



The newsletter of the

AMERICAN ASSOCIATION OF DIRECTORS OF CHILD AND ADOLESCENT PSYCHIATRY



Winter 2023

American Association of Directors of Child and Adolescent Psychiatry

2022-2023 Executive Committee and Committee Chairs

<http://www.aadcap.org>



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PRESIDENT'S MESSAGE

Dear AACAP Members:



The past year has been one of planning, growth and changes. While AACAP members still feel the effects of the COVID pandemic, we continue to provide the support and expertise necessary for you to be responsive and effective.

AACAP held its first face-to-face meeting since the spring of 2019 in Park City, Utah. AACAP held the 2022 Fall Meeting held on Monday, October 18, 2022, prior to the start of the Annual Meeting of the American Academy of Child and Adolescent Psychiatry. Dr. Andy Pumariega focused on systems of care for diverse youth of color, and Dr. Tony Guerrero spoke on “hardwiring” cultural effectiveness/cultural humility in clinical program in workforce education. Dr. John Walkup addressed the U.S. News and World Report issue that included evaluating children’s hospitals in behavioral/mental health. Lastly, Dr. Rich Martini reviewed

AACAP new website and highlighted the features. Mr. Earl Magee explained the benefits of those features and what we plan to accomplish in the next year.

AACAP continues its active collaboration with AACAP through the participation of its president Dr. Warren Ng in leadership meetings, the coordination of a fall AACAP meeting with the AACAP Annual Meeting. Our regular submission of a Member Services Forum was not accepted by AACAP due to the quantity of fora submissions.

The AACAP leadership agreed that the website is overdue for an upgrade to not only better inform current and prospective members about AACAP activities, but to give members better access to initiatives, recommendations, and opinions from AACAP colleagues. Drs. Meg Benningfield, Matt Biel, Marty Drell, and I worked for the past year to reinvent our website. We not only changed the look and content but also our webhost from Charity Advantage to Wix.com. Mr. Earl Magee researched a web developer, Rebecca Shellhamer with Wix Expert Studios, to redesign the site. The new website launched on April 14, 2023.

I would like to take this opportunity to thank members of the Executive Committee for their support, advice, direction, and contributions: Dr. David Axelson as President-Elect, Dr. Rich Martini as Past President, Dr. Meg Benningfield as Secretary-Treasurer, Dr. Yael Dvir as Program Chair, Dr. Sheila Marcus as Membership Chair, and Dr. Andy Pumariega as Diversity and Equity Chair. I am proud of our accomplishments this past year and will work to ensure that AACAP continues to focus on making your jobs easier and your programs more effective in the future.

Sincerely,

Tami Benton, MD
President 2022-2024

EDITOR'S COLUMN

Happy Talk and Toxic Positivity



Marty Drell, MD

For years I have been noting the increase in the use of what I call "Happy Talk." By this I mean the use of positive complimentary exchanges between people in public places. I clearly remember at the beginning of my career when each question during the question and answer sessions at meetings was not responded to with the phrase; "That's a good question!" At first, I attributed this to small cohorts of extremely polite human beings, but the practice became so prevalent that it seemed to be more than that. Had there been some protocol change that I missed? Did it perhaps go to my spam account? Had there been an outbreak of very polite presenters? I would clarify that my awareness of this phenomenon predated the current wave of political correctness. Perhaps it was in its early prodromal stages?

As it continued, it became more pervasive and then the norm, I realized that there did not seem a correlation between the quality of the questions being asked and the response that was monotonously the same.

Having been raised by a particularly non-complimentary set of parents who had high standards with regards to levels of discourse, this general effusiveness was viewed a near relative to lying. As such, I was uncomfortable and irritated. I found myself saying to myself there are no such things as dumb questions, just dumb people. I would occasionally share my internal snarkiness with exceptionally good friends just to see their responses. They noted the same trend. Their feedback immediately verified for me that the norm was now that one needed to say that all questions were good, great, superb, or thought provoking. I noted over time that this "Happy Talk" generalized and that the accompanying discussions became equally as good, great, superb, or thought provoking. Could it be that my standards were somehow rising, or was it that I was becoming an irritable curmudgeon as I aged, or was this just another example of there being no good ideas that are not eventually overgeneralized and misapplied over time? Was this a gigantic cognitive distortion?

I was pleased to find that my observations are shared by Fran Leibowitz, arguably another curmudgeon, who on a 12/12/21 segment of CBS's Sunday Mornings commented that she feels that about ten years ago audiences at cultural events like the ballet became "over

enthusiastic" and prone to erupt into cheers at the mere appearance of the dancers before they had even performed. She mused that in the past, if Baryshnikov managed to hang in midair for fifteen minutes, that there was only polite and moderated applause.

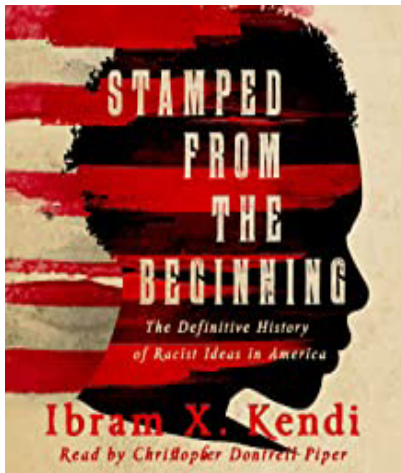
She asked the question, "Who are they applauding?" and answered by saying "themselves."

I find especially annoying a Covid phenomenon that brings the daily emails from the healthcare organizations telling me I am a hero as I hunker down remotely in my comfortably attired office. If I am a hero, then what are those who are actually risking their lives and those of their families in hospitals and emergency rooms?

Having identified this social phenomenon, I wondered about its origins and motivations. Was it a variation of the "Lake Wobegon Effect," which was parodied by Garrison Keillor at the close of his show, *The Prairie Home Companion*, "That's the news from Lake Wobegon where all the women are strong, and all the men good looking, and all the children are above average." At the start, I thought that this might be a trend in our field, which is filled with well-meaning folks that all seem

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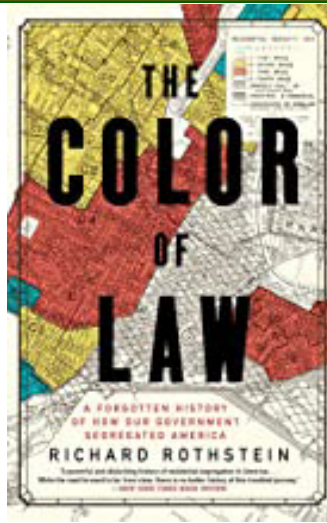
BOOK REVIEWS



Stamped from the Beginning: The Definitive History of Racist Ideas in America: Ibram X. Kendi (2016)

This book was the winner of the National Book Award. It discusses the intellectual history of racist ideas. Kendi starts by defining a racist idea as any concept that sets forth the notion that one group is superior or inferior to another. He articulates three sets of ideas that are constantly debated. These include anti-racism ideas, segregationist ideas, and assimilationist ideas. These ideas are built upon theories of nature (that one group is genetically superior or inferior) or nurture (that differences are due to culture and subsequent policies that are spawned) by culture.

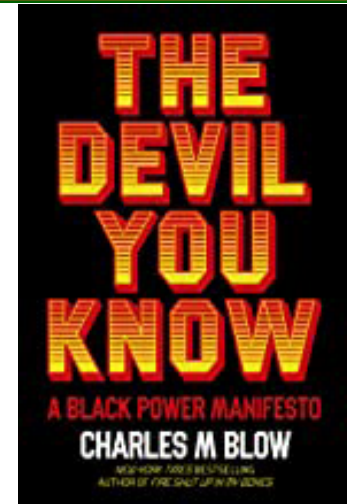
He narrates his book through five major characters (Cotton Mather, *(continued on page 10)*



The Color of Law: A Forgotten History of How Our Government Segregated America: Richard Rothstein (2017)

Richard Rothstein's book focuses on an area mentioned in several other books that refer to discriminatory residential practices that have led to their being more segregation in America despite the passage of much Civil Rights Legislation. He elaborates and reinforces themes brought up in the book "White Rage" that mentioned legislation at the local, state, and federal levels that countered African-American advancements.

Rothstein, who has done research on schools, inequities, but makes the sad point that urban schools today are now more segregated than ever in large part due to segregated housing. He points to the reality *(continued on page 10)*



The Devil You Know: A Black Power Manifesto: Charles M. Blow

"The choice between the Devil you know and the Devil you don't know is a false dichotomy as, after all, the Devil is the Devil."

A very interesting book to consider after reading Isabel Wilkerson's book *The Warmth of Other Suns*, about the great migration of 6 million Blacks from the Jim Crow South to the North and West is Charles Blow's 2021 book entitled: *The Devil You Know*. Blow, a New York Times Columnist, proposes a "reverse migration" of Blacks back to the South to gain power through the legitimate powers of the ballot box. He urges the more than 48 million Blacks in the U.S. to, as Frederick Douglass said, "prey with their legs."

Blow points out that after the Civil War, there were a majority *(continued on page 10)*

AADCAP’s 2022 Fall Meeting in Toronto

October 17, 2022, 12:00-3:00 pm ET

AADCAP held its 58th Annual Meeting at the Metropolitan Toronto Convention Centre in Toronto, Canada on Monday, October 17, 2022 from 1:00 pm to 5:00 pm. This was the first face-to-face meeting of AADCAP since the 2019 Spring Meeting in Park City, Utah. While 37 people registered, we had a good turnout with 35 in attending both in-person and virtually via Zoom.

The meeting began with Drs. Andrés Pumariega and Anthony Guerrero presenting “Systems of Care for

Minoritized and Underserved Youth” sponsored by the Diversity, Equity, and Inclusion (DEI) Committee. Following this session, Drs. David Axelson, John Walkup, and Mike Sorter lead a panel discussion based on a US News and World Report entitled, Evaluating Children’s Hospitals in Behavioral/Mental Health. Dr. Rich Martini presented the final session on our new website design. The Executive Committee created the Website Task Force consisting of Drs. Rich

Martini, Meg Benningfield, Marty Drell, and Matt Biel along with Earl Magee who prioritized site content. Rebecca Shellhamer, Wix Expert Studios worked with Mr. Magee on the design and developing the website that launched on April 14, 2023. Following the meeting, committees met separately to discuss respective business. The AADCAP Banquet Dinner was held later that evening. On October 20, AADCAP held its annual Dessert Reception at the Delta Hotel.

Systems of Care for Minoritized and Underserved Youth

by Andrés J. Pumariega MD and Anthony Guerrero, MD



Dr. Pumariega presented an overview of the interlinkage between principles of community-based systems of care principles and culturally competent care, developed in conjunction approximately 40 years ago but highly relevant today as we re-

examine equity and social justice in clinical care delivery. The key components of both will be outlined. Data from the CMHS Communities of Care program, which has been operating for 37 years, will illustrate the evidence for these principles/approaches addressing racial/ethnic disparities at a population level and programmatic level. System of care programs have consistently served a high percentage of diverse youth of color have outcomes that show reduced symptomatic morbidity, improved school

performance and reduced school morbidities, reduced juvenile justice involvement and reduced psychiatric hospitalization, and reduced costs of care. Data on the impact of the programmatic application of cultural competence principles on disparities will also be presented (ref Pumariega et al, 2013, Pumariega 2022).

Dr. Guerrero then illustrated many of these principles through two presentations. One included a brief presentation on “hardwiring” cultural effectiveness/cultural

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US News and World Reports: Evaluating Children’s Hospitals in Behavioral/Mental Health

by David Axelson, MD



The panel discussion titled, *US News and World Reports: Evaluating Children’s*

Hospitals in Behavioral/Mental Health

was led by Drs. David Axelson, John Walkup, and Mike Sorter. The US News and World Report (USNWR) is in the process of adding Behavioral Health to the other ten specialties currently evaluated and ranked as part of their Best Children’s Hospital Honor Roll. Drs. John Walkup, Mike Sorter and David Axelson are members of the US News Behavioral Health Workgroup and comprised the panel for this AACAP session. Dr. Axelson gave a brief overview of the history of the US News and World Reports Best Hospitals Rankings and the methodology used for the evaluation process.

US News and World Reports started including Pediatrics in their Best Hospital Rankings in 1990. The Pediatric rankings were

based entirely on reputation until 2007, when data was collected from children’s hospitals through a comprehensive survey. The survey assesses health care quality via measures of system structure, processes and clinical outcomes. Behavioral Health is not included as a specialty in the children’s hospital rankings. USNWR plans to include it in future rankings and added pilot Behavioral Health questions to the pediatric hospital survey in 2022.

The panel discussed the challenges of defining what should be included in the domain of Behavioral Health. Dr. Walkup noted that the initial draft of the behavioral health questions for the survey focused more narrowly on specialty mental health services such as inpatient psychiatry, partial hospitalization and emergency assessment. The USNWR behavioral health expert workgroup that revised the initial draft, had representation from developmental behavioral pediatrics, adolescent medicine and primary care – this led to a broad inclusion of developmental and medical services. The panel noted that many children’s hospitals take

the rankings very seriously and this has spurred additional attention and investment in behavioral health. Several members cited the difficulties in interpreting certain survey questions and the resource burden required to complete the survey. There was variable involvement of child psychiatry leaders in the survey completion, with some having minimal input, while others were expected to devote significant effort.

There was robust discussion regarding the applicability of the rankings and the topic to programs that are not affiliated with children’s hospitals. On one hand, programs that are not part of a children’s hospital, will not be ranked and therefore not directly affected by the USNWR rankings. On the other hand, assessing quality of pediatric behavioral health services is of general interest and our programs may be increasingly held accountable regarding quality measures. The USNWR survey may influence industry standards and how all our programs could be evaluated.

Systems of Care *(continued from page 7)*

humility into clinical programs and in workforce education. He addressed the integration of Hawaiian Values into child and adolescent psychiatric inpatient care (Carlton et al, 2011) and suicide prevention (Goebert et al, 2018), He then discussed thinking beyond traditional care systems and settings in order to address mental health disparities (Guerrero et al, 2019) and critically appraising, in the context of diversity, the foundation of certain pillars in child and adolescent psychiatric didactic education, such as child and family development and family-based interventions. (McCubbin and Marsella, 2009, Hurdle, 2002). He ended by leading an experiential discussion by University of Hawaii/Queen's Medical Center child inpatient program frontline staff on the implementation of these principles in day-to-day inpatient care. The session ended with an open discussion.

New Website Design: www.AADCAP.org

by D. Richard Martini

AADCAP has long considered making changes to the website. The previous website was informative about current and past events but was not consistently responsive to the administrative and clinical needs of members. It also did not provide an organization overview that demonstrated relevance to current and future department and division chiefs in child and adolescent psychiatry.

The organization is involved in a number of new and exciting activities, yet it was not always easy to highlight these initiatives, update members, and seek their input and participation.

What an opportune time to upgrade the website and use it to inform, involve, and recruit members in the organization. The lack of in-person meetings during the past two years due to the COVID pandemic left AADCAP with a budget surplus that allowed the hiring of a developer to advise us on how to create an attractive and original platform. Earl Magee, our Executive Director, has extensive experience in the website development, such as the New York Council on Child and Adolescent Psychiatry and the American Society for Adolescent Psychiatry.

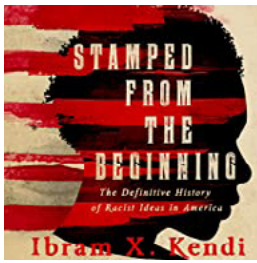
A committee was organized to begin considering changes to the website and included Drs. Rich Martini, Meg Benningfield, Marty Drell, and Matt Biel plus Mr. Magee, The committee met monthly over 10 months and recommended the following changes in the development of the website:

1. The header content contains our new logo and tag line. The header content focuses on meetings, upcoming events and current issues of importance.
2. The new logo represents a stylized version of Greek columns from our previous logo, with the three columns representing our administrative responsibilities in clinical care, education, and research.
3. The website colors are brighter but subtle, and the design is simple and easier to navigate.
4. Five main topic areas: Meetings and Presentations, About AADCAP, Membership, Newsletter and Resources, and the listserv are included in the heading. Clicking on the topic will take readers to relevant information in each of those areas. The listserv area will demonstrate to membership how to search for previous conversations on a variety of topics over several years.

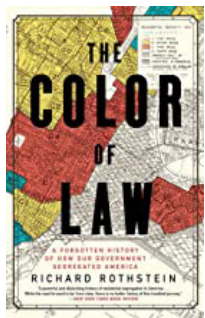
The leadership at AADCAP hopes that the website will become an important resource for membership to increase their involvement in the organization and to become more effective as division chiefs.

BOOK REVIEWS

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Thomas Jefferson, William Lloyd Garrison, W. E. B. DuBois, and Angela Davis). He uses their mini-biographies to clarify the history and complexities of racism. A contemporary example of such complexities is his delineation of the nuanced messages of three movements: The Blue Lives Matter, the Black Lives Matter, and the All Lives Matter.

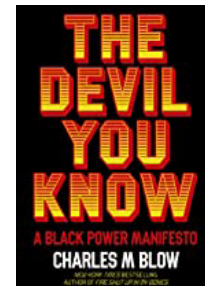


is that African American's and white's don't generally live together. He details policies regarding housing programs and the subsidization of suburban living that were created to deal with the nearly continuous housing shortages since the Depression and WWII. He shows how the FHA (Fair Housing Administration) wouldn't insure and subsidize loans to African-American's. He explains, in detail, how zoning laws and "redlining" (refusing a loan or insurance to someone because they live in an area deemed to be a poor financial risk, (i.e., a "bad neighborhood") promotes inequity. He explains how these practices prevented African-American's from buying "cheap, subsidized" houses in

the first place, which prevented them from benefitting from the subsequent rise in housing values that led to African-American's having less equity in their homes and therefore, less wealth (n.b., African-American's wealth is only 5-7% of that of whites).

This "new" status quo has been maintained, he says, by police protection. He emphasizes that the police are agents of government with a mission of maintaining the status quo. He outlines a parallel process that occurred historically in public housing that was originally targeted not for the poor, but persons regardless of race who had jobs and could afford the dream of owning their own homes. He details a complicated evolution that created the concept and reality of "Projects" that were full of "poor African-American people." To further complicate matters, the concentration of areas of poverty was further concentrated when industry left the inner cities and relocated to the suburbs which were subsidized "for whites only" by the Federal Housing Administration.

Having comprehensively presented the results of years of "social engineering," Rothstein explains that the system and its consequences are now a vicious cycle that reinforces and reproduces itself. He notes sadly these changes, and their impact will be hard to remedy.



of Black States in the South with three others within four percentage points of being majority Black. These States were able to elect Blacks to State Legislatures and even to the U.S. Congress before the issuance of "Black Codes" to control the labor and behaviors, including voting, of former enslaved persons and other Blacks. These initial codes were effective and followed by waves of other restrictive responses under Jim Crow that subsequently led to the great migration out of the South in the first place. He feels that Whites will not give up their White supremacy. He urges Blacks to stop begging Whites for their rights and to take matters into their own hands. He says that the answer is not to eradicate racism, but to render it irrelevant by controlling the levers of power in the South and subsequently in the Nation. He contends that the benefits accrued by the great migration have diminished over time due to White nationalism, entrenched racism, Northern discrimination, pro-White legislation, and police brutality, which has not been countered by the majority status of Blacks in the States they migrated to. The Northern cities, he says sadly, have been abandoned by both the Black elites and White progressives.

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AACAP Annual Meeting Membership Forum 2022

by D. Richard Martini, MD



The AACAP Annual Meeting discussed “Pathways to Leadership: Leading System Change Beyond the Pandemic” and considered how leadership in child and adolescent psychiatry can address issues in the mental health care of children that require system change. The keynote address was given by Dr. Vikram Patel, The Pershing Square Professor of Global Health and Wellcome Trust Principal Research Fellow, Department of Global Health and Social Medicine, Harvard Medical School. Dr. Patel discussed the digital platform EMPOWER, and how it improves access in areas challenged by a lack of mental health professionals by training front line clinicians on evidence based psychological treatments. Following the keynote address, the forum addressed four fundamental issues for child and adolescent psychiatrists as they work for system change. The audience was given survey questions prior to the start of the discussion that framed the subsequent conversation. A six-person panel composed of

child and adolescent mental health clinicians in positions of clinical and academic leadership participated in an audience discussion based on responses to the survey and additional questions that the survey generated. The panel included Dr. Patel and the following leaders in child and adolescent psychiatry: Dr. Tami Benton, Associate Professor of Psychiatry at the University of Pennsylvania, Psychiatrist-in-Chief, Executive Director and Chair of the Department of Child and Adolescent Psychiatry and Behavioral Sciences, and Clinical Director of Child and Adolescent Psychiatry at Children’s Hospital of Philadelphia; Dr. James Hudziak, Professor of Psychiatry, Medicine, and Pediatrics, Thomas M Achenbach Endowed Chair of Developmental Psychopathology, University of Vermont College of Medicine/Fletcher Allen Health Care; Dr. Mary Jane Esplen, Professor and Vice-Chair, Equity and Mentorship in the Department of Psychiatry, Faculty of Medicine, University of Toronto; Dr. Ron-Li Liaw, Cannon Y. & Lyndia Harvey Chair in Child and Adolescent Psychiatry, Chair, Pediatric Mental Health Institute, Mental Health In-Chief, Children’s Hospital Colorado, Director - Division of Child & Adolescent Mental Health; and Dr. Peter Szatmari, Director of the

Cundill Centre for Child and Youth Depression, Centre for Addiction and Mental Health, The Hospital for Sick Children and the University of Toronto, Patsy and Jamie Anderson Chair in Child and Youth Mental Health. The program was well attended with interesting, dynamic, and entertaining conversations among panelists and members of the audience.

The first topic for discussion considered how leadership in child and adolescent psychiatry can effect change through mentorship of psychiatrists and other mental health professionals. Participants recommended that organization psychology, business skills, management skills as well as leadership and clinical skills be included in the mentorship process; that interpersonal skills including building relationships, communication, and engaging and influencing peers be emphasized; and that mentorship should encourage flexibility, experimentation, risk taking, learning from failure, and maintaining a focus on the “big picture.” When asked about mentorship supporting a process that considers culture, diversity, and

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BOOK REVIEWS

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The Devil You Know

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He pushes for the creation of a Black region in the South that will have the power to elect their own and to influence politicians that will, of necessity, have to keep the best interests of Blacks in mind.

He contends that such migrations are not without precedence. He cites as examples Hawaii that is majority Asian/Pacific Islanders and the migration of the 1960's and 1970's "hippies" and other counterculture persons to the small State of Vermont, which gradually switched the State from a very conservative one to a very progressive one. He touts the projections that by 2055, seven Southwestern States will be majority Hispanic. Why, he says, can't the Blacks do likewise?

Blow points out that the process has already begun with thousands of majority Black cities in the South having Black Mayors and City Councils. Why not generalize this to the higher political levels in the States and subsequently the Federal Government? He notes that an absolute majority may not be needed based on recruit experiences in Georgia in which Blacks, through political organization, have been able to create a power bloc elect Biden to the Presidency and two Democratic Senators (one Black) to the Senate.

The book is a manifesto (defined

as a published declaration of the intentions, motives, or views of the issuer). The clarity of its mission has proven quite provocative and controversial. It has generated many questions. One interesting example is whether such a migration would not lead to White flight? The author indeed implies that is a possibility and such a White migration might hurry up the process he is pushing for. Critics have argued that this is an anti-diversity idea. Critics are also concerned as to what such regionalization will mean as far as the USA's concept of itself, especially that of a "melting pot."

The book is less effective at saying how such a migration would actually occur and even worse at enumerating the impact of intended and unintended circumstances that would undoubtedly evolve over time. He states that the South is now more attractive to Black's as it has available jobs, a growing and thriving Black middle class, Black businesses, Black entrepreneurs, and a Black culture which can provide both spiritual sustenance and capitalistic gain. He encourages Blacks to return to their roots in the South, which date back 400 plus years, as opposed to only 80 years in the North. He reminds the reader that he has voted with his feet and has moved from New York City to Atlanta where he feels at home.

Happy Talk

(continued from page 5)

to feel they are the "Best Sneeches on the Beaches" to appropriate Dr. Seuss, but it was clear that this phenomenon was much more widespread. I then moved on to wonder if this was a product of the "self-esteem movement," pervasive in parenting, marital counseling, and self-help books, which suggested that we all need to step up our levels of compliments. Several suggest giving five compliments to every criticism. I couldn't help but to then associate to the Human Resources Departmental advice to managers to start every problem focused appraisal with a compliment followed by the critique then another compliment with the added advice that one should never end the first complimentary part with the word, "but" which presages that the next part of the appraisal will involve less than complimentary remarks.

My theories as to the "self-esteem" underpinnings seem supported by Simon Sinek's wildly successful TED Talk on Millennials. In it he points out that the "stereotypic" Millennial (usually a white college student) evolved from a gigantic, failed parenting experiment in which that generation was given participation trophies and other acts of effusive overprotection for whatever they did, regardless of its merit. He felt that such self-esteem

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Happy Talk

(continued from page 12)

helicoptering by parents and other adults has led to uncomfortable children who feel anxious and unskilled about dealing with the vagaries of a future they fear. He alludes to his sense that the Millennials have countered their sense of vulnerability with entitlement edged with an anger at the outside world which they feel the adults have royally screwed up.

The nuances of Sinek's theory are nicely fleshed out by Alan Fruzzetti's work on validation that shows the problems generated by the validation of actions that are not valid and the failure to validate actions that are. This powerful one-two combination leaves people unable to validate themselves and to internalize the socioemotional skills that enhance the chances for mature love and work ("lieben und arbeiten" to quote Sigmund Freud) in the here and now and the future .

I had previously touched on the subject of "Happy Talk" in a previous column (July 2019) of the Owl's Newsletter on Wellness in which I suggested that it was not unto itself the cure for burnout. Similarly, I do not believe that journaling, gratitude scales, deep breathing, compliments, and self-compassion are enough to deal with the Scylla and Charybdis of anxiety and depression that currently confronts many people

today. Having said this, it might surprise the reader that I often teach such skills to my patients based on my separate and related belief that psychiatry has overfocused on pathologizing. If these techniques and a focus on Positive Psychology, which I differentiate from Happy Talk, work then I am glad to offer them. Most that seek my assistance seem to need more.

I suspect that many will see my preoccupation and rumination with "Happy Talk" as a character flaw or my gradual slide into curmudgeonly behaviors as I age ungraciously that I mentioned earlier. One can only imagine my surprise, delight, validation, and potential vindication at a spate of recent articles on Toxic Positivity. These most recent "excellent" articles define toxic positivity as the excessive and ineffective overgeneralization of a happy and optimistic state in any situation which denies, minimizes, and invalidates genuine human emotional experiences. It involves the use of stock phrases and posts such as Be Positive! Think Positive!, No Bad Days!, Look on the Bright Side!, It's Going to Be OK!, and one of my favorites, "Every time a door closes, another opens up." From such snappy phrases, it is easy to think of parents with their own phrases such as "Snap out of it! "Stop crying," or its longer version, "stop crying or I'll give you something to cry about" (a favorite of my father). All these phrases can be very confusing to people of all ages. They lack

empathy, compassion for others, and show a basic uncomfot with uncomfot. They let the person know that you don't really hear or perhaps care about what they are thinking. It is clearly too much negative information.

The articles of toxic personality often mention a gender bias that favors males as having problems with their negative, especially angry feelings, and their tolerance of such feelings in others regardless of gender. Females are typically socialized to be more affiliative and social with fewer external displays of emotion. Despite this differentiation, toxic positivity most certainly stifle both men and women from a wide range of behaviors and mutuality. Toxic positivity sends the wrong message. It double binds people with its confusing message that "I'm there for you, but not really." This non-empathic non-supportive, invalidating stance also conveys the message that important persons in one's life cannot tolerate certain feelings, which leads to the internalization of such intolerance into the receiver of these messages. This, in turn, stifles the identification of emotions in general and leads to defenses against the "banned" emotions with the potential for the creation of what Winnicott called a "False Self" complete with anxiety and depression. People raised in such environments cannot fully embrace that life includes both pain and pleasure and that the inability to cope with both leads to poorer outcomes. I am cynically prone to say, "Life sucks and then you don't die."

Membership Forum 2022 *(continued from page 11)*

inclusion as essential to the practice of child and adolescent psychiatry, participants said that developing and sustaining a diverse and inclusive leadership cohort in child and adolescent psychiatry is an identified priority, and that individual leadership and mentorship programs for mental health clinicians support readiness and future success for clinicians in underrepresented populations.

The second topic of discussion emphasized advocacy and the role it plays in identifying opportunities for change. Participants strongly advocated for implementing new care models in communities using task shifting to educate non mental health professionals. They also supported advocating for government action to change payment structures. When asked about innovative approaches to mental health care delivery that could expand access and that are scalable, cost effective, and impactful, participants identified collaborative care models providing onsite or telehealth support for schools, community mental health centers and primary care by mental health providers who are reimbursed for their services. Initiatives that create new care models including local workers providing care in communities

through schools, juvenile justice, and crisis intervention was also supported.

The third topic of discussion addressed workforce issues, specifically those that developed during the COVID-19 pandemic and that continue to effect mental health care. Participants reviewed measures that were developed during the COVID-19 pandemic and that strengthened the workforce by improving access to mental health providers and minimizing administrative burden. They strongly supported states allowing for greater reciprocity for state licensing and renewal requirements across the United States, and to a lesser degree, asked that CMS relax requirements that physicians and other health care professionals be licensed in the state in which they are providing services. They also believe that special loan repayment opportunities and salary supplements be considered for individuals who provide care in high risk or high demand situations.

The fourth topic of discussion focused on the development of Learning Healthcare Systems for child and adolescent psychiatry that merge healthcare delivery, with research, data science, and quality improvement

processes in multiple programs. The COVID-19 pandemic highlighted the inability of the country to collect standardized data across multiple sites and demonstrate the effectiveness of healthcare interventions. Participants identified the shared responsibility for healthcare outcomes among clinicians, patients, family members, and program administration as an important driver of this initiative. They also cautioned that electronic health records that are not compatible across multiple systems, privacy concerns about sharing data across institutions, and difficulties in standardizing data and definitions across multiple programs could impede its progress.

The COVID-19 pandemic presented many challenges for leadership in Child and Adolescent Psychiatry, but also presented opportunities for system change and quality improvement. The Membership Forum sponsored by AACAP addressed the relevant issues of mentorship, access, workforce environment and utilization, and the development of Learning Healthcare Systems, and in the process encouraged a broader discussion among mental health professionals.
