

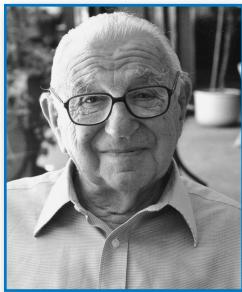
AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY



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AACAP CATCHER
IN THE RYE
HUMANITARIAN
AWARD TO
SIR NICHOLAS WINTON



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 child and adolescent psychiatry. The AACAP is honored to present the 2006 Catcher in the Rye Humanitarian Award to Sir Nicholas Winton. Sir Winton will be honored at the first Karl Menninger Plenary. The Plenary is endowed by Ronald Filippi, M.D.

Given at the First Annual Karl Menninger Plenary, the plenary endowed by Ronald Filippi, M.D., the award will honor Sir Winton's 1939 rescue of hundreds of Jewish children from Nazi brutality.

AACAP's History and Archives Committee, chaired by David Cline, M.D., sponsored the screening of "The Power of Good," the film that chronicles Sir Winton's heroism at the 53rd AACAP Annual Meeting in San Diego.

In 1938, Nicholas Winton, then a young clerk at the London stock exchange, visited Prague. Foreseeing the danger of Nazi occupation to Jewish children in Czechoslovakia, Winton began organizing their transport to London, securing their placement in foster families, and raising money to pay for their rescue.

Winton became quickly sought by Czech parents desperate to move their children to safety. Over nine months, he orchestrated the transport of 669 children from Czechoslovakia in eight trains and one flight to Sweden. Away from Prague, they were safe from the genocide that would claim their families.

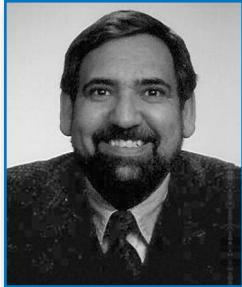
The survivors, many of them parents and grandparents now, call themselves Winton's Children. Vera Gissing, one of the Winton Children, penned his biography and the documentary screenplay. She said: "Nicky rescued the greater part of my generation in Czechoslovakia. Very few of us met our parents again: they perished in the concentration camps. Had we not been spirited away, we would have been murdered along side them."

Sir Winton insists that his actions were not remarkable: "I just saw what was going on and did what I could to help." His efforts remained unknown for 50 years. Even today, many of the children rescued do not know Nicholas Winton's name. An educational outreach effort has taken place to teach Czechoslovakian school children about his courage and willingness to make a difference.

Dr. Cline said: "After I watched 'The Power of Good,' I thought about the AACAP's Catcher in the Rye Award. Here is one man who literally caught children from falling over the edge. He embodies the lasting, positive effect that an individual can have."

"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

*H*ACAP CATCHER IN THE RYE ADVOCACY AWARD TO HUMBERTO QUINTANA, M.D., SANDRA SEXSON, M.D., AND DAVID SHAFFER, M.D.



Humberto Quintana, M.D.



Sandra Sexson, M.D.

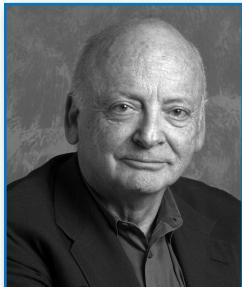
The AACAP Catcher in the Rye Advocacy Awards were established in 1996 to recognize an individual, AACAP component, and regional council for their outstanding advocacy efforts on behalf of children and adolescents.

Due to the outstanding work of three individuals, the Assembly of Regional Organizations of Child and Adolescent Psychiatry has chosen to honor Humberto Quintana, M.D., Sandra Sexson, M.D., and David Shaffer, M.D. Drs. Quintana, Sexson, and Shaffer will be honored at the Assembly of Regional Organizations of Child and Adolescent Psychiatry meeting on Saturday, October 28, 2006.

I am proud to receive this year's Catcher in the Rye award. It is an honor for me to have my work recognized by AACAP and my colleagues. Therefore, I would like to accept this award for my work and on behalf of the work of many of my colleagues who after Hurricane Katrina worked to provide much needed medical and mental health services. What I did was a small part of a much larger effort by mental health professionals from Louisiana State University, Tulane University, the Louisiana Office of Mental Health, and the rest of the nation. We all worked tirelessly to do the best we could during difficult and chaotic times. How could one not act to help the thousands and thousands of children and adolescents who were frightened, traumatized, and displaced? The cogency and immensity of their needs guided my efforts. My skills and training as a child and adolescent psychiatrist allowed me to know what to do. The true award was to relieve suffering and pain, and to facilitate coping, if only just a little. I am grateful to be part of the group of many professionals who are advocating and fighting to reestablish services for the poor, troubled, traumatized, and often neglected children and adolescents of New Orleans, and of the state of Louisiana. I also thank my beloved wife Josefina, and my children, Rebecca and Christina, for their support and love during my voyage in my beloved profession.—H. (Bert) Quintana, 2006.

I am deeply honored to be named one of this year's recipients of the AACAP's Catcher in the Rye Award. It is even more humbling that I am being honored for a remarkable confluence of opportunities. In my recent career, I have been given many chances to make a difference by collaborating with outstanding leaders in the field to promote CAP educational endeavors and to work with gifted child and adolescent psychiatric residents and dedicated teachers to foster the development of new generations of well trained child and adolescent psychiatrists. Most of all, throughout my career, the most unique opportunities have been afforded to me by the children and families who allow me into their lives so that we can work together toward the relief of suffering and fostering of healthy growth and development. It is unbelievable to be honored for exercising my passion for doing something, like all of us, that I think is of the utmost importance. My thanks to all those who have mentored me along the way, to those with whom I have been fortunate enough to collaborate, and, to my family – my husband, Bill, and my children, Kristen and Ryan – whose support and incredible insights always keep me well grounded in reality.—Sandra Sexson, 2006.

Dr. Shaffer has a long-standing interest in developing new diagnostic instruments for children and adolescents.



David Shaffer, M.D.

He was the lead investigator in developing the Children's Global Assessment Scale (C-GAS). Dr. Shaffer has led a team of colleagues and investigators in developing and modifying the Diagnostic Interview Schedule for Children (DISC) and more recently the Columbia Teen Screen. The computerized DISC was initially developed as a means of assigning a diagnosis in large-scale surveys but has subsequently shown its value in settings where diagnosticians are few and far between and as an aid to diagnosis to clinicians.

He conducted his first research on the topic of teen suicide when he was still a trainee. That study suggested the importance of imitative suicide and the occurrence of suicide clusters in young people. It was also the first study to demonstrate the association between suicide and aggressive behavior. His later work confirmed that most teen suicides occur in the context of a psychiatric illness and highlighted the importance of alcohol and substance abuse as additional risk factors for suicide in older male teens.

He and his colleagues subsequently showed that a purely didactic approach to suicide prevention offered no benefits and was not without risk.

He has been a strong proponent of suicide prevention through screening for and early identification of the disorders that predispose suicide.

"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 WORK GROUP ON COMMUNITY-BASED SYSTEMS OF CARE



Co-Chair Nancy Winters, M.D.



Co-Chair Mark Chenven, M.D.

The AACAP Catcher in the Rye Advocacy Award was 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 will be presented at the Assembly of Regional Organizations of Child and Adolescent Psychiatry meeting on Saturday, October 28, 2006.

The award recognizes the Work Group on Community-Based Systems of Care's ongoing efforts to promote research in children's systems of care through their development of and training on the Child and Adolescent Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSII).

Michael Houston, M.D.'s nomination recognizes the Work Group for being a "model within the AACAP for collaboration with consumer mental health groups and with government agencies toward improving access to care and the standards of care in communities though out the country."

We were gratified to hear that the Work Group on Community-Based Systems of Care was chosen to receive the 2006 Catcher in the Rye Award. The Work Group's record of innovation and productivity began in 1994 with AACAP President Mary Jane England, M.D.'s vision to establish this group as a Task Force. In so doing, the AACAP assumed a leadership role in the early years of the systems of care movement, and this subsequently reshaped community mental health care for youth across the nation. We wish also to acknowledge all the past Work Group members whose contributions have been so crucial, including founding Chair, Andres Pumariega, M.D., and Theodore Fallon, Jr., M.D., who have conducted research on the CASII. We are very thankful to the AACAP for its continued support, and especially to Kristin Kroeger-Ptakowski, AACAP Deputy Executive Director, whose guidance and support have been invaluable. Finally, we are most grateful to family members in national and local organizations who have educated us about the importance of family-driven care.

The Work Group on Community-Based Systems of Care's mission is:

1. To advocate for the development of comprehensive, child-focused, family-oriented, community-based, culturally competent, high quality and cost-effective systems of care for seriously emotionally disturbed children, adolescents, and their families.
2. To educate and prepare child and adolescent psychiatrists to assume significant roles in the development and implementation of such systems.
3. To educate other mental health professionals and agencies/organizations involved in the development of such systems about the unique contributions by child and adolescent psychiatrists to the success and effectiveness of such systems.
4. To promote research and scholarship in the function and outcome of such service systems and the contribution of child and adolescent psychiatrists.

The Work Group fulfills its mission by continuing to train many state children's mental health departments on the CASII. There are over 15 private and public agencies. Twelve states have adopted it state-wide in either their children's mental health, juvenile justice, or child welfare departments. We are in the final stages of research on an early childhood version of the instrument called the Early Childhood Service Intensity Instrument. These instruments assist clinicians in determining the appropriate service intensity level for a child or adolescent with mental health needs. The group continues to plan and present full day symposia in association with the AACAP Annual Meeting that promote child and adolescent psychiatry involvement in community systems of care, in collaboration with family groups and local clinicians. The Work Group wrote the Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care (in press), and is developing a tool kit to assist training directors with meeting their core competency on systems-based practice.

Thank you for this honor and continued support.—*Nancy Winters and Mark Chenven, 2006.*

“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 NEBRASKA 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 Nebraska Council on Child and Adolescent Psychiatry will be presented with the 2006 Catcher in the Rye Award at the meeting of the Assembly of Regional Organizations of Child and Adolescent Psychiatry on Saturday, October 28, 2006.

The Nebraska Regional Council received one of the 2006 AACAP Advocacy Grants, which allowed us to work in partnership with two local outreach clinics and two inner-city schools. For the clinics, our program provided educational resources on a variety of pediatric mental health topics for families, as well as educational and diagnostic materials for providers. A series of lectures was held for providers on the diagnosis and treatment of ADHD and major depression in children and adolescents, two areas identified by the clinicians as significant issues for their patients. Similarly, educational materials for parents, resource materials for teachers and counselors, and seminars for school personnel were provided to the two elementary schools.

Participating clinics included:

Fred Leroy Health and Wellness Center—The center is owned and managed by the Ponca Tribe of Nebraska and provides services to any Native American enrolled in a federally registered tribe. The clinic serves approximately 1,800 individuals annually and represents 60 tribes.

Winnebago Community Health Representative and Substance Abuse Prevention Program—It is located on the Winnebago Reservation in northeastern Nebraska. The Winnebago Tribe has 3,736 enrolled members.

Participating schools included:

Liberty Elementary School—The school serves 563 students: 58 percent are Hispanic, 22 percent are Caucasian, 14 percent are African American, 5 percent are Native American and 1 percent are Asian. Approximately 42 percent of the students are enrolled in the English as a Second Language (ESL) program.

Jackson Academy Elementary School—The school is located in central Omaha and serves many students new to the United States. Approximately 60 percent of its students are part of the ESL program. Currently, Jackson has 340 students, with 85 percent of the students qualifying for the free or reduced lunch program.

Through this program we hope to have an impact on the children through earlier identification, better educational resources for patients and families, as well as an enhanced ability of clinicians to provide needed services.—Christopher Kratochvil, President, Nebraska Council of Child and Adolescent Psychiatry, 2006.

"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

Supported by the Presidential Fund of Thomas F. Anders, M.D., the Harvard Macy Program enhances the professional development of physicians, basic scientists, and other healthcare professionals as educators. At the Harvard Macy Institute, participants will hone their expertise in conducting an educational project of their own design. The following AACAP members were selected to participate in the Harvard Macy Program for Physician Educators for 2007:

Sandra Fritsch, M.D.	Maine Medical Center
Stuart Goldman, M.D.	Harvard University
Ellen Heyneman, M.D.	University of California at San Diego
Shashank Joshi, M.D.	Stanford University School of Medicine
Donna Londino, M.D.	Medical College of Georgia
Richard Pleak, M.D.	Albert Einstein College of Medicine
Valerie Robinson, M.D.	Texas Tech University Health Sciences Center
Saundra Stock, M.D.	University of South Florida College of Medicine

The AACAP Teaching Scholars will be honored during the Harvard Macy Teaching Scholars Reception.



AACAP SIMON WILE
LEADERSHIP IN
CONSULTATION
AWARD, SUPPORTED
BY THE CHILD
PSYCHIATRY SERVICE
AT MASSACHUSETTS
GENERAL HOSPITAL TO
JOHN V. CAMPO, 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.

This award recognizes John V. Campo, M.D., chief of the Division of Child and Adolescent Psychiatry, medical director of Pediatric Behavioral Health, and professor of Psychiatry at The Ohio State University and Columbus Children's Hospital. Dr. Campo is triple boarded in pediatrics, psychiatry, and child and adolescent psychiatry.

On the evening before I began my pediatrics residency at the Children's Hospital of Philadelphia, my mother insisted that I be sure to "listen to the mothers." It was not an idle conversation. While still a young mother herself, she had been reassured in a community hospital hallway by an overly confident young physician that her concerns about my infant brother were misplaced. My mother – not the doctor – was right, and my brother died shortly thereafter. To me, minor illnesses were no longer "minor," "medical reassurance" became an oxymoron, and the seeds of my interest in the interface between emotional and physical health, as well as the needless suffering associated with emotional disorders had been planted. After struggling with my own biases and stigma that exists as much within medicine as without, I decided to train in psychiatry after completing my pediatrics residency, affording me the opportunity to devote my career to the interface between pediatrics and psychiatry.

It is my great privilege to receive this award from the American Academy of Child and Adolescent Psychiatry, and I am honored by the recognition of my peers in pediatric consultation-liaison psychiatry. Because many past Simon Wile awardees have inspired, befriended, and supported me across my career, I am both flattered and humbled to be similarly acknowledged.

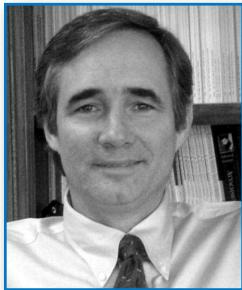
I am grateful to my many teachers and mentors, most notably Dr. David Brent, who did what good friends and mentors do – he believed in my potential long before I was fully able to do so myself, then guided and shaped my professional development in a way that took best advantage of my abilities. I am also thankful for the wonderful people who work with me day-to-day at the Columbus Children's Hospital and The Ohio State University for their commitment to a vision of care for youth with mental disorders that spans the specialty and general medical sectors, advances the field, and inspires a new generation of professionals. I am most grateful to my wife Ronnie, my children, and my parents for their love, support, and belief.—John Campo, 2006.

Dr. Campo will present, "From Consultation to Integration: A Public Health Agenda for Pediatric Psychiatry," during the Simon Wile Symposium on Friday, October 27 from 1:00 p.m. to 4:00 p.m.



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

The AACAP Irving Philips Award for Prevention was established in 1993 in honor of Irving Philips, M.D., AACAP President from 1985-1987, 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 life-time 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 have been selected as the 2006 winner of the Irving Philips Award for Prevention. My interest in prevention grew from my curiosity about development. As a pediatric intern, I was deeply affected by the tiny, preterm infants in my care in the neonatal intensive care nursery. What was the likely future development of these babies? What were the factors that led very sick babies to recover or to remain compromised? What I read surprised me greatly. Setting aside a few extreme conditions like prolonged perinatal hypoxia, the best predictor of outcome for preterm infants was not any characteristic of the baby or even the illness, but rather, the social class of the family. Family characteristics were more important than infant or illness characteristics – how could that be? At that point, I became really curious about development.

I still am, nearly 30 years later. It is a humbling pursuit, this development business, because the more we learn, the more we learn that there is more to learn. Brain development in the early years is so extraordinary that the rapidity and profundity of behavioral development in the first three years of life is unprecedented in the human life cycle. This, of course, is very good news for those in the business of trying to change children's developmental trajectories. Increasingly, we have learned how the nature of early experiences during those first few years of life impacts and shapes current and later development. Although development continues throughout the life cycle, and change is always possible, the appeal of trying to make changes early, at a time when the central nervous system is still so enormously plastic, is obvious. That is the business of prevention.

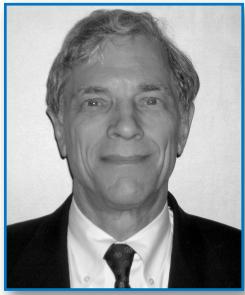
I also have learned firsthand about the importance of context. In our work with maltreated children in New Orleans, we are trying to get young children out of foster placements as quickly as possible. In our work with young children in institutions in Bucharest, Romania, we are trying to get them into foster placements as quickly as possible. In both settings, we are trying to provide the children with experiences most likely to foster their healthy psychological development. It is hard to imagine more rewarding work.—Charles Zeanah, 2006.

Dr. Zeanah has chosen to recognize the Institute of Infant and Early Childhood Mental Health at Tulane University Health Sciences Center for the award contribution portion of his award.

Dr. Zeanah will present, "Preventing Adverse Outcomes for Abandoned Children: The Bucharest Early Intervention Project," on Friday, October 27 from 8:00 a.m. to 9:00 a.m.



AACAP NORBERT AND
CHARLOTTE RIEGER
PSYCHODYNAMIC
PSYCHOTHERAPY
AWARD TO
THEODORE
GAENSBAUER, M.D.



The Norbert and Charlotte Rieger Psychodynamic Psychotherapy Award, supported by the Norbert and Charlotte Rieger Foundation, provides \$4,500 to recognize the best published or unpublished paper written by a member of the AACAP. The winning paper addresses the use of psychodynamic psychotherapy in clinical practice and fosters development, teaching, and practice of psychodynamic psychotherapy in child and adolescent psychiatry.

This award recognizes Theodore Gaensbauer, M.D., for his paper, “Traumatized Young Children: The Treatment Process.”

ABSTRACT

Summary: An expanded version of this paper was published in *Young Children and Trauma* (J. Osofsky, Ed., New York: Guilford Press, 2004). The paper summarizes the author's experiences in providing psychodynamically-based treatment to traumatized young children and their families. An initial overview of treatment processes outlines a psychodynamically-based conceptual framework for developing treatment goals, highlights psychotherapeutic techniques applicable to young children, emphasizes the importance of gaining access to the child's inner world as a key element leading to therapeutic resolution, and discusses how caregivers and other family members can be integrated into the treatment, both at home and in the office. This general discussion is followed by the description of a clinical case involving a three-year-old girl who was involved in an auto accident in which her mother was significantly injured. The child subsequently developed symptoms of posttraumatic stress disorder and her relationship with her mother was disrupted. The family system was also significantly impacted. Although many therapeutic interventions were utilized, the underlying thread guiding all of them was an understanding of the meaning of the trauma for the patient, for her siblings, and for her parents. This understanding appeared crucial to the patient's and her family's recovery.

I am deeply honored to receive the AACAP Norbert and Charlotte Rieger Psychodynamic Psychotherapy Award. It gives me special pleasure in that it validates my beliefs about the psychodynamic perspective that I have held from the beginning of my career. This perspective requires us to think of our patients, including infants and toddlers, as whole persons and its emphasis on inner experience has promoted the development of psychotherapeutic approaches that have opened windows into the complex minds of even the youngest children. Most importantly, a meaningful psychodynamic understanding of the patient and his or her family is fundamental to any effective treatment plan, irrespective of the actual interventions utilized.—*Ted Gaensbauer, 2006.*

Dr. Gaensbauer will present, “Traumatized Young Children: The Treatment Process,” on Thursday, October 26 from 10:00 a.m. to 11:00 a.m.

AACAP NORBERT AND CHARLOTTE RIEGER SERVICE PROGRAM AWARD FOR EXCELLENCE TO BRADLEY STEIN, M.D., PH.D.



The AACAP Norbert and Charlotte 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 illnesses in children and adolescents, and serve as model programs to the community. The award provides \$3,000 to the nominee and \$1,500 to the service program.

The 2006 Norbert and Charlotte Rieger Service Program Award for Excellence recognizes Bradley D. Stein, M.D., Ph.D. Dr. Stein is an associate professor of Psychiatry at the Western Psychiatric Institute and Clinic at the University of Pittsburgh School of Medicine, and is a health services and policy researcher at the RAND Corporation.

The award honors Dr. Stein's work with academic and community collaborators from the Los Angeles Unified School District (LAUSD), the RAND Corporation, and University of California, Los Angeles in the development, implementation, evaluation, and dissemination of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS). The CBITS program evolved in response to school official requests for an effective intervention for their students who are exposed to violence. The resulting program, which involves 10 group sessions for students and educational meetings for parents and teachers, integrates current empirical knowledge of how to effectively treat students with substantial symptoms of posttraumatic stress disorder with the practical aspects of delivering a program in schools by school-based clinicians. The CBITS program, evaluated in a randomized study, has resulted in clinically and statistically significant improvement in symptoms of posttraumatic stress disorder and depression, as well as significantly improved parent reported functioning. The decline in symptoms of PTSD has also been associated with improved grades among students receiving CBITS.

CBITS is recognized as an evidence-based program by the National Child Traumatic Stress Network, the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, the Office of Juvenile Justice and Delinquency Prevention, the United States Department of Education, and the Promising Practices Network. CBITS is being disseminated and has been implemented in more than 15 communities as well as internationally.

Dr. Stein has extensive clinical and research experience in the areas of trauma, disaster, and school mental health. He has served as a psychiatric consultant to the LAUSD since 1997, and worked as a humanitarian aid worker in the former Yugoslavia during most of 1994, developing psychosocial and mental health programs. His current research involves community-academic participatory research collaborations to improve the quality of mental health and substance abuse care. Dr. Stein is a former Robert Wood Johnson Clinical Scholar and National Institute of Mental Health Faculty Scholar, and has served on the AACAP Schools Committee since 2001.

Dr. Stein will discuss, "The Development, Implementation, and Dissemination of an Effective School-Based Program for Children Exposed to Violence," on Friday, October 27 from 2:00 p.m. to 3:00 p.m.



AACAP NORBERT AND
CHARLOTTE RIEGER
AWARD FOR SCIENTIFIC
ACHIEVEMENT TO
GAIL A. BERNSTEIN,
M.D.



The AACAP Norbert and Charlotte Rieger Award for Scientific Achievement is supported by the Norbert and Charlotte Rieger Foundation. This award of \$4,500 recognizes the most significant paper published in the JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY during the past year.

This award recognizes Gail A. Bernstein, M.D., for her paper, "School-Based Interventions for Anxious Children," published in the November 2005 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

ABSTRACT

Objective: To compare the effectiveness of three school-based interventions for anxious children: group cognitive-behavioral therapy (CBT) for children, group CBT for children plus parent training group, and no-treatment control. **Method:** Students (7-11 years old) in three elementary schools ($N = 453$) were screened using the Multidimensional Anxiety Scale for Children and teacher nomination. Subsequently, 101 identified children and their parents completed the Anxiety Disorders Interview Schedule for *DSM-IV*, Child Version. Children with features or *DSM-IV* diagnoses of separation anxiety disorder, generalized anxiety disorder, and/or social phobia ($n = 61$) were randomized by school to one of three conditions. Active treatments were nine weekly sessions of either group CBT or group CBT plus concurrent parent training. **Results:** Clinician-report, child-report, and parent-report measures of child anxiety demonstrated significant benefits of CBT treatments over the no-treatment control group. Effect size was 0.58 for change in composite clinician severity rating, the primary outcome measure, favoring collapsed CBT conditions compared with control. In addition, several instruments showed significantly greater improvement in child anxiety for group CBT plus parent training over group CBT alone. **Conclusions:** Both active CBT treatments were more effective than the no-treatment control condition in decreasing child anxiety symptoms and associated impairment. When parent training was combined with child group CBT, there were some additional benefits for the children.

I am honored to receive the AACAP Norbert and Charlotte Rieger Award for Scientific Achievement. Receiving this makes the many years I have devoted to research worthwhile and inspires me to continue pursuing new research ideas.

I am deeply appreciative of my collaborators, Ann Layne, Ph.D., Elizabeth Egan, Ph.D., and Dana Tennison, M.A., L.M.F.T. This endeavor's success is the result of the creativity and commitment of a dedicated team. Dr. Layne provided expertise in cognitive-behavioral therapy (CBT), Dr. Egan served as the research methodologist and statistician, and Ms. Tennison devoted hours to administering semistructured psychiatric interviews and rating scales. I am indebted to the school principals and staff in the Anoka-Hennepin District and thank the children and their parents for participating in the study. I look forward to sharing more results once the longitudinal follow-up phase of the study is complete.

I am grateful that we had the opportunity to study interventions for anxious children in the schools in our move toward effectiveness research. My hope is that with time, CBT interventions will be integrated into the school setting and administered by school staff. This will facilitate easy access to mental health services for children in need. I would like to acknowledge the following funding agencies: the National Institute of Mental Health, the University of Minnesota Academic Health Center, and the Minnesota Medical Foundation.

—*Gail Bernstein, 2006.*

Dr. Bernstein will present, “School-Based Interventions for Anxious Children,” on Thursday, October 26 from 9:00 a.m. to 10:00 a.m.

*E*LAINE SCHLOSSER LEWIS AWARD FOR RESEARCH ON ATTENTION-DEFICIT DISORDER TO MARGARET D. WEISS, M.D., PH.D.



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 Margaret D. Weiss, M.D., Ph.D., for her paper "Sleep Hygiene and Melatonin Treatment for Children and Adolescents with ADHD and Initial Insomnia" published in the May 2006 *Journal of the American Academy of Child and Adolescent Psychiatry*.

ABSTRACT

Objective: To evaluate the efficacy of sleep hygiene and melatonin treatment for initial insomnia in children with attention-deficit/hyperactivity disorder (ADHD)

Method: Twenty-seven stimulant-treated children (6-14 years of age) with ADHD and initial insomnia (>60 minutes) received sleep hygiene intervention. Nonresponders were randomized to a 30-day double-blind, placebo-controlled, crossover trial of 5-mg pharmaceutical-grade melatonin provided by the study's sponsor. **Results:** Sleep hygiene reduced initial insomnia to <60 minutes in 5 cases, with an overall effect size in the group as a whole of 0.67. Analysis of the trial data able to be evaluated showed a significant reduction in initial insomnia of 16 minutes with melatonin relative to placebo, with an effect size of 0.6. Adverse events were generally mild and not different from those recorded with placebo treatment. The effect size of the combined sleep hygiene and melatonin intervention from baseline to 90 days' posttrial was 1.7, with a mean decrease in initial insomnia of 60 minutes. Improved sleep had no demonstrable effect on ADHD symptoms. **Conclusion:** Combined sleep hygiene and melatonin was a safe and effective treatment for initial insomnia in children with ADHD taking stimulant medication.

Working with ADHD is never boring. I love the patients and I enjoy learning how to better help them. Two excellent clinician researcher have mentored me: my mother, Gabrielle Weiss, M.D., and my friend, Lily Hechtman, M.D., F.R.C.P. Both of these people have worked with ADHD patients for decades. They have followed patients into adulthood and helped us to understand ADHD in adult patients. I learned from them how to translate clinical observations into evidence. Thank you both. I find being a clinician and a researcher a lot of work, but I would not want it any other way. I hope I can teach others what you have taught me. We need to protect and nurture clinician researchers because without them we will never be able to ask the right questions or understand the clinical implications of new science.

The work that is the recipient of this prize represents that skill carried into sleep disorders in ADHD. This work represents a partnership between Kathleen Rea, R.N., nurse clinician in the ADHD clinic, Roger Freeman, M.D., neuro-

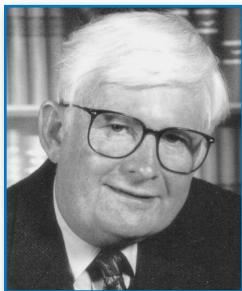
psychiatrist, Jim Jan, M.D., a neurologist who has studied melatonin for many years, and Michael Wasdell, M.A., a research scientist in pediatric neuroscience. I look back on the last decade of work by our Melatonin Study Group and see what research requires. It is no accident that the motivation that carried us over disappointments and forced us to persist was clinical.

Research requires a village to grow: the creative part of this research was that it was multidisciplinary. Melatonin is the eighth most commonly used drug by child psychiatrists in Great Britain. When we started, this drug was being used over the counter in the United States, without good control over quality and it was not available at all in Canada. We felt that melatonin is a drug, and that because it is used so widely it should be studied to demonstrate safety and efficacy. We have learned how to effectively use melatonin for circadian rhythm sleep disorders. Systematic clinical research allowed us to listen to the conversation between a molecule, melatonin, and patients in distress. That dialogue is now well-established and will continue to grow.—*Margaret Weiss, 2006.*

Dr. Weiss will present, “Sleep Hygiene and Melatonin Treatment for Children and Adolescents With ADHD and Initial Insomnia,” on Thursday, October 26 from 3:00 p.m. to 4:00 p.m.



AACAP GEORGE
TARJAN AWARD FOR
CONTRIBUTIONS IN
DEVELOPMENTAL
DISABILITIES TO
PETER E. TANGUAY, 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 or 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.

The 2006 AACAP George Tarjan Award for Contributions in Developmental Disabilities will recognize Peter E. Tanguay, M.D.

When I was 14, I read, in my local Quebec City newspaper, a series of extraordinary stories. Wilder Penfield, the Montreal neurosurgeon, was mapping epileptic foci in the temporal lobe when, unexpectedly, his patients experienced life-like memories from their past. It was more than remembering, it was a reliving of past experiences, with sound, sight, and emotions. It was one of the most exciting things I had ever heard. I decided that I would be a scientist, studying the relationship of brain and behavior.

I chose to do my residency at the University of California at Los Angeles, hoping to work with scientists. But this was not to be. I was the first resident in a new program at Harbor General Hospital, where my senior mentors were Peter Tedesco and Boyd Krout, both talented psychoanalysts. I did no research, but they taught me to think psychodynamically, which has proven useful in understanding how many of my colleagues view psychopathology.

After residency I spent two years in Derby, England, working for the National Health Service as a general psychiatrist. This detour was made necessary by my U.S. J-2 visa. Europe was a loss in terms of my research ambitions, but Margaret and I made many friends. We toured Europe during our vacations, camping out with our children, Heather and Gretchen, in a Volkswagen microbus. Later we wrote a book on camping in Europe.

Returning to California, still intending to do neurobiological research (for which I had absolutely no training) I joined the staff at Camarillo State Hospital, to apprentice myself to one of the scientists who had been working there studying schizophrenia. Schizophrenia seemed a good disorder to study from a biological viewpoint. On my first day I was summoned to the superintendent's office and told to go see Dr. Norbert Rieger. I did. He was chief of child psychiatry. He stood up, pointed his finger at me and said, "I want you to go into child psychiatry." When he found out I had academic ambitions he said, "You must join us. We are the only academic place in this whole hospital." He was right, it was. The first day he gave me charge of a cottage where six autistic children were being treated. After a month I decided that autism, whose symptoms strike at the very core of human nature, was even more interesting than schizophrenia. I have been studying autism for the past 40 years.

George Tarjan and Henry Work invited me back to UCLA, as a combined research and child psychiatry trainee. I started my research training in Ed Ornitz's neuro-

physiology laboratory, where Ed was studying autistic children. George Tarjan and Jim Simmons would be my mentors for much of the next 20 years. Both were remarkable administrators and clinicians, and they cared about the welfare of their faculty. Thanks to my experiences in Ed's lab, I applied for and received a Career Scientist Award from the National Institute of Mental Health (NIMH), which gave me five years of uninterrupted research training in event-related-potential technology. The award, though its annual retreat, introduced me to many top scientists, and led to an invitation to join an NIMH grant review committee. The latter was a form of "grant-writing-101."

In 1975 my boss, George Tarjan, invited me to be the principal investigator on UCLA's child psychiatry application to NIMH for a Clinical Research Center (CRC) on autism. We had many scientists studying autism, and we were awarded one of the six CRC grants. I was a newly promoted associate professor, but I got to play with the big boys at the various CRC national conferences. Again, like the NIMH review committee, it was an experience which led to many other opportunities.

By the late 1980s, after approximately 20 years of event-related-potential work, aided by collaboration with colleagues in the UCLA Mental Retardation Research Center, it appeared that the EEG-based technology I was using was not sufficiently powerful to answer the questions I had about the pathophysiology of autism. I decided to offer my lab to a colleague, and look for a new line of research. Dr. Sue Smalley, one of our genetics specialists, invited me to join her in a study of persons with tuberous sclerosis, some of whom had a diagnosis of autism and some who did not. She was using two new diagnostic instruments, the Autism Diagnostic Interview (ADI) and the Autism Diagnostic Observation Schedule. Though at first skeptical of an interview (the ADI) which took almost three hours to administer, after only five interviews I realized that it produced a gold-mine of important information. My goal in beginning a new line of research was to answer the question: "What is Asperger's Disorder?", but soon my patients taught me that I was asking the wrong question. The important question was: "What is the nature of the autism spectrum?" I continued this work after coming to Louisville in 1994 as the Ackerly Endowed Professor of Child and Adolescent Psychiatry. What I have found will be the subject of my Honors Lecture.

In looking back, I realize the importance of mentors and colleagues. George Tarjan was a scholarly mentor to me, but there have been equally important mentors, including Jack McDermott, who encouraged my work as a director of the American Board of Psychiatry and Neurology, as associate editor of the *JAACAP*, and as a member of various psychiatric organizations. Professor Gilles Lelord in France, at whose autism center in Tours I spent several sabbaticals, and Drs. Yuki Koseki in Japan and Xiaoling Yang in China (who developed an autism center at Beijing University modeled on our center at UCLA), have also been significant mentors to me. My most important mentor has been my spouse, Margaret, whose friendship, patience and understanding, have made my career possible. Fortunately, her father was a scientist and a professor and she understood.—Peter Tanguay, 2006.

Dr. Tanguay will discuss, "Autism: Fixing the *DSM-IV*," on Thursday, October 26 from 8:00 a.m. to 9:00 a.m.

**AACAP KLINGENSTEIN
THIRD GENERATION
FOUNDATION AWARD
FOR RESEARCH IN
DEPRESSION OR
SUICIDE TO
DAVID R. DEMASO, M.D.**



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, written by a child and adolescent psychiatrist during the past year.

This award recognizes David R. DeMaso, M.D., for his paper “*Depression Experience Journal: A Computer-Based Intervention for Families Facing Childhood Depression*,” published in the February 2006 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

ABSTRACT

Objective: This study tested the feasibility and safety of a computer-based application for families facing childhood depression. The *Depression Experience Journal* (EJ) is a psychoeducational intervention based on a narrative model involving the sharing of personal stories about childhood depression. **Method:** Semistructured interviews assessed Depression EJ feasibility and safety. Thirty-eight primary caretakers of children with depression (one caretaker per patient) used the EJ during a psychiatric hospitalization. Assessment of feasibility and safety was measured before EJ use and 2 to 4 weeks afterward. **Result:** Results revealed that the EJ was safe and useful for decreasing social isolation, increasing hope, increasing understanding of familial feelings about childhood depression, and fostering positive reactions in caretakers. **Conclusion:** Computer-based interventions hold significant promise in providing a new manner of psychosocial support to families facing child and adolescent psychiatric illnesses.

To understand what facilitates or hinders an individual's ability to cope with adversity is the underlying essence of our work at Children's Hospital Boston. Children and families facing the stresses of having emotional and physical illness are at the center of our interests and efforts. In the rush to care for the needs of ill youngsters, the impact of their illnesses on their family supports, and even their caretakers, is often forgotten. Given the millions of children facing chronic illness, the promotion of successful coping in these families is of vital public health importance.

Our research has repeatedly documented that the interactions and “fit” between children and their caretakers has a stronger influence on their psychological adjustment than the medical severity of their illness. This finding led us to develop an innovative “preventive intervention” designed to foster family resiliency and to reduce pediatric distress through a combination of psychoeducation and narrative techniques. The *Experience Journal* is a computer-based narrative intervention designed to facilitate coping in families facing emotional and pediatric illness. There are currently five journals online (pediatric heart disease, childhood depression, solid organ transplantation, inflammatory bowel disease, and obesity), with four more journals under construction (asthma, ADHD, deafness/hearing loss, and bereavement). The journals can be viewed at www.experiencejournal.com.

The *Depression Experience Journal* is designed to help children and their families when confronted with a childhood depression. The Web site takes the experiences of children, parents, and various health care professionals and makes them accessi-

ble, via computer, to families who may be facing similar issues. A committee of parents and health care providers reviews and edits all contributions for appropriateness prior to their inclusion. These narratives range from short written descriptions of an experience to pictures, poems, stories, and even movies. The Web site organizes these contributions in a way that facilitates a family's access to the information that might be of interest to them. Nearly 25 years ago, Daniel Offord, M.D., said, "It is essential that a preventive intervention do more good than harm." In this context, the concern for the safety of the participants was critical. This paper reports support for the premise that a computer-based program can be safe, feasible, and useful to primary caregivers of children facing childhood depression.

Together with my co-authors, Joseph Gonzalez-Heydrich, M.D., Nicole Marcus, Ph.D., and Carolyn Kinnaman, it is a great privilege and honor to receive the AACAP Klingenstein Third Generation Foundation Award for Research in Depression or Suicide. We are very grateful for this remarkable recognition of our labors. We are especially grateful to our many collaborators and colleagues, as well as all of the families who contributed to and made the *Experience Journal* possible.—*David DeMaso, 2006.*

Dr. DeMaso will present, "Depression Experience Journal: A Computer-Based Intervention for Families Facing Childhood Depression," on Thursday, October 26 from 2:00 to 3:00 p.m.

**ROBERT CANCRO
ACADEMIC LEADERSHIP
AWARD TO
SUSAN V. MCLEER, M.D.,
OF DREXEL UNIVERSITY
COLLEGE OF MEDICINE**



The AACAP Robert Cancro Academic Leadership Award recognizes a 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. Susan V. McLeer, M.D., winner of the AACAP Robert Cancro Academic Leadership Award, will receive \$1,500 and a plaque at the Training Director's Reception on Thursday, October 26, 2006.

From early on, I have been concerned about the number of youth unable to access mental health services. This was crystallized when I worked summers as a recreation counselor at a reform school for adjudicated girls. Girls as young as five or six were admitted with accusation that they were “sexually promiscuous and had compromised many adult men.” While it was not clear exactly where the error lay, something was terribly wrong. This could not be the explanation for what had happened to these children. That summer, I read Fritz Redl and David Wineman’s *Children Who Hate*; and then wrote and submitted a naïve grant that was gently rejected. That fall, on return to college, I committed myself to a career targeting better services and care for youth with psychiatric and behavioral problems.

The first half of my career was rooted in clinical work, providing a rich experience treating children and youth. However, the desire to impact larger numbers of children persisted and by 1986, I accepted the position of vice chair and director of the Division of Child and Adolescent Psychiatry at the Medical College of Pennsylvania. In that rich environment, we were able to develop a comprehensive system of services and recruited nationally renowned faculty. I taught and conducted studies in the field of family violence, working with both child and adult victims. We focused on stress reactions and published the first empirical study demonstrating that sexually abused children are at high risk for posttraumatic stress disorder. Our studies elucidated many of the vicissitudes of symptoms and psychiatric disorders that follow the stressor of sexual abuse in children.

My career went through a transition as I became professor and chair in the Department of Psychiatry at the State University of New York at Buffalo. There I found a wonderful faculty, eager to build programs and work together. While I learned much and enjoyed Buffalo, my old alma mater was going through hard times. I decided to return to Philadelphia and try to rebuild programs in “the newest-oldest medical school” in the United States, the Drexel University College of Medicine (DUCOM). Thanks to the school’s leadership and faculty, the rebuilding has been worth the effort. Prior to bankruptcy, hospital closures, and mergers, the two parent institutions of the new DUCOM had trained more child and adolescent psychiatrists than any other program in the region. We are now stable and able to continue that mission. The road is not the one that I thought I would take, but it has been a worthwhile journey.—*Susan V. McLeer, 2006.*

Dr. McLeer will present, “Money, Mergers, and Hospital Closures: Building and Rebuilding in the 21st Century,” on Friday, October 27 from 1:00 p.m. to 2:00 p.m.

J EANNE SPURLOCK, M.D. CONGRESSIONAL FELLOWSHIP TO TOYA CLAY, M.D.



The Jeanne Spurlock, M.D. 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 the American Psychiatric Association's Office of Minority/National Affairs and an advocate for child and minority issues. The recipient, Toya Clay, M.D., served a six-month fellowship starting January 1 and ending June 30, 2006.

Dr. Clay is a PGY-4 at Columbia University/New York Presbyterian Hospital. She began a child and adolescent psychiatry fellowship at the University of Illinois at Chicago in July 2006.

She spent her fellowship in the office of Representative Janice Schakowsky (D-IL), who serves on the Energy and Commerce Committee and supports comprehensive health legislation. Dr. Clay, like her predecessor, Jose Vito, M.D., worked on the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act reauthorization.

As a fellow, I had numerous opportunities to educate and dispel myths about psychiatry, which will hopefully have a ripple effect — by teaching my coworkers and Capitol Hill associates about psychiatry and psychiatrists. This informal education is important because stereotypical beliefs about psychiatry are pervasive. My boss, Representative Jan Schakowsky, has a stellar voting record on mental health legislation, and her commitment to supporting comprehensive health legislation in general and opposing legislation is evidence that she is pro-mental health. Yet stigma surrounding mental illness and treatment was still present, not only in my office but everywhere on the Hill. For instance, when I mentioned to people that I was a psychiatrist, I invariably got nervous laughter and the stereotypical response of “we can sure use you up here!” Yet no one volunteered any personal or professional stories about the meaning of mental illness, mental health, or treatment although I learned a good deal about other medical and health-related problems that are less stigmatized.

I experienced first hand why we as a nation have not passed comprehensive mental health parity laws and other pro-mental health legislation: stigma, misrepresentation, misunderstanding, and shame are still dominating forces. Just being a psychiatrist in a Member’s office gives them and their staff a chance to develop a personal and realistic image of psychiatrists, psychiatric illness, and patients.

My experience on Capitol Hill reinforced my conviction that advocacy works — and it is possible and necessary to be involved in advocacy at all stages. Our patients are often unable to advocate for themselves and this leaves them vulnerable. Advocacy is just one of the many ways we can protect, support, and provide the best care for our patients.—Toya Clay, 2006.

ROBINSON CUNNINGHAM AWARD FOR BEST PAPER BY A RESIDENT TO BRADY CASE, M.D.



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 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 AACAP's Department of Research, Training, and Education. Contributions to this fund are encouraged.

This award recognizes Brady Case, M.D., for "Trends in the Inpatient Mental Health Treatment of Children and Adolescents in U.S. Community Hospitals, 1990 and 2000," published in the *Archives of General Psychiatry* in March 2006.

ABSTRACT

Background: Previous work has demonstrated marked changes in inpatient mental health service utilization by children and adolescents in the 1980s and early 1990s, but more recent comprehensive, nationally representative data have not been reported. **Objective:** To describe trends in inpatient treatment of child and adolescents with mental disorders between 1990 and 2000. **Design and Setting:** Analysis of the Healthcare Cost and Utilization Project Nationwide Inpatient Sample, a nationally representative sample of discharges from U.S. community hospitals sponsored by the Agency for Healthcare Research and Quality. **Subjects:** Patients aged 17 and younger discharged from U.S. community hospitals with a principal diagnosis of a mental disorder. **Main Outcome Measures:** Changes in the number and population based rate of discharges, total inpatient days and average length of stay, charges, diagnosis, disposition, and patient demographic and hospital characteristics. **Results:** While the total number of discharges, population based discharge rate, and daily charges did not significantly change between 1990 and 2000, the total number of inpatient days and mean charge per visit each fell by approximately one half. Median length of stay declined 63% over the decade, from 12.2 days to 4.5 days. Declines in median and mean lengths of stay were observed for most diagnostic categories, and remained significant after controlling for changes in background patient and hospital characteristics. Discharge rates for psychotic and mood disorders, as well as intentional self-injuries, increased, while rates for adjustment disorders fell. Discharges to short-term, nursing, and other inpatient facilities declined. **Conclusions:** The period between 1990 and 2000 was characterized by a transformation in the length of inpatient mental health treatment for young people. Community hospitals evaluated, treated, and discharged mentally ill children and adolescents far more quickly than 10 years earlier, despite higher apparent rates of serious illness and self-harm and fewer transfers to intermediate and inpatient care.

I am honored to receive this generous award, which rightly belongs as well to my outstanding mentors and coauthors, Mark Olfson, M.D., at the Columbia College of Physicians and Surgeons and the New York State Psychiatric Institute, Carole Siegel, Ph.D., at the New York University School of Medicine and the Nathan Kline Institute for Psychiatric Research, and Steve C. Marcus, Ph.D., at the University of Pennsylvania School of Social Policy and Practice. Each offered expert

guidance in ways that allowed me to heed it, and each attended to my development as psychiatrist and scientist as much as to our progress on this project. Eugene Laska, Ph.D., Kathleen J. Pottick, Ph.D., and Ross Andelman, M.D. provided invaluable project assistance. I am permanently indebted to David U. Himmelstein, M.D., and Steffie Woolhandler, M.D., M.P.H., at Harvard Medical School, who first trained my attention on the power of a responsibly framed question to illuminate secondary data sources.

My clinical teachers at New York University and my adult training directors Carol Bernstein, M.D., and Ze'ev Levine, M.D., all prepared me to face the chaos and shame of our patient's lives, insisted on hope, and asked how our institutions of care can better protect our patients from unnecessary suffering. Eric D. Peselow, M.D., in particular, made me understand the distinct appeal and difficulty of examining real world naturalistic data and was unfailingly dedicated to resident education. Work with my patients at Bellevue Hospital, an enduring destination of first and last resort for the people of New York City, preserved me through frustration and doubt. The National Institute of Mental Health, through a grant to John Rotrosen, M.D., at NYU, and the American Psychiatric Institute for Research and Education generously supported my time and work. Gregory K. Fritz, M.D., Jeffrey I. Hunt, M.D., and Henrietta L. Leonard, M.D., of the Division of Child and Adolescent Psychiatry at Brown University School of Medicine have been immensely supportive and have made my attendance here possible.

The impetus for this work grew out of a perception, common among my senior colleagues and increasingly supported by my limited clinical experience, of declining access to appropriate treatment settings for acutely and seriously ill youth. An early focus on child "boarders" – children admitted to emergency medical or pediatric inpatient units for psychiatric care – led us to take a step back for a broader review of use of inpatient services. Our findings raise serious questions about community diagnostic practices and quality of care for young people with mental illness, questions which I hope to address in the future.

—*Brady Case, 2006.*

*B*EATRIX A. HAMBURG AWARD FOR THE BEST NEW RESEARCH POSTER BY A CHILD AND ADOLESCENT PSYCHIATRY RESIDENT TO KATHLEEN YOUNG, 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.

Kathleen Young, M.D.

New Research Poster Title: "Mental Health Profile of NYS Persons in Need of Supervision"

It is a great honor to receive the AACAP Beatrix A. Hamburg Award for my work with Gail A. Wasserman, Ph.D. In addition to my deepest gratitude to the AACAP, I thank Dr. Wasserman for her mentorship and guidance and my co-authors Larkin S. McReynolds, Ph.D., who has been an invaluable resource throughout this project, and Joseph M. Keating. I would also like to acknowledge the New York State Department of Probation and Correctional Alternatives and the Probation Departments in Allegany, Genesee and Ulster Counties for their help in all aspects of this investigation. Finally, a special thanks to Dr. Elisabeth Guthrie for all of her encouragement and support throughout my training at Columbia University.—Kathleen M. Young, 2006.

Dr. Young will present "Mental Health Profile of NYS Persons in Need of Supervision" during New Research Poster Session B on Thursday, October 26 from 9:30 a.m. to 12:00 p.m.

PILOT RESEARCH
AWARDS FOR JUNIOR
FACULTY AND CHILD
AND ADOLESCENT
PSYCHIATRY FELLOWS
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 \$9,000. These awards are administered through AACAP's Department of Research, Training, and Education and the Workgroup on Research, under the direction of Laurence Greenhill, M.D.

The 2003 Eli Lilly Pilot Award winner and her project is:

Kimberly Stigler, M.D.

Indiana University School of Medicine

“Open-Label Study of Aripiprazole in Asperger’s Disorder and PDD NOS”

Mentor: Christopher J. McDougle, M.D.

The 2004 Eli Lilly Pilot Award winner and her project is:

Kirti Saxena, M.D.

University of Texas Southwestern

“The Role of Pharmacogenetics in Youth with Maladaptive Aggression”

Mentor: Hans Steiner, M.D.

The 2005 Eli Lilly Pilot Award winners and their projects are:

Gagan Joshi, M.D.

Massachusetts General Hospital

“Research Advances in Pediatric Bipolar Disorder”

Mentor: Daniel A. Geller, M.D.

Daniel Gorman, M.D.

University of Toronto

“fMRI Studies of Affect, Paradigm 1: Emotion Terms” and “fMRI Studies of Affect, Paradigm 2: Faces”

Mentor: Bradley S. Peterson, M.D.

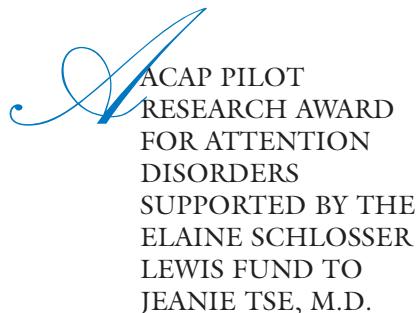
Arun Kunwar, M.D.

State University of New York Medical University

“Gyrification on VCFS Subjects in Comparison to Siblings and Controls”

Mentor: Wendy R. Kates, Ph.D.

The AACAP Pilot Research Award Winners will present their research during New Research Poster F on Saturday, October 28 from 10:30 a.m. to 1:00 p.m.



AACAP PILOT
RESEARCH AWARD
FOR ATTENTION
DISORDERS
SUPPORTED BY THE
ELAINE SCHLOSSER
LEWIS FUND TO
JEANIE TSE, M.D.



The following AACAP Pilot Research Award for Research in Attention Disorders, 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 AACAP's Department of Research, Training, and Education and the Work Group on Research, under the direction of Laurence Greenhill, M.D.

The recipient of the 2005 Elaine Schlosser Lewis Pilot Research Award in Attention Disorders is Jeanie Tse, M.D., for "Cognitive Behavioral Group Therapy for Adolescents With Attention-Deficit/Hyperactivity Disorder."

ABSTRACT

Objective: A cognitive behavioral group intervention was developed to address impairment associated with attention-deficit/hyperactivity disorder (ADHD) in adolescents. **Methods:** A 12-week group with modules on academic, interpersonal and coping skills was piloted. Adolescents (age 13-17) on stable medication for ADHD were block randomized to treatment and wait-list control groups. Feasibility and acceptability of the intervention were evaluated using group statistics (attendance, skills practice, module completion) and feedback surveys. Efficacy of the intervention was evaluated using adolescent, parent, teacher and blind clinician-rated measures, with primary measures of global functioning and secondary measures capturing ADHD symptoms, social skills, self-esteem, depression, anxiety, substance use and medication adherence. **Results:** Two groups of adolescents have been treated (n=16, mean age 15.1 years, 27% female). Adolescents attended at least 75% of sessions and practiced skills between sessions 49% of the time. Therapists completed 91% of manual objectives. Most adolescents and parents found the group to be helpful. Sample size is not yet adequate to determine efficacy. **Conclusions:** Preliminary results suggest that a cognitive behavioral group is feasible to run and acceptable to adolescents and their parents. Their feedback can be used to further develop the intervention manual. Continued data collection will be necessary to determine if the intervention is associated with objective changes in adolescents' functioning.

I am grateful for this opportunity. This grant has given me the chance to pilot a manualized, 12-week intervention focusing on academic, interpersonal, and coping skills with two groups of teens with ADHD. The teens enjoyed the group, and our data indicate that it is feasible to run and is acceptable to teens and their families. The next step will be to determine whether the intervention is efficacious, following further data collection. Taking an idea from the planning stage to implementation and evaluation has been enriching. Along the way, I have developed skills in working with an IRB, managing a team and a budget, and collecting and analyzing data. I have also gained valuable experience in working with teens with ADHD, and a better understanding of the challenges they face. Through this process, I have drawn on the experience of my mentor, Lily Hechtman, M.D., F.R.C.P., an extraordinary manager and physician. It is an honor for me to collaborate with her team in contributing to our knowledge about ADHD in adolescence. Thank you for making this possible.—*Jeanie Tse, 2006.*

Dr. Tse will present her research during New Research Poster Session F, on Saturday, October 28 from 10:30 a.m. to 1:00 p.m.



AACAP EDUCATIONAL OUTREACH PROGRAM FOR CHILD AND ADOLESCENT PSYCHIATRY RESIDENTS

The AACAP Educational Outreach Program provides the opportunity for child and adolescent psychiatry residents to receive a formal overview of the field of child and adolescent psychiatry, establish mentor relationships with child and adolescent psychiatrists, and experience the AACAP Annual Meeting. Participants are exposed to the breadth and depth of the field of child and adolescent psychiatry, including research opportunities, alternative career pathways, and various networking opportunities. Participation in this program provides financial assistance to attend the AACAP Annual Meeting.

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AACAP EDUCATIONAL OUTREACH PROGRAM FOR GENERAL PSYCHIATRY RESIDENTS SUPPORTED BY ELI LILLY AND COMPANY

The AACAP Educational Outreach Program provides the opportunity for general psychiatry residents to receive a formal overview of the field of child and adolescent psychiatry, establish mentor relationships with child and adolescent psychiatrists, and experience the AACAP Annual Meeting. Participants are exposed to the breadth and depth of the field of child and adolescent psychiatry, including research opportunities, alternative career pathways, and various networking opportunities. Participation in this program provides financial assistance to attend the AACAP Annual Meeting.

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MHS JEANNE SPURLOCK MINORITY MEDICAL STUDENT CLINICAL FELLOWSHIPS 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 \$3,310 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 by Herbert Joseph, Ph.D., of the Center for Mental Health Services/SAMHSA, with the assistance of Program Directors Ledro Justice, M.D., and Deborah Deas, M.D.



Ambar Afshar



David Myles



Faith Rowland



John Sullivan

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

Ambar Ashfar

University of Illinois at Chicago College of Medicine

Project: *Study of Pre and Post Lamotrigine Effects on Neurocognitive Function in Children With Pediatric Bipolar Disorder*

Mentor: Mani Pavaluri, M.D.

David Myles

Yale University School of Medicine

Project: *Self-Affirming Interventions and Academic Resiliency*

Mentor: Andrés Martin, M.D., M.P.H.

Faith Rowland

George Washington University School of Medicine and Health Sciences

Project: *Play Interactions in Mothers and Infants/Toddlers With Feeding Disorders*

Mentor: Irene Chatoor, M.D.

John Sullivan

University of Texas Medical Branch

Project: *Child and Adolescent Psychiatric Care Accessibility Project*

Mentor: Karen Wagner, M.D.

The AACAP/CMHS Jeanne Spurlock Minority Medical Student Clinical Fellows will present their projects during New Research Poster Session F, Saturday, October 28 from 10:30 a.m. to 1:00 p.m.



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 \$3,500 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.



Rashim Gupta

University of South Carolina

Project: *CDT Predicts Heavy Drinking Days in Adolescent Alcoholics:
Preliminary Data*

Mentor: Deborah Deas, M.D.

The AACAP/NIDA Research Fellow will present her research during New Research Poster F, Saturday, October 28 from 10:30 a.m. to 1:00 p.m.

*T*RAINING DIRECTORS WHO HAVE RECRUITED ALL OF THEIR RESIDENTS TO AACAP MEMBERSHIP

The following child and adolescents training directors have recruited all of their residents to be members of AACAP. Since child and adolescent residents are the future of both AACAP and the practice of child and adolescent psychiatry, the AACAP acknowledges and warmly thanks the following training directors for their support. All of their residents have become AACAP members as of September 22, 2006.

A. Reese Abright, M.D.	New York Medical College at St. Vincent's Hospital
Ellen Heyneman, M.D.	University of California at San Diego
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Dorothy Stubbe, M.D.	Yale-New Haven Medical Center
Bonnie Zima, M.D., M.P.H.	UCLA Medical Center



The following members were elected to Fellowship from September 2005 to September 2006.

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Hanan Hassanin, M.D.
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Cathy K. Bell, M.D.
Kaneohe, Hawaii
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ACAP 20 HOUR CLUB MEMBERS

The American Academy of Child and Adolescent Psychiatry is proud to honor the individuals who dedicate more than 20 hours a year to teaching and mentoring medical students in the field of child and adolescent psychiatry. Below is a partial listing of these individuals. A full listing of 20 Hour Club members will appear in the January/February edition of AACAP NEWS.

Thank you for your time and dedication to the field!

- Howard Abikoff, M.D.
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