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AUGUST 4, 2026

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AUGUST 11, 2026

Early Bird Registration Deadline
SEPTEMBER 15, 2026

On-Demand Content Available
OCTOBER 5–DECEMBER 7, 2026



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Cover Description:

More than 250+ AACAP members, trainees, and advocates gathered on the steps of the U.S. Capitol during the 2026 Legislative Conference before meeting with lawmakers to advocate for policies that strengthen children's mental health, expand access to care, and ensure the voice of child and adolescent psychiatry is heard on Capitol Hill.

MISSION STATEMENT

The Mission of the American Academy of Child and Adolescent Psychiatry is to promote the healthy development of children, adolescents, and families through advocacy, education, and research, and to meet the professional needs of child and adolescent psychiatrists throughout their careers.

—Approved by AACAP Membership
December 2014

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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MISSION OF AACAP NEWS

- 1 Communication among AACAP members, components, and leadership
- 2 Education regarding child and adolescent psychiatry
- 3 Recording the history of AACAP
- 4 Artistic and creative expression of AACAP members
- 5 Provide information regarding upcoming AACAP events
- 6 Provide a recruitment tool

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A Message to the AACAP Community: Standing Together in Difficult Times



■ John T. Walkup, MD

AACAP is our professional home, where we celebrate all of our backgrounds and perspectives, enriched by our families, cultures, faith, and lived experiences. Our diversity is our strength, and we stand united in our shared mission to serve children, adolescents, and families. In difficult times, we do what we do best: bring people together for healing, inspire hope, and give voice to the most vulnerable among us.

The world feels very heavy right now. Geopolitical conflicts are rewriting daily life for children and families caught in the crosshairs. Dehumanizing policies are tearing apart the social fabric of our families and pitting communities against each other. We don't want to live in a world where people do not feel safe in their homes, schools, communities, and places of worship, yet this is where we are. I know that you, as members of our AACAP community, understand this and feel it deeply.

I am writing today because we at AACAP recognize the stress, grief, and helplessness many of you may be feeling now, especially as we continue to show up for our patients, trainees, and colleagues while also experiencing our own pain and uncertainty. But we are no strangers to adversity—and we have the power to choose how we respond in times of crisis. We choose humanity, compassion, and our commitment to

one another and to the children and families we care for.

At the end of the day, we are in the service of protecting the hope, promise, and future of our young people. We may not share the same experiences or perspectives, but we do share a collective humanity. I know that we will continue to come together and meet each other with empathy, respect, compassion, and care.

AACAP stands strong in our collective mission to advance the mental health and well-being of children and adolescents everywhere, while ensuring that our AACAP community has the support it needs to meet the challenges ahead together.

John T. Walkup, MD
President
American Academy of Child and Adolescent Psychiatry

2026 AACAP Election Results

The 2026 American Academy of Child and Adolescent Psychiatry (AACAP) election concluded on May 31, 2026 at 11:59 pm EDT. On behalf of AACAP, thank you to everyone who voted in this important election.

Please join me in congratulating the following members, whose terms will begin at the close of AACAP's 2026 Annual Meeting.

Councilor-at-Large (October 2026–2029)

Lisa B. Namerow, MD
Adelaide S. Robb, MD

Nominating Committee (October 2026–2028)

David Axelson, MD
Mary Margaret Gleason, MD

These elected members are well-respected leaders who have consistently demonstrated their support and dedication to the mission of AACAP and its members. We wish them all the best in their new positions.

I would also like to thank the Nominating Committee, led by Dr. Tami Benton, for their efforts in selecting a terrific slate.

Sincerely,

John T. Walkup, MD
President

American Academy of Child and Adolescent Psychiatry Election Policy

(Approved by the Executive Committee March 23, 2001)

Ballots will be held for three months after the election, during which time anyone who wishes to contest the election can do so. After three months the ballots will be destroyed.

Campaigning is prohibited in AACAP elections.

COMMITTEE

A Workforce Multiplier: Expanding Access to Child and Adolescent Psychiatry Through Collaborative and Integrative Care



■ **Chennai Alexandra Marcus & King Fok, MD**

Introduction

As the demand for child and adolescent mental health services continues to rise, collaborative and integrated care models offer an alternative approach, one that extends psychiatric expertise beyond the clinic and to the broader healthcare system.¹

In this conversation, **Dr. Alison Manning** and **Dr. Nathan Copeland** share their experiences as child and adolescent psychiatrists working within collaborative and integrated care frameworks. Their work highlights a growing shift in the field: from specialty-specific psychiatric care toward team-based, systems-oriented models that engenders patient trust, strengthens interdisciplinary care, and expands access to patients who might otherwise never receive mental health services.

Choosing Collaborative and Integrative Care

Both Dr. Manning and Dr. Copeland describe entering collaborative care through an interest in systems-level impact and interdisciplinary teamwork. Rather than focusing exclusively on direct patient encounters, their roles allow them to engage with the patients of providers outside of their own reach.

Dr. Manning, a triple-board trained child psychiatrist, integrates psychiatric care directly into a pediatric primary care clinic. In this setting, she evaluates pediatric patients, provides recommendations, and teaches residents and pediatricians in real time. This embedded model allows for immediate collaboration and continuity of care within a familiar environment for patients and families.

Dr. Copeland's work spans multiple collaborative care models, including participation in a statewide psychiatry access line. Through this role, he provides consultation to pediatricians and family medicine physicians managing various mental health conditions in their clinics, as well as training providers in best practices for pediatric mental health care.

For both physicians, the appeal to choosing collaborative and integrative care lies in variety, collaboration, and the ability to influence psychiatric care at a population level. As Dr. Copeland reflects, collaborative care offers the opportunity to “exist in different spaces,” interact with diverse providers, and remain connected to the realities faced by communities—particularly those in underserved or rural areas.

A Workforce Multiplier in Action: True Stories in Clinical Practice

A central concept that emerged from the discussion is the idea of the psychiatrist as a “workforce multiplier.” In collaborative care, the psychiatrist's role does not only include directly treating every patient who comes to their clinic, but also empowering other clinicians and systems outside of their own clinic to deliver effective mental health care for children with otherwise significant barriers to mental health access.

Dr. Copeland describes a case of a child with major depressive disorder being treated in a rural primary care setting without access to a child psychiatrist. Through consultation with the child's primary care provider, he recommended increasing the child's SSRI dose beyond what the provider had previously felt comfortable prescribing. He notes that the primary care provider had never increased sertraline beyond 100 mg in her practice, highlighting a common gap in confidence rather than capability that collaborative care helps address. At the same time, a behavioral health care manager worked with the patient to set physical activity goals and engage in meaningful daily activities. The patient improved not through direct psychiatric care, but through a coordinated system involving Dr. Copeland's guidance, the behavioral health care manager, and the primary care provider. Importantly, the impact extended beyond a single patient. The primary care provider gained confidence in titrating antidepressant medications, a skill that could be applied across her broader panel of patients. In this way, the collaborative care model functions as a “workforce multiplier,” expanding the capacity of primary care clinicians to deliver effective mental health treatment within their communities.

Similarly, Dr. Manning shared the story of a 9-year-old with complex psychiatric needs, including PTSD, depression, ADHD, and a history of multiple hospitalizations. Despite significant barriers to accessing psychiatric care, integrated care within the primary care setting allowed for timely intervention, including psychopharmacologic management and supportive services.

Over time, the patient stabilized and was able to transition back to primary care, avoiding further hospitalization. Reflecting on this model, Dr. Manning emphasized that primary care providers are often “so grateful to have somebody to bounce these cases off of,” highlighting how collaborative care not only improves patient outcomes but also supports and empowers clinicians to continue managing complex cases longitudinally.

Shared Responsibility with Primary Care Providers

A defining feature of collaborative care is the partnership between psychiatry and primary care. Pediatricians are increasingly on the frontlines of mental health care, often managing conditions such as anxiety, depression, and ADHD in their clinics.

Both physicians emphasized the importance of supporting primary care providers, who may not have received extensive training in mental health but are nonetheless deeply committed to caring for their patients.

Dr. Manning highlighted how pediatricians often face challenging situations such as families who are hesitant about psychiatric medications and or psychotherapy, and may feel uncertain about how to proceed. In these moments, the collaborative care psychiatrist plays a key role in offering expert guidance, reframing conversations, and tailoring strategies that help meet patients and families. Meanwhile, leveraging the pediatrician’s longitudinal relationship with the family, the pediatrician, psychiatrist, and family can work together to provide comprehensive psychiatric care in a familiar and trusted setting, which can reduce social and logistical barriers to accessing care.

Dr. Copeland noted that this work also involves recognizing and supporting the emotional burden carried by primary care providers. Many pediatricians manage complex psychosocial cases without formal structures for supervision or reflection. Collaborative care creates a space not only for clinical consultation, but also for validation, shared decision-making, and emotional support for these clinicians.

Ultimately, the collaborative and integrative care model fosters a sense of shared responsibility, where mental health care is not isolated within psychiatry, but integrated within the frontlines of primary care.

Building your Career: Advice for future Child Psychiatrists

For trainees interested in collaborative and integrated care, both physicians emphasized that this is a rapidly growing and evolving field with expanding opportunities.

Dr. Copeland encouraged trainees to recognize that integrated care is likely to become an increasingly standard part of psychiatric practice. As healthcare systems continue to specialize, psychiatrists will play a critical role in bridging gaps between disciplines and improving communication across care settings.

Dr. Copeland advised to seek early exposure through electives, access programs, or integrated care clinics, network and build relationships with clinicians working in collaborative care including mentorship to guide career development and training opportunities. Most importantly, he notes to “explore broadly,” recognizing that interests may evolve over time, and acknowledge that collaborative care is, indeed, evolving with the expansion of healthcare systems.

Dr. Manning also highlighted the importance of national and local resources, including child psychiatry access programs and professional organizations, as entry points into this work.

Notably, both emphasized that expressing interest early in training can open doors, as institutions increasingly look for clinicians willing to engage in systems-based care.

Conclusion

Collaborative and integrated care represent a transformative shift in child and adolescent psychiatry—one that prioritizes accessibility, teamwork, and systems-level impact. By extending psychiatric expertise into primary care and community settings, these models allow clinicians to reach children and families who might otherwise go unseen.

As demonstrated by Dr. Manning and Dr. Copeland, this work is not only clinically impactful, but also deeply meaningful. It reflects a broader vision of psychiatry: one that empowers providers, strengthens systems, and ultimately improves the mental health of youth in entire communities.

In an era marked by increasing demand and persistent disparities in care, collaborative and integrative care offers a compelling path forward, one where psychiatrists serve not only as clinicians, but as partners, educators, and catalysts for change.

Further Reading/Citations

1. Woltmann E, Grogan-Kaylor A, Perron B, Georges H, Kilbourne AM, Bauer MS. Comparative effectiveness of collaborative chronic care models for mental health conditions across primary, specialty, and behavioral health care settings: systematic review and meta-analysis. *Am J Psychiatry*. 2012;169(8):790-804

MID- AND EXPERIENCED CAREER PSYCHIATRIST COMMITTEE

The Newly Created MECAP Committee is Filling a Critical Gap in Mentorship



■ **Liwei Hua, MD, PhD,
Nicholas Carson, MD, and the
MECAP Committee**

The newly created Mid- and Experienced Career Psychiatrist Committee (MECAP) convened its first meeting at the 2025 AACAP Annual Meeting in Chicago. This committee was created to fill a specific gap in the support and mentorship of mid-career (>7 to 19 years out of training) and experienced career (20 or more years out of training but not yet meeting criteria for Life Members) child and adolescent psychiatrists (CAPs), and it extends AACAP's umbrella of professional support to this important demographic in our membership.

AACAP has demonstrated a commitment to strong support of medical students interested in child and adolescent psychiatry, psychiatry residents, child and adolescent psychiatry fellows, and early career psychiatrists, with mentorship and multiple opportunities for engagement in the AACAP Medical Students and Residents (MSR) and AACAP Early Career Psychiatrist (ECP) Committees. As a result of this early support, many CAPs are already in positions of leadership (program directors, medical directors, department chairs, CEOs, etc.) by the time they progress into their mid-career stage. However, support and mentorship during this time of increasing work and personal life pressures can be difficult

to obtain and maintain. The assumption (both internal and external) that mid-career CAPs are well-equipped enough to navigate career challenges and changes independently may contribute to this difficulty. For CAPs who are promoted into leadership positions, which require mastery of healthcare administrative skills and content that are simply not taught in medical training, this expectation of self-reliance may be particularly unreasonable. Many MECAPs are also facing challenges of the “sandwich generation”: caring for both their children/partners and their aging parents, while balancing peak work responsibilities. Experienced career CAPs may find themselves searching for other opportunities and facing age biases. The pressures and expectations of MECAPs can contribute to career dissatisfaction, burnout, and eventually leaving the workforce. However, with the right support, this time can be the most satisfying phase of a child psychiatrist's career.

Thus, we are excited to lead the new MECAP Committee through its inaugural year. One of the main goals of creating this committee was to help determine specific MECAP needs and to provide a forum for peer support and mentorship. The committee also hopes to provide opportunities for further development of leadership and management skills and to promote a healthy work-life balance and overall well-being. We will be working closely with the Life Members Committee for leadership guidance and mentorship. We also have liaisons with the MSR and ECP committees, and others, to offer mentorship, collaboration, and establish engagement across the career span. Another goal is to gather career development and leadership resources from our MECAP members to create

an AACAP Resource Library. We invite your responses by using this link: <https://www.surveymonkey.com/r/S9SPTMS>.

We appreciate the generations of AACAP leadership and staff who believed in this idea and threw their support behind the creation of the MECAP Committee. We hope you will join us at the AACAP Annual Meeting in Atlanta this fall! Our meeting is open to all, and we will also have a Mentoring/Networking Event, two Special Interest Study Group presentations (“Midcareer and Looking for New Ways to Engage in AACAP? Explore Pathways to Leadership and Engagement with a Diverse Group of Child and Adolescent Psychiatrists!” and “Sandwiched Yet Isolated: Midcareer Challenges”), and a Special Program entitled “Leadership Dilemmas in Child Psychiatry: You Be the Judge”). Please check the program for dates, times, and locations of each: <https://aacap.confex.com/aacap3/2026/meetingapp.cgi/Index/CoSponsor~Mid-%20and%20Experienced%20Career%20Psychiatrist%20Committee>. We hope to see you at one or many of these presentations!

For those interested in joining our MECAP listserv, please email our wonderfully knowledgeable and supportive AACAP staff liaison Quentin Bernhard, qbernhard@aacap.org. Please also feel free to reach out to co-chairs Liwei Hua and Nicholas Carson and committee members Vivien Chan, Mary Gabriel, Anna Hankins, Fareesh Kanga, Amy Kim, Annie Li, Scott Palyo, Zheala Qayyum, Meghan Schott, Shawn Sidhu, and Neha Sharma with interest in or questions about the committee. Whatever your stage of career, we look forward to your involvement with MECAP.

PUBLIC RESOURCES COMMITTEE

Gamer or Gambler? Loot Crates in Video Games



■ **Paul Weigle, MD & Mario Lintz, MD, PhD**

“He charged \$700 to my credit card!” Dio’s father complained furiously in our family session while his son buried his face in his arms. At 10 years of age, Dio has a history of ADHD but no prior history of stealing behavior until his father discovered five separate purchases of “Robux”—virtual currency for a Roblox video game—on his credit card statement.

After initial denials, Dio admitted that he bought Robux to trade for a chance at rare eggs in the video game Pet Simulator. He began playing the game several weeks earlier and was immediately gifted some rare eggs, which he could hatch into virtual pets to serve as companions in the game or trade to other players. He could earn more eggs by ‘grinding’ or playing through the game, but he learned that he could instead purchase a “loot crate,” which contained randomized eggs. Most of the eggs in loot crates are of low value, but he had a small chance of earning a “huge” or “titanic” egg, which is rare and highly valuable. Knowing his parents were unlikely to authorize such a purchase, he used their credit card information, stored on his iPad from a previous purchase, to buy loot crates. Frustrated when his loot crates did not yield the contents he hoped for, Dio made several such purchases of increasing cost, up to the maximum of \$100 per checkout. This behavior only stopped when his irate father discovered charges on his credit card and confronted him.

Dio’s story is not uncommon. The past decade has seen an enormous shift in the way video games are played and monetized. Games have shifted from the traditional model of paying for the game upfront and then owning all its content to something entirely different. Most popular games, such as Fortnite or Roblox titles, are free to play and generate revenue by selling players in-game content that is increasingly randomized. The randomized digital content of “loot crates” may include rare, high-value items, which can sometimes be traded for cash and may function similarly to gambling mechanics. For this reason, marketing them to children is restricted or illegal in several countries, but remains largely unrestricted in the United States.

A majority of top iPhone, iPad, and Android games offer loot crates, as well as many console and PC games, including EA Sports titles such as NBA 2K26, Call of Duty, Apex Legends, and League of Legends. Many players do not spend money on these games, but one survey found that 30% of adolescent gamers purchase loot crates, spending an average of \$50 per month.¹

A smaller number of players spend far more (referred to as “whales” by game developers). Like Dio, many players use their parents’ credit card information without permission to make purchases totaling hundreds of dollars. Some extreme examples documented in the news media report up to \$50,000 worth of online content being purchased by youth without their parents’ knowledge. Boys are more likely than girls to buy loot crates and spend more money. Loot crate purchases have been linked to both gaming disorder and gambling disorder and may increase risk for the development of addictive behaviors.²

In cases of youth spending increasing amounts of money on loot crates in an uncontrolled fashion, it can be difficult to determine whether they are struggling with addiction to video games, gambling, or both. A Common Sense Media census recently found that adolescents are more likely to gamble through video games than through sports betting or offline gambling, and that consequences such as increased stress and conflict with parents are not uncommon.³



Youth with gambling disorder rarely present with gambling problems in isolation. Studies suggest that up to 96% have at least one co-occurring psychiatric disorder.⁴ Substance use disorders are the most common comorbidity. Compared with non-gamblers, individuals with pathological gambling have a sixfold increased risk of alcohol misuse and an approximately fivefold increased risk of other substance use disorders.⁵ Notably, gambling disorder is more likely to precede the onset of substance use disorders than the reverse. ADHD is also particularly important to consider in children and adolescents, affecting an estimated 20%–50% of youth with gambling disorder and contributing to earlier onset and greater severity of gambling behaviors.^{4,7}

Mood disorders are also strongly associated with gambling disorder. Depression and anxiety occur at roughly three times the rate observed in non-gamblers,⁵ and longitudinal studies suggest that depressive symptoms can both increase the risk for developing gambling problems and emerge as a consequence of gambling disorder.⁶ Suicidality is another major concern, with nearly one-third of individuals with gambling problems reporting lifetime suicidal ideation and more than 13% reporting a suicide attempt.⁸ Impulsivity appears to be a shared underlying vulnerability across these conditions, with more than three-quarters of individuals with gambling disorder exhibiting elevated levels of impulsivity.⁷

Given these findings, clinicians should routinely screen youth who present with gambling problems for substance use, depression, anxiety, ADHD, and suicidality. Because co-occurring psychiatric disorders are the rule rather than the exception, integrated treatment that addresses both gambling disorder and associated mental health conditions is likely to produce the best outcomes. Because adolescents and young adults are less likely than older adults to seek care, proactive screening is essential.

Gamers who buy loot crates typically don't consider themselves gamblers, so when evaluating youth gaming habits, it is insufficient to simply ask whether



Online Gambling, Video Games, and Kids

No. 147; June 2026

Key Takeaways

- ▶ Online gambling is easy to access through apps, games, and sports betting platforms. Because teens' brains are still developing, they may be more likely to take risks and have difficulty recognizing when gambling is becoming a problem.
- ▶ Gambling can affect mental health, behavior, and daily functioning. Problems may include mood changes, secrecy, financial losses, and difficulties at school, home, or with friends.
- ▶ Parents can help by talking openly about gambling, monitoring online activity, and setting clear expectations and limits.

Most parents know to worry about a teen spending money on a sports betting app. However, many of today's youth gamble in a way that looks nothing like a casino. It looks like buying a loot box in a video game, purchasing gaming currency to spend on a chance for virtual rewards, or betting on an election through a prediction market app. All of these examples involve spending money without knowing what you will get—also known as gambling.

While many teens may place the occasional bet without long-term harm, some become obsessed and lose control of their gambling. The teen brain is still developing. The parts that control urges and consider risks are not fully mature until the mid-20s. That means teens are more likely to develop gambling addictions than people who first try gambling as adults. More than two-thirds of adult problem gamblers say their gambling started when they were young.

What Is Gambling Disorder?

Most young people who try gambling do not develop a problem. However, for some, what starts as fun becomes a habit they cannot control. That is when gambling becomes a disorder.

Gambling disorder is a recognized condition, similar to an addiction to drugs or alcohol. A child or teen may have gambling disorder if several of these signs show up in one year:

- ▶ Needing to gamble with more money to feel the same thrill
- ▶ Trying to cut back or stop but not being able to
- ▶ Feeling irritable or restless when unable to gamble
- ▶ Gambling to escape stress, boredom, or unhappiness
- ▶ Gambling more after a loss to try to win the money back (i.e., "chasing losses")
- ▶ Lying about how much money is lost gambling
- ▶ Falling behind at school, fighting with parents, or losing touch with friends because of gambling
- ▶ Stealing money to gamble

Boys are more likely to gamble than girls, and children and teens with ADHD, depression, anxiety, and/or substance use are at higher risk of developing gambling disorders. It can be harder for them to stop when a reward feels close.

Gambling Starts Earlier Than You Think

For younger children, gambling often starts inside a video game. Loot boxes, card packs, and in-game purchases offer a chance at a rare or desired item. Kids spend money not knowing what they will get in return. Offline, “blind boxes” sold as collectibles work the same way. Children often do not see these as gambling, but the appeal is the same.

Many free games are purposely built to hook players. Early on, rewards occur easily and often. Once players are invested in the game, rewards are harder to come by, and players may be tempted to spend money for randomized chances to win rare game items.

Gambling Behavior Evolves Over Time

Older teens are more likely to use sports betting apps, visit online casinos, or participate in fantasy sports leagues. More teens are also using prediction markets—apps where users bet real money on things like celebrity behavior, sports results, or current events. Some prediction market apps use digital currencies like Bitcoin or are based outside the U.S. to make it easier for minors to sign up. The money to gamble frequently comes from a parent’s credit card, often used without the parent’s knowledge.

Warning Signs of Gambling Disorder

Parents and family members should watch for the following:

- ▶ Unexplained charges on family credit cards
- ▶ Asking for a debit or credit card for no clear reason
- ▶ Unexplained cash or purchases
- ▶ Increased screen time they get defensive about
- ▶ Pulling away from friends, sports, or activities they used to enjoy

- ▶ Sleep problems from staying up late on screens
- ▶ Outsized emotional reactions for a sports score or news event
- ▶ A new fixation on gambling talk, or on statistics for a sport they previously didn’t care about
- ▶ Sliding grades or missing school
- ▶ Lying about spending or screen time
- ▶ Sneaking smartphones, tablets, or computers into places where they are not allowed
- ▶ Friends, teachers, or other parents raising concerns

What Families Can Do

Parents and family members should model healthy relationships with gambling platforms and screen time. How adults talk about gambling matters. Treating sports betting or lottery tickets as harmless or glamorizing big wins can encourage children to gamble.

- ▶ Know what your child is doing online. Ask about in-game purchases, gambling games, and betting apps.
- ▶ Encourage a healthy balance of offline activities and hobbies.
- ▶ Talk to your children about gambling before a problem starts.
- ▶ Explain the dangers of loot boxes, blind boxes, and betting apps.
- ▶ Set clear rules about video games, other gambling platforms, and spending money online.
- ▶ Set financial safeguards on every device.
- ▶ Require approval for in-app purchases.
- ▶ Set spending limits on gaming accounts.
- ▶ Remove saved payment information from consoles, smartphones, tablets, and gaming accounts your child uses.

they gamble. It is more effective to ask specifically about spending money in video games, particularly purchases of loot crates or other randomized content. When video game purchases become expensive or problematic, parents often benefit from guidance regarding safeguarding financial information, talking to their children about gambling-like mechanics, setting limits around gaming, and monitoring their children’s online behavior.

Under the guidance of his child psychiatrist, Dio’s father explained to him the potential impact of online purchases and forbade him from making purchases without prior permission. He removed saved financial information from Dio’s devices and replaced his credit card to obtain a new number. He set parental controls on Dio’s devices and began supervising his gaming more closely, including routine checks, while making a conscious effort to initiate regular discussions about online behaviors and experiences. Dio’s psychiatrist initiated treatment for ADHD and provided the family with brief education about risks associated with online gaming. However, given time constraints, he believed the family would benefit from written information to reinforce key points at home.

As busy clinicians, we often lack the time and resources to provide all the psychoeducation our families need. This is why the AACAP Facts for Families handouts can be so valuable in supporting and reinforcing our clinical work. We’re pleased to announce that the AACAP’s Public Resources Committee’s latest Facts for Families, entitled “Online Gambling, Video Games, and Kids,” has just been released. You’ll find the handout printed in this issue of AACAP News, along with dozens of other regularly updated Facts for Families on AACAP’s website under the Families/Youth subheading. My patients’ families often appreciate and benefit from the expert guidance that a well-selected Facts for Families handout provides.

continued on page 12

continued on page 12

COMMITTEES/REGIONAL ORGANIZATIONS

When to Seek Help for Gambling Disorder

Gambling disorder can cause serious harm. When a young person loses a lot of money or feels deep shame, the risk of suicidal thinking goes up. Gambling problems can lead to or worsen depression, as well as addiction to drugs or alcohol.

How a Child and Adolescent Psychiatrist Can Help

A child and adolescent psychiatrist can determine if your child has a gambling problem, look for related conditions, and build a treatment plan to address them. They may prescribe medications or recommend individual therapy. Counseling helps children and teens spot the thinking that drives out-of-control gambling and build skills to stop it. Family therapy can also be helpful. Medications may treat related conditions like ADHD or depression.

If you need more information:

- ▶ **Child and Adolescent Psychiatrist Finder**
- ▶ **National Problem Gambling Helpline**
 - ▶ 1-800-MY-RESET (Call or Text)
 - ▶ Helpline™ Chat

Related Facts For Families:

- ▶ **Video Games and Youth**
- ▶ **Social Media and Your Child**
- ▶ **Internet Use in Children**
- ▶ **Teens: Alcohol and Other Drugs**

If you find **Facts for Families**® helpful and would like to make good mental health a reality, consider donating to the **Campaign for America's Kids**. Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to

Campaign for America's Kids, P.O.
Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 11,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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If you need immediate assistance, please dial 911.

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Paul Weigle, MD is associate medical director at Natchaug Hospital and Associate Professor of Psychiatry at UConn School of Medicine. For over 20 years he has studied, taught, and written on the effects of screen media on the mental health of youth. Dr. Weigle is an AACAP Distinguished Fellow, having served 20 years on AACAP's Media Committee. Dr. Weigle currently works on AACAP's Public Resources Committee, as well as the Institute of Digital Media and Child Development's National Scientific Advisory Board.

Mario Lintz, MD, PhD, is the Medical Director of the adolescent Substance Use Treatment, Education, and Prevention (STEP) Program at Denver Health Hospital Authority and an Assistant Professor of Psychiatry at the University of Colorado School of Medicine. His clinical work focuses on adolescents with co-occurring substance use disorders and psychiatric conditions, as well as youth with mood disorders. Dr. Lintz has served on the AACAP Public Resource Committee since 2021.

SPORTS PSYCHIATRY WORK GROUP

AACAP Adolescent Psychiatry Committee Launches the AACAP Sports Psychiatry Work Group



■ **Devan Baijal, DO, Raymond Pan, MD, Apurva Bhatt, MD, Michael Tsappis, MD**

Youth athletes face a unique constellation of psychological pressures that often go unrecognized by clinicians without specific expertise in sports psychiatry. Sports psychiatrists primarily deal with the prevention, diagnosis, and treatment of psychiatric illnesses such as depression, anxiety, ADHD, and sleep disorders in athletes, with particular attention to how psychiatric medications may affect athletic performance and the regulatory restrictions governing their use in competitive sport. However, in addition, performance anxiety, athletic identity shifts, disordered eating, concussion related psychiatric sequelae, and the psychological response to injury are also just a few of the clinical presentations that child and adolescent psychiatrists may encounter without realizing the sport specific context driving them.

Sports psychiatry is rapidly gaining more recognition within child and adolescent psychiatry. Youth sports participation has expanded dramatically, and with it has come earlier specialization, higher training volumes, and increased pressure

at younger ages. The landscape has shifted further with the introduction of Name, Image, and Likeness (NIL) opportunities, which now extend financial stakes and public scrutiny into adolescence. These changes mean today's young athletes are navigating commercial pressures, social media exposure, and performance demands that previous generations did not face, often without the coping resources or developmental maturity to manage them.

Child and adolescent psychiatrists are well positioned to recognize and treat the mental health needs of this population, but many have not received focused training in the constructs specific to sports psychiatry. Topics such as the Relative Energy Deficiency in Sport (RED-S), psychological response to injury, and the role of athletic identity in a young person's developing sense of self require a framework that blends general child psychiatric knowledge with sport specific competence. There are also strong parallels to systems-based care already familiar to child and adolescent psychiatrists, as athletes interface with coaches, athletic trainers, team physicians, school systems, and families, all of whom play a role in the young athlete's mental health and recovery.

To address this growing need, the Adolescent Psychiatry Committee has formed a new Sports Psychiatry Work Group, launching at the AACAP 2026 Annual Meeting in Atlanta. This work group aims to serve as an educational and advocacy home within AACAP for matters related to youth sports and mental health. Goals include educating the membership through presentations at the annual meeting, written publications, advocating for policy and position statements relevant to youth athlete mental health, and collaborating with other organizations focused on sports psychiatry and youth athletics.

We invite AACAP members, residents, fellows, and medical students with an interest in sports psychiatry to join us. If interested in participating in our work group, please contact the co-chairs of the new work group, Devan Baijal, DO (devan.baijal@advocatehealth.org), or Raymond Pan, MD (panrj@upmc.edu).

Devan Baijal, DO

Raymond Pan, MD

Apurva Bhatt, MD, AACAP Adolescent Psychiatry Committee Chair

Michael Tsappis, MD, AACAP Adolescent Psychiatry Committee Chair

COMMITTEES/REGIONAL ORGANIZATIONS

TASK FORCE ON CHILDREN, FAMILIES, AND IMMIGRATION

The Imperative of Physician Diversity and Cultural Competency in the Care of Immigrant Children & Families

■ Members of the AACAP Task Force on Children, Families, and Immigration

The landscape of American childhood is undergoing a profound demographic shift. Currently, more than 1 in 4 children in the United States are from immigrant families, a figure that has doubled over the last 3 decades.¹ As the American Academy of Child and Adolescent Psychiatry (AACAP) continues its mission to promote healthy development, the AACAP Task Force on Children, Families, and Immigration recognizes a critical need in our care delivery system for a workforce that recognizes the linguistic, cultural, and lived experiences of the families we serve. For the child and adolescent psychiatrist, diversity is not merely a metric of equity; it is a clinical necessity that directly impacts diagnostic accuracy, therapeutic alliance, and health outcomes.

Immigrant families frequently navigate a myriad of stressors including, but not limited to, the trauma associated with the migration journey, the acculturative stress of integrating into a new society, and the structural barriers of a fragmented healthcare system. When child & adolescent psychiatrists lack the cultural or linguistic tools to bridge these gaps, the risk of misdiagnosis increases. For example, in many immigrant cultures, internalizing disorders like depression and anxiety may manifest as somatic complaints or “idioms of distress”—such as headaches, stomach pain, or irritability—rather than the Western standard of expressed low mood.² Without a nuanced understanding of these cultural presentations, clinicians may overlook serious psychopathology or misinterpret

cultural norms as behavioral defiance. Efforts to increase cultural competence in psychiatry have stemmed in part from the understanding that different cultures often manifest symptoms of mental health disorders in unique ways.³

Therapeutic alliance is of the utmost importance in child psychiatry, and yet for many immigrant families, this alliance is often strained by language barriers and unfamiliarity with Western mental health frameworks. When a psychiatrist shares a similar cultural or linguistic heritage, it can help to create a sense of psychological safety and familiarity. This allows the psychiatrist to be uniquely positioned not only to translate words but also to better understand the complex emotional realities of the family’s life. The psychiatrist can both



The **NextGen CAPs: Excellence Through Mentorship Video Series**, sponsored by the AACAP Diversity and Culture Committee and supported by the Abramson Fund, highlights the diverse career pathways in child and adolescent psychiatry. Featuring psychiatrists at various career stages, the series explores their roles and diversity, aiming to inspire and engage the next generation of child and adolescent psychiatrists.

Watch video:

<https://www.aacap.org/NextGenCaps>

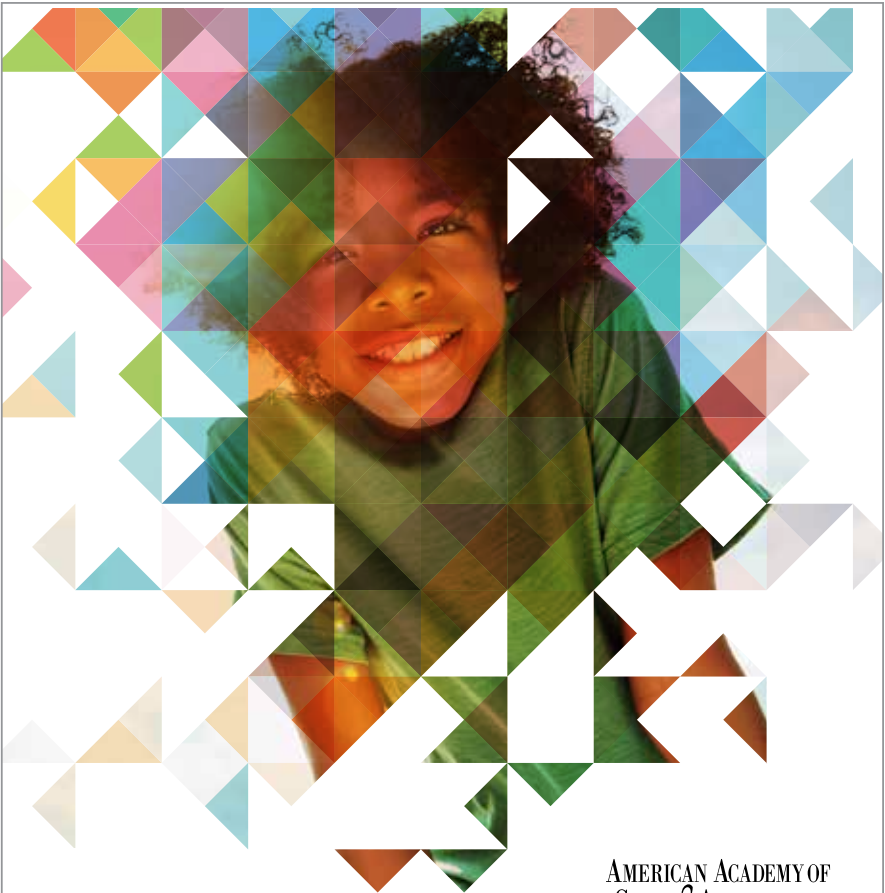
validate parents' traditional values and simultaneously support children's developing hybrid identity. This is a clinical intervention that can aid in reducing family conflict and improving treatment adherence. For physicians who have not been exposed to the immigrant experience, adopting an attitude of cultural humility to be open to a child/family's cultural experiences can increase trust and therapeutic alliance.⁴

First-generation immigrants have significantly lower rates of utilization of mental health care compared to U.S.-born adults.⁵ A diverse and culturally competent physician workforce is essential to closing this gap. A psychiatrist who understands the legal and social anxieties surrounding immigration status is more likely to proactively address the barriers to mental health service engagement.⁶ Diversity and cultural competency are equally essential for the future and evolution of psychiatric research. For too long, "evidence-based" treatments have been developed using predominantly Western, middle-class samples. When child and adolescent psychiatrists from diverse backgrounds enter academia, they bring perspectives that challenge these biases. By diversifying our workforce of clinicians and investigators, we are ensuring that the field of psychiatric research is inclusive of the global majority, leading to interventions that are culturally grounded.⁷

In conclusion, the AACAP Task Force on Children, Families, and Immigration recognizes that diversity and cultural competency are core components of clinical excellence. To provide the highest standard of care to the millions of children in immigrant families, we need a workforce that is as multifaceted and diverse as the population it serves. By recruiting and retaining diverse trainees and continuing to emphasize trainee education in cultural humility and competency, we are ensuring that children and their families can be seen, heard, and understood no matter their background.

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Bipolar Disorder:
Parents' Medication Guide

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2026 Assembly Meeting Highlights Top Priority Areas for Child and Adolescent Psychiatrists Nationwide



■ Shawn Singh Sidhu, MD, Jose Vito, MD, Sarah Mohiuddin, MD, Avanti Bergquist, MD, Vera Feuer, MD, Caitlin Briggs, MD, & Robin Du, MD

“As long as poverty, injustice and gross inequality persist in our world, none of us can truly rest.”

—Nelson Mandela.

May 3rd and 4th marked the 2026 Spring Assembly Meeting this year. For those who are less aware, the AACAP Assembly of Regional Organizations is the grassroots heart of the organization, where delegates from local AACAP branches come together twice a year in-person to serve as a voice and advocate for the kids and families they serve. In other words, Assembly Delegates are AACAP’s “eyes and ears on the ground.” Assembly

meetings are open to all AACAP members (including trainees!), Delegates and Non-Delegates alike, and we welcome anyone interested in advocacy to join us at the 2026 Annual Meeting (registration required)!

President John Walkup opened the Spring 2026 meeting with a call to action around innovation, highlighting the need for AACAP to be a responsive and timely





national leader on the most important issues of our time. He highlighted major AACAP initiatives including AACAP's involvement on national autism spectrum disorder associations, leadership development efforts within the organization, the response to federal attempts to limit psychotropic prescribing, and Annual Meeting programming. He conveyed that the state of the organization remains strong, with continued growth in membership. Regional Organizations spoke to themes of membership engagement, recruitment, CME programming, functional websites, collaboration with nontraditional partners, shared lobbying efforts, and creative community-building activities. The Colorado ROCAP, in particular, was praised for its robust advocacy programming, including its school consultation tools, THC education partnerships, youth mental health video projects, legislative breakfasts, juvenile justice advocacy, climate-related youth essays, and Youth Mental Health Action Day. Eric Williams then reviewed important updates to AACAP's conflict-of-interest process, emphasizing transparency, trust, and mitigation of potential bias.

Several presentations focused on vulnerable populations and the systems that shape their care. Dr. Lopez-Arvizu discussed the intersectional experiences of immigrant and Latine families who have children with developmental concerns. She highlighted common concerns experienced by these families and how to engage in a dialogue around preparedness and contingency plans

with this population. Dr. Holloway presented on gender-affirming care in a broad clinical and political context, noting that youth may seek education, family support, therapy, treatment of co-occurring conditions, or specialty referrals rather than any single predetermined intervention. The discussion highlighted the importance of evidence-based, individualized care, professional collaboration, and preserving access to appropriate mental health services.

Open forum discussions reflected the breadth of issues confronting child and adolescent psychiatry. Members raised concerns about AI in clinical contexts, including state legislatures that are moving forward with bills to allow AI to engage in lower-level clinical decision making (such as ordering refills for patients). The AI conversation centered around patient safety, expertise, privacy, consent, documentation, and the need for psychiatry-specific guidance. Others discussed the moral responsibility of CAPs to speak for children in war zones. Scope-of-practice expansion for nurse practitioners and physician assistants generated extensive discussion, with members seeking a balanced approach that protects patient safety, acknowledges access challenges, clarifies supervision standards, and supports better public education about physician training.

The AMA report emphasized recent successful resolutions related to school mental health infrastructure and access to evidence-based psychotropic



medications for pediatric medical illness. The AACAP PAC update reviewed its mission to support congressional candidates aligned with child mental health priorities, regardless of party.

Dr. Ashvin Sood's presentation on social media emphasized that physicians can communicate effectively online while maintaining nuance, disclosure, professionalism, and ethical responsibility. He noted that if child psychiatrists are absent from public education spaces, others will fill that vacuum without the same level of evidence or expertise.

The meeting closed with continued discussion of access barriers, stimulant shortages, pharmacy restrictions, unregulated ketamine and psychedelic treatments, telepsychiatry across state lines, and AI-enabled prescribing. Across all topics, the Assembly returned to a common theme: advocacy requires expertise, humility, national coordination, and local relationships and implementation.

In a time of rapid clinical, technological, and policy change, the Assembly remains a vital home for transforming concern into strategy, and strategy into action on behalf of children and families.

We would love to see you at the October 2026 Assembly Meeting in Atlanta (held within the greater AACAP Annual Meeting), and please contact us with any questions!

2025 AACAP LEGISLATIVE CONFERENCE

AACAP's 2026 Legislative Conference

■ Government Affairs Team



Two hundred and thirteen child & adolescent psychiatrists, fellows, residents, medical students, and family advocates from 34 states convened at AACAP's Legislative Conference May 4–5 to advocate for the psychiatric field and the patients they treat.

AACAP once again offered 25 Fellow Travel Grants to trainees who applied. The program offers a travel stipend for AACAP members in residency or fellowship to offset costs associated with attending the Legislative Conference. This opportunity provides trainees with a first-hand look at the importance of advocacy as they enter the behavioral healthcare workforce.

AACAP also invited 24 family advocates to join AACAP members in advocating for youth mental health. Family advocates participate in all aspects of the Legislative Conference alongside AACAP members from their state. Their perspective and stories are powerful reminders of the necessity of access to youth mental health treatment and the positive impact such treatment offers. AACAP fully sponsors family advocates' travel to Washington, DC to participate.

Attendees promoted two requests impacting children's mental health. The first advocacy ask was to support federal mental health investments comparable to past funding levels, including for the Substance Abuse and Mental Health

Services Administration (SAMHSA). The importance of the request was made clear following the abrupt termination of Congressionally appropriated SAMHSA grants in January, a decision that was quickly reversed without clear answers as to what led to the terminations. In addition, because of government-wide federal employee cuts, SAMHSA has been in a state of continued funding uncertainty throughout the second Trump Administration.

The other conference focus was to preserve the ability for physicians to prescribe psychiatric medication and to provide evidence-based treatment for the most common psychiatric disorders. Coincidentally, the Make America

2025 AACAP LEGISLATIVE CONFERENCE



Healthy Again Institute held a day-long summit on overmedicalization of psychiatric treatment that took place the same day as the Legislative Conference and resulted in announced federal agency action to review psychiatric medication prescribing practices.

In preparation for Congressional meetings, attendees heard from policy experts on federal mental health infrastructure to underscore the importance of investing in proven, evidence-based treatments and from Congressional health policy staff working for members of the Democratic and Republican Doctors Caucuses on how the physician perspective in legislative decision-making can and

should be considered. Attendees also had the opportunity to join others from their state to plan how they would approach each Congressional meeting.

Legislative Conference attendees heard from AACAP's 2026 Congressional Champion Award recipient, Congresswoman Diana DeGette (D-CO-01). Rep. DeGette is the Ranking Member of the House Energy and Commerce's Health Subcommittee and has been a longtime ally in Congress working to improve children's mental health.

Attendees visited Capitol Hill during the second day of the conference for Congressional meetings with

their Senators and Representatives, participating in 139 Congressional meetings throughout the day.

Congressional meetings proved successful in garnering support for maintaining the availability of psychiatric medication. Soon after AACAP's conference, 14 members of the House of Representatives, including several offices that met with AACAP members, sent a letter to the U.S. Health and Human Services Secretary Robert Kennedy Jr. strongly opposing any action that would limit access to these treatments.

Next year, join AACAP's Legislative Conference May 24-25, 2027, in Washington, DC.

2026 AACAP LEGISLATIVE CONFERENCE



2026 AACAP LEGISLATIVE CONFERENCE



2026 AACAP LEGISLATIVE CONFERENCE



New Research Poster Call for Papers
Deadline: June 4, 2026



AACAP 2026

OCT 26–31 | ATLANTA

AMERICAN ACADEMY OF
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W W W . A A C A P . O R G

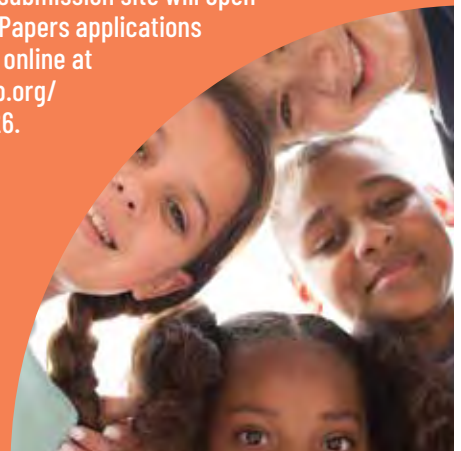
For the latest information visit
www.aacap.org/AnnualMeeting-2026

AACAP's 2026 Annual Meeting takes place October 26–31, 2026, at the Hyatt Regency Atlanta and Atlanta Marriott Marquis in Atlanta, GA. Abstract proposals are prerequisites for acceptance of any presentations. Topics may include any aspect of child and adolescent psychiatry: clinical treatment, research, training, development, service delivery, or administration.

In addition, there are two opportunities to orally present your poster in some special sessions. See more details on the Call for Papers page and indicate your interest on Step 1 of the form.

If you have questions or would like assistance with your submission, please contact AACAP's Meetings Department at 202.966.7300, ext. 2006 or meetings@aacap.org.

Verbal presentation submissions were due February 12 and may no longer be submitted. Abstract proposals for (late) New Research Posters must be received by June 4. The online submission site will open in April. All Call for Papers applications must be submitted online at <https://www.aacap.org/AnnualMeeting-2026>.





AACAP's 2026 Annual Meeting Atlanta Preview

AACAP's 2026 Annual Meeting is just 3 months away and we're excited to bring our community together in Atlanta! For complete details about the Annual Meeting, visit www.aacap.org/AnnualMeeting-2026.

As usual, the meeting includes:

- Top experts in the field sharing the latest research
- A wide variety of educational events, including hands-on workshops to learn skills you can use immediately to improve patient care
- Interactive sessions among your peers to discuss the greatest challenges in the field
- Opportunities to enjoy the rich culture of Atlanta!

Program Highlights

- All Institutes are included with registration! Topics include psychopharmacology, eating disorder treatments, artificial intelligence (AI), and much more!
- 40 hours of pre-recorded Institute content are released to all attendees starting October 5, and available through December 7, to watch anytime, anywhere, significantly expanding the amount of learning included with the meeting.
- Each Institute includes a two-hour Q&A in Atlanta for direct interaction with the presenters.
- Earn up to **90 CMEs** by attending the meeting in Atlanta!
- CAP@Home Virtual Experience is back again for those looking for the convenience of a virtual option!
- Scientific sessions start on Monday, October 26 at 1:00 pm ET.

The American Academy of Child and Adolescent Psychiatry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Academy of Child and Adolescent Psychiatry designates this other activity (hybrid live activity) for a maximum of 90 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Important Dates & Deadlines

June 16—Program schedule available and hotel reservations open

August 4—Members Only Registration opens

August 11—Nonmember Registration opens

September 15—Early bird registration deadline

September 28—Last day AACAP room rate guaranteed at hotels

October 5—On-demand Institute content available online

October 26—First day of AACAP's 2026 In-Person Annual Meeting

October 31—Last day of AACAP's 2026 In-Person Annual Meeting

ANNUAL MEETING • OCTOBER 26–31, 2026

Hotel Reservations

Hotel rooms in Atlanta sell quickly so book your hotel room early! Visit the hotel page of the Annual Meeting website for more details and information.



Hyatt Regency Atlanta

265 Peachtree Rd. NE, Atlanta, GA 30303

Rates: \$259/night, plus taxes

Check-in time: 4:00 PM

Check-out time: 11:00 AM



Atlanta Marriott Marquis

265 Peachtree Center Ave. NE, Atlanta, GA 30303

Rates: \$259/night, plus taxes

Check-in time: 4:00 PM

Check-out time: 11:00 AM

When making your reservation, ask for the AACAP ANNUAL MEETING GROUP RATE to qualify for the reduced rate.

Located in the heart of downtown Atlanta, the **Hyatt Regency Atlanta** and **Atlanta Marriott Marquis** place attendees steps away from top attractions, restaurants, and entertainment. Both hotels are near Peachtree Center and within easy walking distance of Atlanta's vibrant downtown district, making it easy to explore the city between sessions.

Travel

Plane

Hartsfield-Jackson Atlanta International Airport (ATL) is one of the largest airports in the world. It lies just 13 miles from downtown Atlanta with both Domestic and International terminals. For more information about the airlines serving these airports, flight schedules, and ground transportation options, visit <https://www.atl.com/>.

*See AACAP's website for discounts on Delta Airlines!

Train

With routes across the United States and Canada, Amtrak offers more than 300 high-speed trains to more than 500 destinations daily. **Find Amtrak routes and fares.**

MARTA Trains

The Metropolitan Atlanta Rapid Transit Authority (MARTA) operates Atlanta's local public transportation system. For information on how to ride MARTA, download a copy of **MARTA's Ride Guide**.

Taking MARTA is one of the easiest ways to get from Hartsfield-Jackson Atlanta International Airport (ATL) to the Hyatt Regency Atlanta and the Atlanta Marriott Marquis. Take either the Red or Gold line from ATL to the Peachtree Center stop which is half a block from both hotels.

CAP@Home: Annual Meeting Virtual Experience

Want to experience the Annual Meeting, but can't make it to Atlanta? Plan to register for CAP@Home, a limited virtual version of the Annual Meeting.

CAP@Home includes:

- Up to 90 CME credits
- 8 Institutes on topics such as psychopharmacology, eating disorder treatments, artificial intelligence (AI), and much more!
- Live stream of all Plenary Sessions
- Recordings from a limited selection of Symposia and Clinical Perspectives after the Annual Meeting
- Over 300 virtual new research posters

The American Academy of Child and Adolescent Psychiatry is accredited. The American Academy of Child and Adolescent Psychiatry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Academy of Child and Adolescent Psychiatry designates this other activity (hybrid virtual activity) for a maximum of 90 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Visit www.aacap.org/AnnualMeeting-2026 for more details.

Top 10 Fun Facts About Atlanta



1 Known as the “City in a Forest,” Atlanta offers an unexpected blend of urban energy and green space, with tree canopy coverage that rivals many much smaller cities.

2 The award-winning Atlanta BeltLine is a vibrant network of trails, restaurants, art installations, breweries, and nightlife connecting many of the city’s hottest neighborhoods.

3 Atlanta has become known as the “Hollywood of the South,” serving as a filming location for productions ranging from Marvel movies to hit TV series like *Stranger Things* and *The Walking Dead*.

4 The city’s rich cultural legacy includes its central role in the American Civil Rights Movement and the lasting impact of Martin Luther King Jr., whose legacy can be explored at Martin Luther King Jr. National Historical Park.

5 Hartsfield–Jackson Atlanta International Airport consistently ranks among the busiest airports in the world, making Atlanta one of the easiest conference destinations to reach by direct flight.

6 The Coca-Cola Company has been headquartered in Atlanta since 1892, and the secret Coca-Cola formula is famously stored in the city in a high-security vault at World of Coca-Cola.

7 Atlanta’s three distinct skylines—Downtown, Midtown, and Buckhead—give visitors the experience of multiple cities in one, each with its own energy, dining scene, and entertainment options.

8 Visitors can experience one of the largest aquariums in the Western Hemisphere at Georgia Aquarium, home to whale sharks, manta rays, and immersive exhibits that make it a must-see destination.

9 The Atlanta Braves have called Atlanta home since 1966.

10 The dome of the Georgia State Capitol is covered in 43 ounces of real gold leaf, mined from Dahlonega, GA, in the 19th century.

Don’t Miss This Opportunity to Save Money!

AACAP members who refer a new Annual Meeting exhibitor can receive a \$100 discount on their 2026 Annual Meeting registration. All referrals must be first-time AACAP exhibitors and must purchase a booth for the AACAP Annual Meeting in Atlanta.

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Why Become a Monitor?

- FREE general registration for the Annual Meeting!
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How to become a Monitor?

- Medical students, residents, or trainees interested in monitoring at the Annual Meeting must provide AACAP with a complete verification form supporting their enrollment in a training program before they can sign up to monitor.
- Email meetings@aacap.org expressing interest in the program and request a verification form.

Register Early?

- Monitor registration opens August 4 for AACAP members only. Non-member registration starts on August 11.
- Increase your chances of getting the Monitor assignment that you want by becoming an AACAP member today!

For more information about the Monitor Program, visit www.aacap.org/AnnualMeeting-2026.org or email meetings@aacap.org.



AACAP Art and Creative Innovation Gallery

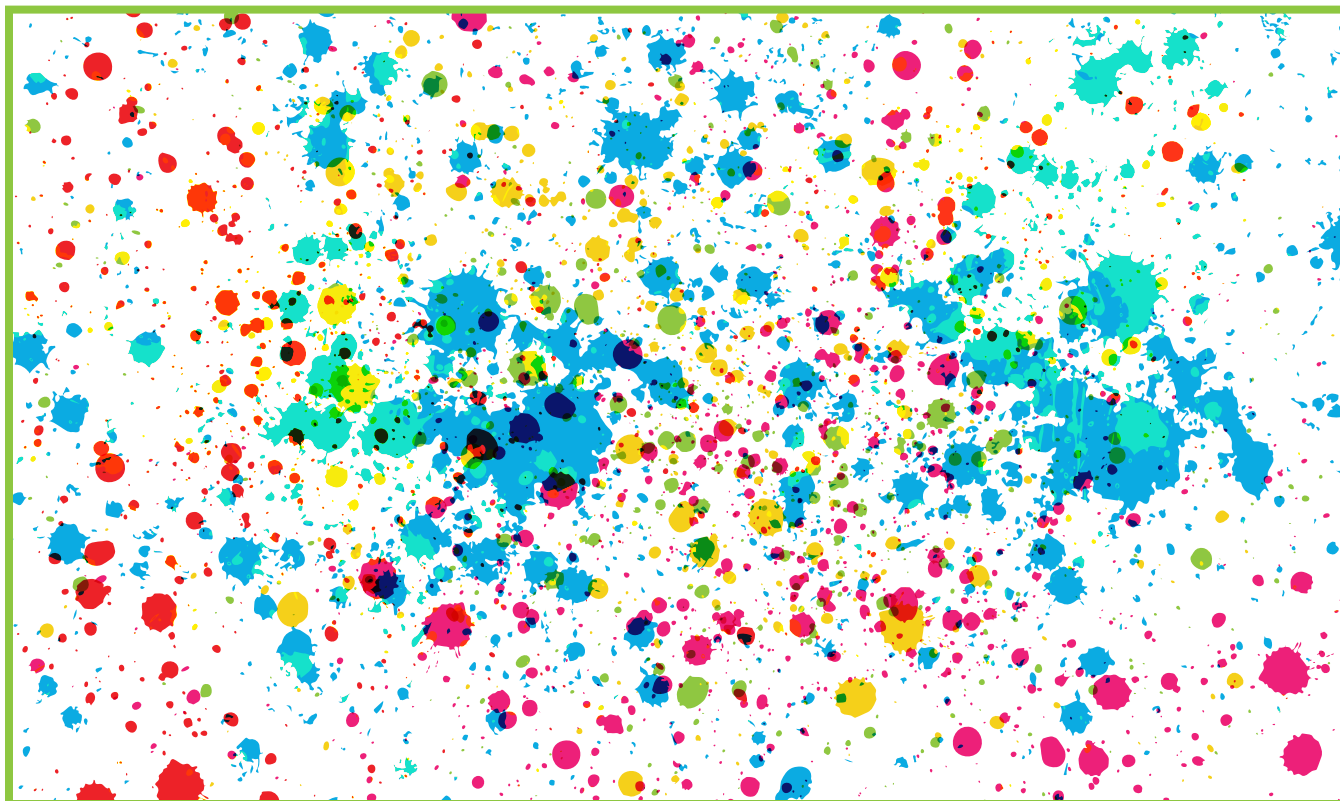
Submit your artwork to the annual AACAP Art and Creative Innovation Gallery!

Coordinated through AACAP's Art and Creative Innovation Committee and Local Arrangements Committee, we invite inspired AACAP members and their families to submit artwork to make this year's show spectacular! You may exhibit up to three pieces of art. We are looking for original works including paintings, drawings, illustrations, pottery, sculptures, calligraphy, poetry, letterpress broadsides, artist's books, or photographs. The Art Show is for exhibition purposes only—no pieces are offered for sale.

All artists are welcomed and encouraged to participate in the Meet the Artist Gallery Opening, Wednesday, October 28 from 5:00 pm–6:00 pm in Atlanta. This event will give you the chance to showcase your art first-hand to the Annual Meeting attendees. Don't miss out on this exciting opportunity!

For more information, please contact meetings@aacap.org.

To submit an artwork application, please check the AACAP Annual Meeting website for more information: www.aacap.org/AnnualMeeting-2026



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Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from Substance Abuse and Mental Health Services (SAMHSA).



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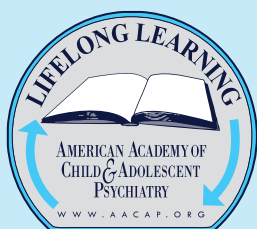
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AACAP Members Build Global Partnerships at the 12th ASCAPAP Congress

■ Hee Jeong Yoo, MD, PhD, Inhyang “Johanna” Kim, MD, PhD, Warren Y.K. Ng, MD, MPH, Yesie Yoon, MD, MS, Richard Ha, DO



Hee Jeong Yoo, MD, PhD, Inhyang “Johanna” Kim, MD, PhD

The 12th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) was hosted by the Korean Academy of Child and Adolescent Psychiatry (KACAP) in Seoul, Korea, April 2–4, 2026. It was a phenomenal meeting and the largest ASCAPAP Congress so far with 820 participants

from 30 countries, not only from Asia, but also from North America and Europe. ASCAPAP 2026 featured a comprehensive scientific program, including 6 plenary sessions, 42 symposia, 2 workshops, 6 research sessions, 5 poster sessions, and a grand forum. A total of 391 presentations were delivered across 66 sessions. The Grand Forum further reflected this global engagement, bringing together 17

multidisciplinary experts from around the world to present diverse perspectives on adolescent suicide and non-suicidal self-injury (NSSI) and to explore actionable solutions. KACAP leadership and planning committees organized an impressive conference and welcomed everyone with extraordinary Korean hospitality. Dr. Bung-Nyun Kim, MD, PhD was President of the Organizing Committee and Dr. Hee Jeong Yoo was the Director of the Scientific Committee. AACAP’s own Dr. Yesie Yoon was a member of the International Affairs Committee and was an amazing ambassador for our members. It was especially exciting to have 28 AACAP members from the USA attend and present. We were also greeted by our AACAP International members from Korea and other Asian countries. It was impressive that the 2nd highest country represented was from the USA. Special acknowledgement goes to our two Asian Caucus Cochairs, Drs. Eunice Yuen and Richard Ha, along with our former Cochairs, Drs. Yesie Yoon, Jean (Jang) Cho, Steven Sust, Annie Li, and Neha Sharma for their foundational work and mobilizing our AACAP members to submit a record number of international program submissions. Special shout out to the incredible Anneke Archer.





Warren Y.K. Ng, MD, MPH

It was only in 2023 when I attended the 11th Congress of ASCAPAP in Kyoto, Japan, as the AACAP President. To my surprise, I was told that I was the first AACAP President to attend the ASCAPAP meeting since they started over 20 years ago. I was amazed by the meeting in Kyoto and met many Asian colleagues who attend our AACAP meetings in the USA. It's so important to enhance our global collaborations where we connect with and learn from one another. It was wonderful that Dr. Tami Benton, AACAP Past President, was a plenary speaker this year. As a proud immigrant born in Asia, and in the spirit of CAPture Belonging, I understand deeply how celebrating the richness of our cultures and sharing it with one another builds bridges in the service of youth and families. The United States is a land of incredible immigrants with

heritages all over the globe. As the AACAP President 2021–2023, I had the privilege of traveling to the European Society for Child and Adolescent Psychiatry (ESCAP) in Copenhagen in 2023. AACAP is also a member of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and collaborates with the President, Dr. Luis Rohde. Many members attend the global congresses, most recently in Rio, Brazil, and this year in Hamburg, Germany. It's wonderful for AACAP to continue "Partnering for the World's Children", as Past AACAP President, Paramjit Joshi, inspired us to do with her Presidency.

Yesie Yoon, MD, MS

The program for ASCAPAP 2026 prominently showcased the robust contributions and leadership of

AACAP members. A pivotal moment was Symposium 1, "From Margins to Mainstage: The Growth of Asian Diaspora Representation in AACAP," co-chaired by Warren Ng and Annie Li. This session featured a gathering of former and current AACAP Asian Caucus co-chairs, including Jang Eun Cho, who presented on the caucus's origins in "Creating Our Own Tribe," and my own presentation focused on the caucus's current initiatives within the United States, illustrating the historical trajectory and professional impact of our collective work.

The meeting was further distinguished by Tami Benton's plenary lecture, "Mood Disorders in Youth: An Update." Her address offered an essential overview of contemporary diagnostic and management strategies for pediatric mood disorders, serving





as a testament to her vision and expertise in the field. Additionally, Symposium 8 focused on Dr. Benton's AACAP Presidential theme, "Bringing the Village to the Children: Child Psychiatrists' Role in the Transformation of Children's Mental Health." This session reinforced AACAP's strategic priorities by advocating for community-based, systems-level transformations to enhance the care provided to our youth. The program was enriched by the participation of many other AACAP colleagues—including Drs. Iliyan Ivanov, Melvin Oatis, Jaclyn Chen, Soonjo Hwang, Steven Sust, Denise Leung, Maalobeeka Gangopadhyay, Sammi Wong, and Ivy Song—who led sessions on neurodevelopmental disorders, trauma, and culturally responsive care. Collectively, these efforts underscore a shared commitment to clinical innovation and the strengthening of global psychiatric collaborations.

Richard Ha, DO

Since Dr. Warren Ng's visit to ASCAPAP in Kyoto, the AACAP Asian Caucus has been committed to developing relationships with our IACAPAP colleagues in Asia. Asian Caucus Co-Chair, Dr. Eunice Yuen, has scheduled regular online meetings called, "CAPS around the World," to foster collaboration between mental health allies in Asia and AACAP members. AACAP itself has been providing opportunities for physicians outside of the United States and Canada to acquire AACAP International membership and access to AACAP resources. More information can be found on www.aacap.org in the "Membership & Dues" Section. Traditionally, AACAP has held a welcoming program for international registrants at the annual meeting. AACAP member participation in the upcoming ASCAPAP meeting in Taiwan

2027 is being encouraged by the Asian caucus. Details on how to participate in the upcoming ASCAPAP conference can be found on their website <https://aacap2027.org/>, and their call for abstracts opens on December 1st, 2026.

AACAP members can participate in the AACAP Asian Caucus by signing up to be on the listserv and attending its quarterly meetings. Inquiries to participate can be directed towards Anneke Archer (aarcher@aacap.org).

Hee Jeong Yoo, MD, PhD, *Professor of Psychiatry, Seoul National University College of Medicine, Chair of Psychiatry, Seoul National University Bundang Hospital; President of KACAP; Editor-in-Chief, e-Textbook of IACAPAP; Global Senior Leader National Representative, INSAR; Scientific Committee Chair of the ASCAPAP 2026 Local Organizing Committee.*





Johanna Inhyang Kim, MD, PhD, Associate Professor of Psychiatry, Hanyang University College of Medicine and clinician at Hanyang University Hospital; Director of the Behavioral and Developmental Center and Developmental Disabilities Center of Hanyang University Hospital; Director of Planning at KACAP; Secretary General of the ASCAPAP 2026 Local Organizing Committee.

Warren Y.K. Ng, MD, MPH, Professor of Psychiatry, Columbia University; Medical Director for Outpatient Behavioral

Health at NewYork-Presbyterian/ Columbia University Irving Medical Center (CUIMC); and Director of Clinical Services, Division of Child & Adolescent Psychiatry at CUIMC; Community Health Director—Center for Youth Mental Health ; and Behavioral Health Service Line Clinical Innovation Officer, NewYork-Presbyterian Hospital. Dr. Ng oversees the comprehensive spectrum of clinical programs in child, adolescent, and adult outpatient and community behavioral health. He is a Past-President of the American Academy of Child and Adolescent (AACAP).

Yesie Yoon, MD, MS, Assistant Professor of Clinical Psychiatry, Weill Cornell Medicine Department of Psychiatry. Attending physician; Center for Childhood and Adolescent Behavioral Health at NewYork-Presbyterian Westchester Behavioral Health. Dr. Yoon is a former AACAP Asian Caucus co-chair and a Distinguished Fellow of AACAP.

Richard Ha, DO, is the AACAP Asian American Caucus Co-Chair 2025–2027. He is the Youth and Family Lead Psychiatrist at Ventura County Behavioral Health. He is a core faculty member for the psychiatry residency program at Community Memorial Hospital in Ventura, California. He volunteers for Jungto Society, a nonprofit Buddhist organization. He is a graduate of Virginia Tech Carilion Clinic Child and Adolescent Residency and Fellowship. He also volunteers for the Stanford CHIPAO in Southern California. He can be reached at richard.ha@med.lecom.edu



JERRY M. WIENER RESIDENT MEMBER

Reflections: June Board Retreat



■ Jad Hilal, MD

"I believe we're at an inflection point."

Those words from **Dr. Tami Benton** captured the spirit of this year's council retreat.

Indeed, child psychiatry has been an increasingly regular visitor of the news cycle in recent years. Across training programs, fellows and residents speak candidly about the uncertain road ahead for their careers and patients alike. External threats are conspicuous; the anti-psychiatry movement, expanding scope of practice debates, aspects of AI, and declining Medicaid reimbursements are a few among many.

Meanwhile, the lay public often criticizes our profession as being overly reliant on pharm. My reflex was to call this a public relations problem, until wiser voices among us redirected our frustration to a glaring reality: psychotherapy curricula are decaying among our nation's training programs as a consequence of our rush towards hyper specialization.

Against this backdrop, the inflection point Dr. Benton describes becomes, more than a challenge, a question of identity. What does it mean to be a child psychiatrist in the modern era? What is our responsibility in responding to these threats? What must our organization become to equip us for that work?

Like many in our field, I am deeply concerned about the challenges facing children, adolescents, and families. Yet I also left the retreat with a sense of possibility. This moment calls for a more confident, more visible, and more

unified voice from child psychiatry. I think that we all hope for AACAP to be that voice.

It was comfortingly apparent that the geographic, ideologic, racial, and professional diversity of our field was well-represented across the members of this council. Particularly notable was the contingent of members from states outside of the oft-overrepresented New England or California, comprising half of this body, who spoke often and eloquently on behalf of their colleagues.

I left the retreat convinced that the collective wisdom, energy, and conscientiousness of this council can help to lead our field through this inflection point and into a new and exciting era. Of course, this will only be possible if the rest of us add our voices.

Are You Part of Our Military Community?

At AACAP, we're proud to support a diverse membership, and that includes those who serve or have served in the US military.

If you identify as **Active Duty, Reserve, National Guard, or Retired/Veteran**, please reach out to Jillian West, AACAP Communications Manager, at jwest@aacap.org to let us know! Your response helps us build a more supportive community, craft appropriate resources, and identify unique opportunities for professional advancement.

JOHN E. SCHOWALTER RESIDENT MEMBER

Resilience in Action: Reflections from the Board Retreat



■ Carly Kawanishi, MD

This year's AACAP Board Retreat brought us to Arizona, kicking off with everyone piling into a bus for a 4-hour drive to the White Mountain Apache Reservation. As the Phoenix skyline grew smaller behind us, grand rock formations in hues of red and orange captivated our attention. Dr. Walkup spoke about the meaning and history of this place and invited us to take in the expansive saguaro forests surrounding us – sharing that it can take up to 100 years for this cactus to grow its first iconic arm. This symbol of resilience in the face of living in adverse circumstances and perseverance towards growth seems to beautifully capture a throughline message of this Board Retreat gathering.

We met the elders and leaders of the White Mountain Apache Tribe, who welcomed us and shared about the years of meaningful research with the Johns Hopkins Center for Indigenous Health that inspired this venture. They spoke about the Family Spirit home visiting program supporting perinatal mothers and young children, and the Celebrating Life program addressing the increasing indigenous youth suicide crisis. Tribal members generously invited us in to experience parts of their culture. The Tribal medicine man led a crown dance and taught us about its significance for healing, and Tribal leaders and volunteers showed us around the reservation to teach us about the community. They highlighted the

profound impact of creating culturally sensitive programming that can be led by Tribal members the community trusts. With acknowledgement of the tragedies this tribe has faced, they hold hope for the future of their community that they have seen move forward amidst profound adversity.

It was inspiring to learn about the strength of this community and the power of creating models of care and community support designed to meet people where they are at.

ACADEMY & ASSOCIATION 101

What is the American **Association** of Child and Adolescent Psychiatry, and how does it differ from the **Academy**?

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

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

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

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

For any further questions, please contact the Government Affairs team at govaffairs@aacap.org.

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Building the Foundation for Lifelong Physician Advocacy: Reflections from an AACAP Resident Advocacy Scholar



■ Katie Stefani, DO, MPH

As I sat in the House gallery, watching the live vote unfold on the floor, I realized this was no ordinary training experience. Just weeks earlier, I had been immersed in clinical service, focused on individual patient care. Now I was witnessing the legislative process that shapes the systems affecting every patient I treat. This moment crystallized what the **AACAP Resident Advocacy Scholar Fellowship** had given me: a front-row seat to understand how lasting change happens for our patients.

My month in Washington, D.C., immersed me in the complex machinery of mental health policy. Working closely with AACAP's Government Affairs and Clinical Practice team, I discovered that advocacy extends far beyond clinical expertise—it requires building sustained



relationships, translating complex medical evidence into accessible policy language, and sharing stories that foster understanding and action.

One of the most meaningful aspects of my experience was contributing to the preparation for and attendance at AACAP's 2026 Legislative Conference. I helped draft and edit materials that formed the foundation of AACAP's

advocacy positions—translating our clinical knowledge into clear, evidence-based documents that lawmakers and their staff could readily understand and act upon. This work felt particularly urgent, as our focus at this year's conference was to address efforts to delegitimize evidence-based mental and behavioral health care and ongoing threats to further restrict funding for key mental health care access programs (e.g., SAMHSA and HRSA funding). On May 4, during the 2026 AACAP Legislative Conference, the Make American Health Again (MAHA) Institute held the "Mental Health & Overmedicalization Summit," and the U.S. Department of Health and Human Services (HHS) announced an "action plan to curb psychiatric overprescribing."^{1,2} Being among the more than 200 child and adolescent psychiatrists (CAPs) and trainees in D.C. at the time felt empowering and timely. The privilege of joining CAPs and trainees meeting with Congressional offices to discuss our field's most pressing concerns will remain a cherished memory of this experience.

The fellowship also illuminated additional pathways for me to engage in advocacy. Early in my fellowship,



I conducted a thorough review of MAHA-related materials and prepared summary reports for AACAP to support ongoing strategic planning. On the Hill, I attended House and Senate oversight and budget hearings with HHS Secretary Robert F. Kennedy, Jr. There, I observed how public health discussions unfold at the highest levels, deepening my understanding of what is at stake for the patients and families I serve back home.

Learning about Political Action Committees (PACs) was also integral to my advocacy experience. AACAP-PAC is a member of the Medical and Dental Political Action Committee (MaDPAC), an essential part of AACAP's lobbying efforts that opens doors to meetings with other national medical specialty lobbyists and candidates.³ I attended "meet and greet" roundtables with physician-legislators such as Dr. Richard Pan and Dr. Raul Ruiz, where I directly asked questions and shared information and insights on key issues in pediatric mental health. A first meeting with Dr. Ruiz led to providing input on his remarks to HHS Secretary Kennedy during the Health Subcommittee hearing of the House Committee on Energy and Commerce, and to ongoing discussions about improving healthcare access for people with autism and addressing physician workforce issues. Coordinating a meeting with Representative Greg Landsman in his office, alongside AACAP's Chief of Advocacy and Practice Transformation, **Alexis Geier-Horan**, exemplifies how physician advocates can help build relationships and raise awareness of the issues that matter most to us. I am now a proud donor to our AACAP-PAC and am grateful to have gained a deeper understanding of how PACs are essential to creating visibility and driving change.

Beyond the Hill, I built collaborative relationships with advocacy leaders at the American Academy of Pediatrics (AAP) and the American Psychiatric Association (APA), learning how medical organizations coordinate their efforts. I attended AACAP American Medical Association delegation meetings, deepening my understanding of organized medicine's role in shaping health policy. Most importantly, I became embedded in AACAP's office as a team member, connecting with



staff and witnessing the remarkable coordination that makes AACAP the supportive organization that has helped guide and transform my career since medical school.

This experience taught me that child and adolescent psychiatrists play a critical role in today's policy environment—especially when evidence-based care faces unprecedented challenges. Our stories from the front lines of clinical care carry weight, but only if we show up to share them. We must build steady relationships with policymakers, find common ground across differences, and persist in our advocacy.

As I return to clinical work, I carry forward a commitment to continued engagement with AACAP's Government Affairs and Clinical Practice office, the AAP, and the APA to advance ongoing advocacy efforts and nurture the relationships I built. The Resident Advocacy Scholar Fellowship didn't just teach me about advocacy—it has laid

the foundation for me to be an effective advocate and a compassionate clinician for the children and families I serve now and in the years to come.

References

1. <https://www.mahainstitute.us/mhsummit>
2. <https://www.hhs.gov/press-room/hhs-launches-maha-action-plan-curb-psychiatric-overprescribing.html>
3. Wagner, E. & Pierce, K. Why PACs Are an Essential Part of Advocacy. JAACAP Connect 7, (2020).

Katie Stefani, DO, MPH, is completing her final year of residency training and serves as a co-chief resident at Cincinnati Children's Hospital Medical Center (CCHMC) in the Triple Board Program. This summer, she will join the CCHMC faculty, where she will work as a child and adolescent psychiatrist and continue her research, advocacy, and community development efforts.

AACAP Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award: Lessons Learned from Past Recipients

The AACAP Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award provides an experiential opportunity for the recipient and a mentor to collaborate in a project in the areas of child welfare, foster care, and/or child maltreatment prevention/intervention to raise interest and heighten awareness in these areas. The project is designed to take place over a period of 16 weeks to be completed by October 31 in the year provided. Each year, the awardee presents their research plan to the annual Adoption and Foster Care Committee meeting to inform and gather support. However, the impact and learning of this award continues onward. Below is a summary of past recipient's works in their own words:

2018 Awardee: Wynne Morgan, MD

I had the opportunity to work with Dr. Christopher Bellonci as my mentor on a project titled "Reaching the Rainbow: Promoting Best Practices in Mental Health Care for Child Welfare-Involved LGBTQAI+ Youth." In my role as a consultant child and adolescent psychiatrist to the Massachusetts child welfare system, I saw a key problem with our gender diverse youth in foster care accessing gender affirming care. There was no clear approval pathway for these medications to ensure timely and appropriate treatment. The goal of the project was to inform policy development by establishing a medical, mental health, and social work review process for approving gender-affirming treatment, and to partner with experts in the field to provide training on transgender care to child welfare leadership. The mentor-mentee relationship with Dr. Bellonci was an important part of this project, helping frame achievable goals within the project timeline, providing resources and contacts to experts in the field, and



offering ongoing professional support after the conclusion of the project. A key lesson learned from the project is the importance of interdisciplinary teamwork in solving complex problems.

2019 Awardee: Juliana Finelli, MD

Dr. Finelli was the 2019 Award Recipient, and she presented her project titled "Building Systems Bridges to Enhance the Effectiveness of Child and Adolescent Psychiatrists Working with Maltreated Children". With the support of the Marilyn B. Benoit Child Maltreatment Award, she developed a training curriculum for child psychiatry fellows to increase knowledge of the mental health impacts of trauma, prevention strategies and interventions, and effective communication with child welfare partners. Since then, she has had opportunities to work at the intersection of mental health and child welfare systems through her work with the Louisiana Mental Health and Perinatal Partnership, Early Childhood supports and Services, and Tulane Comprehensive Assessment and Treatment Team.



2020 Award Recipient: Mitch Otu, MD

My project for the 2020 award, "Healthy Families, Healthy Children: Supporting a System of Care for Families with Children Affected by Maltreatment", focused on providing direct, family-based clinical treatment for children affected by maltreatment, as well as training other mental health professionals to work effectively with this underserved population. I became interested in applying for the award



after developing a deeper understanding during residency and fellowship of how complex histories of adversity contribute to children's mental health difficulties and the importance of family as a catalyst for change. Through this project, I built meaningful connections with child welfare, general healthcare, and mental health professionals, strengthening my commitment to a collaborative approach as I learned how to leverage systems of care for the children and families I treat. The Child Protection Bridge Clinic was sustained beyond the life of the project, allowing more children and families to receive much-needed care. The award has had a lasting influence on the direction of my career, solidifying my dedication to caring for vulnerable children and families.

2021 Award Recipient: Joshua Russell, MD

My project as the recipient of the 2021 Marilyn B. Benoit, MD, Child Maltreatment and Mentorship award was titled "Strengthening the front lines: a child welfare program for families and multi-disciplinary professionals." The goal of this project was to strengthen the knowledge base and comfort level of families and front-line child welfare workers in the areas of attachment, development, and mental health. I was fortunate to have mentors (David Kaye, MD and Terry Lee, MD) that encouraged me to apply for this award as an early-career psychiatrist. This project is still active almost 5 years later through trainings and a website I created to house a curated library of resources. Additionally, the project served as a springboard for my own career development as well as opportunities to bring new evidence-based treatments (such as Child-Parent Psychotherapy) to my region and to create partnerships with other systems of care.



2023 Award Recipient: Samantha Salem, MD

Guided by the belief that “to be a healer, you have to listen, to learn and to love” this project emerged from my clinical work with children and families affected by maltreatment and my commitment to trauma-informed care. Supported by the AACAP Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award, this project set out to develop a trauma-focused cognitive behavioral therapy (TF-CBT) group both in English and in Spanish with the intent to increase access to care through a group model that reduces isolation, fosters connection and promotes in vivo mastery. This award has had a sustained impact on my career development and clinical practice by deepening my understanding of systems of care, strengthening my skills in supervising TF-CBT cases, and integrating clinical work with education and research. This project has strengthened my capacity to translate evidence-based trauma treatment into sustainable and educational initiatives and informed my approach to clinical scholarship by linking patient-centered outcomes with broader questions of implementation and access. The AACAP Marilyn B. Benoit, MD, Child Maltreatment Mentorship Award has reinforced my commitment to advancing equitable, culturally responsive, and effective treatment for children and families affected by trauma.



2024 Award Recipient: Christelle Tan, MD

My project was titled “An Exploration into Barriers and Facilitators to Mental Health Care.” With the support of the Marilyn B. Benoit Child Maltreatment Mentorship award, I conducted a series of interviews with youth entering out of home placement in need of mental health treatment and their caregivers about their experiences seeking services. Through this opportunity, I learned valuable lessons about the challenges youth and their caregivers face navigating systems to access care. I have been able to present my findings at the American Academy of Pediatrics annual meeting. I have also built mentoring relationships that I believe will persist throughout my career. This award helped reaffirm my decision to dedicate my career to serving child welfare involved youth. I have since accepted a faculty position as a co-located psychiatrist in our institution’s foster care clinic in addition to a consultative position in our county’s child protective services.



Training to become both a pediatrician and a child psychiatrist has reshaped how I understand the systems that define children’s lives. Before medical school, I saw social justice through a more radical, oppositional lens that was focused on dismantling harmful structures. Over time, immersion in pediatrics, psychiatry, and child welfare taught me that protection and harm reduction are not opposing forces, but intertwined responsibilities. For a long time, I viewed the child welfare system through an overly narrow frame, centering only the child and overlooking the complexity within the system.

2025 Award Recipient: Tobi Okopie, MD

With the support of Drs. Marilyn Benoit and Lisa Yang, I had the privilege of formalizing my mentorship experience in child maltreatment. Under the guidance of Dr. Mary Margaret Gleason, I analyzed a dataset to better understand health care access for children with histories of maltreatment. While it is well documented that children exposed to abuse, trauma, and neglect face significant barriers to care, far less is known about how system involvement affects access. In our sample, system-involved children had more acute needs and higher emergency department utilization. Yet after referral to an integrated behavioral health clinic, every participant obtained care—highlighting the transformative impact of integrated models and the power of timely intervention. I still identify strongly as a child advocate, but experience and mentorship have deepened and matured my approach to change.



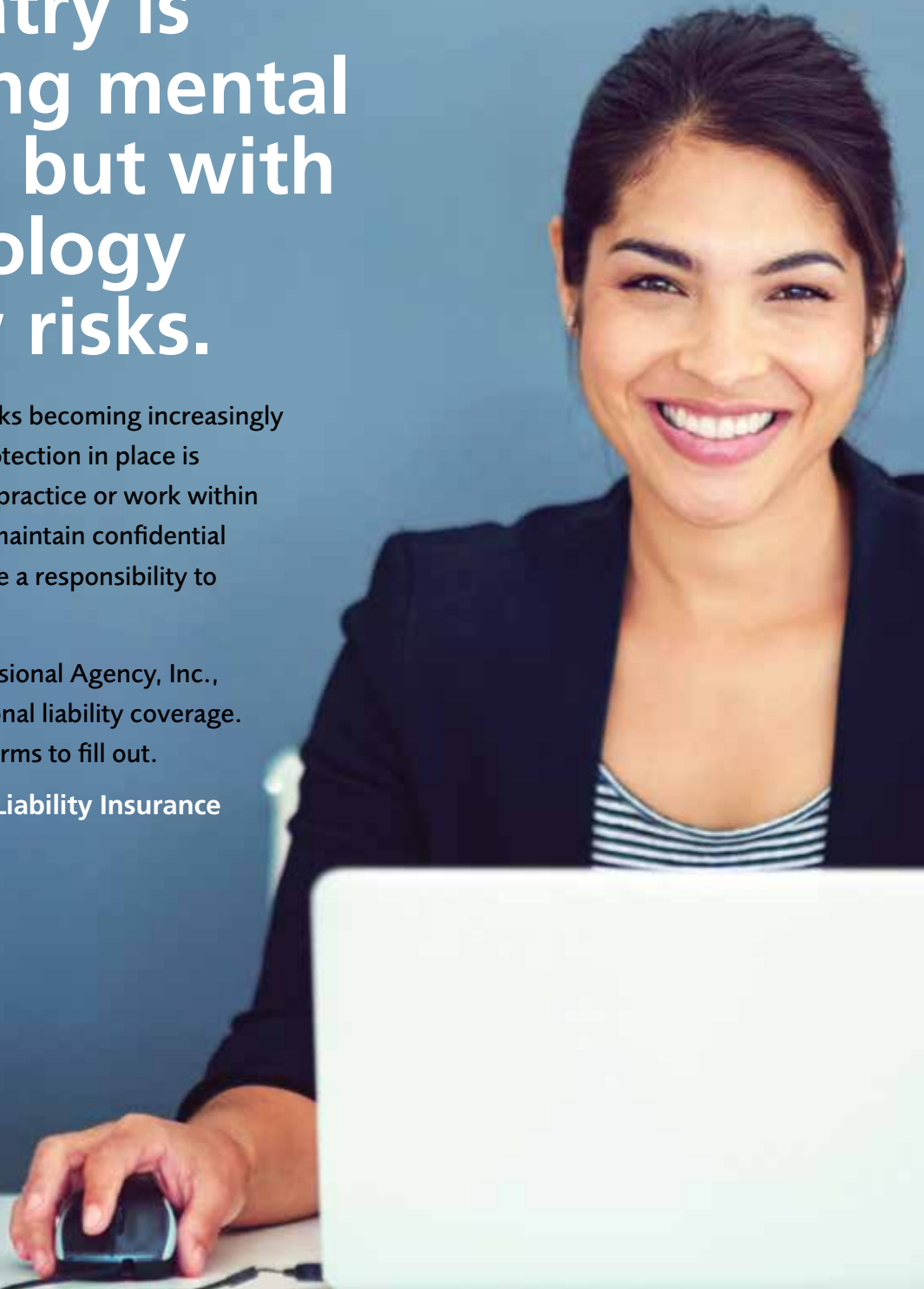
This project has been a formative experience. I learned not only about the needs of system-involved children, but also about how to receive mentorship, center lived experience, and approach data with humility and intention. I am profoundly grateful for this opportunity—and I view it as the beginning of a career dedicated to serving and advocating for the world’s most vulnerable children.

Telepsychiatry is transforming mental healthcare; but with new technology comes new risks.

With data breaches and cyber attacks becoming increasingly common, having the right cyber protection in place is critical. Whether you are in private practice or work within an organization, psychiatrists who maintain confidential patient / employee information have a responsibility to safeguard that data.

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NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

Training, Working, and Belonging: How International Medical Graduates Safeguard Minority Mental Health

As part of National Minority Mental Health Awareness Month this July, AACAP highlighted the contributions of international medical graduates (IMGs)—a dedicated group of physicians who account for nearly one-third of all practicing child and adolescent psychiatrists in the United States.

As some of our members know, many IMGs commit to practice in underserved areas as part of their visa programs. Minority and immigrant communities rely on the care they provide; indeed, more than 20 million people live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians. When visa programs are threatened, the consequences extend far beyond individual physicians: career trajectories are upended, families face uncertainty, and vulnerable communities risk losing access to essential mental health services.

To bring more awareness to these issues, AACAP's *Task Force on Children, Families and Immigration* partnered with the *Committee on Diversity and Culture* to create "Training, Working, and Belonging: How International Medical Graduates Safeguard Minority Mental Health." The resource was distributed through AACAP's website and listservs, and sparked important conversations on our social channels.

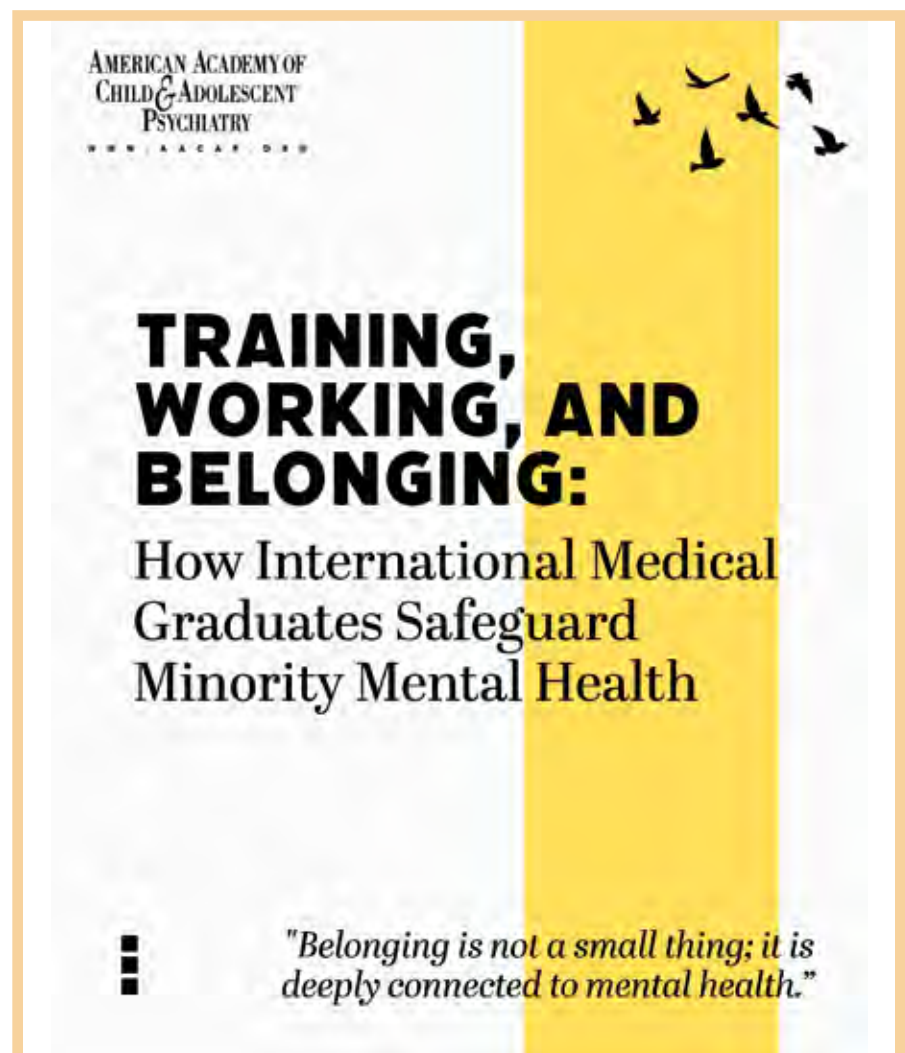
Most importantly, it elevated the voices of IMGs living these realities every day:

"When my residency was terminated, it shook my sense of identity, safety, and belonging in this country. That experience has shaped the way I care for immigrant children and families. It has taught me that belonging is not a small thing; it is deeply connected to mental health."

At AACAP, we are dedicated to advancing equitable access to high-quality, culturally responsive mental healthcare for children, adolescents, and their families. That mission begins with a strong, diverse workforce that reflects and understands the experiences, perspectives, and unique mental health needs of children and families from historically underserved and minority communities.

Our health care system increasingly relies on IMGs to help address critical workforce shortages and expand access to care. As they continue to serve children and families across the country, our policies and systems should support—not hinder—their ability to do so.

For their commitment, and for the care they provide every day, we are deeply grateful.



Membership **CORNER**

In Memoriam

Carl Feinstein, MD

Stephen Millman, MD

Lawrence Henderson, MD



Being an AACAP Owl

AACAP Members qualify as Life Members when their age and membership years total 103, with a minimum age of 65 and continuous membership.

Benefits: Annual AACAP Membership Dues are optional. A voluntary subscription is available for \$60. Receive the Owl Newsletter, which contains updates focused around your community!

Are you a Life Member who would like to be more involved in Life Member activities? Contact AACAP's Development Department at 202.966.7300, ext. 140.



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AACAP is committed to the promotion of mentally healthy children, adolescents, and families through research, training, prevention, comprehensive diagnosis and treatment, peer support, and collaboration. We are deeply grateful to the following donors for their generous financial support of our mission. Gifts Received from May 1, 2026 to July 25, 2026.

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

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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

Policy Statement on the Role of AI in the Delivery of Child and Adolescent Mental Health Care

Background

Artificial intelligence (AI), also called augmented intelligence, including machine learning and predictive analytics, offers significant opportunities to improve mental healthcare for children and adolescents, such as enhancing care quality, assisting workflows, and integrating vast data.

The application of AI in the delivery of pediatric mental health care is still in its infancy. As AI science develops, important consideration should be given to transparency related to AI in clinical decision-making, security and privacy of patient and provider data, bias in development, and equity in the application of AI-supported mental health care and data analysis across all patient populations.

To ensure effective, safe, and ethical integration of AI into child and adolescent mental health care, the American Academy of Child and Adolescent Psychiatry recommends:

- Development of AI systems that prioritizes transparency and equity and includes rigorous testing and validation, including end-user testing in diverse real-world settings representative of the diverse US population, and continuous improvement processes informed by expert clinician feedback.
- Physicians and health systems disclose the use of AI in patient care activities to patients and families
- Robust data collection and management processes that protect the security and privacy of health data of minors and vulnerable patients, including the ability for data anonymization/pseudonymization.
- Clear national policies that govern healthcare AI adoption and utilization to optimize safety and mitigate inequities. Special attention must be given to the risks of AI to children and adolescents.
- State and federal regulatory requirements regarding oversight, transparency, disclosure, and audits to ensure automated decision-making systems do not reduce needed care, systematically withhold it, or override clinical judgment.
- Federal and state funding for comprehensive education for clinicians at all levels to practice in AI-enabled systems, covering fundamentals, ethics, uses, opportunities, risks, and limitations

*AI assisted in the creation of this position statement.

The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

Approved by Council June 2026

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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

Policy Statement on the Use of Service Intensity Instruments in Pediatric Mental Health Care Planning

Background

A System of Care approach serves as an organizational framework and philosophy to strengthen the structure and delivery of mental health services by organizing child-serving systems in the System of Care to be family-driven and youth-guided in order to provide more effective coordinated interventions for children and adolescents with complex needs. The impact of this philosophy is evidenced by recent health care reforms including the movements toward value-based care, home and community-based care, and integration of behavioral health and primary care.

Research has consistently demonstrated improved clinical and functional outcomes when System of Care principles are applied. However, a gap remains: there is no universally accepted framework that reliably guides decision-making regarding service intensity needs while also serving as a validated tool for monitoring treatment outcomes. There are, however, service intensity assessment instruments* in the field that support the determination of mental health service needs across the lifespan of patients.

The youth-serving tools take into consideration pediatric developmental stages, complex and/or co-morbid health conditions, family and caregiver roles, and the nature of community supports in treatment and care planning and help identify a broad services array that should be universally available in a comprehensive continuum of care in order to effectively address the identified service needs of the population served. Notably, the effective use of service intensity instruments should be supported by training to ensure that users have the necessary knowledge and skills to properly utilize the instruments. It should be noted that other assessment instruments are useful in certain contexts but are limited by their reliance on diagnostic categorization and do not cover treatment intensity. However, they can be used to complement service intensity determination in mental health care planning.

To support national utilization of validated service intensity instruments in pediatric mental health care planning, AACAP recommends:

- Providers in all youth-serving systems of care and payors utilize service intensity determination instruments to identify the mental healthcare service array and supports that best meet the needs of children, adolescents and their families.
- Youth-serving systems adopt and utilize service intensity determination instruments to identify gaps in the service array and guide the development of a full continuum of pediatric mental health care services.
- System of care administrators utilize service intensity determination instruments to measure individual and program outcomes.
- State and federal policy makers mandate the utilization of service intensity determination instruments by youth-serving systems and insurance benefit utilization managers to support the appropriate clinically indicated allocation of mental health services and supports.

***Level of Care Utilization System**, developed by American Association for Community Psychiatry Child and Adolescent Service Intensity Instrument-Child and Adolescent Level of Care Utilization System, co-developed by American Association for Community Psychiatry and the American Academy of Child and Adolescent Psychiatry.

Early Childhood Service Intensity Instrument, developed by the American Academy of Child and Adolescent Psychiatry.

The American Academy of Child and Adolescent Psychiatry promotes the healthy development of children, adolescents, and families through advocacy, education, and research. Child and adolescent psychiatrists are the leading physician authority on children's mental health.

Approved by Council June 2026

CLASSIFIEDS

Company: Johns Hopkins All Children's Hospital (1336635)

Posted: 06/18/2026

Closing: 08/18/2026

Title: Child & Adolescent Psychiatry: Consultation-Liaison Service/Outpatient

Job ID: 22362453

URL: <https://jobs.source.aacap.org/jobs/22362453>

Job Description:

Johns Hopkins All Children's Hospital (JHACH) in St. Petersburg, FL is recruiting a Child & Adolescent Psychiatrist to join our growing team. This position is predominately outpatient, with allocated time for consultation-liaison (C/L). Highlights of this opportunity include: JHACH is a 259-bed teaching hospital, ranked as a U.S News & World Report Best Children's Hospital in 8 pediatric specialties (2025-2026). We were also ranked as the #1 Children's Hospital in Florida for the third consecutive year. Our current team consists of 4 child and adolescent psychiatrists (including a new hire) and over 20 psychologists. The Pediatric Psychiatry Program at JHACH provides evaluation and treatment for a wide range of conditions and sees new patients ranging in age from approximately three years to age 17. Established patients are seen until the age of 21 in order to assist in the transition to adult care. At present, JHACH does not have an inpatient psychiatric unit. The ideal candidate will have demonstrated experience in pediatric C/L psychiatry along with the desire to play a key role in expanding behavioral health services to hospitalized youth through the delivery of complementary and collaborative services with our Psychology C/L team, including psychologists, psychology

interns, and postdoctoral fellows. This individual will provide consultation to our extensive team of pediatricians, pediatric specialists, and pediatric surgeons on a broad range of issues. (Dedicated time will be allotted for the C/L component of the practice). JHACH stands at the forefront of discovery, leading innovative research to cure and prevent childhood diseases while training the next generation of pediatric experts. As the academic component of our practice continues to expand, our preference is to hire a physician that has an interest in clinical care along with medical education/academics. Teaching opportunities are plentiful and include child psychiatry fellows from University of South Florida (USF), JHACH psychology interns and fellows, pediatric residents from the JHACH and the USF residency programs, Nurse Practitioners, and medical students. Qualified candidates are eligible for a faculty appointment at both the Johns Hopkins University School of Medicine and the University of South Florida. There are many opportunities for physicians to develop clinical, educational, and research interests. Tampa-St. Petersburg offers year-round sunshine, abundant cultural and recreational activities, sports venues, and excellent schools. We are centrally located to many of Florida's top attractions, minutes from the beautiful Gulf beaches, 90 miles from Orlando, and four hours from Miami. Florida has no state income tax. To learn details, please contact: Joseph Boga Providence Healthcare Group (682) 343-4700 (Direct Office Phone) jbogan@provd.com

Company: Integrated Psychiatric Consultants (1425538)

Posted: 06/19/2026

Closing: 07/20/2026

Title: Kansas City Metro, C/A Psychiatrist | Clinical and Director Openings

Job ID: 22364904

URL: <https://jobs.source.aacap.org/jobs/22364904>

Job Description:

A hospital partner, southwest of Downtown Kansas City (KS), is seeking to identify Child and Adolescent Psychiatrists for clinical and leadership roles within an inpatient unit. Enjoy practicing in a hospital that has been entirely remodeled less than 2 years ago and boasts a full complement of nursing, therapy, and ancillary support allowing physicians to focus on direct patient care. 100% C/A demographic; 4-18 12-14 patients per day, average Every feature in the hospital is new Report directly to CMO (Medical director role) 70% Health premiums paid Full benefits for W2 employees Located 15-minutes from Overland Park, KS The southwest suburbs of Kansas City are highly desirable and top-ranked by Niche.com. Overland Park and Olathe are rated '+' and 'A,' respectively, for their strength in schools, livability scores, entertainment, and safety.

Job Requirements:

MD or DO with Board Certification or Eligibility in Psychiatry and/or Child and Adolescent Psychiatry. Active, unrestricted medical license in KS required or ability to obtain. Active DEA registration or eligibility to obtain one.

Company: Integrated Psychiatric Consultants (1425538)

Posted: 06/25/2026

Closing: 07/26/2026

Title: Webster Groves (St. Louis) | Child & Adolescent Psychiatry in New Facility

Job ID: 22378934

URL: <https://jobs.source.aacap.org/jobs/22378934>

Job Description:

A new inpatient unit in Webster Groves has multiple opportunities for Child & Adolescent Psychiatrists before its opening in November 2026. It provides the rare opportunity to help launch and develop the inpatient program to serve the in-need youth population in St. Louis. Oversee 49-bed unit multi-disciplinary care team Ages 5-18 12-14 patients per day, once full Influence, develop workflows Salary at, greater 75th MGMA and full benefits Paid call added to salary Webster Groves, MO is an established, affluent St. Louis suburb known for its top-performing public schools and a strong emphasis on arts and academic culture. Located just minutes from downtown, residents have direct access to Forest Park, professional sports, major hospitals, and a diverse dining and entertainment scene across St. Louis. This state-of-the-art, 77-bed pediatric mental health hospital and a fully renovated outpatient center will offer four levels of care: Intensive Outpatient Program (IOP) Partial Hospitalization Program (PHP) Residential Treatment Inpatient Treatment

Job Requirements:

MD or DO with Board Certification or Eligibility in Psychiatry and/or Child and Adolescent Psychiatry. Active, unrestricted medical license in MO required or ability to obtain. Active DEA registration or eligibility to obtain one.

Company: Yale University (1426987)

Posted: 07/09/2026

Closing: 08/09/2026

Title: Child and Adolescent Psychiatrist–Greenwich Hospital

Job ID: 22408454

URL: <https://jobs.source.aacap.org/jobs/22408454>

Job Description:

The Department of Psychiatry and Behavioral Health at Greenwich Hospital seeks to recruit a Child and Adolescent Psychiatrist to join our adolescent psychiatry team. Located at our Greenwich Office (500 West Putnam Avenue), the psychiatrist will provide medication management for adolescents engaged in the department's intensive outpatient program (IOP) and for adolescents and young adults seeking pharmacotherapy. The psychiatrist will work collaboratively with an APRN on site and the treatment team to provide diagnostic and therapeutic services for patients. What sets this role apart is the opportunity to work side-by-side with other staff on an interdisciplinary team, follow patients across IOP and outpatient settings, and provide clinical care on a team that is embedded within a larger department of psychiatry and behavioral health. This is an ideal role for a psychiatrist who enjoys structured program work, values real-time collaboration, and wants the satisfaction of building ongoing therapeutic relationships in outpatient care. Responsibilities will include: · Providing triage, initial assessments, and management of patients and their family needs throughout the treatment process as an integral part of an interdisciplinary team. · Working in collaboration with APRN and LCSWs as part of the treatment team. · Participating in team-based case conferences, treatment planning, and coordinating discharge planning. To apply to this position, please use the following link: <https://apply.interfolio.com/188219>. Review of applications will begin immediately and will continue until the position is filled. If you have questions about this job opportunity, please contact Kourtney Koslosky via email at Kourtney.Koslosky@yale.edu for more information.

Job Requirements:

The successful candidates will have completed a residency in psychiatry leading to board eligibility or board certification and will have also completed a child and adolescent psychiatry fellowship in addition to being licensed within the State of Connecticut.

Company: University of Illinois (1416834)

Posted: 07/09/2026

Closing: 08/09/2026

Title: Assistant/ Associate/ Professor of Clinical Child & Adolescent Psychiatry

Job ID: 22412376

URL: <https://jobs.source.aacap.org/jobs/22412376>

Job Description:

Searched Extended until 08/02/2026 The Department of Psychiatry and Institute for Juvenile Research at the University of Illinois Chicago (UIC) is seeking dedicated and accomplished Child & Adolescent Psychiatrists (rank commensurate with experience) to join our faculty. The successful candidate will contribute to the department's mission through excellence in clinical care, teaching, mentorship, and scholarly activity. The Institute for Juvenile Research has been a leader in clinical care, education, and research focused on child and adolescent mental health since 1909. IJR is a leading component of UIC Psychiatry, which is one of the largest Psychiatry departments in the Midwest. We are also one of the top-ranked teaching departments at the University of Illinois College of Medicine, the largest medical school in the country, with both preclinical and clinical teaching and mentoring opportunities. Our clinical services focus on diverse and vulnerable patients, serving predominantly minority and economically underserved populations on the South and West Sides of Chicago. The UIC Department of Psychiatry is known for its basic, clinical, translational, and psychosocial research and is ranked first in NIH funding of all Chicago

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universities and is ranked nationally. An important overarching goal at UIC is to attract world-class faculty to enrich the educational experience of our bright and motivated students and trainees and provide high-quality care to our diverse and vulnerable patient populations. UIC is dedicated to the goal of building a culturally diverse faculty committed to teaching and working in a multicultural environment, and strongly encourages applications from women and minorities, and those with a passion for serving the underserved. **Benefits and Compensation:** The previously determined salary range for this position is \$200,000.00 to \$300,000.00 (commensurate with rank). We strive to provide a competitive salary, considering factors such as available market data, internal equity, candidate experience, and qualifications. The final salary will be determined through a thorough assessment of these elements. This position is intended to be eligible for benefits. This includes Health, Dental, Vision, Life Insurance, a Retirement Plan, Paid time Off, and Tuition waivers for employees and dependents. Please visit our department website at www.psych.uic.edu. Applicants must apply online at <http://jobs.uic.edu> and reference Job Requisition 1038168 and submit a CV, cover letter, and three names of references by 08/02/2026. The application review process will start immediately and will continue until the position is filled. The start date is flexible. The University of Illinois System is an equal opportunity employer, including but not limited to disability and/or veteran status, and complies with all applicable state and federal employment mandates. Please visit Required Employment Notices and Posters to view our non-discrimination statement and find additional information about required background checks, sexual harassment/misconduct disclosures, and employment eligibility review through E-Verify. The university provides accommodations to applicants and employees. Request

Accommodation: The University of Illinois may conduct background checks on all job candidates upon acceptance of a contingent offer. Background checks will be performed in compliance with the Fair Credit Reporting Act. Artificial Intelligence (AI) tools may be used in some portions of the candidate review process for this position; however, all employment decisions will be made by a person.

Job Requirements:

The applicant must hold an MD, DO, or equivalent degree, with board eligibility or certification in Child and Adolescent Psychiatry. The applicant must possess or be eligible for an unrestricted license to practice medicine in the State of Illinois, a State of Illinois Controlled Substance License, and an unrestricted Drug Enforcement Administration license.

Company: Windsor Regional Hospital (1427162)

Posted: 07/10/2026

Closing: 09/09/2026

Title: Child & Adolescent Psychiatrists

Job ID: 22415922

URL: <https://jobs.source.aacap.org/jobs/22415922>

Job Description:

Windsor Regional Hospital (WRH) is seeking full-time and part-time hospital-based Child & Adolescent Psychiatrists to contribute to the top-tier care provided within our Mental Health Program. This is an exceptional opportunity to join an innovative, collegial, and well-established group of psychiatrists during an exciting period of restructuring. We are currently expanding our inpatient and consultation-liaison programs, seeking candidates who bring not only clinical excellence but a drive for sustainable modernization in service delivery. The inpatient unit is located at Maryvale Adolescent & Family Services, currently operating as a 6-bed acute unit with an average length of stay of one week. As a key member of our team, you will work within a mental health agency that integrates acute inpatient care with day treatment and outpatient

counseling, providing a comprehensive continuum of care for young people in the Windsor-Essex and Chatham-Kent regions. **Clinical Responsibilities of Active Staff:** Inpatient Care: Sharing responsibility for youth inpatient services at Maryvale, managing acute cases for youth experiencing serious psychiatric problems. Consultation-Liaison: Providing expert consultation services to admitted patients on the pediatric floor at WRH. Multidisciplinary Collaboration: Working alongside a specialized team of Social Workers, Child & Youth Workers, and Psychologists to deliver holistic care. On-Call Coverage: Participating in a shared on-call rotation with a dedicated team of Child & Adolescent Psychiatrists. Outpatient Follow-Up: Providing continuity of care through outpatient clinic follow-ups for the aforementioned patient populations. Academic Contribution: Serving as a role model and educator for undergraduate medical students and residents, with eligibility for faculty appointments with the Schulich School of Medicine & Dentistry. **Why Choose Psychiatry at WRH?** Innovative Culture: We are renowned for being an early adopter of new technology and a progressive program management model that supports clinical decision-making and accountability. Supportive Leadership: Work under a contemporary group of Department Chiefs and a Senior Leadership Team committed to best practices and sustainable change. Work-Life Balance: Enjoy great flexibility with full-time or part-time options and a highly attractive compensation and relocation package. Integrated Practice: Access to personal offices for private patient follow-ups or community referrals through Maryvale Adolescent & Family Services. Community: Live in a welcoming, friendly, and safe community with abundant additional practice opportunities in the surrounding area. **Why Windsor Regional Hospital?** Windsor Regional Hospital (WRH) offers

the opportunity for a fantastic career in an award-winning health care facility. WRH is a 600 bed multi-site health service organization providing Acute Medical and Surgical Services including Renal, Trauma, Emergency, Family Birthing Centre, Neonatal Intensive Care, Paediatric Services, Critical Care (ICU/CCU), Regional Cancer Services (Inpatient Oncology, Windsor Regional Cancer Centre, Breast Health Centre), Neurosciences and Mental Health Services to 400,000 people in Windsor and Essex County. In recognition of the growing needs of the region, WRH plans for a major reform of the Windsor-Essex Hospitals System, which includes construction of a state-of-the-art acute care hospital. WRH is actively planning to break ground on the new acute care hospital in 2026. To learn more, go to <http://www.wrh.on.ca/windsorhospitals>

Why Windsor-Essex? The Windsor-Essex area is ecologically rich with extensive parkland along with a southwest location that extends warm weather activities such as golfing, gardening, and water sports. Windsor offers the unique opportunities of a larger metropolitan area and the benefits of a smaller community. Living directly across the border from Detroit, Michigan places you on a cosmopolitan stage where arts, culture, big league sports, and entertainment are just moments away. Best of all, you can enjoy access to all of these big-city advantages while living in the relative tranquility (and low costs) of a much smaller, friendlier community.

Job Requirements:

What you bring to Our Team: Hold or be eligible for certification by the Royal College of Physicians and Surgeons of Canada or hold US Board Certification (or equivalent) in Psychiatry. Possess or be eligible for Ontario Licensure

with the CPSO (CPSO pathway licensure is available for US Board Certified Physicians). A high level of professional competency in Child & Adolescent Psychiatry. Exceptional organizational and communication skills with a demonstrated commitment to interdisciplinary teamwork. A drive to contribute to the growth and modernization of our clinical services. **Apply Today:** Join us in providing essential, acute psychiatric care to youth in the Windsor-Essex region. Please submit your most recent CV and a letter outlining your interest to: Dr. Corina Velehorsch—Chief of Psychiatry C/o Chelsey Thornton—Medical Affairs careers@wrh.on.ca Please note: Only those chosen for an interview will be contacted.

Get in the News!

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

- **Committees/Assembly.** Write on behalf of an AACAP committee or regional organization to share activity reports or updates (chair must approve before submission).
- **Opinions.** Write on a topic of particular interest to members, including a debate or "a day in the life" of a particular person.
- **Features.** Highlight member achievements. Discuss movies or literature. Submit photographs, poetry, cartoons, and other art forms.
- **Length of Articles**
 - ▶ Columns, Committees/Assembly, Opinions, Features—600-1,200 words
 - ▶ Creative Arts—up to 2 pages/issue
 - ▶ Letters to Editor—up to 250 words

Production Schedule

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



Citations and References

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

For complete Policies and Procedures, please contact communications@aacap.org.

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
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