CHILD AND ADOLESCENT PSYCHIATRIC SOCIETY OF GREATER WASHINGTON

CAPSGW

Winter 2014

President's Message

Rebecca G. Edelson, MD

Welcome to the Winter edition of the CAPSGW newsletter. As always, I want to thank our newsletter editor, Dr. Adair Parr, and our CAPSGW executive administrator, Ms. Diane Berman. This is Dr. Parr's final newsletter, as she is stepping down from her roll as editor after this edition. We are thrilled that she will remain on the Executive Committee as an AACAP Assembly Delegate. We are happy to announce that our new CAPSGW/CNMC Liaison, Dr. Martine Solages, has volunteered to serve as the next editor of our newsletter.

As I described in my last President's Message, CAPSGW formalized our strategic plan last fall: **Educate, Advocate, Nurture**. I will use this opportunity to highlight some of our accomplishments over the last six months as well as to tell you about some of the highlights in this issue.

Educate: Over the summer, CAPSGW's Maryland Representative, Dr. Susan Rich, hosted a "salon" where attendees viewed a documentary called "Dispelling Myths about Alcohol Related Birth Defects" and participated in a focus group on the DSM-5 criteria for Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure. Please read more about Dr. Rich's salon on page nine. Dr. Rich also spearheaded an effort in which CAPSGW reached out to Senators Barbara Mikulski and Ben Cardin on the issue of truth in labeling of products containing alcohol. Dr. Rich met with staff from the senators' offices in August and requested a Senate hearing on the topic of prenatal alcohol exposure. Dr. Rich is continuing her efforts by meeting with residency training programs and doing grand rounds at multiple institutions over the next year on the topic of "Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure." CAPSGW commends Dr. Rich for her efforts and supports her in her work.

Our November CME dinner meeting at Columbia Country Club featuring Dr. Tom Insel, Director of NIMH, was a true success. We had more than 75 people in attendance. Please read Dr. Sheila Sontag's article on page three about the recent advances that have been made in brain health. Also take a look at the beautiful images of the brain which accompany the article. Please refer to our website (www.capsgw.org) to learn more about our CME line-up for the rest of this academic year. We look forward to more exciting CAPSGW academic programs this year.

In addition, please see the article by Dr. Joyce Harrison discussing the new state-wide program called Behavioral Health in Pediatric Primary Care (B-HIPP). It describes a new way to provide psychiatric consultation and support to pediatricians throughout the state.

Advocate: In October, CAPSGW sent five delegates to the AACAP Assembly Meeting in Orlando, Florida. This meeting always serves as an important opportunity for our Delegates to learn about child psychiatry activities around the country. Please read the article in this issue by Dr. Adair Parr to learn more about that meeting. I also hope you will mark your calendars for AACAP Advocacy Day in

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Inside this issue:

President's Message

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Washington, D.C., May 8-9, 2014. Several CAPSGW members attended last year and I hope we will have even more attendees this spring.

Nurture: This fall, CAPSGW was pleased to offer two travel grants for a resident or early career psychiatrist to attend the AACAP annual meeting in Orlando, Florida. We had an unexpectedly large number of applications this year and the review committee ultimately decided to award two grants rather than one. I want to congratulate members Richa Maheshwari, MD, MPH from George Washington University and Mark Sakran, MD from Georgetown MedStar Hospital for being awarded the 2013 CAPSGW Travel Grant. Please see Dr. Maheshwari's article discussing her AACAP experience. We will look forward to Dr. Sakran's article in the next newsletter.

Our Early Career Psychiatry (ECP) Sub-Committee continues to be hard at work planning events for our members. In September, Dr. Sonali Mahajan hosted a luncheon at her home for local fellows. This small gathering served as the perfect way to welcome fellows to CAPSGW and to hear from them about how our organization can help meet their needs. Please read the article by Drs. Mohajan and Sussman, our ECP co-chairs, to learn about further events planned. I also want to congratulate Dr. Mahajan on her new position as a member of the AACAP Early Career Psychiatry National Committee. This fall, we were pleased to welcome two new hospital liaisons to our Executive Committee. Dr. Mark Sakran will serve as the liaison from Georgetown University Hospital and Dr. Martine Solages will do the same from Children's National Medical Center. We hope that having these liaisons will help CAPSGW better serve our area residents and fellows.

Finally, I want to welcome two new members to our CAPSGW Executive Committee. In addition to her role as CAPSGW secretary, Dr. Lisa Cullins will serve an AACAP Assembly Delegate (October 2013 – December 2015) and Dr. Anita Kishore will serve as our Virginia Delegate (October 2013 – December 2014).

As always, any member of CAPSGW is welcome to attend our monthly Executive Committee meetings. We have switched our location from the Psychiatric Institute of Washington to the AACAP building on Quebec Street in Washington, DC. We are thrilled to return to AACAP and want to thank the AACAP staff, specifically Heidi Forde and Earl Magee, for making that possible. We also want to thank the Psychiatric Institute of Washington for allowing us to meet there over the last few years. If you are unable to attend the meetings, 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 Winter edition of the newsletter. ■

Save the Dates! 2014 CME Programs

Thursday, January 23

Robert L. Findling, MD, MBA,
Johns Hopkins University
The Pharmacology of Pediatric Bipolar Disorder
Location: Suburban Hospital,
Bethesda, Maryland
RSVP to D. Berman

Saturday, March 1

Annual Spring Symposium:
Using the Creative Arts in the Treatment of Children and Families
Location: McLean School of Maryland,
Potomac, Maryland
Click for the Registration/Flyer

Tuesday, May 13

We've Got Issues: Children and Parents in the Age of Medication
Judith Warner, New York Times Bestselling Author
Location: Columbia Country Club,
Chevy Chase, Maryland
RSVP to D. Berman

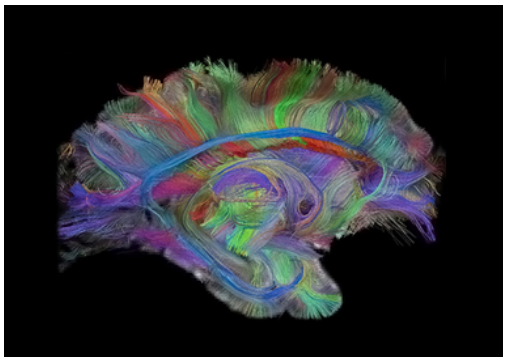
Thomas Insel Speaks at CAPSGW CME Dinner

*Sheila Sontag, MD**

On November 6, Dr. Thomas Insel, Director of the National Institute of Mental Health (NIMH), spoke before a dinner gathering of CAPSGW at Columbia Country Club in Chevy Chase. His talk focused on the future direction of the field of psychiatry from the perspective of the current revolution in basic research brought about by innovations in brain imaging and genomic sequencing.

Dr. Insel emphasized that psychiatric disorders are developmental brain disorders that result from complex genetic risk which is impacted by experiences occurring after conception. Current discoveries are largely driven by new imaging tools which can view the brain in three dimensions. Take a look at: http://www.nimh.nih.gov/news/science-news/2013/fat-free-see-through-brain-bares-all.shtml

Other tools have come from the **Human Connectome Project**. This ambitious, multi-site project aims to map the neural pathways that underlie the function of the brain. See some stunning images at http://www.neuroscienceblueprint.nih.gov/connectome. From knowledge of the "wiring" of the normal brain will come an understanding of the wiring characteristics of psychiatric disorders. The aim will be early identification with the goal of preventing down-stream damage. It is already possible to image the brain during gestation which has been done at Oxford.

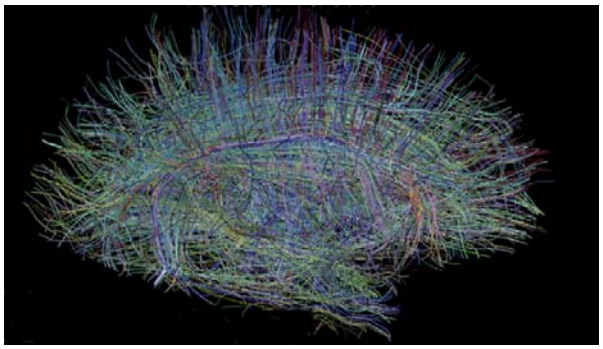


The ability to sequence DNA has changed dramatically. When the Human Genome Project (see http://www.genome.gov/10001772) ended in 2003, it cost $10,000 to sequence one million DNA bases. It now costs 19 cents to do the same. Project **ENCODE** found that genes make up only 2% of the genome, the majority of bases code for RNA and transcription factors. We now know that a lot of the variation in the genome is not inherited but is rather spontaneous mutations. The average person has about 40 genetic mutations that their parents do not have. The brain has more mutations than any other organ.

Dr. Insel lamented that psychiatry is so far from making diagnoses based on knowledge of pathology at the most basic levels. Instead, we rely on symptom clusters. Our medications target symptoms but do not fundamentally provide a cure. Dr. Insel was critical that very few psychiatrists are trained to understand basic neuroanatomy and biochemistry. He notes that innovation in understanding has come from and will continue to come from scientists trained in engineering, biochemistry and genetic science. He stressed the need to "re-brand" psychiatry and to renovate residency training by including clinical neuroscience.

On a more hopeful note, Dr. Insel talked about a treatment project called **RAISE** which shows promise as an early intervention for first episode psychosis. A part of this program uses cognitive training games on a computer which change the brain circuitry of the player (http://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml). Dr. Insel ended his talk with mention of the Affordable Healthcare Act and Mental Health Parity which should provide 62 million people better access to health care, raising the question of how the field of psychiatry will be able to meet this increased demand. ■

*Thanks to Jacqueline Ruttimann, Ph.D., Communications Editor, NIMH, for providing her notes on this talk. Brain images by Van J. Wedeen, M.D., Harvard Medical School.



CHANGE OF ADDRESS, EMAIL OR PHONE?

BE SURE TO LET AACAP AND CAPSGW KNOW!

If you recently moved, changed your email address or have a new phone number, please be sure to let AACAP know so they can update their database (ncreek@aacap.org). Also contact Diane Berman, CAPSGW's Executive Administrator, capsgw@verizon.net, so she can update the CAPSGW list serve to ensure you receive continue to receive this newsletter and notices about upcoming events.

Understanding Systems of Care: My Trip to Orlando for AACAP 2013

Richa Maheshwari, MD
CAPSGW Travel Grant Awardee

As a 3rd year psychiatry resident, I have had minimal exposure to the juvenile justice system, and I have often felt ill-equipped to help my patients who have had problems with the law. What types of therapies can reduce recidivism? What types of questions are important to ask in this population? These are a few of the questions that I had prior to attending AACAP 2013 in Orlando, Florida.

In order to learn more about how to help this challenging and vulnerable group of youth, I was excited to attend the 2013 Systems of Care Special Program entitled Child and Adolescent Psychiatrists in Juvenile Justice: From Individual Care to System Approaches at the AACAP meeting in Orlando. The program was co-chaired by CAPSGW member, Justine Larson.

The day began with opening remarks by AACAP President Dr. Marty Drell and co-chairs, Drs. Justine Larson and Gary Blau. Dr. Christopher Thomas, Co-chair of the AACAP committee on Rights and Legal Matters, spoke about the difference between the juvenile justice system (ideally a rehabilitative model) and the adult penal system. Approximately 60 to 75% of youth in the juvenile justice system have one or more mental disorders. As such, the participation of child and adolescent psychiatrists (CAPs) is necessary in order to meet the mental health needs of such youth. Although the large percentage of mental health disorders in this population is no surprise, I learned that mood and anxiety disorders have a higher prevalence than in the regular population. It is important that a youth is assessed for mental illness within 24 hours of entering the juvenile justice system. Evidence-based mental health screens can help ensure that the appropriate questions are being posed to these children and adolescents. The Massachusetts Youth Screening Instrument- Second Version (MAYSI-2) is a brief 52-item self-report questionnaire that aims to identify those youths who need immediate clinical intervention.

Dr. James Hudziak presented "What does developmental neurobiology have to teach us about youth in juvenile justice?" He spoke of early adversity affecting the genome and the brain, even in the absence of "diagnosable" illnesses such as PTSD. Girls with aggressive behavior are more likely to be influenced by the environment than boys. Nevertheless, genetic factors play a major role in aggression in both males and females. For example, certain risk alleles for deviant behavior are being studied and identified. Hudziak's research shows that the environment influences both genetic factors and anatomical regions of identified risk alleles and cortical thickness in certain regions of the brain.

Dr. Louis Kraus discussed the assessment and differential diagnosis of youth in juvenile justice. He suggested that the Miranda warnings need to be changed so that youth canunderstand them. Dr. Steve Pliska discussed pharmacologic treatment for youth in juvenile justice. Overall, second generation antipsychotics such as risperidone are more effective than mood stabilizers such as lithium and divaloproex in treating conduct disorder and early age mania. However, controversy exists regarding the use of pharmacotherapy in conduct disorder. The AACAP practice parameter states, "It is unwarranted to prescribe psychotropic medications in the absence of distinct target symptoms or when placement and mental health follow-up services are unclear."

Dr. Peter Metz and Migdalia Velez both addressed the importance of family involvement in juvenile justice. The Central Massachusetts Communities of Care Project (CMCC) established two Family Centers in Massachusetts that create a place where families can receive services as well as participatein activities that encourage family time (like family hip-hop night). Such youth with serious emotional disturbances are at high-risk for dropping-out from school (up to 50% of SED youth), but youth in the CMCC program had a significantly lower dropout rate of 9.6%.

Marvin Alexander, MSW, LCSW, a particularly compelling speaker with his own experiences in the juvenile justice system, spoke about his personal experiences on medications such as haloperidol. He reiterated the importanceof communication with adolescents. Mr. Alexander reminded clinicians to use basic words, not jargon, and encouraged clinicians to explain the use of medications to youth, not just parents. Using visuals to convey the information can be helpful. He advised clinicians to remember that most children would prefer not to take medicine. He also encouraged clinicians to continue to explain his or her role in the life of the juvenile and to explain his or her legal rights throughout the treatment.

Dr. Terry Lee then presented on psychosocial interventions for youth in juvenile justice. Evidence based interventions that are cost-effective and decrease recidivism include multisystemic therapy (MST) and multidimensional treatment foster care (MTFC). MST is a family and community-based treatment that addresses multiple factors related to delinquency across multiple settings. MTFC targets youth with chronic and severe criminal behavior at risk for incarceration or psychiatric hospitalization by encouraging positive reinforcement for appropriate behavior, clear and consistent limits and separation from delinquent peers. A major goal of MST is to empower parents with skills to address the difficulties that arise forteenagers and to provide home-based services in order to reduce barriers to care. Other cost-effective approaches are aggression replacement training (ART) and functional family therapy (FFT).

The day ended with a presentation on sexual exploitation of girls and human trafficking. There are an estimated 2.5 million people trafficked within the United States. Unfortunately, many of these youth have been penalized rather than helped. Nevertheless a unique collaboration in Florida between law enforcement and mental health services allows children who were victims of sexual exploitation to seek shelter in safe houses rather than get arrested. Commercial sexual exploitation of

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—— CAPSGW Members in the News ——

Congratulations to **Paramjit Joshi** for her recent induction as AACAP President! She gave a wonderful plenary address in Orlando.

Paramjit Joshi and **Michael Houston** participated in a White House conference on Mental Health on June 3, 2013.

Edgardo Menvielle spoke about transgender issues on the Diane Rehm Show on September 5, 2013. You can listen to a podcast the show here: http://tinyurl.com/knzh8x2

Justine Larson and **Michael Houston** both authored articles in the November *Orange Journal*. Check it out here: http://jaacap.org/.

On Saturday, October 12, 2013, **Paramjit Joshi** joined Washington, D.C. Mayor Vincent Gray and over 400 participants at the Walter E. Washington Convention Center to take part in a local and national dialogue on mental health.

On Tuesday, November 12, 2013, **Lisa Cullins** participated in a community discussion about mental health called Science Café 360 at Busboys and Poets.

Understanding Systems

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children (CSEC) is a term that refers to domestic minor trafficking when the victims are under age of 18. Response Ability Pathways (RAP) is 16 hour training grounded in positive psychology that is strength-based and works with sexually exploited children, and has been beneficial to many of the participants.

In 2005, AACAP published the Practice Parameter for the Assessment and Treatment of Youth in Juvenile Detention and Correctional Facilities to provide clinical guidelines for CAPs working in juvenile justice settings. Over eight years later, we still have much to do in implementing our current research and recommendations into practice. How can child and adolescent psychiatrists who are already overextended help youth in a meaningful way? The Academy recommends that police and law enforcement utilize simplified Miranda warnings because of the research that demonstrates that most juveniles do not fully understand or appreciate their rights and alternatives. Moreover, juveniles are often not adequately prepared to navigate the system. As clinicians, it may be necessary to educate patients about their options, including providing information about the providers of MST and MTFC in the Washington, D.C. area and to work towards access of such resources. Finally, it is also crucial for clinicians to better detect those at risk for CSEC, and to report suspected trafficking to National Human Trafficking Resource Center (1-888-373-7888).

The juvenile justice system remains a highly-fragmented system and it is necessary for mental health professionals to collaborate with law enforcement in ensuring that youth are treated appropriately for their developmental level. Cost-effective strategies to help this population include MST, MTFC, ART and FFT, but more research on interventions that may help prevent delinquency in high-risk communities could help minimize the amount of youth who enter the juvenile and adult correctional system. In the future, I hope to work with schools on prevention programs, and I think it will be important to recruit people who have been through the juvenile justice system (such as Marvin Alexander) in order to effectively communicate with adolescents who may be at risk for offending.

Thank you to the CAPSGW community for helping support my trip to Orlando as a recipient of the CAPSGW Travel Grant 2013. ■

Welcome New Members!

Peter Aron

Ivona Bendkowska

Sanaa Bathy

Amy Canuso

Julia Dorfman

Heather Levin

Monica Ormeno

Mark Sakran

Veronica Slootsky

Margriet Van Achterberg

Training Program Updates

The National Capital Consortium's Child and Adolescent Psychiatry Fellowship at Walter Reed experienced a few significant changes at the start of the 2013-2014 academic year. The fellowship welcomed three new military fellows on July 1,2 013. Lieutenant Commander Amy Canuso, D.O., a Navy adult psychiatrist, arrived from Camp Lejeune, NC after spending the last three years working with U.S. Marines. She likewise had the opportunity to deploy to Afghanistan during this assignment. Lieutenant Commander Monica Ormeno D.O., a Navy adult psychiatrist, arrived after spending two years assigned to the tropical island of Guam. This experience was also augmented by a deployment to Afghanistan in the spring of 2013. Captain Richard Ernst D.O., an Army 3+2 psychiatry resident at Walter Reed, complemented a training program whose fellowship cohort now consists of Army, Navy, and Air Force trainees, a truly unique fellowship class and the first of its kind. On July 1, 2013 the fellowship's Program Director position was assumed by Army Lieutenant Colonel Joseph Dougherty, M.D. Upon graduation from the NCC Child Psychiatry Fellowship in 2007, he spent 5 years assigned to a U.S. Army community of soldiers and families in Vilseck, Germany. This duty was augmented by deployments to Iraq and Afghanistan prior to returning to Walter Reed in the summer of 2012 to join the fellowship's leadership.

Fall 2013 marked a period of change for the fellowship, with Captain Sylvia Johnson, M.D., completing training and departing for Fort Hood, TX to join six Army psychiatry colleagues at one of the largest military installations in the world. The program's two second year fellows, Major Greg Postal, M.D., M.S.W., (Army) and Capt Natosha Smith, M.D., M.P.H., (Air Force) refined their research interests and embraced unique opportunities for academic growth in anticipation of summer 2014 military assignments. The faculty implemented programmatic changes in light of a robust curriculum and program review earlier in the year. Finally, fellowship leadership conducted interviews of military psychiatrists from across the United States who expressed interest in becoming members of the next stellar fellowship class. [*Lt. Colonel Joseph Doherty, MD*]

Georgetown/Adventist Behavioral Health Child and Adolescent Training Program is off to a great start to the 2013-2014 academic year at the Georgetown/Adventist Behavioral Health Child and Adolescent Psychiatry Training Program. Our two second-year fellows, Thad Garland, M.D. and Peter Mikhail, M.D., are engaged in a diverse range of outpatient experiences, including clinical rotations at Mary's Center in Washington, DC, the Jewish Social Services Agency (JSSA) in Rockville and in our teaching clinic at Georgetown. They have additional training experiences at the Ivymount School in Rockville (school rotation), the D.C. Department of Mental Health (forensics rotation), and Adventist Behavioral Health (substance abuse rotation).

Meanwhile, our first-year fellows, Ivona Bendkowska, M.D. and Mark Sakran, M.D., are rotating primarily at Adventist Behavioral Health (ABH) on the inpatient child and adolescent psychiatry units. We are extremely grateful for the supervision provided by the ABH child and adolescent psychiatrists, including Enrico Suardi, MD, Nadia McFarland, M.D., Ahmed Hefuna, M.D., Hassan Bokhari, M.D. (a recent graduate of our program), and Marissa Leslie, M.D., (who recently joined ABH after serving in leadership roles at the Children's Hospital of Pennsylvania).

We are nearing the conclusion of a very busy interview season, and we are happy to report that we've had a terrific group of residents to interview. Additionally, we recently added a terrific new faculty member at Georgetown, Colin Stewart, M.D., who completed his fellowship training at Emory University. Colin is Assistant Professor of Clinical Psychiatry as well as Associate Program Director for our training program. He is developing a robust outpatient clinical program targeting work with children and families struggling with ADHD, disruptive behavior disorders, and mood dysregulation.

Best wishes to our colleagues throughout the region for a wonderful holiday season. [*Matthew Biel, MD*]

Children's National Medical Center Training Program: Fall is always an exciting time in the training program. We've been very happy to see our group of first year fellows - David Call, Tracy Das, Adam Richmond, and Jessica Yeatermeyer - settle into their new roles. Our second years have been busy taking their adult psychiatry boards, looking for jobs and embarking on elective rotations. Second year fellow Tushita Mayanil is enjoying her AACAP/SAMHSA Fellowship, spending Mondays in Rockville learning about systems of care. Other fellows are enjoying electives in such diverse areas as community psychiatry, eating disorders, scientific writing, and school consultation.

Many faculty and fellows were able to attend the AACAP annual meeting in Orlando, where we were proud to see Dr. Paramjit Joshi begin her two-year term as President. Most of our fellows were also able to attend the meeting and participate in mentorship and networking activities for trainees. Second year fellow Gaurav Mishra coordinated a Clinical Consultation Breakfast on the topic of psychotic disorders due to a general medical condition. Third year CNMC/NIMH research fellow David Driver received the Beatrix A Hamburg Award for his poster on premorbid Impairments in Childhood Onset Schizophrenia. Drs. Mishra and Driver also presented a poster on Anti-NMDA Receptor Encephalitis, work for which Dr. Mishra also won the Emerging Clinician Abstract Competition at the 2013 Psych Congress in Las Vegas.

Thank you to CAPSGW and especially to those of you who have been involved in teaching, mentoring, and advising our fellows. [*Sandra Rackley*] ■

Maryland Behavioral Health Integration in Pediatric Primary Care

Joyce Harrison, MD

Maryland Behavioral Health Integration in Pediatric Primary Care (B-HIPP) seeks to support the capacity of pediatric primary care and family practice providers to participate in the mental health care of children and youth as well as to improve access to mental health services. The components include the following: a consultation service (which is currently telephone but may expand to include on-site case conferences, telepsychiatry and face-to-face consultations); continuing education; resource networking (including linkage to family navigators); and social work co-location (currently being piloted in Salisbury, Maryland, on the "Lower Shore"). The B-HIPP program is a partnership among Johns Hopkins, the University of Maryland, and Salisbury University and is made possible through funding support from the Maryland Department of Health and Mental Hygiene and a Maryland State Department of Education Race to the Top Early Learning Challenge Grant. This service is provided at no cost to the practitioners.

Pediatric providers can enroll by completing an enrollment form with contact and demographic information as well as a needs assessment. They must agree to general guidelines about appropriate calls and understand that B-HIPP will not assume care of their patients. They are also asked to fill out an optional questionnaire about addressing behavioral health concerns of their patients and access to referral sources.

Once a provider is enrolled, they can initiate a consultation request by calling **855-MD-BHIPP**. The provider will give information about the case to a BHIPP clinician who is trained to receive and triage the request. He/She will answer the question directly when possible, or make arrangements for one of B-HIPP's consultants to call back at a time that is convenient (within one business day). The practice will receive a written summary of the recommendations for their records.

B-HIPP became available to pilot regions in January 2013, and was available statewide beginning in July 2013. Since then, 204 providers have enrolled and 111 phone consultations have been received about a variety of subjects including diagnostic questions/approaches, medications, sequelae of trauma/abuse/neglect, early childhood development/behavior, substance use, school behavior and learning issues and parenting and family issues. Calls are referred to our best-matched resource. Our current staff and areas of expertise are as follows:

1. Developmental Disability/School/Learning/Psychological Assessment: Paul Lipkin, M.D. and Catharine Weiss, Ph.D.;

2. Early Childhood and Trauma: Kelly Coble, M.S.W., Kay Connors, M.S.W. and Laurel Kiser Ph.D.; and

3. Child Psychiatry: Joyce Harrison, M.D., Steve Mandelbaum, M.D., David Pruitt, M.D., Sean Pustilnik, M.D., and Larry Wissow, M.D.

The B-HIPP team is currently active with outreach across the state. We have met with practices in Annapolis, Crofton, Easton, Salisbury, Prince Frederick, Cumberland, Hagerstown, and Oakland to introduce the program as well as to brainstorm about how practices could use the service and topics for training. We are actively working on training topics including screening, psychopharmacology and office management of particular conditions like depression and anxiety. A learning community called CHECKup in Early Childhood Mental Health is being piloted in Hagerstown, and met in November, with future meetings planned for January and February 2014. Potential future training modalities include other weekend and evening presentations, case conference calls, webinars, and self-led web-based learning modules.

B-HIPP is also gathering information about community and specialized resources for children and their families. We are working with Parents' Place of Maryland and the Maryland Coalition of Families to offer linkage to a "family navigator." By learning about the resources in each community we hope to encourage connections and partnerships among primary care providers and mental health professionals.

Our larger goal for this exciting project is to provide child mental health access across the state, as several other states have (see www.nncpap.org). For more information visit our website at www.mdbhipp.org. If you know practices that might like to enroll or have ideas about how this service might be used, please email me, Joyce Harrison (jharri47@jhmi.edu) or Kelly Coble (kcoble@psych.umaryland.edu). ■

AACAP General Assembly Meeting: October 22, 2013

Adair Parr, MD, JD

Assembly Chair Louis Kraus welcomed the General Assembly to Orlando, with 100 members present from across the country and internationally, at the 60th Anniversary of AACAP. New members introduced themselves, including Kory Stotesbury, M.D., who graduated from the Child and Adolescent Fellowship Program at CNMC in June 2013 and now lives in California. AACAP President Marty Drell addressed the Assembly, focusing on updates about Back to Project Future (the vision of where the field of child and adolescent psychiatry will be in 10 years), the pharmaceutical task force and efforts to promote research.

James MacIntyre discussed the status of Back to Project Future, which is a "roadmap" of the future of child and adolescent psychiatry. It incorporates 11 overall goals and 100 action steps and includes two-year priorities to be accomplished by 2015. Learn more about Back to Project Future here: http://tinyurl.com/k23okuy. Next, President-Elect Paramjit Joshi discussed her Presidential initiative, Partnering for the World's Children, which is focused on increasing international collaboration in child psychiatry.

Heidi Fordi, AACAP Executive Director, reminded Assembly members that a new 501-C-6, the American Association of Child and Adolescent Psychiatry, is being launched this year and that members will see this on their annual dues form. She noted that AACAP successfully partnered with regional organizations in both Illinois and New Jersey to defeat legislation allowing psychologists to prescribe medication.

Andres Martin presented an update on *JAACAP*. *JAACAP's* 2012 impact factor rose to 6.970 from 6.444, making *JAACAP* the #1 journal in the category of pediatrics (out of 121 journals). *JAACAP* ranks 9th of 135 journals in psychiatry.

Alan Axelson presented a resolution on the Use of Electronic Prescribing to Reduce Inappropriate Access to DEA Controlled Prescription Drugs. Discussion was held around this due to concerns about those who do not use electronic prescribing, demands by other states to access certain databases prior to prescribing Schedule 2 substances. The Assembly voted to bring this matter to Council.

Saul Levin, the newly appointed CEO and Medical Director of the American Psychiatric Association (APA), spoke to the Assembly. He plans to expanding APA's influence through several new positions, including Chief Strategy officer, Chief of Allied and External Partnerships (Kristin Kroeger Ptakowski's new position) and Chief MIT/ECP Officer.

Warren Ng was elected as the incoming Assembly Chair. Mark Borer was elected to the incoming Assembly Vice-Chair position and Debra Koss was elected to the Secretary-Treasurer position.

Liz DiLauro gave an update on AACAP 2013 Advocacy Highlights. AACAP has been a leader in the efforts to increase the nation's understanding of childhood mental illnesses and improve access to prevention, early identification and treatment services. State legislative trends include state health insurance exchanges, scope of practice, improving access to care and life without parole. In the wake of the Sandy Hook tragedy, Connecticut passed the Gun Violence Prevention and Children's Safety Act into law. The new law contains numerous mental health provisions that increase access to treatment for families, including establishing a collaborative care program, ACCESS-MH, between child psychiatrists and pediatricians. ACCESS-MJ will be modeled after the Massachusetts Child Psychiatry Access Project. The law also requires health carriers to use AACAPs Child and Adolescent Service Intensity Instrument as the treatment criteria when conducting utilization reviews for the treatment of a mental disorder in a child or adolescent. This was Liz's last meeting at AACAP, as she has accepted a position with the Pew Charitable Trusts.

The Catcher In the Rye award was given to James MacIntyre (individual), The Connecticut Regional Organization (ROCAP) and CPT Coding (Committee).

Michael Houston gave an update on the revamped AACAP website. He also discussed the Affordable Care Act and its impact on psychiatry. This includes the consolidation of primary care practices, expansion of mental health networks, emphasis on enrolling patients, targeting mild/moderately ill patients. The task force is focused on the structure of ACOs and how mental health will be integrated into those, the roll of CAPs in new delivery models, mental health benefits within state exchange plans, the development of quality measures of mental health providers.

Sherry Barron-Seabrook gave an update on CPT coding. The three-part webinar on E/M coding had over 40,000 hits. There is a FAQ page on AACAP's website with answers to the most frequent questions about which codes to use. You can access the information on AACAP's website here: http://www.aacap.org/AACAP/AACAP/Clinical_Practice_Center/Business_of_Practice/CPT_and_Reimbursement.aspx

One of the highlights of the day was a talk by Robert Block, a pediatrician, who spoke on behalf of the American Academy of Pediatrics. He proposed a name change for mental health to "brain health". This stems from a more complete understanding of the science of the brain – it is an organ no different from the heart or the lungs. He argues that this will reduce stigma, encourage more physicians to enter the study and treatment of brain health concerns. He stated that looking at gun safety is an important issue, as well as who is promulgating the violence on our children.

At the end of the day, Warren Ng thanked Louis Kraus for his work as Assembly Chair. Then Assembly Chair Louis Kraus called the Assembly Meeting to a close. ■

Summertime Salon about ND-PAE on July 14, 2014

Susan D. Rich, MD, MPH

This summer, I had the privilege to host a salon in my home to screen a documentary entitled, "Dispelling Myths about Alcohol Related Birth Defects." Six attendees (4 child psychiatrists, an adult psychiatrist, and a juvenile justice social worker) completed a focus group discussion on the DSM-5 criteria for Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure (ND-PAE), including a pretest and posttest.

Originally funded by the Centers for Disease Control and Prevention in collaboration with the UNC Bowles Center for Alcohol Studies at The University of North Carolina at Chapel Hill in 2001, the documentary focuses on alcohol use in pregnancy. As a fourth year medical student, I had the opportunity to write the text, interview experts and affected families and produce the film. It emphasizes the science underlying alcohol neuroteratogenicity, with interviews from numerous experts

Overall, the documentary was well received by the salon attendees. Attendees agreed this vital information needs to reach wider audiences. Recommendations from the attendees included the following:

- Primary care physicians (not just psychiatrists) have an ethical "duty to warn" about the reproductive health risks of alcohol use by women of childbearing potential by providing preconception counseling, screening, and education.

- A "train the trainer" series of lectures is needed to teach residency training directors at one of their national conferences. I agreed to look into such a presentation.

- At least one psychiatrist attendee did not realize that an amount equivalent to four to five standard drinks of alcohol in the late third to early fourth week post conception can cause the full blown Fetal Alcohol Syndrome. Attendees agreed that warning pregnant women about the dangers of use of alcohol after pregnancy has been diagnosed falls short.

- A recommendation that the Surgeon General's 2005 updated warning be modified. I met with Senators Mikulski and Cardin in September requesting that they take up the issue in a hearing of public health professionals from the CDC and SAMHSA.

- More efforts in schools need to focus on risks to brain development and efforts aimed at science rather than ad campaigns about risky drinking behaviors.

- The need for a Maryland Coalition on ND-PAE to establish statewide prevention initiatives, systems of care, and advocacy for families. Attendees agreed that increased research in ND-PAE is necessary.

Development and refinement of treatment protocols (guidelines for care) are necessary to distinguish this population from individuals with other neurodevelopmental disorders. I am currently working on a blog with the documentary as the first posting in order to highlight the film and raise awareness about the problem. You may view the documentary at http://www.susanrich.info/psychoffice/patient_myths.html. If you would like further information, please contact me (301-251-1190). ■

In Need of a Referral or Know Someone Who Is?

As child and adolescent psychiatrists, many of us are often called upon for a referral, both locally and other areas of the country. Remember to take full advantage of AACAP's referral database. It is easy, free and one does not need to be an AACAP member to use it. To locate a fellow AACAP member by name, location or specialty see: http://www.aacap.org/cs/forFamilies#gettinghelp

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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 Medical Center 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. 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, Pediatric Clinical Research Studies

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 or call 301-496-5645 (TTY 1-866-411-1010). ■

Spring Symposium — Saturday, March 1, 2014

Creative Arts Therapies and the Treatment of Children and their Families

8:00 am—4:30 pm
McLean School of Maryland

Keynote Talk: Mapping Creativity and the Brain
Rex E. Jung, PhD. Assistant Professor, Department of Neurosugery, University of Mexico

Featuring Four Interactive and Engaging Workshops

1. Moving Through It, Making the Path: Movement in Art Therapies in Adolescent Residential Treatment
2. Music Therapy: Theory, Rational Process and Clinical Implications
3. The Power of Storytelling in the Healing Process
4. Warming-Up to Expressive Therapy

Be an Early Bird!

Member Early Bird Registration by February 1 — $100
Non-Member Early Bird Registration by February 1—$150

Click here to open and print your registration form.
Complete and mail it with payment today to ensure your spot!

6.3 CME Credits