Child and Adolescent Psychiatric Society of Greater Washington

CAPSGW

Spring Summer 2014

Inside this issue:

Spring Symposium	2
Retiring Stories...	4
Prenatal Alcohol Exposure: A Reflection...	5
CAPSGW Elections	6
Advocacy Day	8
High Risk Kids in School	10
Peer-to-Peer Fundraising	11
Research Studies	12
Training Updates	12
ECP Updates	13
The Early Years	16
Assembly Update	18

President's Message

Rebecca Edelson, MD

Welcome to the spring/summer edition of the CAPSGW newsletter. I want to thank our new newsletter editor Dr. Martine Solages on an excellent first newsletter. Dr. Solages jumped right into her new position! She actively solicited articles from members and followed up to make sure everything was completed as planned! As always, I want to thank our executive administrator Diane Berman for her dedication and support.

As I have done in my previous president's messages, I will take this opportunity to highlight some of CAPSGW's accomplishments over the last six months as well as tell you about some of the highlights in this issue.

Educate

Our January and May CME meetings were both well attended and well received. On January 23, Dr. Robert Findling, Professor, Vice Chair of Psychiatry, and the Director of Child and Adolescent Psychiatry at Johns Hopkins spoke about the pharmacology of pediatric bipolar disorder. This data packed, informative lecture gave members an up to date review of the literature. Our May 13 lecture by Judith Warner was a real treat. The topic "We've Got Issues: Children and Parents in the age of Medication" raised our attention to a most important issue for clinicians in current practice. The lecture followed with a stimulating discussion between Ms. Warner and our members. Please read more about Ms. Warner's lecture in an article by Dr. Amy Canuso. Finally, I want to especially thank our president-elect Dr. Micah Sickel who took the lead in planning our spring symposium entitled "Creative Arts Therapies and the Treatment of Children and their Families." Attendees spent the day exploring several aspects of creativity. Please read more about our symposium in an article by Dr. Sheila Sontag.

Our Executive Committee is already in the process of planning our CME and smaller salon meetings for the upcoming academic year. I want to thank those of you who emailed me topic suggestions and those who wrote suggestions on our evaluation forms. The CME sub-committee met in the beginning of May and will soon announce the schedule for next year.

Advocate

In January, AACAP asked CAPSGW to become involved in a peer to peer fundraising campaign. After much discussion within the executive committee, we sent a survey to our members. At this time, CAPSGW has decided not to participate in the campaign. Although some of our membership supports the idea of fundraising, we believe it is important to have a specific plan of how CAPSGW would use our portion of the funds raised before we solicit funds from peers. Our membership expressed wanting funds to go to advocacy/outreach issues, but our

(Continued on page 9)

2014 Spring Symposium: Creative Arts Therapies and the Treatment of Children and their Families

Sheila Sontag, MD

On Saturday March 1st the annual CAPSGW Spring Symposium was held at the McLean School of Maryland in Potomac. The location was spacious and permitted four break-out groups for a hands-on look at expressive therapy, art and movement therapy, music therapy and storytelling. Dr. Micah Sickel, next CAPSGW President, came up with the inspiration for this symposium after hearing the featured speaker, Dr. Rex Jung, speak on National Public Radio.

Dr. Jung is an Assistant Professor of Neurosurgery at the University of New Mexico in Albuquerque. His research is designed to relate creativity and other measures such as intelligence and personality to brain structure and function in healthy, neurological, and psychiatric subjects. His talk was called: *Networks of Creativity.*

Dr. Jung began by asking: What counts as creativity? Those with creative genius are a heterogeneous group. He spoke about creative geniuses from history: Da Vinci, Marie Curie, Beethoven, Hemingway and others. He even alluded to the role of creativity in the process of evolution by giving an example of creativity in female bottlenose dolphins in Australia who use basket sponges to protect their beaks as they forage in sandy beds. He noted that we do not have a precise, consistent definition of creativity.

He described four steps in the creative process: Preparation – asking the question; Incubation – mulling it over; Illumination – "the *Aha* moment," and Verification - confirming the validity of the creative insight.

Dr. Jung spoke about the use of fMRI in his studies of brain structure and function. He began by saying that surveys reveal a relatively low rate of test-retest reliability in fMRI studies designed to find the locus of creativity within the brain. Different studies done by different labs find differing brain areas associated with creative thought. The answer to the question: "Where does creativity reside in the brain?" is "We don't know."

Dr. Jung described an fMRI study done in his lab which looked at creativity using the second most abundant neurotransmitter metabolite in the brain: N-Acetylaspartate (NAA), produced during the metabolism of glucose and having various roles in brain function. NAA gives off the largest signal in magnetic resonance spectroscopy studies of the brain and is produced in neuronal mitochondria. Studies have shown that the higher the IQ, the greater the NAA production in the brain. Higher concentrations of NAA also correlate with better memory but *not* with more creativity. A study done by Dr. Jung in 2010 showed an area in the right anterior cingulate gyrus in which greater creativity was correlated with lower levels of NAA. In some brain regions associated with heightened creativity there is less gray matter rather than more. Dr. Jung suggested that this may reflect less inhibition permitting greater freedom of thought or more fluidity of thinking.

Rex Jung has a website where it is possible to view productions made for TV as well as read published papers on his research: www.rexjung.com.

Following the lecture participants could take part in three of four workshops.

Expressive Therapy

Lisa Diamond-Raab, MA, LPC, ART-BC, CP led the workshop on expressive therapy. She has worked in various settings since 1978 including Children's National Medical Center, has published on multiple topics including helping children deal with trauma and is currently in private practice in Washington DC. She has also produced a DVD on understanding self-injurious behavior among teenagers. Ms. Raab brought along a

Brent Anderson and Lisa Diamond-Raab

long table-full of enticing toys, books, art materials and colorful stimulus cards for use in therapy.

Ms. Raab led the small group in a role-playing exercise in which she asked child and adolescent psychiatrists to play the role of one of their patients.

She also discussed the use of art book-making, journals, sand trays, toys and dioramas.

Movement and Art Therapy

Two therapists from JLG-RICA led this workshop: Susan Eastman, LCPC, ATR-BC, ATCS is a clinical instructor and supervisor for the GW art therapy program and Andree Schillesci, MA-BC-DMT (left) is a dance and movement therapist. First they provided an overview of the therapies that they provide at R.I.C.A.

Ms. Schillesci spoke about the way we move as a metaphor for how we think, feel, behave and relate to others.

Ms. Eastman (right) spoke about art therapy as a way to externalize psychological problems, give pleasure, and express feelings. They both provided examples of the work of various age and gender groups at R.I.C.A. and displayed a yellow, ceramic house made by an adolescent, providing a background vignette about the student's mother moving to a new house and the hopes around the future home the youth can imagine for herself. (See photo below.)

After this introduction, accompanied by slides, participants were able to experience activities involving art and movement therapy for themselves.

Music Therapy

This didactic and experiential session was led by two music therapists: Julie Garrison, MA, MT-BC and Darcy Lipscomb, MT-BC. Ms. Garrison is a music therapist at Walter Reed. She has specialized training in neurologic music therapy. Ms. Lipscomb is the owner and primary therapist at *Noteable Progressions Music Therapy Services*, a private practice located in Frederick, Maryland, serving clients in DC and Maryland. She specializes in serving clients with developmental disabilities and neurological disorders.

Other music therapists work within specialized clinical settings, such as neonatal ICU's, hospices, therapeutic schools and counseling centers. More information on music therapy can be found at the website of the American Music Therapy Association: www.musictherapy.org.

Storytelling in the Healing Process

"The shortest distance between two hearts is a story." Geraldine Buckley, MA, the leader of this workshop, is an award-winning storyteller and educator and she has extensive experience working in the Maryland prison system as a chaplain and teacher of creative writing and storytelling. She has led storytelling seminars around the world.

Ms. Buckley brought large photos which she uses to stimulate the telling of stories. She led the group in creating stories using techniques easily applied in an RTC or therapeutic school. She is a dynamic speaker and captivated the audience when telling stories herself.

Geraldine Buckley

Participants also worked in groups of two, creating stories from their own lives and listening to the stories told by the other member of the pair. This was a vivid demonstration of the power of storytelling to move and connect two people.

Workshop participant Amanda Gill, a movement therapist, told a story from her own life: a dramatic tale of adversity endured and finally overcome.

Ms. Buckley's website is: www.geraldinebuckley.com. ■

Retiring Stories…

Thomas Kobylski, MD

I thoroughly enjoyed our recent CAPSGW's symposium on "Creativity." One of the pull-out sessions on "Storytelling" motivated me to tell a story during our lunchtime gathering.

A note however, on conflict of interest. As per the CME's speaker's point, what I am about to say is actually an "Anecdote" and not a "Story" in itself. But since this is not an evidence-based peer review article, for me, there is point at which a series of anecdotes becomes a story, albeit my story (and my story of others).

At lunchtime during our March 2014 symposium, I announced, with permission, the upcoming retirement of our colleague David Block, M.D., here in McLean. David and I have an interesting past. David was teaching faculty (adult psychiatry) when I entered PGY I in 1986 at Georgetown. On the adult psychiatry unit, I presented a case and then had the patient interviewed by the faculty. Heavily into the specifics of the green manual (DSM III), I stated to the attending that the patient did not meet criteria for Major Depression. David quickly responded: "Look how she is crying, how sad she is." Dah, the patient was on the inpatient unit, her life full of tragedies and in crisis. Life does have an interesting course. David returned to Child Residency in the latter 1990s and then I was assigned to teach him Conduct and ODD disorders. Be aware of the superego lacunae.

At about the same time in early 2014, two of our other senior colleagues, in McLean, announced their retirement: William Licameli, M.D. (the previous chair of child psychiatry) and John Steg, M.D. (faculty). Both taught me, David Block, and many others at Georgetown. Their retirement also left me with a huge administrative dilemma to face - they were selling the office condo building in which I have been renting for 20 years. (The good news is that I have been able to help my colleagues keep their office condos for child psychiatrists by joining with Dr. Zafar Rasheed in the purchase).

At the time of my training in 1989-91, I really did not fully see how Bill Licameli helped the fellows and their careers by his Friday morning "Orange Journal" review, did not appreciate the value of visually diagramming and summarizing cases (I have since had a dry erase board in my office), and how, yes, clonidine of all things (i.e. the alpha blockers) would continue to play a role child psychiatry. His most famous statement was: "A pill is only as good if taken." Bill, had you just said there was a huge difference between efficacy and effectiveness, I would have been better able to hear you. Just this past Friday, I saw one of my successful college student patients and re-introduced the student to Bill who had first seen this boy some fifteen years ago. Time, Growth and Development do go on.

John Steg, M.D, gave us a weekly lunchtime psychodynamic article review session. He was there for us when we rotated through the inpatient units and related the importance being able to "talk and listen" to our patients, even inpatients. As I had my own psychoanalysis and some years at Chestnut Lodge, I thoroughly enjoyed getting into psychodynamic formulation debates with John and will deeply miss that. John's office is above mine in McLean. His telephone has a unique ring, now built into my hippocampal neurons, and reminds me of how much time he spends on the telephone just talking and listening. ■

Tom Kobylski is a Past President of CAPSGW and currently serves as Chair of both the CAPSGW Nominating and CME Committees.

Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure: A Reflection on a Child Psychiatrist's Professional Journey

Susan D. Rich, MD, MPH

Over the past 21 years, a passion for prevention and education about the leading preventable cause of birth defects and neurodevelopmental disability has afforded me the opportunity to speak to a wide range of audiences to promote policies about Fetal Alcohol Spectrum Disorder (FASD). Amidst running a part time home-based clinical practice, the past several years since fellowship have been filled with national presentations, grand rounds, assisting families affected by FASD, and death penalty work. More recently, as Maryland Representative of CAPSGW, encouragement by colleagues has led to a renewed commitment to prevention and community based advocacy around the reproductive health consequences of prenatal alcohol exposure.

FASD is the leading known cause of intellectual disability and the leading preventable cause of birth defects in the Western World, with prevalence greater than spina bifida, cerebral palsy, and Down's Syndrome combined. Recent studies by Phillip May and colleagues cite rates as high as 1-5% in the school age population of the United States. Prenatal alcohol exposure in moderate to heavy amounts causes brain damage and can be associated with seizure disorders, cerebral palsy, spina bifida, cleft lip/palate, as well as a range of neurodevelopmental disabilities (learning challenges, speech/language deficits, attention problems, executive functioning issues, social/pragmatic difficulties, etc.). Due to their poor adaptive functioning and social skills deficits, individuals with FASD are often unable to maintain gainful employment, are at risk of negative peer influence due to gullibility, and are frequently socially disenfranchised and homeless. As a result, individuals with FASD often end up incarcerated and/or in a revolving door system of hospitals and institutions.

For the very few who receive early diagnosis, appropriate supportive services, with transitional programming into adulthood, and SSDI, their prognosis is much better. I have successfully evaluated and/or treated over 100 patients/clients with this disorder over the past eight years in private practice and during my fellowship in child psychiatry at Children's National Medical Center (CNMC). Most of the individuals I have worked with in private practice have been adopted from Russia, the Ukraine, Romania, or other Eastern Bloc countries, although there are also equally less fortunate children in kinship care or foster care that I saw in a clinic I ran at CNMC during my fellowship. There are countless individuals who were not diagnosed until adulthood whose parents have struggled to find adequate supports, housing, and other services and are becoming stronger in number and voice.

Since more than half of all U.S. pregnancies are unplanned (mistimed or unwanted), the Centers for Disease Control and Prevention has begun a national campaign on Preconception Health and Health Care to educate and inform the population as well as health care providers about the importance of healthy lifestyles, including avoiding alcohol if pregnant or planning pregnancy and to avoid pregnancy if using alcohol frequently or in binge amounts. This is an effort I have been interested in since April 1993 when I read the *Broken Cord* by Michael Dorris and left pharmaceutical research to pursue a Master of Public Health in Health Policy and Administration.

As psychiatrists, we see young women and teens in our practices who have risky lifestyle behaviors, such as alcohol and other drug use and promiscuity. Our intimate clinical sessions provide an opportunity for education and outreach. We are keepers of scientific and medical knowledge that lay people and the public in general do not have. During our years of professional school and residency training, we learn information about the mysteries of embryology and developmental teratology – that a lot can happen prior to pregnancy recognition. We have an obligation – a duty to warn, in keeping with the Hippocratic Oath – to enlighten them about the dangers of alcohol use and unprotected intercourse. It is up to us as gatekeepers of this information, and as advisors and counselors to our patients, to inform them properly about the high risk of brain damage to their offspring before they even know they are pregnant. Recent administrative issues serendipitously opened the way for a decision to leave my general clinical practice in order to focus on FASD evaluation, treatment, prevention consulting, and forensic work. ■

Susan Rich is CAPSGW's Maryland Representative and a Child, Adolescent & Adult Psychiatrist located in Potomac, MD.

Dear Colleagues:

On behalf of CAPSGW's President Rebecca Edelson, M.D., I am passing on these positions that will become available for the October 2014 election ballot. Please contact me if you are interested or would like to refer anyone for potential nomination.

Thomas Kobylski, M.D.
Chair, CAPSGW Nominating Committee
703-899-5122
tpkoby@aol.com

CAPSGW's Open Positions for Terms Starting January 1, 2015

President-Elect (2 years)

Secretary (2 years)

Treasurer (2 years)

Two Assembly Delegates (3 years through December 2017)

Currently held by Michael Houston and Adair Parr

DC Representative (2 years)

MD Representative (2 years)

Virginia Representative (2 years)

CAPSGW Election History

October 2012 Election Results for Terms Starting January 1, 2013

President-Elect (2 years): Micah Sickel

Secretary (2 years): Lisa Cullins

Treasurer (2 years): Caroline Cregan

Two Assembly Delegates (3 years through December 2015)

- Jeanne Holgrefe
- Angelica Kloos (position now held by Lisa Cullins)

DC Representative (2 years): Mark Dalton

MD Representative (2 years): Susan Rich

Virginia Representative (2 years): Holly Sikoryak (position now held by Anita Kishore)

October 2011 Assembly Delegate Election for Three-Year Terms starting January 1, 2012

- Delegate #1: Michael Houston
- Delegate #2: Adair Parr

October 2010 Executive Committee Officer Elections for Two-Year Terms starting January 1, 2011

- President-Elect: Rebecca Edelson
- Secretary: Gary Spivack
- Treasurer: Micah Sickel
- DC Representative: Angelica Kloos
- MD Representative: Susan Rich
- Virginia Representative: Catherine McCarthy

Advocacy Day 2014

David Call, MD and Tushita Mayanil, MD

On May 9, 2014, over 250 AACAP members and families spent the day on Capitol Hill meeting with congressmen and women to rally for comprehensive mental health reform, funding for children's mental health programs, and measures to address the current workforce shortage in child and adolescent psychiatry.

The excitement began the day before with an orientation session by Ron Szabat, the Director of Government Affairs & Clinical Practice at American Academy of Child and Adolescent Psychiatry. The AACAP members and families were briefed about the various bills which would be the focus of our meetings with legislators. We had breakout sessions in which we practiced for our legislative meetings and learned how to be most effective in approach. It was interesting to learn about the nuances of the legislative process including the differences between authorization and appropriations.

By far some of the most powerful comments came from the children and parents, who could directly tell legislators how their lives are impacted by our mental health care system and about the need for serious reforms.

In addressing the workforce shortage, AACAP members talked with legislative staff about supporting H.R. 1827, the "Pediatric Subspecialty and Mental Health Workforce Reauthorization Act of 2013," which would authorize $50 million of funding for debt relief for pediatric subspecialists (including child and adolescent psychiatrists) in exchange for working in underserved areas. AACAP members highlighted the profound workforce shortage around the country. Family members shared their experience of having to drive hours to see the nearest child and adolescent psychiatrist or wait months for their next appointment. Trainees talked about the frustrations of colleagues and classmates, who often ultimately steer away from going into child and adolescent psychiatry, and about how the significant debt burden that most medical students face influences career decisions in ways that do not necessarily coincide with working where there is the most need. The combination of trainees, current psychiatrists, and families made a powerful statement about how the workforce shortage not only affects access to care, but the quality of care: many people made the observation that clinics frequently see patients in a pressured fashion in order to accommodate the overwhelming demand for services.

Members also talked with legislators about the need for comprehensive mental health reform. A number of bills with growing bipartisan support were discussed including H.R. 3717 "Helping Families in Mental Health Crisis Act of 2013" (Tim Murphy R-PA), H.R. 4574 "Strengthening Mental Health In Our Communities Act of 2014" (Ron Barber-D-AZ), and S. 689 "Mental Health Awareness and Improvement Act" (Tom Harkin D-IA). Although the specifics of these bills vary, these bills all support continued funding for key mental health programs, introduce new ways to coordinate the delivery of mental health care, and ensure that funding is used effectively. The Murphy bill would create an Assistant Secretary for Mental Health and Substance Abuse Disorders in SAMHSA to create accountability and to help coordinate the use of federal funds effectively and efficiently. The Murphy bill also includes provisions for increased access to inpatient psychiatric beds, tele-psychiatry to reach underserved areas, and research through authorization of the BRAIN initiative at the NIMH. It furthermore organizes a national campaign with the Department of Education to reduce stigma of mental illness in the school environment. All of these bills would reauthorize the Garrett Lee Smith

Advocacy Day cont.

(Continued from previous page)

Act, which would provide needed funding for suicide prevention programs throughout the country.

One of the strengths of the format of AACAP's advocacy day was the collaboration of the various stakeholders in children's mental health, which included the families we serve every day. By far some of the most powerful comments came from the children and parents, who could directly tell legislators how their lives are impacted by our mental health care system and about the need for serious reforms. At the end of the day during the debriefing session, a number of family members shared how inspired they were to learn that, despite previous negative experiences with the mental health care system, there were many providers who were by their side sharing their same frustrations and advocating for mental health care reform. Spending the day interacting with families was eye-opening as we gained a better understanding of the patient's perspective in navigating our often dysfunctional mental health care delivery system.

On a positive note, as of the writing of this article, we learned that Delegate Eleanor Holmes Norton from D.C. signed on to cosponsor H.R 1827 on May 9, 2014 (Advocacy Day) right after we met with her staff! Multiple legislators have also since added their names to cosponsor the bills for which we advocated, no doubt influenced by the stories we shared that day.

The Maryland team met with staff members Pooja Mehta and Ed Rodriguez from the offices of the Senator Barbara Mikulski and Senator Cardin respectively. We also had the opportunity to meet with Representative Chris Van Hollen. Our team explained AACAP's position about the various bills and our viewpoints were carefully noted down by the staffers. Most of the staffers were happy to share their Office's position about the proposed bills and this guided the

discussion. In fact, Representative Chris Van Hollen requested more insight from AACAP on the Murphy Bill to guide it through the legislative process.

Our experience was truly enlightening and showed how much of a voice we can have through AACAP and together how much of an impact we can have on changing our broken health care system. ■

David Call, MD and Tushita Mayanil, MD are both Child and Adolescent Psychiatry Fellows at Children's National Medical Center.

Thank you to Sheila Sontag, MD and Rebecca Edelson, MD for providing the photos from Advocacy Day.

President's Letter cont.

(Continued from page one)

organization is not clear about how that would look on a local level. Our executive committee is now in the process of thinking more specifically about how to spend our current money and any money raised should we participate in the future. Please read the article by Dr. Micah Sickel in this issue for more information.

On May 9, 2014 several CAPSGW members including area trainees joined over 250 child psychiatrists, patients, families, and members of other child mental health advocacy groups from around the country to attend AACAP's 10th annual advocacy day on Capital Hill. This was my fourth year participating and this year I was thrilled to see so many trainees from our local programs. Please read the article on page 7 by Drs. David Call and Tushita Mayanil in this issue to learn about their experiences.

Several CAPSGW members also attended the AACAP Assembly meeting on May 10. This meeting is a wonderful opportunity for child psychiatrists to come together from around the country to discuss important issues facing our field. Among the many topics discussed was the controversy surrounding the 2001 JAACAP article that detailed the findings of Study 329 (which focused on the effects of the drug Paxil on adolescent depression). This study has been continually criticized since its publication and there has been debate as to whether the article should be retracted. For more information about the assembly meeting, please see the article by Dr. Jeanne Holzgrefe on page 18.

Nurture

This fall, CAPSGW added liaisons from Georgetown University Hospital and Children's National Medical Center to our executive committee. Having Dr. Mark Sakran from Georgetown and Dr. Martine Solages from CNMC serve on our executive committee has been invaluable. They are able to encourage residents to attend our events and in February, Dr. Solages held a pizza lunch prior to our symposium to tell residents about CAPSGW and how they can get involved. Our Early Career Psychiatry Subcommittee continues to plan events for the future. Please read the update in this issue by Drs. Sonali Mahajan and Cliff Sussman about their plans to offer a career panel on Saturday, June 21. In mid-May, I sent an email out to members asking if they were interested in brainstorming about a CAPSGW mid/late career subcommittee. I am thrilled to report that there was lots of interest. Please look out for information about that group in the future.

Finally, I want to encourage CAPSGW members to run for Executive Committee elected positions. Please see the list of available positions in this issue. CAPSGW functions because of our dedicated volunteers.

As always, any member of CAPSGW is welcome to attend our monthly Executive Committee meetings. We now meet at the AACAP building in Washington, DC. I encourage you to read the minutes from the meetings when they are sent over the CAPSGW list serve.

If you have any questions/comments about anything related to CAPSGW, please feel free to email me directly at rgedelson@gmail.com or contact any of our Executive Committee members. Have a wonderful summer and enjoy the newsletter! ■

Welcome New

CAPSGW Members!

Julia Dorfman

Ahmed Hefuna

Allison Hoff

Soonjo Hwang

Heather Levin

Tricia Kwiatkowski

Assessment of "High Risk" Kids in School: A Fellow Learns from an AACAP Expert

Mark Sakran, MD

This past September, I attended my first AACAP meeting with the support of the CAPSGW travel grant for trainees/early career psychiatrists. I was intrigued by several topics, but had a keen interest in learning more about the role of mental health workers in the public school system. I was particularly fascinated by the process of evaluating "high risk" adolescents who may pose a threat to their peers and school staff.

I had planned to attend Dr. Nancy Rappaport's talk entitled "Shadows of Virginia Tech." Unfortunately, there was a last minute change and Dr. Rappaport spoke on another topic. Undeterred, I decided to contact Dr. Rappaport given her 20 plus years of expertise in this field and find out more about her thoughts on this topic.

Dr. Rappaport was quick and eager to answer my questions and to guide me through some of her publications. She discussed with me the "Shadows of Virginia Tech" article which she had initially planned to present at AACAP. She highlighted several points including: the importance of trying to understand the experiences of children and parents who are in the middle of these situations; the pervasive fear of school shootings despite the fact that these events are statistically rare; the need to identify high risk students and to know which questions to ask them (e.g. access to weapons); the challenges inherent in maintaining children with severe psychiatric symptoms (e.g. psychosis with homicidal ideation or paranoid behaviors) in the school system; and the role of schools in conducting assessments and providing treatment. Another one of her articles, "Survival 101, Assessing Children's and Adolescents' Dangerousness in School Settings," provides additional insights into these important points and offers guidance to clinicians who are helping schools develop the necessary assessment approaches.

In my discussion with Dr. Rappaport and in my reading on the literature about school violence, I uncovered a number of striking statistics and observations. As mentioned above, deaths from school violence are rare and account for less than 1% of homicides among adolescents 15-19. The analyses of schools that have higher rates of violence have revealed that size may be an important variable. Violent incidents are less likely to occur in schools with enrollments of 400-600 students. It is therefore notable that 30% of schools in the US have more than 800 students. Some studies have attempted to differentiate students who go on to carry out large-scale, premeditated violent acts (such as mass shootings) from students who exhibit less extreme forms of aggressive behavior. It was noted that the premeditated assailant (the rarer of the two) more often comes from rural areas and has a stable family with average academic achievement and little prior involvement with the juvenile justice system. In contrast, the other students generally face more suspensions and detentions for aggressive behaviors, are more often from families with a history of abuse and neglect, and are more likely to be failing classes and struggling with impulsive behaviors.

Dr. Rappaport cautions that our ability to assess these threats is "at a fairly rudimentary level." One of Dr. Rappaport's roles has been in reframing the threat of expulsion from a school system as a positive experience for the student in which there is opportunity for intense assessment and treatment planning. She points out that "a psychiatrist can sometimes diffuse an adversarial relationship that may exist between the school and family while still offering pertinent feedback." In addition she states "the psychiatrist is in a position to examine the system response to these vulnerable youth and to tactfully encourage subsequent improvements while also recognizing the enormous sustained effort that these students demand."

Dr. Rappaport emphasizes four key tasks of a school consultant: 1. Providing a comprehensive evaluation for the student; 2. Providing support to the school (addressing their concerns and mobilizing a crisis response);

(continued next page)

Peer-to-Peer Fundraising Campaigns – CAPSGW Survey of Opinions and Attitudes

Micah Sickel, MD, PhD

The results are in, and the CAPSGW membership has spoken. We polled our membership to solicit thoughts and opinions about the peer-to-peer campaign which AACAP is spearheading as a way to raise funds. In peer-to-peer fund-raising, members would be asked to reach out to their social networks for donations in support of AACAP and CAPSGW initiatives. AACAP envisions a campaign in which much of the outreach could occur via electronic media and has designed a template that would help members create their own individualized fundraising webpages.

Of the 60 who answered the survey, 25, or 42%, answered "yes" when asked whether they felt CAPSGW should even be involved in the peer-to-peer campaign. The remaining 35 respondents answered "no," "undecided" or "no opinion." As to the question of whether one would actually participate in a peer-to-peer campaign, only 13 (22%) responded "yes." If CAPSGW were to be involved in such a campaign, 39 (66%) responded that the funds should be used for advocating for mental health issues.

While the responses to the questions were informative, the comments that were included with the responses were most enlightening. The theme of these responses was that many felt it was unclear how the monies for this peer-to-peer fundraising campaign would be used. Some expressed concern that the current fundraising campaigns led by AACAP were not transparent enough. Other CAPSGW members just felt uncomfortable with the idea of fund raising in general. Given that CAPSGW has plenty of funds in its coffers, and that dues for AACAP/CAPSGW represent an appreciable expense for members, it was unclear to some respondents why CAPSGW would need to raise additional funds through this mechanism. The survey raised lots of important issues, with one being that CAPSGW may want to focus energies on determining where current funds should be spent, instead of focusing on fundraising. ■

Micah Sickel is President-Elect of CAPSGW

"High Risk" *cont.*

3. Setting clear expectations for both the student and the school system and; 4. Addressing treatment system gaps and barriers to accessing to mental health services. When discussing possible treatment for these youths, she explains there has been research regarding MST (multi-systemic therapy) which is used in this very difficult to treat population and has been proven to be effective for adolescents with conduct problems.

It is clear that child and adolescent psychiatrists can play a large role in the school system as well as provide needed assessments for those students who present with threatening behaviors. In our efforts to prevent future violence within our schools we face significant obstacles, especially given limited mental health resources and the vast number of kids who need further support. In addition, there is very little research on the accuracy of clinical prediction of violence. With that being said, by educating the public and collaborating with our regional school districts, we may be more likely to catch potentially high risk behaviors, we may have the opportunity to help students who have either untreated or undiagnosed mental health illness, and we may be able to intervene before a tragedy occurs.

I am grateful to CAPSGW for the generous travel award which provided me the opportunity to attend the AACAP Annual Meeting, connect with and have meaningful dialogue with a leader in our field, and helped me to explore one of my emerging clinical interests. ■

Mark Sakran, MD, Child and Adolescent Psychiatry Fellow, MedStar Georgetown Hospital

Training Updates

CNMC

Our program has had a year filled with transitions, a very fruitful and exciting recruitment season, and many and varied accomplishments by our fellows.

We sent our well wishes and gratitude to former training director Sandy Rackley, MD who accepted a position at the Mayo Clinic after four years of exceptional service to CNMC and to our fellows. Dr. Lisa Cullins has assumed the role of Training Director and Dr. Martine Solages is the Associate Training Director.

We were excited to announce that we have been able to expand the size of the incoming fellowship class and matched five wonderful applicants for our class of 2016. Dr. Jean Cho comes to us from Beth Israel Medical Center in New York City. She has an interest in - psychodynamic therapy and working with immigrant populations. Dr. Milangel Conception-Zayas will not need to travel far to join the CNMC family - she is currently an adult psychiatry resident at Georgetown. She is passionate about serving and advocating for underserved populations. Dr. Vijay Ekambaram is an adult psychiatry resident at the University of Oklahoma Health Sciences Center; she has also previously completed an MPH at the University of Oklahoma. Her prior experience includes disaster and trauma-related response and she plans to continue to pursue research on traumatic stress and PTSD. Dr. Shalice McKnight will be joining us after completing her psychiatric residency at Cooper University Hospital in Camden, NJ. She has been involved in a number of community service, mentorship, and advocacy activities. In addition to her community-based work, she has been actively involved in research on the genetics of Schizophrenia. Dr. Yuanfen Zhang is currently Chief Resident in the adult psychiatry residency program at St. Elizabeth's Medical Center here in DC. She also has a Ph.D. in neuroscience from the University of Maryland and hopes to pursue a career in academic medicine on a clinician-educator track.

Our first year fellows have had rich clinical and research experiences. We continue to be proud of their hard work and their dedication to providing excellent care to children and families. As the academic year comes to a close, we are celebrating the accomplishments of our graduating class as well. Dr. Tushita Mayanil completed a yearlong Systems of Care Fellowship at SAMSHA and has accepted a position at the Center for Children in LaPlata, MD. Dr. Gaurav Mishra was a presenter at a Clinical Consultation Breakfast on psychotic disorders related to general medical conditions at the AACAP Annual Meeting in Orlando. He -also completed an international rotation in Chile and received multiple poster presentation awards. He will be working in a community mental health clinic in Southern California after graduation. Dr. Beili Dong undertook a research project that focused on video game use patterns in our psychiatric clinic population. She will be joining a private group practice in Indiana. Dr. Julia Dorfman has completed her clinical responsibilities in the combined NIMH/CNMC Research Fellowship Training Program and will be spending her third and final year entirely at NIMH focusing on her research, under the mentorship and supervision of Daniel Pine, MD.

After such a productive year, we are even more energized for the next!

Lisa Cullins, MD, Training Director

Martine Solages, MD, Associate Training Director

MedStar Georgetown Hospital

We have had a rich and exciting year of training at Georgetown, and have particularly benefited from the teaching contributions of our new associate training director, Colin Stewart, MD. In two short months we will be celebrating the graduation of our third class of fellows from our program: Thad Garland, MD, and Peter Mikhail, MD. We are thrilled to welcome an outstanding new class of fellows beginning in July 2014: Kurt Brown, MD, who is currently in general psychiatry training at the University of Washington, and William Cohen, MD, who will be joining us from the Albert Einstein

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Early Career Psychiatrist (ECP) Sub-committee Update

The ECP sub-committee of CAPSGW is proud to host another event on Saturday, June 21. This event will be geared towards informing ECPs, including fellows, about the many options available to them in their careers as child psychiatrists through an interactive panel presentation. There have been many panel volunteers from our CAPSGW membership, and we are excited to be able to share their wealth of knowledge with our ECPs. Scheduled are panelists representing many aspects of child psychiatry, including private practice, hospital-based psychiatry, public psychiatry, and psychotherapy. The event will be held on June 21 from 11:30 am – 1:30 pm at the Psychiatric Institute of Washington. Admission is free and open to members of CAPSGW and the Maryland and Virginia Regional Councils who are early career psychiatrists. If you are interested in attending, please RSVP to capsgw@verizon.net by Thursday, June 19.

The sub-committee has also been seeking out ways to interact and network with ECPs in other regional organizations. We have been in contact with our colleagues in the Maryland Council and have discussed holding joint events in the future. This spring, the Maryland Council invited our members to attend its ECP journal club. We look forward to developing this relationship and collaborating more in the coming year. ■

Clifford Sussman, MD and Sonali Mahajan, MD - ECP Sub-Committee Co-Chairs

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Training Updates cont.

School of Medicine in Philadelphia. We wish all of our colleagues a glorious spring in Washington.

Matthew Biel, MD - Training Director

National Capital Consortium (NCC), Uniformed Services University

The National Capital Consortium's Child and Adolescent Psychiatry Fellowship at Walter Reed looks forward to welcoming incoming fellows on July 1, 2014. Captain Michael Stachniak, DO, (Army) is currently a 3rd year general psychiatry resident at Walter Reed. Prior to becoming a military medical officer, he was a member of the Reserve Officers' Training Corps (ROTC). Captain Jarred Hagan, DO, (Army) is a 4th year general psychiatry resident at Walter Reed. His previous military experience before medical school consisted of three years as an enlisted soldier in the Army. Drs. Stachniak and Hagan welcome the opportunity to continue training in the military health care system, expanding their research interests, and preparing for future assignments serving the needs of Army families.

This summer marks a transition period for our graduating fellows as they relocate to their next duty stations. Major Greg Postal, MD, MSW, (Army) will be departing to serve the Army community in Ft. Benning, Georgia. His time in fellowship was notable for protocol development and research studying the impact of martial arts on executive functioning in children. Captain Natosha Smith, MD, MPH., (Air Force) will be departing for Joint Base Elmendorf-Richardson, Alaska, upon completion of fellowship this summer. The research on childhood bullying that she completed was well received during her presentation to the Walter Reed medical community.

This summer the Training Faculty will be implementing programmatic changes in light of its robust spring Curriculum and Program Review. New rotation experiences in forensics and neurodevelopmental disorders are on the near horizon. Finally, fellowship leadership is taking steps to educate regional child and adolescent psychiatrists on military family-specific issues. Summer of 2014 outreach to a regional civilian CAP training program will hopefully be the first of many future endeavors as we seek to educate clinicians in Graduate Medical Education (GME) and beyond about issues affecting military families. ■

Lieutenant Colonel Joseph Dougherty, MD, Training Director

Best Selling Author Judith Warner Speaks out on the Media and Psychiatry

Amy Canuso, DO

It's always an anticipated evening when CAPSGW has its CME symposium at the familiar venue of the Columbia Country Club, but the May 2014 event was a particularly special occasion. Judith Warner was the guest speaker at the event for CAPSGW members and their guests.

Ms. Warner has had a distinguished writing career. She is best known for her book *Perfect Madness, Motherhood in the Age of Anxiety,* and she has authored a number of investigative and biographical titles. She is a contributing writer for the *New York Times Magazine*, a columnist for Time.com, and a former special correspondent for *Newsweek*. Ms. Warner is the 2013 Recipient of the Rosalynn Carter Fellowship for Mental Health Journalism, and is currently a Senior Fellow at the Center for American Progress.

Her latest book *We've Got Issues: Children and Parents in the Age of Medication* is a bit of a figurative "fist bump" to the child and adolescent psychiatric profession. CAP professionals are aware that there is a tendency for the general public to have misconceptions, unrealistic expectations, and deeply entrenched bias towards the practice of Child and Adolescent Psychiatric medicine. It was both refreshing and validating to hear the story of how Ms. Warner set out to have her book be an expose' of the way child psychiatrists overprescribe and yield to anxious parents in order for their children to have a competitive, albeit medicated edge, only to discover that the story is much more complicated.

Ms. Warner explained to the audience that the culture of journalism is saturated with personalities who are fast paced, prone to waiting until the last minute for deadlines, easily distractible, and "as though driven by an internal motor." People with these characteristics (which likely sound familiar to CAP professionals) are both drawn to, and successful in journalism. She challenges that there may be a tendency, then, for the journalist to feel that such characteristics are always "normal." They may feel that teachers pathologize such behaviors, parents want a quick fix for them, and doctors go along passively.

> ...when she began interviewing parents that she began to realize a consistent pattern of truly ill children with frustrated parents and doctors who were doing the best they could with what resources they have.

Ms. Warner told her audience that she started her book with a similar bias and a goal to uncover the overprescribing and misdiagnosing that were affecting so many children. It was when she began interviewing parents that she began to realize a consistent pattern of truly ill children with frustrated parents and doctors who were doing the best they could with what resources they have. The most poignant point she made related to an examination of the guilt parents often feel when they have a child with psychiatric needs and some of the underlying mechanisms of self- blame as a defense. "If you are a parent and you are at fault that your child is sick then you can fix it. But if you are not at fault, then you can't."

Ms. Warner makes the very astute observation that our children are often "the canaries in the coal mine of society." It is often social and cultural issues that contribute to the development of complications for symptomatic children, but the scapegoat for their behaviors is often the mental health industry which names them. Ms. Warner goes on to point out that the media reports on mental health disorders, but may not fully comprehend

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Judith Warner cont.

or understand these complex issues. She challenged the audience to consider engaging the public by writing about child mental health and contributing to the discussion which to date has been led mostly by the media and anti-psychiatry proponents.

Her recent book was honored with a 2012 Friends of Children's Mental Health Media Award from the American Academy of Child and Adolescent Psychiatry and a 2010 Outstanding Media Award for Science and Health Reporting from the National Alliance on Mental Illness.

Ms. Warner was kind enough to answer some follow up questions after her CAPSGW engagement.

Canuso: Why do you think it is that there is a tendency for the media to discredit psychiatric diagnoses in children and to say they are not real?

Warner: I think that there is a lot of skepticism and distrust of the psychiatric profession, due to a number of factors. The easiest to point to is the distrust fed by the revelations that individual psychiatrists plus organizations like the APA have been receiving large payments from the pharmaceutical industry. This eroded a lot of trust over time. In addition, there is a long-standing strain of anti-psychiatry that runs deep in our culture. There is the fact that, in the past, children didn't seem to suffer from psychiatric conditions, which feeds the sense that they don't really now; they're just canaries in the coal mine for our crazy times. And there's also an ambient dislike of today's parents -- that they're either lazy or over-involved, and above all, eager to make their kids as competitive and high-performing as possible. This feeds the sense that they're eager to have their kids diagnosed and "drugged" so that they can be easier to manage and more high-performing.

Canuso: Do you think there is a way that psychiatry is perpetuating competitiveness in schools.

Warner: No, I don't.

Canuso: Why do you think there is such a discrepancy in the level of psychiatric care for children of different economic classes?

Warner: If they live in large cities where there are many child specialists, upper middle class children are able to access excellent care. But very few child psychiatrists participate in health insurance; as a result the cost for all but the best-off families is prohibitive. (Same holds for therapy with clinical psychologists.) In addition, because of the dearth of child psychiatrists, most children receive treatment from their pediatricians. This means that parents have no choice but to get what help they can from a non-specialist who has, on average, seven minutes in which to diagnose and treat their child. This leads, obviously, to a gross discrepancy in care.

Canuso: Many times psychiatrists simply cannot greatly improve the symptoms of an affected child with medications. In other words, we can't "fix" them and parents (and children) want their children to be "fixed." As one who has researched this topic, spoken to many parents, and has children of your own, how would you want a psychiatrist to approach the topic if the prognosis for your child is not a positive one?

Warner: I think that psychiatrists can and need to deliver a message of hope, in any circumstances: that mental health disorders, by and large, are not "cured" like strep throat might be, but that people can learn to manage their symptoms so that they don't derail their lives, and that, when children are diagnosed and treated early, they have the best outcomes possible. So the simple fact that the child is in treatment, and not spending years and years suffering without any knowledge of what's going on, means that he or she is already on the right track. ■

Amy Canuso, DO, Child and Adolescent Psychiatry Fellow, Walter Reed National Military Medical Center.

The Early Years of Child Psychiatry in the Washington DC Area: A Personal Recollection

William Stark, MD, LFAACAP, DLFAPA

Until the end of the Second World War, as was the pattern in the rest of the country, the psychiatric treatment of children in the Washington area was conducted primarily in free-standing community clinics. These clinics were unaffiliated with medical schools and their departments of psychiatry. In the metropolitan area, there were the Washington Institute of Mental Hygiene, the Clinic at Catholic University, the Arlington County Mental Hygiene Clinic, the Alexandria Mental Hygiene Clinic, and Children's House. These were staffed by psychiatrists, social workers, and clinical psychologists who were members of the American Orthopsychiatric Association which provided a forum for their scientific and clinical interests. These clinics usually were members of an umbrella organization known as the American Association of Psychiatric Clinics for Children, and it was this organization that sponsored the 10 training programs in the country offering 1 and 2-year fellowships in child psychiatry. Washington, at that time, had no such certified training program. There was no certified s pecialty of child psychiatry.

I had my fellowship at the Baltimore Child Guidance Clinic whose Director was Dr. H. Whitman Newell. Upon completing a fellowship, the intent was for the fellow to become Director of a Child Guidance Clinic. In Washington, the private practice of child psychiatry was in its infancy. Dr. Agnes Gregg and Dr. Sidney Berman were the only two individuals in private practice until 1950 when I arrived on the scene. Private practice was virtually unchartered territory. Somewhat concerned, I met with pediatricians and psychiatrists before coming to Washington to see if the community could support a third child psychiatrist.

In 1948, the establishment of a Department of Psychiatry at Children's Hospital with Dr. Reginald Lourie as its Chairman was a significant accomplishment for the community. His leadership was a major factor in the subsequent history of child psychiatry in our community, nationally, and internationally. The activities of the Department rapidly expanded and soon became affiliated with the medical schools in the area – George Washington, Georgetown, and Howard Universities.

In 1950, a program of teaching medical students child psychiatry was established at Children's Hospital with Drs. Lourie, Berman, and myself. Ultimately, this initial educational process evolved into the first certified program in child psychiatry in the Washington, DC area. I joined the faculty of George Washington Medical School as an Instructor at that time. Fifty-six years later, I would become Clinical Professor Emeritus. Teaching was one of the most rewarding aspects of my professional career.

At the national level, child psychiatrists, who were members of the American Orthopsychiatric Association, believed this organization did not adequately meet their professional needs and interests and, in 1953, a small group of child psychiatrists established the American Academy of Child Psychiatry. However, it was essentially an elite organization with membership by invitation only. It was only in 1960 that the subspecialty Board of Child Psychiatry was established. I remember vividly being keenly disappointed in missing being grandfathered-in by just one year in spite of having been in practice for 10 years. Thus I, along with Dr. Al Solnit and Dr. Richard Cohen (good company), were among the group to take the first ever examination of the Boards of Child Psychiatry.

Locally, child psychiatry in the 1950s and 1960s expanded and flourished with an increase in services

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Early Years cont.

to children, growth of private practices, and the subsequent establishment of fellowship programs in child psychiatry at Georgetown University and Walter Reed Medical Center and the creation of two training programs in child psychoanalysis. Dr. Sydney Berman and I collaborated in establishing the curriculum in child psychoanalysis. Ultimately, I became a training and supervising analyst in child and adult psychoanalysis at the Washington Psychoanalytic Institute.

In 1958, Dr. Berman asked the Washington Psychiatric Society to upgrade the Committee on Child Psychiatry to the Section on Child Psychiatry, but this request was refused. To better attend to the professional, scientific, clinical, and business interests of child psychiatrists in the area, Drs. Berman and Lourie recommended the formation of the Washington Council of Child Psychiatry with membership available to all child psychiatrists.

In 1961, the American Academy of Child Psychiatry encouraged the formation of regional chapters under the leadership of local Academy members (with membership still only by invitation). With colleagues from the Baltimore area, the Washington-Baltimore Regional Chapter of the American Academy of Child Psychiatry was incorporated on February 5, 1962, with Drs. Berman, Lourie, and myself as Trustees. The other charter members from Washington, DC were Drs. Edward Kessler, Joseph Noshpitz, and Robert Sullivan. The Baltimore charter members were Drs. Leo Kanner, Leon Eisenberg, and Frank Rafferty.

Our initial meeting was held on May 18, 1962, and the first officers were: Dr. William Stark as Chairman; Dr. Robert Sullivan, Secretary-Treasurer; Dr. Joseph Noshpitz, Councilor for one year; and Dr. Frank Rafferty, Councilor for two years and Program Chairman. Dr. Leo Kanner honored us as the speaker at our first meeting, delivering a paper entitled “The Professional Direction of Child Psychiatry in This Nation.” Scientific and business meetings were continued until June 9, 1966 in Washington, DC and Baltimore.

In the same year, the American Academy of Child Psychiatry opened its doors to membership to all child psychiatrists by application. In addition, an Assembly of Regional Councils of Child Psychiatry was established. The Washington Council of Psychiatry, with 40 members, became the charter member of that Assembly. Membership in the Washington Council was by application and included membership in the American Academy.

Also in the 1970s, a separate Division of Adolescent Psychiatry was established at Children’s Hospital with myself as its first Director. We established a training program in Adolescent Psychiatry.

In 1988, the American Academy changed its name to the American Academy of Child and Adolescent Psychiatry (AACAP) and we became the Washington Council of Child and Adolescent Psychiatry (WCCAP).

Our members have made major contributions to the community, medical schools, education, research, training in child and adolescent psychiatry, infant psychiatry, general psychiatry, and child psychoanalysis. Our members have played significant roles in AACAP and the American Psychiatric Association. In our history, six of our members were elected president of AACAP: Drs. Reginald Lourie, Sidney Berman, Joseph Noshpitz, Jerry Weiner, Marilyn Benoit, and Paramjit Joshi. I served as Treasurer for three consecutive terms from 1973 to 1979. The membership of the formerly named WCCAP (now known as CAPSGW) has grown significantly to over 270 members and the nature and practice of child psychiatry has changed dramatically since those early years in Washington following World War II when I wondered whether this community could support a third child psychiatrist. ■

Assembly Update

Jeanne Holzgrefe, MD, PhD

The Assembly of Regional Organizations of AACAP met on Saturday, May 10, 2014, in Washington, DC. CAPSGW Assembly Delegates in attendance were Drs. Lisa Cullins, Rebecca Edelson, Jeanne Holzgrefe, Michael Houston, Adair Parr, and Alternate Delegate, Dr. Micah Sickel. The following is a brief summary of some of the highlights and some new initiatives of the Assembly.

Dr. Warren Ng, Chair of the Assembly, opened the meeting and stressed the importance of the Assembly in representing our members and the Regional Organizations to the AACAP Council. Some changes have been made in order to obtain more input from regional Delegates, including allocating more time to open forums during the Assembly meeting and initiating Assembly Delegate Open Calls between Assembly meetings.

Dr. Paramjit Joshi, AACAP President, gave the President's Report. Among new presidential actions, Dr. Joshi appointed the Task Force on Education Infrastructure, chaired by Dr. Gregory Fritz. One of its goals is to survey members and conduct an educational needs assessment. Another Presidential Initiative includes more outreach to international members. Dr. Joshi noted that AACAP has hired three new directors: Ron Szabat, Dept. of Government Affairs, Carmen Head, Research, Training, and Education, and Peter Plourd, Information Technology. Dr. Joshi reported that the 501 (c) (6) has been formed and the Council will discuss forming a Political Action Committee at its June meeting.

Summary of First Open Forum

The Northern California Regional Organization had submitted an action statement in January, 2014, regarding S329 (also known as the Paxil Paper published in JAACAP in 2001) which requested from the JAACAP Editor the rationale as to why this article should not be retracted. Dr. Ed Levin of the Northern California delegation noted that the British Medical Journal will be printing an article with a reanalysis of the data in the S329 study, "including data that was 'hidden.'" Many issues were discussed by Delegates, including whether fraudulent information had been published. The Assembly voted and approved the action statement requesting that the Editor provide to the Assembly "a report with evidence for the rationale as to why S329 should not be retracted."

The keynote address was given by Nancy Nielsen, M.D., a past president of the AMA, which included discussion of medical insurance issues.

Three AACAP employees made brief presentations, including Ron Szabat, Director, Government Affairs and Clinical Practice, Michael Linskey, Assistant Director, Federal Government Affairs, and Bryan Shuy, Assistant Director, Grassroots Advocacy.

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Assembly Update cont.

Selected Presentations in the Second Open Forum

Dr. Jeanne Holzgrefe reported that CAPSGW was one of three Regional Organizations asked by AACAP Development to participate in a Peer to Peer Fundraising Campaign. One other RO has chosen to participate, while another RO chose not to participate. CAPSGW Executive Council conducted a member survey, which showed the majority was not in favor of participation (42% yes, vs. 58% no/undecided/no opinion). A majority of members said they would not personally participate in the campaign (52% no, 26% no opinion or undecided, 22% yes). Members' comments included feeling that they already pay a lot for dues, not being comfortable with fundraising, and believing that this type of fundraising creates peer pressure. It was noted that many Delegates had not been aware that a peer to peer fundraising campaign was being proposed to some Regional Organizations.

Dr. Gabrielle Shapiro of New York raised the issue of low voter turnout for national AACAP elections. The Assembly voted and passed a motion to recommend to the President at Council to consider creating a Task Force to look into the election turnout and make recommendations.

Dr. Marty Drell of Louisiana raised the issue of home schooling, especially for children with emotional and behavioral health issues. The Assembly voted and passed a motion to ask the Schools Committee to look at the impact and trend of home schooling and charter schools including access to mental health services and to report at the fall assembly meeting.

Dr. Angel Caraballo of New York raised the issue of using social media to fight stigma and promote mental health, and whether a Task Force should be created to address this. Rob Grant, AACAP Communications Director, noted that *AACAP News* published four articles about using social media. The following Action will be taken: Mr. Grant will combine the articles, and then forward them to the Assembly administrator for distribution on the Assembly Listserv.

Regarding the Assembly Listserv, the following Action will be taken: The Assembly administrator will send out the policies on the use of the Listserv.

Dr. Kaye McGinty of North Carolina suggested that education and a demonstration about telepsychiatry be held at the Annual Meeting. A motion was made and passed to ask the telepsychiatry committee to consider an in vivo demonstration of telepsychiatry.

For more information about the Assembly events or if there are issues you would like discussed at the Assembly, please contact Dr. Jeanne Holzgrefe at jholzgrefe@msn.com or any of the Assembly Delegates. The next Assembly meeting will take place on Tuesday, October 21, 2014, in San Diego, California. ■

Child and Adolescent Psychiatric Society of Greater Washington

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Research Studies at Children's National Medical Center

Dr. Adelaide Robb and a team of psychiatrists and psychologists at Children's National Health System are conducting research studies with children and adolescents ages 7-17. Studies include treatments for depression for ages 7-17 and anxiety for ages 7-11. Within the next few months, studies will also include treatments for bipolar I disorder for ages 10-17 and schizophrenia for ages 12-17. All study-related treatments and evaluation are FREE. Patient privacy and confidentiality is assured, and families may receive compensation for time and travel while participating. Please have patients contact Lyndsey Keyte or Krista Engle at (202) 476-6067.

National Institute of Mental Health, Division of Intramural Research Programs
NIMH Pediatric Clinical Research Studies

301-496-5645 (TTY 1-866-411 1010); nimhcore@mail.nih.gov

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, visit our website: http://patientinfo.nimh.nih.gov/PediatricDisorders.aspx.

Job Openings

Regular Full-Time Child Psychiatrist

DC Dept. of Youth Rehabilitation Services

New Beginnings, Laurel, MD

Contact: DYRS, Office of Human Services

202-299-3100; www.dyrs.dc.gov

Part-Time Psychiatric Consultant

The Foundation School, Largo, MD

To apply, send resume to: resumes@foundationschools.org

For Questions, contact: Peter Cohen, MD

pcohen@foundationschools.org, 240-432-5019

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Office Condo in Mclean to Rent/Buy

One Unit Left. Please Contact Dr. Thomas Kobylski, 703-899-5122 or tpkoby@aol.com if interested. This is the office condo being sold by colleagues Dr. Licameli, Steg, and Pressman in Mclean to Dr. Zafar Rasheed and myself. Colleague Dr. Thomas Walsh is also renting one unit.