

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

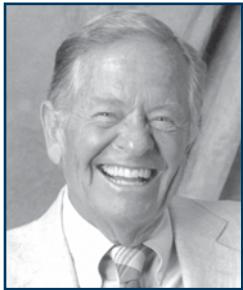


AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

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AACAP CATCHER IN THE RYE HUMANITARIAN AWARD TO T. BERRY BRAZELTON, M.D.



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 2007 Catcher in the Rye Humanitarian Award to T. Berry Brazelton, M.D.

Dr. Brazelton's "Touchpoints" represents opportunities for clinicians to help parents and children through difficult and predictable phases of development. As a child approaches a spurt in development, he often experiences periods of frustration and disintegration or regression. If parents understand the underlying reason for their infant's regressive behavior, they can support and comfort their frustrated child, and not just be baffled by him.

Since there is a predictable map in each developmental line, clinicians can join with parents in their struggle to understand by sharing with parents the concept of the next spurt, how powerful it is, how critical it is, and why it leads to a child's behavior. Each biobehavioral shift or "Touchpoint," which occurs just before a new spurt in development, becomes a powerful opportunity for understanding and participating in family development. Using the child's behavior as the language between parents and provider is a powerful way that Touchpoints can be integrated into multi-disciplinary settings, designed to provide preventive health care to children and families as well as education and peer support.

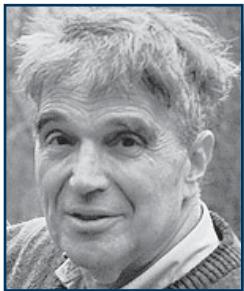
The Touchpoints Approach is based on Dr. Brazelton's pioneering infant research and more than 50 years of listening to parents and children. A noted international expert on child development, Dr. Brazelton is Clinical Professor Emeritus of Pediatrics at Harvard Medical School and the Founder of the Child Development Unit at Children's Hospital, Boston. He is also Founder of the Brazelton Touchpoints Center, a preventative outreach program that trains professionals nationwide to better serve families of infants and toddlers. He is creator of the Brazelton Neonatal Behavioral Assessment Scale (NBAS), which is used worldwide to test physical and neurological responses of newborns as well as their psychological well-being.

Dr. Brazelton will present, "Touchpoints: A Relational Model for Promotion of Infant Mental Health," at the Joseph Noshpitz Memorial History Lecture on Wednesday, October 24 from 11:15 a.m. to 12:15 p.m.

"I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody 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 HUMANITARIAN OF THE YEAR AWARD TO ROBERT COLES, M.D.



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 2007 Catcher in the Rye Humanitarian Award to Robert Coles, M.D.

Robert Coles, M.D., is a child psychiatrist who has written more than 50 books, many of which explore the moral, political and spiritual lives of children. A professor of literature at Harvard University, Dr. Coles is also known as a spokesman for voluntary and community service which was the subject of his book, *A Call to Service*.

Dr. Coles is also a research psychiatrist for the Harvard University Health Services, and a Professor of Psychiatry and Medical Humanities at the Harvard Medical School. In 1973, Dr. Coles received the Pulitzer Prize for two volumes of his five-volume series, *Children of Crisis*. In 1998, Dr. Coles received the Presidential Medal of Freedom, which honors distinguished individuals who have made a special contribution to the welfare and people of the United States.

Thank you all so very much for this honor you are bestowing upon me. It is especially important as it connects with my life's central mission, that of being a child psychiatrist! I have been honored far and wide in my lifetime but my mind and heart have always connected me to the work I learned to do many years ago at the Children's Hospital in Boston, where I learned to move from an initial interest in pediatrics to that of child psychiatry. It was a pleasure and honor back then to work with children, and in so doing, to learn from child psychiatrists how to do that work with some competence. It is an honor and pleasure now to be with all of you here, and thereby, to feel that a long circle of working involvement with children is completed. Again, my heartfelt thanks to all of you. —Robert Coles, 2007

William Beardslee, M.D., will hold "A Dialogue with Robert Coles, M.D." on Thursday, October 25 from 2:00 to 3:00 p.m. in the Commonwealth Room of the Sheraton Boston Hotel.

"I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody 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*



ACAP CATCHER IN
THE RYE ADVOCACY
AWARD FOR ADVOCACY
TO AN INDIVIDUAL TO
ALAN AXELSON, M.D.



The AACAP Catcher in the Rye Advocacy Awards were established in 1996 to recognize an individual, AACAP component, and regional organization for their outstanding advocacy efforts on behalf of children and adolescents. Due to the outstanding work of Alan Axelson, M.D., the AACAP is honored to present to him the 2007 Catcher in the Rye Advocacy Award for working to enhance access to psychiatric services for children, adolescents, and their families by leading AACAP's Campaign for America's Kids Access Initiative.

In medical school I was not only drawn to the complexity and involvement of the individual psychiatric patient but I was also intrigued by how a public health, systems approach to medicine allowed a physician to affect the health of people that he never saw. My choice, more than 35 years ago, to be a child and adolescent psychiatrist started me on a quest to satisfy both of these passions. The support of the Academy staff and many of its members has been an integral part of my adventure, along with the continuing support of my wife and family. I want to share the satisfaction I feel when I see patients grow and develop by working to increase access to psychiatric services. Thank you for the recognition of the Catcher in the Rye award and your commitment to the Access Initiative. —*Alan Axelson, 2007*

“I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody 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 SIMON WILE LEADERSHIP IN CONSULTATION AWARD, SUPPORTED BY THE CHILD PSYCHIATRY SERVICE AT MASSACHUSETTS GENERAL HOSPITAL TO THOMAS ANDERS, 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 Thomas F. Anders, M.D., President of the American Academy of Child and Adolescent Psychiatry and Distinguished Professor of Psychiatry and Behavioral Sciences (Emeritus), University of California at Davis M.I.N.D. Institute.

Many thanks to the American Academy of Child and Adolescent Psychiatry and to the Committee on Collaboration with Medical Professions for the honor of receiving the Simon Wile Leadership in Consultation Award. I remember quite distinctly when, in 1961, as an entering resident in pediatrics at Children's Hospital Boston, I requested my first psychiatric consultation. Richard Galdston, M.D., the consultant was enormously helpful in managing my behaviorally disordered patient and soon became a mentor. Later, as a pediatrician in the United States Air Force, the psychiatrist on the base, again, became a constant source of support and wise counsel in my pediatric practice. After discharge, I decided to change course and enter psychiatry training. That was one decision I never regretted.

As I began my psychiatry residency at Columbia Presbyterian Medical Center, I also joined the research group of Howard Roffwarg, M.D., a young Assistant Professor, interested in understanding the physiology underlying REM and NREM sleep. When I finished my residency, I followed Howie to Montefiore Hospital and Albert Einstein College of Medicine and began, under his mentorship, to pursue my own independent studies of infant sleep-wake state ontogenesis. My clinical activities as the psychiatrist on the pediatric consultation-liaison service complemented my earlier training and experiences as well as my research interests. Sleep disorders research, an area that interfaces closely with pediatrics, has been a part of my professional career ever since those residency years.

Subsequently my wife, Connie Bowe, and I moved to pursue our professional career opportunities. She was an animal sleep researcher in Howie's group who became a pediatric neurologist. My activities continued to be largely housed in pediatrics. Both at SUNY Buffalo and Stanford, the child psychiatry services were based in a Children's Hospital. Clinical work, teaching, and research were most often collaborative. Next, at Brown, I was delighted that we were selected as one of the initial pilot training sites for the Triple Board program, a training pathway that integrates pediatrics, general psychiatry, and child and adolescent psychiatry. Finally, at UC Davis, I was centrally involved in the establishment of the M.I.N.D.

Institute, an interdisciplinary research and training program focused on children with autism and other neurodevelopmental disorders.

Even during these last two years, as President of AACAP, I have been gratified by the strengthened collaborative relationships with the leadership of the American Academy of Pediatrics, and by the ACGME approval of a new training track for pediatricians who wish to pursue training in child and adolescent psychiatry.

So thanks again for this award that signifies commitment to pediatric collaboration, and thanks, also, to the many mentors, friends and colleagues along the way that made it possible. —*Thomas Anders, 2007*

Dr. Anders will present, “Sleep and Feeding Disorders: A Bridge to Pediatrics,” during the Simon Wile Symposium on Saturday, October 27 from 12:00 p.m. to 3:00 p.m.



Dr. Anders is pictured here with his sons, Max, Geoff and Mike. Dr. Anders' wife, Connie is standing in the back.



ACAP JEANNE SPURLOCK LECTURE AND AWARD FOR DIVERSITY AND CULTURE TO ANDRES PUMARIEGA, 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 Andres Pumariega, M.D.

ABSTRACT:

The past 20 years have witnessed a remarkable growth in the population of many minority groups, increasing at a much faster rate than the European-origin population. In many areas of the United States, including most large cities and many states, there are no longer numerical minorities, but a plurality of various ethnic, racial, and cultural groups. By the year 2050 there will be no numerical majority population in the United States, and for children and youth, this is happening much more rapidly. Currently there is no racial/ethnic majority amongst 5 year olds. Socioeconomic and cultural differences in these populations contribute to the development and perpetuation of significant health and mental health disparities. This lecture will discuss the principles underlying the cultural competence model and the evidence behind the need for this model (from developmental, epidemiological, services research, and ethno-genetic and psychopharmacological studies). It will then discuss the evidence for the effectiveness of this model, including in psychotherapy, psychopharmacology, and clinical programs, its implementation in systems of care programs and preventive programs. Finally, it will review the future implications of the model for clinical practice and standards, training and continuing education in child psychiatry, and in research. Child and adolescent psychiatry will need to adopt effective models and approaches to serve those who rapidly are becoming the majority of their patients. The degree to which child and adolescent psychiatry is willing to embrace the cultural competence model may determine its future relevance to the majority of children and youth in the immediate future, as well as its international relevance.

It is a high honor to receive this award from my professional home, the AACAP, and its Committee on Diversity and Culture. It is particularly meaningful for me for three reasons. First, it's important to me because of its association with Jeanne Spurlock, M.D., whom I got to know well and collaborated with over the years, including in the founding of the Committee and advocating for diverse and underserved children and their families. Jeanne was both someone who inspired many of us, but also challenged us to keep our focus on what really mattered for

children and youth. Second, the field of culture and diversity has been the most influential and compelling amongst the various career interests I have sustained. It requires all of the knowledge, skills, and attitudes that I have come to value most in child and adolescent psychiatry: the understanding of development, the evaluation and understanding of the child and his/her total familial and environmental context, the collaboration with various professionals and with natural supports, the scholarly perspective, and the humanistic and advocacy perspective. Third, this award reflects much of my life journey and career.

My career has now spanned more than 27 years after completing my training, and I can now begin to look back and see where I have been with a bit of philosophy. I am a proud child immigrant — generation 1.5. I was born and briefly raised in Cuba, and then emigrated to the United States, where I was raised bi-culturally by parents who were confused and overwhelmed by the life choice they made but determined to make it work for their children. After completing my medical studies, I left the Miami “golden Cuban ghetto” to see the rest of America and have gradually come to embrace it. My own bi-cultural marriage has been my main source of strength during a career filled with many successes (including achieving tenured professorship, heading three child psychiatry programs, two chair positions, and many scholarly works and awards) as well as many challenges. Being true to my origins and my formative experiences, I pursued scholarship in the “softer psychosocial” perspectives (including understanding the role of culture in the mental health of children and families) as well as advocacy for underserved children and families (from poor, minority and immigrant backgrounds, poor children, and children served by our public mental health system) over the hard biological sciences. I have had many wonderful mentors along the way, but Jeanne Spurlock, M.D., has been a role model for me in terms of the passion and persistence needed to serve children and families from diverse backgrounds and to find the most effective clinical and policy solutions for them to live lives as fortunate as mine.
—Andres Pumariega, 2007

Dr. Pumariega will present, “Cultural Competence in Child and Adolescent Psychiatry: Rationale, Evidence-Base and Future Directions,” during Honors Presentation VIII on Friday, October 26, from 1:00 to 2:00 p.m.



ACAP IRVING PHILIPS
AWARD FOR
PREVENTION TO
HAROLD S.
KOPLEWICZ, 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.

Dr. Koplewicz is the Founder and Director of the NYU Child Study Center, as well as the Director of the Nathan S. Kline Institute for Psychiatric Research, the Director of the Division of Child and Adolescent Psychiatry in Bellevue Hospitals Center, Chairman of the Department of Child and Adolescent Psychiatry at NYU School of Medicine, and Senior Vice President and Vice Dean for External Affairs of NYU Medical Center.

Dr. Koplewicz founded the New York University Child Study Center in 1997. Its mission, based on his own vision, is to improve child mental health by expanding scientific knowledge of child and adolescent psychiatric disorders, delivering evidence-based clinical care, and translating and disseminating new scientifically sound information to mental health professionals, pediatricians, educators, parents and policy makers. Today the NYU Child Study Center is one of the leading child and adolescent psychiatric institutions in the world.

Dr. Koplewicz has built up the Child Study Center's clinical practice considerably, and as a result, it has grown into a world-renowned center for child and adolescent psychiatric care.

In May 2006, Dr. Koplewicz became the Director of the Nathan S. Kline Institute (NKI) for Psychiatric Research. Dr. Koplewicz has reinvigorated the 54-year-old institute with his energy and expertise in child and adolescent mental health. The result of Dr. Koplewicz's dedicated advocacy is that Governor Spitzer's budget provided for a \$10 million allocation in capital improvements for the NKI. In addition, the Governor's budget designated funds for 15 new research scientists in child and adolescent mental health. —Harold Koplewicz, 2007

Dr. Koplewicz has chosen to recognize the NYU Child Study Center for the contribution portion of the award.

Dr. Koplewicz will present, "Leadership: From Conceptualization to Actualization," during Honors Presentation III from 3:00 to 4:00 p.m. on Wednesday, October 24.

*T*HE AACAP NORBERT AND CHARLOTTE RIEGER PSYCHODYNAMIC PSYCHOTHERAPY AWARD TO RACHEL SEIDEL, M.D.



The AACAP 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 Rachel Seidel, M.D., for her paper, “Anna, Leaving for College: Interruption, Separation, and Termination in the Psychoanalytic Treatment of an Adolescent Girl With Bulimia.”

ABSTRACT

Summary: An earlier version of this paper was originally published in the *Psychoanalytic Study of the Child*, vol. 61 (New Haven: Yale University Press, 2006) Anna, an articulate, mid-adolescent girl, came to treatment with attachment problems and symptoms that met diagnostic criteria for bulimia, dysthymia, and generalized anxiety disorder. These symptoms were embedded in her character structure, the deformation of which had impaired her relationships and disrupted developmental processes. Dr. Seidel discusses the psychological developments starting in infancy and leading up to mid-adolescence which permit psychological separation. She reviews Anna’s initial evaluation and subsequent treatment, including the adjunctive use of pharmacotherapy and the selection of psychoanalysis as the treatment of choice. An in-depth exploration of psychoanalytic process from this three-year psychoanalysis shows how Anna, talented at working and playing in the transference, was able to use the transference to remember her early life, to learn to experience and to tolerate a range of affects, and to explore old and new kinds of attachments. Dr. Seidel shows how psychoanalysis helped to put developmental processes back on track, resulting in significant intrapsychic and interpersonal change, and allowing Anna to separate psychologically from her parents and to leave home.

I am deeply honored to be selected as the 2007 recipient of the Norbert and Charlotte Rieger Psychodynamic Psychotherapy Award. I am also grateful to my patient, “Anna,” for sharing her mind with me and teaching me so much. It is truly wonderful to be recognized for a value that I—as a practicing child psychoanalyst, psychiatrist, and teacher—hold dear: fostering the development, teaching, and practice of psychodynamic psychotherapy within child and adolescent psychiatry.
—Rachel Seidel, 2007.

Dr. Seidel will present, “Anna, Leaving for College: Interruption, Separation, and Termination in the Psychoanalytic Treatment of an Adolescent Girl With Bulimia,” during Honors Presentation IX on October 26 from 2:00 to 3:00 p.m.



ACAP NORBERT AND
CHARLOTTE RIEGER
SERVICE PROGRAM
AWARD FOR
EXCELLENCE TO
GABRIELLE CERDA, 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 \$3,000 to the nominee and \$1,500 to the service program.

The 2007 Norbert and Charlotte Rieger Service Program Award for Excellence recognizes Gabrielle M. Cerda, M.D. Dr. Cerda is an Associate Professor of Psychiatry at the University of California at San Diego School of Medicine and is clinical director of Rady Children's Outpatient Psychiatry in San Diego, California.

The award honors Dr. Cerda's work with Latino families at Rady Children's Outpatient Psychiatry. In San Diego County, Latinos are an at-risk population with significant unmet needs for mental health services. Health services research reveals that linguistically and culturally competent services may increase accessibility and utilization of services, as well as improve mental health outcomes. Dr. Cerda's program represents an innovative integrated, multidisciplinary, bilingual, and bicultural team approach to mental health care. The Latino Mental Health Services Program is comprised of a team of psychiatrists, psychologists, social workers, and marriage and family therapists. Services are provided across San Diego County at three different clinic-based sites, over 40 schools, and an urgent care walk-in clinic. The Program offers an atmosphere of respect and compassion. Staff helps the youth and their families cope with acculturation and trans-generational issues that compound mental disorders. Most families have lower incomes with bilingual youth whose parents prefer or speak only Spanish. Parents frequently need mental health and substance abuse services yet they encounter formidable barriers to care. Because of the staff's strong relationships with parents and caregivers, they are uniquely suited to provide comprehensive services for children and look to expand services directly to the parents. This Program is vital because Latinos are an ever-growing population throughout the nation, especially Latino youth. These services are a model of innovation and sustainability. They also address prevention, diagnosis, and treatment of mental illnesses in children and adolescents.

Since her earliest stages of training, Dr. Cerda has devoted her clinical career to serving Latinos. She was born in East Los Angeles to immigrant Mexican parents and grew up speaking Spanish as her first language. She was raised in a similar environment to many of the patients she passionately serves and has a personal understanding of the many challenges her families face. Because of this bilingual, bicultural background, Dr. Cerda sees her work with the underserved Latino community as a service she is particularly suited to provide.

With the help of an exceptional team of colleagues, Dr. Cerda has been instrumental in the development and implementation of the Latino Mental Health Services Program at Rady Children's Outpatient Psychiatry. In 2001, this program was honored as "Program of the Year" by the San Diego County Department of Children's Mental Health. In 2002, Dr. Cerda was awarded the University of California at San Diego (UCSD) Equal Opportunity/Affirmative Action and Diversity Award for outstanding service in promoting diversity in her clinical work. From 1998 to 2000, Dr. Cerda was awarded the University of California at Davis (UCD) Hispanic Center of Excellence Faculty Development Award.

Her efforts to combat the stigma of mental illness in the Latino community include appearances on various San Diego Spanish radio programs, and regular participation in bilingual community based mental health conferences. She also served as the psychiatric consultant to a Latino Mental health video in English and Spanish which is currently being disseminated throughout San Diego County: "A Latino Youth Perspective on Mental Health: What Would They Think If They Knew?". Practicing in a border town, Dr. Cerda's outreach efforts include collaboration with Tijuana's School of Social Work in Tijuana, Baja California, Mexico. She is also a member of the AACAP Diversity and Culture Committee and teaches various seminars on cultural aspects of psychiatry for the General and Child and Adolescent Psychiatry Training Programs at UCSD and the community at large.

Dr. Cerda will present, "Latino Mental Health Services: Meeting an Unmet Need," at Honors Presentation I, October 24 from 8:00 to 9:00 a.m.



ACAP NORBERT AND CHARLOTTE RIEGER AWARD FOR SCIENTIFIC ACHIEVEMENT TO HECTOR BIRD, M.D.



The AACAP 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 Hector Bird, M.D., for his paper, “Longitudinal Development of Antisocial Behaviors in Young and Early Adolescent Puerto Rican Children at Two Sites,” published in the January, 2007 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

ABSTRACT

Objective: The report provides longitudinal findings over three waves of a study to assess the early development of antisocial behaviors (ASB) in Puerto Rican children at two sites. **Methods:** Representative samples of Puerto Rican children aged 5-13 years at baseline, and their adult caretakers, were assessed longitudinally at two sites: the South Bronx (SB) in New York City (n=1,138) and the Standard Metropolitan Area (SMA) in San Juan and Caguas, Puerto Rico (n=1,353) (total n=2,491).

Results: There were no differences between the two sites in baseline prevalence, but longitudinal data over two annual follow-ups show that site differences start to emerge over time, with a decrease in risk in the SMA relative to the SB. Rates increase most markedly in SB girls. Onset of ASB was associated with three composite measures of risk at baseline: environmental adversity, negative child characteristics and lack of caretaker warmth and acceptance. Persistently antisocial children tend to be boys whose caretakers are ineffective in structuring and who live in environments of violence and stress. **Conclusion:** The decreased risk of these disorders in the SMA corroborates low rates in Puerto Rico reported in previous research. Youth in the SB were exposed to higher levels of risk factors for ASB.

It is an unexpected but great honor to receive this award from the AACAP. The quality of the articles that appear in our Journal is outstanding so the honor of being selected for the Rieger award is magnified by this fact.

My colleagues and I have, for many years, been puzzled by earlier research findings that suggest that the rates of antisocial behaviors and disruptive behavior disorders among Puerto Rican children on the island are lower than those reported in children elsewhere. A paradoxical finding has been that the rates of criminality on the island are high, in some parameters, such as homicides and robberies, and considerably higher than in other places in the country. It often happens in epidemiologic research that differences in the results of different studies are difficult to compare because the studies have employed different methodologies, focused on different age groups or have fallen prey to the periodic changes in the nosology that

preclude comparisons between studies that employ dissimilar classifications. We designed the present study aiming to either confirm or disprove the previously reported rates among Puerto Rican children on the island, and to see if we could begin to unravel the discrepancies by studying Puerto Rican children in two contexts: one on their native island and another in a community to which many Puerto Rican families have migrated over the past century.

The award is given to me because I am the first author on the publication and the designated principal investigator. But I am but a single cog in the wheel and I share this honor with a large number of other investigators and staff that made the study possible. First, I want to acknowledge my two co-principal investigators: Glorisa Canino, Ph.D., and Rolf Loeber, Ph.D. I also thank Magda Stouthamer, Christina Hoven, Cristiane Duarte, Christine Waternaux, Eva Petkova, Maritza Rubio-Stipe, Rafael Ramirez, Mark Davies, and Patrick Shrout.

Special mention must also be made of Martin Frankel, Naihua Duan, Vivian Febo, Iris Irizarry, Victor Cabrera, Pedro Rodriguez, Judy Wicks, and George Musa. To each and every one of them we are deeply grateful, and all of them share this honor that belongs not just to this publication but to their dedication and the collaborative efforts that made it possible.

Our gratitude extends to the National Institute of Mental Health for having entrusted us with a major grant to carry out this work and lastly but not “leastly” I want to thank my wife Sandra and my daughter Alejandra for their love and support throughout all these years. —*Hector Bird, 2007*

Dr. Bird will present, “Early Development of Antisocial Behaviors in Puerto Rican Children,” at Honors Presentation X from 3:00 to 4:00 p.m., on Friday, October 26.



LAINÉ SCHLOSSER
LEWIS AWARD FOR
RESEARCH ON
ATTENTION-DEFICIT
DISORDER TO
LAURENCE L.
GREENHILL, M.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's late mother, Elaine Schlosser Lewis, who was a special education teacher and advocate for children. Contributions to the fund are encouraged.

This award recognizes: Laurence L. Greenhill, M.D., for his paper, "Efficacy and Safety of Immediate Release Methylphenidate Treatment for Preschoolers with ADHD," published in the November, 2006 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

Objective: To present the Preschool ADHD Treatment Study (PATS), a NIMH-funded, 6 center, randomized, controlled trial to determine the efficacy and safety of immediate-release methylphenidate (MPH-IR), given three times daily (TID) to children, ages 3 to 5.5 years, with Attention-Deficit/Hyperactivity Disorder (ADHD). **Methods:** The 8-phase, 70 week PATS protocol included two double-blind, controlled phases, a crossover-titration trial followed by a placebo-controlled parallel trial. **Results:** Of 303 preschoolers enrolled, 165 were randomized into the titration trial. Compared with placebo, significant decreases in ADHD symptoms were found on MPH at 2.5 mg ($p<0.01$), 5 mg ($p<0.001$), and 7.5 mg ($P<0.001$) three-times daily (TID) doses, but not for 1.25 mg ($p<0.06$). The mean optimal MPH total daily dose for the entire group was $14.2 + 8.1$ mg/day ($0.7 + .4$ mg/kg/day). For the preschoolers ($N=114$) later randomized into the parallel phase, only 21% on best-dose MPH and 13% on placebo achieved MTA-defined categorical criterion for remission set for schoolage children with ADHD.

Conclusion: MPH-IR, delivered in 2.5, 5.0, and 7.5 mg doses TID, produced significant reductions on ADHD symptom scales in preschoolers compared to placebo, although effect sizes (0.4-0.8) were smaller than those cited for schoolage children on the same medication. *J.Am.Acad.Child Adolesc. Psychiatry 2006, 45 (11):1284-1294.*

As a child and adolescent psychiatrist with a strong interest in clinical trial research, it is a great honor and privilege to be a recipient of the Elaine Schlosser Lewis Award for Research on Attention-Deficit Disorder for 2007. Such attention will aid in our quest for new research support to discover better treatments for this disorder. I am indebted to the National Institute of Mental Health for choosing to support clinical trial research for preschool children, and for funding this study. I wish to acknowledge the contributions of the multi-site team of child psychiatrists and child

psychologists, and their staffs of many research assistants at the six performance sites for their great patience in dealing with a new population of children with ADHD, the preschoolers. I'd like to further thank the members of the 11 review committees that provide the necessary scientific and ethical oversight for this trial. Finally, I would like to thank the 303 families who agreed to enter this study, to bring their preschool children with ADHD in for the many visits for care, and to help us by filling out multiple ratings forms. This study is an example of a randomized clinical trial conducted in geographically diverse university settings. We paid particular attention to the protection of human subjects. In my presentation, I will consider the strengths and limitations of the design, and consider how the methods we used could be improved on in future clinical trials in this population.

—Laurence Greenhill, 2007

Dr. Greenhill will present, "Efficacy and Safety of IR-MPH Treatment for Preschoolers With ADHD," during Honors Presentation IV on Thursday, October 25, from 10:00 to 11:00 a.m.

*T*HE AACAP GEORGE TARJAN AWARD FOR CONTRIBUTIONS IN DEVELOPMENTAL DISABILITIES TO FRED R. VOLKMAR, 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.

The 2007 AACAP George Tarjan Award for Contributions in Developmental Disabilities will recognize Fred Volkmar, M.D.

It is an honor to be the 2007 recipient of the George Tarjan Award for contributions in Mental Retardation. In acknowledging the many individuals who supported my development as a researcher and clinician I should first thank my teachers – at the University of Illinois the late J McV Hunt and William T. Greenough, at Stanford the late Alberta Siegel, Tom Anders, and Albert J. Stunkard, and at Yale the late Donald Cohen and Sally Provence as well as John Schowalter and Ed Zigler. I am also particularly indebted to a wonderful group of colleagues – Ami Klin, Rhea Paul, Robert Schultz, Larry Scahill, Andres Martin, Kasia Chawarska, Kathy Koenig, Phyllis Cohen, and others with whom I have had the pleasure to work over the last 25 years. The many patients and families with whom I've worked also receive my thanks – they have been the primary source for my learning about autism and related disorders. Finally my deep thanks to my wife, Lisa Wiesner, and children, Lucy and Emily, who have tolerated my periodic preoccupations and absences and taught me the most about parent and child development.

My interest in autism began as an undergraduate at the University of Illinois after reading the early work of Mike Rutter and Bernard Rimland on autism. After finishing medical school and adult training at Stanford I moved to Yale in 1980 to complete a two year child psychiatry fellowship because I was interested in working with Donald Cohen on autism. Donald had a profound influence on my career with his belief that high level clinical work and research were mutually productive.

My interests have centered around trying to understand the autism in autism, that is the social difficulties that seem to so uniquely define this condition. My career has had various detours including work on *DSM-IV* and, more recently, medical school administration but a central theme for my research has always been a focus on understanding the nature of autism. It has been gratifying over the last decade to see the tremendous growth in the sophistication and productivity of work in the

field. It also has been gratifying to see the increasing number of resources for parents, teachers, and clinicians and, most importantly, the improving outcome for children with these conditions. —*Fred Volkmar, 2007*

Dr. Volkmar will present, “The Social Neuroscience of Autism,” at Honors Presentation V on Thursday, October 25 from 3:00 to 4:00 p.m.



AACAP KLINGENSTEIN
THIRD GENERATION
FOUNDATION AWARD
FOR RESEARCH IN
DEPRESSION OR
SUICIDE TO THE TADS
TEAM

The AACAP Klingenstein Third Generation Foundation Award for Research in Depression or Suicide is supported by the Klingenstein Third Generation Foundation. The award gives \$5,000 for the best paper on depression and/or suicide published in the JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY during the past year.

This award recognizes the Treatment for Adolescents with Depression Study (TADS) Team for the papers published as a special section in the December, 2006 JAACAP.

ABSTRACT

Funded by the National Institute of Mental Health, the Treatment for Adolescents with Depression Study (TADS) is intended to evaluate the short-term (12 weeks) and longer-term (36 weeks) effectiveness of four treatments for adolescents with *DSM-IV* major depressive disorder: clinical management with fluoxetine (FLX), cognitive-behavior therapy (CBT), their combination (COMB), and clinical management with placebo (PBO). We previously reported that COMB and FLX were more effective in reducing depression than CBT or PBO after 12 weeks of acute treatment. In this Special Section of the *Journal*, separate papers extend these findings to the impact of TADS treatments on remission, speed of response, function and quality of life, predictors of outcome, and safety during the first 12 weeks of treatment. To set the stage for the special section, we briefly review the rationale, design and methods of the TADS; describe the TADS sample to which the TADS findings generalize; using all currently available data, summarize the intent-to-treat outcomes across multiple endpoints at 12 weeks; and consider the public health value of the TADS findings in the context of design decisions and methodological limitations of the TADS, including some that may have advantaged the combined treatment condition. Reflecting the ordering of effect sizes at week 12—COMB (.98) > FLX (.68) > CBT (-.03)—combined treatment proved superior to PBO on 15 of 16 endpoints, to CBT on 14 of 16 endpoints, and to FLX on 8 of 16 endpoints whereas FLX was superior to CBT on 8 of 14 and to PBO on 7 of 16 measures. CBT did not differ from PBO on any endpoint. Despite the fact that suicidality improved markedly across all treatment conditions, suicidal events were twice as common in patients treated with FLX alone than with COMB or CBT alone, perhaps indicating that CBT protects against suicidal events. Thus combined treatment appears to accelerate recovery relative to CBT and, for some outcomes, FLX alone, while minimizing the risk of suicidality relative to FLX alone. Taking benefit and risk into account, we conclude that the combination of fluoxetine and CBT appears superior to either monotherapy as a treatment for moderate to severe major depressive disorder in adolescents. *J. Am. Acad. Child Adolesc. Psychiatry*, 2006; 45(12):1393-1403.

The Treatment for Adolescents with Depression Study (TADS) is a clinical trial to test the relative effectiveness of pharmacological and psychotherapeutic approaches, used as monotherapy or in combination, in the treatment of adolescents with moderate-to-severe major depressive disorder. TADS was funded by the National Institute of Mental Health (NIMH) and involved 13 recruiting sites across the U.S. led by a coordinating site under the leadership of Dr. John S. March at the Duke University Medical Center. Besides being the largest controlled treatment study in adolescent depression, TADS has a number of unique features that has made it especially informative about the management of a depression in adolescence.

TADS was launched in 1998, when available data from well-designed and controlled studies supported the acute efficacy of fluoxetine and that of cognitive-behavioral therapy (CBT) for the treatment of adolescents with major depression, but no information was available on the relative effectiveness of these interventions when used alone or in combination. TADS aimed to provide guidance to clinicians and families by addressing a set of clinically relevant questions about the management of adolescent depression. When treating youths suffering from moderate-to-severe depression, how does a well-delivered pharmacotherapy with fluoxetine compare to CBT in terms of benefits and risks? Is there an advantage of combining medication and CBT from the very outset? Answers to these questions are expected to influence treatment decisions in clinical practice. In this respect, TADS can be considered a practical trial because of its relevance to clinical decision making.

TADS, however, also adopted design and methodological elements of classic efficacy research, most notably a placebo-controlled clinical management condition so that the fluoxetine pharmacotherapy could be administered in double-blind conditions. The inclusion of the placebo-controlled condition proved in fact essential for the interpretation of the results, but also introduced an imbalance in masking among the pharmacotherapy only conditions (fluoxetine and placebo, which were blinded) and the psychotherapy conditions (CBT and combined treatment, which were not blinded). Despite its limitations, this “hybrid” design was considered the best compromise for addressing the primary aims of study.

Using broad entry criteria, TADS included a large (N=434) and representative sample of depressed adolescents, of whom about a quarter belonged to racial and ethnic minority groups and half suffered also from another psychiatric disorder. TADS also went beyond acute response to address treatment continuation and maintenance through a cumulative nine-month period. Previous controlled clinical trials have been limited to 2-3 month duration. For features, TADS can inform about the treatment of a major depression episode in its entirety.

The primary results of TADS, published in 2004, provided timely data and helped provide direction to clinicians caught in the controversy about suicidal behavior during antidepressant treatment. TADS clearly indicated that fluoxetine is an effective treatment for adolescents with major depression and is more so than CBT, which actually was not better than clinical management with placebo. While a general reduction in suicidal ideation was found across all treatment arms, a higher incidence of suicidal behaviors occurred in the fluoxetine alone group. These data contributed to the meta-analysis that was conducted by the Food and Drug Administration in 2004. When considering benefit and harms, the combination of fluoxetine and CBT presented advantages over monotherapy.

The papers of the special section in the December, 2006 issue of the *J. Am. Acad. Child Adolesc. Psychiatry* expand on the initial findings and offer new perspectives with implications for both clinicians and researchers. Even though improvement has been typically used as the primary outcome in clinical trials, the aim of treatment of depression should be achieving full remission. An analysis of the TADS data shows that less than a quarter of all the patients reached remission after 12 weeks of treatment, but that the likelihood of remitting was significantly greater with combination treatment (37%) than with the other conditions (Kennard et al., 2006). Another set of analyses indicate that improvement of depression is associated with improvement in level of functioning, indexes of global health and quality of life, and that combination treatment is better than other treatment modalities for these outcomes (Vitiello et al., 2006). However, most patients remain functionally impaired even after three months of intensive treatment, thus underscoring the need for extended treatment of adolescent depression.

Pharmacotherapy, either alone or in combination with CBT, is better than non-pharmacological intervention in accelerating response (Kratochvil et al., 2006). While no suicide occurred in TADS, there were five suicidal attempts, 4 in the medication conditions and 1 in the non-pharmacotherapy ones (Emslie et al., 2006). Suicidal ideation decreased overall, with the greatest improvement in suicidal ideation occurring in the combination treatment.

A systematic search revealed a number of predictors of response (younger age, shorter duration of illness, fewer melancholic features, less hopelessness, absence of anxiety or suicidal ideation, and patient expectation of improvement) (Curry et al., 2006). Furthermore, three interesting moderators of treatment response were identified: severity of depression, degree of cognitive distortion, and socioeconomic background. If confirmed by future research, these findings can provide the basis for eventually developing more individualized treatment approaches to adolescent depression.

TADS has been the largest public health research investment in the area of adolescent depression, and its impact on practice and research will likely be felt for years to come. As typically the case with large multicenter clinical trials, the success of TADS has depended on the coordinated efforts of multiple parties. We are therefore thankful for the Klingenstein award that recognizes the TADS Team for these accomplishments.

Benedetto Vitiello, M.D., will present on behalf of the TADS Team, “The Treatment for Adolescents With Depression Study,” at Honors Presentation VI from 4:00 to 5:00 p.m. on Thursday, October 25.

THE AACAP ROBERT CANCRO ACADEMIC LEADERSHIP AWARD TO ROBERT FREEDMAN, M.D.



The Robert Cancro Academic Leadership Award recognizes either a currently serving general psychiatry Training Director, Medical School Dean, CEO of a training institution, Chair of a department of pediatrics or Chair of a department of psychiatry for his or her contributions to the promotion of child and adolescent psychiatry. Robert Freedman, M.D., recipient of the Robert Cancro Academic Leadership Award will receive \$1,500 and a plaque at the 2007 Annual Meeting in Boston, Massachusetts.

I have had the distinct pleasure and privilege of learning child psychiatry from wonderful colleagues.

Randy Ross came to my laboratory to learn to apply genetic techniques to his already ground-breaking research in the development of the neurobiology of schizophrenia. He taught me much more than he learned from me. I learned about the tragic extent of early severe psychopathology that many children face. The mantra that I had learned that children are somehow protected or even grow out of many disorders was patently not true, and we did these children a disservice by failing to teach our colleagues and ourselves how to recognize and treat psychotic disorders in children. My scientific presentation for this meeting is co-authored with Randy, but I told him that there was more him than me in its content and language.

Marianne Wamboldt, M.D., taught me that children deserve the very best and that anytime we do not do battle for them in the many battles that all of us wage with health care providers, medical care systems, and even medical school themselves, we and our patients are diminished. Her ability to move the un-moveable never fails to astound me.

Debbie Carter, M.D., taught me about adolescence, which I had always felt was turmoil best to avoid, both in myself and others. As I watched her clinical work with children whom I thought were impossible to treat, I realized that her gifts could change their lives. Few of us have that ability, and even fewer share this ability so unselfishly.

As I count their achievements and see the leadership and skills that they bring to bear on what is the most important of clinical and research roles, I feel humbled. If there is an achievement that I credit myself for, it is to advocate myself for what they have identified as important and worth protecting and nurturing. I am deeply appreciative that they felt strongly enough to nominate me for an honor that is accordingly very dear to me. —Robert Freedman, 2007

Dr. Freedman will present, “Developmental Possibilities for Decreasing Risk for Schizophrenia,” at Honors Presentation II on Wednesday, October 24 from 9:00 to 10:00 a.m.

R OBINSON CUNNINGHAM AWARD FOR BEST PAPER BY A RESIDENT TO BENJAMIN GOLDSTEIN, 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 and expanding psychiatric services for children as well as improving standards for training child and adolescent psychiatrists. This award recognizes an outstanding paper on some 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 Office of Research and Training. Contributions to this fund are encouraged.

This award recognizes Benjamin Goldstein, M.D., for “Further Evidence for a Developmental Subtype of Bipolar Disorder Defined by Age at Onset: Results from the National Epidemiologic Survey on Alcohol and Related Conditions,” published with Anthony J. Levitt, M.D., F.R.C.P.C., in the September, 2006 *American Journal of Psychiatry*.

ABSTRACT

Objective: This study examines the relationship between age at onset of bipolar I disorder and illness characteristics among adults in a community sample. **Method:** The National Epidemiologic Survey on Alcohol and Related Conditions identified 1,411 adults with bipolar disorder. For analyses, bipolar disorder subjects were divided into three age at onset groups: childhood (less than 13 years old, N=113), adolescence (13–18 years old, N=339), and adulthood (19 years or older, N=959). **Results:** Nonremitting bipolar disorder was most prevalent among childhood-onset subjects, and childhood-onset subjects were most likely to experience prolonged episodes. Antisocial personality disorder was most prevalent among childhood-onset subjects. Drug use disorders were more prevalent among childhood-onset and adolescent-onset, as compared with adult-onset, subjects. Prevalence of mixed episodes or irritability did not differ significantly between groups. **Conclusions:** Findings corroborate clinical studies: illness characteristics among adults with childhood-onset bipolar disorder are similar to those described in children with bipolar disorder.

It is a true honor to receive the Robinson-Cunningham Award. I have been interested in the association between mood and substance use since my undergraduate studies in psychology at the University of Pennsylvania, and the tremendous burden of substance use in bipolar disorder piqued my interest during my adult psychiatric training at the University of Toronto. I became interested in pediatric bipolar disorder during my child and adolescent psychiatric training, also at the University of Toronto. It surprised me that despite the growing body of empirical evidence regarding pediatric bipolar disorder, much skepticism remained.

Clinical studies of adults with bipolar disorder had shown that onset of the illness in childhood is not uncommon, and that there is increased illness severity in these cases. With the guidance of my mentor, Dr. Anthony Levitt, I set out to examine this topic from an epidemiologic perspective and the results were published in this paper. Throughout my residency, Dr. Levitt was an outstanding mentor. He patiently guided me from framing my research questions to navigating the peer-review process, and fostered my development as a researcher in general. I have had the great fortune of learning from two respected experts in the field, Drs. Boris Birmaher and David Axelson, since joining their team at the University of Pittsburgh one year ago. With their encouragement, generosity, and support I have been able to continue developing as a clinical researcher. I am grateful also to my other mentors and colleagues, Drs. Susan Bradley, David Brent, Oscar Bukstein, and David Kupfer, who have given freely of their time and wisdom. Finally, I would like to thank my father, Dr. Sol Goldstein, whose tireless efforts as a child and adolescent psychiatrist inspired me to follow in his footsteps.

—*Benjamin Goldstein, 2007*

ACAP SIDNEY BERMAN AWARD FOR THE SCHOOL-BASED STUDY AND INTERVENTION FOR LEARNING DISORDERS AND MENTAL ILLNESS TO MICHAEL FARAN, M.D., Ph.D., AND ALBERT SAITO, M.D.



Albert Abramson, President of the Abramson Family Foundation, established The Berman Fund for the Study and Treatment of Learning Disabilities and Mental Illness to honor Dr. Sidney Berman for his dedication to child and adolescent psychiatry and research on learning disabilities. A founding member of the Academy, Dr. Berman was a President of the AACAP (1969-1971).

This award recognizes Michael E. Faran, M.D., Ph.D., and Albert Saito, M.D., for their creation of the Solomon Wellness for Education Program at Tripler Army Medical Center. The program is a model for school-based prevention, early intervention, evaluation, and treatment of military dependent children.

ABSTRACT

Objective: A school based mental health (SBMH) prevention, early intervention, treatment and management program was initiated at Schofield Barracks Army Post. This study reviews the development and outcomes of this program. **Methods:** In 2001 SBMH program began at Solomon Elementary School. An Advisory Board was established of the key stakeholders to provide vision. A Process Action Team was responsible for execution of tasks. Triage of referred children was accomplished by a team. **Results/Conclusion:** The program expanded to 3 elementary schools and a middle school. More than 300 students have been evaluated and treated.

Demographics, diagnoses and gender ratios of the students seen at Solomon were similar to the psychiatric outpatient clinic at Tripler. Crisis plans were established to assist children and families when a parent is severely injured or killed. Most referred students (95%) are seen within 30 days. Referrals to special education for emotional and behavioral problems are drastically reduced. Climate surveys by teachers indicate a high majority felt 1) school was safe for children; 2) school promoted mental health; 3) there were support services for children with mental health needs; 4) parents were involved, and 5) school actively encouraged students to respect the differences of others.

Drs. Faran and Saito will present, "School-Based Mental Health During Wartime and Peace at Schofield Barracks, Hawaii," at Honors Presentation VII from 8:00 to 9:00 a.m. on Friday, October 26.

*B*EATRIX A. HAMBURG AWARD FOR THE BEST NEW RESEARCH BY A CHILD AND ADOLESCENT PSYCHIATRY RESIDENT TO GREGORY ZVI TAU, 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.

I am honored to have been selected for this award for my work with F. Xavier Castellanos, M.D., at the NYU Child Study Center. I would like to express my gratitude to the AACAP for the Beatrix A. Hamburg award and to Dr. Castellanos for his mentorship. Without the guidance and expertise of my collaborators at the Phyllis Green and Randolph Cýwen Institute for Pediatric Neuroscience, Michael Milham, M.D., and Amy Krain, Ph.D., this cutting-edge project would neither have been conceived nor undertaken. I am fortunate that my residency Training Director (and advocate and supervisor), Jess Shatkin, M.D., M.P.H., has expressed his commitment to research by protecting the time it takes to do this work. Finally, special thanks to Harold Koplewicz, M.D., for tirelessly furthering his vision for the NYU Child Study Center. Because of him, the institution falls at the nexus of clinical excellence and translational research. —Gregory Tau, 2007

Dr. Tau will present his research during New Research Poster F on Saturday, October 27 from 9:30 a.m. to 12:00 p.m.

*P*ILOT RESEARCH AWARDS
FOR JUNIOR FACULTY
AND CHILD AND
ADOLESCENT PSYCHIATRY
FELLS 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 the AACAP's Office of Research, Training, and Education and the Work Group on Research, under the direction of Laurence L. Greenhill, M.D.

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

Stacy S. Drury, M.D., Ph.D.

Tulane University School of Medicine

Gene Contribution to Recovery From Early Social Deprivation

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

Melissa Lopez-Larson, M.D.

Cambridge Health Alliance Child and Adolescent Neuropsychiatric Research Program

White Matter Connectivity in Pediatric Bipolar Disorder

Mentor: Jean A. Frazier, M.D.

The 2006 Eli Lilly Pilot Award winners and their projects are:

Michael Bloch, M.D.

Yale Child Study Center

Neurobiological Predictors of Adulthood Outcome in Pediatric-Onset Obsessive Compulsive Disorder

Mentor: James F. Leckman, M.D.

Karen Lommel, D.O., M.H.A.

University of Kentucky Departments of Psychiatry and Pediatrics

Juvenile Primary Fibromyalgia Syndrome in a Female Adolescent Psychiatric Population: Assessment Tools and an Intervention Model

Mentors: Leslie Crofford, M.D., and Catherine A. Martin, M.D.

Beth A. Smith, M.D.

University of Buffalo School of Medicine & Women & Children's Hospital of Buffalo

Depression and Adherence in Pediatric Cystic Fibrosis

Mentor: Beatrice L. Wood, Ph.D., ABPP

The AACAP Pilot Research Award Winners will present their research during New Research Poster F on Saturday, October 27 from 9:30 a.m. to 12:00 p.m.

*A*ACAP PILOT RESEARCH
AWARD FOR ATTENTION
DISORDERS SUPPORTED
BY THE ELAINE
SCHLOSSER LEWIS FUND
TO CHADI ALBERT
CALARGE, M.D.



The following AACAP Pilot Research Award for research in attention 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 AACAP's department of Research, Training, and Education and the Work Group on Research, under the direction of Laurence L. Greenhill, M.D.

The recipient of the 2005 Elaine Schlosser Lewis Pilot Research Award for Attention Disorders is Chadi Albert Calarge, M.D., for "Motor Cortex Excitability in Asymptomatic Adults with Childhood ADHD."

ABSTRACT

Objective: To evaluate motor cortex excitability in asymptomatic adults with an established history of treated attention deficit hyperactivity disorder (ADHD) in childhood. **Methods:** Males involved in the Iowa Longitudinal Study of ADHD completed the Semi-structured Assessment for the Genetics of Alcoholism-II, the Conner's Adult ADHD Rating Scale, and a neurological examination. They also underwent single-pulse transcranial magnetic stimulation to measure resting and active motor thresholds, intracortical inhibition (ICI) and facilitation (ICF), cortical silent period (CSP), and transcallosal inhibition (TI). Given the small sample size, we used the exact Wilcoxon test and Spearman correlation for the analysis. **Results:** Eight participants (4 with childhood ADHD and 4 community-based controls; overall age: Mean (SD)=42.9(2.5)) without any current psychiatric disorder, including ADHD, were recruited. No participant was receiving any psychotropic medications. There was no difference between the two groups on any of the TMS-based variables. Inattention symptoms were associated with reduced ICF ($r= -0.39$, $p=0.4$) but increased duration of CSP ($r= 0.42$, $p=0.4$) and degree of TI ($r= 0.59$, $p=0.1$). In contrast, hyperactivity-impulsivity symptoms were associated with reduced TI ($r= -0.33$, $p=0.4$). **Conclusion:** These data present preliminary evidence involving different neuro-electrophysiological processes in the development of inattention and hyperactivity-impulsivity.

Thank you for selecting me as a recipient of the Elaine Schlosser Lewis Pilot Award. Under the guidance of my mentors, I was able to plan and conduct a research study which, as I've learned, was no minor task. Being a physician, I am trained primarily as a clinician. However, this award has allowed me to acquire a different set of skills, necessary to carry out investigations that could ultimately improve the lives of some of the patients who struggle with psychiatric disorders. I am grateful for this great opportunity. —*Chadi Calarge, 2007*

Dr. Calarge will present his research during New Research Poster Session F, on Saturday, October 27 from 9:30 a.m. to 12:00 p.m.



ACAP PILOT RESEARCH
AWARD FOR LEARNING
DISABILITIES SUPPORTED
BY THE ELAINE
SCHLOSSER LEWIS FUND
TO TODD P. LEVINE, M.D.



The following AACAP Pilot Research Award for research in learning disabilities, 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 L. Greenhill, M.D.

The recipient of the 2006 Elaine Schlosser Lewis Pilot Research Award for Learning Disabilities is Todd P. Levine, M.D., for "Prenatal Cocaine Exposure Effecting Special Education in School Age Children."

ABSTRACT

Objective: To evaluate the effects of prenatal cocaine exposure (PCE) on special education at age 7 with controlling for covariates. **Methods:** As part of a prospective, longitudinal, multisite study of children with PCE (Maternal Lifestyle Study), school records were reviewed for 943 children at 7 years to determine involvement in special education outcomes: 1) Individualized Education Plan (IEP); 2) Special Education Conditions (SE); 3) Support Services (SS); 4) Special Education Classes (SEC); and 5) Speech and Language Services (SLS). Logistic regression was used to examine the effect of PCE on these outcomes with environmental, maternal, and infant medical covariates. **Results:** Complete data for each analysis model was available for 737- 790 subjects. The logistic regression showed significant ($p < .05$) effects of PCE on IEP. Male gender, low birth weight (LBW), white race, and low child IQ also predicted IEP. There were no cocaine effects on SE, SS, SEC, or SLS. LBW and low child IQ were significant in all models. White race was significant in SLS. **Conclusions:** Prenatal cocaine exposure increased the likelihood of receiving an IEP, with adjustment for covariates. The finding that children of white race were more likely to get an IEP and SLS could indicate a greater advantage in getting educational resources for this population.

Working on this project has allowed me to explore the world of child psychiatry research which I continue to pursue as a T32 postdoctoral fellow. It was a perfect complement to the extensive clinical training I had as a Triple Board resident. I would like to thank AACAP, my mentors and advisors at Brown University, and my family for supporting this positive experience. I am looking forward to a career in better understanding the behavioral needs of children and adolescents.

—Todd Levine, 2007

Dr. Levine will present his research during New Research Poster Session F, on Saturday, October 27 from 9:30 a.m. to 12:00 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.

Nalini Agarwal, M.D. *Wayne State University, Detroit Medical Center*
Mina Kae Bak, M.D. *Stanford University*
Paul Ballas, D.O. *Thomas Jefferson University Hospital*
Anna Baskina, M.D. *Johns Hopkins University*
Timothy Beal, M.D. *University of Rochester*
Edgar Jacob Caldwell, M.D. *Maine Medical Center*
Elisa Long Chefitz, M.D. *Montefiore Medical Center*
Marc Charlton Cruser, M.D. *University of Kentucky College of Medicine*
Mark Demidovich, M.D. *Western Psychiatric Institute and Clinic*
Swapna Nishikant Deshpande, M.D. *University of Oklahoma*
Farrah N. Fang, M.D. *Northwestern University, Children's Memorial Hospital*
Susan Therese Garrett, M.D. *University of California, San Francisco*
Yolanda Delisa Giles, M.D. *Wayne State University, Detroit Medical Center*
Heather Elizabeth Goff, M.D. *Yale Child Study Center*
Emily Marie Grossell, M.D. *University of Utah Triple Board Program*
Ellen J. Hoffman, M.D. *Mount Sinai Hospital*
Thomas Ray Hoffman, M.D. *University of New Mexico*
Avinash Hosanagar, M.D. *Western Psychiatric Institute and Clinic*
Megan M. Howard, M.D. *Palmetto Health, University of South Carolina*
Gary Y. Huang, M.D. *University of Hawaii*
Mohammad Jafferany, M.D. *University of Washington*
Heather Lynn Jones, M.D. *University of California, Los Angeles*
Meghna N. Joshi, M.D. *Texas A&M University*

Brooks Keeshin, M.D. *University of Utah*
Matthew N. Koury, M.D., M.P.H. *New York Presbyterian Hospital of Columbia and Cornell Universities*
Aamir Mahmood, M.D. *University of Virginia*
Fauzia Mahr, M.D. *Hershey Medical Center School of Medicine*
Sean Mathew, M.D. *University of Texas Southwestern*
Susan Ann Morine, M.D. *Western Psychiatric Institute and Clinic*
Ori Sarah Ogebe, M.D. *Baylor College of Medicine*
Tamara Palka, M.D. *Maine Medical Center*
Susan Parke, M.D. *University of New Mexico*
Jonathan C. Pfeifer, M.D., M.S. *Cincinnati Children's Hospital*
Susanna Quasem, M.D. *Duke University Medical Center*
Vivianne R. Aponte Rivera, M.D. *Emory University School of Medicine*
Jody D. Robinson, M.D. *University of New Mexico*
Jamison Eugene Rogers, M.D. *Brown University*
Noha Sadek, M.D. *Brown University*
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Ajay Kumar Sharma, M.D. *Thomas Jefferson University*
Pamela Pearl Siller, M.D. *North Shore/Long Island Jewish Medical Center*
Gregory Zvi Tau, M.D. *NYU Child Study Center, Bellevue Hospital Center*
Manzoor Mustafa Usman, M.D. *Medical College of Georgia*
Christopher John Womack, M.D. *University of Chicago Medical Center*
Robbie Jean Wright, M.D. *Baylor College of Medicine*
Yilmaz Yildirim, M.D. *East Carolina University*
Azhar Yunus, M.D. *University of Wisconsin*



ACAP 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.

Freida Aboul-Fotouh, M.D. *Baylor College of Medicine*
Scott M. Albin, D.O. *Mayo Clinic*
Amber N. Burks, M.D. *University of Texas Health Science Center at Houston*
Andrew Ryan Clark, M.D. *Medical University of South Carolina*
Dina Frid, M.D. *San Mateo County Psychiatry Residency*
Mollie Gordon, M.D. *Washington University in St. Louis School of Medicine*
Janelle M. Haider, M.D. *University of California, Los Angeles Neuropsychiatric Hospital & Semel Institute for Neuroscience*
Leigh Austin Hedrick, M.D. *Oregon Health and Science University*
Jessica Hof, M.D. *Louisiana State University Health Sciences Center*
Angelica L. Kloos, D.O. *Thomas Jefferson University Hospital*
Christina J. Lee, M.D. *Yale University*
Scott F. Leibowitz, M.D. *Long Island Jewish Medical Center, Zucker Hillside Hospital*
L. Charolette Lippolis, D.O., M.P.H. *John Peter Smith Health Network*
Marlon P. Quinones, M.D. *University of North Carolina, Chapel Hill*
Kelly M. Rogalski, M.D. *Henry Ford Health System*
Katyna Rosario, M.D. *University of Puerto Rico School of Medicine*
Heather Shibley, M.D. *Medical University of South Carolina*
Nickitas B.A. Thomarios, D.O., M.B.A., M.S. *University of Minnesota*
Dan R. Tzuang, M.D. *San Mateo County Psychiatry Residency*
Andrea Nicole Ward, M.D. *University of Illinois at Chicago*



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.

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



Kiana Andrew

University of Illinois at Chicago College of Medicine

Project: *Nurturing Mental Health Wellness Among Children in Urban Chicago*

Mentors: Johnny Williamson, M.D., and Carl Bell, M.D.



Kittu Jindal

University of Illinois at Chicago College of Medicine

Project: *Longitudinal Study of Neurocognitive Function in Pediatric Bipolar Disorder*

Mentor: Mani Pavuluri, M.D., Ph.D., FRANZCP



Tamara Johnson

Medical University of South Carolina

Project: *Play Interactions in Mothers and HIV Risky Behaviors in an Inpatient Adolescent Sample*

Mentor: Deborah Deas, M.D.



Sonia Lohiya

David Geffen School of Medicine at UCLA

Project: *Stress Response Regulation in Pediatric Obesity in Mexican-Americans*

Mentor: James McCracken, M.D.



Larry Ozowara

Stanford University School of Medicine

Project: *Bioethical Issues in Child Psychopharmacology*

Mentor: Carl Feinstein, M.D.



Martina Sanders-Spight

Yale University School of Medicine

Project: *HIV-Affected Children and Adolescents: Silent Victims of HIV/AIDS Epidemic*

Mentor: Andrés Martin, M.D., M.P.H.



Byron Young

Tulane University School of Medicine

Project: *In Hurricane Katrina's Wake: Effects on Maltreatment in Young Children*

Mentor: Charles Zeanah, M.D.

The AACAP/CMHS Jeanne Spurlock Minority Medical Student Clinical Fellows will present their projects during New Research Poster F, Saturday, October 27 from 9:30 a.m. to 12:00 p.m.



NIDA JEANNE SPURLOCK RESEARCH FELLOWSHIP IN CHILD AND ADOLESCENT PSYCHIATRY



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., Deborah Deas, M.D., through the AACAP Department of Research, Training and Education.

This year's recipients are:

Ivorie Drayton

Medical University of South Carolina

Project: *Combined Pharmaco/Behavioral Treatment for Adolescent Smokers*

Mentor: Himanshu Upadhyaya, MBBS, M.S.

Brian Slater

University of Pittsburgh School of Medicine

Project: *TriState Node of the Clinical Trials Network (CTN) of the National Institute on Drug Abuse*

Mentor: Oscar Bukstein, M.D., M.P.H.

The AACAP/NIDA Research Fellows will present their new research during New Research Poster F, Saturday, October 27 from 9:30 a.m. to 12:00 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 October 5, 2007.

Lee Ascherman, M.D.	University of Alabama at Birmingham
Maryellen Davis, M.D.	Case Western Reserve University
Arden Dingle, M.D.	Emory University School of Medicine
Mary Beth Lake, M.D.	Northwestern University
Sandra Sexson, M.D.	Medical College of Georgia



AACAP FELLOWS

The following AACAP members were elected to Fellowship from September 2006 to October 2007.

Abby Lois Wasserman, M.D.

Harrison, New York

Member of the AACAP since 1982

Jane Pope, M.D.

Chapel Hill, North Carolina

Member of the AACAP since 1980

J. Calvin Chatlos, M.D.

Old Bridge, New Jersey

Member of the AACAP since 1984

Joan Evelyn Kinlan, M.D.

Washington, D.C.

Member of the AACAP since 1974

Russell Scheffer, M.D.

Brookfield, Wisconsin

Member of the AACAP since 1994

Henrietta Leonard, M.D.

Providence, Rhode Island

Member of the AACAP since 1987

ACKNOWLEDGMENTS

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AACAP Sidney Berman Award Fund
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AACAP Furman Initiative Fund
AACAP Elaine Schlosser Lewis Fund
AACAP Klingenstein Third Generation Foundation Award Fund
AACAP George Tarjan Fund
AACAP Irving Philips Fund
AACAP Robinson-Cunningham Award Fund
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AACAP Simon Wile Fund

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The Jack Davis Foundation
Helen Beiser, M.D.
Ronald Filippi, M.D.
Richard L. Chorney, Ph.D. and Grove School
The Klingenstein Third Generation Foundation
Lasdon Foundation
The National Institute of Mental Health
The National Institute on Drug Abuse
The Norbert and Charlotte Rieger Foundation

Honors Book Editor Erin Baker
Honors Book Assistant Editor Gabriel Robbins

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

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