

A photograph of three young children jumping rope on a paved playground. The children are in motion, creating a slight blur. The girl in the background wears a pink dress. The boy in the middle wears a red sweater. The boy in the foreground wears a white shirt and dark pants. The ground is marked with hopscotch patterns in green and orange chalk, featuring numbers and letters. The text '2012 AACAP ANNUAL REPORT' is overlaid on the left side of the image.

2012

AACAP ANNUAL REPORT

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

WWW.AACAP.ORG

CHILDREN'S MENTAL HEALTH
MAY NEVER BE MORE IMPORTANT
IN OUR NATION'S HISTORY THAN
RIGHT NOW.



MESSAGE FROM THE PRESIDENT

The Academy experienced one of its greatest changes as an organization in 2012. After 39 extraordinary years, Virginia “Ginger” Anthony retired on August 31, 2012. While AACAP’s Council President changes every two years, the Executive Director has never changed until this past year.

Ginger’s leadership, passion, and vision helped change the DNA of AACAP, making child and adolescent psychiatry relevant in medical, scientific, and academic circles. As we say “thank you” to Ginger, we welcome and celebrate Heidi Fordi. She is AACAP’s new Executive Director, although not at all new to the Academy, its leadership, and its members. Her experience serves the organization well as we focus on strengthening the value proposition of AACAP, and amplifying the voices of our membership.

I am most proud of the enthusiastic involvement of our members in all of AACAP’s programs and events, and the progress that my presidential initiative, “Back to Project Future,” has made in determining the future of our specialty.

In 2013, the Academy turns 60. This is a meaningful and historic milestone. We’re at the perfect intersection of events—children’s mental health may never be more important in our nation’s history than right now. There’s unprecedented conversation and momentum, on Capitol Hill, as well as Main Street. Now’s the time when we need you to help us do more, not less. We must get the corporate community engaged. We must get our political leaders to do more. We must encourage philanthropists to donate more.

You made 2012 extraordinary; now let’s make 2013 even better.

With gratitude,

Martin J. Drell, M.D.
President



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2012/13 AACAP EXECUTIVE COMMITTEE



Martin J. Drell, M.D.
President



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Laurence L. Greenhill, M.D.
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Sourav Sengupta, M.D., M.P.H.
- John E. Schowalter Resident Member*
Ruth Gerson, M.D.

EXECUTIVE DIRECTOR LETTER

I am honored to deliver this, my first annual report as your Executive Director.

This report celebrates our friends and partners, advocates and allies, staff and members. We are grateful for your generosity and tremendous contributions.

Many thanks to Virginia Q. Anthony, *former AACAP Executive Director for 39 years*, for the gift of building on success. I am fortunate to lead an organization in wonderful financial shape due to prudent and forward looking management by current and past leadership. Our first class staff is passionate about the mission and familiar with service above and beyond the call. Our committed members and generous supporters continue to inspire with their hard work and commitment. The work that AACAP was able to accomplish this past year has been significant in its impact and remarkable for its breadth. None of what we accomplished this year would have been possible without the successful work of the Executive Committee, Council, Assembly of Regional Organizations, dedicated staff and membership that came before and provided the foundation and direction for continued success. I appreciate the wise counsel, mentorship and tireless dedication of the current leadership and for all the encouragement and support you continue to provide me.

I am humbled by the committed and talented staff, passionate members, and dedicated supporters who have invested, and continue to invest, their time and money to advance our mission.

Your collective efforts continue to fuel our optimism and nurture all of us for the work ahead.

Most sincerely,

Heidi B. Fordi

Heidi B. Fordi, CAE
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

The success of AACAP is dependent on the efforts and enthusiasm of its members, staff, and partners to improve children's mental health policy.

This year, we worked with AACAP 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, early intervention, 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

In May 2012, more than 210 AACAP members, residents, parents, and youth convened on Capitol Hill to educate federal legislators from nearly 200 Congressional offices on the need for improved access to mental health care. With the support of AACAP's *Campaign for America's Kids*, AACAP sponsored the participation of families and youth representing Children and Adults with Attention Deficit/Hyperactivity Disorder, 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 Advocacy Day. This year, AACAP honored two Members of Congress for their commitment to children's mental health issues. Senator Sheldon Whitehouse of Rhode Island and Representative Jim McDermott of Washington received the *Friends of Children's Mental Health Award*.

MEMBER ADVOCACY

Each year, 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 are intended to 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: collaboration 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 advocate for children's mental health at the state and local levels. In 2012, five grants, supported by AACAP's Abramson Fund, were awarded to AACAP regional organizations across the country.



AACAP member J. Michael Houston, M.D., partnering with parents and youth at Advocacy Day



AACAP member, Michael Naylor, M.D., on Capitol Hill

AACAP MARY CROSBY CONGRESSIONAL FELLOWSHIP

AACAP’s Congressional Fellowship supports a child and adolescent psychiatrist’s work on Capitol Hill for 11 months. Through the fellowship, an AACAP member is selected to work in a Congressional office and advocate for policies related to child and adolescent psychiatry and children’s mental health.

AACAP’s 2011-2012 Mary Crosby Congressional Fellow, Matthew Prowler, M.D., completed his fellowship in Senator Casey’s (D-PA) office this past summer. His expertise as a child and adolescent psychiatrist was invaluable as he worked with the Senator on numerous issues and authored key provisions of the recently enacted *Food and Drug Safety and Innovation Act* and the *Preventing Abuse of Cough Treatment Act*. Dr. Prowler’s fellowship was supported by the generosity of our donors and AACAP’s Endowment Fund.

CONGRESSIONAL BRIEFING ON LOAN FORGIVENESS

In April 2012, AACAP hosted a Congressional briefing, supported by AACAP’s *Campaign for America’s Kids*, on “The Future of Pediatric Mental Health Care: Challenges and Opportunities.” The briefing drew Congressional staff to discuss the challenges facing pediatric mental health care, such as the shortage of child and adolescent psychiatrists, and solutions to alleviate the problems in accessing care. The panel discussion was led by AACAP’s President-Elect, Paramjit Joshi, M.D., and featured Greg Fritz, M.D., Barry Sarvet, M.D., medical student Tori DeLucia, and Rebecca Glathar, Executive Director of National Alliance on Mental Illness (NAMI) Utah.



AACAP President, Martin J. Drell, M.D., presents the Friends of Children’s Mental Health Award to Rep. McDermott



AACAP members and partners present at the Congressional briefing on loan forgiveness



AACAP members, parents, and youth visiting Senate offices

CREATION OF A YOUTH SECTION ON OUR WEB SITE

With support from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, AACAP established a Youth Advisory Committee to develop materials and launch a new section of the AACAP website targeted to youth. The new site includes information and videos to promote youth voice and empowerment in their treatment.

PUBLIC HEALTH FELLOWSHIP THROUGH THE CENTER FOR MENTAL HEALTH SERVICES

For three years, AACAP has partnered with SAMHSA to offer a second-year child psychiatry fellow the opportunity to work at the Center for Mental Health Services one day a week to familiarize them with public sector service and community-based child and adolescent psychiatry policy and practice. Our 2012-2013 fellow, Ronald Lee, M.D., has focused his fellowship on educating clinicians on issues to consider when engaging Asian American and Pacific Islander youth in psychiatric care.

IMPROVING SYSTEMS OF CARE AND CLINICAL PRACTICE

Through AACAP’s many components, our members develop standards and tools for the highest quality of care for children with mental illnesses.

- AACAP promotes improved systems of care through the development of the Child and Adolescent Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSII). These instruments are used to determine the most appropriate level of service intensity placement and outcomes in treatment by looking at clinical severity and service needs for children with mental illness, substance use, and developmental disabilities.
- Due to the lack of child and adolescent psychiatrists (CAPs) and the many children with mental health problems entering primary care practices, AACAP promotes collaborative mental health partnerships between CAPs and primary care clinicians. AACAP developed *Best Principles for Integration of Child Psychiatry into the Pediatric Medical Home* to assist health insurance payers and purchasers by providing a framework for integrating and sustaining mental health in the pediatric health home.
- To improve quality and coordinated care, child psychiatrists will need to adopt electronic health records. AACAP designed a section of our website for members to learn about using cutting edge health information technology systems and protecting the confidentiality of their patients.



AACAP’s Youth Advisory Group make their voices heard



AACAP advocates storm Capitol Hill

WORKFORCE DEVELOPMENT AND RECRUITMENT

AACAP works to recruit more medical students and residents to the specialty through fellowships, grants, and mentorship programs, and to 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. This past year, more than 200 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.

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 115 medical students, residents, and early career psychiatrists signed up for a mentor, and 180 AACAP members volunteered to serve as mentors. We plan to increase mentorship connections and develop mentorship materials in 2013.

EDUCATIONAL OUTREACH PROGRAM

In 2012, AACAP provided funding support through the AACAP Endowment, Life Members Fund, and Shire Pharmaceuticals, Inc. for 30 child and adolescent psychiatry residents to participate in the AACAP Annual Meeting in San Francisco through the Educational Outreach Program (EOP). Lilly USA, LLC funded 20 general psychiatry residents to attend the Annual Meeting. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) funded 10 child and adolescent psychiatry residents and general psychiatry residents to attend the Annual Meeting and receive mentorship in alcohol research.

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

"This was a great honor and a wonderful introduction to the field of child and adolescent psychiatry. My experience was phenomenal and I am sure that I will look back on it as a pivotal point in my career."



Niranjan Karnik, M.D., Ph.D. with mentees Ashley Ford and Anne Lauer.



AACAP award recipients Sol Adelsky, Faith Rohlke, and Maggie Schneider at a mentorship event during the AACAP Annual Meeting in San Francisco, CA.

to the field. Evaluations continue to provide information on medical student interest in and understanding of the field of child and adolescent psychiatry, barriers that prevent medical students from choosing child and adolescent psychiatry.

The Child and Adolescent Psychiatry in Medical Education (CAPME) Task Force, an inter-organizational collaboration that includes AACAP, Association for Directors of Medical Student Education in Psychiatry (ADMSEP), American Association of Directors of Psychiatric Residency Training (AADPRT), and 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. 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.



Recipients of the AACAP Jeanne Spurlock Minority Medical Student Fellowship in Substance Abuse and Addiction, supported by NIDA with their mentors and AACAP President Martin Drell, M.D.

JEANNE SPURLOCK MINORITY MEDICAL STUDENT FELLOWSHIPS

The Jeanne Spurlock Minority Medical Student Research Fellowship in Substance Abuse and Addiction, supported by the National Institute on Drug Abuse (NIDA), provided three medical students with the opportunity to gain research experience in the field of child and adolescent psychiatry. After completing the summer fellowship, the recipients participated in 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 2012 AACAP 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.

DISTINGUISHED MEMBER AND JOURNAL AWARDS

Each year, the Research, Training, and Education Department administers one Distinguished Member Award and three *Journal* Awards recognizing child and adolescent psychiatrists and 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
Paula Riggs, M.D.
University of Colorado Denver
Honors Presentation: A Randomized Controlled Trial of Osmotic-Release Methylphenidate with Cognitive Behavioral Therapy in Adolescents With ADHD and Substance Use Disorders
J. Am. Acad. Child. Adolesc. Psychiatry. 2012;50:903-914.

NORBERT AND CHARLOTTE RIEGER AWARD FOR SCIENTIFIC ACHIEVEMENT
Larry Brown, M.D.
Brown University
Honors Presentation: Project STAR: Safe Thinking and Affect Regulation
J. Am. Acad. Child. Adolesc. Psychiatry. 2011;50:1065-1074.

KLINGENSTEIN THIRD GENERATION FOUNDATION AWARD FOR RESEARCH IN DEPRESSION OR SUICIDE
David Axelson, M.D.
University of Pittsburgh Medical Center
Honors Presentation: The Course of Subthreshold Bipolar Disorder in Youth: Diagnostic Progression From Bipolar Disorder Not Otherwise Specified
J. Am. Acad. Child. Adolesc. Psychiatry. 2011;50:1001-1016.

CANCRO ACADEMIC LEADERSHIP AWARD
Peter Buckley, M.D.
Medical College of Georgia
Honors Presentation: Advancing Child and Adolescent Psychiatry Training Experiences through a Recovery-Oriented Model of Care

THE AACAP SIDNEY BERMAN AWARD FOR THE SCHOOL-BASED STUDY AND INTERVENTION FOR LEARNING DISORDERS AND MENTAL ILLNESS
Steven Adelsheim, M.D.
Center for Rural and Community Behavioral Health; University of New Mexico Psychiatry Department
Honors Presentation: Early Intervention is Prevention: Emerging Models of Connection, Support, and Treatment Through School Mental Health

SIMON WILE LEADERSHIP IN CONSULTATION AWARD.
Maryland Pao, M.D.
National Institutes of Health
Honors Presentation: Pediatric Psychiatry: Reflections on a Field in Development

THE AACAP RIEGER SERVICE PROGRAM AWARD FOR EXCELLENCE
Lisa Amaya-Jackson, M.D., M.P.H.
North Carolina Child Treatment Program
Honors Presentation: Doctor, I Need a Good Therapist for my Traumatized Child! Why Outcomes and Fidelity Matter in Creating a State Implementation Platform to Disseminate Trauma Evidence-Based Treatments

THE AACAP RIEGER PSYCHOTHERAPY AWARD
Ann E. Alaoglu, M.D. and the Chestnut Lodge study group
Honors Presentation: Untangling Psyche and Soma: A Traumatized Adolescent with Lyme Disease

THE AACAP GEORGE TARJAN AWARD FOR CONTRIBUTIONS IN DEVELOPMENTAL DISABILITIES
Christopher McDougle, M.D.
Harvard Medical School; Lurie Center for Autism at the Massachusetts General Hospital, Boston.
Honors Presentation: Standing on the Shoulders of Giants

THE JEANNE SPURLOCK LECTURE AND AWARD ON DIVERSITY AND CULTURE
Virginia Q. Anthony
Honors Presentation: Scheduled for 2013

THE AACAP IRVING PHILIPS AWARD FOR PREVENTION
Greg Fritz, M.D.
Brown University School of Medicine; Bradley Hospital
Honors Presentation: Good Policy is Good Prevention: The Importance of Advocacy

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 mental illnesses. The Research Initiative supports various programs including Research Training Programs for Young Investigators, Research Forum, and Founders Symposium.

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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.



2012 K12 Retreat Attendees

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.

Margaret Benningfield, M.D.
Neurobiology of Impulsivity, Risk Taking & Reward in Youth at Risk for Addiction

Brady Case, M.D.
Epidemiology of Adolescent Substance Use Treatment

Leslie Hulvershorn, M.D., M.Sc.
Neural Correlates of Emotion Dysregulation in Youth at Risk for Substance Abuse

Michelle Horner, D.O.
The Role of Affective Processing in Etiology of Substance Use Disorder

Mini Tandon, D.O.
Prenatal Cigarette Exposure and Course of Childhood ADHD

Greg Tau, M.D., Ph.D.
Neural Correlates of Multiple Memory Systems in Adolescent Cannabis Use

RESIDENT RESEARCH AWARD
New this year, the NIDA-AACAP Resident Research Award in Substance Abuse and Addiction, supported by NIDA, provides up to \$18,000 in research support to two awardees and a mentor stipend of up to \$2,000. The two awardees are:

Vivek Anand, M.D.
East Carolina University Brody School of Medicine
Project Title: E-cigarette Use in U.S. Adolescents

Kara Bagot, M.D.
Yale Child Study Center
Project Title: Effect of Smoking Status and Gender on Pain Tolerance and Sensitivity in Adolescents During Acute Abstinence



Resident Research Award winners Kara Bagot, M.D. and Vivek Anand, M.D. with Geetha Subramaniam, M.D. at the NIDA Clinical Trials Network's Steering Committee Meeting.

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.

The award is ongoing in 2012 for the following recipients:

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.

Michael Bloch, M.D., M.S.
Yale University
Project Title: Double-Blind, Placebo-Controlled Trial of N-acetylcysteine for Childhood Tourette Syndrome
Mentors: James Leckman, M.D. and Christopher Pittenger, M.D., Ph.D.

Craig A. Erickson, M.D.
Indiana University School of Medicine
Project Title: Acamprosate in Youth with Autistic Disorder
Mentor: Christopher McDougale, M.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 2012 submitted a poster presentation on their research at the 2012 Annual Meeting in San Francisco.



Recipient of the 2011 AACAP Junior Investigator Award, Ryan Herringa, with Han Liang, M.D. and Sharon Hirsch, M.D.



Recipients of the AACAP Pilot Research Award, supported by Lilly, with their mentors and AACAP President Martin Drell, M.D.



PROFESSIONAL EDUCATION

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.

AACAP's Annual Meeting, Douglas B. Hansen, M.D. Annual Review Course and Training Session for the Oral Exams, 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.

MAINTENANCE OF CERTIFICATION

During 2012, the Lifelong Learning Committee created Module 9: *Typical and Atypical Development in Childhood and Adolescence: Protective and Risk Factors, 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 topics of the module. This Institute consistently receives high evaluation ratings and was sold out in 2012 with over 250 attendees. Further MOC resources are developed for the membership, including Performance in Practice (PIP) tools based on AACAP Practice Parameters, peer feedback surveys, and patient feedback surveys. The patient feedback tools have been translated into Spanish and are available on the AACAP website. AACAP will continue to provide opportunities to meet members' MOC requirements.

CONTINUING MEDICAL EDUCATION

AACAP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians. AACAP's Accreditation with Commendation status represents AACAP's commitment to plan, implement, and evaluate activities that provide child and adolescent psychiatrists and allied health professionals the ability to affect change in how they treat patients.

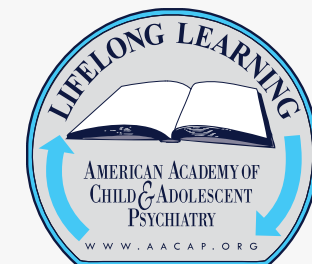
In 2012, AACAP underwent the reaccreditation process to continue as a provider of CME for physicians and once again achieved Accreditation with

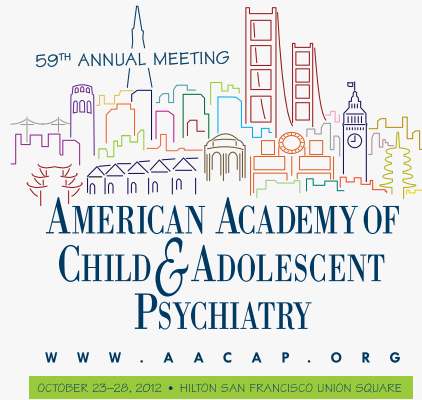
Commendation status. We continue to maintain our exemplary continuing medical education activities that allow child and adolescent psychiatrists and allied health professionals the ability to improve patient care.

ONLINE CME PROGRAMS

AACAP offers opportunities for online education, such as AACAP's online program 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., Gabrielle A. Carlson, M.D., James McGough, M.D., and Timothy E. Wilens, M.D. Bennett L. Leventhal, M.D., lent his assistance as the director of the program.

Online CME is also provided through the *Journal of the American Academy of Child and Adolescent Psychiatry*, offering one hour of credit per issue. Approximately 150 CME certificates are issued each month for these activities.





AACAP'S ANNUAL MEETING

Each year, AACAP's Annual Meeting provides an update on the latest research and developments in child and adolescent psychiatry. In 2012, more than 4,400 people attended AACAP's 59th Annual Meeting in San Francisco. The meeting provided 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 Jill Zeigenfus Brafford, Director of Meetings and Continuing Medical Education.



Highlights from the Annual Meeting include:

- 916 international attendees from 48 countries. AACAP received \$75,000 from Lilly USA, LLC, to sponsor the International Reception at the Annual Meeting.
- The Program Committee issued Travel Scholarships, totaling \$14,500 and funded by AACAP's *Campaign for America's Kids*, to 21 select speakers.
- The Work Group on Research sponsored the Research Forum entitled, *Preventing Psychopathology in Childhood and Adolescence* chaired by Christoph U. Correll, M.D., and Manpreet Singh, M.D., M.S.
- The Karl Menninger, M.D., Plenary, supported by Ronald Filippi, M.D., was given by AACAP's former Executive Director Virginia Q. Anthony and titled, *The Richness that IS the Academy*, focusing on the history of AACAP and her 39 years here.
- AACAP's Catchers in the Rye Humanitarian Award was presented to Garen and Shari Staglin in recognition of their tireless efforts to end the stigma of mental illness and even more boldly, to fund research to find cures for psychiatric illnesses.
- Carl Feinstein, M.D., presented the Noshpitz Cline History Lecture titled, *Child Psychiatry and the New Field of Social Neuroscience: Convergence or Missed Opportunity?* The lecture was supported by David Cline, M.D., and the Grove Foundation.
- The Lawrence A. Stone, M.D., Plenary, supported by Marnette Stone and titled, *The Mind and Music of Beethoven*, was presented by Richard Kogan, M.D., a psychiatrist and concert pianist who blended a history of Beethoven's life and influences with the performance of several Beethoven compositions.
- AACAP President Martin J. Drell, M.D., interviewed AACAP's new Executive Director, Heidi B. Ford, CAE, about her vision for the future of AACAP and child and adolescent psychiatry.

AACAP'S OTHER MEETINGS

Psychopharmacology Update Institute

AACAP's 2012 Psychopharmacology Update Institute was held in New York and saw record attendance with over 600 registrants, including more than 60 international registrants. Chaired by Laurence L. Greenhill, M.D., and Barbara J. Coffey, M.D., M.S., the Institute focused on integrating current psychopharmacological data into clinical practice. 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 hosted over 150 attendees in Pittsburgh at the 2012 Douglas B. Hansen, M.D. Annual Review Course. Chaired by Boris Birmaher, M.D., this course provides a review of all major child psychiatric topics and is an excellent way that members can get up-to-date information for the field.

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. The *Journal's* website offers free CME opportunities, author interviews via podcast, and early access to upcoming content.

JAACAP's impressive 6.970 impact factor (IF), as reported in the 2012 *Journal Citation Reports* published by Thomson Reuters, secures its standing as the top-ranked journal in the categories of pediatrics (out of 121 journals) and of child and adolescent mental health. *JAACAP* ranks 9th of 135 journals in psychiatry. The 2012 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.

LIFE MEMBERS

Investing in the Future of Child Psychiatry. Today.

Life Members, by definition, have a combined 97 years of membership in AACAP and age. It's fair to say they are our "wisest" members, trailblazers, who paved a remarkable path for our profession.

In 2012, Life Membership surpassed 1,100. Life Members now make up nearly 15 percent of the Academy's membership. They spent their career taking care of children. Now, they're spending their life developing the next generation of child and adolescent psychiatrists.

Life Members mentor and invest in medical students and residents, through two grant awards initiatives, the *Education Outreach Program for Child and Adolescent Psychiatry (CAP) Residents* and the *Mentorship Grants for Medical Students*.

These awards are underwritten by the Life Members Fund, which is 100% supported by donations from Life Members. Since 2009, when the Fund was established, more than \$131,000 has been donated.

In 2012, Life Members funded 12 CAP residents and 8 medical student travel awards to attend the 59th Annual Meeting in San Francisco—twice the number of awards in the first two years (2010 and 2011) combined.

Here's what two 2012 grantees said:

"As protectors, they provide mentorship to medical students and residents aspiring to become child and adolescent psychiatrists to ensure that the field will continue to thrive."

—*Jill Welle, 4th Year Medical Student*
University of Missouri-Columbia

"Mentors are the architects of the CAP foundation, and gardeners of the next generation of psychiatric care."

—*Faith Rohlke, MS3 Class of 2014*
University of Illinois at Chicago, College of Medicine

"Protectors" and "gardeners." No two words could better describe the passion, love, and commitment Life Members feel to enrich the future of child psychiatry. Since 2010, Life Members have awarded a total of 39 grants. That's 39 next-generation child psychiatrists they're investing in. *Today.*



GIVING

Your Donations. Invested.



Thank you for choosing to donate to AACAP in 2012! Your donations are more than gifts; they're investments. As with any investment you make, you should expect a return.

What kind of return? One that's changing the future for children with mental illness.

There's another kind of return. It's giving parents two things: *hope and joy*.

So, how did your donations help us to change the future for children in 2012?

7 medical students participated in the Summer Medical Student Fellowship program. Since the program began in 2008, 47 percent of fellowship participants matched in psychiatry. Twenty-six percent matched in pediatrics.

7 CAP and junior faculty received a Pilot Research Award, which aims to end the deficit in pediatric mental health research. Of the 113 previous award recipients, 37 percent have continued careers in research and obtained independent research funding.

10 medical students received Mentorship Grants to attend the Annual Meeting in San Francisco.

Advocacy Day had the highest participation from family members with 67 children and parents attending.

You made 2012 memorable. Your investments jumpstarted new research, inspired medical students to choose child psychiatry, and supported our efforts on Capitol Hill. That's impact. We continue to need your help in 2013. The science of psychiatric illnesses in children is accelerating. We're at the threshold of breakthroughs in treatments, prevention, and cures. As public funds are declining, we have to increasingly look to private and corporate philanthropy as the source of new financial capital so that our progress doesn't stall.

If you want to learn more about where your investment goes, and how it's changing the future for children with psychiatric illnesses, please visit the Giving Opportunities page of our website: www.aacap.org.

You'll learn about the different initiatives toward which you can donate. Our solutions to children's mental health issues mean nothing without your donations. You are our partner in the new future for children with psychiatric illnesses.

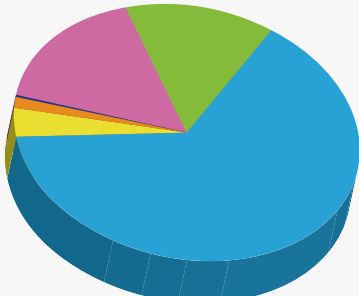


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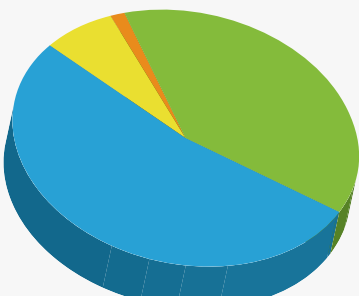
TREASURER’S REPORT: STATEMENT OF FINANCIAL POSITION

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.

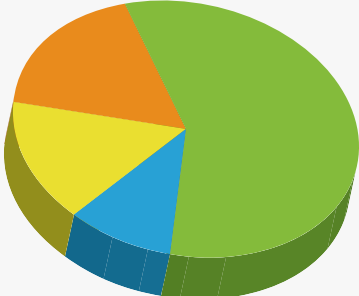
ASSETS		2012
Cash And Cash Equivalents	\$	1,690,831
Investments		7,831,476
Receivables, net		428,166
Prepaid Expenses		186,506
Promises To Give, net		32,730
Property And Equipment, net		1,996,986
Total Assets		\$ 12,166,695



LIABILITIES AND NET ASSETS	
Liabilities	
Accounts payable and accrued expenses	\$ 1,333,160
Deferred revenue	1,843,999
Regional council dues payable	244,914
Note payable	48,021
Total Liabilities	3,470,094
Net Assets	
Unrestricted	
Undesignated	4,998,046
Board-designated	846,043
Temporarily restricted	5,844,089
Permanently restricted	1,282,842
Total Net Assets	1,569,670



Unrestricted	
Undesignated	4,998,046
Board-designated	846,043
Temporarily restricted	5,844,089
Permanently restricted	1,282,842
Total Net Assets	1,569,670



Total Liabilities and Net Assets	\$ 12,166,695
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STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2012

REVENUE AND SUPPORT:	UNRESTRICTED	TEMPORARILY RESTRICTED	PERMANENTLY RESTRICTED	TOTAL
Membership dues and fees	\$ 2,399,578	\$ -	\$ -	\$ 2,399,578
Annual meeting and institutes	2,235,195	-	-	2,235,195
Grants and contributions	1,495,064	494,297	-	1,989,361
Journal	1,424,329	-	-	1,424,329
Investment gain (loss), net	560,010	269,155	-	829,165
Publications	231,903	-	-	231,903
Member benefit royalties	171,340	-	-	171,340
Advertising	134,680	-	-	134,680
Other income	34,259	-	-	34,259
Building – rental income	30,000	-	-	30,000
Training	17,140	-	-	17,140
Net assets released from restrictions	815,501	(815,501)	-	-
Total revenue and support	9,548,999	(52,049)	-	9,496,950
EXPENSES:				
Program services:				
Annual meeting and institutes	1,910,040	-	-	1,910,040
Grants	1,170,884	-	-	1,170,884
Components	1,089,880	-	-	1,089,880
Special Funds	698,916	-	-	698,916
Journal	668,835	-	-	668,835
Government affairs	575,783	-	-	575,783
Membership	315,767	-	-	315,767
Clinical practice	279,289	-	-	279,289
Research initiatives	263,080	-	-	263,080
AACAP News	185,918	-	-	185,918
Communications	151,462	-	-	151,462
Presidential initiatives	74,735	-	-	74,735
Publications	22,678	-	-	22,678
Total program services	7,407,267	-	-	7,407,267
SUPPORTING SERVICES:				
Central office	859,272	-	-	859,272
Fundraising	229,005	-	-	229,005
Building operations	30,361	-	-	30,361
Total supporting services	1,118,638	-	-	1,118,638
Total expenses	8,525,905	-	-	8,525,905
Change in net assets	1,023,094	(52,049)	-	971,045
NET ASSETS:				
Beginning	4,820,995	1,334,891	1,569,670	7,725,556
Ending	\$ 5,844,089	\$ 1,282,842	\$ 1,569,670	\$ 8,696,601

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Thank you to the following 2012 donors for their generous financial support of our mission.

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