

Spring / Summer 2013

President's Message

Rebecca G. Edelson, MD

Welcome to the spring/summer edition of the CAPSGW newsletter. I want to thank our newsletter editor Dr. Adair Parr and our CAPSGW executive administrator Ms. Diane Berman for their dedication and leadership in producing this issue.

Educate, Advocate, Nurture

This past fall, several members of our Executive Committee met to discuss the current state and future of our organization. During that meeting, we formalized our strategic plan and came up with three words we thought encapsulated CAPSGW: Educate, Advocate and Nurture.

Educate

The past academic year was another educational one for CAPSGW. Our November meeting, "Shifting Diagnostic Paradigms for Improved Treatment and Surveillance of Fetal Alcohol Spectrum Disorder in DSM-5" with Drs. Howard Moss and Susan Rich was stimulating and thought provoking. Dr. Maryland Pao's January lecture entitled "Impact of Death and Dying on Children and Adolescents" exposed our members to Dr. Pao's fascinating work on a difficult subject. Our May meeting honoring Virginia Anthony, AACAP's former Executive Director for 39 years, gave CAPSGW a wonderful opportunity to reflect on the history of AACAP as well as the history of CAPSGW. During that meeting, CAPSGW honored Ginger by donating \$600 in her honor to AACAP's Campaign for America's Kids and by giving her a \$200 gift certificate to the Kennedy Center. We were thrilled to have our first president, Dr. William Stark, introduce Ginger and to have so many past presidents in attendance at the meeting. The names of all of CAPSGW's past presidents were read aloud as a way of honoring them. Please read Dr. Sheila Sontag's review of the evening in this issue of our newsletter. CAPSGW had another successful spring symposium this year on College Mental

Health. Dr. Tom Kobylski took the lead in planning the day and we thank him for that. Please read more about our symposium in two articles in this newsletter: one by Dr. Natosha Smith and the other by Dr. Susan Rich.

Our Executive Committee is already in the process of planning our CME meetings for the upcoming academic year. We plan to initiate a new "salon" program where we can engage with our members in smaller more intimate groups. Our first salon will be on July 14 at the home of Dr. Susan Rich. The meeting will include a focus group and documentary screening of Fetal Alcohol Spectrum Disorder and DSM-5. Our Early Career Psychiatry Group has already hosted two small events. I encourage you to read the article by Drs. Sussman and Mahajan in this issue where they detail the events. CAPSGW also strives to continue to educate our members about issues related to maintenance of certification. Please read the article by Dr. Jeanne Holzgreffe in this issue.

Advocate

On May 10, 2013 several CAPSGW members joined over 240 other child psychiatrists, patients, families, and members of other child mental health advocacy groups from 42 states in AACAP's 9th annual Advocacy Day on Capital Hill. I was thrilled to participate alongside several fellows from our local training programs as well as other CAPSGW general members. AACAP staff started the morning with a review of policy issues AACAP wanted us to discuss as well as tips on how to be an advocate. The focus this year was on early intervention, prevention, and access to child psychiatric services. The AACAP government affairs department led by Kristen Kroeger Ptakowski organized meetings with staff members of senators and representatives from our area. For those of us from Montgomery County, the morning started with visits to the offices of Sena-

(Continued on page 2)

Inside this issue:

MOC Update	2
Assembly Meeting	3
Celebrating Virginia Anthony's Service	4
Social Media	4
Advocacy Day 2013	5
Autopsy of a Massacre	6
CNMC Update	9
Symposium Through Eyes of a First Year Fellow	10
More Training Updates	11
Chilean Exchange Program	12

Maintenance of Certification (MOC) Update

Jeanne Holzgreffe, M.D.

Implementation of all components of the Maintenance of Certification (MOC) and the Physician Folio System with continuous tracking of a Diplomate's completed MOC activities and payment of an annual C-MOC registration fee, which includes one MOC cognitive examination in a ten-year period, begins this calendar year.

Maintenance of Board Certification/recertification requires:

1. maintaining an unrestricted medical license;
2. passing a cognitive examination every 10 years; and
3. completion of three Performance in Practice (PIP) Modules, within a ten year period.

Each PIP Module includes completing Chart Reviews, and Patient and Peer Feedback Modules, developing plans for improvement in practice, and then completing another set of Chart Reviews and Patient and Peer Feedback Modules within a three year period.

If members would like CAPSGW to help members in implementing MOC, and/or in obtaining members' feedback about MOC, a next step would be forming a working group or committee to help with this. If you are interested, please contact Jeanne Holzgreffe, M.D. (jholzgreffe@msn.com) or any member of the Executive Committee for further information. ■

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President's Message cont.

(from page 1)

tors Cardin and Mikulski and ended in the afternoon with a visit to Representative Van Hollen's office. Highlights for me included learning about specific legislations in review including the Mental Health and Awareness and Improvement Act. In addition, I enjoyed advocating alongside my CAPSGW colleagues including several child psychiatry fellows from local programs as well as Dr. Adair Parr, Dr. Micah SICKEL and Dr. Richard Gross. This was my third year participating in AACAP's day and each year, I find I learn many new things as well as feel a little more confident in my own advocacy skills. Please read more about advocacy day in the article by Dr. Margarita Somova.

Nurture

Finally, CAPSGW strives to nurture our members: both new and more senior. As stated above, we have initiated an Early Career Psychiatry Subcommittee led by Drs. Sussman and Mahajan. The goal of this sub-committee is to offer support and programming for our members early in their careers. (including trainees). Dr. Mahajan hosted a meeting at her home in January with a discussion focusing on work/life balance. Dr. Sussman hosted an event in April with a focus on starting a private practice. I encourage you to read more about these events in the article in this newsletter. We also continue to work on engaging with our local fellows as well as our more senior members. Lastly, we continue to nurture CAPSGW's international relationship with child psychiatrists from Valparaiso, Chile. I encourage you to read about this exciting relationship in the article by Dr. Hector Parada.

As you know, CAPSGW thrives on the volunteerism and enthusiasm of its members and particularly the members of the Executive Committee. This dedicated group meets monthly to discuss the current and future goals of our organization. As this is my first newsletter as CAPSGW president, I want to first take this opportunity to thank immediate past members of our CAPSGW Executive Committee who rotated off the council this past December. Dr. Brent Anderson, our im-

mediate past president, worked very hard to continue to bring CAPSGW onto stable financial ground. Under his leadership, CAPSGW made several important financial decisions including opening a savings account, charging a nominal fee at some of our dinner meetings, and rotating the location of our CME dinner meetings. I also want to thank Dr. Gary Spivak, our former CAPSGW secretary. Finally, I want to thank Dr. Catherine McCarthy who was a long time member of the Executive Committee and served as both treasurer and the Virginia Representative.

I also want to welcome several new members to our Executive Committee. Dr. Caroline Cregan is our new treasurer. Dr. Marc Dalton is our new DC Representative and Dr. Holly Sikoryak is our new Virginia Representative. Dr. Clifford Sussman will be leaving his role as director of Multimedia, a position he has held for the past several years. Dr. Joel Stoddard has agreed to take over that position. With his leadership comes an opportunity for us to update our website and explore other multimedia outlets. We are thrilled that Dr. Clifford Sussman and Dr. Sonali Mahajan have agreed to serve as co-chairs of the Early Career Psychiatry Subcommittee.

As always, any member of CAPSGW is welcome to attend our monthly Executive Committee meetings at the Psychiatric Institute of Washington. Our meetings begin at 7:30 p.m. and generally run until 9:00 p.m. If you are unable to attend, I encourage you to read the minutes of the meetings once they are sent over the CAPSGW list serve.

If you have comments or questions about anything related to CAPSGW, please feel free to email me directly (rgedelson@gmail.com) or contact any of our Executive Committee members. I hope you enjoy this spring/summer edition of the newsletter. ■

Are You On Twitter?

Point your browser to
@CAPSGW
 (<https://twitter.com/CAPSGW>)
 and follow CAPSGW
 members at work!

Assembly Meeting May 11, 2013

Adair Parr, MD, JD

On May 11, 2013, I attended the AACAP Assembly as an Assembly Delegate, along with CAPSGW President Rebecca Edelson, CAPSGW President-Elect Micah Sickel, Past Assembly Chair and Assembly Delegate, Michael Houston and Assembly Delegate Angelica Kloos. Louis Kraus, Assembly Chair, opened the Assembly meeting by welcoming everyone. AACAP President, Dr. Martin Drell, addressed the Assembly by highlighting the priorities of 2013. These priorities include the following: 1) Back To Project Future; 2) education of members about DSM-5; 3) education of members about healthcare reform, including electronic medical records; 4) education of members on new CPT codes; 5) implementation of the Pharmaceutical Task Force; 6) psychotropic monitoring and foster care developments; and 7) workforce/recruitment. He encouraged everyone to attend the 60th Annual Meeting in Orlando, Florida in October 2013.

AACAP President Elect, Paramjit Joshi, discussed her Presidential Initiative: AACAP International: Partnering for the World's Children. One of her concerns is how to reach out to international colleagues and has instituted several ways to reach out to our fellow colleagues. She also discussed efforts to address mental health and violence with other psychiatric associations designed to educate the media and the public.

Steven Cuffe presented the revenue report and budget for the Academy. Primary expenses include the components and newsletter. The financial situation of the Academy is currently strong. Current pharma revenue is 5.7 percent of total AACAP revenue, down from 8.1% in 2011 and down by 50% from its highest levels. In 2012, pharma funded 12% of the annual meeting and of JAACAP, both of which are lower than 2011. The Pharmaceutical Task Force continues to look into the issue of pharmaceutical companies and their relationship to the Academy.

Member benefits include Practice Parameters, Advocacy Day and Facts for Families. You may learn more at the website by clicking [here](#). Executive Director Heidi Fordi addressed the Assembly. She noted

that on May 10, the Lobby at the Academy office was named the Virginia Q Anthony Lobby. Over \$80,000 from 195 donors from members funded the lobby and new portrait of recently retired Executive Director, Virginia Anthony. As of April 30, 2013, there were more than 6700 paid Academy members -- on track for the best membership year ever. In January, the 2013 Psychopharmacology Update Institute was sold out with 595 attendees. The weekend included a review of the new CPT coding. There have been over 75,000 hits to the CPT section of the AACAP website and over 36,000 views to the webinars. The Douglas B. Hansen Annual Review Course in Jersey City, NJ had 226 attendees, the highest number ever. AACAP recently received accreditation with commendation, which provides a 6 year term for Continuing Medical Education. Heidi addressed plans to provide membership education about DSM-5.

Assembly Vice-Chair Warren Ng addressed the Assembly, highlighting the ten awardees who were funded for the Advocacy and Collaboration grants for 2013. [If you are interested in pursuing and Advocacy and Collaboration Grant, we encourage you to contact our CAPSGW President, Rebecca Edelson.] The California Academy of Child and Adolescent Psychiatry (CaACAP) introduced a position paper to ask AACAP to consider formulating a policy position on the legalization and study of cannabis. The position paper raises the key point that adolescents continue to have developing brains and that cannabis may impact that development. The Assembly voted to send the paper to the Substance Use Committee to determine whether AACAP should have a formal policy on the issue.

During the open mike session, the Connecticut Regional Council discussed their efforts to help the community in the wake of the Newtown, Connecticut tragedy. The Northern California Regional Council discussed the issue of how pharmaceutical companies distort evidence.

Jeremy Lazarus, the President of the American Medical Association, addressed the Assembly. He spoke about the Affordable Health Care Act (ACA) and its impact on mental health care. The ACA will provide coverage to 30 million Americans who are currently uninsured and will promote investment in prevention, coordination of care and research. The ACA eliminates lifetime limits on coverage, which is helpful for those with chronic mental illness. Mental illness and substance use is one of the 10 essential benefits that must be offered in health care exchanges. There will be improved mental health coverage for 62 million Americans. Collaborative care and mental health is emphasized under the ACA. An example of coordinated care is in Minnesota, [The Diamond Initiative](#). It includes a systematic measure which tracks adults with depression. It is a private practice, primary care model where a psychiatrist works in a primary care clinic. It treated 8,000 patients with major depression and dysthymia. Remission levels were increased over current care and relapse was decreased. He discussed the move toward integrative and coordinated care, including the Washington State PAL program and the MCPAP program. Student debt creates a disincentive to choose child psychiatry as a career. The Resident Physician Shortage Reduction Act of 2013 would provide more funding for training of resident physicians, including more primary care physicians, to address the looming physician shortage. He discussed efforts to address gun violence and relationship to mental illness. AMA supports banning assault weapons, bans high capacity magazines, endorses a background check and wants to ensure that physicians can speak with patients about firearm safety. The AMA has policies to educate the public about mental illness and to ensure adequate evaluations and early intervention. He discussed the Scope of Practice Partnership of the AMA. It provides resources to specialties in states that are going through scope of practice battles. Dr. Lazarus also discussed the AMA's strategic plan. Goals include improving health outcomes by achieving measurable improvements in cardiovascular

(Continued on page 5)

Virginia Anthony: Celebration of 39 Years of Service to AACAP

Sheila Sontag, MD



On a very beautiful spring evening, May 1, Virginia Anthony was celebrated for her 39 years of service to AACAP. This CME dinner and talk took place at the Columbia Country Club in Chevy Chase, Maryland. Dinner was enjoyed overlooking the golf course as the sun was making a spectacular setting over the Club's lush, green lawns.

Dr. Rebecca Edelson, current CAPSGW President, introduced Dr. William Stark, the first President of CAPSGW. Dr. Stark recalled Ginger Anthony's arrival at AACAP in 1973. At that time AACAP was an office of three people! His talk was illustrated by photographs taken during those early years.

Ginger Anthony then presented a talk entitled: "Lessons I have Learned in My 39 years as Executive Director of AACAP." She

talked about the child and adolescent psychiatrists who helped her along the way, providing invaluable guidance during her early years at AACAP. She noted the contributions of Sidney Berman, Joseph Noshpitz, William Stark and Jeanne Spurlock. She also had amazing photos from the 1970s.

Ginger spoke about a number of campaigns led by AACAP. These efforts resulted in substantial improvement in the mental health of many American children. The first, which took place in the 1970's, involved efforts to stop the adoption of American Indian children outside of their tribes and outside of Indian communities. The second campaign which Ginger highlighted involved efforts to regulate the emissions of leaded gasoline. The third effort produced *Facts for Families*: brief, comprehensible educational fact sheets providing basic information on issues involving child and adolescent mental health. These fact sheets have been translated into many languages. The fourth campaign focused on the reduction of insurance coverage for child and adolescent mental illnesses. This campaign is on-going and has provided invaluable information on the impact of managed care on accessibility to psychiatric treatment for children and adolescents in the U.S.

Heidi B. Fordi succeeds Virginia Anthony as Executive Director of AACAP. ■

Social Media and Physicians, Is It Time To Connect?

Marc Dalton, MD, MPH

Communicating with patients via email or any other social media brings its own set of problems and potential legal pitfalls. Farnan et al. outlined in a recent issue of *The Annals of Internal Medicine*, how physicians should interact with patients.¹ It is generally accepted that an online presence is accepted practice in today's medical environment. I would suggest that the strongest considerations that one has to consider are matters of privacy and confidentiality, dissemination of educational/objective facts vs. professional opinions, and also the idea of "reach," or how far what you post in an online environment can be spread and taken out of context. Finally, patient privacy must be maintained throughout all interactions whether that is written, video, or electronic transmissions.

As a practicing physician, whether you are in solo practice, work in a physician group, or in a hospital setting, there are many questions you must entertain with regard to the recent explosion in social media. A physician must be careful to maintain ethical practices as well as conform to legal paramete-

ters. Physicians are often wary (and rightly so) about concern with regards to personal boundaries with patients and how much personal information to share.

As I approached these important questions in my practice, I considered the following questions:

1. How will I use my practice website? Will it be primarily for recruitment of patients or will it be a combination of patient resources?
2. Will I have a Twitter Facebook or other social media presence? For these questions, I considered who would have access as well as how I would use such sites (e.g. for information or interaction with others).
3. How will I monitor these sites and keep them current? Will I hire someone to do this or add it to my other duties?

I will be addressing some of these matters in the future as a regular feature of the newsletter. ■

AACAP Advocacy Day 2013

Margarita Somova, MD

This year, AACAP Advocacy Day was especially notable. Child and adolescent psychiatrists went to Capitol Hill to advocate for child and adolescent psychiatry less than one month after the Mental Health Awareness and Improvement Act (S. 689) was passed by the Senate. This was the first significant mental health legislation passed by the Senate since 2008, giving us a feeling that mental health issues are important to legislators and that our voice today might be particularly influential and strong. Early prevention is undoubtedly very important, but there are many additional problems related to our subspecialty of psychiatry.



During the day, colleagues talked to Senate staff about several issues. We demonstrated that school-based services can help with the prevention and early detection of mental health problems. We highlighted that there are large populations of the U.S. that do not have access to child and adolescent psychiatrists. Delegates advocated for a loan-forgiveness programs for pediatric subspecialties to attract more physicians to the field to address these issues of access. Additionally, we asked for additional funding for Graduate Medical Education (GME) positions so that more child psychiatrists can complete training. It seems like an obvious solution, but it is difficult to implement in practice. GME funding was cut in 2010, increasing the gap between the demand for care and the supply of specialized caregivers, and free-standing Children's Hospitals are not even eligible for GME funding, curtailing even more possibilities for specialized training.

There are definitely numerous issues, and even more approaches to resolve them, that affect access to care for our patients and their families and their overall experience with pediatric mental health services, but there is not enough time to cover them all in one day. The field of child and adolescent psychiatry is very fortunate to have the strong support of ACAAP and the experience and guidance the delegates share with us to help us be most effective in imparting our message to legislators. As a fellow, I think that advocacy experience during training is very valuable and makes us aware of these problems in our later careers. I am sure that the experience was positive for all the participants this year and that ACAAP will continue their successful dialog with Capitol Hill. ■

Assembly Meeting cont.

(from page 3)

lar disease and diabetes. In addition, the AMA is working to address physician challenges, including administrative hurdles, uncertainty about ACA and concerns about quality of patient care. In addition, the AMA is focused on trying to improve medical education with innovative educational ideas.

In the afternoon, two new members of the Assembly Nominating Committee were elected: Drs. Bill Arroyo and Clarence Chou. Rob Grant told the Assembly that membership numbers in AACAP are higher than ever, with the most members ever in 2012, including 299 new members in AACAP last year. Membership retention rates are greater than 99%, which is unheard of in any sort of membership organization. Andres Martin updated the Assembly on JAACAP. Kristin Kroeger Ptakowski updated the Assembly on how AACAP had helped in the wake of the Newtown Tragedy. She also highlighted the new [Youth page of AACAP](#).

Liz DiLauro, AACAP Director of Grassroots Advocacy, updated the Assembly on advocacy activities. Much of the legislative trends involve scope of practice (nurse physicians' assistant bill in Oregon and psychologist prescribing bill in New Jersey) and psychotropic medication. Improving access to care and life without parole for juvenile offenders have

been other areas of new legislation.

Sherry Barron-Seabrook updated the Assembly regarding CPT codes. AACAP's webinars have been touted as the best resources for the new CPT coding. If you have not seen them, click [here](#) to see what you are missing. Current concerns about the new CPT codes include third party acceptance of the new codes, particularly the add-on codes. Report any problems to AACAP. Please report any problematic payers to state insurance boards.

Michael Houston presented his work on the Taskforce on MOC and PIP. He indicated that a federal lawsuit was filed in April 2013 stating that tying medical licensure to maintenance of certification, alleging that it is an antitrust issue. Dr. Houston also updated the Assembly on the Task Force on Healthcare Delivery System. This group authored a white paper on ACOs and CAPS: Preparing for the Impact of Health Care Reform on Child and Adolescent Psychiatry Practice. Some of the results include consolidation of primary care practice, expansion of mental health networks and targeting mild or moderately ill patients versus high cost patients.

The business of the Assembly was then concluded. ■

Psychological Autopsy of a Massacre: Excerpts from Psychiatrist Bela Sood's Formulation of the Virginia Tech Shootings

Susan D. Rich, MD, MPH

In my mind, the keynote speaker of the day was Dr. Bela Sood, who shared her insights about the perpetrator of the Virginia Tech Massacre, Seung Hui Cho. [She did so after her own hospitalization the week prior to the symposium, and discharge less than 24 hours prior.] Dr. Sood spoke about her role as lead psychiatrist appointed to the team investigating the shootings. Her unique professional insights provided a rich, thoughtful, and well formulated description of the vulnerable young man, whom it seems by all accounts, was failed by the college mental health system due to a lack of checks and balances. Dr. Sood's "psychological autopsy" of the young man who became notorious as the perpetrator of the largest scale massacre in United States history is revealed in a chapter on mental health gaps in her upcoming book.

How the System Failed for Seung Hui Cho:

An immigrant to the United States from Korea at age 8, Cho had a bad interaction with a cardiologist as toddler; he seemed very quiet and isolative to those who knew him at that age. He would "pale if anyone struck up a conversation." He had one friend through school and his mother made attempts to get him into sports. His immigrant parents worked long hours in a laundry to support the family. From an early age, his mother was concerned about his social anxiety and found a Korean therapist whom Cho rejected. After finding a Hispanic therapist, Cho became the rare patient who attended 4 years of weekly psychotherapy for treatment of selective mutism. When he suffered a bout of depression in 8th grade, his therapist developed a safety contract with him. During high school, he began writing dark essays in English class, expressing thoughts such as, "I would like to do a 'Columbine' on someone." His sister served as interpreter with the therapist and his mother urged the therapist to refer them to a psychiatrist. He was then diagnosed with selective mutism and depression and started on Paxil. By 11th grade, he had improved, so the decision was made to stop the medication.

Cho had an Individualized Education Program (IEP) in high school primarily for selective mutism, which allowed him to write reports in lieu of in-class presentations. A bright, hard-working student, Cho achieved a GPA of 3.57 and was accepted to Virginia Tech. The guidance counselor at his high school advised him that such a large campus was not a good match for his emotional issues. When he decided to attend the school, he was provided information about available mental health resources

Cho entered Virginia Tech without disclosure of prior mental health problems. Being concerned about his well-being, his parents visited every Sunday. Cho seemed at ease without medication or therapy. He maintained a 3.0 and did well again his sophomore year. His parents believe his behavior unraveled his junior year when he switched his major from a science focus to creative writing. Over summer vacation as a rising junior, he wrote profusely, and sent a manuscript to a NY publishing company. His sister encouraged him, being thrilled that he had found a focus. However, he had difficulty accepting a rejection letter in the fall of his junior year. Shortly thereafter, his academic performance started to decline. He sent numerous bizarre emails and cell phone photos, along with graphically violent writings, and developed stalking behaviors. His classmates became fearful of him and a few stopped coming to class because of his odd behaviors. Although he attended parties occasionally, he would poke at the carpet with a knife instead of socializing. Later in his junior year, his English professor referred him to judicial affairs and the Dean of Student Affairs due to his worrisome writings and behavior.

There was a brief investigation into his behaviors but no one referred him to the student counseling center, even when a female peer called the Care Committee about Cho's odd and stalking behavior. His department chair started tutoring him and eventually insisted on referral to the counseling center, where he was triaged on November 30, 2005. However, Cho received no follow up.

On December 13, 2005, a female peer called campus police. After the visit from police, Cho said, "I may as well kill myself." The police returned, this time with a mental health screener who interviewed Cho, his roommates and suite mates and then wrote a summary in which Cho was described as "mentally ill." At that time, he was given the preliminary diagnosis of Mood Disorder NOS, for which he received Ativan and was offered a voluntary admission. He refused and was given a Temporary Detention Order (TDO), which kept him in the hospital against his will for 72 hours.

During the involuntary hospitalization, Cho denied drug or alcohol abuse but did not answer any other questions. The attending psychiatrist assessed him as "quiet." The hospital emergency services staff made no contact with the family or school and he did not meet criteria for extending the 72 hour hold.

Aradhana (Bela) Sood, MD, FAACAP; Professor and Chair, Division of Child Psychiatry, Virginia Commonwealth University, Virginia Treatment Center for Children

Education: Received MD in 1980 from Jiwaji University, India Residency: University of Missouri, Kansas City; Fellowship: Ohio State University, Columbus

Specialties: Attention Deficit Hyperactivity Disorder, Mood Disorders

Research Interests: Pediatric Mood Disorders, Childhood Obesity, Outcomes research in child mental health service delivery, The interaction of neurobiology and environment in pediatric psychopathology.

Author of numerous research papers, scholarly articles, book chapters and books on mental health issues in children and adolescents.

(Continued on page 7)

Autopsy of a Massacre cont.

(From page 6)

Dr. Sood's extensive investigation revealed that at no point during the TDO did anyone inquire about information from police, suite mates, the pre-screener, or have direct contact with the attending psychiatrist or Cho's parents. The psychiatrist felt that "privacy laws prevent gathering of data" by family members and other third parties, misinterpreting the Health Insurance Portability and Accountability (HIPAA) and Family Educational Rights and Privacy Act (FERPA) laws. However, Dr. Sood clarified the exceptions to HIPAA and the Virginia Health Records Privacy Act which states that the physician may ask for release, when necessary for care, to the guardian of an incapacitated person when the person threatens another person. She noted that FERPA refers to rules that protect educational records and applies to federally funded programs including all public and some private colleges. FERPA only applies to *educational records* and does not include personal observations. If the information is not included in the educational record, it can be freely disclosed because it is not protected by FERPA. For example, if a professor is concerned about a student's mental, physical, or emotional well-being, he or she can go to the Dean of Student Affairs with such concerns.

Medical records maintained by schools are protected by educational privacy laws, and therefore the disclosure of the information in these records is restricted. In an emergency, information can be released to a parent who claims the adult student as a dependent, or for students under age 21 if there is an alcohol or drug violation. Records of disciplinary action taken against a student for conduct that posed a significant risk to the safety or well-being of another student can also be released to appropriate persons by school officials or teachers. In short, the law allows common-sense decisions about the release of information.

At the time of Cho's discharge, the clinical support representative for the crisis unit handed Cho the phone to schedule an appointment at the Counseling Center later that day, and he was released. A discharge summary was dictated and sent to the Counseling Center, but they had no record in the file of the summary. Cho kept the appointment that day but there was no subsequent follow up. The official files were initially lost but later found in the psychologist's home garage. The notes were very brief and gave no sense of any impending threat to others by Cho. No one was available to ensure that Cho would follow up with any mental health treatment. Cho vanished at that point from the horizon of the Virginia Tech landscape.

During spring semester 2007, Cho was having problems in two English classes. No information was shared with Cho's teachers about his TDO. He wrote several very disturbing essays over a year and half, eventually writing a Holocaust essay that was threatening to the teacher on April 16, 2007. Meanwhile, Cho had amassed ammunition and fire arms and had been target shooting at ranges. Dr. Sood's investigation showed that collateral information to assess risk of harm to self or others was

lacking in the Virginia Tech student mental health system, as well as a lack of information-sharing among administration, academic, and public safety officials. There was also no clinician contact between the crisis center (TDO) staff and the Counseling Center immediately following or prior to Cho's release, and statutory time constraints impact adequate data gathering after a TDO. The investigative team also found that the standard for commitment to inpatient care is extremely restrictive and is lacking in assurance that a patient will follow up with outpatient care.

The investigative team suggested that if a patient has had a TDO, they should not be allowed to have a gun permit. Moreover, problems in the transfer of medical and psychiatric records to schools prevented the Virginia Tech mental health center from being aware that Cho had a history of mental health issues, which may have helped providers be more sensitive to his vulnerability.

In her eloquent, articulate way, Dr. Sood asked the audience a few hypothetical questions:

- "What if... the accommodations put in place while Cho was in high school that led to a quasi-successful outcome were put in place at Virginia Tech?"
- "What if...the signs that began in junior year had been anticipated as impending problems based on the knowledge of his past history?"
- "What if...Cho's parents had known what was going on with him and took him home for treatment?"

Dr. Sood then recommended a number of changes for colleges and universities to consider:

- Empower the office of campus residence life to take responsibility for keeping the student body healthy;
- Establish bona fide risk assessment teams, including public safety and mental health professionals;
- Revise policies to distinguish disturbed students with either MH issues OR judicial infringements in order to promote triage to appropriate areas of administration;
- Provide accessible and appropriate mental health care within the university setting and, if not possible, then refer to community providers;
- Ensure incidents of aberrant behavior are dealt with immediately by a crisis team.

Lessons Learned for Child and Adolescent Psychiatrists (CAP): Dr. Sood suggested that we all must think about transitioning patients to college in 9th or 10th grade through discussions about the type of college they would like to attend, perspectives about the appropriate type of school based on their personality, emotional level of comfort, and interests. She reminded us to

(Continued on page 8)

Autopsy of a Massacre cont.

(From page 7)

identify necessary supports (onsite vs. offsite) as well as how the information will be shared with the college.

Recognizing the patient may not follow through with recommendations due to feeling stigmatized, it is the role of CAPs to help adolescents and young adult patients understand they have problems that are part of the human condition. Accommodations improve prognosis, thereby reducing stigma by improving performance, productivity, and functioning in college and beyond. CAPs should proactively enhance help-seeking behavior by obtaining phone numbers of the mental health centers at the college they have been accepted to while the patient is in the office. Assisting patients with making appointments at the college mental health services program and showing them the website as well as identifying the building on campus and its proximity to their dorm is also helpful.

CAPs can suggest continuing 504 educational plans and IEP plans for college, depending on the type of problems (anxiety, ADHD, depression, learning disabilities, etc.), and areas impacted by the emotional issue (e.g., social, academic, behavioral). As in academic supports for children and adolescents in primary school and upper grades, if a child unravels before tests, psychiatrists can help put supports in place to help ensure the student is able to optimize their learning potential in college. CAPs can anticipate expected stressors of living away from. Specific housing requests can be made through the student health center prior to admission, including “healthy dorm” assignments, single room, off-campus housing, and other modifications to standard procedures for freshmen (e.g., having a car on campus to go to and from doctor’s appointments and/or to travel home more frequently). CAPs can also help students anticipate academic stressors (e.g., having multiple papers due the same day as one or more midterm or final exams), develop a plan for crises, and appropriately involve parents. She mentioned the importance of developing a plan for ongoing follow up during breaks.

University Protocol: Each university should have an established, clear institutional code of conduct for student, faculty and staff with guidance/training for faculty on specific details and consequences in the rules of conduct. Universities should also ensure a robust and quick response mechanism to initiate threat assessment. They should have a reporting protocol for faculty, residence assistants, and other students, staff, professors to report any aberrant behavior to the Dean of Students and/or the Dean of Academic Affairs.

Revised Protocol for Reporting a Student: Students, faculty, or staff should notify the Dean of Students and Academic Dean of any suspicious behavior by individuals on campus. In turn, the deans should notify parents and campus police and utilize university resources (i.e., judicial affairs, counseling center or student health). A threat assessment team

would initiate investigation of dangerous behavior. Campus administration should establish clear protocols for dealing with mental health issues given that medical directors and counseling centers often have different viewpoints concerning students’ emotional or psychological needs. Universities should design a strategic plan for a system of change, including gauging the leadership’s attitude regarding mental health issues, evaluating the strengths and weaknesses of student counseling services, assessing and treating students with existing mental health problems, operationalizing tertiary care interventions and implementing primary prevention initiatives.

Given the multicultural diversity that exists on many college campuses, culturally-sensitive approaches should reflect how mental health stigma may impact an individual’s health-seeking behavior, including screening for psychopathology. Health care providers should form multidisciplinary coalitions with child and adolescent psychiatrists and therapists from the counseling centers who have a unique understanding of developmental challenges in this age group.

Questions for Student’s to Answer: Within the context of therapy sessions, a student preparing for college may be posed challenging questions that will help improve their ability to navigate the systems of care in college:

- How to access services quickly (having documentation in place even if they decide not to use it). Typically there is an eight week wait list for community psychiatrists.
- How does the disability reflect on the student as a person?
- How do they feel about getting learning services or accommodations in college?
- Informally evaluate student’s needs and develop a plan for further support and exploration.
- Considering the possibility to complete college in five years (fewer classes), keeping in mind finances and housing costs.

Protocol for High School and College Mental Health Counselors: Dr. Sood suggested that counselors inform students about their specific disability (description, details, strengths and weaknesses) as a precursor to helping them effectively communicate to the office of disabilities and professors about the impact of their disability on learning and success. They should help the student develop a plan for increasing their understanding about his or her condition through readings, discussions and review of records (i.e., psychoeducational testing). In keeping with the standard of care for psychotherapy with individuals who struggle with learning differences, by discussing how the disability affects one’s learning style (e.g., the academic impact of processing deficits or other executive functioning issues), the therapist can suggest appropriate study skills to compensate for the more independent learning environment.

Children's National Medical Center Update

Tracey Meyer, MD

Spring is finally here and we have lots to celebrate at Children's National Medical Center as we prepare for graduation. Over the second half of the year, we have had many enriching academic experiences that have enhanced our training and prepared us for the road ahead as young child and adolescent psychiatrists. We had the opportunity to attend the AACAP Psychopharmacology Institute hosted in our very own city, Washington, D.C. Not only did we get a great educational experience but it was also an opportunity for us to reunite with CNMC alumni. This year, we have also been able to attend the Washington Center for Psychoanalysis Directors Program featuring Mary Target, Ph.D., from the Anna Freud Centre in London and participate on Capitol Hill as part of AACAP's Annual Advocacy Day.

In our department, we have welcomed our new Director of the Outpatient Department and Associate Training Director, Lisa Cullins, M.D. We are very excited for the arrival of our incoming first year fellows - Dr. David Call from George Washington University, Dr. Tracy Das from VA Tech/Carilion Clinic, Dr. Adam Richmond from St. Elizabeth's Hospital in Washington, D.C., and Dr. Jessica Yeatermeyer from the University of Washington in Seattle will be joining the fellowship in July 2013. We also want to congratulate the new Chief Fellows for 2013-2014, Tushita Mayanil, M.D. and Gaurav Mishra, M.D. as well as the rest of the first year class, Beili Dong, M.D. and Julia Dorfman, M.D. as they finish up their first year of fellowship. Dr. Mayanil was awarded the 2013-2014 SAMHSA-AACAP Child and Adolescent Psychiatry Fellowship and Dr. Mishra is spending the month of May in an

exchange program in Chile with our colleagues at the University of Valparaiso.

Finally, we will be saying good-bye to our second year fellows. Tahani Alqassem, MD will be starting her Psychosomatic Medicine fellowship at the Georgetown University/ National Institute of Mental Health/Washington Hospital Center program. David Driver, M.D. will be continuing his clinical and research fellowship at the National Institute of Mental Health in Dr. Judy Rapoport's lab. In March, Merima Jurici, M.D. will be joining an outpatient practice, Child & Family Services, in New Bedford, Maryland. Tracy Meyer, M.D. will be an adolescent inpatient attending at the Psychiatric Institute of Washington in Washington, D.C. Margarita Somova, M.D. will be doing private practice and community psychiatry in San Mateo, California. And last but not least, Kory Stotesbery, D.O., will be joining Entelechy Wellness Center in Pacific Heights, in San Francisco and Palo Alto, California, working on an outpatient basis providing individual psychotherapy, medication management, and group therapy.

The past two years have certainly been full of new experiences, preparation and learning. As the graduating fellowship class, we want to thank all of our volunteer community faculty for their dedication and commitment to our education. It has been such an honor and privilege to work with each and every one of them. ■

Autopsy of a Massacre cont.

(From page 8)

By discussing the issues that impact a student's learning, the therapist is able to develop a solution-oriented plan that moves the student forward through additional readings, conversations, and role playing. A therapy session may include having the student model and practice a discussion about their disability with different individuals (i.e., academic advisor, professors, administrators, tutors, etc.). Such sessions might include lessons on self-acceptance through reflective listening and empathy, self-advocacy, self-awareness, self-evaluation, self-determination. Having appropriate expectations of oneself are critical to enhance rather than negatively impact self-esteem. A student's needs and pace for processing information should be considered, along with reflective listening about what it means to have special education services, 504 accommodations, and perceived losses of one's independence due to the disability supports. These counseling sessions can also help reframe experiences as strengths (i.e., what has been gained by accepting academic supports) and develop realistic expectations for college to offset fears and anticipatory anxiety.

In short, Dr. Sood made very thoughtful suggestions about how to approach the transition to college in youth who have experienced mental health issues. Her suggestions will help ensure that such transitions are successful. ■

Early Career Psychiatrist's Corner

Clifford Sussman, MD and Sonali Mahajan, MD

On Saturday, April 13, CAPSGW hosted its second event for Early Career Psychiatrists (ECPs) titled "Starting a Private Practice." The event was a dinner and discussion hosted by Clifford Sussman, MD, a Washington, D.C. Child and Adolescent Psychiatrist in his fifth year of private practice. Sonali Mahajan, MD, ECP Committee Co-Chair, assisted Dr. Sussman in preparing the program. The focus of the discussion was on setting up an office, marketing and referrals, risk management, billing practices, and other strategies for success. An enthusiastic group of ECPs came together with private practice veterans ready to share their experiences and advice. Many small business and client management questions came up that are infrequently discussed in residency training and they were answered with candor and behind-the-scenes perspective of the veteran participants. It was an interactive and informative discussion for all. Thank you to everyone who participated and contributed to the success of the evening. Watch the CAPSGW List Serve for notices about future ECP events. ■

A Review of the March 2, 2013 CAPSGW Symposium: Update on College Mental Health, a First Year CAPS Fellow Experience

Captain Natosha Smith, MD, MPH

I arrived at Suburban Hospital in Bethesda, MD on that overcast Saturday greeted by Dr. Lisa Cullins, CAPSGW Secretary, and Dr. Hector Parada, Membership Chair, at check-in with great big smiles and a slew of breakfast treats. I settled in, browsed the books for sale and chatted with colleagues. Soon it was 0830 and the CAPSGW president, Dr. Rebecca Edelson, thanked all who contributed and introduced Dr. Thomas Kobylski, the Chair of the Symposium. Dr. Kobylski, M.D. began the lively introduction into college mental health with an overview of three types of patients:

- A high functioning college patient who requires private treatment only;
- A moderately functioning patient who needs on site university services and may be struggling with school and;
- A patient who has a major psychiatric disorder and who leaves the university because of the disorder.

Dr. Kobylski emphasized the political, medical, and social issues surrounding mental illness in college students. He also reiterated the importance of parent involvement.

Next, Ms. Patricia Murphy, RN, MPA, CEP, an expert in helping families select the most appropriate school, program or supportive plan for their child, walked us through an in-depth, somewhat disheartening case study about 19-year-old "Clementine" who was denied ACT/SAT accommodations after being on an IEP/504 for years. Ms. Murphy highlighted the steps that we, as therapists and medical providers, can take to assist learning-disabled college students in accessing resources: 1) defining the nature of the disability; 2) coordinating the plan, including the student's due process rights; 3) delineating the student's symptoms and needs and; 4) making appropriate recommendations to the school officials. Ms. Murphy highlighted the importance of extensive documentation and self-advocacy to pro-

vide proper educational support to ensure a student's success.

Next, Aaron White, PhD, Health Scientist Administrator in the Division of Epidemiology and Prevention Research at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) explored the alcohol and substance use on American college campuses. He educated us on recent data regarding the demographic trends. Dr. White also defined pertinent terms, such as *binge drinking*. He also highlighted the hopeful fact that currently twelfth graders seem to be binge drinking less. Dr. White also spoke about the consequences of acute intoxication, as well as blackouts, and increased emergency room visits due to ingestion of toxic amounts of alcohol.

Aradhana Bela Sood, MD is Professor and Chair of the Department of Psychiatry at the Virginia Commonwealth University. She holds multiple psychiatry leadership positions in Virginia and we were all pleased to welcome her to the symposium. She addressed the consequences of the 2007 Virginia Tech massacre on college mental health. Dr. Sood began a stimulating discussion about Seung Hui Cho, who was the perpetrator of the April 16, 2007 Virginia Tech massacre. She objectively reported his biopsychosocial history and the sequence of events leading to this day, highlighting Cho's decompensation. She discussed the impact of the Health Insurance Portability and Accountability Act (HIPPA), *Family Educational Rights and Privacy Act (FERPA)* on college mental health. The room was bubbling over with questions regarding this case. We ended the session with lessons learned from the Cho case, emphasizing system failures and changes in university policies to enforce with mentally ill college students.

After a delicious lunch, Timothy Schulte, Psy.D. and Deborah Kipps-Vaughan, Psy.D., clinical psychologists from James Madison University, focused on the need to research and evaluate college students with complex and mental health concerns

so we can assist them in the transition to college. Dr. Schulte described the inter-professional model, highlighting various services offered like career and academic planning while Dr. Kipps-Vaughn emphasized the issues to address prior to students entering college to ensure their success.

Robert Post, MD, who has over 30 years of research and expertise in refractory depression and bipolar illness, discussed new approaches to the treatment of mood disorders in adolescent and young adult populations. New data included lurasidone in bipolar depression, ketamine's role for rapid onset, memantine for sustained effect, n-acetylcysteine for treating substance dependence, OCD, and depression, and altering long term memories and habits in the memory reconsolidation window. Dr. Post emphasized avoiding stress-induced and substance-provoked episodes. He reviewed a broad variety of evidence-based treatments and an array of drug classes. The wealth of data discussed was invaluable.

Dr. Spivack closed the symposium speaking about transcranial magnetic stimulation (TMS), educating us about its differences with ECT, FDA approval, and efficacy in off-label uses as well. Dr. Spivack spoke about college characteristics best suited for this type of treatment and illustrated the young adult patient experience with three case examples.

In conclusion, the symposium on college student mental health was a welcome discussion of the multitude of biopsychosocial mental health issues that arise during college. I enjoyed the intimate setting and diversity of providers. As I continue on my Child and Adolescent Psychiatry endeavors, I am certain my attendance will prove beneficial to my career, my patients and my patients' families. ■

Captain Smith is a 1st year fellow at Walter Reed National Military Medical Center (WRNMMC).

Update from the Georgetown University Hospital/Adventist Behavioral Health Child and Adolescent Psychiatry Residency Training Program

Matthew Biel, MD, MSc

We have had a terrific year of growth in our Section and in our training program at Georgetown University Hospital. We are very excited to be celebrating the upcoming graduation of our second class of child and adolescent psychiatrists. Katherine Mallory, M.D. will be starting a private practice in Washington and will be teaching in our program as a member of our clinical faculty. Hassan Bokhari, M.D. plans to join the staff at Adventist Behavioral Health and will be part of an expanding program to treat addiction in adolescents. He, too, will be joining our clinical faculty.

Thad Garland, M.D. and Peter Mikhail, M.D. will begin their second year of training this summer. We have established strong relationships with two clinical training sites, the Jewish Social Service Agency (JSSA) in Rockville as well as Mary's Center in Washington, DC, where our second year fellows are providing outpatient treatment services under supervision from core faculty members. We are very happy to be welcoming Ivana Bendkowska, M.D., and Mark Sakran, M.D. to our program as first year residents beginning in July.

Our core faculty continues to grow, as do our clinical training opportunities and clinical services. Ronrong Tao, M.D., Ph.D. joined our faculty in late summer 2012 and has brought her expertise in pediatric mood and anxiety disorders to Georgetown, where our residents rotate through her specialty assessment and treatment clinic. Colin Stewart, M.D. will be joining our faculty in August as Associate Program Director, and will be starting his own specialty clinic for assessment and treatment of ADHD and disruptive behavior disorders. Additional specialty clinics in Autism Spectrum Disorders (Avram Mack, M.D. and Matthew Biel, M.D., M.Sc.) and Pediatric Psychosomatic Medicine (Paul Jones, M.D. and Matthew Biel, M.D., M.Sc.) continue to grow as well.

Best wishes to our colleagues throughout the region for an excellent 2013-2014 academic year. ■

Update from the National Capital Consortium, Uniformed Services University of the Health Sciences, Based at Walter Reed, Bethesda

Colonel Nancy B. Black, MD

As we turn the corner on the end of this 2012-2013 academic year, we look to congratulate the graduates and welcome new fellows. Colonel Rosangela Parsons, M.D. will be going to FT Polk, in Louisiana. She has developed a structure for a Child and Family Assistance Center (CAFAC) there, based on lessons learned by the Wounded Family Outreach here at Walter Reed which has served families for these past 10 years, as well as from lessons learned by the few existing CAFACs on other bases around the country. Captain Sylvia Johnson, M.D. will likely complete another required military professional training course geared to operational Combat Stress Control prior to her graduation and move to Fort Hood, Texas. This Fellowship has recently had four previous graduates move to Fort Hood; those still there welcome her arrival.

Major Greg Postal, MD, MSW and Captain Natosha Smith, MD, MPH, will complete their first year of fellowship this summer. They will be the welcoming party for Commander Amy Canuso, MD, a United States Navy Fellow arriving from Camp Lejeune in North Carolina. She has done work applying mindfulness to substance abuse treatment. Lieutenant Commander Monica Ormeno, MD, the second United States Navy Fellow, will arrive from Guam. She safely returned to Guam after a deployment to Afghanistan last year. Both are ABPN certified in General Psychiatry, a requirement of the USN for eligibility to apply to a Fellowship. Captain Rich Ernst, DO, from the Walter Reed General Residency, will be the accelerated Fellow on the '3/2' track; he had rotated with us a few years ago. Perhaps for the first time ever, all three branches of the service, Army, Navy and Air Force, will be represented in the fellowship at the same time. A terrific way for Lieutenant Colonel Joe Dougherty, MD to start his tenure as Fellowship Training Director on July 1, 2013!

I have had one of the best positions in American medicine during my tenure as Training Director these past 13 years. I have valued and benefitted from the collegiality we share in this National Capital Region training environment. All the best to everyone for a successful 2013-2014. ■

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Chilean Child Psychiatry Exchange Program 2013

Hector Parada, MD

During the month of March 2013, Dr. Carolina Garces and Dr. Paula Carrasco, 3rd year Child and Adolescent Psychiatry Fellows of University of Valparaiso, came to Washington, D.C. This is the second year of this international fellowship exchange between Child Psychiatry Institutions in the Washington, D.C. area and the University of Valparaiso, Chile. Under the leadership of Drs. Parada and Edelson, the Chilean fellows spent one week at JLG-RICA in Rockville, Maryland, the following weeks at Children's National Medical Center. In addition, Dr. Paula Carrasco spent the month of April 2013 at the Child and Adolescent Psychiatry Division at Georgetown Hospital.

While at RICA, the fellows learned about the day treatment and residential treatment programs. They participated in a cultural exchange where JLG-RICA staff spoke about the mental health services at JLG-RICA and then Drs. Garces and Carrasco presented to the group about mental health services for children in the juvenile system in Chile. The rest of the week included observing treatment team meetings and new admissions to JLG-RICA. They also received lectures from different JLG-RICA staff on topics such as trauma - informed care, DBT, residential life at JLG-RICA, family therapy, expressive therapy, and psychological testing at JLG-RICA.

Following the week at JLG-RICA, they spent three weeks at Children's National Medical

Center. Under the leadership of Dr. Paramjit Joshi, they were able to participate in many different child psychiatry clinics including a mood disorder clinic, gender variance, and sleep disorder clinic. They also spent time with the consultation liaison service and attended a symposium on child neurology. They enjoyed meeting the child psychiatry fellows and attendings at CNMC.

Dr. Paula Carrasco spent the month of April at Georgetown Hospital. Under the leadership of Dr. Matthew Biel, she observed the consultation liaison service at Georgetown Hospital and an outpatient clinic for Latino families and children in the Washington DC area. Dr. Carrasco was able to participate in the academic activities with the child psychiatry residents at Georgetown University Program.

Another highlight of their month visit was their involvement with CAPSGW. CAPSGW sponsored their attendance at the annual spring symposium on college mental health. During the meeting, they were able to meet many CAPSGW members. Dr. Garces and Carrasco met many other local mental health professionals at the home of Dr. Parada where he hosted a brunch in their honor.

By all accounts, Drs. Garces and Carrasco had a wonderful time in Washington. This is the second year of successful continued exchange with our Chilean child psychiatry colleagues. ■

Research Announcement

The National Institute of Mental Health (NIMH) is one of the world's foremost mental health scientific organizations. The intramural program is the internal research division of NIMH, with most of the research conducted at the National Institutes of Health (NIH) Clinical Center. The Clinical Center is the world's largest research hospital, and is located in Bethesda, Maryland, just outside Washington, D.C. Leading physicians and scientists investigate the diagnosis, treatment and prevention of mental illness. The intramural research program is made up of different departments, each of which specializes in specific areas such as schizophrenia, depression, bipolar disorder (manic-depression), anxiety disorders, hormone-related mood disorders, childhood psychiatric disorders, and others. NIMH intramural researchers conduct adult and pediatric research and some studies enroll eligible participants from across the United States. There is no cost to participate and compensation is available for some studies. Travel and transportation may be reimbursed for participants in some studies. To see all NIMH research studies recruiting children, click [here](#), call [301-496-5645](tel:301-496-5645) (TTY [1-866-411-1010](tel:1-866-411-1010)), or email nimhcore@mail.nih.gov.

Welcome to New CAPSGW Members!

Gregory Postal: Child Psychiatry Resident, Walter Reed.

David Call: General Psychiatry Resident, GWU.

Nasima Nusrat: Child and Adolescent Psychiatrist, CNMC.

Leslie Tarver: Medical Student, GWU.

Jaclyn Congress: Medical Student, Georgetown University.