

american society for adolescent psychiatry

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Winter 2013

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FROM THE PRESIDENT R. GREGG DWYER, M.D., Ed.D.

Winter season's greetings to all! It is amazing that we are rapidly approaching another annual ASAP conference. It is also amazing that we often mark the passing of time, like a new year, by the events that reoccur rather than the date. It has been a busy year for ASAP with the debut of our new website.

Although still being developed, what has been open to public use is impressive. Not only does it showcase the society, but the site is now a vehicle for networking members and announcing to the general public the specialized services of our members for the adolescent population. Possibly most importantly it brings us online with other national professional organizations in the age of electronic communications surpassing use of paper mail with such routine tasks as membership applications.

Another critical task of this year has been and continues to be the recruitment of new members. As the fees for memberships increase for all organizations, clinicians must be selective about which get their money and time. We have sought to make ourselves a worthy choice with the website being one point of attraction. Another effort has been marketing to our non-psychiatrist colleagues within medicine and among other disciplines. The networking and clinician search feature of the website will serve all the professionals serving adolescents.

In addition, with the 2013 conference we began offering continuing education credits for disciplines other than medicine. Doing so serves to be tangible proof of our commitment as an organization to welcome our non-physician colleagues as full members.

In keeping with being a resource to our members and as part of the expansion of website services, we are still actively pursuing an online continuing education option. Although still under development, the goal is a feature in which members can access educational modules that can be completed on their own schedule and if the accompanying test is passed, credit hours will be awarded. Credits are being sought across disciplines as we are doing for the in-person conference attendance. We have made a major step forward to this goal with the launching of the new website which has interactive capacity.

I invite all members to share their thoughts with the ASAP governing board on all matters of interest to the members and specifically on topic of maintaining the organization's viability. What are our ideas on how to recruit new members and keep the current one's coming back each year?

Enjoy the winter holiday season and I will look forward to seeing you in March in Baltimore!

R. Gregg Dwyer, M.D., Ed.D.
ASAP President



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ASAP Web Site: <http://www.adolescent-psychiatry.com> • e-mail: adpsych@aol.com

Mark Your Calendar

The 2014 ASAP annual meeting will take place in Baltimore, Maryland March 28-30, 2014. The theme of the 3-day conference will be "The Review and Update of Adolescent Psychiatry in the 21st Century". The return to a 3-day format will allow for enhanced CME credits.

Sheldon Glass, M.D.
Program Chair



Classified and Drop-In Advertising Available

Ads must be received at the ASAP office by the following deadlines: Summer issue – June 1; and Winter issue – December 1st. Copy should be typed and doubled space.

For classified ads, a check to cover the cost at \$1.00 per word (minimum \$25.00 per ad) must accompany the order. For an additional \$12.50 an advertiser who does not desire to be publicly identified may use an ASAP "Box Number" and will be sent copies of resumes or other information sent to the box.

For drop-in ads, rates are as follows: Underwriting a complete issue, \$1500. This entitles the advertiser to exclusive advertising rights in that issue, with two full pages of advertising. Full page ad: \$350; one-half page ad: \$250; one-quarter page ad: \$150.

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2014 Annual Meeting – Baltimore, Maryland

Review of Adolescent Psychiatry in the 21st Century

The American Society of Adolescent Psychiatry (ASAP) is hosting its 2014 annual meeting in Baltimore, Maryland. The meeting will be held at the Grand Historic Venue. It is an exciting time for adolescent psychiatry. Our field is confronting a significant time of change. The adolescents of the world are reflecting that change and it is our responsibility as adolescent mental health professionals to understand and develop the skills necessary to work with them.



As part of that responsibility, ASAP is expanding its annual conference-adding a third preconference day - which this year will address School Mental Health. The preconference on school mental health will be given in association with the faculty of the Johns Hopkins School of Education, the Johns Hopkins School of Public Health, the APA Foundation, and Cedars-Sinai Medical Center of Los Angeles, California.

The conference is drawing its faculty from the medical community of Baltimore. The Schonfeld lecture will be given by Dr. Robert Findling, Professor and Director of Child & Adolescent Psychiatry at Johns Hopkins and Vice Chair of the Department. Dr. Findling has been honored with numerous awards. His clinical manual of Child and Adolescent Psychopharmacology is in its second edition. He is the co-author of Cognitive Behavioral Therapy for Child and Adolescents. He has co-headed the Longitudinal Assessment of Manic Symptoms (LAMS) - an NIMH funded study that followed some 700 children with elevated irritability and sudden mood changes which suggested bipolarity.

The conference will address major topics of concern to adolescent mental health professionals including anxiety, substance abuse, eating disorders, trauma, mood dysregulation, ADHD, the adolescent sex offender, bipolar disorder, mood disorders, psychosis prodrome and atypical anti-psychotic treatment.

This year the ASAP Welcome Reception and Dinner will be Saturday evening at the National Aquarium of Baltimore, one of the premier aquariums in the country. Baltimore hosts many exciting attractions including Fort McHenry (Birthplace of The Star Spangled Banner); The Baltimore Museum of Art, featuring its famous Cone Collection; The Walters Art Museum with its extraordinary exhibitions; The American Visionary Art Museum; The Jewish Museum of Maryland; The Reginald F. Lewis Museum of African American History and Culture; The Baltimore Symphony Orchestra; Center Stage; The Lyric Opera House; Johns Hopkins, and, of course Washington, DC which is only 45 minutes away.

ASAP has reserved a block of rooms at The Embassy Suites (Hotel Tremont), 222 St. Paul Place, Baltimore, Maryland 21202. 410-727-2222 at the rate of \$149.00 per night.

We are looking forward to an exciting conference and hope you can bring your expertise and suggestions.

Sheldon D. Glass, M.D., M.Ed.
President Elect, Program Chair

Position Statements by the 3 Nominees for APA President-Elect

Renee Binder, M.D.

I would like to thank the American Society of Adolescent Psychiatry for inviting me to prepare a position statement that hopefully will encourage you to vote for me for President-Elect of the American Psychiatric Association. I will begin by focusing on three examples of my accomplishments that are specifically relevant to Adolescent Psychiatry.



(1) Amicus Brief in *Ropers v. Simpson*: When I was Chair of the APA Committee on Judicial Action, I coordinated the writing of the amicus brief in the *Ropers v. Simmons* Supreme Court Case. We argued (and the US Supreme Court accepted our argument) that the death penalty should not be imposed on adolescents who committed crimes when they were younger than 18. The psychiatric argument in our amicus brief was that adolescents have immature brains and therefore are not as responsible for their actions as adults. The brief was influential in the US Supreme Court's decision to prohibit the imposition of the death penalty.

(2) Support for Adolescent Psychiatry in my Chair's role: When I served as interim Chair of the UCSF Department of Psychiatry, I helped secure a multi-million dollar gift to support the UCSF Young Adult and Family Center for youth over the age of 12. This demonstrates my strong support for the important work done by adolescent psychiatrists.

(3) Work as Forensic Psychiatrist with the Juvenile Justice System: In my role as Director of our forensic psychiatry fellowship program, I have had our child and adolescent forensic psychiatrists consult to our Juvenile Hall and do forensic evaluations of adolescents who are involved in the juvenile justice system. I have recently co-authored a paper on how adolescents and adults with Autism Spectrum Disorders are handled by the courts.

I have had a variety of experiences that make me qualified to be APA President-Elect and President.

APA EXPERIENCE: I have previously served the APA in multiple roles. In the Assembly, I have served as Area 6 Representative and Deputy Representative. I have served on the Board of Trustees as Trustee-at Large. In the components, I have been Chair of the Council on Psychiatry and the Law, the Committee on Judicial Action, and the Committee on Confidentiality. I have also been President of my District Branch and State Society.

ACADEMIC EXPERIENCE: I am a Professor and Associate Dean of Academic Affairs at the University of California San Francisco. My areas of research relate to violence and suicide risk assessment in populations with major mental illness. I am author or co-author of over 100 peer reviewed journal articles. For the past three years, I served as Interim Chair of the Department of Psychiatry at UCSF, and the CEO and Director of Langley Porter Psychiatric Hospital and Clinics. I managed a budget of 100 million dollars.

EDUCATIONAL EXPERIENCE: In addition to being an active teacher of psychiatric residents and medical students, I am the founder and Director of the ACGME approved forensic psychiatry fellowship at UCSF.

COMMUNITY AND CLINICAL EXPERIENCE: I was Director of the acute inpatient unit at Langley Porter hospital for 20 years. I worked closely with community agencies and served patients ages 16 and over. Throughout my career, I have continued to treat and evaluate outpatients and inpatients.

PUBLIC POLICY EXPERIENCE: I served as an APA Congressional Health Policy Fellow in the US Senate and worked on health policy in the 2004 Presidential campaign.

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OTHER ORGANIZATIONS: I have served as President of the American Academy of Psychiatry and the Law and was a Senior Examiner and member of the Forensic Psychiatry Steering Committee of the ABPN.

If I am elected, I will strongly advocate for the needs of our patients, including children and adolescents. We must ensure that we have adequate resources under health care reform to treat patients with mental illness. We must provide adequate care for adolescents to try and prevent serious problems in the future. Research and education also need to be well-funded.

Whomever is elected APA President-Elect in 2014 will be faced with the implementation of the Patient Protection and Affordable Health Care Act and will need to ensure that health care reform initiatives include access and payment for psychiatric services. My experiences as Department Chair, Hospital Administrator, and Health Policy Fellow, as well as my experiences with the ABPN, as an educator, and as a clinician make me uniquely qualified to deal with these issues effectively. Please vote for me so that I can work for you. I welcome your input and feedback. Please see my website: renee.binder.com

James Nininger, M.D.

I appreciate the opportunity to address the American Society for Adolescent Psychiatry in my bid for the office of President-Elect of the APA. I am in private practice and enjoy the clinical mix of a sub-specialty in geriatric psychiatry and work two days a week with adolescents at the Pleasantville Cottage School in New York. There I evaluate and treat mostly inner-city adolescents with histories of trauma, neglect and substance abuse. The work is gratifying and reinforces my admiration of the resilience of many adolescents when allowed to receive the proper psychiatric attention. As a Board member of the American Psychiatric Foundation, I have been involved in a program "Typical or Troubled" where teachers are taught to recognize early signs of psychiatric distress in their students to then attempt to secure timely treatment. Positive results have been empirically demonstrated, and currently training is underway in Miami which has the fourth largest public school system in the country.



PERSONAL AND PLATFORM STATEMENT: These are critical times to ensure that patients have access to quality care by psychiatrists, that psychiatrists play key roles in emerging health care systems and models of integrated care, and that we are pro-active in seeing that parity is actualized and further in-roads to our scope of practice thwarted. I have always been committed to increasing diversity in our organization and addressing the needs of under-served patients.

EXPERIENCE: I am a full-time clinician. I know our members' concerns. As a geriatric psychiatrist I know the Medicare Sustainable Growth Rate must be permanently fixed. Through working with inner-city adolescents I know the devastation of under-funding of services and the dedication of many International Medical Graduates and minority representatives, many of whom serve valiantly in the public sector. As a member of Disaster Psychiatry Outreach, I am aware of the need to train psychiatrists in helping those traumatized by natural or man-made disasters and would seek funding to train psychiatric point-persons in all states to have teams at the ready. Having participated in many APA "Advocacy Days", I am aware of the need to educate members about key legislative initiatives related to mental health and to instruct psychiatrists how to effectively lobby. I would favor holding a national "Legislative Institute" as in years past. At the New York County District Branch I established the first Task Force on Psychiatry and Nursing Homes, chaired the Committee on Aging for 14 years, and was among the first group of psychiatrists to volunteer services to the homeless. I volunteered at Pier 94 and Ground Zero with Disaster Psychiatry Outreach following 9/11, and in Louisiana following Katrina. I am Vice-Chair of the Steering Committee on Practice Guidelines and recently was a member of the DSM-5 Clinical and Public Health Committee.

MEMBERSHIP must have value. To attract and retain new members we should provide as Member Benefits tools

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for Maintenance of Certification, the use of Quality Measures, and the use of Electronic Health Records. FOCUS should be provided free of charge to members. Mentorship should be evident in all spheres of the organization. DSM5 should become an evidence-based “Living Document” as should our Practice Guidelines.

LEADERSHIP: I have been elected to serve term-limits as Area II Trustee, New York State Psychiatric Association President, and Speaker of the APA Assembly. I was a recipient of a NAMI Exemplary Psychiatrist Award in 2006. I work well with diverse groups to establish consensus and feel ready and eager to serve as your President if elected.

Mark Rapaport, M.D.

As a parent and as someone who is both a clinician and a leader of a Department of Psychiatry I have become increasingly aware and concerned about the state of mental health care for adolescents and young adults. In our Department at Emory University, we have changed the name of the Division to the “Division of child, adolescent and young adults” (although not yet on our website) because of our recognition of the need to develop programs for adolescents and transition age youth. We have developed specific programs in mood disorders, adolescent ADD, eating disorders, and anxiety disorders because of the need to serve this vulnerable and underserved group. We have also created a program for adolescents and young adults with autism spectrum disorders and forged a partnership with our student health services to create a program where our faculty provide the day-to-day care for Emory students and it is a major teaching site for our residents and fellows. We have partnered in the development of outreach programs around teen suicide, substance use and other mental health needs. We are working with the Department of Mental Health and our Community Service Boards to develop a Community Psychiatry Training Program for both Child and Adult psychiatry trainees; we hope to launch this in 2015. I am describing our accomplishments because I believe that actions are more important than merely words.



I strongly believe that we need to increase awareness of: (1) the fact that the onset of most mental illness is in adolescence and young adulthood, (2) that substance use disorders are a major and poorly appreciated problem with adolescents and young adults, (3) there are too few treatment programs specifically available for adolescents and young adults, and (4) we need to enhance the training of both our adult residents and our child fellows in area of adolescent and young adult mental health. I think that the implementation of parity and the extension of coverage until age 26 by the ACA are important steps forward that create an opportunity for improved services for adolescents and young adults. I emphatically believe that if we intervene early in the course of illness during adolescence and young adulthood we can change the course of the disorders and of peoples' lives. In my platform I describe the need to establish a strategic consensus for the APA so that all of us in psychiatry can work on parity and access to care in a coherent and multi-year fashion. Enhancing access, treatment programs, and training of psychiatrists to appreciate the unique concerns of adolescents and young adults certainly needs to be part of this strategic initiative.

Platform:

I would like the honor of serving you as President of the APA. We are at a critical juncture in the history of American psychiatry caused by a confluence of events: healthcare reform, a continued lack of true parity, transitions in leadership at the American Board of Medical Specialties (ABMS), and decreased federal funding for training, research and clinical activities.

If elected, I will seek to create a consistent strategic consensus about our priorities by engaging all components of the leadership of our organization (executive leadership, staff leadership, BOT, and the Assembly) in the development and implementation of these goals. I will ensure we are active and effective advocates for 21st

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century psychiatry.

My proposed strategic priorities are to:

- 1) Redouble our efforts to operationalize and implement parity for psychiatric patients.** I will emphasize the unique skill sets of psychiatrists: we are physicians who are experts in the brain and psychotherapies, pharmacotherapies, and somatic therapies to treat our patients. *Psychiatrists* need to lead the development of new integrated healthcare treatment teams.
- 2) Partner with the American Board of Psychiatry and Neurology (ABPN) to modify MOC criteria.** With the transition in ABMS leadership, we have an opportunity to shape MOC and thus MOL to meet the needs of psychiatry.
- 3) Increase our membership and member engagement.** A) *Engage and educate* medical students about the advances in brain and behavior research and the exciting future of psychiatry; B) *Highlight* the full range of activities and services the APA provides and facilitate access to these services, and C) *Develop* a dues structure that is sensitive to the huge debt burden on young psychiatrists.
- 4) Generate more income for the APA to serve members.** Financial stewardship is a critical issue for our organization. I will emphasize not only maintaining the reserve generated by DSM 5 but also **creating programs** that are financially sustainable yet provide service to our members. *The FOCUS System of Lifelong Learning is an example of such a program that provides needed educational benefits to our members while generating \$1 million/year.*
- 5) Create tools and processes that permanently enhance communication and alignment within the APA.** We need to develop better and more formalized approaches for regular communication between the Assembly and Board of Trustees.

Dates and Location for 2015 ASAP and ISAPP Meeting Finalized

Gregory Barclay, M.D. and Lois Flaherty, M.D.*

Mark your calendars for the next meeting of the International Society of Adolescent Psychiatry and Psychology (ISAPP), which will be a joint meeting with ASAP and will be held in New York March 26-29, 2015 at the New York Marriott East Side Hotel, 525 Lexington Ave, New York, NY. It will be the first ever joint meeting of the two societies. ISAPP was founded in the 1980s by a group of American and European psychiatrists. Michael Kalogerakis, Derek Miller and Sherman Feinstein, all ASAP past presidents, were involved in its founding. ISAPP, which until recently met once every four years, has had one previous meeting in the US, and met in 2007 in Montréal, Canada, but otherwise has met in Europe. Attendance at the last meeting in 2011 in Berlin was close to 600, and included attendees from North and South America, Europe, Africa, the Middle East, and Asia.

Given that we anticipate that this will be a large meeting, we are planning to have concurrent sessions and workshops in addition to plenary addresses. The East Side Marriott is near Grand Central Station, and is a 10-15 minute walk to Times Square. It has been recently refurbished. A room block has been reserved at the hotel, at a rate of \$299 per night. It would be advisable to reserve rooms early, as they are likely to sell out. Reservations can be made by calling the hotel at (212) 755-4000 and identifying yourself as attending the ASAP/ISAPP meeting.

*The 2015 Presidents-elect of ASAP and ISAPP respectively

APA DOINGS...November 2013

By
ASAP member Richard Ratner, M.D.

Comes November and the falling leaves, the APA Assembly meets in Washington, DC, to conduct its business (it meets a second time at the annual meeting in May). Once again I attended representing ASAP as part of a group of affiliated organizations (including, for example, Psychiatry and Law, Group Psychotherapy, Addiction Psychiatry and others) known as the AAOL's.

Since I last wrote, the APA has appointed a **new Executive Director**, replacing Jay Scully. His name is Saul Levin, and he comes from a career spanning many years representing APA at the AMA, as well as running a consulting firm involved with healthcare. His last day job was as head of the DC Department of Health, where he was my daughter's boss, for several months. Not that it matters, but he was born and brought up in South Africa, came to this country in the eighties and has worked here since. I have known him for years and find him a savvy and informed guy. He gave a talk introducing himself to the Assembly and appears to have the issues APA is facing well in hand.

The other big personality that made an appearance was **former Congressman Patrick Kennedy**, who has started a new organization and is remaining active in the field of improving mental health for all. He gave an extremely intense speech including passionate statements about his opposition to stigma and the need for further research into the brain to advance mental health. He talked candidly about his own battle with mental illness (including substance problems and bipolar disorder) and his gratitude to our colleagues who have helped him recover. He said that the inner space of the brain was as important to study as outer space and referred to brain scientists as the 'astronauts' of this inner space.

A **'Profile of Courage'** award was made to a colleague from Mississippi who attempted to open a mental health clinic in a small underserved town, where neighbors, in full NIMBY fashion, got the town officials to reject its establishment. The psychiatrist took things up to the state court level, and eventually won the right to do so. It was clearly even more challenging, because he is an international medical graduate, so that one can imagine Xenophobia supplementing the stigma against mental illness.

As many of us anticipated, the **publication of DSM 5** has put a lot of new money into APA's coffers. As of

November 1, it was said to have sold close to 500,000 copies and brought in something over \$36 million. Generally, the APA's membership has stabilized, at around 33,000 for now.

Some of you may remember that Congress passed **legislation that was supposed to enforce parity** for our patients relative to what insurance pays for medical procedures completed by other specialties. Of course such laws don't take effect until the regulations have been written, and it turned out that just when we met, these regulations came out after something like five years. One can get a read on the details somewhere on the APA website (www.psych.org), but because there are so many loopholes in terms of which plans are covered, I have no idea whether our members will see much change. It was, however, considered quite a milestone by APA staff.

There was less passion expressed over **MOC**, in part because there is a new head of the American Board of Medical Specialties (ABMS), who is in the process of reworking the requirements. Expectations are that the more obnoxious (especially for psychiatrists) portions of the new performance in practice requirements may be scaled back.

The relationship of **affiliated organizations to the Assembly** continues to be discussed. Last year an action paper was approved to fund our representatives for this November conference at the same level that District Branch and State Association delegates, who make up the bulk of the Assembly, are funded. Currently, the larger organizations, e.g., Psychiatry and Law, pay their reps to attend, and smaller ones, like ASAP, do not because they lack the funds. This seems somewhat discriminatory toward smaller groups, which sometimes have no one with the time and money to come to DC to represent their organizations on their own dimes. One negative response from the APA has been to subject our groups to a harder scrutiny regarding whether, in fact, each of us has enough members who are APA members to allow us to remain affiliates. However, under consideration is lowering the percentage of members who need to be APA members in order to be represented. This is



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being considered, in part, because the Academy comes in just under the established number of APA members and thus under current rules could not be included as an affiliate.

The main business of the Assembly at these meetings is to review and approve **action papers** for referral to the Board of Trustees for action (which they don't necessarily have to take). A number of them, along with proposed position papers, were placed on the Consent calendar, where if they are not removed for further discussion, are automatically passed. These are generally motherhood-and-apple-pie documents such as, for example, updating an outdated paper on marijuana, calls for privacy in electronic medical records, opposing legislative intrusion on reproductive choice, or calling for adequate mental health care for 'detained immigrants with mental illness.'

Among the **papers considered by the Assembly and passed** were those establishing work groups to establish guidelines for interacting with caregivers; opposing access of mental health records by government agencies; and calling on the VA to stop allowing immediate and complete access by veterans to their mental health records without some form of oversight. Another paper pointed out that the loan forgiveness program for new employees of the Veterans' Administration is less generous and takes longer to get than similar programs for various branches of the Public Health Service. We passed a motion asking APA to lobby for benefits for VA physicians commensurate with the incentives existing at other federal agencies. Yet another paper submitted by some members in training requested that APA change the way it refers to them from Member-in-Training (MIT) to Resident-

Fellow Member (RFM). This would bring us into line with usage in other medical specialties, the ACGME and the National Board of Medical Examiners. It passed.

Finally, one interesting paper suggested sending out referenda for the membership to vote on, not with the annual ballot for officers, but instead with the annual dues billing. The theory is that nearly everyone pays dues, but a dispiritingly small number of members vote annually. This means that nearly any referendum item going out to the membership when accompanying the ballot will fail, simply because not enough members bother to vote. In essence, this makes the referendum process a meaningless exercise and in essence concentrates more power in the Board of Trustees. This paper was referred for further study.

Jim Nininger, Renee Binder, and Mark Rapaport will be running for **president-elect**. Jim, a private practitioner from New York City, is someone with long service in the Assembly. Renee Binder, a forensic psychiatrist out of San Francisco, is also well known in the APA, is a past president of AAPL, and very smart. I don't know Dr. Rapaport, but I'm told he is the Chair at Emory. Being an academic will give him a strong base of support, while Renee is likely to benefit from her long history with and service to AAPL. Make up your minds and when the ballots come, please vote.

The next APA Annual meeting is in **New York City, May 3—7, 2014**. Maybe I'll see you all there.

Editor's Note: Dr. Ratner receives no monetary support or compensation for his attendance as our representative at the APA Assembly meetings. We thank him for his many efforts given freely on our behalf.



Dr. Kevin Gray received the 2013 Schonfeld Award from Dr. Gregg Dwyer

ASAP is in Charm City

By ASAP Newsletter Columnist, James Gilfoil, M.D.

Hard as it is to believe, ASAP meets this year in Charm City—Baltimore, or as the locals say “Bawlamer.” Better be careful you don’t brain freeze on that one. Yes, Bawlamer, oops, sorry, Baltimore is more than that colorful waterway stop on 95 to DC. It actually has some good restaurants in a compact downtown area that is quite navigable. Here are some ideas about how to enjoy this surprising gem.

Go to Greektown. Yes, Baltimore has one, and it’s more than what you expect of a Little Italy—they’ve got one of those too—or a Chinatown. Take *Ouzo Bay*, the stylish newcomer that was picked the #1 restaurant in the entire Baltimore area by Baltimore Magazine. Chic, hip, sleek, this restaurant has it all. Excellent, fresh seafood, as you would expect, even demand in any restaurant that says it’s Greek, along with terrific Greek specialties, good cocktails, and a superb wine list. Want a Texas albarino, do you? They’ve got one. And, to top it all off, the “in crowd” is there, so that’s where you belong, right? Just check on some of those fresh fish, like the Dover sole. \$55 a pound, so, even though you love Dover sole, like me, you might want to go for that branzino or the dorade. On second thought, since this is one of the few deductions left, I’ll take the sole.

In the same Harbor East area as *Ouzo Bay* is the venerable *Charleston*—long regarded as the best restaurant in Baltimore. Though it was rated #2, Baltimore magazine was at pains to say that this was not because *Charleston* had slipped, but because *Ouzo Bay* was so good. Chef, and co-owner, Cindy Wolf is terrific, and her shrimp and grits with Tasso ham and Andouille is legendary. The wine list from Tony Foreman, the other co-owner, is wonderful, as are the wine pairings. So, order anywhere from 3 to 6 courses, put yourself in their hands, and prepare to be amazed. Then, you know how to resolve that issue about whether or not *Ouzo Bay* has truly displaced *Charleston* from the top of the restaurant heap. By the way, Zagat rated *Charleston* #1 for food, décor, and service—a Triple Crown winner.

Another must on your list is Spike Gjerde’s *Woodberry Kitchen*. The most popular restaurant in Baltimore, it’s a short cab ride from downtown. It’s in a converted mill, it’s homey, warm, and hip, with great, inventive food and absolutely superb cocktails—the head of the “cocktail program” got nominated for a James Beard

award. It’s also, as you would expect, quite a few price points down from *Charleston*.

Another great choice in the Harbor East area is newcomer *Fleet Street Kitchen*. More low-key than *Charleston*, with a bit more meat-focused menu, the food is outstanding. Don’t forget, by the way, that we are by the Bay, and this is one seafood obsessed city, so the denizens need a break with more options for the carnivorous. You can’t eat crabs all the time. Well, now that I think about it, that’s one of those thorny philosophical problems, like whether or not there’s such a thing as too much foie gras. I contend you can eat crabs all the time, and, I’d like to give it a try. The problem is one’s palate gets dulled. So, why aren’t these medical geniuses working on that problem along with trying to come up with some of those cures for cancer? Let’s get something we can use every day before we get sick. Anyway, *Fleet Street Kitchen* does a great head cheese or, as I call it, Cajun foie gras. And the desserts! How about a chocolate rum soup? Wonderful.

Another good choice in Harbor East in the Four Seasons is *Wit and Wisdom*—it’s also subtitled “a Modern American tavern by Michael Mina.” Apparently, it had a shaky start, but has ironed out some of the kinks and is doing excellent food and drinks in a knockout space, perhaps one of the prettiest in town. And, you can eat there for breakfast, lunch, or dinner. Lobster corn dogs or lobster pot pie, anyone?

For Italian, I would walk right across the street from *Charleston* to the Wolf-Foreman team’s handsome enoteca/trattoria *Cinghiale*. The sliced meats and wines are a must. Wolf and Foreman also have a good French bistro a short cab ride away in *Petit Louis*. Two of their other restaurants are well worth considering—*Pabu* and *Pazo*. *Pabu* is a Japanese izakaya or pub with some very creative food, excellent sake—if you like that sort of gasoline, and outstanding sushi. *Pazo*, another of my top choices, features Spanish and Italian cuisine with great cocktails and wines. It’s a pretty good formula.

Fells Point is that formerly grungy, now gentrifying area just east of Harbor East, and it has several good restaurants worth considering. The *Black Olive* may



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not be quite as good a Greek restaurant as *Ouzo Bay*, but it's close, with the same sort of menu. Wonderful fresh fish, excellent Greek specialties, and an outstanding wine list. Another good and winning formula. Consider *Kali's Court* which is very good, again with wonderful, fresh seafood. Another on my short list is *Thames Street Oyster House*. There's a great lively bar downstairs, but upstairs has a killer view and terrific seafood! What a shock! The Oysters Rockefeller are sensational, as is the spinach and fried oyster salad with bacon vinaigrette—now there's a surf and turf I can get into. The crab cakes are outstanding. Add some homey desserts and you're in heaven—or is it Fells Point.

Back to those crab cakes. To my mind, or I guess

my palate, the Chesapeake Bay crab cake is one of the great wonders of the food world. The crab meat is perhaps the best in the world, and the crab cake is a little spicy—I guess from Old Bay and/or cayenne. I've never had anything that came close—anywhere! So be sure and sample as many as you can. Also, don't forget the food markets—Lexington, Belvedere, Cross Street—just check with some locals or the concierge for tips about them. They're a bit like the Reading Terminal Market in Philadelphia, and they'll have stands with good or great crab cakes.

So, get ready to have a great time in Charm City. Just make sure you've got that Hep A vaccine up to date and are ready for your seafood gorge.

A Night at the Opera “Lost Childhood”

By ASAP Past President, Lois Flaherty, M.D.

The first full concert performance of Janice Hamer's opera “Lost Childhood” was performed in Bethesda, Maryland at the Strathmore Music Center November 9, the 75th anniversary of Kristallnacht*. ASAP Members David Cline, Joan Kinlan and Lois Flaherty attended along with several members of AACAP and their guests.

The opera and theme of post-Holocaust dialogue was the subject of several articles in a special section of the fall 2012 issue of *Adolescent Psychiatry* guest edited by David Cline. “Lost Childhood” depicts the real life story of Yehuda Nir, a child and adolescent psychiatrist who, as an adolescent, survived the Holocaust with his mother and sister by pretending to be Polish Catholics, and a fictional dialogue between the adult Yehuda (“Judah”) and a German psychiatrist (“Manfred”) who is the son of perpetrators.

The opera has been a work in progress and has been partially staged in various forms over the past several years. The *Washington Post's* critic discovered when he arrived that he had personal connections to some of the people involved in the performance and thus could not write a review. However, there is a blog post at <http://www.washingtonpost.com/blogs/classical-beat/post/a-lost-lost-childhood/2013/11/14/a9186e20-4d55-11e3-ac54-aa84301ced81_blog.html>. According to one discussant, the opera “addresses post-Holocaust feelings of victimhood, guilt, grief, anguish and anger. [Janice] Hamer's powerful and complicated score, combined with the libretto drafted by her cousin, Baltimore librettist Mary Azrael, combined to leave much of the audience—and, indeed, many members of the National Philharmonic that performed the music—in tears, but contemplative of the complex work they'd just experienced.” Another wrote that it was an “intimate personal story as experienced through a child's sensibility—enabling us to understand the irrevocable lifetime impact every brutal war has on its innocent victims, and especially on its children.”

The *Lost Childhood* was commissioned by the American Opera Project <http://www.operaprojects.org/lostchildhood.html>. It is based on Yehuda Nir's memoir “The Lost Childhood.” Gottfried Wagner, upon whom the character of Manfred is loosely based, collaborated with the composer and librettist.

**Editor's note: The Kristallnacht was a series of coordinated attacks against Jews throughout Nazi Germany and parts of Austria on 9–10 November 1938, carried out by SA paramilitary forces and non-Jewish civilians. The name Kristallnacht comes from the shards of broken glass that littered the streets after Jewish-owned stores, buildings, and synagogues had their windows smashed*

Conference in Ankara, Turkey Focusses on Adolescents and Globalization

Lois T. Flaherty, M.D.

I just returned from Ankara, Turkey, where I attended a joint meeting of the International Society for Adolescent Psychiatry and Psychology (ISAPP) and the 18th National Symposium on Adolescent Mental Health, organized by Füsün Çuhadaroglu Çetin, who is the head of child and adolescent psychiatry at Hacettepe University School of Medicine in Ankara, and the president of the Turkish Association for Child and Adolescent Psychiatry. It was a terrific meeting and brought together adolescent psychiatrists, psychologists and other mental health professionals from around the world. Turkey, which since the beginning of civilization has been a bridge between East and West was uniquely suited as a venue for the conference.

Many of the ISAPP leadership were there. Past-president Enrico de Vito, current President Annette-Streeck-Fischer and I (President-elect) presented an introductory course in adolescent psychiatry on the first day. My lecture was on evaluation and formulation and adolescent psychiatry, Enrico spoke on attachment theory, and Annette's topic was psychoanalytic and neurodevelopmental theories of adolescence. The idea was that this might be the first step in developing a curriculum for adolescent psychiatry that might be presented over the course of several meetings. Many of you will remember that for several years an all day review course was given on the day prior to the ASAP meeting.

The theme of the conference was "The Adolescent in a Globalizing World." The program included a combination of plenary lectures, workshops, posters and brief presentations, on topics as diverse as attachment, mentalization, trichotillomania, child brides in Turkey, and the Gezi Park demonstrations in Istanbul last spring. The proceedings will be published

in *Adolescent Psychiatry*. It is clear that our colleagues in other countries are concerned with many of the same issues as we are and face similar challenges with respect to limitations placed on treatment of adolescents, scarcity of resources, and problems of access to care. The global recession clearly has had an effect on the mental health of youth, with high rates of unemployment increasing stress and disorders, at the same time that services are being cut back.

I was one of the keynote speakers and gave a lecture on global aspects of adolescent psychiatry, in which I reviewed some of the WHO data and epidemiological methods. Neuropsychiatric disorders now account for the majority of the global burden of disability (GBD) among youth aged 14 to 25. Although mortality rates have decreased in every age group, they have decreased less among adolescents than older or younger groups. Drug and alcohol abuse, smoking, motor vehicle accidents, and problems related to teen pregnancy are not only significant causes of death around the world, but have long-lasting effects on health. Just as in the US, most adolescents who need mental health services do not get them. The problem is especially acute in the developing world.

One of the advantages of attending an international conference is that it promotes an awareness that adolescents around the world face similar problems, and mental health professionals are similarly challenged to provide treatment for them. The joint ASAP and ISAPP meeting planned for New York March 26-29 2015, which Greg Barclay and I are organizing, will give us an opportunity to network with our colleagues from around the world and learn from each other.



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In Memorium

Editor's Note: This fall, ASAP lost two of its heroes, Bertram Slaff, M.D., and Ghislaine Godenne, M.D., both of whom were instrumental in building and supporting ASAP each making many contributions to the society and the field of adolescent psychiatry for many years. A tribute to their life and contributions to ASAP is planned at our upcoming annual meeting in Baltimore.

Bertram Slaff, M.D.

Dr. Bertram Slaff died at home on October 11 at the age of 91. Bert was born in Passaic, New Jersey, October 19, 1921. He was a cum laude graduate of Harvard College and received his MD from the Long Island College of Medicine. He served as a captain in the Army Medical Corps 1946-48. In 1949 he entered private practice and began his long association with the Child-Adolescent Division of the Mt. Sinai Department of Psychiatry, becoming an Associate Clinical Professor of Psychiatry. In 1958, he co-founded the New York Society for Adolescent Psychiatry and was a past president of the American Society for Adolescent Psychiatry, which gave him its Distinguished Service Award.

A past co-president of the Panamerican Forum for the Study of Adolescence, he had also been vice-president and treasurer of the International Society for Adolescent Psychiatry. He was a past president of the New York Council on Child Psychiatry and recipient of its Hulse Award. Bert also had a passion for literature. He was the "first reader" for novelist and dear friend, the late Coleman Dowell and was his literary executor. Bert also was a member of the Board of Directors of the Dalkey Archive Press, a not-for-profit literary publisher. Bert will be remembered for his mentoring of young colleagues, his careful listening, and his deep respect for his patients. He was the beloved brother of his late sister, Estelle Schneider and he is survived by his nephew, Stephen Schneider, and his niece, Dr. Louise Schneider.

A personal remembrance of my uncle, Bert Slaff

By Louise Schneider, M.D.

Bert Slaff, my uncle, started taking me to ASAP meetings when I was in my early 20's. His most treasured professional association was with ASAP. Even when he was in his late 80's and could barely hear, he would attend the meetings, missing a lot of what was going on, but happy to see his friends and colleagues. Many of his travels were with colleagues from ASAP. He loved the informality and warmth of ASAP and it truly was another home for him.



Bert died in the Manhattan apartment he adored, across from the Guggenheim museum and the Central Park Reservoir. He read the New York Times every day and relished inviting guests to the Harvard Club. He walked back and forth to his office on Madison Ave. He was the person I felt the closest to in my family. I had the experience with him of being listened to carefully and deeply. He had talked with me about his work from the time I was an early adolescent, showing me paintings by his patients, sharing his passion for his work with one patient who had a psychotic illness. I was struck by the depth of his respect for his patients, always seeing past the illness to the person.

Bert and I were both drawn to literature. He was involved in the careers of such well known children's book

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authors as Maurice Sendak and Louise Fitzhugh (HARRIET THE SPY) and each of them dedicated a book to him. Bert's partner for over 30 years was Coleman Dowell, a highly creative novelist, playwright, composer, pianist, and gourmet cook. Bert was Cole's "first reader" and supported Cole's work even after his death, administering his estate and seeing many of his books translated into other languages. Bert had a gift as a mentor and was an appreciative reader of other friends' writings.

I am now a psychiatrist in San Francisco specializing in adolescents and their families. I would never have been able to follow this path without Bert. My identifying with Bert and his profession was also a way of separating from him, the way one has to separate enough from deeply loved people to move into one's adult life. I will always miss him.

Ghislaine Godenne, M.D.

By Sheldon Glass, M.D., ASAP President-Elect



Dr. Ghislaine Godenne, known to her friends as "Gilly" died on November 23, 2013. Dr. Godenne was a former President of the American Society for Adolescent Psychiatry in 1981-82 and for many years was a regular attendee at our annual meetings, frequently as a presenter. She was a Professor of Psychiatry, Pediatrics and Public Hygiene at Johns Hopkins University. She founded the Adolescent Psychiatric Clinic at Hopkins in 1964. Dr. Godenne was the author of several publications and a "sought after" lecturer internationally. She was the recipient of several awards. In 1973 she was appointed Director of the Johns Hopkins University Counseling and Psychiatric Services which she held until 1995 when she retired. In 1991, the King of Belgium bestowed upon her the title of Baroness to honor her for the many significant contributions that she made to her field of medicine.



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Book Review Corner:

Depression and Your Child: A guide for parents and caregivers

by Deborah Serani (2013, Rowman & Littlefield), 221 pgs., hardback, \$32.00 US,
ISBN 978-1-4422-2145-1.

Reviewed by Kevin J. Zimmerman, Ph.D., LMFT, Iowa State University, Ames, Iowa.

Having experienced depression as a child leading to her suicide attempt, Deborah Serani infuses personal insight and compassion into her clinical expertise on childhood depression. The writing style is professional but warm, smart but accessible to a broad audience. Her primary audience is parents, with an aim of helping them to find treatment for their child, to create a supportive home environment, and to encourage parents to care for themselves as well. The book's ten chapters end with a case study that illustrates the concepts discussed in each chapter. Appendices include a medication side-effect checklist for children and adolescents, a list of nearly 400 well-known people with depression or bipolar disorder to encourage the reader that people with depression can lead meaningful lives, and eight pages full of resources to support children with depression and their parents. Finally, readers seeking more information can find chapter notes and a bibliography.



The first three chapters cover typical childhood development, symptoms that may indicate childhood depression, and how childhood depression is diagnosed. Depression affects 1 in 40 toddlers, 4% of preschool children, 5% of children ages 6 to 11, and 11% of adolescents. Suicide is the third leading cause of death among 15- to 24-year-olds. These first three chapters clearly explain which symptoms to watch out for.

Chapters 4 and 5 discuss treatments for depression. Chapter 4 covers psychological and medical treatments, and Chapter 5 addresses ways that parents can reduce depressive symptoms without professional help, and for this reason may be the most practical chapter in the book for parents. Her focus is on flooding the five senses with stimuli that counteract the dulling effects of depression. For example, she suggests for sight: bright light therapy in the morning, and surrounding oneself with brightly colored objects and enjoyable images; for smell: negative ionizers that help balance serotonin levels and pleasing aromas; for taste: delicious foods and increased essential fats, found in fish, eggs, and olive oil, and that make up 60% of our brain; for touch: warm showers, exercise, and massage for reducing the stress hormone cortisol and increasing the bonding hormone oxytocin; and for hearing: listening to upbeat music or soundscapes of birdsong or the ocean to increase dopamine levels. Many clinicians may benefit their clients with mild depression by considering the beneficial effects of such sensory stimuli.

In Chapters 6 through 9, Serani addresses common concerns that parents might have about children with depression. Chapter 6 begins with a discussion of non-suicidal self-injury, such as cutting, and ways to help children to reduce self-injury. The second half of the chapter addresses suicidality in children, suicide prevention plans, and what occurs if a child needs to be hospitalized. In Chapter 7, she discusses what parents should expect regarding the efficacy of psychotherapy and medication, and the potential side effects of psychoactive drugs. Chapter 8 covers parenting tips and the importance for self-care. She debunks 20 myths about childhood depression in Chapter 9, and Chapter 10 finishes the book with comments on planning for the child's future and a note of hope that people with depression can still lead full, meaningful lives.

Depression and Your Child manages to be both well-researched and easy to read, proving valuable both to clinicians and to parents who care about improving the lives of children with depression.

Dr. Zimmerman is an individual, family, and couples therapist affiliated with Barclay & Associates, P.C., in Ames, Iowa.

CONSENT TO TREATMENT OF MINORS

As with adult patients, psychiatrists are responsible for obtaining informed consent from the person with legal authority to consent to treatment, prior to treating a minor.

GENERAL RULE FOR CONSENT TO TREATMENT OF MINORS:

The law has traditionally considered minors to be incompetent to give consent for medical treatment. Most states have statutes that govern who may consent to treatment and under what circumstances.

Generally, a parent or legal guardian must consent to the treatment of a minor. Written consent for treatment should be obtained from the parent(s) or legal guardian and maintained in the patient's record. Consent given by one who does not have the legal authority to consent is NO CONSENT. Individuals who do not have the legal authority to consent to treatment often present minors for treatment (grandparents, babysitters, stepparents, siblings, etc.).

Additionally, although informed consent must be obtained from the parent or legal guardian with authority to consent, for all but the youngest children, informed assent from the minor is important.

EXCEPTIONS TO THE RULES OF WHO MAY CONSENT:

There are various statutory and judicial exceptions to the rules of who may consent to a minor's treatment, including – but not limited to – the following:

- Most states allow emancipated or "mature minors" (as determined by state law) to give consent for mental health treatment.
- Minors of a certain age have been granted the right to consent to specific types of treatment in some states.
 - For example, several states permit minors to obtain psychiatric treatment and/or substance abuse treatment without parental consent.
- In an emergency, treatment may be provided without consent.
 - **Caution:** A child may be presented for emergency treatment when it is questionable that a true "emergency" exists. This may occur when the presenting party does not have the legal authority to consent, but has other motives for obtaining medical intervention and the related medical records.
 - The physician must make a clinical decision about whether treatment is appropriate when a minor is presented for treatment under the emergency exception. The documentation in the record should include the clinical rationale for the decision.



Do not treat a minor under an exception to the consent law unless you have confirmed that the exception is valid and applies to the particular situation under the laws of your jurisdiction. Also, documentation in the record should support treatment under the exception.

SEPARATION, DIVORCE, AND CHILD CUSTODY:

If the minor's parents are separated or divorced, the psychiatrist should take reasonable steps to determine which parent(s) has the legal authority to consent to treatment.

The rights of parents should be set out in a custody decree or divorce decree, which is an official court document signed by a judge.

- The psychiatrist should request copies of any custody or divorce decrees and all modifications.
- The record should include request for such documents and the steps taken to verify proper consent.
- Copies of documents should be reviewed carefully and maintained in the patient's record.

Even when a custody or divorce decree exists, parents may still disagree about who may give consent. The psychiatrist should not treat the child (unless an emergency) until the parents agree or a court order settles the issue.

LEGAL GUARDIAN OR GUARDIAN AD LITEM:

Psychiatrists may have patients for whom a guardian ad litem or legal guardian has been appointed to represent the interests of the child. It may be that a state agency has legal custody of the child and is the legal guardian.

The responsibilities and limits on authority of the guardian will be stated in a court order. Psychiatrists should obtain a copy of the court order and examine it carefully prior to treatment to determine any limits on the ability of the legal guardian to consent to treatment of the child.

Note: This discussion is for informational and education purposes only and should not be relied upon as legal advice.

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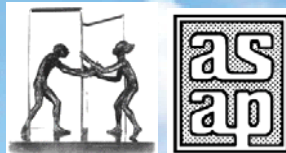
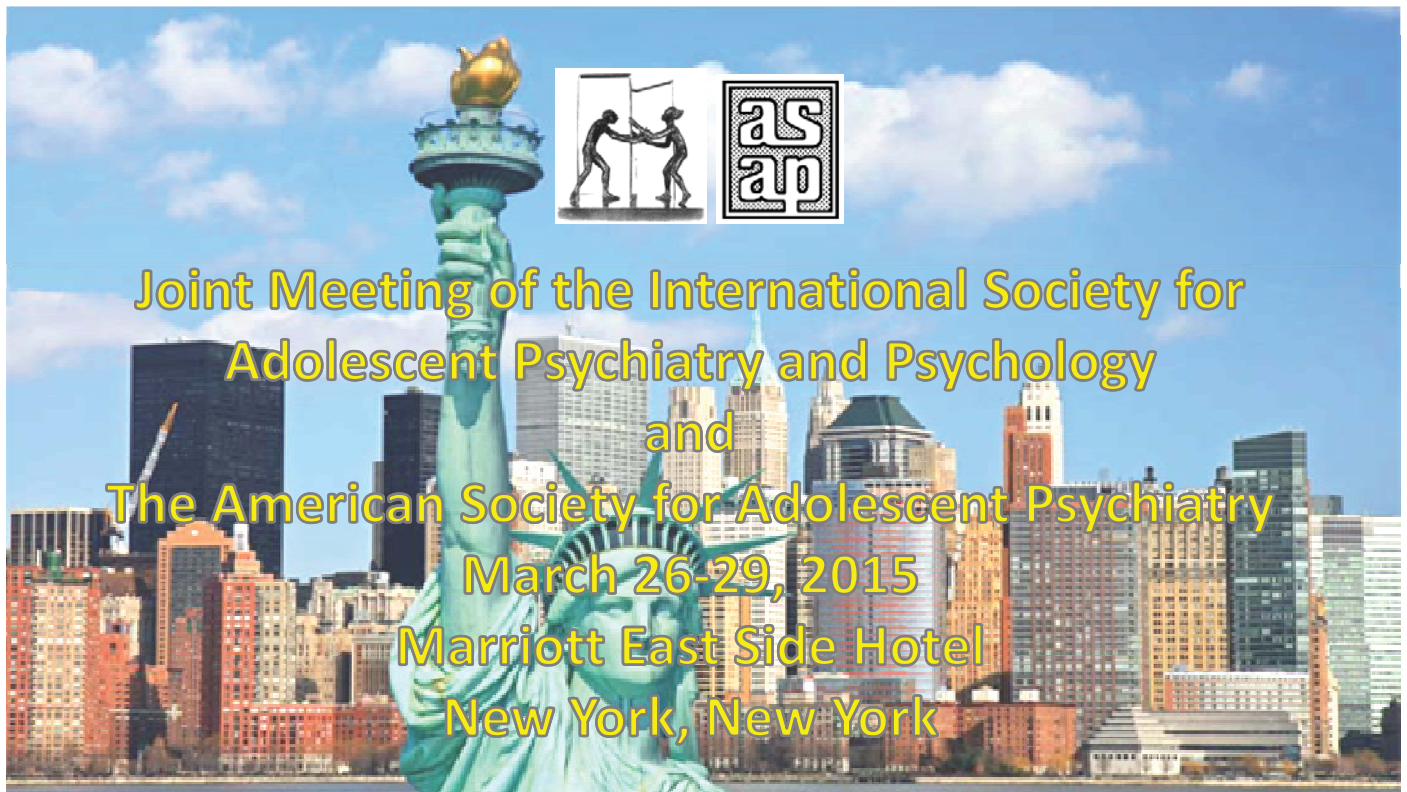
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