SCSCAP Newsletter

SOUTHERN CALIFORNIA SOCIETY
OF CHILD AND ADOLESCENT PSYCHIATRY

MAY 2011

President's Report

by Preetpal Sandhu, M.D.

I would like to start by stating that it has been an honor to serve as President of the SCSCAP for the past year. I have thoroughly enjoyed representing such a diverse and talented group of Southern California Child and Adolescent Psychiatrists. Our organization continues to grow and prosper as a result of the strong commitments put forth by our members and our exemplary Executive Council. I would like to provide you all with a brief summary of some of the activities in which we have engaged over the past year.

For our Annual CME-Speaker's meeting this year we were fortunate to welcome a true luminary in the field of Child and Adolescent Psychiatry, Gabrielle Carlson, Professor of Psychiatry from SUNY-Stony Brook, who discussed the timely and interesting topic of Pediatric Rages and their diagnostic implications. Her thoughtful presentation was followed by a stimulating discourse amongst our members. We extend our gratitude to Dr. Carlson for an informative talk. During the summer we also held a joint SCSCAP/SCPS speaker's meeting at the home of Dr. William Arroyo where Drs. William Wirshing and myself presented the historical, diagnostic, and current treatment implications of Metabolic Syndrome in Children and Adults.

In addition to our speaker's events, we are currently in the process of improving our member-communication strategies through social media (our Facebook page is now online with a dedicated SCSCAP website soon to follow). As we try to become a more "green" organization we will try to transition much of our communication to an electronic format as well. This newsletter will also be available in electronic form for our members.

Our advocacy efforts, as spearheaded by Drs. Marcy Forgey and William Arroyo have continued to improve our collaboration with CAL-ACAP and the California Legislature. Both Drs. Forgey and Arroyo continue to actively work with our lobbyist in Sacramento to ensure that issues such as AB 3632 funding and attempts to legislate prescribing privileges for psychologists receive appropriate attention. We also had representation on a national level at the AACAP Assembly Meeting this past October in New York.

Over the past year, we have seen a change in our administrative support structure which has forced us to bid a fond farewell to Pam Davis whose service to the organization was invaluable. We express our gratitude for her years of dedication & service and wish her all the best in her retirement. Pam's departure also opened the door for us to welcome our new Executive Assistant, Alicja Martins. Alicja comes to us from the UCLA Family Medicine program where she is a Residency Coordinator. She has also made countless contributions to the education of Child and Adolescent psychiatrists through her former role as Fellowship Coordinator in the UCLA Child and Adolescent Psychiatry Fellowship Program.

We have continued our efforts to develop Members-In-Training from several Southern California training programs and look forward to growing this part of our organization over the upcoming year. Currently, we have representation from UCLA-SIN&HB, Cedars-Sinai, Harbor-UCLA, and are looking forward to adding representatives from all programs in our area of representation.

Our annual meeting and brunch this summer which was a resounding success, and we thank all of our members who were able to attend. Our membership has remained stable over the course of the past year and we continue to investigate new opportunities to grow. As a part of AACAP's national effort we will be focusing our local energy on Early Career Psychiatrists as well.

Our Executive Council continues to meet on the 3rd Thursday of every month to discuss our current activities and future plans. As always, we look forward to input from all of our members to allow us to continue to effectively represent our vast and diverse constituency. Feel free to contact our council directly or during our Annual Meeting. I have enjoyed the privilege of serving as President this past year and wish you all the best.

Highlights of the 42nd AACAP Assembly of Regional Organizations of Child and Adolescent Psychiatry

by Michael Enenbach, M.D.

The 42nd Assembly of Regional Organizations of Child and Adolescent Psychiatry took place on October 26, 2010 at AACAP's Annual Meeting in New York City. The Assembly was attended by representatives of Southern California Society of Child and Adolescent Psychiatry, namely, Drs. Bill Arroyo, Marcy Forgey and Michael Enenbach. AACAP President Laurence Greenhill, MD opened the meeting and announced that 5,324 participants registered for the Annual Meeting, with 36% of the membership attending. He and president-elect Marty Drell, MD, then reviewed the background of the Review of the Component System (ROCS) Task Force and its task of reviewing the component system to determine what works and what might improve. Based on the feedback, AACAP implemented several changes in 2010 including the assignment of staff liaisons to each committee and a move to electronic communication between Chairs and members. Another notable change is the plan to transition all Components into Committees. All committees will be given the opportunity to submit a budget, and all Chairs will submit reports on a yearly timeline. The current ROCS Task Force will transition into an implementation Task Force with new members in the coming year.

Treasurer William Bernet, MD then highlighted his annual report, revealing the 2011 Budget of $8,027,827 in total revenue and $7,867,414 in total expenses, with a net income of $160,413. This represents an approximate $500,000 in additional revenue and expenses from the 2010 budget. By comparison, in 2009, AACAP operated at a net loss of several hundred thousand dollars.

Assembly Vice-Chair Louis Kraus, MD revealed that Regional Organizations are eligible for $500 grants for online and hardcopy directories through the American Professional Agency. In addition, 13 grants at $3000 each were available for Advocacy and Collaboration through AACAP's Department of Government Affairs. Of note, SCSCAP applied for and was granted one of these $3,000 grants recently, so many thanks to Teresa Frausto, MD for her award-winning proposal! Assembly Infrastructure Grants (AIG) are available for regional organizations that are revitalizing or beginning and range from $250 to $1,000. Medical Student Psychiatry Special Interest Group grants are for $500 each and are intended to encourage collaboration between Child and Adolescent Psychiatrists and medical students interested in the field. Local media are eligible for the Special Friend of Children's Award, which honors those who address children's mental health issues. All regional organizations were encouraged to consider their local media for the award, and nomination letters should be addressed to Michael Brody, MD at AACAP. The award includes a letter from the AACAP president and a plaque. Finally, all regional organizations were encouraged to submit articles for the *AACAP News.*

College-age bullying and depression were discussed at the APA Assembly Meeting, and the APA Council on Children is thinking of developing a policy on bullying. The next AMA Annual Meeting will be held this November in San Diego and will focus on advocacy issues. Dr. Jeremy Lazarus, a psychiatrist from Colorado, is running for President-elect, and another child psychiatrist is running for the AMA Board of Trustees.

Dr. Sherry Barron-Seabrook from New Jersey then spoke about CPT codes and highlighted the following from the Research Subcommittee: in preparation for the survey of 908xx codes, the codes 90801/02 are being referred for re-writing because the subcommittee felt that the work psychiatrists do is substantially different than that of the non-medical professionals (psychologists and social workers), and that the codes should be separated. A survey of the remaining 908xx codes revealed distinct differences in the values between specialties, with psychiatrists valuing the codes slightly higher than before and the non-medical group valuing slightly less. Based on these results, the recommendation was to separate the codes into medical/psychiatric and non-medical mental health codes. This process will take about 1-2 years to complete. Dr. Tony Jackson from New England then addressed the 2009 AACAP survey on electronic medical records (EMRs), noting that as of August, 2009, less than 10% of private practitioners reported using EMRs.

Dr. Andrew Haber from the Northern California regional organization addressed the Assembly about the financial problems in our state, specifically how Governor Schwarzenegger suspended the mental health service mandate related to AB 3632. Dr. Arden Dingle, Chair of the Ethics Committee, reminded delegates that ethics should be considered routinely throughout care and reminded the group about the one-hour ethics requirement. The committee is working on increasing the quantity and quality of ethics programs at the Annual Meeting.

Two Assembly Representatives were elected to Council positions: Drs. Kathy Kelly from Illinois and Mark Borer from Delaware. Each will serve two years. Regarding the Early Career Psychiatrists (ECP) Committee, they are working to make the website more user-friendly. The Facebook page is operational, periodically updated and is available to members and the general public. Dr. Magee is accepting applications for the junior Assembly Resident Representative, and applications are due August 1, 2011.
(Continued on page 3)

42nd AACAP Assembly *(Continued from page 3)*

The committee developed ECP Connect, a program to promote educational and networking events for ECPs in various regions. Examples of local programs includes a mentorship pairing program, recruitment fairs, career development forums and volunteer mixers. The goals are to help connect ECPs with their Regional Organizations and aid with member recruitment and retention, offer professional support to ECPs, assist and encourage ECPs to find mentors after completing training, and reduce the isolation of ECPs. The program launched in November, 2010, and 15 grants of up to $2,000 will be awarded, with applications due by March 1, 2011.

The 2010 Catchers in the Rye Awards were given to Marin Drell, MD and the Oregon Council of Child and Adolescent Psychiatry, both in recognition of extraordinary advocacy. Current revisions to DSM were presented by Dr. David Shaffer, which include two new diagnoses: Non-Suicidal Self Injury and Temper Dysregulation Disorder (though the phrasing of this diagnosis is being debated). Other proposed changes include permeating development through every DSM diagnosis, altering the age-of- onset criteria for ADHD, altering the Conduct Disorder diagnostic criteria, the reintroduction of psychopathology and changing the parent alienation syndrome criteria to include a severe change in the relationship between a parent and a child.

Dr. Andres Martin updated the Assembly on the *Journal*. For the fourth time in history, the *Journal* has been rated the #1 journal in pediatrics out of 94, according to its impact factor of 4.983. The *Journal* continues to publish all new research and review articles online up to five weeks ahead of print. Online CME is available for selected articles (one article per month), free of charge. Over 500 CME certificates have been issued since the program started in February, 2010. The second Spanish version of the *Journal* has been published and is received by 3,500 physicians in Spain. The *Journal* has also started to offer podcast author interviews at *jaacap.org*, with recent podcasts featuring Dr. James Hudziak, Dr. Ronald Kessler, Dr. Robert Althoff and Dr. Kathleen Merikangas.

Regarding the membership drive, there are currently 8,327 AACAP members, an increase of 400 from 2009. There is a goal of 30 new fellow members next year with 90% of residents as members. 60% of new members joined online, 90% of new members pay online and 95% of all training verification forms are received electronically. Program Directors now may email verification of training for resident member applications.

The Assembly Infrastructure Task Force aims to identify what makes a Regional Organization struggle, who is in need and how to best help them. They met on four occasions in 2010 and identified several issues on which to focus. Member recruitment, involvement of ECPs, technology assistance, website development, administrative support, meeting planning/space issues and advocacy issues were highlighted. Communication with rural members who cannot attend meetings was addressed. The Task Force is currently working on a toolbox for Regional Organizations which will include assistance on communications, infrastructure, membership, meetings and advocacy. Dr. Warren Ng encouraged any struggling Regional Organization to contact him to discuss problem issues.

Dr. Jeff Bostic, CME Committee Chair, presented the results of a recent CME survey, which showed approximately 50% of Regional Organizations offering CME, most offering not more than 10 hours. He emphasized that the main purpose of Regional Organizations is not to offer CME credit, rather to facilitate peer discussion of complex cases, peer sharing of standard treatments and familiarity with diverse patients needs and resources in local areas.

AACAP was successful in authorizing a loan forgiveness program for child and adolescent psychiatrists in the Health Care Reform Bill, though funding still needs to be secured. The Project AACAP Advocacy Task Force is exploring the possibility of establishing a Political Action Committee (PAC). A straw vote of Assembly members showed 70% in favor of establishing a PAC, though many questions still need to be answered about this effort.

24 Regional Organizations have identified Advocacy Liaisons who emphasize advocacy at the state and local levels. AACAP would like to identify at least one liaison for every Regional Organizations. Pending federal legislation was also highlighted, including the recent Supreme Court ruling stating that juveniles who have not committed a capital crime could not be sentenced to life in prison. There should be an initial review no later than five years after sentencing or no later than age 22, and again every three years.

Both the Juvenile Justice Reform and Rights and Legal Matters Committees are currently working on a policy about what the mental health component of this evaluation should include.

The Spring Advocacy Day and Assembly meeting will be held April 7-9, 2011 in Washington, DC, and the Assembly will meet again at the Annual Meeting in Toronto, tentatively scheduled for October 18, 2011.

2011 SCSCAP Membership

Have you renewed your SCSCAP Membership?

You can do it on line by visiting the AACAP website (www.aacap.org)

or by contacting the AACAP Membership Department:

Phone: 202-966-7300

E-mail: membership-mail@aacap.org

Eliminating Stigma by Ara Anspikian, M.D.

LETS (Let's Erase the Stigma) Educational Foundation, a non-profit, public benefit organization, was founded by Phil Fontilea in 2009 to erase the stigma of mental illness. LETS believes that the first step to empowering people to seek help is to overcome the stigmas that prevent people from reaching out. Education, prevention, and early intervention for youth are central to this organization's mission and can help kids overcome a variety of issues like bullying, teen suicide, eating disorders, depression, self-harm, substance abuse, and their associated stigma. How does LETS do it? The organization does so by "funding and developing education programs, mentoring opportunities, and research possibilities designed to empower youth to change the perception of mental illness." Let's sit down with Phil and get a firsthand perspective...

What's Coming Up for LETS?

LETS brings Clubs to middle schools, high schools, universities, and community centers across the country where youth both with and without mental illness can have ongoing conversations about mental health, participate in educational activities and fun outreach opportunities, and become leaders in erasing the stigma. LETS provides resources to youth, including a thousand dollar scholarship for LETS Clubs to initiate their own projects, symposiums, mentorships, t-shirts, organizational support, and a start-up handbook. LETS is also available to answer questions and work with advisors to establish a LETS Club.

Lets

Lets erase the stigma.

LETS had their most recent symposiums in Philadelphia in February, 2011, where youth participated in interactive workshop sessions, and gained empowering ideas about what they can do to create lasting change. For their next symposium Phil says, "We are planning a large youth symposium in Los Angeles and we are trying to get 200 kids to come for a full day of talking about stigma and what they plan on doing about it." LETS hopes to hold more symposiums across the nation on a monthly basis to move the movement forward.

LETS is comfortable with change. "What we know today is going to change tomorrow," says Phil. He embraces change and foresees LETS as a "dynamic program that will always be relevant because it will change with the youth who comprise and lead it. Every generation brings something new to the table, and if we're listening to them and adjusting the curriculum for that then it's going to be received by youth much more easily." He adds, "Instead of getting caught up in what I know, let's focus on what I don't know, and understand that our knowledge is constantly going to change."

Establishing a Collaboration between AACAP and LETS

What was clear from my time with Phil is that partnering with AACAP is an important part of his mission. "AACAP is a huge piece to this solution," he told me. "If AACAP becomes involved in helping to start LETS Clubs, from a viability and political standpoint bringing our model to kids is so much more likely to occur. We can gain a huge plus from the expertise of AACAP, its members, and mentoring for the Clubs. There are a lot of questions these kids are going to have, and AACAP is great resource. Who better than AACAP to answer their questions?"

To date, Phil mentions Bennett Leventhal and Patricia Riggs of AACAP as having been "instrumental" in connecting LETS to research opportunities and greater participation with AACAP. Phil envisions joint AACAP/LETS training opportunities "to get youth involved in every city and internationally, being trained by and working with AACAP to enable them to provide more information and awareness." He also hopes to continue research collaborations. "LETS attended AACAP in October in New York, which was without a doubt a necessity," says Phil. "I look forward to Toronto this year and San Francisco the following year."

Researching LETS Outcomes

LETS is collaborating with leading researchers from across the country to study LETS outcomes and use these findings to improve the LETS model. "That's what we need," Phil says of LETS early commitment to research. "When we went from 5 to 40 kids in a few months after we started, I knew we needed someone to research it. We need researchers, we need more outcomes, and published studies to be able to learn from what we're doing and get more funding, with the hope that stigma would be eventually erased. We are looking at finding people to help take the next step."

Growth with Limited Resources

When asked how LETS is different, Phil explains that "most models try to trickle-down to combat stigma, but not much is trickle-up like our model." LETS is about prevention and early intervention instead of a reactive model that is crisis-based.

Phil recognizes challenges but states, "I don't consider them obstacles. Everyday there is an obstacle that just needs to be overcome." He notes that school administrators often emphasize a lack of resources, and they sometimes deny that stigma exists within their schools. "This perception about limited resources tends to come from a crisis management mode and not an early intervention and prevention model." Phil believes that once a LETS Club is up and running, it would require fewer resources overall; as the kids discuss mental health issues with each other, they reduce the associated stigma and in effect intervene before a crisis.

Phil also explains how barriers to youth mental health include a lack of youth-friendly resources, such as mental health information on websites that is tough for kids to access and get excited about, as well as lack of opportunity to have ongoing conversations about mental illness. *(Continued on page 5)*

Eliminating Stigma *(Continued from page 4)*

Without support from peers and community, a young person trying to talk about mental illness may become discouraged when they come up against stigma. "If you visit a school and talk to a thousand kids—maybe 10% will hear your message and a few may want to do something out it," Phil explains. "But if they hit a roadblock, on their own they might quit. LETS gives youth a voice and solidarity. It gives them tools. It gives them education, support, and the opportunity to take what they have learned and mentor another school."

How can SCSCAP and AACAP members get involved with LETS? AACAP members and newsletter readers can share LETS with those who may wish to participate.

If you know a child, a parent, a teacher, an administrator at a school who wants to set up a LETS Club, you can connect them to LETS by directing them to www.lets.org, or share their contact information with LETS at moreinfo@lets.org. "If you have a patient in your office who is interested, you can give them our website info," says Phil, "We work to help them establish
In conclusion,

Phil modestly defers away from himself as the focus of LETS and quips, "This isn't about me; I really want that to be expressed. This cause is not to pad my résumé; it's all about the kids and achieving our cause of erasing the stigma of mental illness."

California Advocacy Conference by Marcy Forgey, M.D., M.P.H.

The California Academy of Child and Adolescent Psychiatry (Cal-ACAP) sponsored an advocacy conference day in collaboration with the National Alliance on Mental Illness (NAMI) – California on Saturday, November 13, 2010 at the Presidio Golf Club in San Francisco. More than 60 people attended from both organizations, including a large number of members in training representing child and adolescent psychiatry fellowship programs throughout the state. Special guest speaker, California State Senator Leland Yee, Ph.D., attended the conference and was granted the "Children's Hero Award" by Cal ACAP President Stewart Teale, M.D. Senator Yee was honored for his extraordinary commitment to children. During his tenure in the California State Senate, he has spearheaded legislation to shield children from the negative effects of domestic violence, child prostitution, and violent video games. Senator Yee was acknowledged for his courageous efforts in the face of overwhelming political opposition during an election year to seek re-sentencing eligibility for youth who had been sentenced to life without parole. At the conference, Senator Yee emphasized to the audience his strong commitment to support programs that benefit children and adolescents in California despite the state budget crisis.

The President of the American Academy of Child and Adolescent Psychiatry (AACAP), Dr. Lawrence Greenhill, M.D., inspired the audience to take an active role in organized psychiatry on the local, state, and federal level. He was followed by Ms. Kristin Kroeger Ptakowski, Senior Deputy Executive Director of AACAP, who spoke about successful advocacy and collaboration strategies for child and adolescent mental health. Mr. Paul Yoder, Cal ACAP Legislative Advocate, followed with a review of advocacy strategies for the state of California and described the laws impacting child and adolescent mental health that had recently been passed in the 2009-2010 legislative cycle, such as AB 12, the California Fostering Connections to Success Act, which Cal ACAP had supported. He also described at length the status of AB 3632 (mental health services for children as mandated by their school IEP), which continues to be in flux and in various litigations. He also reported on the initial rollout of health care reform in California.

After lunch, Ms. Roberta English, NAMI Board Member, took the floor and thanked the audience and Cal-ACAP for coming together and laying the groundwork for important collaborative work to come. The afternoon sessions included breakout group workshops where attendees examined draft priorities from Cal-ACAP and NAMI and identified priority areas for a possible Cal ACAP/NAMI mutual agenda. Leaders for the workshops included Mr. Yoder, Ms. Kroeger Ptakowski, and SCSCAP representatives to Cal-ACAP, William Arroyo, M.D. and Marcy Forgey, M.D., M.P.H. Each breakout group presented their top 3 priorities to the larger group, and common themes were recorded into a single document which was then sent to the Cal-ACAP Executive Council and the NAMI California Board of Directors for consideration. The afternoon session was very lively with all attendees taking an active role in the discussion.

Cal-ACAP and NAMI-California are grateful to thank the American Academy of Child and Adolescent Psychiatry for the generous $4000 Advocacy and Collaboration Grant that made this conference possible, Dr. Roger Wu for his kind supplemental donation to offset the remainder of the costs of the conference, the prestigious speakers and presenters, and all of those who donated their time and energy to organize or attend this conference to set the groundwork for a collaborative relationship between Cal ACAP and NAMI to advocate on behalf of children and adolescents in California.

Follow up from the conference included plans for groups of attendees living in the same area to make visits to their legislators to begin building key contact relationships with them, especially those who had been newly elected. Cal-ACAP and NAMI-California have expanded their collaboration to include the statewide children's advocacy organization, United Advocates for Children and Families, and Cal-ACAP was recently granted a 2011 AACAP Advocacy and Collaboration Grant to enhance advocacy and collaboration with both groups. Plans for a meeting with leadership from all 3 organizations and a 2011 Advocacy and Collaboration Conference are underway.

Review: Annual Speaker Meeting by David Ruecker, M.D.

What exactly constitutes a severe outburst or temper tantrum? Does this behavior determine a particular diagnosis? And if not, is there a better way to go about labeling those individuals that are "diagnostically homeless?" These difficult questions and related debates were addressed at the recent SCSCAP Annual Speaker Meeting on January 23, 2011.

Leading the lecture was the prolific and practical **Dr. Gabrielle Carlson** who educated the attendees about the current details of these ongoing academic debates. The SCSCAP had the honor of hosting Dr. Carlson on a gorgeous Sunday morning overlooking the serene waters of Marina Del Rey. As in years past, members from all facets and locations of southern California coalesced over a delicious brunch, grabbed some CME's, and had appetizing academic discussions.

Dr. Carlson brought with her decades of experience in the subspecialty. Her credentials range from her current post as the Director of Child and Adolescent Psychiatry of Stony Brook Medical Center, to AACAP Program Committee Chair, to former Director of the Children's Unit at the UCLA Neuropsychiatric Institute. In addition, she is possibly the most entertaining presenter I have ever had the pleasure of listening to.

Dr. Carlson's discussion began by clarifying why the debates mentioned above persist in child and adolescent psychiatry. In particular, she explored how these behavioral outbursts, often associated with aggression and irritability, have become falsely pathognomonic for bipolar disorder. She explored the historical reasons for this nosological problem and how current research strongly indicates that these outbursts, tantrums, or explosive episodes do not, in and of themselves, make a diagnosis. This is particularly prudent given the sharp rise in the diagnosis of juvenile bipolar disorder over the past fifteen years. Such diagnoses assume that these youths will develop adult bipolar disorder and therefore respond to mood stabilizers. However, irritability and/or outbursts can occur as symptoms present in many different diagnoses (psychiatric or otherwise). Furthermore, this observation is especially important given that diagnosis often dictates treatment method. Research has demonstrated that youths whose bipolar diagnosis is heavily reliant on outburst-related phenomenology don't respond to medications in the same way that adults diagnosed with bipolar disorder do. Dr. Carlson suggested that what the community frequently labels as "bipolar" due to explosive outbursts or other similar behavior is more frequently related to other conditions. She began by showing reasons why the current proposed labeling of Temper Dysregulation Disorder for DSM V, although de-emphasizing the bipolar diagnosis, would not necessarily cover all those previously thought to be diagnostically homeless. Dr. Carlson proposed a two part solution to this dilemma. For starters, children with outbursts and severe chronic irritability, but not mania, could be placed in the category of Severe Mood Dysregulation, a notion first presented by Leibenluft and colleagues in 2003. In Carlson's studies, this still leaves a large percent of those diagnostically homeless who were not chronically irritable but still had outbursts. As an alternative, the diagnostic modifier "with explosive outbursts" might be included and added to other diagnoses, such as MDD or ADHD.

As a fellow in child psychiatry, I am frequently flummoxed by the intricacies of this debate. However, Dr. Carlson's clear delivery and affable lecture style simplified the academic quagmire of data and disagreements. Given the complexity, this debate of where to place these diagnostically homeless will likely continue, but the message that was given that day is the same that she summarized back in a 2009 Child and Adolescent Psychopharmacology Newsletter when she wrote:

"Without the flexibility to accurately label what is perhaps the most compelling problem in child and adolescent mental health, we lose on two fronts. We do not accurately identify the behavior which is causing the most impairment, and we continue to shoehorn children into existing diagnostic homes in inconsistent ways which befuddle both our search for etiology and treatment. "

Assembly of Regional Organizations of Child and Adolescent Psychiatry April 9, 2011 - Washington D.C.

by William Arroyo, M.D.

AACAP President Laurence L. Greenhill, M.D., reported on various areas: (1) the advocacy campaign of *SPEAK UP FOR KIDS* which will be launched at the upcoming National Children's Mental Health Awareness Week of May 1-7, 2011 for which he was encouraging all regional organizations to participate. AACAP has prepared a "Lecture Toolkit" that might be considered for this task. (2) Nominations of new officers includes: Paramjit Joshi, M.D., and James MacIntyre, M.D. for President-elect; Steven Cuffe, M.D., and J. Michael Houston, M.D. , for Treasurer; and Alice Mao, M.D., and David DeMaso, M.D. for Secretary. The candidates for the two Councillor-at-Large positions are: Neal Ryan, M.D., Warren Ng, M.D., Deborah Deas, M.D., and Steve Cozza, M.D. (3) Membership attendance at the AACAP Annual Meeting attendance was 36% which exceeded the goal of 30% in New York City; (4) An extensive travel itinerary to meet with various regional organizations; (5) Preparations are ongoing for the annual meeting in Toronto.

Treasurer's Report by William Burnet, M.D., included revenue and expenses report of a gain of (actually a loss of $454,000) in 2009 and $13,000 in the black in 2010 in large part due to annual meeting. A positive increase of nearly $600,000 is projected for 2011. Most recent annual budget (2010) was dependent to the level of $269,000 which was approximately 7.6% (compared to 13.5% in 2008). In addition, there was a dues increase of $50 for general/fellow membership last year which helped the final budget.

David Fassler, M.D., and Louis Kraus, M.D., reported on AMA matters. Patrice Harris, M.D., a CAP is running for the Board of Directors. A psychiatrist, Jeremy Lazarus, M.D., is running unopposed for President of the AMA. Louis Kraus, M.D., will be running for Council of the AMA. A proposal to be considered by AMA is "to oppose all legislative efforts to restrict the ability of physicians to discuss the full range of clinically relevant topics with their patients…including ownership, use…of firearms" in large part due to bills pending in various states that would preclude physicians from inquiring patients of such matters.

Gabrielle Shapiro, M.D., Secretary of the Assembly, addressed the need to submit new D & O applications (2011-2012).

Jeanne G. Holzgrefe, M.D., shared an article published March 6, 2011 from the New York Times which described psychiatrists as primarily practicing by prescribing medications and doing very little psychotherapy. In a reported survey only 11% of psychiatrists provide psychotherapy to their patients.

Sherry Barron-Seabrook, M.D. discussed revised CPT Codes will be field tested and a solicitation for volunteer CAP's was made to the Assembly. CPT codes are critical for reimbursement of psychiatric services.

Robert Schraiber, M.D., from Northern California CAP raised a recurring concern about procuring CME for regional organizations. It's apparent that many regional organizations are struggling with providing CME to their members. The suggestion to have AACAP provide CME to regional organizations was re-visited. CA is unique in that there are new legislative requirements for CME beyond the standard ones that have been developed by AMA thus making it even more difficult for the CA regional organizations.

Various awards are provided on annual basis by the AACAP. Many of these can be found at www.aacap.org/cs/awards. These include the Catcher in the Rye awards for advocacy for individuals, for AACAP components and/or for regional organizations.

Martin Drell, M.D., President-elect of AACAP discussed the role of "medical psychologists" in Louisiana which is one of two States in which psychologists have garnered prescribing privileges. They have undertaken, although mistakenly, the responsibility for treating complicated child patients for which the medical psychologists have decided to hire a pediatrician to assist them (as opposed to a CAP). Nevertheless, junior psychiatry faculty members at his university are not "well respected" by the medical psychologists. Assembly members were generally concerned about the responsibilities that the medical psychologists have assumed and the quality of care that they are rendering.

Two child and adolescent psychiatrists from CA, Fawzia Ashar, M.D. (Central CA), and Basil Bernstein, M.D. (Northern CA), were nominated to the slate of the Assembly Nominating Committee along with two others, namely, Sherry Barron-Seabrook, M.D., from New Jersey and Davis Gammon, M.D., from Connecticut. The latter two were elected to these posts.

AACAP continues to conduct a membership drive led by Rao Gogenini, M.D. Distinguished Fellows criteria: years of general membership, board certification and three letters of support. Online resources for procuring this status is available online. 50 nominations for this new status have been received. ECP criteria includes 7 years out of training; AACAP has set a goal of 200 new members this year with an effort to make these primarily ECP's. Approximately 75% of CAP residents are members nationally. Unpaid lapsed members total 1491 on 12-31-10.

Sandra Sexson, M.D., addressed concerns related to AACAP recertification efforts. The primary concern relates to "Performance in Practice" (PIP) issues. This is designed for demonstrating practice improvement over a 10 year MOC cycle by chart review and second-party external review. This includes 3 PIP Units (over 10 years) and consists of both clinical module and feedback module; they must be spread over the 10 years with one in the first 3 years, the next in years 4-6 and the final in years 7-9. Phase-in begins in 2013.

(Continued on page 9)

CAL-ACAP and State Issues by William Arroyo, M.D.

The California Academy of Child and Adolescent Psychiatry (CAL-ACAP) started 2011 with new officers. They are: Roger Wu, M.D. beginning his term as President (from Northern California Child and Adolescent Psychiatry or NC-CAP); Marcy Forgey, M.D. as the new President-elect (from Southern California CAP); and Robin Randall, M.D. from NC-CAP is serving as Secretary Treasurer. We are grateful to Stewart Teal, M.D., (from Central California – CAP) who just completed his term as President.

CALIFORNIA ACADEMY of CHILD & ADOLESCENT PSYCHIATRY

CAL-ACAP co-sponsored an advocacy event with NAMI-California recently which was very well attended in northern California. See Dr. Forgey's article in this issue which describes that event in great detail. CAL-ACAP is very grateful to Dr. Forgey for having applied for the grant from AACAP and for having organized the event. In addition, Dr. Forgey is organizing an advocacy strategic planning meeting between CAL-ACAP and the United Advocates for Children and Families to be held on April 16, 2011 in northern California. An advocacy forum on mental health will be held in southern California in the Fall 2011 with NAMI-California, United Advocates for Children and Families and CAL-ACAP.

CAL-ACAP has been closely working with the legal advocacy firm of Shaw/Yoder/Antwigh on various bills pertaining to children and the state budget crisis. At this time CA is mired in a financial crisis in which only half of the budget deficit has been resolved; there is still a $13 billion problem. Unless the governor can persuade four Republicans in the state legislature to join him, the state will likely impose additional major cuts in the human service area including health and mental health.

The budgetary issues of which CAL-ACAP has primary concern are the budgetary issues related to the AB3632 program (in which mental health services are provided to children deemed "Emotionally disturbed", formerly called SED, as per their IEP); the mental health services, primarily outpatient, funded through Medi-Cal/EPSDT and Medi-Cal funded inpatient services (Medi-Cal Managed Care Program). For FY 11-12 these will be paid for with Mental Health Service Act (MHSA) funding due to the State budget shortfall; the State legislature decided to fund these programs in this manner for one year only. MHSA money has generally been used for other mental health services heretofore. It is likely that some of those programs may not be sustained in FY 11-12. Particularly worrisome is the AB3632 program managed by county departments of mental health; this program has been woefully underfunded in the past several years and will not likely be funded adequately by this new strategy. AB 3632 is a federal entitlement program that is managed by school districts in all states but California which was changed by the State legislature in 1987 due to lack of services that these students received under the auspices of school districts. In addition, this program is currently mired in lawsuits and different interpretations by both school districts and county departments of mental health. Since the elimination of funding for counties for this program by the governor in October, 2010, school districts and county departments of mental health have been struggling to continue services. It appears that each county has a variation of a program that was standardized across the State prior to the elimination of funding last fall. It is likely that more legal decisions will be issued before too long.

Bills of note that are currently pending in the State legislature include: AB 73 (sponsored by Feuer) which would make dependency hearings open to the general public (OPPOSED by CAL-ACAP); SB 9 (Yee) which would review life without parole sentencing issued in cases of offenders who committed crimes prior to the age of eighteen (SUPPORTED by CAL-ACAP); AB 739 (Lowenthal) which would expand curriculum of students, grades 7-12, to include mental health awareness and suicide prevention; and AB 181 (Portantino) which would establish a bill of rights regarding mental health services as they pertain to children in the foster care system. There are many others about which you can receive information by contacting your CAL-ACAP representative, Marcy Forgey, M.D., or me at wmarroyo@pacbell.net.

Of special note is AB 1348 (Mansoor from Costa Mesa) which was originally quite egregious in that it stated that the DSM was a very subjective nomenclature framework and was used by psychiatrists primarily for billing purposes; this has been reworked to be a bill on garnering written consent by parents each time there is a plan in a school to survey or inquire or discuss sexual orientation, sexual education, including HIV/AIDS among other important health related issues.

Metabolic Syndrome in Adults and Children by Nora Papasian, M.D.

In June 2010 the Southern California Society for Child and Adolescent Psychiatry and the Southern California Society for Psychiatry together hosted a dinner presentation on Metabolic Syndrome and Antipsychotics. The presentation took place in Sherman Oaks, where Dr. William Arroyo graciously offered his home for the gathering. Two esteemed psychiatrists presented: Dr. William Wirshing, Adjunct Professor of Psychiatry at USC and Vice President of Exodus Recovery Inc. in Culver City, and Preetpal Sandhu, MD, Assistant Clinical Professor of Psychiatry at the David Geffen School of Medicine, UCLA.

The discussion began with a historical overview of atypical antipsychotics, in their order of appearance on the market. Essentially all the atypicals were initially touted as not causing weight gain. As experience and knowledge grew about the individual medications, it became clear that almost all of them pose significant risks of weight gain. Over time, it became clear that in addition to weight gain, which has its own medical and social consequences, most of the atypical anytipsychotic medications can also cause metabolic syndrome.

Metabolic syndrome is the constellation of cardiovascular risk factors including: obesity, hypertension, insulin resistance or diabetes, dyslipidemia. Both adult and pediatric patients are susceptible to developing metabolic syndrome as a consequence of antipsychotic use. The monitoring parameters are similar across ages. Key parameters to monitor include elevated fasting glucose (>110 or >100, depending on criteria used), elevated triglycerides (>150), decreased HDL (<40 in men, <50 in women, < 40 for pediatric patients), elevated blood pressure (>130/85), and increased abdominal girth (waist circumference > 40 inches for men, >35 inches for women, > 90th percentile or BMI > 95th percentile for sex and age in pediatric patients). Due to racial differences, increased abdominal girth may not be an informative measure for metabolic syndrome for some populations. The value of monitoring insulin is still debated due to poor reproducibility between different laboratories. Three of five findings define the syndrome.

If continued treatment with the antipsychotic medication is warranted and a suitable alternate cannot be found, a decrease in dosage may allow improved control over the metabolic markers, with an overall decreased risk of morbidity. Lifestyle changes, notably improved nutrition, increased exercise, and weight loss are important interventions for reverse metabolic derangements and restoring health even if the medication is discontinued. Smoking cessation is another important goal for decreasing cardiovascular risks though not metabolic syndrome per se. Educating patients and helping motivate them to implement these changes is a responsibility jointly shared by psychiatrists and primary care physicians.

If lifestyle modifications are ineffective or inadequate for improving metabolic parameters, an adjunct may be necessary. Close collaboration with primary care physicians can facilitate early intervention for emerging metabolic syndrome. Certainly, pharmacologic treatment of hypertension or dyslipidemia is indicated. For insulin resistance, several medications can be considered, though none have an indication for diabetes prevention per se. In patients taking atypical antipsychotics, metformin has demonstrated efficacy for treating patients with diabetes and has shown some benefit in improving insulin sensitivity in pre-diabetes. Other alternatives considered were topiramate, orlistat, or possibly sibutramine. It is also important for each psychiatrist to gauge their comfort level in prescribing an adjunct, and a referral to their primary care physician or even an endocrinologist may be warranted.

42nd AACAP Assembly *(continued from page 7)*

A manual for new delegates to the Assembly has been prepared and is available.

Federal Government Report was provided by AACAP staff, Kristin Kroeger Ptakowski. Mike Golinsky is the new assistant for federal affairs. Budget agreement that is being voted on today in Congress includes major cuts to Medicaid (Medi-Cal) and States Childrens Insurance Plan (Healthy Families in CA); it is likely that AACAP will oppose these cuts. CAP Training Programs are receiving technical assistance on advocacy by AACAP. AACAP is conducting a survey on whether or not AACAP should have its own political action committee; this data will be shared with the AACAP Council in June. AACAP is working with SAMHSA to have two CAP fellows work at SAMHSA. A congressional fellow (the Mary Crosby fellow) program has been established.

AACAP staff, Liz DiLauro, has launched a liaison program for members to serve as legislative liaisons for all of the regional organizations. Psychology prescribing bills are still in play in Oregon, New Jersey, and Hawaii, but have been defeated in several other States. Advocacy & Collaboration grants have been provided to several regional organizations. Debra Koss, M.D., of New Jersey and Marcy Forgey, M.D., of Southern California both outlined the very complex and inspiring efforts in their respective States. Applications will be available in October 2011 online; announcements of awards are made in February 2012.

An AACAP Early Career Psychiatrist (ECP) Mentorship Program has been established which will provide structured opportunities for making mentorship connections, support relationships with mentors and to assist ECP's with region-specific practice climates, job availability and local AACAP programming. For more information, contact research@aacap.org or 202-966-7300.