

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY



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AACAP CATCHER IN THE RYE HUMANITARIAN AWARD TO SUSAN AND BERNARD MENDIK



The AACAP Catcher in the Rye Humanitarian Award, administered through the AACAP Executive Committee, was established in 1990 to honor those who have made significant contributions to society through support of the field of child and adolescent psychiatry. The AACAP is honored to present the 2005 Catcher in the Rye Humanitarian Award to Susan and Bernard Mendik.

According to Maimonides, the 12th-century philosopher, scholar and physician, giving anonymously is the second highest expression of altruism. Individuals reach the highest form not through giving a gift, but through offering a loan. Mrs. Susan Mendik and her late husband Bernard truly acted upon *both* of these levels when they started the AACAP Elaine Schlosser Lewis (ESL) fund more than one decade ago. The ESL fund supports scientific research, which repays us with a better understanding of ADHD.

Mr. and Mrs. Mendik wanted to help researchers study an illness that held more mysteries than answers when they approached AACAP Member Owen Lewis, M.D. They sought to give families living with ADD and ADHD hope through a better understanding of the scientific nature of these disorders, and how to best treat their children.

The Mendiks, who have also made significant contributions to the health of the hearing impaired and blind, chose not to name the Fund after themselves. Instead, they suggested honoring Dr. Lewis's late mother, a special education teacher. Though they never met, Mrs. Mendik and Schlosser Lewis shared a vision of all children and adolescents living with attentional disorders having access to quality treatment. Above all, they shared the wish that children and adolescents should not just have the chance to cope with attentional disorders, but to grow and to thrive.

As well as funding the first ESL Prize for ADD Research, which annually honors the best *Journal of the American Academy of Child and Adolescent Psychiatry* paper on attentional disorders, Mr. and Mrs. Mendik also created an endowment for the award, which has grown to become the ESL Fund. Eleven years later, the ESL Fund continues to support the ESL Prize and an annual two-year pilot research award. The ESL Fund will also support a two-year pilot research award, which will encourage the study of the correlation between attentional disorders and learning disabilities. Through the generosity of the Mendiks and others, the annual prize and pilot research awards are endowed in perpetuity.

The AACAP is proud and honored to present Susan and Bernard Mendik with the Catcher in the Rye Humanitarian award, and thanks them for their altruism on every level.

"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 ALVIN
ROSENFELD, M.D.



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 Assembly of Regional Organizations of Child and Adolescent Psychiatry has chosen Alvin Rosenfeld, M.D. to receive the 2005 Catcher in the Rye Award for Advocacy.

This award recognizes Dr. Rosenfeld's outstanding leadership in child and adolescent psychiatry. As a highly regarded clinician, his career has been distinguished by his depth of clinical experience and knowledge, his skill at communicating ideas, and his ability to identify issues that advance the field. According to David Spiegel, M.D., "Dr. Rosenfeld has been a highly effective advocate for children and childhood...a crucial advocate for childhood as time to be a child, when learning is play and crucial social and intellectual development occurs naturally if not impaired by mistreatment or excessive pressure."

I am honored to receive this year's Catcher in the Rye Award, and to have this wonderful organization of child psychiatrists—the group I value most—recognize my work. I am also humbled. I accept this award not only for myself, but also for the rest of you, my many colleagues who every day advocate for children and their families, who work in agencies and academies, in offices and in laboratories, in clinics, schools, hospitals, universities, and out-patient clinics. We child psychiatrists stand on the front lines, advocating for children, fighting for the dignity and mental health of all children, rich and poor, over-indulged and neglected, beloved and abused, anxious, troubled, and mentally ill. I am so proud to be a child and adolescent psychiatrist; I can imagine no better profession. I also want to thank my beloved wife Dorothy, and my children, Lisa, Sam, and Mike for being with and loving me during so many years of my professional journey.
—Alvin Rosenfeld, 2005.

"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*

*A*ACAP CATCHER IN THE RYE ADVOCACY AWARD TO THE JUVENILE JUSTICE REFORM COMMITTEE



Committee Co-Chair
Louis Kraus, M.D.



Committee Co-Chair
William Arroyo, M.D.

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 Juvenile Justice Reform Committee has been chosen by the Assembly of Regional Organizations of Child and Adolescent Psychiatry to receive the 2005 Catcher in the Rye Award.

This award recognizes the Committee's ongoing efforts to promote research in child and adolescent psychiatry and at AACAP. The Committee is highly commended for developing the second edition of its monograph, *Recommendations for Juvenile Justice Reform*, which outlines recommendations on standards for juvenile detention facilities, healthcare, and educational needs of incarcerated youth and, additionally, guidelines on juvenile waivers to adult court and disproportionate minority confinement. The second edition will include new chapters on prevalence of mental illnesses in the juvenile justice population and juvenile justice advocacy. Dr. Clarice Kestenbaum's nomination recognizes "committee member efforts to improve outcomes for youth in the juvenile justice system."

We were excited to learn that the Juvenile Justice Reform Committee was chosen to receive the 2005 Catcher in the Rye Award. The Committee is quite dedicated and thanks the AACAP for its continued support.

The Committee is composed of AACAP members, many who have expertise in an area relevant to juvenile justice, and was established to draw national attention to numerous areas within the juvenile justice system that would benefit by various degrees and types of reform. The mission of the Committee is to improve the juvenile justice system so that it will become responsive to juveniles and adolescents with mental disorders who are in the juvenile or adult justice system. It is imperative that a comprehensive continuum of medical and mental health services is accessible to this population, that the system be strongly community-based, family-centered, culturally-competent, developmentally-relevant and well-integrated with other child system components, including health, education, and child welfare. Similarly, secured detention facilities, whether primarily juvenile or adult oriented, must provide developmentally appropriate services.

The Committee continues to work on a variety of projects. This year, we have completed the second edition of the AACAP monograph on *Recommendations for Juvenile Justice Reform*. The Committee is working with Work Group on Quality Issues in helping develop practice parameters on juvenile forensic issues, further development of symposia and other educational programming.

Thank you for this honor and continued support. —*Louis J. Kraus and William Arroyo, Co-Chairs, 2005.*

"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 VERMONT ASSOCIATION 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.

This award recognizes the Vermont Association of Child and Adolescent Psychiatry's advocacy on behalf of children with mental health needs through its legislation, work in public education, and collaboration with our colleagues in pediatrics and the other mental health specialities.

The Vermont Association of Child and Adolescent Psychiatry (VACAP) is one of the AACAP's smaller Regional Organizations. Despite its size, it maintains an active agenda with respect to advocacy, legislative involvement and public education. VACAP is also unique in that it is a Regional Organization that operates without dues, and without contributions from pharmaceutical companies. Meetings are held in carefully selected inns and restaurants throughout the state.

VACAP works closely with the state medical society, the APA District Branch, and the Vermont chapter of the American Academy of Pediatrics, as well as NAMI, NMHA and the Federation of Families for Children's Mental Health. Through these collaborative efforts, VACAP is able to magnify its impact on issues affecting children and families. For example, this coalition helped pass one of the broadest parity bills in the country that includes non-discriminatory coverage for all psychiatric and substance abuse disorders. Other VACAP accomplishments include:

- Obtaining an exemption for children with psychiatric illnesses from the state's medication formulary program.
- Participating in regular meetings with representatives of all statewide organizations representing mental health professionals.
- Organizing meetings with representatives of all the major mental health advocacy groups in the state to develop a "common agenda" for children's mental health.
- Collaborating with the state's chapter of the American Academy of Pediatrics (AAP-VT) on an initiative to improve the recognition and treatment of ADHD in primary care settings.
- Testifying on state legislative initiatives, including bills on bullying, children and medication, and funding for the state's community-based system of care.

For a relatively small regional organization, VACAP has had a significant impact on public policy and on access to care for Vermont's children and adolescents with psychiatric disorders. For this reason, VACAP should be honored for its efforts and accomplishments with a 2005 AACAP Catcher in the Rye Award.

"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*



The goal of the AACAP Teaching Scholars 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 AACAP Teaching Scholars Program for Physician Educators for the 2006 and 2007 years:

Anne Elizabeth Cuccio, M.D.
Arden D. Dingle, M.D.
Elisabeth Benson Guthrie, M.D.
Erin Marie Malloy, M.D.
Renee Mehlinger, M.D.
Anne Marie O'Melia, M.D.

University of Oklahoma College of Medicine
Emory University School of Medicine
Columbia University
University of North Carolina
Rush University Medical Center
University of Utah School of Medicine

Teaching Scholars are honored at the Distinguished Member Awards Breakfast on Wednesday, October 19, 2005, from 6:45 to 7:45 a.m.

**AACAP SIMON WILE
LEADERSHIP IN
CONSULTATION
AWARD, SUPPORTED
BY THE CHILD
PSYCHIATRY SERVICE
AT MASSACHUSETTS
GENERAL HOSPITAL
TO DAVID MRAZEK, M.D.,
F.R.C.PSYCH.**



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 David A. Mrazek, M.D., F.R.C.Psych., Chair of the Department of Psychiatry and Psychology at the Mayo Clinic and Professor of Psychiatry and Psychology at the Mayo Clinic College of Medicine. Dr. Mrazek is also a Director of the American Board of Psychiatry and Neurology.

I am very pleased to have received recognition from the American Academy of Child and Adolescent Psychiatry for my work in the area of child and adolescent consultation liaison psychiatry. I have had the benefit of working with exceptional teachers and mentors, dedicated colleagues, brilliant students, and have had the unfailing support of my wife and children.

I was originally drawn to child and adolescent psychiatry because of my optimism that early psychiatric intervention could change the course of the lives of children and that through effective research it would be possible to eventually prevent both pediatric and psychiatric illnesses. I had the opportunity of directing the Pediatric Psychiatry Program at the National Jewish Hospital in Denver, Colorado from 1979 to 1991. This work was focused on developing early interventions for physically ill children with behavioral and emotional difficulties. Working at National Jewish Hospital also focused my attention on studying the etiology of asthma, which fostered a life-long interest in trying to understand the interactions of genes and environments.

In 1991, I became the Chair of the Department of Psychiatry at the Children's National Medical Center in Washington, DC. This departmental chair was created by Dr. Reginald Lurie who was the first recipient of the Simon Wile Award. While at Children's National, I had the opportunity to work with severely ill children with fascinating and challenging psychiatric disorders. After nearly a decade in Washington, I relocated to the Mayo Clinic in 2000.

At Mayo, psychiatry has always been strongly committed to providing consultation liaison to our medical and surgical colleagues. Before my arrival, Mayo had made a commitment to becoming a leader in the practice of genomic medicine. Over the past five years, I have had the opportunity to study how genetic vulnerabilities place children at risk for atypical responses to medications. Today, we are able to use genetic testing to identify children at high risk for adverse drug reactions to specific drugs. In the foreseeable future, we expect to be able to use genetic testing to identify children at high risk for both psychiatric and medical illnesses prior to the actual manifestation of their symptoms. To the degree that this dream comes true, it will represent the concrete accomplishment of my original motivation for entering the field. —David Mrazek, 2005.

Dr. Mrazek will present his work during the Simon Wile Symposium on Friday, October 21, 2005, from 8:00 to 11:00 a.m.

AACAP IRVING
PHILIPS AWARD FOR
PREVENTION TO
STEVEN
ADELSHEIM, 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.

I am honored to receive the AACAP Irving Philips Award for Prevention. In a time of scarce mental health resources and providers, the importance of prevention cannot be overstated. The movement of our national and state behavioral health systems towards public health models of prevention, screening and early intervention are critical. Emerging research recognizes that early identification and treatment for mental health problems is prevention for later issues of chronic mental illness, serious substance abuse, educational failure, and engagement with the juvenile justice system.

We have worked in New Mexico to expand prevention models and blend evidence-based prevention programs with screening models and early intervention, with a focus on schools and school-based health centers. We have worked to develop culturally appropriate anti-stigma messages that have been implemented through news columns, movie theaters, radio and television. Furthermore, youth suicide prevention has become a critical focus in our state due to high rates of teen suicide. We have partnered with state suicide prevention coalitions, expanded training in schools, and worked to improve awareness of warning signs and strengthen crisis response services.

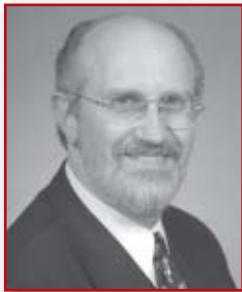
As evidence-based models of prevention become more available, it is our obligation to recognize these models and support their expansion. Since we have important expertise and understanding of childhood mental illness, we must work with our patients, their families and advocates to break down the stigma surrounding mental health care. When even our proven methods of intervention and treatment are under attack, we must ensure the availability of culturally competent, quality care.

I thank my colleagues in the New Mexico Behavioral Health Purchasing Collaborative and the University of New Mexico Department of Psychiatry for allowing me to be involved in the work that has led to this recognition. I appreciate the time and effort many in New Mexico have given to teach me about systems of behavioral health and primary healthcare, the importance of consumer-driven models of care, collaboration and multi-disciplinary approaches to service development. Finally, I thank my four daughters for their support and my wife for teaching me about the importance of working for social justice and towards an end to disparities in health care. —Steven Adelsheim, 2005.

Dr. Adelsheim has chosen to recognize the New Mexico Suicide Prevention Coalition for the contribution portion of his award.

He will discuss his work during Honors Presentation I on Friday, October 21, 2005, from 8:00 to 9:00 a.m.

AACAP NORBERT AND CHARLOTTE RIEGER SERVICE PROGRAM AWARD FOR EXCELLENCE TO MARTIN DRELL, 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.

The 2005 Norbert and Charlotte Rieger Service Program Award for Excellence recognizes Martin J. Drell, M.D., Carl P. Adatto, M.D. Professor of Community Psychiatry and Head of Infant, Child, and Adolescent Psychiatry at Louisiana State University Medical School in New Orleans.

The award honors Dr. Drell's work as Clinical Director of New Orleans Adolescent Hospital and Community System of Care (NOAH). NOAH is a major training site for the Louisiana State University (LSU) child and adolescent psychiatry training program with which it has a public-academic liaison. Dr. Drell became Clinical Director at NOAH in 1991 with a mission to transform the then 124-bed, long stay public facility into an acute care facility that adhered to the principles of the Child and Adolescent Service System Program (CASSP), a federally supported model for service delivery to children and adolescents and their caregivers. Since 1991, Dr. Drell has been involved in the transformation of NOAH into a benchmark system of care. This reconfiguration was greatly facilitated in 1996 by legislation that mandated the consolidation of all service area child and adolescent services under NOAH's administrative control. This consolidation allowed for the reallocation of resources from inpatient services to community services. NOAH now has a continuum of care that includes 30 acute care inpatient beds (20 adolescent and 10 child), a transition program that is linked to the child inpatient unit, an always available continuum of crisis services called the Crisis Intervention Service that manages a crisis respite program, crisis mobile outreach, a toll-free crisis line and crisis follow-up, an ACT-style outreach team, and five community clinics.

This award focuses on a state-wide crisis system called CART (Child and Adolescent Response Team) for which Dr. Drell is a clinical consultant. CART was modeled after NOAH's Continuum of Crisis Services, which reduced hospitalizations 65% in its first three years and has established dedicated child and adolescent crisis programs throughout the state. CART provides a toll-free number, standardized triage and evaluation within two hours, individualized treatment plans, and clinical follow-up for up to seven days from the identification of a crisis.

During his 25-year career, Dr. Drell has published and presented widely on training, administration, infant and toddler psychiatry, and psychotherapy. Among his activities, he has served as President of American Association of Directors of Psychiatric Residency Training (AADPRT) (2001-2002), President of the Professors of Child and Adolescent Psychiatry (1996-1998), Editor of the *AACAP News* (1995-2000), and Treasurer of AACAP (1999-2003). He serves as Secretary-Treasurer of the AACAP Assembly; and is a member of the AACAP's Council, Psychotherapy Committee, Financial Planning Committee, is a consultant to the AACAP's Systems of Care Committee and has been an *AACAP News* columnist since 1992.

Dr. Drell will discuss "The Conceptualization, Initiation, and Maintenance of a Statewide Crisis Response Program for Children and Adolescents" during Honors Presentation VI on Sunday, October 23, 2005, from 9:00 to 10:00 a.m.

AACAP NORBERT AND CHARLOTTE RIEGER AWARD FOR SCIENTIFIC ACHIEVEMENT TO BONNIE ZIMA, M.D., M.P.H.



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 Bonnie Zima, M.D., M.P.H. for her paper, "Quality of Publicly-Funded Outpatient Specialty Mental Health Care for Common Childhood Psychiatric Disorders in California" which was published in the February, 2005 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

ABSTRACT:

Objective: To describe the documented adherence to quality indicators for the outpatient care of attention-deficit/hyperactivity disorder, conduct disorder, and major depression for children in public mental health clinics and to explore how adherence varies by child and clinic characteristics. **Method:** A statewide, longitudinal cohort study of 813 children ages 6.0-16.9 years with at least 3 months of outpatient care, drawn from 4,958 patients in 62 mental health clinics in California from August 1, 1998, through May 31, 1999. The main outcome was documented adherence to quality indicators based on scientific evidence and clinical judgment, assessed by explicit medical record review. **Results:** Relatively high adherence was recorded for clinical assessment (78%-95%), but documented adherence to quality indicators related to service linkage, parental involvement, use of evidence-based psychosocial treatment, and patient protection were moderate to poor (74.1%-8.0%). For children prescribed psychotropic medication, 28.3% of the records documented monitoring of at least one clinically indicated vital sign or laboratory study. Documented adherence to quality indicators varied little by child demographics or clinic factors. **Conclusion:** Efforts to improve care should be directed broadly across clinics, with documentation of safe practices, particularly for children prescribed psychotropic medication, being of highest priority.

It is with gratitude that I receive this award from AACAP on behalf of the Caring for California Initiative, the first statewide study on quality of care for children with common psychiatric disorders. This study was made possible through the outstanding leadership of Dr. Stephen Mayberg, Director of the State of California Department of Mental Health (DMH), the strong cooperation of the California Mental Health Directors Association and California Mental Health Planning Council, and the invaluable consultation of Dr. Kenneth B. Wells, a national leader in quality of care research for psychiatric disorders. The study's innovation was driven by a unique public agency-academic partnership that came together to address the question, "What is the quality of care for children in publicly-funded outpatient mental health programs?" The health services research consortium included the State of California DMH and four NIMH-funded Health Services Research Centers in California; namely the Child and Adolescent Services Research Center at Children's Hospital in San Diego, the Center for Mental Health Services Research at the University of California at Berkeley and San Francisco, the National Research Center on Asian-American Mental Health at the University of California at Davis, and the Research Center on Managed Care for Psychiatric Disorders at the University of California at Los Angeles. The study

design and variable selection were enriched by the perspectives of family representatives, providers, and agency leaders on the study's Advisory Board. Further, the development of the quality indicators was based upon evidence tables as well as clinical judgment, and we are grateful to the expert panel members Drs. Ross Andelman, William Arroyo, Regina Bussing, Cassandra Harewood, Emily Harris, Penelope Knapp, Charles Sophy, Uma Rao, and Nancy Winters (AACAP Work Group on Community Systems of Care) for their consultation. Funding for the study was provided by the State of California Department of Mental Health and the National Institute of Mental Health.

Findings from this first-time study will likely stimulate discussion on many levels. How much do we value documentation of the care delivered? If valued, how can documentation of what clinicians do be better supported? In particular, how can documentation of safe practices for children receiving medication treatment be supported? How does quality relate to outcomes? What should be the standards for acceptable quality of care?

As we venture forward, the contributions of earlier leaders in quality of care are noteworthy. More than 70 years ago The National Committee on Costs of Medical Care stated in their report, *Fundamentals of Good Medical Care*, that "good medical care is the kind of medicine practiced and taught by the recognized leaders of the medical profession at a given time or period of social, cultural, and professional development in a community or population group." Avedis Donabedian, the father of a well-established conceptual model for quality of care, wrote in 1968, "constant striving, if not 'eternal vigilance' is the price of quality in medical care."

With the scientific advances in the diagnosis and treatment of child psychiatric disorders as well as development of models to assess the transportability and dissemination of evidence-based practices, our field is well-positioned to join our colleagues from other medical specialties in striving to achieve the aims for the 21st century health care system; namely safe, effective, patient-centered, timely, efficient and equitable care. —*Bonnie Zima, 2005.*

Dr. Zima will present "Quality of Care for Common Childhood Psychiatric Disorders in California" during Honors Presentation III on Saturday, October 22, 2005, from 9:00 to 10:00 a.m.

*E*LAINE SCHLOSSER LEWIS AWARD FOR RESEARCH ON ATTENTION-DEFICIT DISORDER TO LILY HECHTMAN, M.D., F.R.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's late mother, Elaine Schlosser Lewis, who was a teacher and advocate on behalf of children with attentional disorders. Contributions to the fund are encouraged.

This award recognizes Lily Hechtman, M.D., F.R.C.P. for her paper, "Academic Achievement and Emotional Status of Children With ADHD Treated With Long-Term Methylphenidate and Multimodal Psychosocial Treatment" published in the July 2004 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Lily Hechtman, M.D., F.R.C.P. is Professor of Psychiatry and Pediatrics and Director of the ADHD Research Division of Child Psychiatry at McGill University Health Center in Montreal Children's Hospital.

ABSTRACT:

Objective: To test the hypothesis that intensive multimodal psychosocial intervention (that includes academic assistance and psychotherapy) combined with methylphenidate significantly enhances the academic performance and emotional status of children with attention-deficit/hyperactivity disorder (ADHD) compared with methylphenidate alone and with methylphenidate combined with nonspecific psychosocial treatment (attention control). **Method:** One hundred three children with ADHD (ages 7-9), free of conduct and learning disorders, who responded to short-term methylphenidate were randomized for 2 years to receive one of three treatments: (1) methylphenidate alone, (2) methylphenidate plus psychosocial treatment that included academic remediation, organizational skills training, and psychotherapy as well as parent training and counseling and social skills training, or (3) methylphenidate plus attention control treatment. Children's function was assessed through academic testing, parent ratings of homework problems, and self-ratings of depression and self-esteem. **Results:** No advantage was found on any measure of academic performance or emotional status for the combination treatment over methylphenidate alone and over methylphenidate plus attention control. Significant improvement occurred across all treatments and was maintained over 2 years. **Conclusions:** In stimulant-responsive young children with ADHD without learning and conduct disorders, there is no support for academic assistance and psychotherapy to enhance academic achievement or emotional adjustment. Significant short-term improvements were maintained over 2 years.

As a Canadian child and adolescent psychiatrist, I am particularly honored to be the recipient of the AACAP Elaine Schlosser Lewis Award for Research on Attention-Deficit Disorder. Recognition from one's peers always has a special significance.

I think it is only proper to share this award with my friends and long-time research partners, Drs. Howard Abikoff, Rachel Klein, and Gabriella Weiss. Dr. Gabriella Weiss was a wonderful mentor early in my career and participated in the conception and formulation of this work. Drs. Abikoff and Klein have been equal partners every step of the way. I am enormously indebted to an exceptional research team headed by Joy Etcovitch, M.A. who so competently and devotedly guided the project. I'd also like to thank other colleagues who participated in and contributed significantly to the success of these studies over the years: Dr. Brian Greenfield, Dr. Margaret Weiss, Dr. Lorne Cousins, Chava Respit, M.A., Joan Kouri, M.A., Dr. Karen Fleiss, Dr. Diane Martin, and Dr. Simcha Pollock. I'd like to thank Rosie Bourdeau in helping to keep me on track in the final preparation of the manuscripts. I am also indebted to the children and their families who participated so enthusiastically in the study, for making the work to enjoyable and meaningful, and for the National Institute of Mental Health for funding the project.

—*Lily Hechtman, 2005.*

Dr. Hechtman will present “Effects of Methylphenidate and Multimodal Psychosocial Treatment in Children with Attention-Deficit Hyperactivity Disorder (ADHD)” during Honors Presentation V on Sunday, October 23, 2005, from 8:00 to 9:00 a.m.

AACAP GEORGE TARJAN AWARD FOR CONTRIBUTIONS IN MENTAL RETARDATION TO ALLAN REISS, M.D.



This award recognizes a child and adolescent psychiatrist and AACAP member who has made significant contributions in a lifetime career or single seminal work to the understanding or care of those with mental retardation and developmental disabilities. These contributions must have national and/or international stature and clearly demonstrate lasting effects. The contributions may be in areas of teaching, research, program development, direct clinical service, advocacy or administrative commitment. The award provides \$1,000 to the recipient.

One of my favorite quotes is from the movie, “Shakespeare in Love.” Philip Henslow says, under stress, “I don’t know. It’s a mystery.” I often find myself thinking about this line, mostly in reference to our dynamic field of child and adolescent psychiatry.

I finished clinical and research training in 1986. It was a good time to be a child psychiatrist. The field had bona fide (DSM) diagnoses that had prognostic value. My sub-specialty of developmental disabilities, attention deficit disorder, mental retardation, autism and learning disorders was the bread and butter of practice and research. Child psychiatry was becoming a more legitimate medical specialty. Yet, in most cases, we could not really tell the patient or their family “what was wrong.” A conversation between a clinician and the parent of a newly diagnosed autistic three-year-old boy might go something like this: *Clinician*: “Your child has autism.” *Parent*: “OK, what is that?” *Clinician*: “It is a disorder characterized by severe developmental problems in socialization, communication, and abnormal movements and responses to sensation.” *Parent*: “What is autism caused by?” *Clinician*: “We don’t know.” *Parent*: “Why do you have a name for it if you don’t know what it is or what causes it?” *Clinician*: “Because we know that these symptoms and developmental anomalies tend to cluster together in some children.” *Parent*: “What can we do about it?” *Clinician*: “We can try to treat the symptoms as early as possible.” *Parent*: “Will treatment work?” *Clinician*: “Hopefully.” *Parent*: “Will my son need help his entire life?” *Clinician*: “Probably.” *Parent*: “How do you know he really has autism?” *Clinician*: “Because this is how we define autism—based on our observation of children like your son.” *Parent*: “Isn’t that logic a bit circular?” *Clinician*: “Perhaps. However, I also need to tell you that your son has mental retardation.” *Parent*: “What is that?”

Many of us have experienced the frustration of these interactions. We want to do so much more for our patients and their families; yet, in most cases, we do not have sufficient knowledge concerning cause, prevention, early identification, or treatment. I do not lose faith, however. The fact that there are so many challenges (i.e., mysteries) in our field has provided the motivation for my own clinical research. For example, I began studying children with identifiable genetic risk factors because there was a great need to establish models of how identifiable genetic and environmental factors affect the brain, and how this ultimately culminates in behavioral variation. As genetic studies, brain imaging, and expert cognitive and behavioral assessment are essential for this work, my lab became a vibrant and exciting interdisciplinary research environment that included researchers and trainees from psychiatry, neurology, pediatrics, psychology, computer science, special education, genetics and neuroscience. I have become convinced that it is the interaction among individuals from these multiple disciplines that will fuel progress in our field.

I began my behavioral neurogenetics research with a disorder called fragile X syndrome because, in part, this condition is a risk factor for autistic behavior. Since fragile X is caused by an identifiable mutation in a specific gene (*FMR1*), and the mutation leads to downstream effects on an identifiable set of proteins that regulate synaptic plasticity, we have the ability to ask and answer critical questions. “What is it about children with fragile X that makes us think about autism?” “What is the full spectrum of developmental and behavioral problems associated with fragile X and how does this spectrum relate to our current diagnostic taxonomy and genetic variation?” “What can the study of fragile X tell us about the genetic and brain basis of autistic behavior?” “How can measurable environmental factors modify outcome in at-risk children?” “Can we develop disease-specific treatments for fragile X syndrome that might also have applications to children with autism not due to fragile X?”

I have had the good fortune to apply these same questions to other disorders of significant relevance to child psychiatry. These disorders include velo-cardio-facial syndrome, Turner syndrome, and Williams syndrome. Through my collaboration with or mentorship of colleagues from a variety of fields in addition to psychiatry, I also have been given the opportunity to contribute to research projects related to preterm birth, childhood-onset bipolar disorder, stress related disorders, psychotic depression, dyslexia, ADHD, autism and X-linked mental retardation.

Many mysteries in our field will likely persist, though there are some concepts I understand with near certainty. For example, no matter how behaviorally challenging, every patient or research subject I have met possesses the same wonderful spirit of childhood and humanity that we observe in typically developing children. I also believe that DSM-like diagnostic taxonomies will be with us for some time to provide a framework for communication of clinical characteristics and professional reimbursement. This will become problematic only if we grow complacent with phenomenologically based diagnostic systems or if we rely too heavily on our current taxonomy in guiding future research directions. Finally, we need to increase dramatically our efforts to integrate work that is generated across the large number of fields and disciplines focused on helping persons with brain disorders. To conquer the complex conceptual and applied issues that characterize brain disorders, the field is “gonna need a bigger boat.” I believe that we all are neuroscientists—interested in studying and healing the brain through a large number of complementary techniques.

My father turned 90 this year. He was a practicing internist for over 40 years—a period that included the transition to the era of modern antibiotics in the early 1940s. He describes this transition as amazing. For the first time, one had the capability to use specific interventions for specific conditions. Over the next two to three decades, I hope all of us will be able to have the opportunity to observe or contribute to an amazing transition in our field as well. I am honored to receive this award, as I am to have worked with so many outstanding children, families, colleagues, students and mentors. —*Allan Reiss, 2005.*

Dr. Reiss will present “An Academic and Clinical Convergence for Psychiatry, Neurology, and Psychology” during Honors Presentation IV on Saturday, October 22, 2005, from 10:00 to 11:00 a.m.

**AACAP KLINGENSTEIN
THIRD GENERATION
FOUNDATION AWARD
FOR RESEARCH IN
DEPRESSION OR
SUICIDE TO JOHN
MARCH, M.D., M.P.H.**



The AACAP Klingenstein Third Generation Foundation Award for Research in Depression or Suicide is supported by the Klingenstein Third Generation Foundation. The award gives \$4,500 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: John March, M.D., M.P.H. for his paper “The Treatment for Adolescents With Depression Study (TADS): Demographics and Clinical Characteristics,” which was highlighted in an Editor’s column in the September/October 2005 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

ABSTRACT:

Objective: Funded by the National Institute of Mental Health, the Treatment for Adolescents with Depression Study (TADS) is a multicenter, randomized, masked effectiveness trial designed to evaluate the short (12 week) and long-term (36 week) effectiveness of four treatments for adolescents with MDD: fluoxetine (FLX), cognitive-behavior therapy (CBT), their combination (COMB), and, acutely, pill placebo (PBO). A volunteer sample of 432 subjects between the ages of 12-17 inclusive with a primary DSM-IV diagnosis of MDD who are broadly representative of patients seen in clinical practice will enter the study. The primary dependent measures rated blindly by an Independent Evaluator are the Children’s Depression Rating Scale (CDRS) and, for responder analysis, a dichotomized Clinical Global Impressions-Improvement (CGI-I) score. **Method:** While ostensibly linked to a specific article (TADS Team) (2005), The Treatment for Adolescents With Depression Study (TADS): Demographic and Clinical Characteristics. *J Am Acad Child Adolesc Psychiatry* 44: 28-40, Susan Silva, Ph.D., Corresponding Author), this presentation will summarize what has been learned about acute treatment for adolescents with major depression. **Result:** The TADS sample spans the range of illness characteristics and modifiers, but is slanted toward moderate to severely ill youth with MDD. About $\frac{1}{2}$ of TADS patients are comorbid for other mental illnesses, with equal representation of internalizing and externalizing disorders. As compared to CBT and PBO, intent-to-treat results indicate that COMB and FLX are superior with respect to treatment of MDD over 12 weeks of acute treatment. COMB shows superiority for suicidality, function, quality of life, probability of remission, and safety and for some subgroups of patients. A variety of predictor variables impact treatment response, but not differentially across treatments. TADS confirms the FDA observation that SSRIs slightly increase the risk of a suicide-related outcome, with COMB perhaps exerting a protective effect relative to FLX alone. **Conclusion:** Initial treatment for moderate to severe MDD in adolescents should begin with the combination of fluoxetine and CBT, especially when suicidality present. When completed, TADS will improve our understanding of how best to initiate, maintain and discontinue, treatment for adolescents with MDD.

At any one time, approximately 1 in 20 children and adolescents suffers from major depression (MDD). Rates of depression rise dramatically in adolescents, with girls exceeding boys 4 to 1 by age 14. Many, if not most, depressed adolescents suffer from more than one mental disorder, more commonly disruptive behaviors in boys

and anxiety in girls. Unlike adult major depression, which comes and goes with relatively normal inter-episode mood, depression in youth is a chronic waxing and waning disorder. While the economic burden of depression in youth is uncertain, the total costs associated with depression across the lifespan are in the tens of billions of dollars, with the utilization of all medical services, not simply psychiatric services, increasing dramatically in depressed patients and their families. Some have speculated that the increased burden on family members of having a mentally ill child may actually exceed the direct cost of treatment. In addition to the substantial financial burden on the family imposed by mental illness in a child, the human costs likely are greater than the economic costs. Of these costs, none is greater than teenage suicide. While the population prevalence of suicide in the context of depression is unknown, affective illness is a principal risk factor for suicide attempts among teenagers, and even more, for completed suicide. Consequently, MDD in adolescents is prevalent, of significant public health importance and thus is a prime candidate for innovation in treatment.

Many depressed youth enter treatment, but most do not receive state-of-the art care. In part, this reflects a lack of clarity in the literature about the relative effectiveness and value of psychotherapy and medication management, alone and in combination, for the treatment of depression in young persons. Prior to TADS, more than a dozen controlled trials had demonstrated that individual or group administered cognitive-behavioral psychotherapy (CBT) is an effective treatment for depressed children and adolescents. However, most of these studies were conducted in patient samples that were less ill and less comorbid than the TADS sample. Similarly, with the exception of fluoxetine, the treatment literature concerning psychopharmacological interventions for MDD in youth still is not convincing with respect to drug efficacy perhaps because industry-funded studies share a variety of methodological weaknesses that enhance the probability of a placebo response. Thus, well-designed comparative treatment outcome studies, including the option of combining CBT and medication, in the same patient population are necessary to determine the relative advantages and disadvantages of these treatments acutely and over the long term. If the relative effectiveness of treatments for MDD could be definitively established, it would boost the chances that state-of-the art care for depressed adolescents would become a standardized therapeutic option in the U.S. for a disorder that is common, disabling, costly, associated with substantial morbidity and mortality and not always easy to treat.

It cannot be over emphasized that the potential to fundamentally alter clinical practice is a critical element of the context in which TADS takes place. From the beginning, TADS was intended to provide the kind of rigorous scientific evidence on which an evidence-based approach to mental health care practice can be implemented. Because there are stakeholders with substantial vested interests pro and con regarding pharmacological and/or psychosocial treatment who prefer opinion to science, TADS was designed to ensure that the science is impeccable, and the implementation flawless. Importantly, TADS is conducted by a multidisciplinary team of experienced investigators with the full set of required skills—substantive and clinical expertise, data collection and management, data analysis, etc. In the best scientific sense, TADS is a true collaborative effort among the Coordinating Center team at the Duke Clinical Research Institute (DCRI),

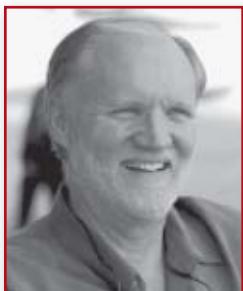
collaborating scientists around the country, and National Institute of Mental Health staff. Decision makers at all levels of the health care system can be confident that the results of the TADS represent a state-of-the art snapshot of current best science on which to base best-practice recommendations.

While it will be some time before stakeholder issues yield to a unifying body of widely accepted, scientific evidence concerning the etiopathogenesis and treatment of depression in youth, it is abundantly clear that a biopsychosocially-oriented disease management model is as powerful a change strategy in psychiatry as it is in other areas of medicine. More specifically, the three features of disease management model—the concept of disease and diagnosis, the concept of etiology and treatment, and the nature of the doctor-patient relationship—come into play in pediatric psychiatry just as they do in the rest of medicine. In other areas of medicine, combined treatment is the rule rather than the exception, like the treatment of diabetes with insulin and diet/exercise or the treatment of juvenile rheumatoid arthritis with NSAIDs and physical therapy. (CBT for MDD in this context is analogous to PT—it acts directly to rehabilitate a dysfunctional somatic substrate, and exerts its benefit precisely because it is tightly coupled to its targets, including functional outcomes not just symptom relief.) With the caveat that the target organ, the brain in the case of major mental illness, requires psychosocial interventions of much greater complexity than is typical for physical therapy, the treatment of pediatric MDD (and other disorders, such as OCD, where we have solid evidence favoring CBT alone or in combination with an SSRI) can be thought of as analogous to the treatment of other medical conditions. Depending on the presence of risk and protective factors, not every patient will have the same outcome and, unfortunately, not everybody recovers completely even with the best of available treatment. Those of us who advocate for using science to improve patient outcomes still have much to learn about how to prevent MDD and about how to improve the treatments depressed teens receive when they become ill.

In this context, I am deeply grateful to the AACAP for recognizing the TADS Team with the 2005 Klingensteiner Third Generation Foundation Award for Research in Depression or Suicide. I am especially grateful to the teenagers and their families who participated in TADS. Without them, we as a field would have no opportunity to learn how to better care for depressed adolescents and it is to them to whom all merit accrues and to whom our gratitude is due. —*John March, 2005.*

Dr. March will present “Treatment for Adolescents with Depression Study: What Have We Learned So Far?” during Honors Presentation II on Saturday, October 22, 2005, from 8:00 to 9:00 a.m.

R ROBERT CANCRO BEST CHAIRMAN AWARD TO RICHARD VEITH, M.D.



The Robert Cancro Best Chairman 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. Richard Veith, M.D., Chair of the Department of Psychiatry and Behavioral Sciences at the University of Washington, is the winner of the Robert Cancro Best Chairman Award and will receive a plaque at the 2005 AACAP/CACAP Joint Annual Meeting in Toronto.

It is a special pleasure for me and a distinct honor to be chosen for the prestigious Robert Cancro Best Chairman Award for 2005.

I am a Seattle native who trained at the University of Washington, where I have spent my entire career. I performed my pediatrics and child psychiatry rotations at Children's Hospital and Regional Medical Center, where our Child and Adolescent Psychiatry Division is based. When I was appointed Chair of the Department of Psychiatry and Behavioral Sciences in 1998, one of the most urgent challenges was to capitalize on the opportunities and to address some longstanding needs in our child psychiatry division. Although this task proved to be more complex than I anticipated and has taken us a bit longer than I had expected, I have found the process gratifying and the outlook for the future especially promising. What more could a new Chair ask for but an opportunity to roll up his sleeves, partner with his talented faculty and dedicated hospital colleagues, and work together to improve a valued program—at my home department to boot!

We are experiencing a remarkable convergence of advances in developmental biology, genomics, neuroscience, and the classification and recognition of childhood psychiatric and developmental disorders. This has been coupled with convincing evidence of effective therapies and the establishment model care delivery systems to address the mental health, psychosocial, and learning needs of our children. Few fields of medicine are as likely to benefit from this accelerating expansion of knowledge as is child psychiatry. Our trainees certainly have no trouble detecting these trends—they are responding in increasing numbers by pursuing careers in child psychiatry. Moreover, the general public is better informed and more actively involved as recipients of health care, and this is helping to erode stigma associated with psychiatry. Our challenge as academic leaders is to ensure that child psychiatry programs keep pace with this rapidly changing landscape.

I am fortunate to live in a wonderful community and to work in an enriched academic environment. It has been particularly fortuitous that our efforts to upgrade our child psychiatry division have coincided with the commitment of our Children's Hospital to expand their academic and research portfolio with the goal to become one of the top academic children's hospitals in the country. This combination of factors has allowed us to recruit a highly accomplished academic child psychiatrist to head the Division—the absolute icing on the cake for me!

I wish to thank my colleagues for nominating me for the Cancro Award and for sharing with me their excitement in my being selected the 2005 recipient. I have elected to focus this part of my career on programmatic and leadership development, so I am deeply honored by this privilege and recognition by the AACAP. —Richard Veith, 2005.

AACAP JEANNE SPURLOCK LECTURE AND AWARD FOR DIVERSITY AND CULTURE TO LEONARD LAWRENCE, M.D.



The AACAP Jeanne Spurlock Lecture and Award for Diversity and Culture 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 Leonard Lawrence, M.D. His lecture is entitled, "The Texas Youth Commission — A Thirty Year Review."

ABSTRACT:

In 1972 a lawsuit was filed against the State of Texas and against the Texas Youth Council, the board that was charged with oversight responsibility for Texas juvenile correctional facilities. This litigation, known as *Morales v. Terman*, assumed the status of a landmark case in juvenile justice circles. There were three causes of action within this suit. The first was that young persons were denied access to legal council prior to adjudication. The second was that similar access was denied following adjudication. The most significant cause of action was that approaches and policies within Texas juvenile correctional facilities represented "cruel and unusual" punishment. The first two causes were settled out of court. The third cause of action represented a major point of litigation.

This presentation will focus on the results of that litigation and the subsequent developmental process that has occurred within the Texas juvenile correctional system. The role of an African American child psychiatrist who testified against the State of Texas in the original litigation and who eventually became the longest tenured chairman of the Board of the Texas Youth Commission, the entity that evolved from the Texas Youth Council, will be presented as part of the discussion. That the Texas juvenile correctional system has become a recognized model for the United States, actively incorporating a recognition of and an understanding of culture and diversity as they relate to the "habilitation" of juvenile offenders, will also be a point of focus.

The day after my birthday, I was notified that I had been selected as the recipient of the 2005 Jeanne Spurlock Lecture and Award for Diversity and Culture. I was stunned, pleased, humbled and deeply honored. As I shared with my wife, it was a birthday present of true excellence. To be selected for this award that honors a person who, to me, was a dear friend, mentor, confidant, supporter, colleague and "adopted grandmother" to my three children is the highest accolade that could ever be accorded a person.

Dr. Spurlock and I first met via telephone in 1971. I was preparing for the child psychiatry boards and also considering my career options following my tenure at the Child Guidance Clinic of the Wilford Hall USAF Medical Center. I had expressed an interest in community-oriented activities, and an acquaintance told me about the Chair of Psychiatry at Meharry Medical College, Dr. Jeanne Spurlock. I called Dr. Spurlock and arranged to visit with her in Nashville following the child board examinations in September of 1971. Since those

examinations were to be given in Ann Arbor, I would already be in the area. That meeting never occurred. My mother's surgery intervened and I never made it to Nashville. And eventually I decided to join the faculty of the University of Texas Medical School at San Antonio following completion of my military obligation. That was a decision that significantly contributed to my selection for this current honor.

Jeanne Spurlock and I eventually did meet about two years later at a meeting of the National Medical Association. I was just beginning my involvement with the litigation against the Texas juvenile correctional system, and I guess Jeanne decided that since it was evident that if I wasn't going to work for her, we could collaborate in many areas of common interest. And that we did. It is ironic that it was at a meeting of the National Medical Association in San Francisco in 1982 that our relationship as "family" was solidified. My younger son became ill while racing and chasing through the halls of the meeting hotel. And guess who, not knowing who he belonged to, administered direct care to the ailing youngster—Dr. Jeanne Spurlock. She adopted him on the spot, and whenever she was a guest in our San Antonio home, David was the first person with whom she would have a conversation.

The American Psychiatric Council on Children, Adolescents and Their Families, the American Academy of Child and Adolescent Psychiatry, Black Psychiatrists of America and the National Medical Association were some of our arenas of interaction. When I decided to become a candidate for President of the National Medical Association, the first psychiatrist to do so, Jeanne was one of my biggest supporters. And as I served in that role from 1993 to 1994, she advised me on many issues that ought to be brought to the fore on behalf of children and adolescents and minority populations.

It is with a sense of gratitude for Jeanne's guidance and friendship that I prepare to describe yet another journey that has been a part of the last thirty years. It has been a role that has been somewhat separate from my role as a Medical School Dean of Students and Professor of Psychiatry, Pediatrics and Family Practice. Yet those experiences, coupled with the common sense perspective that derive from the minority developmental experiences have allowed us to facilitate enhanced directions within the Texas juvenile correctional system—directions that relate to the totality of characteristics that each adjudicated young person within that state brings to the interaction and directions that I am certain would meet with the approval of my friend, Jeanne Spurlock. —*Leonard Lawrence, 2005.*

Dr. Lawrence will present "The Texas Youth Commission — A Thirty Year Review" during Honors Presentation VII on Sunday, October 23, 2005, from 10:00 to 11:00 a.m.

J JEANNE SPURLOCK, M.D. CONGRESSIONAL FELLOWSHIP TO JOSE VITO, 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 American Psychiatric Association's (APA) Office of Minority/National Affairs and an advocate for child and minority issues.

The recipient, Jose Vito, M.D. served a six-month fellowship from January 1 to June 30, 2005.

Dr. Jose Vito is a PGY-4 at Albert Einstein Hospital.

Doctors who practice child psychiatry often talk about how simple the profession was decades ago, often lamenting about how politics has affected the practice of medicine.

We experience the frustrations of our patients. Barriers to treatment, the lack of affordability, and the limited availability of child and adolescent psychiatrists drive our desire and passion to affect change in mental health care policy on Capitol Hill.

As residents, fellows, and attending physicians, our involvement in advocacy should begin early in our careers. Organizations such as the AACAP provide support and development for members to become effective advocates and leaders in our profession. To be a successful advocate, we must understand current health care policy. The financial and human cost of untreated mental illness is tremendous. What should we do? As residents, fellows and practicing child and adolescent psychiatrists, can we really make a difference? The answer is an emphatic YES!

First, identify an issue that matters to you. Then, formulate a strategy and execute it. Communicate your ideas to your member of Congress. The key is to focus on one issue at a time. The AACAP web site has all the information you need (go to www.aacap.org and click on Legislation). Write to your member of Congress, make it personal and relate how policy decisions impact their constituents and your patients. Be persistent and persuasive. Personal visits to your legislator are invaluable. Be prepared to state your case and the importance of your initiative. Do your homework and prepare. Contact the Deputy Director of AACAP's Government Affairs Department, Nuala Moore if you have any questions at 800.333.7636, or by email at nmoore@aacap.org. Lastly, if you follow up your visit or contact with a thank you, this encourages action. Again, be persuasive but never be confrontational. Effectively articulate and support your point of view in order for your voice to be heard.

As advocates in our profession, we can become the voice of our patients. We are rewarded by influencing and improving mental health care policy. Complacency has the same effect as not treating a child with mental illness. Eventually, the expense and human toll add up. —*Jose Vito, 2005.*

**ROBINSON
CUNNINGHAM
AWARD FOR
BEST PAPER BY A
RESIDENT TO YOUSHA
MIRZA, M.D., FRCPC**



The AACAP Robinson-Cunningham Award for the Best Paper by a Resident is named after J. Franklin Robinson, M.D. and James M. Cunningham, M.D., two former AACAP Presidents who dedicated their lives to improving and expanding psychiatric services for children as well as improving standards for training child and adolescent psychiatrists. This award recognizes an outstanding paper on an aspect of child and adolescent psychiatry started during residency and completed within three years of graduation. The Robinson-Cunningham award is administered through the AACAP's Department of Research, Training, and Education. Contributions to this fund are encouraged.

This award recognizes Yousha Mirza, M.D., FRCPC, for his *Journal of the American Academy of Child and Adolescent Psychiatry* paper, “Reduced Anterior Cingulate Cortex Glutamatergic Concentrations in Childhood Major Depression.”

ABSTRACT:

Objective: To examine in vivo glutamatergic neurochemical alterations in the anterior cingulate cortex of children with major depressive disorder (MDD).

Method: Single-voxel proton magnetic resonance spectroscopic (1H-MRS) examinations of the anterior cingulate cortex were conducted in 13 psychotropically naïve children and adolescents with MDD and 13 age- and sex-matched healthy children and adolescents. Ten of the 13 MDD patient-control pairs also had a 1H-MRS examination of occipital cortex. **Results:** Anterior cingulate glutamatergic (Glx) concentrations were significantly lower (19% decrease) in MDD patients versus controls (9.27 ± 0.43 versus 11.47 ± 0.26 , respectively, $p = .000$). Reduced anterior cingulate Glx in MDD patients was associated with increased severity of functional impairment. These results remained comparably significant after controlling for age and anterior cingulate volume. Occipital cortex Glx did not differ between MDD patients and controls. **Conclusions:** These preliminary findings provide new evidence of localized functional neurochemical marker alterations in Glx in anterior cingulate cortex in pediatric MDD. Altered anterior cingulate Glx neurotransmission may be involved in the pathogenesis of MDD.

J. Am. Acad. Child Adolesc. Psychiatry, 2004;43(3):341-348

It is an honor for me to receive the Robinson-Cunningham Award. My inspiration to help children with mental illnesses and interest in understanding psychiatric disorders was sparked by my father who is a psychiatrist. Helping the mentally ill became a natural choice for me and appears to be our family's mission now that my older brother is also a psychiatrist. My curiosity and motivation found exactly what was needed in the excellent education and training I received at Wayne State University. I will forever be grateful to my adult residency and child fellowship director, Dr. Beth Ann Brooks, who worked tirelessly to ensure that I received the best in didactics, teaching and supervision. I could not have made a better choice than to spend elective time during my general psychiatry residency with our departmental chair, Dr. Manuel Tancer. He directed my focus on the journey I needed to undertake so that I could help my patients not only as a physician but also as a scientist. I was in the process of contemplating my journey to explore mental illness through neuroimaging during my child psychiatry fellowship and was fortunate to find Dr. David Rosenberg as a teacher and mentor. Working under Dr. Rosenberg's leadership in our research group and at Children's Hospital

of Michigan has been a pleasure. I have become part of a growing research team of hard working, cohesive and bright individuals, and an enlarging clinical program that is highly regarded. I want to thank Frank MacMaster who is an invaluable resource for me in our research team and Dr. Matcheri Keshavan who has become another mentor for me since he joined our department last year. I also want to thank all my teachers at Wayne State University who have made me an astute psychiatrist. Finally, I want to thank the children and their families who participate in our pediatric OCD, depression and ADHD imaging studies so that we may better understand, treat and ultimately prevent mental illness. These children make my work a joy. —*Yousha Mirza, 2005.*

*B*EATRIX A. HAMBURG AWARD FOR THE BEST NEW RESEARCH POSTER BY A CHILD AND ADOLESCENT PSYCHIATRY RESIDENT TO ANN MILLER, M.D., Ph.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.

Ann M. Miller, M.D., Ph.D.

New Research Poster Title: Thalamic Volume in Tourette's Syndrome

It is an immense honor to have my work with Bradley S. Peterson, M.D. recognized by the AACAP Beatrix A. Hamburg Award. We are very excited about our finding of increased thalamic volume in girls with Tourette's Syndrome, although as it often happens, the research has raised more questions than it has answered.

In addition to my deepest gratitude to the AACAP and to Dr. Peterson, I thank my co-authors Ravi Bansal, Ph.D., Gregory Z. Tau, M.D., Ph.D. whose contribution to this work equals my own, and Hongtu Zhu, Ph.D. for hours and hours of painstaking tutorial in statistical analysis. Thanks to members of Dr. Peterson's lab for their technical help and expertise. Brilliant conversations about brain-based gender differences with Dr. Heino Meyer-Bahlburg have made this work an absolute pleasure. Thanks to Drs. Ronald O. Rieder and Elisabeth Guthrie for the opportunity to study at Columbia University. Finally, a special thanks to the research participants, my research mentors past, my partner Peter and my family, as it is only with their support that this research is possible.
—Ann M. Miller, 2005.

Dr. Miller will present her research during New Research Poster Session E on Saturday, October 22, 2005.



Pilot Research
Awards Supported
By Eli Lilly and
Company

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 \$11,000. These awards are administered through AACAP's Department of Research, Training, and Education and the Workgroup on Research, under the direction of Robert Findling, M.D.

The 2004 Eli Lilly Pilot Award winners and their projects are:

Christopher Correll, M.D.

The Zucker Hillside Hospital

“Olanzapine and Risperidone-Induced Alterations of Central Appetite Regulations in Antipsychotic-Naïve Youth with Non-Affective Psychosis.”

Mentor: Sanjiv Kumra, M.D.

Mary Margaret Gleason, M.D.

Tulane University

“Primary Care Screening for Mental Health in Early Childhood.”

Mentor: Charles H. Zeanah, Jr., M.D.

Kevin M. Gray, M.D.

Medical University of South Carolina

“Cue Reactivity and Medication Treatment in Adolescents with Marijuana Use Disorders.”

Mentor: Himanshu Upadhyaya, M.D.

Alexander Kolveson, M.D.

Mount Sinai School of Medicine

“The Relationship Between Obsessive-Compulsive Behaviors and Whole Blood Serotonin in Autism: Searching for Evidence of Autism Endophenotypes.”

Mentor: Jeremy Silverman, M.D.

The award winners will present their research during New Research Poster Session E on Saturday, October 22, 2005.

**AACAP PILOT
RESEARCH AWARD
FOR ATTENTION
DEFICIT DISORDER
SUPPORTED BY THE
ELAINE SCHLOSSER
LEWIS FUND TO
JENNY TSAI, M.D.**



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 2004 Elaine Schlosser Lewis Pilot Research Award is:

Jenny Tsai, M.D.
Oregon Health Sciences University Doernbecher Children's Hospital
Project: *"Correlation of ADHD Symptoms and Sleep in Developmentally Delayed: A Prospective Case Controlled Study."*

This past year, I have been the fortunate recipient of the Elaine Schlosser Lewis Foundation Grant for research related to Attention Deficit-Hyperactivity Disorders. This \$9,000 grant has enabled me to pursue my project that investigates ADHD symptoms and sleep difficulties in children who have mental retardation. The generosity of the grant has allowed me to purchase the necessary equipment and questionnaires to pursue the study, as well as provide a platform for discussion with experts in the field. During this past year, I have gained invaluable experience in gaining the Institutional Research Board approval for the project (no small feat!), working with the children and families who have participated in the study, and attempting analysis of the collected data with more senior colleagues such as my mentor Drs. Kyle Johnson and George Keepers. Without the AACAP Pilot Research Award for Attention Deficit Disorder supported by the Elaine Schlosser Lewis Fund, I would not have had the funding capabilities to go ahead with this study. To AACAP and the founders of the ESL Award, thank you for your generosity in funding beginning researchers like me. —Jenny Tsai, 2005.

Dr. Tsai will present her research on Sunday, October 23, 2005 from 7:00 to 8:00 a.m.



The AACAP Presidential Scholar Award recognizes specialized competence among child and adolescent psychiatry residents in research, public policy, and innovative service systems. The award pays expenses up to \$1,200 to support a one-week tutorial and exchange in a specified area of study with a senior AACAP leader or attend the AACAP/CACAP Joint 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 2005 Presidential Scholars in the following areas:

Administration

Ayesha Mian, M.D.
University of Texas at Houston

Forensics

R. Gregg Dwyer, M.D.
University of South Carolina

Public Policy

Joel V. Oberstar, M.D.
University of Minnesota Medical School

Research

Jeremy Veenstra-VanderWeele, M.D.
University of Chicago

Guido Frank, M.D.

University of California, San Diego



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 50 travel grants to the AACAP/CACAP Joint Annual Meeting. The recipients are:

Cini Abraham, M.D.
Saima Waheed Ahmad, M.D.
Mary T. Matias Akhtar, M.D.
Daniel Bober, M.D.
Steven K. Brockway, M.D.
Raymond Bunch, M.D.
Bliss A. Chalemiam, M.D.
David Chao, M.D.
Ashley H. Chen, M.D.
Sara Marie Chiu, M.D.
Salvador R. del Rosario, M.D.
Ingrid L Casas Dolz, M.D.
Stacy Drury, M.D.
Tiffany R. Farchione, M.D.
Sarah G. Frazier, M.D.
Ritu Ghai, M.D.
Marisa Giggie, M.D.
Asini Gunawardana, M.D.
Saurabh Gupta, M.D.
Olayinka R. Harding, M.D.
Jabeen Hayat, M.D.
Jonathan Adam Hertz, M.D.
Mark Eric Hessenthaler, M.D.
Robert J. Hilt, M.D.
Jessica Hof, M.D.
Patricia Ibeziako, M.D.
Julia A. Kearney, M.D.
Kristie M. Ladeegard, M.D.
Kerry Lee Landry, M.D.
Lina M. Lopez, M.D.
Vishal Madaan, M.D.
Ann M. Miller, M.D.
Shane V. Moisio, M.D.
Christianah Ogunlesi, M.D.
Erica O'Neal, M.D.
Roberto Ortiz-Aguayo, M.D.
Suzy Peterson, M.D.
Jennifer N. Petras, M.D.
Mahnaz Pezeshpour, M.D.

University of Texas
Wayne State University
Cincinnati Children's Hospital
Yale Child Study Center
University of California—San Francisco
University of Colorado Health Sciences Center
LIJ Schneider Children's Hospital
Mount Sinai Hospital
University of California at Davis
Baylor College of Medicine
Cedars-Sinai
University of Puerto Rico
Tulane University School of Medicine
Western Psychiatric Institute and Clinic
University of Florida
New York Presbyterian Hospital
University of Texas
University of Texas, Houston
Brown University
Albert Einstein College of Medicine
Austin Psychiatric Residency Program
Children's Hospital Boston
Medical College of Georgia
University of Massachusetts
Louisiana State University
Children's Hospital Boston
Mount Sinai Hospital
East Carolina University
Duke University Medical Center
University of Texas, Houston
Creighton-Nebraska
New York Presbyterian Hospital
Medical College of Wisconsin
Harlem Hospital Center
Dartmouth-Hitchcock Medical Center
University of Pittsburgh
University of Minnesota
Mount Sinai
Medical College of Georgia

Bushra Haneef Qureishi, M.D.	Brown University
Rossely Roldan Reyes, M.D.	University of Puerto Rico
Sunil Saxena, M.D.	New York Medical College
Jeffrey J. Smarrella, M.D.	University of Wisconsin Medical College
Maged Soliman, M.D.	Long Island Jewish Medical Center
Celeste St. John-Larkin, M.D.	University of Colorado at Denver
Kaleem Syed, M.D.	University of Missouri, Columbia
Michael Sean Tramell, M.D.	University of California, San Diego
Oghenesume D. Umugbe, M.D.	Wake Forest University Baptist Medical Center
Jose P. Vito, M.D.	State University of New York, Downstate
LaShondra Washington M.D.	University of Maryland



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 23 travel grants this year. The recipients are:

Vivianne R. Aponte, M.D.	University of Puerto Rico
Olabode O. Atkintan, M.D.	University of Maryland
Marygrace A. Castro, M.D.	University of New Mexico
Winston Chung, M.D.	University of California, San Francisco
Sarah Davies Cohen, M.D.	Albert Einstein College of Medicine
Rasim Somer Diler, M.D.	University of Pittsburgh Medical Center
Amanda Gowans, M.D.	Medical College of Georgia
Dionne A. Hart, M.D.	Mayo School of Graduate Medical Education
Joseph P. Henry, M.D.	Georgetown University
Ellen J. Hoffman, M.D.	Mount Sinai School of Medicine
Lynette L. Hsu, M.D.	University of Virginia Health Systems
Gary Huang, M.D.	University of Hawaii
Joel Peter Johnson, M.D.	University of California, Davis
Meghna Nikhil Joshi, M.D.	University of Texas
Roger J. Jou, M.D.	Yale-New Haven Medical Center Program
Anita Rani Khurana, M.D.	Henry Ford Health System
Rebecca S. Klisz-Hulbert, M.D.	University of Chicago Hospitals
Moira "Shae" Locke, M.D.	University of Hawaii
Anand Andy Mattai, M.D.	University of Nebraska
Lally Pia, M.D.	San Mateo Psychiatry Residency
Kristin Russell, M.D.	Harvard Longwood Psychiatry Residency
Jacqueline Nicole Smith, M.D.	University of North Carolina
Gregory Zvi Tau, M.D.	New York Presbyterian Hospital



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 encourages outstanding minority students to pursue careers in child and adolescent psychiatry and offered a \$2,500 stipend for 12 weeks of summer clinical fellowship with a child and adolescent psychiatrist mentor and expenses to attend the 2005 AACAP/CACAP Joint Annual Meeting in Toronto. The fellowship is administered with the assistance of Program Directors, Ledro Justice, M.D., Deborah Deas, M.D., and Himanshu P. Upadhyaya, M.D. through the AACAP's Department of Research, Training, and Education.

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

Supriya Bhatia

University of Nebraska Medical Center

Project: *Pediatric Mental Health Resources and Antidepressant Prescribing Practices*

Mentor: Christopher J. Kratochvil, M.D., University of Nebraska Medical Center

Nicole Christian

University of Pittsburgh

Project: *Mental Health in Juvenile Detainees: Identification and Perception of Psychiatric Disorders*

Mentor: Oscar Bukstein, M.D., Western Psychiatric Institute and Clinic

Marilyn Griffin

University of Illinois College of Medicine at Rockford

Project: *A Comparative Analysis of the Diagnosis and Treatment of Psychiatric Disorders in Two Populations of Institutionalized Youth*

Mentor: Steven Kouris, D.O., M.P.H., University of Illinois College of Medicine at Rockford

Sara Heron

Case Western Reserve University

Project: *Comorbidities with Bipolar Disorder in Children and Adolescents: Attention Deficit and Hyperactivity Disorder, Oppositional Defiant Disorder, Conductive Disorder, and Substance Abuse*

Mentor: Nora McNamara, M.D., University Hospitals Health System

Mallika Mendum

Yale University of Medicine

Project: *Treatment of Children with Tourette's Syndrome Using Habit Reversal Therapy*

Mentor: James F. Leckman, M.D., Yale Child Study Center

Sruti S. Nadimpalli

University of Illinois at Chicago College of Medicine

Project: *fMRI Study of the Pathophysiology of Pediatric Bipolar Disorder*

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

Stephen Perret

Mount Sinai School of Medicine

Project: *Community-based Outreach to Minority Youths and Victims of Child Trauma*

Mentor: Jeffrey Newcorn, M.D., Mount Sinai Hospital

Ryan Patrick Williams

Stanford University School of Medicine

Project: *Deducing the Etiology of Child Depression: Defense Styles*

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

Alexandre Scheer

New York Medical School

Project: *The Multiple Clinical Facets of Child and Adolescent Psychiatry*

Mentor: Stephen Billick, M.D.

Erikka D. Dziraza

Duke University School of Medicine

Project: *Child and Adolescent Psychiatry Trials Network*

Mentor: John March, M.D., Duke University Medical Center

Kartik K. Venkatesh

Brown University

Project: *Pediatric Asthma Disparities: Perceptions and Management*

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

Monissa Villanueva

David Geffen School of Medicine at UCLA/Drew University School of Medicine

Project: *Developing and Implementing New and Innovative Resources for Patients and Families of The Nathanson Family Resource Center*

Mentor: Margaret L. Stuber, M.D., University of California at Los Angeles

Michael Yao

The Ohio State University College of Medicine

Project: *Risperidone and Behavior Therapy in Children with Pervasive Developmental Disorder*

Mentor: L. Eugene Arnold, M.D., Ohio State University



NIDA JEANNE
SPURLOCK
RESEARCH
FELLOWSHIP IN
DRUG ABUSE AND
ADDICTION FOR
MINORITY MEDICAL
STUDENTS

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 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 recipients are:

Kudiratu Aranmolate

Medical University of South Carolina

Project: *Prevalence of Substance Use in a Medical Student Sample*

Mentor: Deborah Deas, M.D.



Kudiratu Aranmolate

Amber Ratchford

Medical University of South Carolina

Project: *Psychiatric Comorbidity in an Adolescent Substance Using Sample*

Mentor: Deborah Deas, M.D.

The AACAP/NIDA Research Fellows will present their research during New Research Poster Session E on Saturday, October 22, 2005.



Amber Ratchford



The following members were elected to Fellowship from September 2004 to September 2005.

Steven H. Baker, M.D.
Stephen Billick, M.D.
Scott Crowder, M.D.
Palmer Edwards, M.D.
Daniel J. Feeney, M.D.
Paramjit T. Joshi, M.D.
Diego Rodriguez- Escobar, M.D.
Robert L. Rosenfeld, M.D.
Cynthia W. Santos, M.D.
Manoj Shah, M.D.
Martin Silverman, M.D.
Carol L. Stark, M.D.
James J. Staudenmeier, M.D.
Warren Trask, Jr., M.D.
J. Gerald Young, M.D.



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.

AACAP Beatrix A. Hamburg, M.D. Award Fund
AACAP Elaine Schlosser Lewis Fund
AACAP Irving Philips Fund
AACAP Jeanne Spurlock Minority Fellowship Fund
Center for Mental Health Services at SAMHSA
Child Psychiatry Service at Massachusetts General Hospital
Daniel M. Neidich and Brooke G. Neidich Foundation
Eli Lilly and Company
Pfizer, Inc.
The Klingenstein Third Generation Foundation
The National Institute of Mental Health
The National Institute on Drug Abuse
The Norbert and Charlotte Rieger Foundation

Editor: Erin Baker

AMERICAN ACADEMY OF
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