

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

2017 AACAP ELECTION

Candidates' Information Booklet

PRESIDENT-ELECT (*choose 1 of 2*)

*Tami D. Benton, MD
Gabrielle A. Carlson, MD*

SECRETARY (*choose 1 of 2*)

*Jeffrey I. Hunt, MD
Andrés Martin, MD, MPH*

TREASURER (*choose 1 of 2*)

*Bennett L. Leventhal, MD
Kenneth M. Rogers, MD*

COUNCILORS-AT-LARGE (*choose 2 of 4*)

*Victor Fornari, MD, MS
Mary Margaret Gleason, MD
Timothy J. Soudy, MD
John T. Walkup, MD*

NOMINATING COMMITTEE (*choose 2 of 4*)

*Cheryl S. Al-Mateen, MD
Steven P. Cuffe, MD
John E. Dunne, MD
Richard R. Pleak, MD*

All information is included as submitted by the candidate.

PLEASE CHOOSE ONE OF TWO CANDIDATES

Candidate Biographical Information: **AACAP PRESIDENT-ELECT**

TAMI D. BENTON, MD



Current: Frederick Allen Endowed Professorship Chair in Psychiatry/Associate Professor – CHOP/PENN. AACAP: Secretary/ Exec. Committee Member, Distinguished Fellow, Chair HIV Comm. NIMH: Advisory Council. Devereux Foundation: Trustee, Exec. Comm., Clinical Comm. Chair. APA: Research Council. ACP: Member. Previous: AACAP: Councilor-at-Large, Program Comm., Membership Comm., EOP Program Comm., WGET, Nom. Comm., Editor AACAP News. ABPN: examiner, MOC Comm. AADPRT: Exec. Comm., Membership Comm. Chair. ABP: Adol. Med. Sub-board. APA: WGET. Education: MD-The Ohio State Univ.; Triple Board Program-Albert Einstein/Montefiore Med. Ctr.; Funded Research/Pubs: Mood-Medical Illness/HIV. Honors: Teaching Awards from Northwestern Univ. and Univ. of Penn., Wharton Women’s Exec. Leadership Program.

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

- The Children’s Hospital of Philadelphia
- Devereux Foundation
- University of Pennsylvania
- NIMH

Financial Conflict: No

Family Member Conflict: No

Signed on 3/28/2017 by Tami D. Benton, MD signed as Tami D Benton

I am honored and truly grateful to be nominated to serve as President of the American Academy of Child and Adolescent Psychiatry. Since joining the Academy as a young, triple board resident, this organization has nurtured my career by providing me with a professional home that has helped me to build a network of colleagues, friends, mentors, and collaborators. The opportunity to serve in the capacity as president of this organization would not only be extremely rewarding, but also a way to continue to give back to an organization that has provided me with so much. For the past 2 decades, AACAP has been and continues to be the organization most central to my professional life, as I have served in multiple roles throughout the years.

For the last 18 months, I have had the privilege of serving as your secretary. This experience has given me a unique opportunity to understand the operations of our organization, to interface with our exceptional AACAP staff who keep our organization functioning, to partner with our executive committee whom we’ve chosen to steward our mission, and to work on behalf of our president’s initiatives, which in a word spell “partnership”: collaborating with pediatricians in building integrated care models, extending AACAP affiliate member status to non-psychiatrists, and partnering with our membership to envision the most dynamic and effective AACAP possible. Of these initiatives, the most important was the opportunity to learn from our thoughtful and engaged members, who make this organization outstanding, through town hall meetings, phone conversations, and email exchanges. We are a volunteer organization of 9000+ members, who collectively drive our academy’s mission of promoting the healthy development of children, adolescents, and families through advocacy, education, and research, while simultaneously meeting the professional needs of child and adolescent psychiatrists throughout their careers. This is no small accomplishment given the increasing demands placed upon our profession.

Recent changes in the health care environment have been favorable for the Academy’s mission of improving access and outcome of mental health care through our profession. These opportunities include mental health parity, mandates for insurance to provide mental health care, integrated care, the mental health/medical home, telehealth, and increased public awareness of mental health disorders and the availability of effective treatments. Although we have been successful in the face of significant change, we cannot afford to rest upon past accomplishments. The roll-out of integrated care and the medical home is still in its beginning stages, and we must advocate and help to shepherd models of care that are sustainable for our patients, our partners, and our profession. We still face challenges of recruitment into our field, of misaligned reimbursement that undervalues prevention and early intervention, and decreased federal funding for education and research. Although I am a strong advocate of collaboration with psychology, the Academy must continue to advocate for respect for professional boundaries by opposing prescribing privileges for psychologists, who lack the necessary medical training for safe and effective practice.

Despite numerous challenges, exciting things are happening in our field. Research in neurosciences and genetics are unlocking mysteries of childhood mental health conditions. New research provides more effective treatments for childhood disorders, child psychiatry training continues to flourish, and our academy membership continues to grow. Furthermore, we have increasing political influence through our advocacy initiatives driven by a highly effective advocacy committee and AACAP staff. We have intensified our advocacy around the issues of child psychiatrists' professional identity, the scope of practice and role of child psychiatrists in health care teams. We must aggressively advocate to raise awareness about child psychiatry, mental health conditions, and the stigma that impacts our families and our field. We must prioritize support for child psychiatry research to support evidence based practices, to understand the causes of mental health conditions, and to find cures for illnesses plaguing our patients. With the rapidly changing landscape, supporting AACAP's research and education initiatives will require establishing continuing funding through philanthropy to supplement decreasing federal dollars.

If elected, I would like to build upon our most recent presidential initiative - Integrated Care. Over the past year, I have had the opportunity to talk with many of you about this initiative, and saw how much this change resonates with and impacts our diverse membership across urban cities and rural states, private practice, and academia. Integrated care will provide many opportunities for our members to expand our reach and impact through collaboration with pediatrics and PNP's. Although growing, we are still a small group, calling for novel methods for workforce expansion. Integrated care models provide opportunities to make our non-psychiatric health care colleagues aware of the unique contribution that we can make to the health care of children, because we are uniquely trained to provide comprehensive interventions for the biological, psychological, and psychosocial needs of children and adolescents. By exerting effective leadership within health care teams, we can educate other professionals about the practice of psychiatry and the role of child psychiatrists. Integrated care models will utilize our expertise in novel ways to expand access to mental health care for children and adolescents, promote implementation of our practice guidelines in pediatric settings, expand pediatric mental health education, and decrease stigma for families seeking care. Working side-by-side with pediatricians will foster collaborations around education, clinical care, and public policy. We must provide the tools that our members will need to develop viable, sustainable care models, exert leadership in clinical settings, develop policy, and establish reimbursement structures.

I believe that strong leadership for our academy will be critical for insuring the future of child psychiatry. I have the necessary experience to lead the academy through these uncertain times. I am an experienced senior physician executive and department chair in one of the leading children's hospitals in the country, and have the ability and experience to lead and collaborate with pediatricians, mental health clinicians, and administrators. I lead a clinical program with more than 100 clinicians, and am a practicing clinician myself. I understand the educational and academic world of child psychiatry, having served as a training director, currently lead NIMH funded grants, co-lead a neuroscience research center and currently serve on the NIMH Advisory Council. I have experience leading clinical collaborations across private, community-based, and large academic centers. Additionally, my recent experience in leading integrated primary and specialty mental health care within a large network of pediatric practices, using population health approaches and value based care models, has deepened my knowledge of the financial challenges we will face in the new health care environment. These experiences have equipped me with the administrative skills required to lead a complex organization. If elected, these experiences would allow me to continue to advance AACAP's initiatives.

The President of the American Academy of Child and Adolescent Psychiatry is an important leader and representative for all of our members in every practice setting, for children and families, and for the larger national community who look to us for guidance. The President must be a strategic, thoughtful representative for the all of our academy who can effectively navigate the external environment, while retaining focus upon the needs of our constituents, who can serve effectively as a member of the executive committee, collaborate closely with the Assembly of Regional Organizations and Council, interact with members in all stages of their careers and at every level of training, and maintain a perspective that represents and respects all of its diverse members. This role requires the ability to communicate effectively, engage easily with others, listen well, think strategically, collaborate effectively, and embrace all of our members fairly and equitably. I believe that I can be that leader for AACAP, and would be honored to serve as your next president, serving on behalf of children, families, and my colleagues in this organization.

PLEASE CHOOSE ONE OF TWO CANDIDATES

Candidate Biographical Information: **AACAP PRESIDENT-ELECT**

GABRIELLE A. CARLSON, MD



I have been Professor of Psychiatry and Pediatrics at Stony Brook University School of Medicine since 1985. I founded and directed the Division of Child and Adolescent Psychiatry until 2013. I trained at Cornell, Washington University- St. Louis, NIMH and UCLA's Division of Child and Adolescent Psychiatry and have written over 250 papers and chapters on mood disorders in children. I have been awarded APA's Blanche F. Ittleson Award for research, Agnes Purcell McGavin Award for Prevention and AACAP's Virginia Q Anthony Outstanding Woman Leader award. I am past president of the International Society for Research in Child and Adolescent Psychopathology, was past chair of AACAP's Program Committee and am now one of AACAP's Counselors At Large.

DISCLOSURES

Leadership Roles: No

Financial Conflict: Yes

Financial Roles and Organizations

Organization Nature of Conflict

National Institutes of Mental Health - Research Funding

Patient Centered Outcomes Research Institute - Research Funding

Family Member Conflict: No

Signed on 03/23/2017 by Gabrielle A. Carlson, MD signed as Gabrielle A. Carlson, MD

It is an honor and a privilege to be considered for the position of President-Elect and future President of AACAP. Until my election as Councilor-at Large, my role within AACAP, as some of you know, has been largely educational. As Chair of the Program Committee for four years (2011-2014), and chair or co-chair of important educational endeavors like the Psychopharmacology Institute and the Douglas B. Hansen Review Course, I have spent much time thinking about what is important for our members to know in order to foster positive mental health outcomes for children and families. The other gratifying aspect of those endeavors has been getting to know members who come to the conferences who ask important questions and share their concerns.

The duties of the AACAP President are daunting. It is thus reassuring to know that the person who assumes the job has had two years as President-Elect to pay close attention, be an effective part of the Executive Committee without having to chair it, and figure out the best way to carry out presidential responsibilities effectively. Nevertheless, we may be in a different place in two years. There is considerable uncertainty in the health care field currently and it is unlikely to sort itself out quickly. Thus, predicting what I would like to do in two years is difficult. Some things won't change, however. Children will still be relatively low on the list of government and even medical priorities. Children with mental health needs will be even lower on the list. That means public and governmental education, advocacy, attention to diversity and destigmatization efforts will continue to require the energies of AACAP's leadership and membership. We will continue to be a small organization and will need to keep finding ways to be heard in terms of our research, assessment, and treatment priorities. That means partnering with others of like mind both here and abroad. I have a particular interest in member education and parent/teacher education about mental health disorders and their treatment. Over the next few years, AACAP will be developing an on-line software application for the administration, documentation, tracking, reporting and delivery of educational courses and training programs which promises to further those endeavors for our membership and our patients. Training is an especially important way to expand our reach.

I consider myself to be someone who is sensitive to needs and takes advantage of opportunities. For instance, I became a psychiatrist because doing internal medicine wasn't addressing the problems of many of the patients I saw during my medical internship. The psychiatry residency director where I was at the time, however, thought in a systematic way about psychiatric disorders and it was easy to make the transition from medicine to psychiatry. He understood the importance of data, of looking comprehensively at patients, and of communicating clearly. The fact that he had a great sense of humor helped. I value all of those.

I developed an interest in research in general, and in bipolar disorder in young people in particular, because of a disagreement with my director at NIMH about how to view young people with psychotic symptoms. Their clinical presentation said they could have mania or psychotic depression. The zeitgeist at the time was that they could only have

schizophrenia. In my mind, they were being diagnosed on the basis of their age and preconceived notions rather than their history and symptoms, but in order to prove that, I had to do the appropriate research. Answering important questions with focused research is important.

What I learned also led me to do a fellowship in child and adolescent psychiatry to understand what we now call developmental psychopathology: i.e. how, when and why mood disorders develop in young people.

What kept me in child psychiatry is its complexity, its way of thinking, and its interdisciplinary nature. In terms of complexity, understanding children and families and developing a treatment plan is like solving a mystery or putting together pieces of a puzzle. The way of thinking (understanding both psychopathology and development) is what makes us, in the words of a colleague, “completely trained psychiatrists.” Even if one’s practice no longer includes children, the way a CAP approaches a problem stays with them forever. In my opinion, the longitudinal and developmental perspective is vital to problem solving. Finally, working with colleagues with different types of expertise is enlightening and liberating. A child and adolescent psychiatrist, like an orchestra leader, needs to make the component parts work together to produce a coherent symphony. It is important to be a good conductor, but without others to play their roles effectively, one gets noise, not music. I would like to think that this attitude is most germane to being AACAP's future president where there are members with different sets of skills, a staff with different responsibilities, and outside of our organization, other organizations with similar goals who also need to be recruited to work collaboratively.

If elected, I would be thrilled to devote my passion, skills, experience, and energy to furthering AACAP’s missions.

PLEASE CHOOSE ONE OF TWO CANDIDATES

Candidate Biographical Information: **AACAP SECRETARY**

JEFFREY I. HUNT, MD



Current: Professor and Program Director CAP Fellowship and Triple Board Programs Alpert Medical School of Brown Univ. & Dir of Inpatient and Intensive Services at Bradley Hosp **AACAP:** Co-Chair Training and Education '07-17; Lifelong Learning '16-present; Column editor AACAP News '16-present **ABPN:** Chair CAP MOC and member CAP Steering Committees **ACGME** Member Psychiatry RRC, Chair CAP Milestone Work Group. **Honors:** Meritorious Service Medal USAF '92; Excellence in Teaching Region I Association Academic Psychiatry '02; AACAP Harvard Macy Teacher Scholar '05; Distinguished Fellow AACAP and APA '11; Henrietta L. Leonard Award for Excellence in Teaching '11 **Education:** Carroll College BA '79; Montana State U MS '83; Med College of WI MD '84; Med College of PA/EPPI general residency and CAP fellow '89.

DISCLOSURES

Leadership: Yes

Leadership Roles and Name of the Organization:

AACAP – Member Lifelong Learning Committee

Column editor Case Reports and Vignettes AACAP News

ABPN – Chair CAP MOC Committee and member CAP Steering Committee

ACGME – Member Psychiatry RRC and Chair CAP Milestones Workgroup

AADPRT – Chair CAP Milestones Assessment Task Force

Financial Conflict: Yes

Financial Roles and Organizations/Organization Nature of Conflict

John Wiley Publishers Honorarium – Senior Editor Brown Child and Adolescent Psychopharmacology Update

Family Member Conflict: No

Signed on 03/28/2017 by Jeffrey I. Hunt, MD signed as Jeffrey I. Hunt, MD

I am very honored and pleased to be considered for Secretary of the AACAP. I have been an AACAP member since completing fellowship in 1989. I have been truly fortunate to have had several career pathways within child psychiatry over the last thirty years allowing me to experience the richness within our field. My career began in the United States Air Force at a military academic medical center in San Antonio, Texas where I had the honor of working as an active duty child psychiatrist helping to care for the children and families of military members during periods of great stress. I then transitioned to a clinical and administratively focused position at a community hospital in northern Rhode Island where I was exposed to the challenges of leading expansion and then rapid contraction of services depending upon availability of financial resources. I then moved to Bradley Hospital and became much more involved in clinical research and resident and medical student training. My selection as an AACAP Harvard Macy Teacher Scholar in 2005 was transformative for me and led to my greater involvement with medical education locally, nationally, and internationally. I was appointed Program Director of the Child and Adolescent Psychiatry Fellowship and Triple Board Program at Brown in 2007 and now also administratively responsible for the oversight of all inpatient and partial programs at Bradley Hospital. The lessons learned from these experiences will strengthen my ability to be effective as Secretary including supporting the current presidential initiatives and also the continued expansion of the education and advocacy missions.

I have been very involved in the Academy serving as Co-chair of the Training and Education Committee for the past ten years and recently as a member of the Lifelong Learning Committee. These experiences and the roles that I have had as a member of the ABPN CAP MOC Committee and Accreditation Council of Graduate Medical Education (ACGME) Work Group creating the Child and Adolescent Psychiatry (CAP) Milestones highlight the greater emphasis accreditation and oversight has in our field not only in residency but also throughout our careers. It is imperative that we have AACAP members collaboratively represent our perspective within these organizations to ensure that we are truly able to embrace lifelong professional education that is engaging and efficiently delivered.

There are many areas that the AACAP Executive Committee supports through resources and advocacy. One specific urgent area includes the need for assessment and management of the imbalance of clinical vs. academic vs. personal/family roles. It seems that regardless of the type of job in CAP there exists challenges due to role overload, financial pressures, and access to care issues. The leadership within AACAP is uniquely suited to creatively address this important issue. I am grateful for the opportunity to be Secretary of the Academy. I look forward to being an active part of the governance at the AACAP and will work tirelessly to improve the professional lives of all members and the patients and families we treat.

PLEASE CHOOSE ONE OF TWO CANDIDATES

Candidate Biographical Information: **AACAP SECRETARY**

ANDRÉS MARTIN, MD, MPH



Child Study Center, Yale School of Medicine: Riva Ariella Ritvo Professor ('09-); Medical Director, Children's Psychiatric Inpatient Service at Yale-New Haven ('02-); Associate Director for Traditional ('02-) and Integrated ('03-) CAP training programs. **AACAP:** Editor-in-Chief, *JAACAP* ('08-17); Co-founder ('05), Coordinator (-'08) and Mentor ('05-), Travel Awardee Mentorship Program **APA:** Child and Families Council ('13-15) **IACAPAP:** Coordinator, Donald J. Cohen Mentorship Program ('04-14); Adjunct Secretary ('08-'14); Counselor ('14-); Deputy Editor, *e-Textbook* ('17-) **Education:** MD, UNAM ('90); Psychiatry ('94) and CAP ('96), Harvard; MPH, Yale ('02); **Honors:** Presidential Medal, IACAPAP ('14); Innovations Award, ADMSEP ('12); Leah Lowenstein Award for Egalitarian Teaching, Yale Women in Medicine ('08); Mentoring Leadership and Innovation Award, AACAP ('06).

DISCLOSURES

Leadership Roles: No

Financial Conflict: No

Family Member Conflict: No

Signed on 03/18/2017 by Andrés Martin, MD, MPH signed as Andrés Martin

It is an honor to be nominated, and it would be a privilege to serve as AACAP's Secretary. Thank you for your consideration toward serving an Academy that I so deeply cherish.

I list below three main Academy initiatives that I have been involved in, and how I see them informing my participation in the Academy's leadership in the years ahead.

1) Mentorship Program I helped launch a fledgling Academy mentorship program in 2005. I co-led its first 3 iterations, and helped shape and grow it. The program has become a thriving presence at our annual meetings (~300 participants each year). *As a field and as an Academy, we can be only as strong as our youngest members. As specialists in development and growth, who better than us to nurture our young? We need to remain nimble in our efforts to ensure an invigorating pipeline capable of redefining our field anew. I am committed to finding new ways of maintaining mentorship, training and education as strategic priorities.*

2) JAACAP Serving as editor-in-chief since 2008 has been a high-water mark of my professional life. Many milestones to look back on during a long tenure soon to sunset: relocating the editorial office to AACAP headquarters, enhancing impact, expanding clinical focus and practical priorities while publishing the best scientific content, adding and refining 'bells and whistles' like CME, podcasts or cover art. A particular point of pride (and my very first strategic action) was setting up the endowed Jack McDermott assistant editorship. And in keeping with my commitment to mentorship, I have sought to secure a lively pipeline of young colleagues active in the *Journal's* operations, most recently as editors and contributors to our online supplement, *Connect*. *Child psychiatry provides one of the most exciting areas of medical investigation at the dawn of the XXI century. We are uniquely positioned at the crossroads of brain sciences, genetic discoveries and innovative interventions. We should feel exhilarated by the inevitable outdateding of our current knowledge: I am eager to see our science continue to mature, unfold and have a palpable impact on the lives of the children we serve.*

3) Break the Cycle: visibility and fundraising for child psychiatry This fall, I will take off on a ~5,000-mile bike ride across the country. BtC is aimed at raising awareness about children's mental illnesses, as well as funds for the Academy (as of now we will do no worse than \$111,000!) BtC is one way of personally giving back to the Academy. It is also a way to step into other areas that I see as high priorities for our field: *We must be able to do a better job at letting others know who we are and what it is that we do; that mental illnesses in children are real, common and treatable, and that we are optimally capable of addressing such enormous need, all the more so as we face uncertainties and vicissitudes in federal funding streams.*

PLEASE CHOOSE ONE OF TWO CANDIDATES

Candidate Biographical Information: **AACAP TREASURER**

BENNETT L. LEVENTHAL, MD



Current: Professor & Director, Child & Adolescent Psychiatry Training, UCSF. Prof of Psychiatry, Yonsei University, Seoul; Irving B. Harris Professor of Child & Adolescent Psychiatry, *emeritus*.
Past: LSU, BS 1972, MD, 1974. Resident: Gen'l Psychiatry & Child and Adolescent Psychiatry Fellow. Chief Fellow & Chief Resident-Duke; LCDR, US Navy 1978-80. Univ of Chicago 1978-2005: Trng Dir (1980-1988); C-L Dir (1980-82); OPD Director (1980-1985); Division Chief (1982-2004); Assoc Chair (1985-91); Chair (Interim) (1991-1998), Vice-Chair (1998-2004), Dir, Orthogenic School (2001-2004); Prof Univ of IL: Prof (2005-2009). Prof & Vice-Chair, Child & Adol Psychiatry, NYU (2009-2011); Deputy Director, Nathan Kline Inst (2009-2013). APA Disting Life Fellow. Fellow AACAP. AACAP Prog Cte Dep Chair (1978-2013); AACAP/NIDA K12 Mentor for 20 years; NBME 25 yrs.

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

Board Member, Brain Research Foundation; Board of Professional Advisers, Autism Society of America; Board Member, MAAP Svcs for Autism, Asperger Syndrome, & PDD; Member and Co-chair, Scientific Review Committee, Child Mind Institute, New York; Member, Scientific Advisory Board, Foundation Child, Italy; Chair, Section on Child and Adolescent Psychiatry, WPA; Editorial Boards: J. Child & Adolescent Psychopharmacology; J. Autism Treatment and Research, Molecular Autism; Consultant, Illinois Children's Healthcare Foundation; Private Consulting Practice; Scientific Advisor, Bring Change 2 Mind

Financial Conflict: Yes

Financial Roles and Organizations and Organization Nature of Conflict

Bring Change 2 Mind - Research Funding Advisor/Consultant Speakers Bureau Scientific Advisor; Illinois Children's Healthcare Foundation - Advisor/Consultant Speakers Bureau; Child Mind Institute - Advisor/Consultant Speakers Bureau Co-Chair, Scientific Advisory Committee; Janssen/J&J - Research Funding Advisor/Consultant Non-pharmaceutical related consulting; The Autism Program, Illinois - Advisor/Consultant; NIH - Research Funding

Family Member Conflict: Yes

Family Leadership Roles: Spouse: NIH Research Funding

Signed on 04/03/2017 by Bennett L. Leventhal, MD signed as Bennett Leventhal

The current political and social environment represents a real crisis for Child and Adolescent Psychiatry and our mission to care for children and families. All over the world, enormous numbers of children and families are in jeopardy due to war and economic strife while, at home, we face unprecedented assaults on the education, health, social justice, and social welfare systems. Furthermore, research resources key to unprecedented advances in our field are being threatened. These and other issues make AACAP all-the-more-important to us as individuals and professionals, as well as for the children and families we serve. The present times demand strength, courage, determination and true leadership; AACAP must lead by being thoughtful yet decisive as it develops the policies and actions that are crucial for our present and the future.

I am proud to be a child and adolescent psychiatrist and long-time AACAP member. I thrive in my career first as a practitioner but also as an educator and investigator. I know our field from within and without AACAP. I have been active in professional medical organizations (NBME, State Medical Board, WPA, etc.) and served AACAP in a many roles. I was Deputy Chair of the Program Committee for 35 years, helping to shape our educational programs, especially the Annual Meeting which has become THE international meeting for child and adolescent psychiatry practitioners. Our meetings cover the science and practice of developmental psychopathology, neuroscience, psychotherapy and pharmacotherapy and welcome colleagues from around the world while maintaining our strong feeling of "home" for AACAP member, be they trainees, "lifers," or everyone in between. I am proud pleased to have helped establish AACAP meetings as the benchmark for quality and as one with freedom from commercial bias by partnering to develop AACAP's "Operating Principles," the first proactive management of commercial relationships among all professional medical organizations. In addition, I was a founder of the Work Group on Research and the K12 initiative and I have served on numerous committees, task forces, work groups, Presidential initiatives, and informal projects. As I have contributed to AACAP, it has contributed to me by providing professional growth and remarkable colleagues and friends. For this I am grateful as this allowed me to personally meet many of you. I have learned what you want and need in our work as practitioners, scholars and advocates.

This election is important. I bring the experience and skills necessary to meet the demands of the current times. If elected, I will serve as treasurer and member of the AACAP Council and Executive Committee. I am committed to creating an environment in AACAP that will support your professional goals and ambitions by managing our resources; I will also actively engage in AACAP governance so that your organization serves and protects you while AACAP leads efforts to sustain appropriate support for the professionals and systems essential for the best practices in quality healthcare while preserving the necessary resources for children and families in this time of crisis.

PLEASE CHOOSE ONE OF TWO CANDIDATES

Candidate Biographical Information: **AACAP TREASURER**

KENNETH M. ROGERS, MD



I attended medical school and received my training in adult psychiatry and my fellowship in child and adolescent psychiatry at the University of South Carolina. Following my psychiatry training, I received an NIMH K-Award to pursue research training at UCLA. I later completed a Masters in Medical Management from the University of Southern California. Professionally, I have served as the Child Psychiatry Fellowship Director at the University of Maryland and most recently as Professor and Chair of the Department of Psychiatry at the University of South Carolina-Greenville. Within the Academy, I have been a member of the Juvenile Justice Reform Committee, the Psychotherapy Committee and an at large member to the Council. I have also served on the executive council of the Maryland District Branch and as President of the South Carolina District.

DISCLOSURES

Leadership Roles: No

Financial Conflict: No

Family Member Conflict: No

Signed on 03/28/2017 by Kenneth M. Rogers, MD signed as Kenneth M. Rogers

My 21 years as a member of AACAP have gone by quickly. The organization that excited me as a resident and fellow has continued to excite me at the point in my career. I first became involved in AACAP committees as a member of the Juvenile Justice Reform Committee which helped to augment my own learning about the juvenile justice system, but also gave me the opportunity to interact with teaching child and adolescent psychiatrists working in this area.

Since that time, I've had a diverse and varied career. I've practiced in public sector mental health settings, as a consulting psychiatrist for an insurance company, and as chairman of an academic department of psychiatry. I have started inpatient services, taught medical students, supervised residents and fellows, and dealt with state and local politics. My current practice includes working in the state mental health system, with an emphasis on cases involving adolescents and young adults. I am also a Clinical Professor of Psychiatry at the University of South Carolina.

Within the Academy, I've served as an at large member of the Council and still actively attend meetings of the Juvenile Justice Reform Committee. I'm also the co-chair of the Black Caucus of AACAP. I have also been past president of the South Carolina Psychiatric Association.

These are challenging times in American medicine. Psychiatry has faced the same challenges. These include the lack of funding for public sector psychiatry, the insurance challenges that burden private practices, and the lack of research funding that threatens academic departments. The changes that we have seen in licensure and recertification requirements and increased legislative and regulatory oversight are causing young physicians to rethink the idea of medical careers. These are having a huge impact on recruitment to psychiatry.

We have to actively support programs that will entice medical students to choose careers in psychiatry. We must then provide an adequate number of training programs so that qualified residents will not have to go into other medical specialties because they cannot find a residency program. Supporting early career psychiatrists so that they have careers that are fulfilling is critical to our success. By taking this developmental process, we will help many young people entering psychiatry have careers that are as fulfilling as those of many of us who have to admit that we are further along in our careers than we would like to admit.

We face many challenges, but these are also exciting times for child and adolescent psychiatry and for the Academy. We are better able to understand the underlying neurobiology of psychiatric illness, yet there is resurgence in interest in psychotherapy and behavioral interventions. There is also excitement about parity in payment for mental health care and the fact that more states are providing integrated care for children and adolescents.

I am honored to be nominated to run for Treasurer. If elected, I will do everything I can to empower our members, advocate for our patients, and to maintain the strength of the Academy.

PLEASE CHOOSE TWO OF FOUR CANDIDATES

Candidate Biographical Information: **AACAP COUNCILOR-AT-LARGE**

VICTOR M. FORNARI, MD, MS



Director of the Division of Child & Adolescent Psychiatry at Long Island Jewish Medical Center, including the Zucker Hillside Hospital & the Cohen Children's Medical Center (2006-present). Professor of Psychiatry & Pediatrics, Hofstra Northwell School of Medicine.
Leadership Experience: CAP Program Director (1992-2006); LIJ Site Director, Project TEACH (CAP PC) New York State Collaborative Care (2010-present); Co-Chair, Admin Committee SPCAP (2006-2014); Secretary Treasurer SPCAP (2014-2016); President-Elect AADCAP (2016-2018); President GLIPS (District Branch of the APA-1997-1999)
Other relevant experience: ABPN Examiner (1989-2014); Chair, Ethics Committee GLIPS (2005-present); Chair, IRB Northwell Health (2008-present). Investigator MOBILITY (PCORI-funded; 2015-2020).

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

President-Elect, AADCAP

Financial Conflict: No

Family Member Conflict: No

Signed on 03/20/2017 by Victor Fornari, MD signed as Victor Fornari, MD

I am honored to be a Candidate for Councilor-at-Large of the American Academy of Child & Adolescent Psychiatry (AACAP). I feel very fortunate to be a Child & Adolescent Psychiatrist. Finding a career that is meaningful and also thoroughly enjoyable is a true gift. How many of us have grown up listening to stories? I know that I did. Although I enjoyed reading books, I particularly enjoyed listening to stories. Listening to stories brought characters to life as I joined them on their journey. With my own patients, I have encouraged them to share their story with me, and we work together to reframe it in order to find a new meaning or change the trajectory of their path. As a Program Director, I found myself immersed with mentoring medical students, residents and fellows to learn how to listen attentively and help each child reach a more desirable outcome.

My mission to increase access to CAPs has evolved from just training those within our field. In recent years, I have also focused on working to collaborate with Primary Care Physicians to be able to care for the mild to moderate mental health problems within their clinical practice. So many young people would otherwise not have access to care for their concerns if not for their primary care physician. Together with longtime colleagues from AACAP, I have devoted a significant portion of the past eight years to the development of Project Training and Education for the Advancement of Children's Health (Project TEACH: Child & Adolescent Psychiatry for Primary Care- CAP PC), funded by the New York State Office of Mental Health. CAP PC is the collaboration of five academic divisions of child & adolescent psychiatry working together to support the primary care physicians in the State of New York.

If elected Councilor-at-Large of AACAP, I look forward to working with the Leadership of AACAP, as well as all of its members, and all those who care about the stories of children, to advance our Field in order to support the mental health of youth and their families.

PLEASE CHOOSE TWO OF FOUR CANDIDATES

Candidate Biographical Information: **AACAP COUNCILOR-AT-LARGE**

MARY MARGARET GLEASON, MD



Current Position: Assoc. Prof., Psychiatry & Behavioral Sciences, Pediatrics, Tulane University School of Medicine; Assoc. Program Director, CAP and Triple Board; **AACAP:** Co-chair Review Course; Presidential Initiative on Integrated Care; Task Force on Rel. between AACAP and Industry; Comm. on Women in CAP; Back to Project Future; Comm. on MSRECP, **AACAP Awards/Grants:** Catcher in the Rye Award (Comm.); Rieger Award; Abramson Fund; Pilot Research **Selected experiences:** ABPN Oversight Comm. on Combined Training; AADPRT Triple Board Caucus Chair; Amer. Acad. Pediatrics EBCD Leadership Work Group; Nat. Network Child Psych Access Programs BOD; Tulane CAP Educator of the Year **Education:** Columbia U. College of Physicians & Surgeons (MD); Rhode Island Hospital/Brown (Triple Board); Tulane (Infant Psychiatry); Brown (T32)

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

Healthy Steps – National Advisory Committee

Zero to Three – DC: 0-3 Revision Task Force

Louisiana Department of Health – ADHD Task Force

Financial Conflict: No

Family Member Conflict: No

Signed on 04/05/2017 by Mary-Margaret Gleason, MD signed as Mary Margaret Gleason

I am a proud and grateful AACAP member. While most AACAP members feel that AACAP has been important in their career, I can say with certainty that without AACAP, I would be doing something entirely different. A week-long AACAP Presidential Scholarship in the spring of my last year of my triple board residency introduced me to a specialty that I barely knew existed, early childhood psychiatry, but, after a fellowship has become a focus of my career. My professional path as an academic clinician educator focuses on early childhood mental health, particularly in the public sector, and integrating child psychiatry into the medical home. Along the way, my patients, residents, colleagues and mentors have shaped how I define the practice of child and adolescent psychiatry and remind me of the complex ways biology, psychology, family and social relationships, and systems all shape children's development.

To address the complexity that is child and adolescent psychiatry, we have a field that offers tremendous diversity of career paths, all with a shared mission of enhancing children's mental health. We serve patients with a wide range of developmental levels, ages, disorders, family and social contexts in clinical, research, educational, and advocacy settings. Our practice certainly includes office-based and hospital-based care, but continues to grow in interdisciplinary community models in schools, public health settings, and medical homes.

As the field continues to evolve and the opportunities continue to grow, AACAP plays critical roles. AACAP defines the practice standards using the highest quality evidence, develops innovative educational approaches, supports education (and educators) of medical students and residents, provides quality continuing medical education resources for child and adolescent psychiatrists, develops resources for families affected by child psychiatric problems, and serves as the professional home for all of us. In a changing healthcare environment, AACAP is the leading advocacy voice for children's mental health, and joins with other organizations to ensure children's health is protected in policy discussions.

I'm grateful to have first-hand experiences with some of the ways AACAP supports its members through AACAP grants and awards. I've also learned from my opportunities serving AACAP and collaborating with other members on two Presidential Initiatives (including the current Task Force on Integrated Care), the Task Force on the Relationship between AACAP and the Biomedical Industry, the *JAACAP* Editorial Board, and most recently, the Committee on Combined Training. I have been especially proud to participate in collaborative efforts between AACAP and other child-serving professional groups. In working with AACAP, I am continually impressed by the commitment to children's well-being among members and staff in this organization, the work that is being done, and the potential for what we can do to increase access to quality care and reduce barriers. I would be honored to have an opportunity to be a Councilor-At-Large. I hope to work with AACAP to continue to enhance the quality of care children and families receive and to support the child and adolescent psychiatrists doing this important work.

PLEASE CHOOSE TWO OF FOUR CANDIDATES

Candidate Biographical Information: **AACAP COUNCILOR-AT-LARGE**

TIMOTHY J. SOUNDY, MD



Chair of Department of Psychiatry 2005-present, Professor of Psychiatry University of South Dakota Sanford School of Medicine. Director of the Division of Child and Adolescent Psychiatry 1999-2005. Assistant Residency Training Director Child and Adolescent Fellowship 1992-1999. Society of Professors of Child and Adolescent Psychiatry 1999-2005. AACAP Health and Prevention Committee 2009-present. American Academy of Chairs of Departments of Psychiatry Executive Council 2014-present. American Medical Association Academic Physician Section 2007-present. President of the South Dakota Psychiatric Association 2002-2004 & 2014-2016. APA Assembly Representative for South Dakota, Area 4, 2016-present. APA Distinguished Fellow 2010. Member of AACAP since 1991. Member of APA since 1989. ABPN examiner for Adult and Child and Adolescent 1997-2015.

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

Chair Department of Psychiatry University of South Dakota Sanford School of Medicine.

American Association of Chairs of Departments of Psychiatry Executive Council.

South Dakota Psychiatric Association Assembly Representative, Area 4.

South Dakota Medicaid Pharmacy and Therapeutics Committee.

Financial Conflict: No

Family Member Conflict: No

Signed on 03/23/2017 by Timothy J. Soundy, MD signed as Timothy J Soundy

It is a true honor to be nominated for AACAP Councilor at Large. Growing up in a small rural Nebraska community, I initially planned on teaching high school science. However, thanks to the encouragement from a professor at a small liberal arts school, I decided to pursue a career in medicine at the University of Nebraska Medical Center. Upon graduation from medical school I began an internal medicine residency at Mayo Graduate School of Medicine. During my first-year rotations I became enthralled with the field of psychiatry and transferred to the psychiatry program there where I completed my adult psychiatry training as well as a child and adolescent psychiatry fellowship. In 1992 I took my first job at the University of South Dakota where I helped start a child and adolescent fellowship. When I moved there I was 1 of 3 child psychiatrists in the state. South Dakota currently has 28 child psychiatrists for a state of 858,000 people. I would like to believe this is in large part a result of the fellowship program.

I have served multiple roles in the department and the medical school in the last 25 years becoming permanent chair of the USD Department of Psychiatry in 2005. During my tenure we opened a brand new 110 bed, free standing psychiatric hospital in Sioux Falls, SD, in 2006. In 2007, we developed a genetics laboratory for behavioral health in conjunction with Avera McKennan Hospital. In 2008, in collaboration with Jim Hudziak, M.D., from the University of Vermont, we incorporated a family-based wellness program in a partnership with the Sioux Falls School District for preschoolers who attend the early childhood development program. Children participate in activities that include violin training, mindfulness activities, and expressive therapies. Children are screened and followed by family health coaches and referred to a dedicated child and adolescent psychiatrist when necessary. The aim of the program is to use an evidence-based family wellness approach to address the emotional and behavioral needs of the at risk preschool children within our community. The school district and families have been pleased with the student outcomes and the community as a whole has been very supportive of this initiative.

My passion continues to be working with underprivileged adolescents in psychiatric residential treatment facilities, the state psychiatric hospital, Indian Health Service, and developmental disability facilities in South Dakota. I continue to teach medical students, residents, and fellows. My current academic interests include pharmacogenomics and the effect of marijuana on the developing adolescent brain. If elected to serve as Councilor at Large I would continue to advocate for legislation that ensures that there are services available for our most vulnerable populations. I would also work to increase the number of child and adolescent psychiatrists, and work with the ABPN to decrease the burden of the maintenance of certification process.

PLEASE CHOOSE TWO OF FOUR CANDIDATES

Candidate Biographical Information: **AACAP COUNCILOR-AT-LARGE**

JOHN T. WALKUP, MD



Professor of Psychiatry, Director of the Division of Child and Adolescent Psychiatry, Weill Cornell Medicine and New York-Presbyterian. AACAP activities: Deputy Editor, Psychopharmacology, JAACAP; Member, Work Group on Research, Pediatric Psychopharmacology Initiative, Native American Child Committee; Author, Practice Parameter on Use of Psychotropic Medication in Children and Adolescents; Speaker, AACAP Annual Mtg., Mid-year Institutes and MOC Institutes. Other: Past Chair of the Medical Advisory Board of the Tourette Association of America; Past Chair of NIMH Study Section Child Psychopathology and Developmental Disabilities. Institute of Medicine committees: Psychosocial Interventions for Mental and Substance Use Disorders and Improving Health Outcomes for Children with Disabilities.

DISCLOSURES

Leadership Roles: No

Financial Conflict: No

Family Member Conflict: No

Signed on 03/28/2017 by John T. Walkup, MD signed as John Timothy Walkup

“We have the best job in the world!” Although we encounter children and families at moments of great distress, we are privileged to be able to help them overcome their challenges in our role as child and adolescent psychiatrists. I have been fortunate to work with terrific children and families in a variety of settings and in a variety of roles including directorships of outpatient and inpatient programs, residency training programs and more recently as a division director. My research has focused on building the knowledge base of treatments for the major psychiatric disorders and dissemination of these interventions to all children and families including Native Americans who experience perhaps the greatest health disparities in this country. Advocacy for our field and the children and families for whom we serve has been a central focus of my career. I have had the opportunity to influence academic, research and clinical policy at the national level and I find that we are welcome at the table; others appreciate our knowledge, wisdom and core skill set of collegiality, collaboration and systems orientation.

What is the status of child and adolescent psychiatry today? The vast majority of psychiatric disorders have their onset in childhood and adolescence with upwards of 20% of children having a substantial psychiatric disorder by the time they are graduated from high school. We know that funding programs for the youngest children (0-3 years) provides the greatest leverage to offset the mental health burden of later childhood, adolescence and adulthood. We also have good treatments for those problems we can't or didn't prevent. But sadly, few children and families have ready access to what we can do for them. What we need to do now is focus on strategies and systems to close this gap. While it may not be obvious to all, health care systems increasingly understand the value of our expertise and come to psychiatry to collaborate in the care of their patients with an aim to improve outcomes and decrease cost. While we are few in number, child and adolescent psychiatrists and AACAP are best positioned to close the gap between what we know works for children and families and the sizeable mental health burden. We need to be prepared to bring the best of child and adolescent psychiatry to that discussion.

I am optimistic about our future. I have had the opportunity to meet and work with child and adolescent psychiatrists from all over the country and have learned a great deal about the challenges and opportunities facing them. In addition, to being collegial, collaborative and systems oriented, child and adolescent psychiatrists are creative (we have to be to work with children) and we will find the way to address the mental health challenges we face. For the past 10 years, I have served AACAP as the Deputy Editor for Psychopharmacology of JAACAP. With the coming rotation in editorial leadership this year, I will be leaving JAACAP and would like very much to continue my commitment to AACAP as Councilor-At-Large. I believe I have the background, energy, experience and commitment to serve children and families, and represent my colleagues and the field of child and adolescent psychiatry. Thank you!

PLEASE CHOOSE TWO OF FOUR CANDIDATES

Candidate Biographical Information: **AACAP NOMINATING COMMITTEE MEMBER**

CHERYL S. AL-MATEEN, MD



Cheryl S. Al-Mateen, M.D. graduated from Howard University College of Medicine and completed her psychiatry residency and child psychiatry fellowship at Hahnemann University in Philadelphia. She is Board Certified in General Psychiatry and Child and Adolescent Psychiatry and is a Fellow of AACAP and a Distinguished Fellow of the APA. Dr. Al-Mateen is a Professor of Psychiatry and Pediatrics at Virginia Commonwealth University School of Medicine in Richmond, Virginia. She serves as Interim Medical Director for the Virginia Treatment Center for Children and as clerkship director for Psychiatry. She teaches students, residents and fellows as well as trainees in social work and psychology. In addition, she teaches content related to Trauma and to Health Disparities/Cultural Competency to preclinical students. Currently Co-Chair of AACAP's Diversity and Culture Committee, Dr. Al-Mateen has presented and written on topics including culture and the effects of violence and trauma.

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

Interim Medical Director – Virginia Treatment Center for Children, VCU Health, Virginia Commonwealth University

Financial Conflict: Yes

Financial Roles and Organizations

Organization Nature of Conflict

Springer Publishing, Intell Property

Family Member Conflict: No

Signed on 1/1/2017 by Cheryl S. Al-Mateen, MD signed as Cheryl S. Al-Mateen

STEVEN P. CUFFE, MD



Selecting members to run for office as AACAP's future leaders is critically important. I believe my experience both in AACAP and in other national organizations give me a broad knowledge of our members, and of the needs of the field. This experience includes:

- Election as Treasurer of AACAP
- Serving as Chair of the Assembly of Regional Organizations
- Member of the AACAP Executive committee for 4 years
- Member of AACAP Council for 8 years
- Current Co-Chair of the AACAP Development Committee
- Member ACGME Review Committee for Psychiatry, 6 years
- Member (8 years) and Vice-Chair (2 years), Steering Committee for Child and Adolescent Psychiatry, ABPN
- Chair, Department of Psychiatry, U. of Florida COM- Jax

I would be honored to serve on the AACAP Nominating Committee.

DISCLOSURES

Leadership Roles: No

Financial Conflict: Yes

Financial Roles and Organizations

Organization Nature of Conflict

Vanguard Research Group Research Funding

Centers for Disease Control and Prevention Research Funding

Family Member Conflict: No

Signed on 09/22/2016 by Steven P. Cuffe, MD signed as Steven P. Cuffe, MD

PLEASE CHOOSE TWO OF FOUR CANDIDATES

Candidate Biographical Information: **AACAP NOMINATING COMMITTEE MEMBER**

JOHN E. DUNNE, MD



Currently, I am co-chair of the Member Benefits Committee and I am particularly interested in developing programs that will assist CAP residents and early career psychiatrists. AACAP has been my professional home since my own residency in 1976. I am currently a Distinguished Life Member. I have held numerous positions in AACAP, including Chair of the Assembly, the WG for Quality Issues, the Membership Comm., the Financial Planning Comm., and the Private Practice Comm. I have presented and organized many workshops, symposia and one Institute for AACAP's annual meetings. Most of these programs have related to career development and practice management issues. In 2016 I produced AACAP's multi-part webinar Business 101 for Clinical Practice. I had been in private practice since completing my training but for the past three years I have been partially retired and working in collaborative care consultation.

DISCLOSURES

Leadership Roles: Yes

Leadership Roles and Name of the Organization:

Board member, Rain City Symphony

Financial Conflict: No

Family Member Conflict: No

Signed on 10/06/2016 by John E. Dunne, MD signed as John Edward Dunne

RICHARD R. PLEAK, MD



Director of Training & Education in Child & Adolescent Psychiatry (1996-present) and Associate Professor of Psychiatry, Hofstra Northwell School of Medicine, Zucker Hillside Hospital, Long Island Jewish Medical Center, NY. Past President (2008-2010) and current Board Member, New York Council on Child and Adolescent Psychiatry, and delegate to the AACAP Assembly of Regional Organizations (2003-present). Co-Chair, AACAP HIV Issues Committee and Past Chair, Sexual Orientation & Gender Identity Issues Committee. Co-Chair, AACAP Local Arrangements Committee for 2010 meeting; member of Local Arrangements Committee for 2016 meeting. Member, Work Group on Gender Dysphoria, American Psychiatric Association. Faculty practice in child, adolescent, and adult psychiatry since 1989. Medical Student instructor, Sofie Davis School of Biomedical Sciences, CCNY (1995-present). MD from Wayne State University, Residency at WPIC Pittsburgh, CAP & Research Fellowships at Columbia University.

DISCLOSURES

Richard R. Pleak, MD

Leadership Roles: No

Financial Conflict: No

Family Member Conflict: No

Signed on 11/28/2016 by Richard R. Pleak, MD signed as Richard R. Pleak

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