



# 2011 AACAP ANNUAL REPORT

AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

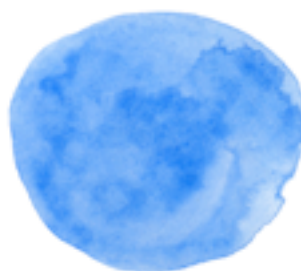
W W W . A A C A P . O R G



Between 7 and 12 Million American youth suffer from mental, behavioral, or developmental disorders at any given time. AACAP is the leading national professional medical association dedicated to treating and improving the quality of life for children, adolescents, and families affected by these disorders.



Established in 1953 and comprised of over 8,500 child and adolescent psychiatrists and other interested physicians; we pride ourselves on giving direction and responding quickly to new developments in addressing the health care needs of children and their families.



Our focus is to promote an understanding of mental illnesses and remove the stigma associated with them; advance efforts in prevention of mental illnesses and assure proper treatment and access to services for children and adolescents.

## MESSAGE FROM THE PRESIDENT

Early on, as part of my Presidency I've stressed the importance of giving. I encourage you to continue to give thoughtful consideration to AACAP's short- and long-term goals and think about what you personally can contribute to their realization.

In 2011, we made great progress in many of our strategic areas. We further defined the profession and initiated research efforts to advance the profession, expanded our international reach, and developed new resources to help our members become more effective in their practice and in their communities.

As AACAP works on many fronts, I'm humbled by the efforts and enthusiasm shown by you, leadership, and staff. Without all our continued investment of time, energy, and talent, we wouldn't be able to enjoy so much success as a professional association.

Our profession has always been a tight-knit community, and I'm proud of our collective effort to help educate our communities that childhood mental illnesses are real, common, and treatable. We know early diagnosis and intervention is the key to transforming the lives of children with mental illnesses. It's imperative that we continue bringing these issues to light and lending momentum to a cause that we each fight for every day.

I trust you'll join me in support of AACAP's *Campaign for America's Kids*. Your contributions help garner support for crucial access, advocacy, and education programs. Please lend your support to these critically important efforts.

Failing to provide children the services they need, when they need it, can mean a lifetime of irreversible medical and mental health consequences. Our children can't wait for care. This important reality is the driving force behind our efforts. Together we can continue to lead the charge on behalf of families who need our help the most.

I look forward to working with you, both individually and collectively, to make AACAP's vision a reality.

**Martin J. Drell, M.D.**  
President



*Our profession has always been a tight-knit community, and I'm proud of our collective effort to help educate our communities that childhood mental illnesses are real, common, and treatable.*

## 2011/12 AACAP EXECUTIVE COMMITTEE



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President



**Paramjit T. Joshi, M.D.**  
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*Jerry M. Wiener Resident Member*  
Sourav Sengupta, M.D., M.P.H.

*John E. Schowalter Resident Member*  
Ruth Gerson, M.D.

## EXECUTIVE DIRECTOR LETTER

### OUR SUCCESS IS OUR TEAM. OUR SUCCESS IS YOU!

It is often difficult to tie any one accomplishment to a year, for in fact all accomplishments are tied to preparation and infrastructure. At AACAP, our infrastructure is a talented, committed staff which partners with an exceptionally educated and committed membership.

Many of our efforts to advance and improve treatments for children with mental illnesses are ongoing.

Our development efforts and grants from the *Campaign for America's Kids* allowed us to offer important seed money at strategic times in program and career development. Different programs in AACAP currently direct scholarships to medical students, residents, and early career members to participate in the Annual Meeting.

We are now funding our third Congressional Fellow, a child psychiatrist supported by the Academy who works for a year on Capitol Hill. Our Advocacy Day had well over 200 members, residents, medical students, parents and kids up on Capitol Hill, speaking out for better treatment and access for children.

I attended an array of events and am keenly aware of the energy and enthusiasm of members who give up their time to advance child and adolescent psychiatry. Be it interactive demonstrations, or simply career advice, it is a positive comment about the future of the specialty and profession.

Finally, special thanks are due. I would like to thank the directors: Kristin Kroeger Ptakowski, Sr. Deputy Executive Director, Government Affairs & Clinical Practice; Heidi Buttner Fordi, Deputy Executive Director, Meetings, CME & Development; Larry Burner, Director, Finance, Comptroller; Rob Grant, Director, Communications & Member Services; Yoshie Davison, Director, Research, Training & Education; Colleen Dougherty, Director, Information Systems & Web Services; Maureen Dubois, Director, Human Resources & Operations; Mary Billingsley, Managing Editor, *JAACAP*; Earl Magee, Executive/Assembly Administrator; Liz Goggin, Executive Office Coordinator; and the staff for their support and effective work throughout the year. It is a privilege each day to partner with so many inspiring colleagues.

**Virginia Q. Anthony**  
Executive Director



*Mission of AACAP:  
Promote the healthy  
development of children,  
adolescents, and families  
through research, training,  
prevention, comprehensive  
diagnosis and treatment  
and to meet the profes-  
sional needs of child and  
adolescent psychiatrists  
throughout their careers.*

*Amended and Approved by Council,  
June 27, 2010*



# ADVOCACY

Our success is dependent on the efforts and enthusiasm of our supporters, members, and staff to improve children's mental health policy. This year, we worked with members across the country to address the shortage of child and adolescent psychiatrists, improve the quality of care for children with mental illness, and increase access to prevention and treatment programs. Through our federal and state legislative initiatives, and annual events like Advocacy Day, we aim to eliminate the barriers facing families of children and adolescents with mental illnesses.

## AACAP ADVOCACY IN ACTION

### AACAP ADVOCACY DAY

More than 230 AACAP members and family advocates convened on Capitol Hill to educate more than 200 Congressional offices on the need for improved access to mental health care. Supported by AACAP's *Campaign for America's Kids*, AACAP brought families and youth representing child advocacy organizations, such as Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), the Balanced Mind Foundation, the Federation of Families for Children's Mental Health, Mental Health America, and the National Alliance on Mental Illness, to Washington D.C. to participate in our 7th annual Advocacy Day.



Utah Delegation outside the U.S. Capitol Building



AACAP members are ready for a day on Capitol Hill

*More than 230 AACAP members and family advocates convened on Capitol Hill to educate more than 200 Congressional offices on the need for improved access to mental health treatment.*





## MEMBER ADVOCACY

AACAP offers Advocacy and Collaboration Grants to AACAP regional organizations to fund advocacy activities designed to improve children's mental health care in a state or community. These grants help regional organizations advance the mission of AACAP and foster relationships through collaboration with allied consumer and professional organizations.

The grants have enabled over 20 regional organizations to implement projects such as collaborative initiatives with pediatricians to improve access to mental health care; advocacy trainings for AACAP members, mental health advocates and families; and the creation of statewide coalitions to jointly advocate for children's mental health at the state and local levels.

## AACAP CONGRESSIONAL FELLOW – IRVING BERLIN CONGRESSIONAL FELLOWSHIP

Each year, a child and adolescent psychiatrist is selected and supported to work in a Congressional office and educate Capitol Hill Staff on issues of importance to child and adolescent psychiatrists. The congressional fellowship was named in honor of former AACAP President, Irving Berlin, M.D., whose vision was to encourage AACAP to more formally engage in public policy activities in order to introduce child psychiatry into the lexicon of legislative advocacy. Dr. Berlin created the AACAP Government Affairs department.

Scott Palyo, M.D., was AACAP's 2011 Congressional Fellow. He began in September, 2010, in Senator Debbie Stabenow's office (D-MI). Dr. Palyo worked with Senator Stabenow and Congressional staff on a variety of issues, including Medicaid block grants, establishing a single office of children's health within the White House, and electronic medical records.



Scott Palyo, M.D. (AACAP's 2010-2011 Congressional Fellow), and Matthew Prowler, M.D. (AACAP's 2011-2012 Congressional Fellow)



AACAP members before meetings in the House Office Building

## CLINICAL PRACTICE, TOOLS, & MODELS

Due to the lack of child and adolescent psychiatrists (CAPs) and the many children with disorders entering primary care practices, AACAP promotes prevention and early intervention.

AACAP is a leader in establishing national practice guidelines and standards for treating children with mental illnesses. We are at the forefront of developing tools to determine service intensity needs for children from birth through 18 years of age. The Child and Adolescent Service intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSII) are assessment tools created by the Committee on Systems of Care to help mental health clinicians determine the appropriate level of care for children and adolescents. The CASII and ECSII are based on the concept of Service Intensity and are designed to facilitate an integrated service response by multiple systems. Both draw from clinical experience and a number of values, theories, and resources: CASSP/Guiding Principles for Systems of Care, developmental theory, family empowerment, cultural competence, and wraparound concepts. Trainings on the two instruments have taken place in over 24 states as well as overseas with growing interest and utilization in countries such as Japan, the Netherlands, and Belgium.

AACAP continues to encourage collaborative mental health partnerships between CAPs and primary care clinicians and to advocate for integrated and collaborative care models throughout the country. These partnerships allow child psychiatrists to have a greater impact on ensuring children with mental illnesses live happy, healthy, and productive lives.

## CASII User's Manual Child and Adolescent Service Intensity Instrument



*Trainings on the two instruments have taken place in over 24 states as well as overseas with growing interest and utilization in countries such as Japan, the Netherlands, and Belgium.*



# WORKFORCE DEVELOPMENT & RECRUITMENT

AACAP works to recruit more medical students and residents to the specialty through fellowships, grants, and mentorship programs. We strive to recruit and educate the next generation of child and adolescent psychiatry's leaders.

## MENTORSHIP

AACAP's Mentorship Program is a three-day event for medical students and residents at the Annual Meeting. More than 150 medical students and residents and 50 child and adolescent psychiatrist mentors met in small groups to discuss a range of topics related to training, career development, and current events. The Mentorship Program is one of AACAP's most popular and fastest-growing programs for medical students and residents.

### MENTORSHIP NETWORK

AACAP launched the Mentorship Network with help from the Committee on Medical Students and Residents and the Training and Education Committee. The Mentorship Network connects medical students, residents, and early career psychiatrists with mentors across the country. Given the extreme shortages in our specialty, it is integral to our continued success that we provide trainees with superior mentorship so that they can help close the workforce gaps in child and adolescent psychiatry.

More than 75 medical students and residents signed up for a mentorship and 115 AACAP members volunteered as mentors. We plan to increase mentorship connections and develop mentorship materials in 2012. The mentorship network continues to:

- Identify and recruit AACAP members who are enthusiastic about mentorship;
- Serve as initial contacts between mentors and mentees;
- Provide mentors to medical students, residents, and early career psychiatrists interested in child and adolescent psychiatry;
- Recruit medical students and residents into child and adolescent psychiatry; and
- Enhance careers and build relationships between mentors and mentees.

### BE CAP-TIVATED

AACAP, with support from the *Campaign for America's Kids*, and the expertise of members like Jess Shatkin, M.D., M.P.H., produced the ten minute film *CAP-tivated: A Short Story about Child and Adolescent Psychiatry* which documents a "day in the life" of four young and engaging child and adolescent psychiatrists. The film is being used as a resource for teaching medical students and general psychiatry residents about our specialty and also as a tool for giving the general public a better understanding of who we are and what we do.

*"This was an absolutely fantastic overall experience, invaluable for me in many ways! I met very dynamic colleagues and mentors!"*



*"Overall, great experience which enhanced my passion for child and adolescent psychiatry."*



### EDUCATIONAL OUTREACH PROGRAM

In 2011, AACAP provided funding support through the AACAP Endowment and Life Members Fund for 48 child and adolescent psychiatry residents to participate in the AACAP+CACAP Joint Annual Meeting in Toronto, Ontario, Canada, through the Educational Outreach Program (EOP). Lilly USA, LLC, funded 25 general psychiatry residents to attend the Joint Annual Meeting.

The EOP provides travel support for residents, enabling them to tap into innovative career opportunities and a vibrant network by participating in special events for residents at the Annual Meeting. The EOP is instrumental in integrating residents into the field with 90 percent of general psychiatry residents who participate in the program becoming child and adolescent psychiatrists.

### MEDICAL STUDENT TRAINING

AACAP administers the Klingenstein Third Generation Foundation (KTGF) Medical Student Program and evaluates the effectiveness of mentorship and medical student recruitment at 11 medical schools. KTGF sponsors the Medical Student Programs across the country to foster interest in child and adolescent psychiatry among medical students through mentorships and unique opportunities for exposure to the field. Evaluations continue to provide information on medical student interest in child and adolescent psychiatry, barriers that prevent medical students from choosing child and adolescent psychiatry, and understanding of the field.

The Child and Adolescent Psychiatry in Medical Education (CAPME) Task Force, an interorganizational collaboration that includes AACAP, the Association for Directors of Medical Student Education in Psychiatry (ADMSEP), the American Association of Directors of Psychiatric Residency Training (AADPRT), and the American Academy of Pediatrics (AAP), was established to improve medical students' education regarding child and adolescent psychiatry.

The goal is to improve the knowledge of all future physicians about child and adolescent mental health disorders. Greater exposure to child and adolescent psychiatry will

also improve recruitment, which is a priority of AACAP. To help medical educators incorporate child and adolescent psychiatry into medical school curricula, the task force is developing an online toolbox with child and adolescent psychiatry learning objectives, suggested resources, and assessment tools.

The development of portable multimedia modules is just underway and child and adolescent psychiatry opportunities for medical students and psychiatry interest group activities are also being identified.

### JEANNE SPURLOCK MINORITY MEDICAL STUDENT FELLOWSHIPS

The Jeanne Spurlock Minority Medical Student Clinical Fellowship, supported by the Center for Mental Health Services (CMHS), and the Jeanne Spurlock Minority Medical Student Research Fellowship in Substance Abuse and Addiction, supported by the National Institute on Drug Abuse (NIDA), provided six medical students with the opportunity to gain clinical and research experience in the field of child and adolescent psychiatry. After completing the summer fellowship, the recipients participated in the AACAP Annual Meeting activities and provided a poster presentation on their experience.

### SUMMER MEDICAL STUDENT FELLOWSHIPS

AACAP awarded the Summer Medical Student Fellowships, supported by the *Campaign for America's Kids* (CFAK), to seven medical students to explore the field of child and adolescent psychiatry. Under the guidance of senior child and adolescent psychiatrist mentors, the fellowship recipients spent the summer in clinical and research settings, and attended the 2011 AACAP+CACAP Joint Annual Meeting to present their findings.

AACAP summer fellowships give many medical students the opportunity to gain exposure to the field of child and adolescent psychiatry, which they often do not receive in medical school. All three medical student fellowship programs are highly competitive and have a positive impact on the career paths of all recipients.

*“...I am now even more sure that [I will make my career in child and adolescent psychiatry]... and more energized and excited about the other projects that I am working on in the field. The chance to do this project and make connections has been very valuable and will help me to be more productive in my future research and given me clinical exposure that I was lacking and really deeply enjoyed.”*

### DISTINGUISHED MEMBER AND JOURNAL AWARDS

Each year, the Research, Training, and Education Department administers one Distinguished Member Award and three *Journal Awards* recognizing AACAP members who have made significant contributions to the field. Awardees receive honoraria, are honored at the Distinguished Awards Luncheon and make an honors presentation about their work during the AACAP Annual Meeting.

ELAINE SCHLOSSER LEWIS AWARD FOR RESEARCH ON ATTENTION-DEFICIT DISORDER

**Bonnie Zima, M.D., M.P.H.**

UCLA Semel Institute for Neuroscience and Human Behavior

*Honors Presentation:* Quality of Care for Childhood ADHD in a Managed Care Medicaid Program

J. Am. Acad. Child. Adolesc. Psychiatry. 2010;49(12):1225-1237.

NORBERT AND CHARLOTTE RIEGER AWARD FOR SCIENTIFIC ACHIEVEMENT

**Mary-Margaret Gleason, M.D.**

Tulane University

*Honors Presentation:* Validity of Evidence-Derived Criteria for Two Forms of Reactive Attachment Disorder

J. Am. Acad. Child. Adolesc. Psychiatry. 2011;50(3):216-231.

KLINGENSTEIN THIRD GENERATION FOUNDATION AWARD FOR RESEARCH IN DEPRESSION OR SUICIDE

**Robert Althoff, M.D., Ph.D.**

University of Vermont

*Honors Presentation:* Adult Outcomes of Childhood Dysregulation: A 14-Year Follow-up Study

J. Am. Acad. Child. Adolesc. Psychiatry. 2010;49(11):1105-1116.

CANCRO ACADEMIC LEADERSHIP AWARD

**Ole Thienhaus, M.D., M.B.A.**

University of Nevada

*Honors Presentation:* A Geriatric Psychiatrist Discovers Child Psychiatry



Medical students, mentors, and AACAP staff at the 2011 Klingenstein Third Generation Foundation Games



2011 Summer Medical Student Fellowship in Child and Adolescent Psychiatry Award Winners



2011 Pilot Research Award Winners

*AACAP collaborates with the National Institute on Drug Abuse (NIDA) to produce new child and adolescent psychiatry researchers in the substance abuse and addiction field.*

*The grant of over \$6 million provides salary and research support as well as mentoring up to a five-year period for six child and adolescent psychiatrists with a commitment to becoming independent researchers.*

## RESEARCH

AACAP promotes and supports the development of early career psychiatrists through publicized research and training opportunities and sponsored initiatives. We fulfill the needs of child and adolescent psychiatrists by publishing peer-reviewed research, curricula, and recruitment materials; holding scientific meetings; and offering fellowships and awards to encourage scientific excellence.

### RESEARCH INITIATIVE

There is a critical need for research to examine the safety, efficacy, and effectiveness of the various interventions that are employed in the treatment of children who have mental illnesses. Although this need is great, significant obstacles hamper the research community's ability to develop the kind of evidence needed to guide clinical practice. In 2000, through the Research Committee, AACAP began a strategic capacity-building initiative. The goals of this initiative are to increase the number of researchers, influence federal research policy (e.g., NIH, FDA), and build research skills among clinicians. All parts of this strategic plan, the AACAP Research Initiative, are designed to strengthen the research infrastructure for understanding and treating children and adolescents suffering from psychiatric illness. The Research Initiative supports various programs including Research Training Programs for Young Investigators, Pediatric Psychopharmacology Initiative (PPI), Research Forum, and Founders Symposium.



K12 scholars from current cohort (left to right): Brady Case, M.D.; Margaret Benningfield, M.D.; Greg Tau, M.D., Ph.D.; Michelle Horner, D.O.; Mini Tandon, D.O.; Leslie Hulvershorn, M.D., M.Sc.

### RESEARCH GRANTS

A range of research opportunities were created for child and adolescent psychiatry residents and junior faculty interested in research. As federal dollars have decreased, AACAP sponsors continue to give their support for child and adolescent psychiatry research.

#### K-12

AACAP collaborates with the National Institute on Drug Abuse (NIDA) to produce new child and adolescent psychiatry researchers in the substance abuse and addiction field. The overall aims of the AACAP Physician Scientist Program in Substance Abuse K12 Program, supported by NIDA, are to: increase the number of child and adolescent psychiatrists with independently funded addiction research careers; expand clinical and research training in child and adolescent substance abuse in trainee's home and academic institutions; and create a sustainable infrastructure and national network of mentors and academic research institutions to support addiction research training. This successful program has produced 18 child and adolescent psychiatry researchers.

The grant of over \$6 million provides salary and research support as well as mentoring up to a five-year period for six child and adolescent psychiatrists with a commitment to becoming independent researchers.

Based on the thorough evaluation of this initiative since its inception in 1999, the AACAP-NIDA K12 Grant was highlighted as a model grant for assisting junior faculty in developing independent research careers.

### JUNIOR INVESTIGATOR AWARDS

AACAP offers the Junior Investigator Award, supported by the Research Initiative, which provides up to \$30,000 a year for two years of research support to child and adolescent psychiatry junior faculty based on available funding. AACAP received 14 applications for the 2011 award cycle and the following two recipients received the award:

#### Ryan Herringa, M.D., Ph.D.

University of Wisconsin School of Medicine and Public Health

*Project Title:* "Neural Substrates of Post-Traumatic Stress Disorder (PTSD) in Youth"

*Mentors:* Ned H. Kalin, M.D., and Marilyn J. Essex, Ph.D.

#### Ellen Hoffman, M.D.

Yale University School of Medicine Child Study Center

*Project Title:* "Functional Analysis of the Autism Susceptibility Gene, Contactin Associated Protein-2 (CNTNAP2), in a Zebrafish Model System"

*Mentor:* Matthew W. State, M.D., Ph.D., and Antonio J. Giraldez, Ph.D.

### PILOT RESEARCH AWARDS

AACAP's Pilot Research Award, supported by Lilly USA, LLC, provides up to seven child and adolescent psychiatry residents, fellows, and junior faculty \$15,000 for one year of support for research on child and adolescent mental health. AACAP's Pilot Research Award for Attention Disorders and/or Learning Disabilities, supported by the Elaine Schlosser Lewis (ESL) Fund, provides up to two child and adolescent psychiatry residents, fellows, and junior faculty \$15,000 for one year of support for research on attention disorders and/or learning disabilities. Recipients who completed their projects in 2011 submitted a poster presentation on their research at the 2011 AACAP+CACAP Joint Annual Meeting in Toronto, Ontario, Canada.



# PROFESSIONAL EDUCATION

AACAP's Annual Meeting, Douglas B. Hansen, M.D., Annual Review Course, Lifelong Learning Institute, Psychopharmacology Update Institute, *Journal of the American Academy of Child and Adolescent Psychiatry*, and online CME programs educate physicians in the newest research on childhood mental, emotional, developmental, and behavioral disorders. AACAP's continuing medical education programs are part of clinicians' lifelong learning and daily practice, and are designed to bring the best treatments to children in need.

## MAINTENANCE OF CERTIFICATION

During 2011, the Lifelong Learning Committee created *Module 8: Modalities of Non-Pharmacological Treatments and Relevant Updates for Child and Adolescent Psychiatrists* which offers members the opportunity to fulfill the Maintenance of Certification (MOC) requirements. In addition to the module, one Institute is held each year during the Annual Meeting focusing on the module. This Institute consistently receives high evaluation ratings. The AACAP will continue to provide opportunities for members to meet their MOC requirements.

## CONTINUING MEDICAL EDUCATION

AACAP is accredited by the American Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. In 2007, AACAP received an Accreditation with Commendation status, which extends our accreditation term from four years to the optimal six years!

We continue to maintain exemplary continuing medical education activities that allow child and adolescent psychiatrists and allied health professionals the ability to improve patient care.

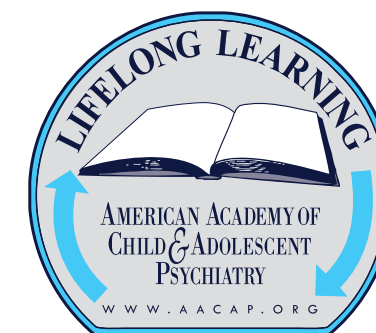
### ONLINE CME PROGRAM ON ADHD

On September 1, 2011, a new online CME program launched titled "The Challenges and Opportunities in ADHD: A Conversation with the Experts", chaired by Laurence Greenhill, M.D. Supported with educational grants from Eli Lilly and Company and Shire Pharmaceuticals, this two hour roundtable discussion features speakers Howard Abikoff, Ph.D., Gaye Carlson, M.D., James McGough, M.D., and Timothy Wilens, M.D. Bennett L. Leventhal, M.D. lent his assistance as the Director of the program.

## JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

*The Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)* is recognized worldwide as the leading scientific journal dedicated exclusively to the study of child and adolescent mental health. Readership of the *Journal* extends beyond AACAP membership and encompasses not only child psychiatrists, but pediatricians and other child and adolescent healthcare providers. *JAACAP* is published by Elsevier.

*JAACAP*'s impressive impact factor (IF) of 6.444, as reported in the 2011 *Journal Citation Reports* published by Thomson Reuters, secures its standing as the top-ranked journal in the categories of pediatrics (out of 113 journals) and of







More than 3,700 people attended the 2011 Annual Meeting in Toronto.



Nancy Anthony accepts the 2011 AACAP Catchers in the Rye Humanitarian Award

child and adolescent mental health. *JAACAP* also ranks 8th of 129 journals in psychiatry. The 2011 IF represents the *Journal's* all-time highest impact factor.

The *Journal* is committed to advancing the science of pediatric mental health and promoting the care of youth and their families and now includes free online CME offerings.

## AACAP'S ANNUAL MEETING

Each year, AACAP's Annual Meeting provides an update on the latest research and developments in child and adolescent psychiatry.

More than 3,700 people attended the AACAP+CACAP Joint Annual Meeting in Toronto in 2011. The meeting was a global experience providing continuing medical education sessions devoted to children's mental issues and led by **Gabrielle A. Carlson, M.D.**, Program Committee Chair, **Bennett L. Leventhal, M.D.**, Deputy Program Committee Chair, and **Heidi Buttner Fordi**, Senior Director of Meetings, CME & Development and Deputy Executive Director.

### Highlights from the Annual Meeting include:

- 1,132 international attendees from 47 countries, the second largest number of international attendees ever. AACAP received \$80,000 from Lilly USA, LLC, to sponsor the International Reception at the Annual Meeting.
- The Program Committee issued Travel Scholarships, funded by AACAP's *Campaign for America's Kids*, to 20 select speakers totaling \$14,000.
- The Work Group on Research sponsored the Research Forum entitled, *Advancing Biomarker Sciences in Pediatric Psychiatry* chaired by **Graham Emslie, M.D.**, **John March, M.D.**, and **James McGough, M.D.**
- The **Karl Menninger, M.D.**, Plenary, supported by **Ronald Filippi, M.D.**, was given by AACAP President-Elect **Martin J. Drell, M.D.**, and titled, *Yesterday, Today, and Tomorrow*, focusing on the history of child and adolescent psychiatry and its present and future challenges. During the plenary, the AACAP Humanitarian of the Year award was given to Nancy S. Anthony, President of Fernwood Advisors, Inc.
- AACAP's Catcher in the Rye Humanitarian of the Year award was presented to **Nancy S. Anthony**, President of Fernwood Advisors, Inc. for her significant contributions to the field of children's mental health.

- **Susan Bradley, M.D.**, presented the Joseph Noshpitz Memorial History Lecture titled, *Should Moral Development Compete With Concern About Social-Emotional and Cognitive Development in Our Efforts to Prevent Mental Health Problems?* The lecture was supported by the Grove Foundation.
- The **Lawrence A. Stone, M.D.**, Plenary, supported by Marnette Stone and titled, *Is Child and Adolescent Psychiatry Ready for Personalized Medicine*, was presented by **Peter Szatmari, M.D.**, with an introduction by CACAP President, **Abel Ickowicz, M.D., FRCPC**.



Marnette and Lawrence Stone, M.D., after the AACAP LAWRENCE A. STONE, M.D., PLENARY at the 2010 Annual Meeting in New York.

## AACAP'S OTHER MEETINGS

AACAP relocated its January Psychopharmacology Update Institute to the West Coast for the first time in ten years. Registration totaled 347—an excellent turnout! Psychopharmacology continues to be a popular topic among AACAP members drawing large numbers for both this meeting and sessions at the Annual Meeting.

### Douglas B. Hansen, M.D., Annual Review Course and Training Session for the Oral Exams

AACAP celebrated the inaugural Douglas B. Hansen, M.D., Annual Review Course and Training Session for the Oral Exams March 9-12, 2011, in Fort Worth, Texas thanks to a generous \$100,000 donation from Dr. Hansen.



Lawrence A. Stone, M.D.  
[AACAP President, 1995-97]



Martin J. Drell, M.D., AACAP President, with Douglas Hansen, M.D.



Dr. Hansen, chair of the first AACAP Annual Review Course in 1976.





*Since its inception in 2009, the Life Members Fund has raised almost \$100,000. These funds help support young child and adolescent psychiatrists as they begin their careers.*

## LIFE MEMBERS—BUILDING A COMMUNITY

2011 marked a year of achievement for the Life Members. Due to their community building, outreach, and collective efforts, the Life Members Subcommittee was singled out and won AACAP's 2011 Catcher in the Rye Award! The AACAP Catchers in the Rye Award to an AACAP Committee was established in 1996 to recognize an AACAP committee for their outstanding efforts on behalf of children and adolescents.

Since its inception in 2009, the Life Members Fund has raised almost \$100,000. These funds help support young child and adolescent psychiatrists as they begin their careers.

In 2011, the Life Members group expanded their Education Outreach Program by funding travel for eight child and adolescent psychiatry residents to travel to the AACAP+CACAP Joint Annual Meeting in Toronto. The group also created the Life Members Mentorship Grants for Medical Students, a program that introduced seven medical students to the field of child and adolescent psychiatry through the Annual Meeting and mentorship programs.

A BIG thank you to our Life Members—164 supported the Life Members Fund in 2011 with their contributions totaling \$49,499—a **56 percent increase from 2010!**



Life Member Award Winners at AACAP+CACAP Joint Annual Meeting



Theodore Petti, M.D., M.P.H. & Carlos Salguero, M.D., M.P.H., at the 2011 Life Members Dinner

*164 supported the Life Members Fund in 2011 with their contributions totaling \$49,499—a 56% increase from 2010!*



Nina Piazza & Marilyn Benoit, M.D. (AACAP President, 2001-03)



*CFAK—You can make a difference.*

# 165

This is the number of  
2011 AACAP Annual  
Meeting awards!

Of the awards **19** went directly to medical students; **124** to residents, fellows, and early career psychiatrists; **18** to Distinguished Members and Researchers; and **4** to Catcher in the Rye award recipients.

**Be an award recipient in 2012!**

To learn more about AACAP award opportunities and our 20+ generous funders please visit [www.aacap.org/cs/awards](http://www.aacap.org/cs/awards).

# GIVING

## INVEST IN AACAP'S CAMPAIGN FOR AMERICA'S KIDS

Mental illness affects 15 million children and teenagers. One in five have a diagnosable mental or emotional disorder. Tragically, only 20 percent of those who suffer receive treatment. Untreated emotional and mental disorders shatter lives, disrupt families and extinguish dreams.

It's fair to say this is a crisis. But, it's a crisis we can fight. While we can lead the charge, we cannot win it without you. We can shrink these numbers. We're ready. AACAP's *Campaign for America's Kids* is a promising solution, but we need your help. The crucial next stage depends almost entirely on donor support.

Here's how you can invest in AACAP's *Campaign for America's Kids*, or other AACAP treatment solutions:

### INDIVIDUAL DONATIONS

Make a gift online at [www.aacap.org](http://www.aacap.org) or through the mail. You can specify your donation in honor or memory of a family member, friend, or loved one.

### ESTATE GIFT

Consider a gift in your will to support AACAP. It is one of the best ways to enrich your life and impact AACAP's future work. Contact the AACAP Development Office at (202) 966-7300 ext. 130 for more general information or consult your financial advisor for details.

### WORKPLACE GIVING OPPORTUNITIES

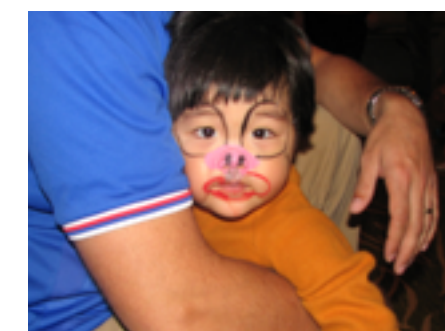
Workplace donations are a simple way to give. Donate to AACAP through your office United Way Campaign (check with your campaign coordinator for information about designating AACAP as your charity of choice). If you are a Federal employee you can donate to AACAP through the Combined Federal Campaign (CFC)—select organization CFC# 12515.

### GIFTS OF STOCK OR SECURITIES

Make a donation of stock or securities. When you donate stocks you have owned for more than 12 months that have increased in value, in addition to supporting your cause, you avoid capital gains tax. Please speak to your financial advisor to make arrangements. Contact the AACAP Development Office at (202) 966-7300 ext. 130 for stock transfer information.

To learn more, please contact the Development Office at (202) 966-7300 ext. 140 or via email at [development@aacap.org](mailto:development@aacap.org).

We know we will get there thanks to your vision and commitment. Every fight has heroes. Our heroes are you.





TREASURER’S REPORT: STATEMENT OF FINANCIAL POSITION

Our history of fiscal stability allows us to continue to develop products, programs, and services to help our members be leaders in the field of children’s mental health care.

ASSETS		2011	2010
Cash And Cash Equivalents	\$	948,902	\$ 2,306,257
Investments		7,002,311	6,465,906
Receivables, net		532,393	649,755
Prepaid Expenses		161,488	92,966
Promises To Give, net		40,707	47,207
Property And Equipment, net		2,181,296	2,378,343
Total Assets	\$	10,867,097	\$ 11,940,434
LIABILITIES AND NET ASSETS			
Liabilities			
Accounts payable and accrued expenses	\$	739,250	\$ 1,294,317
Deferred revenue		1,985,789	1,975,129
Regional council dues payable		256,665	11,407
Note payable		159,837	266,635
Total Liabilities		3,141,541	3,547,488
Net Assets			
Unrestricted			
Undesignated		4,029,253	4,427,392
Board-designated		791,742	171,748
		4,820,995	4,599,140
Temporarily restricted		1,334,891	2,224,136
Permanently restricted		1,569,670	1,569,670
Total Net Assets		7,725,556	8,392,946
Total Liabilities and Net Assets	\$	10,867,097	\$ 11,940,434

STATEMENT OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2011

REVENUE AND SUPPORT:	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL	2010 TOTAL
Membership dues and fees	\$ 2,359,985	\$ -	\$ -	\$ 2,359,985	\$ 2,080,207
Grants and contributions	1,754,254	526,579	-	2,280,833	1,503,301
Annual meeting and institutes	1,707,078	-	-	1,707,078	2,774,729
Journal	1,330,649	-	-	1,330,649	1,251,723
Publications	210,852	-	-	210,852	215,397
Member benefit royalties	167,375	-	-	167,375	181,544
Advertising	106,470	-	-	106,470	97,985
Building – rental income	30,900	-	-	30,900	15,948
Other income	28,503	-	-	28,503	13,397
Training	22,941	-	-	22,941	59,423
Investment (loss) gain, net	(111,529)	(153,169)	-	(264,698)	590,245
Net assets released from restrictions	1,262,655	(1,262,655)	-	-	-
Total revenue and support	8,870,133	(889,245)	-	7,980,888	8,783,899
EXPENSES:					
Program services:					
Annual meeting and institutes	1,321,101	-	-	1,321,101	1,481,662
Grants	1,257,722	-	-	1,257,722	844,359
Special Funds	822,398	-	-	822,398	659,701
Components	801,482	-	-	801,482	717,657
Journal	543,541	-	-	543,541	534,384
Government affairs	272,842	-	-	272,842	260,618
Membership	207,569	-	-	207,569	226,755
Research initiatives	196,938	-	-	196,938	177,185
AACAP News	177,194	-	-	177,194	173,674
Clinical practice	153,500	-	-	153,500	205,135
Publications	89,786	-	-	89,786	11,844
Communications	71,056	-	-	71,056	94,226
Presidential initiatives	27,424	-	-	27,424	75,515
Total program services	5,942,553	-	-	5,942,553	5,462,715
SUPPORTING SERVICES:					
Central office	2,203,434	-	-	2,203,434	2,238,950
Building operations	395,674	-	-	395,674	417,993
Fundraising	106,617	-	-	106,617	137,050
Total supporting services	2,705,725	-	-	2,705,725	2,793,993
Total expenses	8,648,278	-	-	8,648,278	8,256,708
Change in net assets	221,855	(889,245)	-	(667,390)	527,191
NET ASSETS:					
Beginning	4,599,140	2,224,136	1,569,670	8,392,946	7,865,755
Ending	\$ 4,820,995	\$ 1,334,891	\$ 1,569,670	\$ 7,725,556	\$ 8,392,946



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*Thank you to the following 2011 donors for their generous financial support of our mission.*

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