward to their continued contributions to the field.
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By Jacqueline Hubbard, MD, chair of AACAP’s Membership Committee

As chair of the Membership Committee, I would like to introduce myself and thank all of you for your professional engagement and service. It is my distinct honor and pleasure to serve as the chair of the Membership Committee. I am deeply grateful to Rama Rao Gogineni, MD and David Kaye, MD past chairs of the Membership Committee for their dedicated and thoughtful leadership.

The heart of AACAP is in its members. The diversity of our membership is one of our greatest assets. Through our collaborative efforts, we have created a vibrant community that is both a member benefit and one of our most valuable resources for our members here at home and around the globe. Collectively, our members continue to create and build a meaningful, powerful organization that enriches our patients, families, and the communities we serve.

In the coming year, you will all start to see “CAPture Membership” in the pages of the News, News Clips, and other AACAP platforms. What is CAPture Membership all about, you might ask? To improve communication between the national office and our Regional Organizations as well as to better highlight membership opportunities and member benefits.

One of my favorite aspects of membership is engaging with our members both at a national level at our Annual Meeting, as well as locally through my regional organization. Through our regional organizations, we make profound local impacts on our communities. In addition, we have the chance to interact with local members at all points in their careers, from medical students to life members.

At my most recent ROCAP meeting, the Tampa Bay Regional Organization, I had the chance to hear from members on their favorite member benefits. Krishna Batra, MD, noted his favorite member benefit was “having the opportunity to impact the future by attending to the most crucial pediatric mental health issues.” Megan Toufexis, DO., wrote “I love to meet frequently with my fellow child psychiatrists to learn, support each other and collaborate on cases.” Saundra Stock, MD., described her favorite member benefit, “I love having access to numerous high-quality journals relevant to child psychiatry.” Carolyn Linek-Rajapaksha, MD., cited hers as “journal access and a discount on malpractice insurance.” I am sure that each of us has a different take on membership benefits offered by AACAP, and I for one would love to hear about them!

Let me close by thanking each of you for your dedication, loyalty, and hard work to not only our organization but to your career devoted to the improvement of children’s mental health. As an AACAP member, please do not hesitate to reach out to me or other members of the Membership Committee with feedback or questions about membership and member benefits.

I look forward to working with, and for, all of you!

Kind Regards,
Jacqueline Hubbard, MD
We are in a pediatric mental health crisis.

That’s why we have developed an integrated system of care to address the need for services in our region. And that’s why we share our model and collaborate nationally – to make sure all children have access to quality mental health care.

Our hub for our system of care includes the Big Lots Behavioral Health Pavilion, the largest pediatric mental health care and research facility of its kind, which hosts our acute services and intermediate levels of care.

Learn more about our system of care at our booth #301 at AACAP 2023 or visit NationwideChildrens.org/AACAP
Between 2013 and 2018 the US had 316 incidents of gun fire on school grounds. The US has the highest rate of gun violence deaths among the wealthiest nations of the world.

AACAP stands with other organizations for the call for commonsense gun bills such as:

- Research on gun violence and its implications on society
- Universal gun checks
- Promotion of gun safety

In 2018, the United States experienced an increase in gun-related deaths.

Concerned about the alarming rate of youth deaths, suicides, homicides, and accidental misuse of guns, AACAP leadership enacted the AACAP’s Guns and Violence Resource Library. This resource library is sourced by the Guns and Violence Resource Group and has a wealth of information regarding advocacy, evidence-based practices and education, policies, allied organizations with common goals, legal and public health concerns related to gun violence, and ways to foster age-appropriate conversations for gun safety with kids.

In 2022, the Guns and Violence Resource Group updated AACAP’s policy on Gun Safety to provide members with an official policy to discuss with colleagues, media, patients, and families. Additionally, the resource library is continuously updated to include the most relevant and timely information.

Sadly, during the pandemic, gun violence continued to rise. We found ourselves discussing multiple gun-related tragedies in such a brief time span—having to cope with a new incident while still feeling the raw effects of another. As child psychiatrists, we often work within affected communities and provide treatment to children and their families who experienced or witnessed gun violence. Over the last year, our committee members and AACAP staff constantly kept track of each mass, school, or youth shooting, in hopes of providing resources to areas where our expertise in mental health was needed.

At AACAP’s Annual Meeting in 2022, our resource group came to terms with our feelings of hopelessness and despair. We concluded to expand our committee as there was critical work to be done. As physicians we are frequently considered experts and our opinions are valued. Therefore, as an organization, we are primed to ignite other groups into action. As the resource group’s chair, I am in constant awe of the expertise within the committee and appreciative that while we might differ on constitutional rights, we all believe in gun safety and the prevention of senseless gun violence.
We found ourselves discussing multiple gun-related tragedies in such a brief time span—having to cope with a new incident while still feeling the raw effects of another.

The Gun and Violence Resource Group will present an educational forum during the 70th Annual Meeting in order to provide the best evidence-based practices and clinical resources to the members. We aim to support and encourage AACAP members to no longer feel numb or hopeless but to feel confident, hopeful and vow to be someone who will participate in regional groups and identify viable solutions to the gun crisis. During our presentation, it is our goal to provide a tool kit that our attendees can pay forward. Thus, each physician or AACAP member will acquire knowledge they can disperse back to their clinical practice, colleagues, and ROCAPs. The tool kits will be one of several efforts to equip our members with the ability to not only engage like-minded individuals, but also reach out to others who may differ on constitutional rights but care about the protection of youth. Knowledgeable ROCAPS is the first step in collaborating with other regional organizations to generate a grassroots change for a brighter and safer America.

So, on a final note, The Gun Resource Group invites you to join us on October 24th, from 8:00am-10:30am for Member Services Forum 2: Guns, Guns, Guns, Oh My! An Educational and Interactive Presentation on Community Violence by Firearms, Its Effects, Treatments, and Resolutions.

References

Adrienne Adams MD, MS, Associate Professor-Adjunct of Psychiatry, RUMC, former CAP PD for 14 years who is a Distinguished Fellow in AACAP (2019), and in APA (2021) and was inducted into the American College of Psychiatrists in 2023. She has a 20-year history with AACAP and has been active with the Assembly for 15 years. She has a passion for DEI and has held many leadership roles in AADPRT. She is board certified in General Psychiatry, Child and Adolescent Psychiatry and Addiction Medicine.

Right Care. Right Place. Right Time.

At Children’s Hospital of Philadelphia, Psychiatrist-in-Chief, Tami D. Benton, MD, has expertly guided our approach to mental health treatment by ensuring our patients, families and community have access to a continuum of care. Dr. Benton has led efforts to expand mental health services in pediatric primary and subspecialty care, the Emergency Department, schools, a state-of-the-art outpatient mental health treatment center, and coming in 2024, an inpatient psychiatric hospital and crisis center. Dr. Benton will bring that same thoughtful enthusiasm and expertise to her role as AACAP President.

Thank you, Dr. Benton, for your dedication to ensure all children have access to the right care.
If you ask us, we will tell you that most people we meet are very surprised to find out we are Child & Adolescent Psychiatrists serving in the US military. The initial disbelief is often followed by curiosity about how and why Child & Adolescent Psychiatrists are employed in the military. TRICARE, the US Department of Defense insurance program for military service members and their families provides care to 9.5 million beneficiaries. TRICARE’s largest population of beneficiaries are 2 million military children under the age of 18. With over 50% of service members having at least one child, it is not surprising to think that the US military needs to employ physicians who diagnose and treat children. Approximately 10% of psychiatrists in the US Army, US Navy and US Air Force have completed a fellowship in Child & Adolescent Psychiatry. Military Child & Adolescent Psychiatrists are frequently found wherever our military service members and their families serve: all over the US and overseas.

Military Child & Adolescent Psychiatrists are often stationed outside of the continental US, as military families and department of defense schools are not usually able to rely on referring patients to local civilian child & adolescent psychiatrists due to language and cultural barriers. Germany (Air Force and Army), Japan (Navy and Air Force), Korea (Army), Alaska (Air Force), Hawaii (Army) and Guam (Navy) are some of the exciting duty stations available for Child & Adolescent Psychiatrists in the military. From embedded evaluator in schools, to typical outpatient clinic work, to family advocacy liaison, the work of a military Child and Adolescent Psychiatrist is varied and sorely needed not just overseas but also state side. Military Child & Adolescent Psychiatrists serve a crucial role as faculty in our military training medical centers all over the US supporting our 10 general psychiatry residency programs and our 2 child & adolescent psychiatry fellowship programs. Military general psychiatry residency and child & adolescent psychiatry fellowship are ACGME accredited training programs in the USA. In addition to what you would expect from a civilian training program, these programs also offer a unique military curriculum that prepares trainees to serve our military service members and their families. Military families face unique challenges due to frequent relocations and parental absences (deployments) that result in increased susceptibility to mental health diagnosis in military children.

Serving as a military Child & Adolescent Psychiatrist has its challenges, but it is certainly very rewarding. In addition to developing professionally as a clinician in our field, a career in the Armed Forces leads to unique opportunities to develop as leaders in military medicine. The diversity of military assignments allows Child and Adolescent Psychiatrists to get involved in developing mental health policy for service members, veterans and their families, academia, disaster mental health, global health engagement, humanitarian missions, in addition to treating patients.

To become a military child & adolescent psychiatrist, you must complete an ACGME accredited fellowship in child and adolescent psychiatry, be a US citizen and be medically and physically fit to join the US military. If you wish to learn more about becoming a Child & Adolescent Psychiatrist in the military, please feel free to email the AACAP Military Issues Committee Chairs: Lieutenant Colonel Rachel Sullivan at rachel.m.sullivan18.mil@health.mil or Commander Monica Ormeno at monica.d.ormeno.mil@health.mil.

Monica D. Ormeno, DO, is a psychiatrist in San Diego, California. She received her medical degree from NYIT College Of Osteopathic Medicine and has been in practice between 11-20 years. monica.d.ormeno.mil@mail.
Communication Disorders: A Missing Piece of Case Formulation and Treatment

Theodore A. Petti, MD, MPH and Richard E. Mattison, MD

Communication disorders (CDs) and their frequently accompanying learning disorders are highly prevalent risk factors in development and maintenance for other childhood psychopathology. Neither are given sufficient attention in assessment, diagnosis, and treatment. This article focuses upon reminding child psychiatrists about the relevance of language (i.e., significant deficits in receptive, expressive, and pragmatic language) and social (pragmatic) communication disorders in their practices. Research data not viewed by child/adolescent psychiatrists and related clinicians, administrators, and policy makers unequivocally documents their overwhelming presence in emotionally and behaviorally disturbed (EBD) children seen globally across human services for children, adolescents, and emerging adults.

The literature detailing neurodevelopmental disorders (outside of ASD, ADHD, and tic disorders) is infrequently available to most psychiatrists and other physicians and health care professionals. A careful reading of available literature reveals insights regarding communication disorders we are missing. For example, fully half of pediatric patients seen in mental health clinics when appropriately assessed have either a Language disorder, a Social (pragmatic) communication disorder, or both. When children with other neurodevelopmental disorders, i.e., ASD, ADHD, Tic disorder, are assessed for communication disorder, the latter are notable. Youth incarcerated may be at even greater risk for communication disorder as noted in a recent meta-analysis of juvenile prison inmates. In schools over half of students classified by the IEP category of emotional disturbance have been found to have an unidentified language disorder. Thus, depending upon schools or primary care physicians to identify youth or children and adolescents identified with social and emotional disorders (SEDs) who also have comorbid communication disorders has proven to be inadequate.

Many children are not screened who should have been per federal recommendations through Early and Periodic Screening, Diagnostic and Treatment (EPSDT), a Medicaid benefit that provides comprehensive and preventive health care services for children under age 21 years. Furthermore, teachers often under-identify communication disorders in SED-designated youth. Thus, children with unidentified communication disorders are present in multiple venues served by child and adolescent psychiatrists, i.e., clinical settings from clinics, partial hospital/day treatment, residential and inpatient settings. Early recognition in our clinical practices is especially critical for those youth with mild communication deficits where we can be effective in their immediate care and long-term outcome.

Child and adolescent psychiatrists and other mental health workers depend upon communication between clinicians, patients, and families to be dependable and valid. This holds for all human service interactions. Yet this dimension is rarely examined in day-to-day clinical interactions during assessment, interpretive component of the interaction, and therapy. All forms of psychotherapy depend upon accurate understanding of what is said, heard, written, or read. We must make every effort in our interactions with patients, families and other health, education, and mental health service providers to assure accuracy of understanding in our communications. As educators, we must also assure that our trainees are competent to assess their interactions with others and that a robust database will be available for their use to accomplish this task.

Implications: Undiagnosed language disorders appear more commonly in the clinical work of child and adolescent psychiatrists than is recognized. Practitioners should self-examine how they currently routinely screen/investigate for such disorders and then execute comprehensive treatment planning for such children, as should directors of child psychiatry training programs. Greater exposure to literature and conferences attended by mental health professionals should be expected.

Recommendations: Greater exposure to language and other neurodevelopmental disorders should be present in training and continuing education programs. Child psychiatry fellows should be required to recognize the presenting history of children with possible communication disorders, in interviewing...
techniques to elicit language dysfunction, in the understanding of language testing, in comprehensive treatment planning (especially the roles of schools and parents), and in individual work with patients who have mild to moderate communication disorders that do not rise to the level of classification for special services. Proper acquisition of such skills will require adequate exposure to speech and language pathologists, i.e., in clinical interactions well beyond lectures.

Clinical and epidemiological research should carefully determine whether to consider presence of language disorders as a baseline variable. For example, anxiety disorders are common in children presenting to speech disorder clinics, yet studies of children with anxiety disorders rarely screen for the presence of any language disorders. Also, children with learning and other neurodevelopmental disorders commonly also have a comorbid language disorder. Trainees and practicing child psychiatrists should be exposed to an expanded research base attuned to language disorders.

References:

Dr. Petti graduated from the Case Western Reserve University School of Medicine in 1968. He works in Piscataway, NJ and 3 other locations and specializes in Psychiatry, Adolescent Medicine and Child & Adolescent Psychiatry. Dr. Petti is affiliated with RUTGERS University Behavioral Health Care.

Dr. Mattison graduated from the Weill Cornell Medical College in 1972. He works in Hershey, PA and 1 other location and specializes in Psychiatry and Child & Adolescent Psychiatry. Dr. Mattison is affiliated with Pennsylvania Psychiatric Institute.

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The Need for School-Based Mental Health Initiatives: The current youth mental health crisis and workforce shortage is forefront on the minds of child and adolescent psychiatrists (CAPs). Schools can serve as pivotal platforms for improving mental health access, equity, and outcomes (Figure 1).

Comprehensive, multi-tiered systems of support (MTSS) is an evidence-based way to improve school climate, disciplinary practices, and early identification and management of mental health symptoms. School-based mental health services can be particularly important for youth who are in low-income or remote areas and those from marginalized communities like Black or LGBTQ+ identifying youth.

School-Based Mental Health Funding: Despite the evidence for school-based mental health providers, there are no states currently with a sufficient amount of school social workers, psychologists, and counselors. As COVID-related grant funding for schools approaches a funding cliff in 2024, the sustainability of the current limited mental health personnel positions is uncertain.

Leveraging the Medicaid reimbursement for sustainable funding is a way schools can both sustain positions and expand services. States that have passed policies facilitating school-based Medicaid reimbursement are expecting to receive tens of millions of federal dollars at no cost to their state budget. Examples include Georgia, which estimates $48.6 million increase in funding, and Michigan, who doubled their school-based mental health provider workforce.

Understanding the backdrop: Until 2014, Medicaid reimbursement to schools was restricted to services linked to an Individualized Educational Program (IEP). Post-2014, CMS allowed reimbursement for services to any Medicaid-enrolled student. However, to date, less than half of states have taken action to expand eligible services beyond IEPs.

Reducing Administrative Burden with the New 2023 Guidance: Even in states that allow reimbursement for services for all Medicaid-enrolled students, many districts are leaving money on the table. The administrative burden of submitting Medicaid claims is cited as being beyond the capacity of schools. The Centers for Medicare & Medicaid Services (CMS) guide released in May of 2023 is the first comprehensive school-based claiming guidance in 20 years, and is explicitly designed to decrease administrative burden and help bolster school-based services.

In many states, schools utilize a cost-settlement methodology for payment, by which they typically receive higher reimbursement amounts than traditional fee-for-service claims. Until this year, schools were still required to submit each claim, similar to the process for health systems, in order to receive interim payments between the yearly cost-settlement. The new CMS guidance puts forth a new option for schools to not submit individual fee-for-service claims and instead use more streamlined methods, such as pro-rated monthly payment based on the past year’s costs for interim payments.

Figure 1. Benefits of School-based Mental Health Services

Benefits of School-based Mental Health Services

- Access to mental health services
- Therapy completion
- Graduation rates
- Reading and math achievement
- Support for marginalized youth
- School safety
- Mental healthcare costs
- Negative effects of ACES
- Chronic absenteeism
- Physical aggression
- Substance use
The Role of CAPs: CAPs have a significant role in advocacy and collaboration to facilitate bringing mental health services to where students are for most of their waking hours (Figure 3):

1. Advocacy: Each state administers their own Medicaid program, so CAPs will need to advocate for their state to take advantage of the flexibilities allowed by CMS. Unlike healthcare systems Medicaid claims, school-based reimbursement does not have a state match and the dollars are all federal. Many states will require a State Plan Amendment (SPA), but others may be able to utilize alternate avenues to facilitate school-based Medicaid reimbursement. Resources such as the new federal school-based Medicaid Technical Assistance Center and Healthy Students Promising Futures can be places for states to start and learn more.

2. Collaboration: CAPs can offer their expertise to schools in a variety of ways, ranging from training staff on how to handle mental health concerns or be trauma informed, consulting on policies, or directly caring for students. In interactions with schools, CAPs can highlight the importance of Medicaid reimbursement, and encourage schools to optimize reimbursement for services they are likely providing out of their own funds currently.

In Summary: It is imperative that CAPs promote evidence-based ways to expand equitable access to mental healthcare services for youth. CMS is using the new guidance to urge states to ensure schools are a place that children can receive comprehensive school-based mental health and substance use treatment. The new flexibilities allowed by CMS...
make the reimbursement process for schools less tedious and more feasible, but states must take action to adopt the flexibilities.

States and schools are leaving millions of dollars on the table that the federal government is urging them to use for mental health services. CAPs are in a unique position to disseminate this timely and impactful news, for sustainable ways of working towards a future where every student has access to the mental health support they need.

References:

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)
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Jeylan Close, MD is a health services researcher in the National Clinician Scholars Program at Duke University. Her main focus is expanding equitable access to mental healthcare for youth. She did her Pediatrics training at the University of Michigan and her Post Pediatric Portal Program fellowship at the Children’s Hospital of Philadelphia.
We are excited to bring the community together again this year, with more options to experience the meeting than ever before. We’re offering both an in-person meeting for those who can travel to New York and a virtual experience, CAP® Home, for anyone who cannot. Both opportunities offer the best scientific programming available and are excellent options to participate.

We have an impressive lineup of educational and innovative sessions to offer this year. As always, the vast majority of our sessions are accredited for continuing medical education (CME) credit. As such, in-person attendees can receive up to 90 CME credits by attending the entire meeting, and virtual attendees can earn up to 75 CME credits by attending the entire virtual experience. Both options offer flexibility to earn CME credits starting October 9 with on-demand content through November 30.

**Reasons to attend AACAP’s 70th Annual Meeting in New York:**
- Access to all Annual Meeting programs, including 9 Institutes
- 8 weeks to view 45 hours of Institute content
- Networking events to reconnect with your colleagues
- Exhibit hall, poster sessions, and wellness events
- Experience New York, the city that never sleeps

**Reasons to attend the CAP® Home: Virtual Annual Meeting Experience:**
- Flexibility to watch content either live or on-demand over eight weeks
- Attendance at all General Sessions and Institutes on the most requested topics in the field
- Visit the virtual poster sessions to learn about the newest research being conducted
- Convenience to learn from AACAP’s expert presenters from the comfort of your home or office

**Regardless of how you attend, we’re still providing:**
- **Online tools** to access a wide variety of meeting-related documents and to plan your schedule.
- **CME tracking through Pathways.** Track your CME through Pathways, plus, new this year, we’ll automatically transfer your CME credits to the ABPN.
- **Programming on Diversity, Equity, and Inclusion in the mental health field,** tying into Dr. Ng’s Presidential Initiative. View the online program schedule to find all programming at www.aacap.org/AnnualMeeting-2023.

Mental healthcare professionals should not miss this year’s opportunity to connect with colleagues and address our challenges and opportunities together at AACAP’s 70th Annual Meeting.

**Looking forward to seeing you this October!**

[Image of Barbara J. Coffey, MD, MS, and James J. McGough, MD]

*Barbara J. Coffey, MD, MS  
Program Chair  
James J. McGough, MD  
Program Chair*
Focus On

Dear Friends,

I am really looking forward to our in person Annual Meeting in New York, which promises to be our biggest meeting yet! Our Program Committee and our members have produced an amazing program for New York that is engaging, exciting, educational, and innovative, representing the many perspectives of our diverse and ever-growing membership. We are proud that our members represent many generations, identities, racial/cultural groups, countries, lived experiences, and perspectives and we hope that we have “CAPtured” those diverse perspectives in our program this year. The Diversity and Culture, Systems of Care, and Early Career Psychiatrist Committees has been particularly active in achieving this goal with their committee-sponsored programs.

The events of these past few years, the ongoing children’s mental health crisis, and challenging environmental issues have called for collective action from all of our AACAP members. In addition to the excellent scientific and clinical content of the meeting, there are many opportunities for our members to meet together to learn about contemporary topics and to share their opinions though our Town Meeting and Member Services Fora. I invite you all to attend General Session 6: Town Meeting: Transforming Care For America’s Children: Systemic Partnerships for Children’s Mental Health. This Town Meeting will be the first of many activities focused on the Presidential Theme for the next AACAP president. And of course, there will be opportunities for music, dancing, wellness activities, and exploration of NYC!

I am excited about this opportunity for us to be together in the city that never sleeps. As always, there are too many great programs to attend them all, but it helps that we have the opportunity to purchase the Conference Enrichment Package for later participation in programs that we missed. In addition, our nine Institutes are included for all attendees and on-demand Institute content is available from October 9-November 30.

We, our AACAP community, have continued to advance our mission through extraordinarily challenging times. It will “Take a Village” for us to continue to advance the mental health and wellbeing of our world’s children and our workforce.

Guide to Exhibits

Make plans to visit the Exhibit Hall where you can discover innovative products and services, new employment opportunities, network with colleagues, and access numerous valuable resources. The Exhibit Hall allows attendees to access up-to-date information on products and services affiliated with child and adolescent psychiatry.

Plan your trip to the Exhibit Hall before the meeting by viewing an interactive exhibit hall floor plan on AACAP’s website at: www.aacap.org/AnnualMeeting-2023.

Download the Annual Meeting App (sponsored by American Professional Agency, Inc.) for your iPhone, iPad, and Android phone or tablet. Both the interactive floor plan and the App have exhibitor descriptions and contact information, so you can map out your route and make sure you don’t miss any booths. Each attendee also receives a copy of the Exhibits Guide onsite with the floor plan and all of the exhibitor information.

Visit the Headshot Booth sponsored by Trayt.Health and get your professional headshot taken. A photographer will be available each day at the Exhibit Hall, and attendees just come back at the end of the day to pick up their headshot on a flash drive.

The Exhibit Hall is located on the 3rd level of the New York Hilton Midtown, in America’s Hall 1 & 2, adjacent to the New Research Posters.

The Exhibit Hall will be open:

- Wednesday, October 25 (11:00 am-5:30 pm)
- Thursday, October 26 (10:00am-4:00pm)
- Friday, October 27 (10:00am-12:30pm)
I am glad that our village will be together in New York in 2023!
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ANNUAL MEETING • OCTOBER 23-28, 2023

PROGRAM HIGHLIGHTS

Presidential Interview: CAPture Belonging: Our Global Partners in Child and Adolescent Mental Health

TUESDAY, OCTOBER 24
11:15 am-12:30 pm (ET)

Moderator: Yiu Kee Warren Ng, MD

Interviewees: E. Lila Amirali, MD, Paula Cristina Correia, MD, Suzy Yusna Dewi, MD, Susan Shur-Fen Gau, MD, PhD, Tomáš Havelka, MD, F. Neslihan Inal, MD, Pedro Kestelman, MD, Zuleika Morillo de Nieto, MD, Peter Nagy, MD, Victor Manuel Ávila Rodríguez, Luis Augusto Rohde, MD, PhD,

To kick off our New York Annual Meeting, AACAP’s President, Dr. Warren Ng, hosts a roundtable discussion with other child and adolescent mental health leaders from around the world. These leaders explore and elaborate on the challenges and opportunities in their regions in an effort to identify ways that the global child and adolescent psychiatry organizations may find synergies to collaborate in the future. Join us to hear from these incredible leaders about where our field is going and how we can come together to expand access to mental health care for children and adolescents globally.

Research Symposium: Psychedelics as Therapeutics: Research Advances and Implications for Practice

TUESDAY, OCTOBER 24
6:30 pm-8:30 pm (ET)

Kevin M. Gray, DFAACAP, MD, Medical University of South Carolina; Paul E. Croarkin, DO, MS, Mayo Clinic; David J. Hellerstein, MD, Columbia University; Tiffany R. Farchione, MD, US Food and Drug Administration

This general session focuses on the therapeutic potential of psychedelics for the treatment of mental health disorders, with a specific emphasis on child and adolescent psychiatry and evolving nature of psychedelic therapeutics research, emphasizing the need for caution and balanced enthusiasm. Psychedelics like psilocybin, ketamine, LSD, and MDMA have a long history of ritualistic and therapeutic use. Presentations by expert psychiatrists, Dr. David Hellerstein and Dr. Tiffany Farchione discuss research efforts, conceptual considerations, and regulatory aspects of psychedelics.

Noshpitz Cline History Lecture: Continuing Search for the Early Foundations of Healthy Development

WEDNESDAY, OCTOBER 25
11:15 am-12:45 pm (ET)

Jack P. Shonkof, MD, Harvard University

Jack P. Shonkof, MD, is the Julius B. Richmond FAMRI Professor of Child Health and Development at the Harvard T.H. Chan School of Public Health and Harvard Graduate School of Education; Professor of Pediatrics at Harvard Medical School and Boston Children’s Hospital, and Research Staff at Massachusetts General Hospital; and Founding Director of the university-wide

2023 Annual Meeting Self-Assessment Exam

Registration for the Annual Meeting (in-person or virtual) allows you to take advantage of this ABPN-approved self-assessment activity for FREE. Complete the 100-question exam and earn 8 AMA PRA Category 1 Credits that count toward the CME and self-assessment requirements of MOC. Feedback from the exam can then be used to guide your selection of programs at this year’s Annual Meeting. This exam will be available until November 30.

Not Attending the Annual Meeting?

You can purchase access to the 2023 AACAP Annual Meeting Self-Assessment Exam online at www.aacap.org/AnnualMeeting-2023.
Karl Menninger, MD, Plenary: Bringing the Village to Our Children: Child Psychiatry’s Role in the Transformation of Children’s Mental Health

WEDNESDAY, OCTOBER 25
1:30 pm-3:15 pm (ET)

Tami D. Benton, MD, The Children’s Hospital of Philadelphia

During this plenary program, AACAP recognizes major accomplishments and awardees from the past year and Tami Benton, MD, gives her inaugural address as she prepared to assume the presidency.

The declaration of the Children’s Mental Health Emergency by AACAP, the American Academy of Pediatrics, Children’s Hospital Association, and other partner organizations focused national attention on the longstanding crisis of children’s mental health and the barriers to care faced by children and families. AACAP recognized the urgent need to call for national action to address this crisis. The unprecedented attention that has followed this declaration has provided an opportunity for us to transform our ailing system of mental health care into one that we envision: care that is accessible and effective, fostering mental health and well-being for America’s children. When national experts were invited to find solutions for this crisis, child psychiatrists’ expertise was rarely called upon to participate in the national dialogue about the mental health needs of America’s children. However, the heightened recognition of the crisis of children’s mental health, and the urgent need for solutions, calls for child and adolescent psychiatry’s leadership more than ever before.

In this historic moment, child and adolescent psychiatrists must engage and lead in very different ways if we are to elevate our voices in shaping the national agenda. An agenda that calls for partnerships with families, medical colleagues, schools, justice, child welfare, legislators, policy makers, and others. If we are to create the equitable, effective, evidence based mental health care system that we envision, we must recognize that social determinants of health disrupt or facilitate healthy emotional development, and to influence outcomes, we must lead alongside those groups who impact these determinants. The future demands that we be outward facing leaders and partners- recognizing that schools, foster care, juvenile justice, faith-based communities, halls of congress -all of the places that impact the lives of children are “in our lanes.”

Our presidential theme’s focus for the next few years will be elevating child psychiatry leadership and partnerships for the transformation of children’s mental health care. Together, we can create the system that we envision, a system in which children thrive.

Dr. Benton is the Frederick Allen Anderson Aldrich Award in Child Engineering, and Medicine); the C. Anderson Aldrich Award in Child Development from the American Academy of Pediatrics; the Award for Distinguished Contributions to Public Policy for Children from the Society for Research in Child Development; and The LEGO Prize. He has authored more than 180 publications and co-edited a landmark report from the National Academy of Sciences titled, From Neurons to Neighborhoods: The Science of Early Childhood Development. He has been a visiting professor or delivered named lectureships at more than 40 universities in the United States and around the world.

Dr. Shonkoff has received multiple honors, including elected membership to the Institute of Medicine (now the National Academy of Medicine of the National Academy of Sciences, Engineering, and Medicine); the C. Anderson Aldrich Award in Child Development from the American Academy of Pediatrics; the Award for Distinguished Contributions to Public Policy for Children from the Society for Research in Child Development; and The LEGO Prize. He has authored more than 180 publications and co-edited a landmark report from the National Academy of Sciences titled, From Neurons to Neighborhoods: The Science of Early Childhood Development. He has been a visiting professor or delivered named lectureships at more than 40 universities in the United States and around the world.

Dr. Shonkoff completed his undergraduate studies in Government at Cornell University, medical education at New York University School of Medicine, pediatric training at Bronx Municipal Hospital Center and Albert Einstein College of Medicine, and fellowship in developmental pediatrics at Harvard Medical School and Boston Children’s Hospital. Prior to assuming his current position, he was the Samuel F. and Rose B. Gingold Professor of Human Development and Social Policy and Dean of The Heller School for Social Policy and Management at Brandeis University; and previously chaired the Division of Developmental and Behavioral Pediatrics at the University of Massachusetts Medical School.

Supported by David W. Cline, MD
Telepsychiatry is transforming mental healthcare; but with new technology comes new risks.

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Suicide Prevention, the Humanitarian Award by the Society of Biological Psychiatry, The McC Gavin award for advocacy by the American Psychiatric Association, The Virginia Q. Anthony Women’s leadership award and the Jeanne Spurlock Award for Leadership in Diversity and Culture by AACAP. She has served on the APA’s Council for Research and the NIMH Advisory Council, and previously as AACAP’s Program Committee deputy chair. She is the president of The American Association of Directors of Child. She receives funding for research from the NIH, PCORI, and the American Foundation for Suicide Prevention. Dr. Benton’s career has been dedicated to developing leadership for a diverse child psychiatry workforce. Her mission is to prepare the next generation of diverse physician leaders in pediatric and mental health care and to create partnerships between communities and academic centers which will be critical for eliminating disparities in health care.

Supported by Ronald Filippi, MD (in memoriam)

James C. Harris, MD, Developmental Neuropsychiatry Forum: Science, Art, and Community of Neurodevelopment Through the Lens of Fragile X

**WEDNESDAY, OCTOBER 25**

3:30 pm-6:00 pm (ET)

Craig A. Erickson, MD, Cincinnati Children’s Hospital Medical Center; Rick Guidotti; Positive Exposure

The goal of this year’s James C. Harris, MD, Developmental Neuropsychiatry Forum is to highlight the theme of diversity and inclusion among children with neurodevelopmental and genetic syndromes. The two talks in this year’s forum approach this topic in different ways. The first talk is a multimedia presentation given by award-winning photographer, Rick Guidotti, who illustrates the spirit of difference amongst children with genetic, intellectual, and behavioral differences. The second talk is given by internationally renowned researcher, Craig A. Erickson, MD, who discusses mechanistic and treatment discovery in one specific genetic disorder, Fragile X, using precision medicine approaches. The two talks collectively highlight themes of heterogeneity in genetic and clinical presentations, societal acceptance and advocacy, and the importance of celebrating each individual as a unique and valued member of our society.

Supported by James C. Harris, MD (in memoriam), and Catherine DeAngelis, MD, MPH

**Town Meeting: Transforming Care for America’s Children: Systemic Partnerships for Children’s Mental Health**

**THURSDAY, OCTOBER 26**

11:15 am-12:45 pm (ET)

Tami D. Benton, MD, The Children’s Hospital of Philadelphia; Melvin D. Oatis, MD, Akeem N. Marsh, MD, DFAACAP, Ruth S. Gerson, MD, Marsha Levick, JD, Marcia Hopkins, MSW, Cheryl L. Beamon, MS, and Duane Price

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Any questions? Please contact Quentin Bernhard III, CME and Recertification Manager, at 202.587.9675 or at cme@aacap.org.
As child and adolescent psychiatrists, we’ve recognized that poor mental and physical health outcomes result primarily from social and environmental factors- adverse and traumatic events that cause developmental disruptions. Out of home placement, either in the child welfare system through foster care/congregate care, or detention in juvenile facilities are examples of commonly occurring traumatic experiences for children, especially for minoritized youth. In 2021 alone, more than 203,770 children under the age of 18 years entered foster care with Black, Native American, and Alaskan Native youth disproportionately affected. More than 195,000 youth were placed in juvenile detention centers through 2018, again, with overrepresentation of minoritized youth. While the stated goals for removal of these youth from their homes and communities are for protection and safety, outcomes for these youth do not demonstrate the benefits of protection or safety through better health outcomes. In fact, youth in foster care or detention are more likely to have developmental, emotional, or behavioral concerns, higher rates of physical health and mental health service use and expenditures; higher rates of psychotropic prescribing; higher rates of housing and food insecurity; unemployment, homelessness, academic difficulties, early parenthood; incarceration, and other adversities.

Although the mental and physical health consequences of these systems are well studied, our existing models of care frequently don’t involve child and adolescent psychiatrists and other medical professionals. Child and adolescent psychiatrists are frequently relegated to roles of medication consultations, rather than fully engaged participants who can contribute expertise in healthy emotional and physical development, resilience and strengthening families. Despite our expertise, we are rarely at the table as participants with our colleagues in shaping local or national policies, or clinical practices for the care of these vulnerable youth. During this unprecedented time of national focus upon children’s mental health, there is an urgent call for us to engage with our partners - child welfare and juvenile justice and youth/family voices, to establish a system of care that achieves our goals of better health for America’s children.

For this Town Meeting, participants learn about a model of care that integrate the expertise of child and adolescent psychiatry, child welfare, juvenile justice, youth, and those with lived experience. Presenters demonstrate the practice and benefits of collaborative decision-making, shared advocacy, and interdisciplinary team work to improve the mental health for young people.

Lawrence A. Stone, MD, Plenary: The 15 White Coats Legacy: We Ain’t Following the Rules

FRIDAY, OCTOBER 27
11:15 am-12:45 pm (ET)

Russell J. Ledet, MBA, MD, PhD, The 15 White Coats and Indiana University

Dr. Russell J. Ledet, MD, PhD, MBA, is a native of Lake Charles, Louisiana, and a US Navy Veteran. While at Tulane School of Medicine, Dr. Ledet co-founded The 15 White Coats, an organization that helps to propel underrepresented minority students to the next levels of education by providing inspiration and economic support. Dr. Ledet has been featured on CNN, MSNBC, People Magazine, NPR, Washington Post, The Steve Harvey Show, and Good Morning America. Following his Triple Board Residency program at Indiana University, he plans to focus on mental health accessibility for marginalized communities. He is a husband of 14 years to Mallory Alise, and the father of two little girls, Maleah Ann and Mahlina Abri.
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What is the American Association of Child and Adolescent Psychiatry, and how does it differ from the Academy?

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

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

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

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

For any further questions, please contact the Government Affairs team at govaffairs@aacap.org.
Poem
■ Lourdes Jeanette Chahin, MD
Once upon a time
There was a little girl
With big eyes and curly hair
Her mother never let her step outside
Because of the fears in her own mind
One day, she couldn’t take it anymore,
“I am a child”-she thought-
“But I still have the right to see the world”
So, on a bright Sunday morning,
While her mom overslept,
She tipped toed her way out the front door
She was amazed at what she saw….
“WOW, WOW, WOW”…. -she said-
All the greenery, all the flowers, all the birds...
A hundred colorful butterflies fluttering around her
A battalion of birds flying in formation on the sky
A family of ducks peacefully floating on the lake
The Sun shining on her face...
Water flowing down the creek
Birds dropping from the sky to catch a fish
Turtles, squirrels, iguanas, rabbits and snakes
Tall trees, medium trees, baby trees...
She started walking and jumping happily and free
And then she walked and jumped some more...
Before she knew it, she got lost
“Oh no!”-she shouted- “How am I going to find my way home?”
Then, like magic, 5 beautiful birds came to her:
A red Cardinal landed on her right palm
A Bluebird on her left shoulder
A Yellowthroat and a scrub Jay posed on her head
A Woodpecker stood by her feet
“Do not fear, little girl”-said all the birds at once-
“We will guide you, you’ll be alright” ...
“I am thirsty”, said the girl-
The Woodpecker made a hole on a coconut lying on the floor
“Here you go, drink it” … “Yum!! its delicious!”
Bluebird and Jay rolled up a huge sea grape leave
and filled it with grapes, guavas, dragon fruits and figs
“Here is your dinner”. “AWWWW...amazing!” this is so tasty, thank you friends!”
As the sun rays dimmed away through the trees
The little girl started yawning.... her bed time was approaching
“Come, let’s take you to sleep” ...
As they walked, they met Grandfather Banyan standing tall with its dozen roots
“Good evening little one”, “I’ve been here 100 years, I can tell you a bedtime story if you want “.
Uncle Gumbo Limbo smiled while he said: “My shine will brighten your way”
“Welcome beautiful girl”-said Mother Poinsettia, the MOST magnificent tree she’d ever seen
“You can sleep under my shade. Here you will be safe”
All the birds together gathered soft, fluffy poinsettia branches and made a comfy bed for her
Then they sang her lullabies, two Great Blue Herons stood by her side, like guards.
The little girl slept like an Angel that night….
“Wake up dear! your breakfast is ready”
“MOM?????” -shouted the little girl-
“So, was it all a dream? But it seemed so real and beautiful, how can it be?”
“Mom, the world is a beautiful and safe place!”
“There are many good creatures that help us.”
“Nature is our friend, please, please mom lets go outside today, don’t be afraid !!!

SEPTEMBER/OCTOBER 2023

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Never Give Up: Journey of an Early Career Psychiatrist in the South

Aleiya Butler Wright, MD

I finished child and adolescent psychiatry fellowship at University of Alabama in Birmingham in June of 2020, smack in the throes of the COVID-19 pandemonium. And, like many others I already had A LOT going on. I had just purchased my first home in the town of my new job, I was leaving a great community of friends, and my mom was sick with cancer. Sadly, my mom passed away three days before I would move. Needless to say, as I was graduating from “emerging adulthood” to just regular adulthood, my head was spinning. Yet, as many before have done, I pressed forward.

Months later, I felt more settled in my new home and even started making a few friends, but I began to wonder how I would make my mark in this community. I had always been passionate about community advocacy, collaboration and interprofessional teamwork, but I was not sure how to apply those interests to my new local community or get plugged in at all. Originally from GA, I attended all my previous education before fellowship there, and had developed great connections. In Augusta, GA, I was active in the local NAMI, I served in multiple roles at church, and had been involved in a few research projects. During my psychiatric residency, I along with several others, including one of my psychiatry attendings helped to resurrect the local NAMI branch that had, for several reasons, been inactive for quite some time. We all volunteered as board members, planned events, and spread the word the best we could, and I even created flyers, as technologically stunted as I am. On one occasion, I was asked to be a speaker for a local family’s mental health awareness event in Augusta. The day of the event, the amphitheater was filled, the local news station was there, and people were energized about spreading awareness for mental illness. Members who put on the event and attendees kept telling me how much it meant that I came out to speak. It was an exciting time. I felt my profession connected to my purpose on and off the clock. That I know of the NAMI Augusta, GA branch is still flourishing to this day.

In contrast, developing deep professional connections during the first years of living in Opelika, AL had been proving to be a challenge. Part of this was due to me starting to practice in the early phase of the COVID-19 pandemic. The other factors were a combination of things; I think being in a hospital-based clinic, similarly to my training experience, it was actually easy to be disconnected from the community and local grass roots efforts. Without great intentionality, one does not have time to plug into community events and resources and the idea you think of when you get into practice- being in a well-rounded clinic that is a “one stop shop” for all your patient’s mental health needs- is often not how it really works.

I wanted to find ways to be more involved, but I felt the weight of being one of the only local child psychiatrists who was able to take on new patients. There was no outpatient social work support, psychological testing, or in-house therapists at all for that matter. There was always more work to do as the waiting list for patients to be seen was often in the 100s. I felt torn as I desired to be actively serving in the community yet separated from it and overwhelmed by the responsibility.

East Alabama is a geographic catchment area of 4 counties containing 314,393 people (though I have seen patients from further away) served by seven local psychiatrists. The hub for the community mental health and separately (but connected), the hospital for this catchment area is where I live in Opelika, AL. As I am aware, there are only two child and adolescent psychiatrists practicing primarily pediatric psychiatry. This is very different from the 1 to 10,000 psychiatrists recommended as the lowest ratio needed to care for the population.

I sought to find solutions and created an outpatient consultation clinic for local pediatricians to send mild to moderate cases for which they would agree to take back into their management once the patient had a clear treatment plan. I enjoyed making an impact with patients and reducing the burden for pediatricians. One case, in particular, was as simple as uncovering that aggression was really disguised severe anxiety which responded quickly to medication management. This treatment changed the life of his family; he

Do not give up on the passion for mental health care that you had in the beginning because the medical system is so cumbersome. Do not settle for less than what you came here to do. Keep fighting.
returned back to school and back to his pediatrician for further management. I was grateful for the many relationships I developed with the local pediatricians, and the feeling was mutual.

I wanted to see this kind of partnership expanded, by using collaborative care but I would need allies to work on this effort. This also proved to have many roadblocks. One illustration of the obstacles I experienced was when I attended the state’s pediatric conference. That I know of the only child and adolescent psychiatrist there. I went there seeking to find others in primary care who would partner with me to improve the mental health resources for children. Though I met many kind and compassionate professionals, I primarily heard the response, how would we pay for that? Then, the conversation fell silent.

Though sometimes it seems there is little progress, I have seen light peaking in. Community leaders around the city are trying to strategize ways to improve mental health access. I have now relocated to the community mental health center where I have the privilege of serving primarily rural underserved patients. I have talked to church leaders and local indigent care clinics who are looking for ways to educate and serve the people of the community. In addition, I had the honor of participating in a Project ECHO in which I was happy to learn that two local pediatric practices had joined. This means education is increasing for the primary care providers who honestly carry the brunt of the burden of mental health care in many communities.

So, there is hope, but progress will not come without perseverance. That being said, I would like to encourage others to do just that. Do not give up on the passion for mental health care that you had in the beginning because the medical system is so cumbersome. Do not settle for less than what you came here to do. Keep fighting. As psychiatrists, our voices need to be heard advocating for quality care in our communities as we have an important perspective. Not only that, our communities respect and value what we have to say; they want to hear you.

Dr. Aleiya B. Wright is a child and adolescent psychiatrist who attended medical school and general psychiatry residency training at Medical College of Georgia at Augusta University. From there, she went on to specialize in child and adolescent psychiatry at the University of Alabama at Birmingham (UAB). She currently practices at Family and Children Services of East Alabama Mental Health, a community mental health center in Opelika, AL. Her clinical interests include mental health advocacy, Acceptance Commitment Psychotherapy, and what she endearingly calls, “family psychiatry”-providing education and health empowerment to the whole family.

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Poem

Lourdes Jeanette Chahin, MD

**Nature**

Nature speaks to me in poems
The Sun energizes my thoughts
I get inspired by the Stars
I pick my words from the Trees
The Moon illuminates my ink

The Ocean whispers a soft lullaby
The gentle Breeze rocks me to sleep
How can so much beauty
Not produce a masterpiece ?
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Charles E. Cladel, Jr., MD
Hummelstown, PA

Vincent F. Colon, MD
Warren, NJ

George E. Gardner, MD
Washington, DC

J. Franklin Robinson, MD
Washington, DC

Sarabjit Tokhie, MD
Okemos, MI

Saul Wasserman, MD
Palo Alto, CA

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Safeer Ahmad, Kent, OH
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Diab Ali, MD, Denver, CO
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Sophia Quiroza, DO, Evansville, IN
Afra Rahman, Bronx, NY
Natasha Reddy, Monroe Township, NJ
Amy Reyes, Aurora, CO
Kaylyn Patricia Ringenberg, MD, Cleveland, OH
Gloria Lauren Robertson, MD, Webb City, MO
Anabelle Paige Rosenthal, Vero Beach, FL
Sindhu Saha, MD, Ashville, OH
Asma Sadia, Brooklyn, NY
Brandon Saia, DO, Oakwood, OH
Pichapa Sangsawad, Flushing, NY
Kenisha Santiago, Valhalla, NY
Briana Saravanabavananthan, Kansas City, MO
Nicole Savidge, Douglassville, PA
Jacob Schuman, Highwood, IL
Haley Schuster, MD, Omaha, NE
Jessica Sejo, Chicago, IL
Cameron Semore, Fresno, CA
Javier Senosiain, MD, Forest Hills, NY
Sohail Sethi, Des Moines, IA
Nivedita Sharma, MD, Fort Lauderdale, FL
Vatsala Sharma, MD, Flushing, NY
Shamanthika Shelkay, MD, Massillon, OH
Zachary Mark Simpson, Oklahoma City, OK
Amrita Solanky, MD, Lakewood, NJ
Maged S. Soliman, MD, Islip, NY
Tripti Soni, MD, Baltimore, MD
Emily Sparks, Winston Salem, NC
Justin Spooner, MD, Ponte Vedra Beach, FL
Philip Steiner, MD, Dayton, OH
Alayna Sterchele, MD, Jacksonville, FL
Hilary Strong, MD, MPH, Fayetteville, NC
Kavya Tangella, Centerere, NY
Trisha Chand Thakur, MBBS, Baltimore, MD
Elana Thomas, Hazel Crest, IL
Brice Thomas, MD, Chapel Hill, NC
Kya Tito, Atlanta, GA
Rebecca Toback, MD, Pittsburgh, PA
Elizabeth Roser Torres-Lebon, Humacao, PR, United Rep of Tanzania
Katherine Tran, MD, Seattle, WA
Andrew Trandai, Lake Forest, IL
Marcellus Tseng, Chicago, IL
Kripa Venkatesh, Peoria, IL
Julia Lynne Versel, Forest Park, IL
MIroslaw Jan Walo, MD, Wilmette, IL
Diana Margaret Wang, MD, Rancho Cucamonga, CA
Jeenia Ware, Nashville, TN
Brett Weingart, New York, NY
Claudia Westwell-Roper, MD, PhD, North Vancouver, BC, Canada
Jesse Wilson, DO, Baltimore, MD
Sean Woodward, Chicago, IL
Jesse Worsham, MD, Bedford, TX
Jack Wright, Pompton Lakes, NJ
Marcus Wright, New Orleans, LA
Natalie Wu, MD, Shreveport, LA
Kanyinsola Yoloye, Douglassville, PA
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Thank You for Supporting AACAP!

AACAP is committed to the promotion of mentally healthy children, adolescents, and families through research, training, prevention, comprehensive diagnosis and treatment, peer support, and collaboration. We are deeply grateful to the following donors for their generous financial support of our mission. Donations for September 12 to October 9, 2023.

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Where Most Needed
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Diana Ruth Wasserman, MD
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Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org.
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.

Get in the News!

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

- **Committees/Assembly.** Write on behalf of an AACAP committee or regional organization to share activity reports or updates (chair must approve before submission).
- **Opinions.** Write on a topic of particular interest to members, including a debate or “a day in the life” of a particular person.
- **Features.** Highlight member achievements. Discuss movies or literature. Submit photographs, poetry, cartoons, and other art forms.

**Length of Articles**
- Columns, Committees/Assembly, Opinions, Features – 600-1,200 words
- Creative Arts – up to 2 pages/issue
- Letters to Editor, *in response to an article* – up to 250 words

**Production Schedule**

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

**Citations and References**

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

For complete AACAP News Policies and Procedures, please contact communications@aacap.org.
Trastorno por Déficit de Atención / Hiperactividad (TDAH):
Guía para familias sobre medicamentos
CLASSIFIEDS

CALIFORNIA

Company: LocumTenens.com (1359565)
Title: Child and Adolescent Psychiatrist Needed for Locum Tenens Coverage at Clinic in Northern California
Job ID: 19110911
URL: https://jobs.source.aacap.org/jobs/19110911

Job Description:
A child and adolescent clinic is seeking a psychiatrist for locum tenens coverage. The facility is located in northern California. There is a light caseload with plenty of time with patients. The patients will be ages 12 and up. Dates Needed: Ongoing Case Load/PPD: 8Shift Type: Day Shift Assignment Type: Clinic Assignment Duration: Locums Shift Hours: Full time (40 hours) Call Required: Onboard Certification Required: Negotiable Prescriptive Authority Required: Yes Patient Population: Children Government: No Reference ID: ORD-135710-MD-CA

CONNECTICUT

Company: Hartford HealthCare (1181796)
Title: Chair & Associate Medical Director - Child and Adolescent Psychiatry
Job ID: 19054910
URL: https://jobs.source.aacap.org/jobs/19054910

Job Description:
Chair & Associate Medical Director - Child and Adolescent Psychiatry - Hartford, CT Hartford HealthCare’s Behavioral Health Network (HHCHBN), the largest and most comprehensive behavioral health system in New England, has a new opportunity available for a BE/BC Child and Adolescent Psychiatrist to join our cohesive multidisciplinary team at Hartford Hospital, a 938 bed tertiary teaching hospital, located in Hartford, CT. Some highlights of this opportunity include: Leadership role with clinical, educational, and research oversight at a freestanding academic center with several endowed research centers and training programs in psychiatry, child/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: 19162762
URL: https://jobs.source.aacap.org/jobs/19162762

Job Description:
The Southeast Permanente Medical Group (TSPMG) is seeking board-certified/board-eligible adult and child psychiatrists to join our busy out-patient practice in the metropolitan Atlanta area. Must have the ability to function well in a team environment, contribute to and support organizational goals and the desire to be part of a growing and high-volume behavioral health practice. 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, a wide range of specialties, as well as our Advanced Care Center to take care of urgent care needs 24/7. Additional support for our physicians includes nursing staff, clinical pharmacy specialists, crisis therapists and the ability to offer treatment options for your patients. Flexible work schedule and 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 to 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 [http://www.atlanta.com](http://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.

**Additional Benefits**
- Pension plan and 401K Competitive compensation
- Generous sign-on bonus
- Student loan repayment

**Malpractice coverage.**

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**Massachusetts**

**Company:** Cambridge Health Alliance (1177750)

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

**Job ID:** 19183721

**URL:** [https://jobs.source.aacap.org/jobs/19183721](https://jobs.source.aacap.org/jobs/19183721)

**Job Description:**
The NEW CHA Center of Excellence for Child & Adolescent Inpatient Mental Health Care at Somerville will provide a transformative continuum of patient- and family-centered care for diverse youth with mental health needs. Including specialized autism spectrum/ neuromedical beds at our Somerville Campus. Cambridge Health Alliance is already one of the region’s leading providers of behavioral and mental health care. We are passionate about helping children and their families, joining our expanding team and make a difference! CHA provides Competitive Salaries starting at $300,000! Provide clinical care to patients during periods of inpatient/partial hospitalization Develop and maintain comprehensive treatment plans. Participate in teaching opportunities with psychiatry residents, fellows, and other mental health trainees. Work in a collaborative practice environment with an innovative clinical model allowing our providers to focus on patient care and contribute to population health efforts.

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**Fully integrated electronic medical record (Epic) and robust interpreter service.**

**Academic appointments are available commensurate with criteria of Harvard Medical School.**

**Candidates with special interest and training in Neurodevelopmental disorders are encouraged to apply.**

**CHA is a teaching affiliate of HMS.**

**This position carries an HMS appointment of Instructor, Assistant or Associate Professor, commensurate with HMS appointment criteria.**

**Candidate qualifications and commitment to teaching responsibilities.**

**Qualified candidates will be BC/BE in psychiatry and share CHA’s passion for providing the highest quality care to our underserved and diverse patient population.**

Please submit CV’s through our secure website at [www.CHAproviders.org](http://www.CHAproviders.org), or by email to Melissa Kelley at [ProviderRecruitment@challiance.org](mailto:ProviderRecruitment@challiance.org). The Department of Provider Recruitment may be reached by phone at (617) 665-3553 or by fax (617) 665-3553. We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law.

**Company:** Buyer Advertising (1059546)

**Title:** Child and Adolescent Psychiatrists

**Job ID:** 19161917

**URL:** [https://jobs.source.aacap.org/jobs/19161917](https://jobs.source.aacap.org/jobs/19161917)

**Job Description:**

**CHILD AND ADOLESCENT Psychiatrists at McLean Hospital.**

**McLean Hospital, America’s top ranked freestanding psychiatric hospital, is inviting applications for Child/Adolescent Psychiatrists in our Division of Child and Adolescent Psychiatry.**

**Positions are available at the McLean Southeast Inpatient Adolescent Unit located in Middleborough, MA and our OCDI Jr. Unit located in Belmont, MA. McLean Southeast at Oak Street Adolescent Inpatient Program provides comprehensive diagnosis and treatment for adolescents who are in crisis due to a variety of psychiatric conditions, such as depression, anxiety, trauma, mood disorders, and psychosis. The Child and Adolescent OCD Institute program (OCDI-Jr) offers a full range of services in cognitive behavioral treatment including Exposure and Response Prevention (ERP) and Acceptance and Commitment Therapy (ACT), individual, family and group therapy, education services, and psychiatric medication consultation.**

**As part of our expanding team, the child and adolescent psychiatrists will have the opportunity for both leadership & professional collaboration with colleagues in Division-wide programs at the main Belmont campus, McLean Southeast in Middleborough, the McLean-Franciscan Child & Adolescent Mental Health Programs plus our locations in Arlington and Cambridge. Our multidisciplinary team provides first-class treatment to children and adolescents and their families in an exciting environment including Harvard-affiliated psychiatry, psychology, and social work trainees, plus opportunities for research and academic pursuits. Successful candidates will participate in teaching and mentoring staff, including residents, interns, and postdoctoral fellows. Salary and recruitment package in accordance with Hospital policies, and a Harvard Medical School appointment at the academic rank of Lecturer, Instructor or Assistant Professor (full or part time) will be contingent on meeting the requirements for an HMS appointment and candidate qualifications including Massachusetts medical license and being board certified/board eligible. Qualifications: MD or an MD, PhD, and Board Certification in Psychiatry. Applicants should submit a letter of interest and curriculum vitae by email to: Daniel Dickstein MD Chief, Simches Division of Child and Adolescent Psychiatry McLean Hospital 115 Mill Street Belmont, MA 02478 Email: DDickstein@McLean.Harvard.edu.**

All McLean team members are expected to consistently demonstrate our values of integrity, compassion, respect, diversity, teamwork, excellence and innovation in their work activities and interactions. We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, gender identity, sexual orientation, pregnancy and pregnancy-related conditions or any other characteristic protected by law. A member of Mass General Brigham.
New York

Company: Downtown Psychiatry, PC (1355626)
Title: Child psychiatrist in a boutique, psychotherapy-based private practice in NYC
Job ID: 19055277
URL: https://jobsource.aacap.org/jobs/19055277

Job Description:
Downtown Psychiatry is a unique private practice in New York City. We distinguish ourselves by being expert child and adolescent psychotherapists in addition to skilled psychopharmacologists. We take our time to get to know patients and families and provide an unparalleled level of care in which children feel deeply seen and understood. We focus on psychodynamic psychotherapy but also use elements of CBT and DBT when useful. We are a self-pay practice with a high volume of referrals for people seeking psychotherapy by an MD with or without medication management (with some split treatment referrals as well). Beautiful, bright, spacious, modern office in TriBeCa (downtown Manhattan) with full play therapy set-ups. Weekly supervision is provided by Lisa Roth, MD, the practice owner, a child, and adolescent psychoanalytic candidate at the New York Psychoanalytic, and part of the core psychodynamic teaching faculty at Montefiore Medical Center. This position is perfect for a child psychiatrist with a psychodynamic bent looking for deeper relationships with their patients, interested in therapy but eager for more training, and wanting guidance and connections in the world of private practice in NYC. Full time or part time available. Interested candidates must be willing to practice in person at least two days a week, with optional additional virtual time. Benefits include retirement benefits (a SEP-IRA), short term disability, workers comp, and a stipend to purchase your own health insurance if desired. Very competitive compensation compared to other private practices. If a prospective candidate is worried about income while waiting to fill (which typically takes 6-12 months), can provide a monthly base salary to be subtracted from future earnings. Only looking for people interested in group practice over the long term. Cannot simultaneously own a private practice in NYS but okay to own a practice outside of NYS.

Job Requirements:
Board certification (or eligibility if within 1 year of fellowship graduation) in child and adolescent psychiatry, board certification in adult psychiatry. Proficiency and a deep interest in child, adolescent, and adult psychotherapy and a desire to have this be a core part of one’s practice.

Tennessee

Company: Mental Health Cooperative (1347425)
Title: Psychiatrist - Child & Adolescent
Job ID: 19159437
URL: https://jobsource.aacap.org/jobs/19159437

Job Description:
Mental Health Cooperative is an innovative healthcare agency that believes relationships matter and are the most important part of our services. We combine community-based care management, psychotherapy, psychiatry, crisis services, and primary care into our integrated, person-centered system of care. We work in a multi-disciplinary team model where you can make a difference, and we are proud to have been ranked as a Top Workplace for four consecutive years. We offer: Competitive market compensation Immediate 403(b) matching eligibility and a generous PTO plan Best-in-Class healthcare for you and your family A variety of benefits savings programs and other perks Training & Career Growth Opportunities Monday through Friday schedule with no on-call responsibilities Our Metro Center is located in the heart of Nashville with 11 satellite locations throughout Tennessee. Ranked one of Tennessee’s top places to work, MHC is a rare and special place where outstanding company culture is intentional. Where clients and associates are treated the same, as equals. JOB Summary We are looking for a Child & Adolescent Psychiatrist to provide psychiatric services across the agency. You will evaluate and diagnose individuals who are experiencing a psychiatric emergent/urgent or routine condition in an outpatient setting, face-to-face and/or by telehealth. Pharmacological treatment for patients includes prescribing medications using InfoScriber, as well as providing follow-up. Facilitate admitting patients to the hospital or respite and consulting with MCRT when needed. Supervise Nurse Practitioner and/or residents as assigned. Coordinate medical aspects of treatment with Nurse, Care Management Supervisor and Care Managers. Participate and provide supervision of multidisciplinary treatment team meetings and provide consultation by phone when needed. Maintain active role in treatment team. Consult with outside Physicians regarding care managed consumers as necessary and assist with communication to the PCP. REQUIREMENTS Tennessee Licensed Psychiatrist Board Eligible/Board Certified Valid Tennessee Driver’s License Acceptable Criminal Background Investigation Personal Automobile Insurance ABOUT YOU: A collaborative spirit to coordinate medical treatments with Nurses and Care Management A deep knowledge in therapeutic interventions including diagnostic assessment, medication evaluation and management, suicide risk assessments, crisis intervention, and overall care of patients with psychiatric disorders A mental health team leader that leads others towards excellence in care Ability to maintain an active role in treatment plan including patient follow-up Solid relationship building skills to cultivate trust with teams, Physicians, and Consumers BENEFITS: Mental Health Cooperative offers a full comprehensive benefit plan for you to participate in. The following products are available: Medical Insurance/Prescription Drug Coverage Health Savings Account Dental Insurance
INPATIENT INFLUENCE: Transforming Behavioral Health in Virginia and Maryland

FOR YOUR INFORMATION

VIRGINIA

Company: Transformations Care Network (1360027)
Title: Child and Adolescent Psychiatrist
Job ID: 19140719
URL: https://jobsource.aacap.org/jobs/19140719

Job Description:
Columbia Associates a proud member of the Transformations Care Network, an established network of behavioral health clinics in Virginia and Maryland that, out of a passion for providing superior patient care, is empowering our psychiatrists to provide easy access to high-quality outcomes-based treatment to all those that need help, and when they need it most. In addition to outpatient clinics throughout the area, we are now responsible for inpatient child and adolescent psychiatric care at Dominion Hospital. As we expand our network, H1B visa applicants are welcome to be a part of our dedicated team. Why Choose Columbia Associates: Varied Practice Setting: At Columbia Associates, we offer a unique blend of inpatient and outpatient services, allowing for flexibility in your schedule and a diverse range of clinical experiences. Exceptional Compensation: Enjoy outstanding earning potential, with compensation starting at $325,000 or more, based on your experience and expertise. Inpatient Services: Dominion Hospital: Join our collaborative team at Dominion Hospital, a 116-bed short-term behavioral health care facility located in Falls Church, VA. This facility serves children (5-12 y/o), adolescents (13-17 y/o), and adults (18 y/o+). Comprehensive Care: As an inpatient Psychiatrist, you will work closely with Advanced Practice Practitioners (APPs) and the treatment team to provide direct care in the child and adolescent units at Dominion Hospital. Additionally, Dominion Hospital offers specialized programs for eating disorders and substance use disorder treatment, including Inpatient, Crisis Stabilization, PHP, and IOP levels of care. Essential Duties and Responsibilities: Conduct evaluations and hearings for involuntary patients. Review and cosign documentation completed by APPs in compliance with Medical Staff Bylaws, Rules and Regulations, and Insurance requirements. Participate in overnight call responsibilities, typically one weekend every four weeks. Outpatient Services: In addition to inpatient care, we operate several outpatient clinic locations. Your outpatient role will involve conducting intakes, follow-ups for medication management, and collaborating or supervising Advanced Practice Providers (PMHNPs, NPs, PA-C). Our outpatient services are a mix of in-person and telehealth treatment, providing flexibility and accessibility for both providers and patients. We Offer: Generous Benefits: Enjoy paid time off, including vacation and holidays, and receive support for continuous medical education (CME). Loan Repayment: Access assistance with loan repayment. Comprehensive Insurance: Benefit from health, dental, and vision insurance, as well as life insurance. Secure Future: Plan for your future with our 401K program. Columbia Associates welcomes Psychiatrists who are passionate about making a difference in the field of psychiatry and behavioral health. Join us in providing exceptional care and contributing to the well-being of our patients. Take the next step in your career and become a vital part of our dedicated team. Apply now! Our commitment to EEO extends to all aspects of employment, including recruitment, hiring, promotions, transfers, training, benefits, and other terms and conditions of employment. We encourage individuals from all backgrounds to apply and join our team.

Job Requirements:
Board Eligible/Board Certified in Psychiatry by ABPN. Fellowship-trained in child and adolescent psychiatry. Active Virginia Medical and DEA Licenses.
**ADVERTISING RATES**

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- Commission for advertising agencies not included.

**ADVERTISING DEADLINES**

- September/October 2023: July 27, 2023
- November/December 2023: September 27, 2023
- January/February 2024: November 27, 2023
- March/April 2024: January 27, 2024
- May/June 2024: March 27, 2024
- September/October 2024: July 27, 2024

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- AACAP members and nonprofit entities receive a 15% discount.
- Advertisers who run ads three issues in a row receive a 5% discount.
- Advertisers who run ads six issues in a row receive a 10% discount.

For any/all questions regarding advertising in AACAP News, contact communications@aacap.org.