



# american society for adolescent psychiatry

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**Gregory P. Barclay, M.D., Editor**

**Fall 2011**

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## FROM THE PRESIDENT DEAN DE CRISCE, M.D., FAAFS

Dear ASAP members, we hope that this fall and upcoming holiday season is a propitious time for you, your friends and family. We at ASAP are moving along with plans to assess our member's needs, and put processes into place which will revitalize, sustain and invigorate our membership.



Our organization has taken steps to assess our member's needs; we sent out a Survey Monkey questionnaire in order to gather information about which directions you would like to see us move towards. About a quarter of our membership completed the survey, most of whom have been members for greater than 10 years. All responses were helpful and appreciated!

In a summary of our findings, we found that the majority of respondents reported important membership benefits to be continuing education, networking opportunities, professional reinforcement and adolescent psychiatry certification. Interestingly, half never utilized our web resources, however half visited up to a few times per month. Topics for which members desired more focus included, in order, psychotherapy, psychopharmacology, addiction, forensics, upcoming DSM V changes and neurobiology. These topics might serve as direction for future annual meetings.

Respondents noted that they were very satisfied with our annual meetings, opportunities to participate, our Journal, and Newsletter. Some reported that they were dissatisfied with the lack of ability to receive patient referrals from ASAP, our committee meetings, and website resources. Members desired such expanded services as the ability to register online for events, programs for members in training, links to ASAP from other organization's websites, notification of relevant CME events, a mentorship program, outreach to non psychiatry mental health professionals, and website developments. Website improvements included links to member's personal pages, the ability to search for a provider/member by location and website tabs providing information to the public separate from information provided to professionals.

A final question was given, asking members if they would be willing to participate in suggested actions. Favorably, a number responded with interest in participating in a mentorship program with new members, participating in a committee for early career professionals and members in training, participating in a committee for allied mental health providers, and as liaisons with other psychiatric and mental health organizations. Other suggestions proposed in the questionnaire included, having an ASAP sponsored course at the APA, and involving ourselves with other mental health professionals and their organizations.

What should we do with this information? Well, primarily it serves to provide us with an essential 'to do list' of where ASAP leadership should focus. It is clear that some of these interests and decisions will be a process. We can begin changes today, and it is my hope that regular assessments by questionnaires of this type can

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### Mark Your Calendar

#### ASAP 2012 Annual Meeting

The annual meeting will be held again in New York on March 31 - April 1.



### Classified and Drop-In Advertising Available

Ads must be received at the ASAP office by the following deadlines: Summer issue – June 30; and Fall 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.

The acceptance of advertising by this Newsletter does not in any way constitute endorsement or approval by ASAP Newsletter or ASAP of any advertised service product.

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**Web Site:** <http://www.adolpsych.org>

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be sent out to measure our success. Our progress in these areas should take into consideration the following thoughts and realities.

At this time of year many of us receive multiple requests to renew memberships in various organizations, which can be quite costly. I believe that this may lead many of us to seriously inspect the value that these organizations hold for us, considering the realities of perhaps a few thousand dollars in combined membership fees. Therefore a very reasonable question is, 'what does ASAP have to offer?'

ASAP offers education and advancement in adolescent psychiatry for all mental health professionals. ASAP puts together a prestigious Annual Meeting and various local programs. The following are just some of our recent activities: Under the guidance of Past-President Lois Flaherty, our journal "Adolescent Psychiatry" is now available in its fourth volume published by Bentham Science. This volume features a focus on eating disorders, with additional articles on substance abuse treatment, self injury, bipolar disorder and other topics by international writers. Members are afforded special subscription rates. Peer reviewers, article submission, and editorial help are always welcomed.

Past President Richard Rosner is editing a project to be published in the coming year by Wiley Publishing, entitled The Clinical Handbook of Adolescent Addictions featuring some of our members as chapter writers. Past President Stephen Billick, in conjunction with the New York Academy of Medicine has organized and participated in a number of local NY-SAP programs, the most recent of which was "Psychiatric Aspects of Pediatrics, Medicine and Surgery," in November 2011 that included a catered reception.

Our Annual Meeting will be held this coming year in March 2012, in New York. The Program Chair and President-Elect, Dr. Gregory Bunt,

has plans for an exciting conference with prestigious speakers at the NYU-Bellevue Hospital Center (please refer to his column in this Newsletter for more details). We are offering discounts for our members, and individuals in training. We hope that you will join us for this informative and enjoyable event. We also encourage our members to participate, whether in planning or in presenting at future conferences. Please look out for our registration materials, and join us at the Member's Business meeting and Past President's Dinner in which all are welcomed. These are but some of the educational and social activities that ASAP has to offer.

ASAP, further, has plans through its Journal and educational programs to potentially join forces with the International Society for Adolescent Psychiatry and Psychology. Dr. Lois Flaherty is instrumental in that regard as an officer of that organization. This may allow us a wider scope of influence, and provide for an international exchange. Many others among our active members are involved in multiple professional endeavors, providing access to a wealth of experience and connections. Again, this is another benefit that ASAP has to offer.

However, what ASAP uniquely offers is more than these exciting academic pursuits. ASAP offers the opportunity to make a real difference, to become involved, to develop leadership skills, to 'change the playing field.' While many of us have memberships in various professional organizations, most of us are relatively passive in our participation. This may be because of real time constraints and conflicting obligations. However, it is likely that at least part of the reason for passivity is that, in many organizations, we represent only a very small voice in a large sea of members. This is not the case with ASAP. As has been stated elsewhere, ASAP is the only professional organization dedicated

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solely to the mental health and wellbeing of adolescents. Our numbers are relatively small, despite the fact that any scan of contemporary media notes increasing concerns regarding teen suicide initiatives, school mental health projects, teen crime, bullying, teen sexuality, sexual harassment, risky behaviors and family dysfunction. These issues are then guided and addressed by the National Institute of Mental Health, the American Academy of Pediatrics, and other psychiatric and mental health organizations that have a broader focus, rather than an organization whose focus is precisely these issues. We can all do more here, and the 'to do list' initiated through your responses gives us an organizational initiative. Each of us, by becoming more involved, and bringing new members, CAN make all the difference.

Our governing board meets at regular intervals to discuss issues of this type. We meet through videoconferencing, as pioneered by Past-President Joseph Kenan, allowing us more frequent ease of contact. In our upcoming meeting,

I will propose a renovation of our committees to address the topics that you have offered, allowing a means for greater individual participation. The committees might then have the ability to carry out the necessary tasks desired. We will discuss the restructuring of committees based on action topics such as: early-career/members in training, educational activities, liaison, web activities, certification, allied mental health, revenue, special topics, and membership. Some of these committees already exist, and need your assistance to act and to grow.

If I wished to look for standards in infant milestones, or early parenting guidelines, I would look no further than the American Academy of Pediatrics, or perhaps the American Academy of Child and Adolescent Psychiatry. If I wanted information about heart disease, who is more respected than the American Heart Association? If I sought information about maternity health, I would start at the American Congress of Obstetricians and Gynecologists. It is my hope, and I know the hope of

other active ASAP members, that when questions arise about teen problems, tragedies, and advances, that it is the name of ASAP, and members of ASAP, that are consulted. There are few others!

As dues statements are issued for the coming year, please let your colleagues, associates and trainees know about our organization. Let them know that they are needed, and their input makes a difference! Our membership drive offers incentives for established members to recruit new members. We are offering a ten percent discount to your membership dues, for each new member referred!

Please feel free to contact me, or the ASAP office if you have any comments about this article, or wish to become more involved. I look forward to seeing many of you in the months ahead.

With best regards and holiday wishes,

Dean De Crisce, MD, FAAFS  
ASAP President  
[Decrisce.md@gmail.com](mailto:Decrisce.md@gmail.com)



ASAP Governing Board Meeting



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# 2012 Annual Meeting New York City

Gregory Bunt, M.D.  
ASAP President-Elect  
Program Chair



The American Society for Adolescent Psychiatry is hosting its 2012 Annual Meeting at the Farber Auditorium at Bellevue Hospital in New York City. The 2012 meeting “Adolescents and Addictive Behaviors across the Spectrum” will host a program of regional and national experts in Adolescent Psychiatry, Addictions and Co-occurring Behaviors. Some of the latest developments in this area will be particularly relevant for the practitioner of Adolescent Psychiatry. New challenges for clinicians and researchers in the field of adolescent psychiatry will be illuminated.

The American Society for Adolescent Psychiatry is a national organization of psychiatrists, and other mental health professions, serving to address the special needs of teenagers and young adults. We are the only national psychiatric organization dedicated solely to the mental health and well being of adolescents. ASAP provides certification in adolescent psychiatry, continuing professional development, and local and national networking for its members. We encourage you to become part of our organization and participate in our national conference.

The 2012 meeting, which will take place on March 31st & April 1st, will feature two full days of state-of-the-art presentations by experts in the field of addiction and adolescents. While the focus of the conference presentations will be on the theme of addictions, there

will be a broader overview of topics pertinent to adolescent psychiatry. Dr. Stephen Ross, the Director of the Division of Addiction Psychiatry at NYU and Dr. Steven Jaffe, Professor Emeritus at Emory University will be addressing addiction in adolescents from the neurobiology through the spectrum to issues in spirituality. Dr. Karen Rosenbaum will present on “adolescent cyber-bullying”, Steven Hanson will discuss dangerous new synthetic drugs of abuse popular with adolescents, and Dr. Dean DeCrisce will be discussing the management of dual-disorders in adolescents and will feature an interactive workshop with former patients in recovery. The issue of identification and treatment of trauma in adolescents will be addressed by two prominent speakers, Dr. Glenn Saxe, Director and Chair, NYU Child Study Center and Dr. Jennifer Havens, Chair of Bellevue Hospital Child and Adolescent Psychiatry. Dr. Harold Koplewicz, Director of the Child Mind Institute will discuss new perspectives in adolescent psychiatry.

The Past President’s Dinner will be held at a great Manhattan restaurant on Friday evening March 30th. The Welcome Reception will take place on the Saturday evening following the conference activities on March 31st. Our annual membership meeting will occur on the morning of April 1st.

Expect clement springtime weather and a stimulating social environment in

Manhattan! In addition to New York’s world class museums, restaurants, theatre and shopping experience, of particular interest this year is the developing Ground Zero Memorial Site. The Memorial Plaza that opened on September 11, 2011, at the center of the site, an eight-acre park has been designed by Michael Arad and Peter Walker with two reflection pools and cascading waterfalls have been sunk within the original footprints of the two former World Trade Center towers. Bronze parapets will be inscribed with the names of victims of the attacks. Over 150 of 400 Swamp White Oak trees have already been planted along the plaza, which will also feature grasses and mosses, flowering ground covers, and cobblestone pavers. Tours are available by arrangement.

In these busy times, the challenge of escalating adolescent mental health concerns presents an urgent need for cutting edge information. ASAP meets this need providing a forum for education, collaboration and networking. In addition, you may earn up to 12 Category I CME credits! We stand at the forefront of our field and need your support. We look forward to seeing you in New York City on March 30th – April 1st. We know that you will find the conference a worthwhile endeavor and enthusiastically encourage you to attend.

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## Position Statements from the APA Candidates for 2012 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 two examples of my accomplishments that are specifically relevant to Adolescent Psychiatry.

**(1) Amicus Brief in *Ropers v. Simmons*:** 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.

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 almost 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.

**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.

**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.

Whoever is elected APA President-elect in 2012 will have to focus on three core issues during their Presidency: the upcoming publication of DSM-V, the probable modification of the Patient Protection and Affordable Health Care Act, and the new requirements for Maintenance of Certification. My experiences as Department Chair, Hospital Administrator, and Health

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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. Please visit my website: [www.reneebinder.com](http://www.reneebinder.com). I welcome your input and feedback.

### **Mary Helen Davis M.D.**



Thank you for the opportunity to introduce myself to your organization. I am a clinician and have spent my professional career, like many of our members, taking care of patients and being active in service to our professional organizations. I started in academic medicine serving as director of an inpatient unit/partial hospitalization program and focused primarily on the research and treatment of women with a history of childhood sexual trauma. A survivor (and long standing participant in one of the treatment groups) made a comment to a visiting psychiatrist summarizing our program by stating, “Dr. Davis is in the business of building strong women.” I can’t think of a better epitaph. I spent seven years in private practice, then pursued board certification in psychosomatic medicine while developing a fully integrated behavioral oncology unit at the Norton Cancer Institute. I have maintained continuity of patient care across my practice settings and have treated many patients for 25 years through multiple generations. I have always been sensitive to developmental issues and the impact of mental and physical illness across the lifespan on both the individual as well as their extended family.

**Personal Background:** Raised in a working class family, I was the first member to attend college. I had two sons while in medical school that are now young men in their early 30s. I have been married 33 years and just completed my first 100 mile bike ride as captain for the “Mood Cycles” team (raising funds for total cancer care).

**Professional Experience:** In addition to nearly three decades of practice I have been active in organized medicine on the state and national levels. (serving on the medical school admission committee for 15 years, 4 years on the state medical board, 7 years on the impaired physicians committee, 20 years on the executive council of my district branch). Within the APA, I have served in the Assembly, Components, and two terms as Area Representative on the Board of Trustees. Dedication to teaching, professional development, and mentoring of younger colleagues has been a priority across practice settings.

**Priorities:** Access to care with a sufficient workforce of funded psychiatric and mental health providers that are adequately trained to deliver quality individual and population based care. Care must be integrated and provided along the developmental and disease continuum.

Preservation of the integrity and relevance of our professional organizations through the changing face of health care (including the economic transitions that will inevitably impact our state associations, health care delivery systems, our practices, and our patients).

I will continue to advocate for expansion of GME funding to help with the shortfall in the child and adolescent psychiatry workforce.

Organizational integration and synergy – the APA must reach out and have mutually respectful and beneficial relationships with subspecialty organizations in education and research (as well as the policy and advocacy arenas).

In summary, I am passionate about the profession of psychiatry. I engage with energy, enthusiasm, and inclusivity for all people. Hopefully I get the opportunity to go the distance for you and our professional organization. I would love to hear from you. Please feel free to email me: [mhdavis610@aol.com](mailto:mhdavis610@aol.com)

My income is 100% from my employment at the Norton Cancer Institute.

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## Jeff Lieberman, M.D.



I am honored to be a candidate for President of the APA and highly motivated to fight for and advance the interests of our profession and patients. In this brief statement I would like to tell you something about myself, my qualifications for this office and some of my views about adolescent psychiatry. I invite you to visit my website [www.LiebermanforAPA.com](http://www.LiebermanforAPA.com) and communicate any questions or comments directly to me.

### Time for Action

As a psychiatrist who has spent the past 30 years caring for and studying patients with mental illness, I am deeply concerned by what is happening to the practice of psychiatric medicine and mental health care. The pressures of cost containment and health care reform impede our ability to treat patients optimally. As psychiatrists we continue to contend with the stigma of mental illness, inequities in the reimbursement of mental health care and threats to the integrity of psychiatric practice. All this occurs at a time when the scientific knowledge underpinning our field and our ability to help people is growing faster than ever. For these and many other reasons, it is critical that the APA play an active role in representing our profession.

### Perspective on Adolescent Psychiatry

No area of psychiatry is more important and more in need of support than child and adolescent psychiatry. We have learned through research that many if not most psychiatric disorders have their origins or begin to emerge in childhood and adolescence. In addition, studies have shown that early detection and intervention offer the best chance to alleviate and potentially prevent the devastating and potentially lasting morbidity of psychiatric disorders. Consequently, it is important for psychiatry to have a youth focus with an emphasis on the critical period of adolescence. The APA could pursue a number of initiatives that would benefit child and adolescent psychiatry and its professional societies such as the American Society for Adolescent Psychiatry. These include:

- Development and dissemination of evidence based practices in child and adolescent psychiatry.
- Joint APA and ASAP advocacy for parity in benefits and reimbursement for child and adolescent psychiatry and for increased research funding.
- Co-sponsorship of meetings between the APA and ASAP
- Better integration of child and adolescent mental health services into primary care and educational systems.
- Development of research priorities based on scientific opportunities and public health need (e.g. suicide prevention, NIMH R-Docs project <http://mentalhealth.gov/research-funding/rdoc/index.shtml>).
- Joint development of responses to critiques of psychiatry e.g. Marcia Angell in NY Review of Books, particularly around efficacy of medications for child and adolescent disorders.

### Current Position and Professional Experience

I am Professor and Chair of the Department of Psychiatry at the Columbia University College of Physicians and Surgeons, Director of the New York State Psychiatric Institute and Psychiatrist in Chief of the New York Presbyterian Hospital – Columbia University Medical Center. Following my internship and residency in psychiatry at St. Vincent's Hospital and Medical Center of New York Medical College, I was on the faculties of the Mount Sinai School of Medicine and Albert Einstein College of Medicine, and served as Director of Research at the Hillside Hospital of Long Island Jewish Medical Center. Prior to accepting my position at Columbia University, I was Vice Chairman for Research and Scientific Affairs in the Department of Psychiatry at the University of North Carolina at Chapel Hill School of Medicine.

My professional activities have predominantly been research and patient care. My research has focused on questions that always have been directly relevant to clinical practice. Toward this end my work has emphasized the development of new treatments

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for schizophrenia and evaluating the clinical effectiveness of currently used treatments. I served as Principal Investigator of the CATIE study, which evaluated the comparative and cost effectiveness of marketed antipsychotic medications, and was the largest study ever sponsored by the NIMH. I think that my research has made important contributions to understanding the factors that determine the onset and course of schizophrenia, and has led to the development of an early intervention strategy to diagnose and treat patients in the prodromal phase of psychotic disorders.

### APA Activities:

I joined the APA as a resident, and am now a Distinguished Life Fellow. Throughout, I have attended every Annual Meeting and many Institute on Psychiatric Services meetings and have been involved in various facets of the APA. Currently I serve as Chair of Council on Research and Quality Care, on the Board of Directors of the American Psychiatric Foundation (APF) and as Associate Editor of the American Journal of Psychiatry.

### Personal Background:

I was born and raised in Cleveland, Ohio, attended Miami University (Ohio) on a football scholarship (BA 1970) and the George Washington University School of Medicine (MD 1975). I met my wife (Rosemarie Fernandez-Lieberman) while in medical school and we have been married for 32 years and have two sons.

Thank you for your interest in reading this statement. I would like to ask for your support and look forward to working with you for the betterment of our profession and our patients. Please visit my website [www.LiebermanforAPA.com](http://www.LiebermanforAPA.com) or feel free to contact me directly [jlieberman@columbia.edu](mailto:jlieberman@columbia.edu).

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## The Big Apple—Again!

James Gilfoil, M.D.

That's right, sports fans—again! Oh, what hardship, to be back in the greatest restaurant city in the world for another year. Well, I suppose it's ASAP's way of being patriotic, so we shall soldier on. Here's where I recommend you soldier to.

At the High End, I think the one of the two best bets is *Le Bernardin*, my personal favorite, which has just had a Brazilian. No, not that Brazilian—naughty, naughty, you psychiatrists. It's been redone in Brazilian cherry (!) or something like that, finally replacing that blond Japanese, vibe that is. The food is still terrific, and that's what really matters. The other best bet would be Thomas Keller's *Per Se*, which Sam Sifton of the Times just crowned "the best" in the city. Certainly it has the best view, and Sifton contends the current chef, whatever his name is, has helped the restaurant overcome some of its early stumbles. Sifton is a good critic, so his opinion needs to be taken seriously. I think we know how to resolve this issue, don't you?

I wouldn't bother with some other Times 4 stars, like *Daniel*, *Del Posto*, or *Eleven Madison Park*. *Daniel* is very good, but, I think just a notch below what I consider the top three—*Le Bernardin*, *Per Se*, and *Jean Georges*. *Del Posto* is a magnificent space, but service is too brusque, and the

food isn't 4 star. *Eleven Madison* is very good, but way overpriced.

To me, the tier below the high end usually yields much more satisfying meals. Certainly there's less pressure. And where to start? *Corton* features Paul Liebrandt's fabulous and innovative cuisine. The wines are great too, as they usually are at any Drew Nieporent restaurant, and, if I could remember any more of my meal there, I would tell you more about it, but those wines were too good. Terrance Brennan's *Picholine* remains one of my favorites and not just because of its terrific cheese course. I love Brennan's palate, primarily because he's not afraid of salt or spice like so many chefs are these days. How refreshing to eat food that just tastes damn good and isn't cute or pretentious. I was chatting with Brennan during my last meal there—one of the best of my life, by the way—and he said he'll be in the kitchen tasting salt as he's cooking. My third choice, and this is a must, would be Wylie Dufresne's *WD-50*. Dufresne is a mad scientist genius, and, if you've never tried his food, you simply must. He's tremendously creative, and, more importantly, the food is terrific. The "fried chicken" alone will blow your mind—in a good way. He's an American Adria.

My other choice here, which I do and I don't want to write about, is *Telepan*. Chef Bill Telepan has long been



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underrated—he did a great job at the *Judson Grill* before opening his eponymous restaurant on the upper West Side. My lunch there this summer was just exquisite. The “soft scrambled eggs” were perfect, and when is the last time you heard someone raving about scrambled eggs. Telepan makes you appreciate the beauty and deliciousness in the ordinary which all great artists do. And he only gets two stars from the Times and none from Michelin. He deserves more, but I don’t want to have too many others discover him. It feels like he’s my personal find.

After that lunch, my wife and I walked by two outposts in Daniel Boulud’s empire—*Bar Boulud* and *Boulud Sud*, which were both hopping while *Telepan* wasn’t half full. Life isn’t fair. *Bar Boulud* is okay, and I hear *Boulud Sud* does a very nice job with Provencal and Mediterranean food, but it ain’t as personal and charming as *Telepan*. *DB Bistro Moderne* and *DBGB* are two other Boulud outposts worth considering. I wanted to love *DBGB* with its setting and the witty culinary aphorisms written on the wall, but the sausages, what you go there for, were just so-so. And I hate to be disappointed by a black boudin. I’ve had too many good ones in Louisiana, and a wonderful one at *Bouchon* in LA from a San Francisco purveyor to have a mediocre one in one of Boulud’s restaurants. It was a shame, no, it was a crime!

If I’m going to do Italian in New York, and I might not,

since it’s so ubiquitous, I would do one of Michael White’s restaurants—either the new *Ai Fiori* or, more likely, *Marea*. As the Michelin Guide says about *Marea*, “among the boldly moneyed, their beautiful companion, and ...this is *the* place to go.” I love the boldly moneyed, but especially their beautiful companions. Hey, but Michelin gives him two stars—one more than *Del Posto*. I might also consider *Maialino*, Danny Meyer’s homage to Roman cuisine, with its magnificent porchetta, or Scott Conant’s terrific *Scarpetta*. My other choice would be something Spanish. I’d either do *Casa Mono*, which is tiny, crowded, fun, and wonderful, but I’m probably going to Luis Bollo’s *Salinas* which is getting mixed reviews for his creative take on Spanish food. Bollo is an excellent chef, and the fact that the Times only gave it two stars hopefully means it’ll be easier to get in. Don’t forget April Bloomfield’s *Spotted Pig* or *The Breslin*. To me, *The Breslin* has it all over the *Spotted Pig*. The burger is better, the thrice cooked chips are amazing, and the space and setting are way cooler. A trifecta! And in my spare time, I may try a little down home New York barbeque. There are actually two(!) joints of note. Danny Meyer’s St. Louis and Kansas City inspired *Blue Smoke* and *Hill Country*. Since Texas has THE best barbeque in the world, I’ll check out *Hill Country* first. Then I’ll waddle back to the hotel, sleep it off, and go out to dinner. Sounds like Heaven! I hope you have some heavenly experiences too.

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## From the 2011 Annual Meeting...

Editor’s Note: At our 2011 Annual Meeting in New York, ASAP Past President and *Adolescent Psychiatry* editor Lois Flaherty, M.D., delivered a terrific workshop on how to write a credible journal article. While sharing her expertise, she regaled us with some headline gaffes that appeared in actual newspapers... Reproduced with her permission.

Enjoy! G. Barclay

- *Iraqi Head Seeks Arms*
- *Something Went Wrong in Jet Crash, Expert Says*
- *Police Begin Campaign to Run Down Jaywalkers*
- *Enraged Cow Injures Farmer with Ax*
- *Farmer Bill Dies in House*
- *British Left Waffles on Falkland Islands*
- *Teacher Strikes Idle Kids*
- *Miners Refuse to Work after Death*
- *Juvenile Court to Try Shooting Defendant*
- *War Dims Hope for Peace*
- *If Strike Isn’t Settled Quickly, It May Last Awhile*
- *Cold Wave Linked to Temperatures*
- *Enfield (London) Couple Slain; Police Suspect Homicide*
- *Red Tape Holds Up New Bridges*
- *Man Struck By Lightning Faces Battery Charge*
- *New Study of Obesity Looks for Larger Test Group*
- *Astronaut Takes Blame for Gas in Spacecraft*
- *Kids Make Nutritious Snacks*
- *Chef Throws His Heart into Helping Feed Needy*
- *Local High School Dropouts Cut in Half*
- *Hospitals are Sued by 7 Foot Doctors*
- *Typhoon Rips Through Cemetery; Hundreds Dead*

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## APA DOINGS...

### Coming Soon to a State Board near You: “MOL”

By

Richard Ratner, MD

Greetings, all, from your inveterate ASAP representative to the APA Assembly, where we are seated as representatives of affiliated organizations. Today I review the recently-concluded Assembly meeting held in Washington, DC over the weekend of November 17-20, 2011.

There are usually a couple of issues that color the Assembly meetings, even though a couple of dozen ‘action papers’ are routinely discussed and voted upon. This year they included continued concerns over the new rules for maintenance of certification that are right over the horizon and the recent added concerns regarding maintenance of license (MOL).

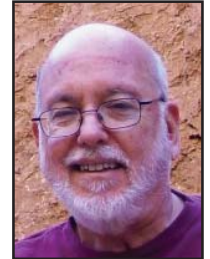
Those of us who became board certified before some time in the ‘80’s have not had to worry about re-taking certifying exams or doing anything else to renew our certificates, and until recently, all that our more-recently certified colleagues had to be concerned about was passing a new exam. All that is in the process of changing with the addition by the American Board of Psychiatry and Neurology (ABPN) of a new component to recertification known as ‘Performance in Practice’. The main sticking point here is that physicians must soon arrange to have performance ratings completed by, among others, peers and...patients!

While the Ethics Committee of APA has rendered an opinion that such a program does not violate the APA’s Ethics, many colleagues believe that to allow such a practice would be an example of violating the principle that “A psychiatrist shall not gratify his or her own needs by exploiting the patient” (Section 1, Annotation 1 of the APA Ethics code). A petition in which 80% of 8000 psychiatrists rejected these new rules was received, though it appears that many younger psychiatrists do not see that as much of a problem.

In any case, for those older psychiatrists who thought they were safe from such developments, it has now become clear that a growing number of states are interested in juicing up the requirements for the maintenance of licensing. There is evidence that this is going to happen, including a report that several states including, for example, Delaware, Colorado, Iowa, Massachusetts, Virginia and Oregon are readying pilot projects for so doing. It seems very likely that the requirements the states will set will bear considerable similarity to what the specialty boards are cooking up for maintenance of certification.

A second overarching topic was DSM-5, which is now

due for publication in 2013. While many similarities to DSM-IV will remain, attempts are being made to integrate the DSM-5 with the forthcoming ICD-10, so that one can ‘crosswalk’ between the two systems with ease. The major concern has to do with a shift to a more ‘dimensional’ system, most specifically with regard to Axis II. In its simplest form, dimensionality can be expressed in subcategories of severity, such as mild, moderate, and severe. However, with Axis II conditions, proposed changes include shrinking the number of personality disorders to five and introducing six ‘trait dimensions’ that may be more or less severe in various individuals. Lots of questions have been raised about how clinically useful such a system would be as well as the possibility that insurance companies could take advantage of this more complex system, with the ultimate aim being to deny payment for care. For a more detailed introduction to these issues, please visit the DSM-5 website and read the commentary by Gabbard, Kernberg, et al. in the American Journal of Psychiatry (167:9, September 2010). Having read up on all of this, members are then invited to post their own comments by going to [www.psych.org/commentform](http://www.psych.org/commentform).



A number of other issues were debated and resolutions passed, though because of how the APA works, many of them could go nowhere. Among others that might be of interest to ASAP members, however, included one to increase research and create a website area that would help individuals in private practice understand and make decisions about electronic health records for their practices. Another, of interest to younger members was for APA members to be able to claim APA Fellowship once they have successfully completed their Board exams, rather than, as currently, having to wait five years for the honor. And, for those interested, the Assembly voted to declare health care a right and to discourage the use of the word, committed, in the description of suicide.

One of my favorite people, Anita Everett, MD, gave a presentation on several programs that are advancing in the area of integrated care, ie, bringing together primary care and psychiatry under one roof, which appears to be one hopeful wave of the future.

One feature of the fall Assembly is the meeting of the

*Continued on pg. 11*

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candidates for APA president-elect, in advance of the vote taking place in January, 2012. This year, there are two women, Renee Binder, MD, and Mary Helen Davis, MD, and an eminent academic, Jeff Lieberman, MD. Renee, who has also chaired an academic department, is best known as a forensic psychiatrist and former President of the AAPL. I only became aware of Dr. Davis this time around, but she has been involved heavily in the APA for years. Dr. Lieberman doesn't appear to have been as much in the trenches of the APA as the others, but he has a national reputation as a researcher and, since I've just met him, seems to be a very

nice guy. If the evidence of past years is valid, Lieberman will win, since academics that are more household names, usually seem to do best in my opinion.

Finally, the APA is in decent economic shape, as a result of careful budgeting, an uptick in the economy, and only gradual reintroduction of programs cut a couple of years back. Membership is more or less steady.

Of course, I can't summarize all that went on, but my readers should be hearing from their District Branch reps through reports in their local newsletters. Until next time, a happy holiday season to all!



Welcome Reception 2011 Annual Meeting

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## From the Editor-in-Chief of *Adolescent Psychiatry*

The fourth and last volume for 2011 of *Adolescent Psychiatry* was published in October. On November 11, I received word that the journal has been accepted by PsycINFO for indexing, and is a widely-used database. PsycINFO is the database of the American Psychological Association, and, according to its website, "is an expansive abstracting and indexing database with more than 3 million records devoted to peer-reviewed literature in the behavioral sciences and mental health, making it an ideal discovery and linking tool for scholarly research in a host of disciplines." All issues from January 2011 to the present will be indexed. PsycINFO can be accessed at <http://www.apa.org/pubs/databases/psycinfo/index.aspx>

In addition, I have been notified by the publisher that *Adolescent Psychiatry* will be reviewed in February by the National Library of Medicine for indexing in Medline.

The January issue of the journal will feature articles from the 2011 ISAPP meeting in Berlin September 14-18. The Table of Contents for this issue follows.

### *Adolescent Psychiatry* Contents of Volume 2(1)

#### **Editorial**

#### **Special Articles**

*Adolescence in the Mirror of Changing Psychoanalytic Theory*  
Werner Bohleber

*Adam and Eve—the Story of Two Adolescents*  
Annette Streeck-Fischer

#### **Perspectives**

*Using Attachment Perspectives In Self Psychological/Intersubjective Clinical Work With Adolescents*  
Shelley R. Doctors

*Ambivalent / Preoccupied Attachment And Emotional Vulnerability In Adolescence*  
Enrico de Vito

*"If Someone Speaks There is Light:" The Words of The Witness in the Silence of Trauma*  
Giancarlo Galli, Daniela Alessi, Lucina Bergamaschi, Francesca Codignola, Ivana Longo, Angelo Moroni, Flora Piccinini, and Anna Viani

*Trauma, Adolescent Transformation, and Parenthood*  
Peter Bründl

#### **Research Articles**

*Assessment of Adolescent Personality Disorders Through the Interview of Personality Organization Processes in Adolescence (IPOP-A): Clinical and Theoretical Implications*  
Massimo Ammaniti, Andrea Fontana, Audrey Clarkin, John Clarkin, Giampaolo Nicolais and Otto Kernberg

*The Association between Migratory Factors and Emotional and Behavioural Symptoms in Very Recently Arrived Immigrant and Refugee Adolescents*  
Tonje J. Persson and Cécile Rousseau

*Continued on pg. 13*



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*Differential Experiences and Separation-Individuation in Adolescent Twins*

Fusun Çuhadaroğlu Çetin, Devrim Akdemir, and Sinem Akgül

*The Use of Photolanguage® in Group Therapy with Adolescents: An Early Intervention in Youth Mental Health*

Dora Musetti de Schelotto, Irina Kohan, and Claudia Guerrero

### **Case report**

*A Therapeutic Intervention With a Borderline Adolescent: The Inclusion in an Educational Community As A “Speaking Action”*

Monica Fumagalli

*Selected Abstracts from 2011 ISAPP Congress in Berlin Adolescence—A Second Chance?*

Edited by: Annette Streeck-Fischer, Franz Resch, and Lois T. Flaherty

Tables of Contents and abstracts for all the issues are freely available at the journal’s website, <http://benthamscience.com/aps/index.htm>. Subscriptions to *Adolescent Psychiatry* are available at a reduced rate of \$115 per year to ASAP members. An option to subscribe is included in this year’s dues statements. In addition to subscribing, ASAP members can support the journal by recommending it to their institution’s libraries.

Lois T. Flaherty, M. D.

[Lflaher770@aol.com](mailto:Lflaher770@aol.com)

## **Report from the Nominating Committee**

In accordance with our by-laws, the nominating committee proposes the following slate of officers for the 2012-2013 year, subject to vote of the membership at our annual business meeting on April 1, 2012:

- President--Gregory Bunt, M.D.
- President-Elect--Gregg Dwyer M.D.
- Vice-President--Gregory Barclay, M.D.
- Treasurer--Sheldon Glass M.D.
- Secretary--Manuel Lopez Leon M.D.
- At large 2012-2014--Roxanne Lewin, M.D.
- At large 2012-2014—Lois Flaherty, M.D.
- At large 2011-2013--Christopher Thompson, M.D.
- At large 2011-2013--Jesse Raley, M.D.
- NYSAP Representative -Michal Kunz, M.D.
- LA Representative – (not determined at press time)
- Member in training - Open

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# Book Review Corner:

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## Treating Trauma and Traumatic Grief in Children and Adolescents

Judith A. Cohen M.D., et al. (Guilford, 2006) hardback  
*Reviewed by: Gregory P. Barclay, M.D., Newsletter Editor*

I ordered this book recently as I was preparing to teach some medical students about the concepts of psychological trauma in childhood & adolescence and the consequences of untreated childhood trauma in terms of adult psychopathology. When I opened the book, what I discovered was an extremely thorough and well organized resource for any practitioner who desires to conduct effective trauma-focused cognitive behavioral therapy with these vulnerable youth.



The book is divided into three sections. The first consists of a review of our current understanding of the psychobiology of trauma symptoms and an introduction to the concepts of trauma-focused cognitive behavioral therapy (TF-CBT). What follows is a brief review of how treatment progresses and the reader is introduced to a useful acronym for the treatment's components, known as PRACTICE:

- **P**sychoeducation and Parenting Skills
- **R**elaxation
- **A**ffective Modulation
- **C**ognitive coping and modulation
- **T**rauma narrative
- **I**n vivo mastery of trauma reminders
- **C**onjoint parent-child sessions
- **E**nhancing future safety and development

The following section consists of chapters devoted to these separate components. Each chapter consists of very specific strategies to address particular clinical symptoms followed by a troubleshooting summary. The chapters are carefully organized according to go in sequence. For example, children and parents are taught relaxation and affective modulation strategies only after some introductory, neutral and trust-enhancing sessions are completed. Only after effective mastery of the relaxation and affective modulation skills is demonstrated does treatment then move to the deeper levels of cognitive processing, culminating in the completion of a written trauma narrative and effective desensitization to real life trauma reminders.

The final section of the book is devoted to the use of TF-CBT techniques in addressing traumatic grief with specialized components, including psychoeducation and understanding of grief related affects, cognitive processing of the lost relationship, preservation of relationship memories, and redefinition of the lost relationship. Again, in each chapter, specific techniques are reviewed and a troubleshooting section addresses likely obstacles or concerns that might be raised. Finally, the book concludes with strategies for terminating treatment and appendices containing handouts and other reference materials for parents and youth.

This book is unique in that it stresses the active involvement of the parent(s) as partners in the entire treatment process, which is often overlooked by many therapists who prefer to devote their energy exclusively to individual therapy. There are many specific tips and suggestions for addressing parental concerns and effectively utilizing parents as allies in the treatment process, necessary to assure that certain skills are practiced at home, away from the consultation room, and that communication strategies designed to facilitate healing are implemented as well. I found this book to be a confident a thorough guide for the clinician desiring to do effective trauma-focused psychotherapy with youth. Given the increasing rates of reported psychological trauma and the limitations of our conventional treatments, this book should find its way onto every practitioner's bookshelf.

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## Items and Resources of Interest to Our Readers...

### *School Interventions Significantly Reduce Dating Violence*

The National Institute of Justice, a research branch of the Office of Justice Programs at the U.S. Department of Justice, released the findings of a study which revealed that school-level interventions reduced dating violence as much as 50 percent in 30 New York City public schools. These interventions included using school-based restraining orders, increasing faculty and security presence in dating violence “hot spots,” and hanging posters to increase awareness of the issue and encourage students to report it to officials. To read the full report: [www.ncjrs.gov/pdffiles1/nij/grants/236175.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/236175.pdf).

### *Teen Alcohol Risk Screening Guide*

The National Institute for Alcohol Abuse and Alcoholism released [Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide](#) to assist healthcare professionals with identifying youth at risk for alcohol-related problems, counsel or advise youth, and connect them to external sources of treatment. The guide also contains a risk assessment survey and links to motivational interviewing resources. For more information:

[www.niaaa.nih.gov/Publications/EducationTrainingMaterials/YouthGuide](http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/YouthGuide).

To download the full guide: [pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuideOrderForm.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuideOrderForm.htm).

### *The Effect of Passengers and Risk-Taking Friends on Risky Driving and Crashes/ Near Crashes Among Novice Teenagers* (Bruce G. Simons-Morton et al, [The Journal of Adolescent Health](#), 49: 6, 587-593 DOI: 10.1016/j.jadohealth.2011.02.009)

The high crash rates of novice teenage drivers are thought to be caused by inexperience and risky driving behavior, exacerbated by passengers, driving at night, and other complex driving conditions. This study examined factors associated with crash/near crash and risky driving rates among novice teenagers, including driving at night versus day, passenger presence and characteristics, and driver psychosocial factors. The vehicles of 42 newly licensed teenage drivers were equipped with recording systems that collected data on driving performance and occupant characteristics during their first 18 months of licensure. Survey data were collected at four measurement times. Poisson regression models with random effects were used to analyze crash/near crash and elevated gravitational force event rates (i.e., risky driving); incident rate ratios measured associations with covariates. Crash/near crash rates among novice teenagers were 75% lower in the presence of adult passengers and 96% higher among those teenagers with risky friends. Teenage risky driving was 67% lower with adult passengers, 18% lower with teenage passengers; 20% lower during early night than day; and 109% higher among teens with relatively more risky friends. The low rate of risky driving in the presence of adult passengers suggests that teens can drive in a less risky manner. The higher rate of risky driving among those with risky friends suggests that risky driving may be socially influenced.

#### **From Our Members...**

**Julie K. Lesser, M.D.** has accepted a new position as Director of the Center for Collaborative Care of Eating Disorders, Children’s Hospital and Clinics of Minnesota, Minneapolis, Minnesota, effective October 1, 2011. Congratulations, Dr. Lesser!

**Jesse Raley, M.D.** was recently awarded the Rosner Award from The Academy of Forensic Sciences for best paper by a Forensic Psychiatric Fellow

**Saleem Khan, M.D.** made a presentation on “Pilgrimage in Islam at Christ Church” on October 30 in Greenville, Delaware

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## *ISAPP Report*

The 2011 Congress of the International Society for Adolescent Psychiatry and Psychology (ISAPP) was held in Berlin September 14-18. The theme of the congress was *Adolescence: A Second Chance?* Ably organized by an international scientific committee headed by Annette Streeck-Fischer and Franz Resch, the program spanned the entire field of adolescent psychiatry, and included presentations on developmental psychology, neurobiology, psychoanalysis, social and cultural aspects of adolescence, and new research. Nearly 600 attendees from around the globe participated. The program included symposia, state of the art lectures, and posters. The January issue of *Adolescent Psychiatry* features articles from many of the leading presenters at the meeting, as well as selected abstracts that summarize many of the other presentations, and describe new research.



Many of the presentations focused on the need to look beyond symptoms and DSM and ICD nomenclature to underlying psychological dysfunctions—difficulties with relationships, with attachment, with mentalization, with affect regulation, and with self-image—in order to understand and effectively intervene with troubled adolescents. Work is underway to develop alternative diagnostic systems that consider psychopathology in psychodynamic terms.

ISAPP was established in 1984 as an international professional society to fill a void in the mental health arena. It is the only multi-disciplinary international organization devoted solely to the mental health needs of adolescents. Initially it represented collaboration between American and European (mainly French) psychiatrists. Now it includes psychologists and other mental health professionals and counts members from Europe, Africa, and Asia as well as North and South America. Dues are nominal—only \$75 per year. Frances Bell, our Executive Director, also serves as Executive Director for ISAPP. Meetings are only held once every four years, however, many ISAPP members are involved in many other organizations (such as ASAP) and thus see each other at other meetings. In addition, the Internet has greatly facilitated communication. In this global age, it is increasingly important that we collaborate and learn from each other.

While we in the United States struggle with limits imposed on treatment by third party payers, other countries struggle with a scarcity of mental health professionals and a lack of organized mental health services. Countries in Western Europe struggle to provide help to immigrant families who have poured in from poorer countries. Nearly all countries are facing record levels of youth unemployment, and some have seen violent protests by youth who complain that their future has been stolen. Inability of youth to become emancipated adults in the developed as well as the developing world have made future prospects for many of our adolescents bleak, and undoubtedly will have long term effects on mental health, families and societies. All countries seem to be facing rapid societal changes that have challenged the traditional role of the family. With all these confusing and discouraging developments, it is encouraging to know that there are people carrying out innovative treatment programs, doing research and teaching others how to work with adolescents.

For more information on ISAPP, see the organization's website, <http://www.isapp.org>.

Lois T. Flaherty  
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## Photo Gallery



Lunch at the 2011 Annual Conference



Lunch at the 2011 Annual Conference



Doctor Carol Bernstein, President of the APA with Doctors Adam Raff and Greg Bunt



Doctors Bert Slaff and John Flaherty



Doctors Cynthia Pfeffer and Charles Goldberg

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