

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY



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*A*ACAP CATCHER IN THE RYE ADVOCACY AWARD TO VIRGINIA Q. ANTHONY



The AACAP Catcher in the Rye Advocacy Awards were established in 1996 to recognize an individual, AACAP component, and regional organization for their outstanding advocacy efforts on behalf of children and adolescents. The AACAP is honored to present the 2004 Catcher in the Rye Advocacy Award to Virginia Q. Anthony.

I am honored and flattered to be selected as the 2004 individual for the Catcher in the Rye Award. For these 31 years serving as Executive Director, I have been richly rewarded working with an exceptional staff, symbolized by Mary Crosby, and a membership of so many friends, advocates and giants in the field and leaders who advance our mission. I often say that child psychiatry is the best medical specialty, one where every single physician can make breakthroughs every day on behalf of children.

I have been blessed in so many ways, great parents who fostered strength and compassion in my brother, Billy, sister, Patsy, and me; a wonderful son, Justin; daughter-in-law, Elizabeth; and two grandsons, William and Quinn; and a very supportive child psychiatrist, E. James Anthony who shares his life with me. Thank you, Academy. Thank you staff, and thank you Assembly for the opportunity to help in your most important work.

“I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody’s around—nobody big, I mean—except me. And I am standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start over the cliff.”—J.D. Salinger, *The Catcher in the Rye*



AACAP CATCHER IN THE RYE ADVOCACY AWARD TO THE WORK GROUP ON RESEARCH

The AACAP Catcher in the Rye Advocacy Awards were established in 1996 to recognize an individual, AACAP component, and regional council for their outstanding advocacy efforts on behalf of children and adolescents.

I was delighted to learn that the Work Group on Research has been chosen by the Assembly of Regional Organizations of Child and Adolescent Psychiatry to receive the 2004 Catcher in the Rye Award. This is truly an auspicious honor.

The mission of the Work Group on Research is to support ethical, scientifically rigorous and clinically meaningful research in child and adolescent psychiatry both generally and at the Academy. The Work Group organizes a broad series of activities during the AACAP Annual Meeting, including a Research Forum and an Evening Symposium. For the past 2 years, the Work Group has also supported a Town Meeting focused on issues relating to the recent developments pertaining to the use of antidepressants in young people.

The Work Group, through the AACAP Research Initiative, supports other activities during the year. This includes the Pediatric Pharmacology Initiative, which, under the leadership of Laurence L. Greenhill, M.D., addresses the increasing need to evaluate the safety and effects of using psychotropic agents in children and teenagers. Another key activity of the Work Group is the Early Investigators Group (EIG). The purpose of the EIG is to facilitate the process of transitioning junior faculty members with a firm commitment to research to becoming independent researchers. This is accomplished by giving young investigators significant scientific and personal mentorship with senior, established investigators. This year, Henrietta Leonard, M.D., led the EIG.

The Research Initiative of the Work Group will continue to support the activities of Academy members who are working to further research within our field and will continue to help foster the career development of child and adolescent psychiatrists who are committed to conducting research that will benefit our patients. - Robert L. Findling, M.D., Chair, 2004.

"I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody's around—nobody big, I mean—except me. And I am standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start over the cliff." —J.D. Salinger, *The Catcher in the Rye*



AACAP CATCHER IN THE RYE ADVOCACY AWARD TO THE CONNECTICUT COUNCIL OF CHILD AND ADOLESCENT PSYCHIATRY

The AACAP Catcher in the Rye Advocacy Awards were established in 1996 to recognize an individual, AACAP component, and regional council for their outstanding advocacy efforts on behalf of children and adolescents.

The Connecticut Council (CCCAP) is honored to receive the Catcher in the Rye award for its efforts through political advocacy to improve the quality and availability of mental healthcare to children, adolescents and their families in CT.

Children's health services in CT are in crisis and mental healthcare services are those most severely affected by a host of retrenchments in the private and public sectors. Powerful political interests systematically misportray the dimensions and substance of the problem. For profit payers would continue to minimize the service access problems that they have created, while they continue to damage the mental healthcare system. Conservative interests in government promote the notion that insufficient funds are available to assure more than insufficient access to services of too often inadequate quality. Although Connecticut has the highest per capita income in the United States, many indicators of health and educational outcomes, therefore, resemble those seen in poor southern states. CT has the greatest variation in income of any state in the union, moreover, and variations in spending for public education and for healthcare reflect these variations. Progressive policy and enlightened legislation could resolve the crisis, but the political will has been absent.

The Council recognized that the forces opposing improvement in the current dismal situation were well funded, entrenched, and sophisticated. It made advocacy its prime directive and realized the effort could only be effective through coalition building. It acquired an Executive Director (shared with the State Pediatric Society) to help orchestrate its efforts. The Council has worked hard to support a coalition that includes the CT-Chapter of the American Academy of Pediatrics, the Connecticut State Psychiatric Society, the reform-minded members of the Offices of the Attorney General and Child Advocate, and CT-NAMI, and it continues to grow. The coalition has had some successes in bringing managed care carve outs under the authority of the CT Unfair Insurance Practices Act and other efforts are underway.

That the Council has been honored for such activities is profoundly gratifying to its members. —G. Davis Gammon, President

"I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody's around—nobody big, I mean—except me. And I am standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start over the cliff."—J.D. Salinger, *The Catcher in the Rye*



**AACAP TEACHING
SCHOLARS/HARVARD
MACY PROGRAM FOR
PHYSICIAN
EDUCATORS**

The goal of the Harvard Macy Program is to enhance the professional development of physicians, basic scientists, and other healthcare professionals as educators. The following AACAP members were selected to participate in the Harvard Macy Program for Physician Educators for the 2005 and 2006 years:

Anne Glowinski, M.D., Washington University School of Medicine in St. Louis

Dorothy Stubbe, M.D., Yale University School of Medicine Child Study Center

Jeffrey Hunt, M.D., Brown Medical School

Jess Shatkin, M.D., University of Pittsburgh Medical Center

Kathleen Kelley, M.D., The Pritzker School of Medicine, University of Chicago

Mark Hanson, M.D., McMaster University

These teaching scholars will be honored during the Distinguished Member Awards breakfast, Wednesday, October 20, 6:45-7:45 a.m.

AACAP SIMON WILE LEADERSHIP IN CONSULTATION AWARD, SUPPORTED BY THE CHILD PSYCHIATRY SERVICE AT MASSACHUSETTS GENERAL HOSPITAL TO BRUCE D. MILLER, M.D.



The AACAP Simon Wile Leadership in Consultation Award acknowledges outstanding leadership and continuous contributions in the field of liaison child and adolescent psychiatry. The \$500 award is named after Simon Wile, M.D., a renowned pediatrician and a life-long supporter of child and adolescent psychiatry.

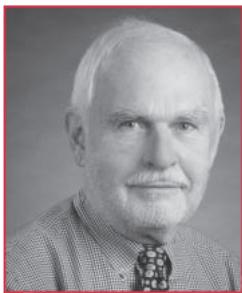
The AACAP Simon Wile Leadership in Consultation Award acknowledges outstanding leadership and continuous contributions in the field of liaison child and adolescent psychiatry. The \$500 award is named after Simon Wile, M.D., a renowned pediatrician and a life-long supporter of child and adolescent psychiatry.

This award recognizes Bruce D. Miller, M.D., who serves as Professor of Psychiatry, Pediatrics and Psychology, and Chief of the Division of Child and Adolescent Psychiatry at the School of Medicine and Biomedical Sciences, State University of New York at Buffalo. He is also Director of Pediatric Psychiatry at the Women and Children's Hospital of Buffalo.

I wish to thank the Academy of Child and Adolescent Psychiatry and the Liaison to Primary Care Committee for the honor of receiving the Simon Wile Leadership in Consultation Award. I am particularly proud because of this award's long standing recognition of the essential connection of mind and body, a concept that is finally coming into its own with current exciting research and clinical advances. As a medical student I first encountered these ideas in a laboratory study of cardio-respiratory mechanisms underlying the diving reflex in nutria. Initially my interests in medicine were divided between cardiology and physiological workings of the heart on the one hand, and the fascinating workings of the mind as presented in psychiatry, on the other. Fortunately, consultation-liaison psychiatry as a career pathway has allowed me to integrate these areas rather than having to choose between them. My focus has settled on the study of children with asthma and their families. While on the psychiatry faculty of the University of Colorado, I worked closely with my pediatric colleagues at the National Jewish Medical and Research Center to establish and direct a multidisciplinary Psychophysiological Treatment Unit for children with co-morbid asthma and emotional illness. The child patients and their parents taught me a great deal about the connection between stress and emotions and asthma, including circumstances surrounding the tragic event of childhood asthma death. Subsequent to this experience I have devoted my career at Women and Children's Hospital of Buffalo to the investigation of pathways and mechanisms by which stress and emotions influence this disease, and to working in concert with pediatricians, the children, and their parents in an endeavor to better understand this disease and ameliorate its effects on children's lives. I have been fortunate to have had the opportunity to learn from family, friends, mentors and colleagues, and to contribute to the careers of others who follow in my footsteps. I thank them all for the achievements leading to this honor.

Dr. Miller will present during the Simon Wile Symposium on Friday, October 22, 8:00-11:00 a.m.

AACAP IRVING PHILIPS AWARD FOR PREVENTION TO CHARLES CASAT, M.D.



The AACAP Irving Philips Award for Prevention was established in 1993 in honor of Irving Philips, M.D., who was AACAP President from 1985-1987, and was renowned for his work in the field of prevention. The \$2,500 award is given annually to the child and adolescent psychiatrist and AACAP member who has made significant contributions in a lifetime career, a body of work, or single paper, book, or project to the field of prevention of mental illnesses in children and adolescents. The award also enables the recipient to recognize the program that he or she believes best promotes prevention of psychiatric disorders in children and adolescents with a contribution of \$2,000. Contributions to this fund are encouraged.

A large part of my career has been in the public or academic sector. Early on, in my role as a Resident Trainer, I began arranging public school observations for the residents and Child Fellows. This experience was popular for the trainees, and allowed them to see the developmental styles and capabilities of children at various ages in their natural groupings in the schools. I became fascinated with the opportunity presented by the school-based mental health services approach. In 1994, when I arrived at the Behavioral Health Center, in Charlotte, NC, I was part of a group that developed a school-based services (SBS) model in the Charlotte-Mecklenburg Schools (CMS). The obvious advantage was that the principal figures in the child's environment, parent, teacher, as well as the school psychologist and therapist, could be brought together in a single, child-relevant setting, to coordinate shaping the child's behaviors toward a healthier adaptation. CMS supported our efforts, recognizing that emotional/behavioral difficulties constitute barriers to learning, potentially limiting the effectiveness of the educational mission. This past 2003-2004 school year, our SBS were in 32 elementary and middle school settings in CMS.

The trust developed in our relationship with CMS through the growth of SBS, and the anticipation of the need, led us in 1998 to propose a program of indirect, universal intervention as a part of the newly minted Title I "Bright Beginnings Program", which CMS was then implementing as a reading readiness initiative for high-risk 4-year olds. With an AACAP grant from the Furman Foundation, and close collaboration with CMS administrators and school psychologists, our team prepared a program of systematic inservicing for the Bright Beginnings teachers, employing presentations and a manual of 4-year old developmental capabilities and effective teacher classroom management. A program evaluation plan, with teacher-rated pre- post-measurements of child classroom behavior, and the presence of a control school, for comparison, was put in place. Results over two years indicated a small effect of increased child compliance with teacher direction. Since the introduction of our program and the Furman Manual, CMS has implemented the approach throughout Bright Beginnings, which now numbers

3,000 students yearly. We have recently completed a CD version of the Furman Manual, combining the manual itself, the eight PowerPoint training modules, and video vignettes to illustrate effective teacher management interventions.

Dr. Casat has chosen to recognize Sectionon Child Epidemiology and Services at Duke University for the award contribution portion of his award.

Dr. Casat will present during Honors Presentation V on Saturday, October 23, 12:00-1:00 p.m.

AACAP NORBERT AND CHARLOTTE RIEGER PSYCHODYNAMIC PSYCHOTHERAPY AWARD TO BARBARA MILROD, M.D.



The Rieger Psychodynamic Psychotherapy Award, supported by the Norbert and Charlotte Rieger Foundation, provides \$3,500 to recognize the best unpublished paper written by a member of the AACAP and submitted to the Journal of the American Academy of Child and Adolescent Psychiatry. The winning paper addresses the use of psychodynamic psychotherapy in clinical practice and which fosters development, teaching, and practice of psychodynamic psychotherapy in child and adolescent psychiatry.

Objective: To report on a small open trial of manualized, time-limited psychodynamic psychotherapy for 18 to 21 year olds with panic disorder.

Methods: Eight late adolescents, aged 18-21 years old presented for treatment of panic disorder. All received 24 sessions of twice weekly, manualized psychodynamic psychotherapy over 12 weeks using Panic Focused Psychodynamic Psychotherapy for Adolescents (PFPP-A), delivered by graduates of the New York Psychoanalytic Institute or the Columbia Psychoanalytic Institute for Treatment and Research. Patients were serially evaluated with standard outcome measures by independent evaluators before treatment, at treatment termination, and at 6-month follow-up, following a 6 month no treatment interval. **Results:** There were no dropouts. All patients met Multicenter Study criteria for “Remission” of panic disorder, sustained at 6-month follow-up. Statistically significant, clinically meaningful differences were observed across all outcome measures in panic, anxiety, depression, and psychosocial function, and improvements were sustained without additional treatment over the 6-month follow-up period. **Conclusion:** PFPP-A may be a promising treatment for late adolescents with panic disorder. Larger outcome trials, and comparative studies are warranted.

This work was supported by the NIMH K23 MH01849, through two grants from the American Psychoanalytic Association’s Fund for Psychoanalytic Research, through a fund in the New York Community Trust established by DeWitt Wallace, and with the personal support of William Frosch, M.D.

I am very honored to have received the Rieger Psychodynamic Psychotherapy Award for this pilot outcome study of psychodynamic psychotherapy in late adolescents. I am thrilled that the Rieger Foundation, and the American Academy of Child and Adolescent Psychiatry are supportive of outcome research in psychoanalytically based treatment, even at the early stage that is represented by this work.

Dr. Milrod will present her work during Institute 6 from 8:00 a.m.-4:00 p.m. and Honors Presentation I from 8:00-9:00 a.m. on Saturday, October 23.

*N*ACAP NORBERT AND CHARLOTTE RIEGER SERVICE PROGRAM AWARD FOR EXCELLENCE TO ALFRED M. ARENSDORF, M.D.



The AACAP Rieger Service Program Award for Excellence supported by the Norbert and Charlotte Rieger Foundation was established in 1996 to recognize innovative programs that address prevention, diagnosis, or treatment of mental illness in children and adolescents, and serve as model programs to the community. The award provides \$2,000 to the nominee and \$1,500 to the service program.

Objective: This presentation will describe the transformation of a fragmented and ineffective system of care into a model system of care committed to continuous quality improvement. The key elements associated with the design and implementation of the improved system will be discussed. **Results:** Data tracking that illustrates improved outcomes will be presented. CAFAS and CALOCUS changes from initial status to transition to a less intense level of service will be presented. **Conclusion:** Commitment to change, dynamic partnerships, systematic data collection and analysis, and a value system based in CASSP principles, continuous quality improvement, family involvement, and evidence based practice create effective systems of care.

This year's award recognizes the Child and Adolescent Mental Health Division of the Hawaii Department of Health for its innovative and effective implementation of a system of care for Hawaii's children and youth with serious emotional and behavioral challenges who require intensive levels of intervention. Alfred M. Arensdorf, M.D., is the recipient of this award on behalf of the Child and Adolescent Mental Health Division and its professional team, including the division chief Christina Donkervoet, M.S., Doug Miller, M.P.A., Mary Brogan, M.Ed., Eric Daleiden, Ph.D., AACAP members S. Peter Kim, M.D., John Viesselman, M.D., Martin Hirsch, M.D., Melissa Sinkus, M.D., Cathy Bell, M.D., Michael Rimm, M.D., Ricardo Bayola, M.D., and Faraz Qureshi, M.D. These psychiatrists partnered with Bruce Chorpita, Ph.D., Lesley Slavin, Ph.D., Kimo Alameda, Ph.D., Vivian Walker, Ph.D., Lisa Hartwell, Psy.D. and many others on the CAMHD Evidence Basis of Services Taskforce that was central to the development and implementation of Hawaii's array of services.

The key elements in the successes of Hawaii's statewide system of care are:

- 1) The development and implementation of a seamless system of care involving strong partnerships with the University of Hawaii, the Department of Education, other divisions of the Department of Health, the Department of Human Services, the Judiciary, the Office of Youth Services, and private provider agencies.
- 2) The emphasis on empirically based services; this effort continues as the Evidence Basis of Practice Team that guides policy and clinical service development.

- 3) The development of evidence based tools for use in the CAMHD Family Guidance Centers and contracted agencies. An example is the computerized tracking of target problems, interventions, and outcome measures on a regular basis. This data is collected and displayed in the Provider Monthly Summary that produces a graphical “dashboard” format. This tool is especially valuable in supervision, treatment planning, and family feedback.
- 4) Collaborative CAMHD/UH academic programs designed to produce changes in practice. An example of this is the January 2004 Evidence Based Pediatric Psychopharmacology Symposium. A group of symposium participants volunteered to provide data that monitor changes in their psychopharmacology practice over the six months following the educational program.
- 5) An integrated system of public/private partnerships guided by program monitoring, decision-making based in systematic data collection and analysis, collaborative problem-solving for special challenges. An example of this is the Length of Stay Workgroup composed of CAMHD Clinical Service Office staff, provider agency CEOs and program directors; this group has begun development of a best practices statement targeting youth elopements from programs. Workgroup members propose workgroup topics based primarily on sentinel event data, utilization data, and program monitoring reviews. Other workgroups include a medication taskforce, a forensic taskforce, and multiple other time-limited task-oriented workgroups.

It is an honor for myself and the extended network of CAMHD partners to receive this year's AACAP Norbert and Charlotte Rieger Service Program Award for Excellence. We applaud our Chief, Christina Donkervoet, who has provided the leadership, the support, the crucial interface with complex state systems of procurement and budgeting, and the enduring commitment to quality services and continuous quality improvement as a value of the system of care. Her commitment and persistence have provided a model that has created a culture of excellence within the Hawaii system of care.

Dr. Arensdorf will discuss his work during Honors Presentation VI on Saturday, October 23, 1:00-2:00 p.m.

*N*ACAP NORBERT AND CHARLOTTE RIEGER AWARD FOR SCIENTIFIC ACHIEVEMENT TO JUDITH COHEN, M.D.



*The AACAP Rieger Award for Scientific Achievement is supported by the Norbert and Charlotte Rieger Foundation. This award of \$3,500 recognizes the most significant paper published in the *Journal of the American Academy of Child and Adolescent Psychiatry* during the past year.*

This year's award recognizes Judith Cohen, M.D. for her paper "A Multisite, Randomized Controlled Trial for Children with Sexual Abuse-Related PTSD Symptoms," published in the April 2004 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Objective: To examine the differential efficacy of trauma-focused cognitive-behavioral therapy (TF-CBT) and child-centered therapy for treating posttraumatic stress disorder (PTSD) and related emotional and behavioral problems in children who have suffered sexual abuse. **Methods:** Two hundred twenty-nine 8- to 14-year-old children and their primary caretakers were randomly assigned to the above alternative treatments. These children had significant symptoms of PTSD, with 89% meeting full DSM-IV PTSD diagnostic criteria. More than 90% of these children had experienced traumatic events in addition to sexual abuse. **Results:** A series analyses of covariance indicated that children assigned to TF-CBT, compared to those assigned to child-centered therapy, demonstrated significantly more improvement with regard to PTSD, depression, behavior problems, shame, and abuse-related attributions. Similarly, parents assigned to TF-CBT showed greater improvement with respect to their own self-reported levels of depression, abuse-specific distress, support of the child, and effective parenting practices. **Conclusion:** This study adds to the growing evidence supporting the efficacy of TF-CBT with children suffering PTSD as a result of sexual abuse and suggests the efficacy of this treatment for children who have experienced multiple traumas. *J. Am. Acad. Child Adolesc. Psychiatry* 2004;43(4), 393.

It is a great honor to receive this award from AACAP. There is growing evidence that childhood trauma can seriously impair future brain development, psychological health and physical well-being. Fortunately we are making progress in developing and testing effective treatments for traumatized children. Several studies have demonstrated that relatively brief trauma-focused cognitive behavioral treatment helps children recover from Posttraumatic Stress Disorder. We now know that this type of treatment also improves children's depressive, anxiety, shame and behavioral problems; and that when parents are included in this treatment their functioning significantly improves, further contributing to children's recovery. For the first time we also have evidence that this treatment is efficacious for children who have experienced multiple types of trauma. This paper

is the result of a longstanding collaboration with three people who share this award with me. First and foremost is Anthony Mannarino, PhD, who has been my colleague and friend for 22 years. At a time when becoming a child trauma researcher seemed to be an unlikely path to success, Tony not only encouraged me but offered to accompany me in this pursuit, thereby making possible all of our joint research which I never would have done without him. He has supported and promoted me in every way and working with him has been the highlight of my career. While Tony and I were conducting our previous treatment studies, Esther Deblinger, PhD at the University of Medicine and Dentistry of New Jersey was pioneering the use of gradual exposure interventions for sexually abused children and conducting groundbreaking research in this regard. Eight years ago Esther generously agreed to become our partner in developing a multi-site study, allowing us to greatly increase the diversity and number of families included in our research as well as to optimally merge our treatment models and methodologies. This paper was only possible because of Esther's exemplary spirit of collegiality and cooperation, and I feel very lucky to have such a wonderful collaborator and friend. Esther's colleague Robert Steer, EdD provided statistical expertise throughout this project, which allowed us to seamlessly manage and analyze a large and complex database. Esther and Bob continue to make it a pleasure to conduct our ongoing multi-site research. We could not have done this work without the help of our therapists, research coordinators and support staff, and funding from NIMH. Most importantly we thank the families who participated in this project and entrusted their children to our care at a very difficult time in their lives. We have been gratified to see the transformation of childhood trauma from a "fringe" area to an important focus of clinical and research attention. We are particularly fortunate to work with our wonderful colleagues in the National Child Traumatic Stress Network who are dedicated to improving treatment for all traumatized children. Finally, we thank our families and our own children Shari, Matt, Aren, Lauren, Ariel, Sarah, Michael and Julie, whose light will make the future brighter.

Dr. Cohen will discuss her research during Honors Presentation IV on Saturday, October 23, 11:00 a.m.-12:00 p.m.

AACAP ELAINE
SCHLOSSER LEWIS
AWARD FOR RESEARCH
ON ATTENTION-
DEFICIT DISORDER TO
PHILIP L. HAZELL,
F.R.A.N.C.P.



The AACAP Elaine Schlosser Lewis Award for Research on Attention-Deficit Disorder supported by the AACAP Elaine Schlosser Lewis Fund, was established by Council in 1994. The award of \$5,000 is given annually for the best paper published in the Journal of the American Academy of Child and Adolescent Psychiatry on Attention-Deficit Disorder, written by a child and adolescent psychiatrist and published during the past year. This award is named in memory of Dr. Owen Lewis' late mother, Elaine Schlosser Lewis, who was a teacher and advocate of children. Contributions to the fund are encouraged.

This award recognizes: Philip Hazell, F.R.A.N.C.P. for his paper "A Randomized Controlled Trial of Clonidine Added to Psychostimulant Medication for Hyperactive and Aggressive Children" published in the August 2003 issue of the Journal of the American Academy of Child and Adolescent Psychiatry.

Objective: To compare clonidine with placebo added to ongoing psychostimulant therapy for the treatment of attention-deficit/hyperactivity disorder with comorbid oppositional defiant disorder or conduct disorder.

Methods: Children aged 6-14 years recruited through 2000-2001 were randomized to receive clonidine syrup 0.10 to 0.20 mg/day (n = 38) or placebo (n = 29) for six weeks. Primary outcome measures were the conduct and hyperactive index subscales of the parent-report Conners Behavior Checklist. Side effects were monitored using physiological measures and the Barkley Side Effect Rating Scale. **Results:** Evaluable patient analysis showed significantly more clonidine-treated children than controls were responders on the Conduct scale (21/37 v 6/29; $c^2 = 8.75$, df = 1, $p < .01$) but not the Hyperactive Index (13/37 v 5/29). Compared with placebo, clonidine was associated with a greater reduction in systolic blood pressure measured standing, and with transient sedation and dizziness. Clonidine-treated individuals had a greater reduction in a number of unwanted effects associated with psychostimulant treatment compared with placebo. **Conclusion:** The findings support the continued use of clonidine in combination with psychostimulant medication to reduce conduct symptoms associated with attention-deficit/hyperactivity disorder. Treatment is well tolerated and unwanted effects are transient. *J. Am. Acad. Child Adolesc. Psychiatry* 2003, 42(8):886.

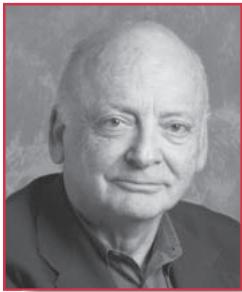
As a child and adolescent psychiatrist from 'Down Under' it is a particular honor and privilege to be the recipient of the Elaine Schlosser Award Lewis Award for Research on Attention Deficit Disorder for 2004. Such recognition can only help in our quest for research support to find better outcomes for children with the condition. I am indebted to the Australian Rotary Health Research Fund for choosing to support research into mental illness, and for funding this study. I wish

to acknowledge the contributions of my co-investigator, pediatrician Associate Professor John Stuart and our hard-working research assistant, Noreen Bell R.N. The staff of our hospital pharmacy is also acknowledged for providing much of the support to the project pro bono. Our study is an example of pragmatic research conducted in an every day clinical setting. We paid particular attention to finding out how much the participants would need to improve on the study outcome measures for the change to be clinically meaningful. In my presentation I will consider the strengths and the weaknesses of such an approach, and consider how the methods we used may generalize to other treatment outcome studies.

Dr. Hazell will be presenting his research during Honors Presentation II on Saturday October 23, 9:00-10:00 a.m.



AACAP KLINGENSTEIN
THIRD GENERATION
FOUNDATION AWARD
FOR RESEARCH IN
DEPRESSION OR
SUICIDE TO
DAVID SHAFFER, F.R.C.,
F.R.C.PSYCH.



The AACAP Klingenstein Third Generation Foundation Award for Research in Depression or Suicide is supported by the Klingenstein Third Generation Foundation. The award gives \$5,000 for the best paper on depression and/or suicide published in the Journal of the American Academy of Child and Adolescent Psychiatry during the past year.

This award recognizes: David Shaffer, F.R.C., F.R.C.Psych for his paper “The Columbia Suicide Screen: Validity and Reliability of a Screen for Youth Suicide and Depression,” published in the January 2004 issue of the Journal of the American Academy of Child and Adolescent Psychiatry.

Objective: This study reports on the psychometric properties of a brief, self-administered screening questionnaire, the Columbia SuicideScreen(R) (CSS), intended to identify high school students at risk for suicide. **Methods:** Seventeen hundred twenty-nine 9th- to 12th-grade students completed the CSS and Beck Depression Inventory during school hours in 1991 to 1994. Three hundred fifty-six students who screened positively and 285, group matched on age, gender, and ethnicity, who screened negatively were examined on the Diagnostic Interview Schedule for Children (DISC), version 2.3, to assess validity. The DISC-based suicide risk criterion was suicidal ideation or prior suicide attempt and a DSM-III-R diagnosis of major depression or dysthymia or substance use. Test-retest reliability was assessed in a subsample of 85. **Results:** The most balanced algorithm had a sensitivity of 0.75, specificity 0.83, and positive predictive value 16%. Suicidal ideation and prior attempt item reliabilities (kappa) were 0.48 and 0.58, respectively. Eight-day test-retest reliability for the most balanced scoring algorithm was 0.32. **Conclusion:** The CSS demonstrated good sensitivity and reasonable specificity identifying students at risk for suicide. A second-stage evaluation would be needed to reduce the burden of low specificity. *J. Am. Acad. Child Adolesc. Psychiatry 2003, 43(1):71.*

An arguable merit of professional longevity is that one continues to work while the floor is quietly shifting beneath you. This award, for which I am most appreciative, is, I like to think, recognition for being at the right place at the right time and having immensely clever, dedicated, and energetic colleagues.

The origins of this paper go way back, to when I was a psychiatric resident in London, I remember reading a paper in the American Journal of Sociology on suicide. The author's argument was that, because the potential for suicide was universal, because random circumstance led to suicide, and because the event was so rare, predicting and preventing suicide was an exercise in futility. I had no reason to argue with or even care about this logic. The reason I wanted to study

children who committed suicide was more modest. It was the era of “masked depression.” Like many trainees, I entertained a mixture of respect and doubt about my supervisors, and I felt especially challenged by one who insisted that all varieties of troublesome behavior, from thumb sucking to bed wetting to disobedience, were really manifestations of an “underlying” or “masked” depression. I seized on the idea of studying youth suicide as a way of validating this implausible but widely held idea. I would study young teens who were so depressed that they had killed themselves. If these youngsters really did suck their thumbs, wet the bed, or were disobedient, I would defer to my supervisor’s wisdom; if they did not,

The young suicides turned out to be different from what I had expected. Most were labile or excitable, some were clearly depressed, and others were anxious. Some committed suicide after reading about other suicides in the papers, but most did so whilst troubled by a recent or anticipated event. At the time of their deaths, all these young people seemed to entertain either great fear of trouble about to befall them or uncontrollable anger. No thumb sucking and not much enuresis, but not much typical depression either. I would have to defer my argument with my supervisor. On the other hand, it seemed likely that the skeptical sociologist was probably wrong. These children—regardless of whether they were living on a farm, in the center of town, or in the suburbs—and the circumstances of their deaths, were strikingly similar. Suicide was not a random process.

As the years went by and evidence continued to roll in from investigators like David Brent, Madelyn Gould, Peter Lewinsohn, Michael Stanley, John Mann, and their teams, so did the occasional thought about preventing these terrible deaths. My friend and mentor Irving Philips argued stubbornly that prevention was possible. But how? None of the traditional remedies seemed promising. A person who is about to commit suicide is likely to be too preoccupied and disorganized to call a hot line. Holding suicide-awareness classes to tell the students that suicide was not the only answer to their problems betrayed an almost embarrassing lack of psychological sophistication and carried the risk of imitation. Trying to guess, from lists of “warning signs,” which solitary or disaffected students might be depressed smacked of my early supervisor’s preference for inference rather than direct enquiry.

What I had learned from my new American colleagues—Kim Puig-Antich, Keith Connors, Rachel Klein, Leon Eisenberg, and others—was that, if you asked a young teenager a straight question in words they understood, there was a good chance they would answer it. I was encouraged to extend this belief to

computerized self-completion instruments by a young Englishman, Christopher Lucas, who came to work with me and who demonstrated that endorsement rates for embarrassingly private worries and behaviors would go up if you asked them through a computer.

It was with their help that the Columbia TeenScreen was conceived of, and a bunch of us—Carey Busner, Mark Davies, Karen Dunn-Maxim, Prudence Fisher, Ann Garland, Madelyn Gould, Ted Greenberg, Steve Greenwald, Roger Hicks, Leslie McGuire, Jimmie Lou Munfakh, Kathleen Restifo, Mary Rojas, Michelle Scott, Kristen Trautman, Maureen Underwood, Judy Wicks, and Holly Wilcox—set out to do experiments to show that this approach could find teens who were thinking about suicide or who had tried to commit suicide.

We were not alone in this. Leona Eggert had been following the same logic in Seattle, and Doug Jacobs from Boston had done a brilliant job with the National Depression Screening Day. While I pottered on dotting the Is and crossing the Ts, a wise and generous man, Bill Ruane, puzzled at our team's slow progress in encouraging others to screen for these disorders. Bill suggested we approach Laurie Flynn, who was then at NAMI, and Peter Jensen, who was at NIMH, for their advice. They had a great record of introducing ideas to the public and to the profession, respectively. They eventually joined us at Columbia, and, under their leadership and with Bill Ruane's support, the Columbia Teen Screen or some variant is being used by schools and by professionals in all 50 states; the notion of screening has been supported by the Surgeon General and by the New Freedom Commission on Mental Health. One or two states are considering how screening might become routine, and, each week, screening programs find teenagers who no one knew had attempted or were thinking about suicide and bring them to treatment. I would like to thank the Academy, the Klingenstein family, and all of those whom I mentioned above for showing that suicide prevention, although not perfect, is far from being an exercise in futility.

Dr. Shaffer will be presenting his research during Honors Presentation III on October 23, 10:00-11:00 a.m.



ACAP ROBERT CANCRO
BEST CHAIRMAN AWARD
TO ANTHONY LEHMAN,
M.D.



The Robert Cancro Academic Leadership Award recognizes either a currently serving General Psychiatry Training Director, Medical School Dean, CEO of a Training Institution, Chair of a Department of Pediatrics or Chair of a Department of Psychiatry for his or her contributions to the promotion of child and adolescent psychiatry. Anthony Lehman, M.D., winner of the Robert Cancro Best Chairman Award will receive a plaque at the 2004 Annual Meeting in Washington, D.C.

We all have many experiences of childhood, beginning ourselves as children. Many of us have gone on to experience childhood again through our eyes as parents and grandparents. We have friends, neighbors, and colleagues with children. Some of us work with children. Thus one does not have to look far to understand that growing up is a tremendously variable experience and that children face all kinds of opportunities and risks in the transit from conception to adulthood. I believe it is basic to our condition, as it is for all species, to have a burning instinct to promote the well-being of all children, to protect them in growing up and to foster the unfolding of their full potentials. I grew up in a small town and was fortunate to have had a happy childhood, loving parents and grandparents, and a supportive community. I appreciate more and more how fortunate I was and recognize that many children do not have such positive experiences and that, at times, even in the face of loving and positive circumstances, things do not always go so well.

Most of my professional work has been with adults with severe mental illnesses. However, this work has provided a rich window into the issues regarding the mental well-being of children and adolescents, raising many questions along the way. What causes the disruptions in brain development that may lead to serious mental disorders? How can we recognize when children are headed toward serious mental disorders? What are the risk and protective factors during childhood that influence adult outcomes? How can we intervene with children, their families and their environments to protect against adverse outcomes and to promote well-being? While we have made substantial progress in recent years in improved diagnoses and treatments for adults, we have a long way to go. This is even more so with regard to our understanding of the disorders and problems of children and adolescents.

My transition from health services researcher to department chair a few years forced me to consider carefully the mission of an academic department of psychiatry. I knew immediately that we must invest in child and adolescent psychiatry for all of the reasons mentioned above. This is a daunting task. The demand for quality mental child and adolescent mental health treatments and

prevention services is overwhelming, made even more so by the financial barriers to delivering care. There is a severe shortage of psychiatrists and other mental health professionals trained to work with youths. Finally our knowledge about disorders and treatments is limiting. I feel fortunate to be in a position as a department chair to invest in the clinical, training and research missions that are essential to the well-being of our children. It is something to which we must all remain committed.

*J*ACAP JEANNE SPURLOCK LECTURE AND AWARD FOR DIVERSITY AND CULTURE TO IAN A. CANINO, M.D.



The AACAP Jeanne Spurlock Lecture and Award is named in honor of Jeanne Spurlock, M.D., a giant in child and adolescent psychiatry and in advocacy for children, adolescents and their families from all cultures. The annual meeting lecture and award recognizes individuals who have made outstanding contributions to the advancement of the understanding of diversity and culture in children's mental health, and who will contribute to the recruitment into child and adolescent psychiatry from all cultures.

This year's recipient is Ian A. Canino, M.D. of Columbia University. His lecture is entitled, "Training Modalities in Cross-Cultural Child Psychiatry."

Objective: To describe the development of a culturally relevant intervention program that is integrated within a child and adolescent training curriculum and that can serve as a model to other sites. To discuss future directions in Cross-Cultural Child Psychiatry Training. **Methods:** CAP resident evaluations of the lectures and the training sites of this program. Conclusions based on reviews on the clinical and research literature on culturally diverse children in this country. Results of the AACAP Work Group on Cultural and Ethnic Issues (Jeanne Spurlock, Co-Chair). **Results:** This training program develops primary and secondary intervention experiences that address culturally diverse special populations utilizing Systems Theory. The didactics include a combination of therapeutic skills development, direct experiences, and exposure to research literature and methodology. **Conclusion:** Relevant training models in Cross-Cultural Child Psychiatry need to be fully integrated, updated, and relevant to Child Psychiatry Programs. The future of the field of Cross-Cultural Psychiatry lies in better research methodology, inclusion in policy incentives, and active representation as a field in studies measuring efficacy and community relevance.

Dr. Ian A. Canino will discuss his work during Honors Presentation VII on Saturday, October 23, 2:00-3:00 p.m.

*J*EANNE SPURLOCK,
M.D. CONGRESSIONAL
FELLOWSHIP TO
HARSH TRIVEDI, M.D.



The Jeanne Spurlock Congressional Fellowship provides general psychiatry and child psychiatry residents an opportunity to work in a congressional office or committee, on federal health policy, particularly policy related to child and minority issues. This fellowship was established in honor of the late Jeanne Spurlock, M.D., who was Deputy Medical Director of APA's Office of Minority/National Affairs and an advocate for child and minority issues. The recipient served a six-month fellowship starting January 1 and ending June 30.

Think of how many patients and families you can help in the course of your career. Think about how many meaningful interactions you may have over the 30, 40, or even 50 years that you practice. Think of the sheer collective enormity of the impact that you can have on patients' lives during that time.

Now pause for a moment and take a step back. Imagine helping more people with the stroke of a single pen than you could during a professional lifetime. Imagine an opportunity that would give you the tools and put you in touch with the right people to bring about real changes in your patients' lives. Imagine being able to find the root cause of a problem, feeling empowered to make a difference, and being able to direct programs and resources to aid those in need. Imagine being able to increase the general population's knowledge of mental illness, to increase the availability of screening and early intervention programs, to increase the effectiveness of community outreach programs, to increase access to mental health services, and to increase the range of mental health services offered throughout the country.

If that seems bold, let me take it one step further and give you a glimpse of something that I never even imagined could happen. Try waking up one morning and seeing your bill being discussed on television, being written about in the newspapers, and showing up on internet websites. Imagine being praised by the Senator you worked for as this bill is introduced in Congress. Imagine having your name permanently recorded in our nation's Congressional Record, as the bill you helped create is overwhelmingly passed in the Senate. Imagine what \$82 million in federal grants to help develop suicide prevention programs and to expand mental health services can do. Imagine the feeling of hope, of belief, of empowerment – that you can make a difference.

Dr. Trivedi worked in the office of Senator Jack Reed (D – RI) during the 2004 Jeanne Spurlock, MD Congressional Fellowship. He is a graduate of the Mount Sinai School of Medicine/CUNY Medical School accelerated seven-year B.S./M.D. program. He is currently in the first year of a Child and Adolescent Psychiatry Fellowship at the Children's Hospital Boston/Harvard Medical

School. He completed his adult psychiatry residency at the Hillside Hospital/Long Island Jewish Medical Center, where he became the first chief resident to be selected from the PGY-III class.

He is the recipient of multiple national awards, including the AACAP Outstanding Resident Award, the Indo-American Psychiatric Association (I-APA) Dr. Jyotsna Pandya Outstanding Resident Award, the Stanley Scholars Research Fellowship, and the Mack Lipkin Broader Horizons International Research Fellowship.

He is a member of the AACAP Healthcare Access and Economics Committee and is the first resident member of the American Psychiatric Association's Political Action Committee.

*M*AACAP MARSHALL SCHECHTER LECTURE ON ADOPTION TO GASTON E. BLOM, M.D.



The AACAP Marshall Schechter Lecture on Adoption is named for Marshall Schechter, M.D., a child psychiatrist and renowned for his advocacy work in adoption. The annual meeting lecture recognizes an individual who has made outstanding contributions to the field of adoption.

In over 50 years of child psychiatry practice, my dominant concern remains about children with relationship problems, usually starting early in life, as a result of at risk situations. Since the 1990s I have focused on children in out of home placement, often related to abuse and neglect. During the same time, my interest in attachment theory led to the development of a standardized method of assessing attachment in children and their care taking systems. This method has been applied to 233 children referred for consultation that included 67 who were adopted (38 domestic and 29 international).

Out of those 233 children, 28 were identified as examples of primary object loyalty, bounded, not attached, to their original birthparent(s). As a result they were unable to experience or develop attachments to non-family caretakers. On average they had 9.2 unsuccessful placements by the time they were referred.

In an effort to modify that traumatic bond, I was drawn to the methods of the Truth and Reconciliation Commission in South Africa in dealing with crimes against humanity. After a confirming professional study in South Africa, this method was applied to individual children with severe abuse and neglect in this country.

Excerpts from four clinical narratives who had reconciliation ceremonies will be presented. Three of the children were adopted and one was raised in institutional placements for 10 years. The narratives also identify issues frequently found in adoption that merit attention, thought and change.

Dr. Blom will present during the Marshall Schechter Lecture/Honors Presentation VIII on Saturday, October 23, 3:00-4:00 p.m.



AACAP BEATRIX A.
HAMBURG AWARD FOR
THE BEST NEW
RESEARCH POSTER BY
A CHILD AND
ADOLESCENT
PSYCHIATRY RESIDENT
TO AMY CHEUNG, M.D.

The AACAP Beatrix A. Hamburg Award for the Best New Research Poster by a Child and Adolescent Psychiatry Resident was established in 1996 through a grant from the Greenwall Foundation in honor of Beatrix A. Hamburg, M.D., a trustess of the foundation. Dr. Hamburg was the President of the Williams T. Grant Foundation and is a Fellow of the AACAP. This award of \$1,000 honors her commitment to the education and development of young investigators.

Amy Cheung, M.D.

New Research Poster Title: Current Trends in Youth Suicide and Firearms Regulations

Dr. Amy Cheung will present her research during New Research Poster Session D on Saturday, October 23, 12:00-2:30 p.m.



The following AACAP Pilot Research Awards, supported by Eli Lilly and Company, encourage junior faculty and child and adolescent psychiatry residents by supporting pilot research with grants of \$9,000. These awards are administered through the AACAP Department of Research, Training, and Education and the Work Group on Research, under the direction of Robert Findling, M.D.

The Pilot Award winners, supported by Eli Lilly and Company, presenting this year include:

2002 AACAP Pilot Research Awards for Junior Faculty and Child Psychiatry Fellows

Kate Fitzgerald, M.D., University of Michigan

Project: Oculomotor Response Inhibition In Healthy Children

Mentor: Gregory L. Hanna, M.D. and Stephan F. Taylor, M.D.

Renee Marquardt, M.D., UCLA Neuropsychiatric Institute

Project: Social Deficits In Autistic Children Correlate With Total Brain Volumes

Mentor: James T. McCracken, M.D. and Arthur Toga, Ph.D.

Susan Wiet, M.D., University of Utah Health Sciences Center

Project: Volumetric MRI In Tourette's Disorder and Pandas

Mentors: William M. McMahon, M.D. and Erin Bigler, Ph.D.

2003 AACAP Pilot Research Awards for Junior Faculty and Child Psychiatry Fellows

Sufen Chiu, M.D., Ph.D., University of California, Davis, Medical Center

Project: Pediatric Psychosis in Fragile X Syndrome

Mentor: Robert L. Hendren, D.O.

Iliyan Ivanov, M.D., Ph.D., Mount Sinai School of Medicine

Project: Physiologic Response to Violent/Non-Violent Films in Children with History of Aggression and Trauma

Mentor: Jeffrey H. Newcorn, M.D.

Arif M. Shoaib, M.D., Harris County Psychiatric Center

Project: Study of Neurocognitive Dysfunction in Adolescents with Post-Traumatic Stress Disorder

Mentor: Katherine A. Loveland, Ph.D.

The award winners will present their research during New Research Poster Session D on Saturday, October 23, 12:00-2:30 p.m.

Shree Bhaskar, M.D., The Zucker Hillside Hospital, North Shore-Long Island Jewish Health System

Project: Reduced Frontal White Matter Integrity In Attention-Deficit Hyperactivity Disorder: A Preliminary Study
Mentors: Carmel Foley, M.D. and Sanjiv Kumra, M.D.

The award winner will present her research during New Research Poster Session A on Wednesday, October 20, 4:30-7:00 p.m.

Lawrence Maayan, M.D., Yale Child Study Center

Project: Response Inhibition, Visuo-Spatial Memory and Aggression Among Psychiatrically Hospitalized Youth
Mentors: Andres Martin, M.D., M.P.H and Linda C. Mayes, M.D.

The award winner will present his research during New Research Poster Session B on Thursday, October 21, 4:30-7:00 p.m.



AACAP PILOT RESEARCH
AWARD FOR
ATTENTION DISORDER
SUPPORTED BY THE
ELAINE SCHLOSSER
LEWIS FUND

The following AACAP Pilot Research Award for research in Attention Deficit Disorder, supported by the Elaine Schlosser Lewis Fund, encourages a junior faculty or child and adolescent psychiatry resident by supporting pilot research with a grant of \$9,000. This award is administered through the AACAP Department of Research, Training, and Education and the Work Group on Research, under the direction of Robert Findling, M.D.

The recipient of the 2003 Elaine Schlosser Lewis Pilot Research Award is:

Michael Sean Marcin, M.D., Emory University School of Medicine
Project: Arousal and Attention Dysregulation: Cortisol Levels and Circadian Release in a Cohort of School-age Children Exposed to Prenatal and Postnatal Maternal Substance Abuse
Mentor: Arden D. Dingle, M.D.

The award winner will present his research during New Research Poster Session D on Saturday, October 23, 12:00-2:30 p.m.



AACAP PRESIDENTIAL SCHOLAR AWARDS

The AACAP Presidential Scholar Award, supported by a grant from Bristol-Myers Squibb Company, recognizes specialized competence among child and adolescent psychiatry residents in research, public policy, and innovative service systems. The award pays expenses up to \$2,500 to support a one-week tutorial and exchange in a specified area of study with a senior AACAP leader or attend the AACAP Annual Meeting. Each Presidential Scholar chooses an Outstanding Mentor to honor the child and adolescent psychiatrist who has influenced the development of his or her career. The AACAP Presidential Scholar Award is administered under John Schowalter, M.D., Program Director, with the assistance of the AACAP Department of Research, Training, and Education.

The individuals below have been selected as the 2004 Presidential Scholars in the following areas:

Public Policy

Erika L. Goodwin, M.D., Harvard University-Children's Hospital Boston
Mentor: William R. Beardslee, M.D., Harvard University-Children's Hospital Boston

Administration

N. Kalaya Okereke, M.D., Columbia University Medical Center
Mentor: Elisabeth Guthrie, M.D., Columbia University Medical Center

Research

Michael Sean Marcin, M.D., Emory University School of Medicine
Mentor: Arden Dingle, M.D., Emory University School of Medicine

Lisa A. Thomas, M.D., Western Psychiatric Institute and Clinic

Mentor: Erin Malley, M.D., Western Psychiatric Institute and Clinic

Other

Drew H. Barzman, M.D., Cincinnati Children's Hospital Medical Center
Mentor: Melissa P. DelBello, M.D., University of Cincinnati College of Medicine



AACAP CHILD AND ADOLESCENT PSYCHIATRY RESIDENT TRAVEL GRANTS SUPPORTED BY PFIZER, INC.

The AACAP Travel Grants, supported by a grant from Pfizer, Inc., were established in 1999 to provide financial assistance to child and adolescent psychiatry residents to attend the AACAP Annual Meeting. The AACAP awarded fifty travel grants this year. The recipients are:

Indria Adapa, M.D., Louisiana State University Health Sciences Center
Victoria Baskin, M.D., Wayne State University
Michael H. Bloch, M.D., Yale University Child Study Center
Kenneth Braslow, M.D., University of California at San Francisco
Faye E'Layne Brown, M.D., Baylor College of Medicine
Jason Bynum, M.D., University of Michigan
Chadi Albert Calarge, M.D., University of Iowa
Tolga A. Ceranoglu, M.D., Massachusetts General Hospital
Patricia A. Daly, M.D., Dartmouth Hitchcock Medical Center
Nina Eisenberg, M.D., New York Presbyterian Hospital
Sherief El-Mallah, M.D., University of Virginia
Daniel J. Engle, M.D., Oregon Health and Science University
Guido K. Frank, M.D., University of California, San Diego
Andro Giorgadze, M.D., Emory University School of Medicine
Kevin M. Gray, M.D., Medical University of South Carolina
Mina Hah, M.D., Stanford University School of Medicine
Tamar Hanfling, M.D., Mount Sinai School of Medicine
Jabeen Hayat, M.D., Austin Medical Education Programs of Seton Healthcare Network
Jonathan Adam Hertz, M.D., Children's Hospital Boston
Janardhana Rao Jonnalagadda, M.D., Albert Einstein College of Medicine at Long Island Jewish Medical Center
Michelle Mayfield Jorgensen, M.D., Creighton University/University of Nebraska
Adib Kassas, M.D., University of Texas Southwestern Medical Center
Siddhartha Kumar, M.D., Children's Memorial Hospital—Northwestern University
Liren Li, M.D., UMDNJ-Robert Wood Johnson Medical School
Jonson Job Lin, M.D., Drexel University College of Medicine
John Z. Little, III, Ph.D., M.D., University of California Los Angeles Neuropsychiatric Institute
Karen G. Martinez, M.D., University of Puerto Rico
Ayesha Irshad Mian, M.D., The University of Texas Health Science Center At Houston
Susan H. Milam, M.D., University of California, Davis
Daniel Monti, M.D., Allegheny General Hospital

Muhammad T. Munir, M.D., Brown University
Joel V. Oberstar, M.D., University of Minnesota
Julie Marie Pan, M.D., University of Chicago
Dale Peeples, M.D., Medical College of Georgia
Edwin H. Peng, M.D., University of Southern California, Los Angeles
Manisha Punwani, M.D., University of Massachusetts Medical School
Sniegule Radzeviciene, M.D., University of Florida
Amit Razdan, M.D., Virginia Treatment Center For Children
Patrice L. Reives-Bright, M.D., Albert Einstein College of Medicine at Long Island Jewish-Medical Center
Eric Rickin, M.D., Western Psychiatric Institute and Clinic
Carol Rockhill, M.D., University of Washington
Heather Rogers, M.D., University of North Carolina Hospitals
Laura A. Ruoff, M.D., Harvard Medical School
Randie Schacter-Fitzgerald, D.O., New York College of Osteopathic Medicine
Gabrielle H. Silver, M.D., Mt. Sinai Hospital
Ronald G. St. Hill, M.D., Long Island Jewish Medical Center
Allen B. Stefane, M.D., New York Medical College
Carolyn Turcott, M.D., Medical College of Wisconsin
Mona Leah P. Venzon, M.D., East Carolina University
Josette Maria Weibrech, M.D., University of Arizona



AACAP GENERAL
PSYCHIATRY TRAVEL
GRANTS SUPPORTED BY
ELI LILLY AND
COMPANY

The AACAP Travel Grants for general psychiatry residents, supported by a grant from Eli Lilly and Company were established in 2002 to provide financial assistance to attend the AACAP Annual Meeting. The AACAP awarded twenty-three travel grants this year. The recipients are:

Jonathan D. Beard, M.D., University of Rochester
Margaret McCullough Benningfield, M.D., Massachusetts General Hospital
Matthew G. Biel, M.D., New York University School of Medicine
Kimberly M. Bush, M.D., Medical University of South Carolina
Rodney Canete, M.D., Mount Sinai Hospital
Jennifer Kayjean Cheng, M.D., University of Washington
Kathryn Cullen, M.D., University of Minnesota
Richard Dopp, M.D., University of Michigan
Jessica M. Hebrank, M.D., Albert Einstein College of Medicine
Gary Y. Huang, M.D., University of Hawaii
Paul M. Jones, M.D., University of Massachusetts Medical School
Anita Rani Kishore, M.D., Western Psychiatric Institute and Clinic
Jennifer L. Kurth, D.O., University of California-Irvine Medical Center
Heather Lin, M.D., Cedars-Sinai Medical Center
Ann M. Miller, M.D., New York Presbyterian Hospital-New York State
Psychiatric Institute
Sricharan Moturi, M.D., M.P.H., University of Alabama at Birmingham
Anjali Nirmalani, M.D., University of South Florida
Bushra H. Qureishi, M.D., Delaware Psychiatric Center
Tiffany N. Sauls, M.D., University of Kentucky
Abigail Zimskind Schein, M.D., Brown University
Lauren H. Shin, M.D., University of Chicago Hospitals
Belinda Ann Stillman, D.O., Millcreek Community Hospital
Jonathan Tobkes, M.D., New York Presbyterian Hospital-Weill-Cornell Medical
Center



MHS JEANNE
SPURLOCK MINORITY
MEDICAL STUDENT
CLINICAL FELLOWSHIP
IN CHILD AND
ADOLESCENT
PSYCHIATRY

The Jeanne Spurlock Minority Medical Student Clinical Fellowship in Child and Adolescent Psychiatry, supported by the Center for Mental Health Services, is named in honor of Jeanne Spurlock, M.D., in recognition of her lifetime of opening doors for colleagues from diverse backgrounds and fostering career advances. The summer fellowship of up to \$3,000 encourages outstanding minority students to pursue careers in child and adolescent psychiatry. The fellowship provides exposure to the state-of-the-art treatment and consultation services of child and adolescent mental disorders. The fellowship is administered with the assistance of Program Directors, Ledro Justice, M.D. and Deborah Deas, M.D., through the AACAP's Department of Research, Training, and Education.

This year's recipients, along with their mentors and project titles, are:

Lydia Heyel Adams

Mercer University School of Medicine

Project: Mental Health in Residential Child Care

Mentor: Rachel Brown, M.D., Mercer University School of Medicine

Amiethab Aiyer

Drexel University College of Medicine

Project: Experience Journal: Developing Virtual Support for Childhood Cancer Survivors

Mentor: Margaret L. Stuber, M.D., UCLA Neuropsychiatric Institute

Eric Arzubi

Yale University School of Medicine

Project: Child Mental Health and School Success

Mentor: Andres Martin, M.D., Yale University School of Medicine

Mina Kae Bak

David Geffen School of Medicine at UCLA

Project: Web-Based Narratives from Pediatric Cancer and Transplant Patients and Their Treatment Teams

Mentor: Margaret L. Stuber, M.D., UCLA Neuropsychiatric Institute

Makini Chisolm-Straker

Brown University

Project: Stress and Immunity in Pediatric Asthma

Mentor: Gregory Fritz, M.D., Brown University

Tresha Edwards

Columbia University College of Physicians and Surgeons

Project: Treatment of Adolescent Suicide Attempters (TASA)

Mentor: Laurence Greenhill, M.D., Columbia University of Physicians and Surgeons

Celine A. Hamilton

Mount Sinai School of Medicine

Project: Clinical Assessment and Treatment of Child/Adolescent Trauma

Mentor: Jeff Newcorn, M.D., Mount Sinai School of Medicine

Amber Lerma

University of California, San Francisco

Project: Teen Screen: Implementing a Screening Program in the Primary Care Setting

Mentor: Susan Smiga, M.D., University of California, San Francisco

Nafisa Banu Patel

University of Illinois at Chicago

Project: Adverse Events Emerging from Psychopharmacology Trials in Pediatric Bipolar Disorder

Mentor: Mani Pavuluri, M.D., University of Illinois at Chicago

Marva Vanessa Phillips-Williams

Eastern Virginia Medical School

Project: Outpatient Child and Adolescent Psychiatry at the Portsmouth Naval Medical Center

Mentor: Mary Cook, M.D., Naval Medical Center Portsmouth

Katyna Rosario-Figueroa

University of Puerto Rico, School of Medicine

Project: Intensive Ambulatory Care, A Student Perspective

Mentor: Lelis L. Nazario, M.D., University of Puerto Rico, School of Medicine

Ryan Patrick Williams

Stanford University School of Medicine

Project: Low Self-Esteem & Depression in Children: An Evolutionary Model

Mentor: Hans Steiner, M.D., Stanford University School of Medicine

The CMHS Jeanne Spurlock Clinical Fellows will present their experiences during New Research Poster Session D on Saturday, October 23, 12:00-2:30 p.m.



NIDA JEANNE SPURLOCK
RESEARCH
FELLOWSHIP IN DRUG
ABUSE AND
ADDICTION

The AACAP Jeanne Spurlock Research Fellowship in Drug Abuse and Addiction, supported by the National Institute on Drug Abuse, is named in honor of Jeanne Spurlock, M.D., in recognition of her lifetime of opening doors for colleagues from diverse backgrounds and fostering career advances. The fellowship encourages outstanding minority medical students to pursue careers in drug abuse and addiction research in child and adolescent psychiatry. The summer fellowship of up to \$3,000 provides early exposure to state-of-the-art research on child and adolescent mental disorders and drug abuse and addiction. The fellowship is administered with the assistance of Timothy Condon, Ph.D. and Lucinda Miner, Ph.D., from NIDA, and Program Directors, Ledro Justice, M.D. and Deborah Deas, M.D., through the AACAP Department of Research, Training and Education.

This year's recipient, along with her mentor and project title, is:

VaShondra Denetra Richmond
Medical University of South Carolina
Project: Knowledge, Attitude and Substance Use in Inpatient/Outpatient
Children Ages 8-12
Mentor: Deborah Deas, M.D., Medical University of South Carolina

TRAINING DIRECTORS RESIDENT RECRUITMENT CAMPAIGN

Since 2003 the AACAP has offered a complimentary ticket to the Training Directors Reception and Dinner for those child & adolescent Training Directors who recruit all of their residents into AACAP. Since child and adolescent residents are the future of both the AACAP and the practice of child and adolescent psychiatry, the AACAP acknowledges and warmly thanks the following Training Directors for their support.

A. Reese Abright, M.D., New York Medical College/St. Vincents Hospital

Lee Ascherman, M.D., University of Alabama

Allan Chrisman, M.D., Duke University

Dorothy Grice, M.D., University of Medicine & Dentistry of New Jersey

Shashank Joshi, M.D., Stanford University

Debra Katz, M.D., University of Kentucky

William Klykylo, M.D., Wright State University

Markus Kruesi, M.D. Medical University of South Carolina

Adele L. Martel, M.D., University of Connecticut

Guy Palmes, M.D., Wake Forest University

Harris Rabinovich, M.D., Thomas Jefferson University

Kenneth M. Rogers, M.D., Maryland University

Dorothy Stubbe, M.D., Yale Child Study Center

Lynn Taylor, M.D., University of Arkansas

Bonnie Zima, M.D., UCLA



ACAP FELLOWS
2003-2004

The following members were elected to Fellowship from September 2003 to September 2004:

Diana J. Antonacci, M.D.
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ACKNOWLEDGEMENTS

The American Academy of Child and Adolescent Psychiatry acknowledges with gratitude the support of the following contributors. Their efforts allow the AACAP to recognize the leaders of today and tomorrow in child and adolescent psychiatry.

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