



*The Newsletter of the*  
**AMERICAN ASSOCIATION OF DIRECTORS OF  
CHILD AND ADOLESCENT PSYCHIATRY**



**SUMMER 2023**



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# PRESIDENT'S MESSAGE

Dear AACAP Members:



In my final presidential year, my goal is and has been to focus on what's happening around us. Along with the workforce shortage, the length of residency training has been at the forefront of child and adolescent psychiatry. Do we shorten it to four years or does it remain the same? Pediatric psychiatry training, its expansion, and its scope has been discussed on AACAP's listserv. These are but a few dilemmas we face right now. Our input, feedback, and opinions as division chiefs are vital in these discussions. AACAP is working with AACAP to strengthen our relationship with the American Association of Pediatrics (AAP). AACAP members are still feeling the effects of the COVID pandemic, which monitor continuously and provide the support and expertise necessary for you to be responsive and effective.

AACAP held its first face-to-face meeting since COVID in Toronto, Canada in the fall of 2022. Presentations were informative and discussions lively. We included members virtually via Zoom.

AACAP held its Spring 2023 meeting virtually on Friday, April 28, 2023 from 1:30 - 4:00 p.m. The Clinical Affairs Committee sponsored "The Developmental Trajectory of Expanding Urgent Pediatric Emergency Mental Health Care Systems." Our keynote presented included Dr. Jim Waxmonsky, Committee Chair, and Courtney Cinko, M.D., Director of ED Services at Cincinnati's Children's Hospital. Our featured speaker, Dr. Matthew Siegal, Vice President of Medical Affairs for the Developmental Disorders Services Line of Maine Behavioral Healthcare, presented "The Development of an Autism Unit and Inpatient Collaborative." His expertise in autism, intellectual disability and co-occurring emotional and behavioral disorders informed attendees and sparked a lively discussion.

Our 2023 Fall Meeting will be held with a different format during AACAP's annual meeting in New York City, Monday, October 23, and Thursday, October 26. On Monday, AACAP will hold its annual banquet dinner at The Penn Club on 44th Street. This will be a working dinner in which I will discuss plans for the next year and the direction of the organization. On Thursday, we will hold two back-to-back sessions. The first session from 1:30 - 3:00 p.m., which is open to all attendees, will include a roundtable conversation about topics of interest to members, topics taken from AACAP's listserv, and a component of describing AACAP's mission as a recruitment tool to AACAP members that are invited to join. The second session from 3:00 - 4:30 p.m. will be closed. AACAP members will have an opportunity to join committee meetings and discuss potential topics for the Spring 2024 meeting to be held April 14 - 15. Emeritus Committee members and Diversity and Equity Inclusion (DEI) Committee will circulate among meetings.

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

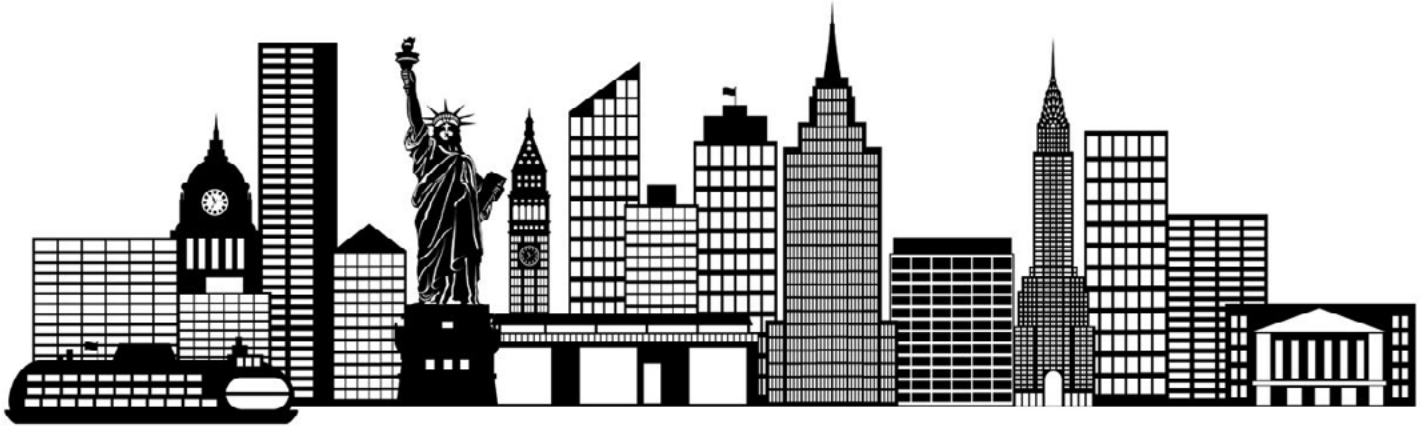
I hope everyone has had a chance to peruse our new website, <https://www.aadcap.org>. The site design informs current and prospective members about AACAP activities, gives members better access to initiatives, recommendations, and opinions from AACAP colleagues.

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*

## AADCAP's 2023 Fall Meeting in New York October 23 & October 26, 2023



AADCAP is excited about holding its [2023 Fall Meeting](#) in New York, NY during AACAP 70th Annual Meeting. Our format has been modified to be less structured for this meeting.

On Monday, AADCAP's annual banquet dinner will be held at The Penn Club, 30 W. 44th Street, New York, NY. This will be a working dinner in which AADCAP President Tami Benton, MD will discuss plans for the next year and the direction of the organization. Most attire is acceptable except shorts, culottes and knee-length shorts, T-shirts, tank tops, sweatsuits or jogging suits, lycra or spandex garments, ripped or frayed clothing and/or footwear and similar apparel.

On Thursday, we will hold two back-to-back sessions in the Nassau Room of the New York Hilton Midtown Hotel, 1335 6th Avenue, New York, NY 10019.

The first session from 1:30 - 3:00 p.m., which is open to all attendees, will include a roundtable conversation about topics of interest to members, topics taken from AADCAP's listserv, and a component of describing AADCAP's mission as a recruitment tool to AACAP members that are invited to join.

The second session from 3:00 - 4:30 p.m. will be closed. Members will have an opportunity to join committee meetings and discuss potential topics for the Spring 2024 meeting to be held April 14 - 15. Emeritus Committee members and Diversity and Equity Inclusion (DEI) Committee members will circulate among meetings.

The Thursday sessions are free. However, the working banquet dinner on Monday has a nominal cost of \$82 per person to offset the high costs of the city. To make your reservation(s), please visit our meeting page:

<https://www.aadcap.org/event-details/2023-fall-banquet-dinner>.

AACAP's 70th Annual Meeting will be held October 23-28, 2023 at the New York Hilton Midtown and the Sheraton New York Times Square Hotels. For more information on AACAP meeting, please visit: <https://aacap.confex.com/aacap/2023/meetinginfo.cgi>.

Visit our website: <https://www.aadcap.org>

### AADCAP 2023 Working Banquet Dinner

featuring

*President Tami Benton, MD*

Monday, October 23, 2023

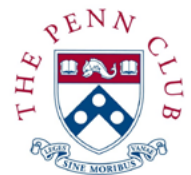
7:00 - 10:00 pm

\$82.00 per person

[Make Reservations Here](#)

**The Penn Club**

30 W. 44th Street, New York, NY







# AADCAP's 2023 Spring Meeting *(via Zoom)* Friday, April 28, 2023

## Emergency Behavioral Health Services- Keeping up with the Pandemic

by James Waxmonsky, MD



The first clinical concerns and all potential portion of the presentation was given by Dr. Courtney Cinko. She began with a

review of the psychiatric emergency services at Cincinnati Children's Hospital. She discussed the ever-growing demand on emergency services with over 7500 emergency department psychiatric evaluations in fiscal year 22. To deal with these clinical demands the psychiatry division developed the Psychiatric Intake Response Center (PIRC). This program serves as the front door to psychiatry services at the hospital and all community sites. Licensed independent psychiatric social workers and licensed psychiatric clinical counselors staff PIRC. PIRC's main work is to determine the right level of care for children who present in crisis. Child and adolescent psychiatrist's (CAP) are available via phone 24/7 to discuss with the PIRC clinicians any

discharges. Disposition possibilities include inpatient psychiatric care, partial hospitalization care, intensive outpatient care, general outpatient care and referral to case management. There is ongoing active improvement work to enhance patient flow to these alternative services. Current evaluation indicates that nearly 90% of patients receive the optimal dispositions based on clinical criteria. Approximately 10% of patients may be admitted or placed on overflow in the emergency room or the medical floor due to limited availability of alternative services.

PIRC staff assist in the daily management of patients on overflow who are boarded in the emergency department or on medical floors. This includes twice daily assessments/interventions. The focus is to maintain safety while awaiting appropriate placement but also ongoing review to see if the presenting crisis situation is stabilized, patients are safe and are

able to be discharged to home and outpatient services. Structured reassessment includes the use of the Columbia and an aggression assessment tool the Brief Rating of Aggression by Children and Adolescents (BRACHA).

Dr. Cinko reviewed the advantages of using a primary LISW/LPCC staffing with physician backup as a model of care which included keeping pace with high ED volumes, a team approach to discuss assessment and disposition planning, ability to perform direct interventions for abuse, trauma and family crisis. The challenges included: a limited ability for families to see a child and adolescent psychiatrist, little ability to manage medications, placement of the services in the medical ED that lead to significant time pressures. Also reviewed were ongoing growing programs to handle acute crises rather than ED assessments or referrals. Positive outcomes were found regarding expansion of urgent  
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## Emergency Behavioral Health

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care type appointments provided by ED PIRC clinicians either by clinic appointment or virtual assessment. Dedicating staff time to better virtual management of urgent crisis calls to match patients with alternative services has been found to be effective in diversion of patients in crisis from coming to the ED and being maintained at home. Another focus of PIRC activities has been community outreach with ongoing education of community providers in the use of structured assessment of endangering behaviors such as suicide and aggression and introduction of such scales as the ASQ and the Columbia Suicide Severity Rating Scale.

### **Dr. Waxmonsky's program**

Here at Penn State Health, our challenges were similar to issues Cincinnati has attempted to tackle, albeit on a smaller scale. We are one of the larger Emergency Departments (ED) in the area and one of the few with child psychiatry support. However, we are not the predominant provider of outpatient pediatric counseling services in our region, so many of the youth presenting to the Penn State Health EDs our not part of our BH system. Cincinnati faced similar challenges

so learning about their PIRC model proved quite helpful. My talk focused on what we learned from the Cincy model and how we applied it to our system.

There were several key takeaway points from the PIRC model that we found generalizable to our efforts. First, the need to develop better ties with community BH providers in an effort coordinate care between our ED and inpatient units and community ambulatory providers. Second, the PIRC model was helpful in prioritizing early engagement with families looking for emergent BH services versus waiting till after the ED contacted our BH consult team. Delayed contact with a BH specialist was problematic as once inpatient care was presented as an option by non BH staff in the ED, families were less enthused about other less intensive options. Understanding the PIRC model, especially the role of the psychiatrist as well as the MD to master's level provider staffing ratios, helped us to scale our initial efforts as building a PIRC sized program was beyond our scope or need. It was also informative

to understand how patients were feeling as they departed the PIRC as finding alternate dispositions is always a challenge. Based on these conversations, we focused on a model that incrementally adds master levels therapists to the ED and hopefully in the near future will include the capacity for our ED care coordination teams to follow with families after they leave the ED and until they transition to outpatient BH providers. We also created a regional community workgroup with the other large BH systems and the BH Managed Care Organizations that oversee our state's Medicaid Programming in an effort to better coordinate care across systems.

A priority topic for the next clinical symposium is establishing intensive outpatient programming, but we are always looking for ideas. Please forward them to the AADCAP listserv.



## Inpatient Treatment & Research For Youth with Autism and ID

by Yael Dvir, MD



At our 2023 Spring Meeting, AACAP had the pleasure of hearing Dr. Matthew Siegel speak on The

Development of an Autism Unit and Inpatient Collaborative. Dr. Siegel is Vice President of Medical Affairs for the Developmental Disorders Service Line of Maine Behavioral Healthcare, Associate Professor of Psychiatry and Pediatrics of Tufts University, and Faculty Scientist at Maine Health Institute for Research. Dr. Siegel's expertise is in Autism Spectrum Disorders, Intellectual Disability, and Psychiatric Comorbidity.

Dr. Siegel spoke on Inpatient Treatment and Research For Youth with Autism and Intellectual Disabilities describing the creation of Maine's Continuum of Care and Inpatient Research Collaborative. Serious challenging behavior includes aggression and self-injury. Families report that aggression is often of greater concern and negative impact than the core social and communicative deficits that define ASD. As

aggression increases, so does their stress, isolation, and financial burden; it decreases available support options. The etiology of this aggression/self-injury (irritability) is Psychiatric Co-Morbidity, Reinforcement & Skill Deficits, Functional Communication Deficits, Family Changes and more.

Therapeutic approaches for challenging behaviors include:

- Applied behavior analysis
- Medication treatment of psychiatric cooccurrence
- Communication strategies (AAC/Functional Communication/Visual supports)
- Social skills / social cognitive strategies
- Psychotherapy approaches – CBT / Emotion regulation
- Sensory regulation strategies
- Treating Medical Problems
- Family treatment / Parent Management Training (RUBI)

Youth with ASD have high rates of psychiatric hospitalization. Thirteen percent of children with ASD who present to the Emergency Department, present for mental health concerns, compared to 2%

without ASD. Further, 11% have been psychiatrically hospitalized by age 21.

Barriers to psychiatric Hospitalization for people with ASD include:

- Limited number of specialized units and geographic maldistribution
- Almost all units are for youth with very few designated for adults
- Lack of knowledge, expertise, and relevant treatment approaches in many general units
- Insurance rules in some states require a primary psychiatric diagnosis for admission and declare ASD not to be one
- Denial of care due to misunderstanding of autism versus psychiatric cooccurrence symptoms
- Institutional fear and stigma.

Spring Harbor Hospital Developmental Disorders Unit (DDU) in Maine provides definitive expert care to stabilize youth and keep them in-state and in their homes. The DDU includes a 12 bed self-contained unit with an average length of stay (pre-pandemic) of 30-40 days. It serves 4-21 years old

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## Inpatient Treatment & Research *(continued)*

(co-ed) with two thirds of the patients having an autism diagnosis, and a third with other intellectual disability. While ninety percent of youth referred are seeking residential treatment at admission, only a third are discharged to residential treatment. Spring Harbor's foundation of treatment is individualized positive behavior support plan, targeted psychopharmacology, and transfer of management skills to parents, local school, and in home staff.

Getting key information at admission, addressing the basics, supporting predictability and activity, developing a positive behavior reinforcement plan, devising concrete coping strategies, and enhancing communication are all elements of ASD-ID care. This approach supports the effectiveness of this unit in a public hospital child psychiatric service. As a result, the average hospital stay decreased by 40%, and the use of physical holds/restraints decreased by 77%.

Youth with ASD/ID can develop serious emotional and behavioral challenges. It puts them at risk for polypharmacy, community/educational exclusion, hospitalization and residential placement.

Successful treatment of refractory challenges may require a broad multi-disciplinary approach that manages acute symptoms and ameliorates key perpetuating factors, such as sleep deprivation, psychiatric cooccurrence, communication difficulties, and environmental reinforcement.

For more information on Dr. Siegel's presentation, please visit at <https://www.aadcap.org/spring-2023>.

## New Division Directors Roundtable (NDDR): May 19, 2023

*by Martin J. Drell, MD*



The New version. Who's Counting? We miss the "in person" interactions of our Director's "live" meetups which took place the afternoon before our annual meetings.

held virtually in deference to COVID and The presenters for this iteration of the roundtable included Tami

its "long" impact on what we do. Benton, who led off the meeting, It lasted a speedy two and a half Victor Fonari, Meg Benningfield, hours and was perhaps the 19th and myself, with Earl Magee

pulling all the pieces together. The participants focused on "brand new" Directors (those with tenures of less than a year) with an expanded invitation list to those Directors who have been in their jobs for five years or less.

Victor, Meg, and I presented updated versions of previous years'

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## NDDR *(continued)*

handouts with their job descriptions from the previous NDDR meeting. These are posted on the new and improved AADCAP Website.

This served as a great foundation for the question and answer and discussion period that followed. It was clear from the start that the last 3 years of COVID, major healthcare issues (dubbed the medical industrial complex or the corporatization of medical care), and diverse and polarized national domestic challenges have made being a director more challenging than usual. The themes of stress, constant change, burnout, work/life balance, recruitment, and maintenance of staff and trainees reverberated throughout, along with strategies to assist each of the participants. These included the practices of compassion, empathy, mentoring, mindfulness, and appropriate validation.

There was much sharing of personal experiences. Many were humorous, but not by any means all. It is clear that there are challenges that are not so easily solved.

The meeting ended as usual with the suggestion that the participants use

AADCAP to assist them in doing their jobs. This can be done by:

- Using the listserv to answer questions.
- Calling members for assistance and consultation.
- Attending the Annual Meeting and the proliferation of Zoom sub-meetings.
- Staying tuned for the more formal mentorship program being organized by the Emeritus members.
- Reading the Newsletters and other communications of the AADCAP.

There are always new challenges to deal with. These are better if handled within the comradery of a like-minded group. It is hoped that the next year's NDDR meeting will be "live" and not altered by the Lambda Mu, or whatever variant that might subsequently mutate to frustrate and bedevil us. Let it be known that AADCAP are here for our members. Please let the leadership know if there are other ways that we can assist you in your work.

Visit the New Division Directors

Roundtable page at [http://www.aadcaps.org/new\\_division\\_directors\\_roundtable\\_nddr.aspx](http://www.aadcaps.org/new_division_directors_roundtable_nddr.aspx), and stay tuned for announcement of when the next NDDR will be held.



*Victor Fornari, MD*



*Margaret "Meg" Benningfield, MD*

# EDITOR'S REVIEW

## *Say the Right Thing*

by Martin J. Drell, MD



When I heard about the book: *Say the Right Thing*, I immediately ordered a copy. My hope was that it would help me in my efforts to say the right things when involved in the many “difficult conversations” that are continuously taking place around identity issues. My hope was that I could switch out of my “doom loop” that “whatever one says is wrong.” In our fractious and polarized world in which it seems that 50% of people will disagree with you on whatever your position is, I hoped for a simple, how-to book with guidance on what to do rather than focusing on what I have been doing wrong. My hopes were boosted by the fact that the authors are both from the NYU Law School’s Meltzer Center for Diversity, Inclusion, and Belonging. Early in the book they divulge that they are both gay men who were closeted as youth and have had their own extensive experiences with identity conversations and their resultant anxiety of being stifled, labelled, and perhaps cancelled. They believe such conversations are

inevitable and are now intensifying as more and more formerly muted groups find their voices. They point to the proliferation of new terms that are being constantly invented such as non-binary, neurodivergent, white privilege, white women’s tears, toxic masculinity, mansplaining, tone policing, gender queer, etc. These can be used against one or perhaps, they say optimistically, used to initiate discussions. The authors promise to be evidence based, practical, non-judgmental, and non-shaming in their quest for justice.

The book is laid out in 7 interrelated principles. These chapters are:

**Principle #1:** Beware the Four Conversation Traps which are to deny, to avoid, to attack, and to deflect. Such behaviors complicate engagement and make “non dominants” feel you don’t have their backs which, in turn, leads to potential misinterpretations as to what your actions are! Your silence leaves a void that allows others to speak for you. As I often say: Defenses often work in the short run but often they don’t work in the long run and cause problems in one’s relationships.

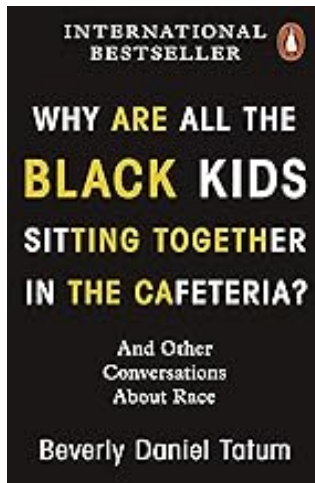
**Principle #2:** Build Resilience. The authors note that identity

conversations are often like “slow motion car crashes.” To deal with them, they say that one needs to adopt a growth mindset vs a “closed mindset.” These concepts, popularized by Carol Dweck, PhD (*Mindset: The New Psychology of Success*; NY: Ballantine Books, 2007), urge one to be open to challenges with the wish and hope for success. The authors point out that success is more likely if one realizes the discomfort implicit in these transactions and how they are complicated by “reflexive” responses to the feelings of fear, anger, guilt, and hopelessness that include the already mentioned avoidance, denial, deflection, and attacking. They go over strategies that may improve such conversations. They advise being humble, especially with regards to one’s biases as well as what it means to be privileged.

**Principle #3:** Cultivate Curiosity. This section builds on the previous principle and suggests adopting a learning posture that allows for a growth mindset. They suggest ways of increasing your knowledge. They suggest that differing people and groups have different experiences and learning styles. Some may have to start slowly with reading and

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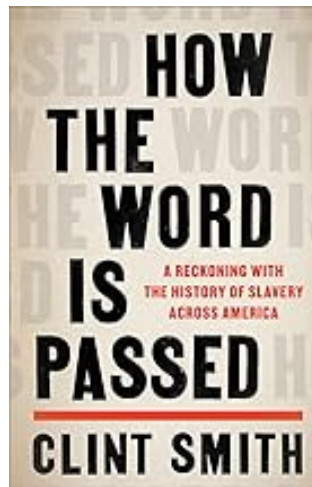
# BOOK REVIEWS



## Why Are All The Black Kids Sitting Together in the Cafeteria: Beverly Daniel Tatum, PhD

This book has stood the test of time for at least the last 20 years when it was originally published. It was a best seller then and is now. Tatum has updated her 1997 book by rewriting and revising many chapters, especially the one on affirmative action and the addition of over 100 pages including a long prologue and epilogue. The author, an educator, who is a psychologist, who has studied racial identity development, has taught courses to college students on racial identity. She writes that many of the students didn't like her courses at first, but then claimed the materials taught changed their lives by the end. Her credentials include being President at Spelman, a historically black liberal

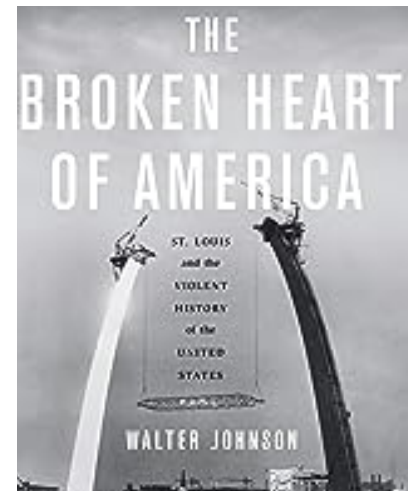
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## How the Word is Passed: Clint Smith (2021)

The 2021 book "How the Word is Passed," was written by Clint Smith, who is an award winning poet and a staff writer for the Atlantic Magazine. In the book, he takes the reader on a tour of several monuments, historical sites, and events associated with Black History. These include Monticello, the Whitney Plantation, the Blandford Cemetery for Confederate dead, Angola State Prison (the largest maximum, security prison in the U.S.), the Juneteenth Day celebrations in Galveston and Houston, New York City, and Senegal's Goree Island, where Black slaves departed for the Middle Passage to the Americas. Each tour allows Smith to explore key aspects of the history of slavery and the many challenges it presents to modern America. He describes the history of the places he visits

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## The Broken Heart of America: Walter Johnson (2020)

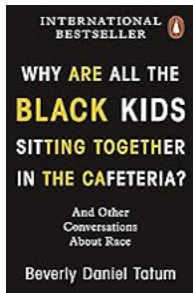
Walter Johnson, who is a Harvard African American Studies Professor, has written a book about race and class through the lens of the history of the City of St. Louis. The book starts with the Lewis and Clark Expedition and ends with the murder of Michael Brown and the unrest that followed. He details early lynching's, the fact that Dred Scot lived in St. Louis, the fact that it was the first city to pass a residential segregation ordinance, early labor strikes, and the vestiges of Jim Crow (low wages, segregation, substandard housing, transportation, and schools). He presents St.

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# BOOK REVIEWS

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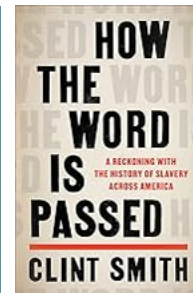
arts college for women in Atlanta, GA. The book focuses on the schools and children and those who want to be "change agents." It should be noted that, however, not all readers are at the point where they wish to be "change agents." If so, this book might be a good starting point for explaining how change might be instigated. I like that it includes no magic cures and assumes that change will be difficult, that it will be accomplished by resistance and uncomfot, and that, despite this, that "change agents" need to push forward in challenging the status quo. She reiterates often that resistance and pushback will be inevitable!

Tatum is especially good when showing parents and educators how to have "uncomfortable conversations" early on in the lives of children. She explains why it is not enough to be silent and passive. She is very adept at the creation of creative analogies, like that of life being like the "moving walkways" at airports. In order to not reach the destination set forth by the walkways, she contends that one needs not only to turn ones back to the process, but to walk in the other direction with great vigor. It is clearly hard work to go against the flow. To just be passive, she contents, will assure

that you will arrive at the destination you may not want. She also excels at showing how to talk to children of all ages. I appreciated her stories of raising her two black sons to deal with their dilemmas concerning racial differences. Examples include what she told her very young son when he asked her whether his skin is brown because he drinks too much chocolate milk, as was supported by another child, and why is it that he is called black when his skin is really brown. She says that one of her goals is to create a new generation of informed "active resisters" to racism. As awareness and education is an important part of the process, Dr. Tatum is careful to explain the terms she uses in her book. The chapters in her revision are: Defining Racism; The Complexity of Identity; The Early Years (of identity development); Identity development in Adolescence; Racial Development in Adulthood; The development of White Identity; White Identity, Affirmative Action, and Color-Blind Racial Ideology; Critical Issues in Latinx, Native, Asian, and Pacific Islander, and Middle Eastern/North African Identity Development; Identity Development in Multiracial Families; and Embracing a Cross-Racial Dialogue.

She explains that the revisions were needed to the book due

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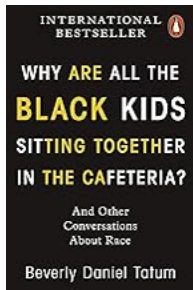


and conducts interviews with tour guides and visitors, including himself. This mix of the objective and the subjective culminates with an epilogue where he interviews his greatly admired grandparents about how they were impacted by slavery and Jim Crow. These activities allow him to brilliantly ask his audience many questions that he feels they should be wrestling with.

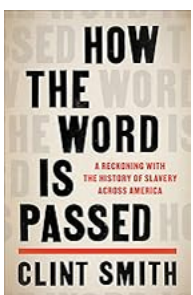
At Monticello, Smith describes its decades long attempts to address issues concerning Thomas Jefferson's relationship with Sally Hemings, a slave. The Monticello Foundation, that is in charge of the site, has concluded that this relationship did occur and led to the birth of six children, all of whom were enslaved. What Smith asks does this say about the author of the Declaration of Independence who wrote that "all men are created equal" while owning slaves who helped him to maintain his lifestyle. What does it say about Jefferson -that he wrote in other documents that Blacks were inferior to Whites and therefore, could not possibly live together?

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to dynamic changes in 20 years in the 4 Ps (population, politics, polarization, and psychology) and their impact on housing, education, labor, criminalization, and healthcare. She makes her case cogently by paralleling and detailing the major events in her life which started in 1957 when she was born versus someone born in 1997. She contends that it is hard for many born in 1997 to track progress in the civil rights movement when measured against the setbacks of the last two decades. She repeats often that setbacks are inherent to any process of change. To quote MLK, "the arc of the moral universe is long, but it bends towards justice." Change takes a long time, but it does happen .... Each of us who works for social change is part of the mosaic of all who work for justice; together we can accomplish multitudes. October 21, 2011.



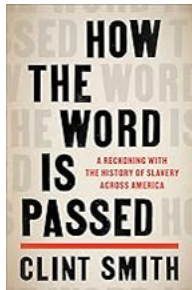
The Foundation that manages Monticello has handled these "uncomfortable truths" in many ways, including the creation of a separate slavery tour that focuses specifically on that aspect of Jefferson's life, whereas the traditional and

more popular main house tour focuses on other aspects of Jefferson's life. Smith notices that five times as many people go on the main house tour. At the end of this chapter of the book, Smith asks the reader to differentiate history (that includes facts) from nostalgia (what people want to hear) from fantasy that does not necessarily include facts.

The theme of what "our" education system should be teaching is nicely framed by Smith's chapter on the Whitney Plantation in Louisiana, which focuses specifically on the lives of slaves on plantations vs. the lives of the owners with their lovely antebellum plantation houses. At the Whitney, visitors learn about the largest slave rebellion in US history that took place nearby in 1811 which few Americans know about. We also learn details about the production of sugar for European and other global markets. We learn that working on a sugar plantation was much harder on the slaves, who died in greater numbers than slaves working on cotton, indigo, or tobacco plantations. He sadly notes that there is next to no information about the lives of the slaves who worked and died at the Whitney Plantation except for their names.

His tour of Angola Prison, the largest maximum security

prison in the United States, serves as a stimulus to discuss slavery before and after the Civil War. Angola began first as a plantation. After the Civil War, it was turned into a prison/farm run by prisoners, most often Blacks, who were most often incarcerated on minor charges, such as not having a job or stealing small amounts of food. These charges carried lengthy sentences so as to ensure the numbers of person's needed for the prison's "prisoner leasing program" that made the private owner of Angola, as well as the corporations and their employers that hired the prisoners rich. The prisons were "plantations by another name" and the prisoners were "slaves by another name." This invention of prisoner leasing was a consequence of Jim Crow laws and most certainly set the stage for our modern "school to prison pipeline." Smith speaks to the issues of inhumane prison conditions, the death penalty, the inequality in who is on death row, and the unfairness of the judicial system that led to these outcomes. He interestingly points out that Louisiana's use of non-unanimous jury verdicts that were just banned by the Supreme Court was an attempt to increase the number of  
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plea bargains in order to provide even more prisoners to lease. His visit to the Blandford Cemetery in Richmond, VA, describes the cemetery, its church, and its attractive Tiffany stained glass windows which were funded by separate Southern States. He uses this chapter to have the reader think about the difference between preservation and celebration regarding all monuments to Confederate heroes. This also allows him to discuss the history of the "Lost Cause" and other attempts to re-write the history of the Civil War. He feels these monuments were resurrected as propaganda to educate and mis-educate future generations. These monuments reinforced white supremacy and were part of a planned re-writing and re-purposing of the history of the Civil War to have people believe the war wasn't specifically fought over slavery, but the wish to maintain the genteel Southern way of life. This interpretation of history also claimed that the life of the slaves was not so bad, and that their "humane treatment" was why slaves didn't protest and revolt more. As I read, I couldn't help being reminded of similar contorted

discussions over why battered wives just don't just up and leave their husbands. He explains the linkages of these monuments to The Daughters of the Confederacy, The Sons of the Confederacy, and ultimately White Supremacy hate groups, such as the KKK.

The chapter on Galveston and nearby Houston describes the June 19, 1865 proclamation by Union General Gordon Granger that informed its listeners that Blacks were then free and had been so for months. It tells the story of the long battle to have Juneteenth Day (1979) declared a State holiday in Texas and then a National Holiday in 2021. He explains how Juneteenth is the Black's Independence Day, a day, as they joke, that "made Blacks proud, but not rich." He talks about all the promises reneged on and the complex continuance of discrimination since emancipation. He asks whether Whites ever will celebrate Juneteenth Day and whether Blacks will ever celebrate July 4th .

Smith's visit to New York City is specifically made to debunk the myth that slavery was mostly a phenomenon of the South. He clearly shows that New York City, the symbolic Northern City, had

large numbers of slaves, the first being brought in 1626 to help build New Amsterdam. He details slave rebellions in New York City in the 1700's and segregated cemeteries that were eventually built over and forgotten. He specifically focuses on Seneca village, a village of freed Black landowners, and Irish and German settlers who had their land appropriated via "preeminent domain" to make way for the creation of Central Park.

Smith's tour to Goree Island's "House of Slaves" reinforces the fact that slavery was a global matter that involved "the North," as well as European Colonial Powers and nations in Africa. He recounts parallel attempts to re-write or suppress history in Senegal. He asks the question once again in this chapter as to who is in charge of history and its story. He talks to a group of Senegalese students who are studying the history of slavery in Senegal in ways that most students aren't in the U.S. While reclaiming this history, the Senegalese are also reclaiming the fact that history in their country began well before the modern slave trade. This has opened up a much larger and richer history about the culture of Senegal

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# Say the Right Thing

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googling. Ultimately, the authors suggest that one should attempt to cultivate diverse friendships. They warn, however, the reader that one should choose one's friends wisely as not everyone will be capable of helping one in his or her voyage of discovery. The persons you try and associate with may have experiences, feelings, and defenses that make it difficult for them to reciprocate your efforts. If one finds such a friend, they suggest using "I" language, listening more than talking, being on the lookout for the possibility of misunderstandings, and asking for clarification on what they call "unknown unknowns." When reading this section, I kept thinking that they suggest "walking a mile in the other's shoes."

### Principle #4: Disagree Respectfully.

Following the adage that to make an omelet, one needs to break a few eggs, they speak to the reality that such discussions often lead to emotions and disagreements. What then? They point out that such disagreements are inevitable and that one is left often with the dilemma of how to respond. To assist the reader, they introduce the concept of a controversy scale.

Tastes–Facts–Policies–Values–Equal Humanity  
<----->  
Least Controversial    Most Controversial

The goal of this scale is to decide where you are on this scale with regards to tastes, facts, policies, values, and equal humanity and then to plot where you think the other person is on the same scale. They comment that with identity disagreements, usually the "more privileged people and the less privileged people almost always fall at differing positions on the controversy scale." They urge the reader to look for "uncommon commonalities" (i.e., points of agreement) that are usually present, but, all too often, are lost during the "fog of war." They also suggest thanking the other party for their feedback.

They identify 3 levels of disagreement:

- Green – Issues where most think it's OK to disagree.
- Red – Where most think that a disagreement is unacceptable.
- Yellow – Where not everyone is in agreement as to the form of the disagreement.

They urge one to be mindful of the disagreement and whether one has the knowledge or energy to continue. After all, they say, "not all arguments are created equal." They urge doing more homework and going to other trusted people for consultation if one is not sure which level a disagreement is. They stress that what is going on is usually an

ongoing process that can be re-engaged with in the future.

### Principle 5: Apologize Authentically.

Another example of a situation in which it seems "whatever you do, you are wrong," is the issue of apologies. Some advise me to never apologize. Those that advocate this stance feel that an apology legitimizes the sense that one has done something wrong. All too familiar are situations when someone apologizes and the apology is not accepted and is declared as being inadequate and things are made worse.

In this section, the authors attempt to describe what goes into an appropriate apology. They speak of the 4 R's of: Recognition, Responsibility, Remorse, and Redress that need to be considered. One needs to acknowledge that one has erred and to take responsibility for causing harm. The authors add that one needs to frame an apology that expresses contrition and takes actions to correct the harm and to assure that the harm does not re-occur. The authors present a host of defenses that get in the way of apologizing including not apologizing, "if-pologies" that don't actually

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## *Say the Right Thing* (continued)

take responsibility, “but-pologies” that provide qualifying reasons for why you did what you did, “faux-pologies,” and “talk-pologies.” This section is replete with examples of how not to apologize and highlights the difficulties in apologizing authentically.

**Principle #6: Apply the Platinum Rule.** The Platinum Rule involves helping people as they wish to be helped. To apply this rule assumes that you have a firm idea of your motives and biases (implicit or explicit) and that you are doing the right things. Even if your motives are appropriate, one needs to consider whether the other person wants your help as you propose it in the first place. They may want to do things themselves or feel that your assistance is “patronizing, trivializing, empty, or counterproductive” (p149). To improve the chances of being successful, the authors suggest consulting others, conducting research, or discussing your ideas with an appropriate ally.

**Principle #7: Be Generous to the Source.** In this section, the authors discuss the actions that can be taken if one witnesses non-inclusive

behavior. They help the reader think through when and how to act. They point out that there is an obligation to the perpetrator of the non-inclusive behavior who perhaps deserves to be understood as well as a sense of humility that “save for the grace of God,” you might be the perpetrator of non-inclusive behavior. They suggest being gracious and differentiating ignorance from maliciousness. They differentiate the behavior from the person and try to minimize the inculcation of guilt. They, once again, encourage Dweck’s open mindset that involves the exploration of potential mistakes of one’s own. They point out that not all situations or people deserve the same generosity, especially those that are strangers, unreceptive to help, or engaged in political activism. The authors understand that what to say and how to say it are important, especially if one is emotional, and they provide a guide to strategies complete with easy to understand scripts to use. They urge one to “know thyself” and choose a few “go-to-phrases” that fit your personality.

I found this book practical, evidence based, non-judgmental, and non-

shaming. It was a “good review” of concepts and strategies when dealing with “uncomfortable conversations” concerning identity issues. Therapists constantly deal with individuals and their problems with themselves and their interactions with others. The minute I made this link, I realized that the book and its 7 principles seemed to be very similar to CBT manuals. I especially thought of the numerous manuals on anger management that walk the individual through how to slow down, analyze the situation, consider who you are dealing with, identifying your triggers and those of others. The manuals include suggestions on how to enhance empathizing, how to deal with one’s cognitive distortions and coping strategies (good and bad), as well as trying to non-judgmentally understand the cognitive distortions and coping strategies of others. If successful, these strategies will hopefully help one to be less impulsive and to realize that anger can overwhelm one’s frontal lobe and can get one in trouble.

This realization helped me to conceptualize the book in a very

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## *Say the Right Thing* (continued)

understandable way. I realized that the majority of readers may not be therapists and that they will be greatly assisted. It made sense that these skills would be valuable for lawyers and business school attendees who are usually not psychology majors but need to know these skills in order to lead, communicate, and understand individual behaviors and group dynamics in the twenty first century. I suspect, sadly, that the book will also be helpful to the psychiatrists that are not immersed in therapy as much as they were in the past. As a CAP who also identifies as a therapist, I will continue to wrestle with the dilemma of how to deal with matters such as identity issues that are complicated by the unconscious resistances, defenses, transferences, and “ghosts in the nursery” which are often referred to as “implicit biases.” This seems, as always, to be a rate-limiting step that bedevils the process of getting along with people in general, regardless of what era we are in. I await a future practical and non-judgmental book that will help me with my personal unconscious and those of others. Until then, I will continue to read

books on psychotherapy.

### **Afterthoughts on *Say the Right Thing***

My brother’s personal trainer, from Columbia, was doing a session during a visit I made to Houston. I had just finished a documentary on Kate Hepburn. As my brother and I talked about Kate, the trainer asked who she was. I explained, and the resulting conversation made it clear that he did not know any of the old stars. Gary Grant? No. Humphrey Bogart? No. Bette Davis? No. Clark Gable? No. He said that he doesn’t watch old movies. I was not particularly upset by this but couldn’t get my mind around that he did not even know their names! He must have sensed what I was thinking and added, somewhat apologetically, that he was only 31 years old. The divide of 2 plus generations difference between us sunk in. Was this just the age difference? Was it that he was from a different country? Or was it that his generation would never consider watching a black and white movie? There could be any number of explanations. How can these many divides be breached so as to have the identity conversations needed so desperately in the world today?

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Louis as an exemplar of racism in America over the past 200

years.

The book is especially interesting for its detailed discussion of racial capitalism. This elaborates on a prior article of his entitled: "Race, Real Estate, and Removal," which expands on a concepts of Cedrick J. Robinson, that describes how capitalism has deprived social and economic value from persons of different racial identity. He speaks of the "exploitation" of Blacks and their labor, in addition to the "extraction" of monies from the same population through other means such as the issuing of municipal fees and fines, which expand the coffers of many cities. He makes it clear how dynamic these exploitations have been and how they have evolved over the years, to changing with the situations on the ground. The common denominator, he feels, is the maintenance of white supremacy. He notes that St.

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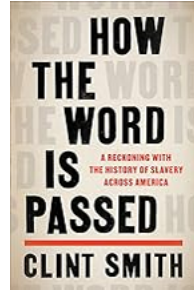
Louis was the "staging area" for the Indian Wars that focused on the similar exercises of exploitation, removal and extinction of these indigenous people. He speaks to the reality that there is a statue of the Confederate General Braxton Bragg at Fort Bragg, California. The author says that this statue remains as it does not commemorate his Confederate activities in the Civil War, but his activities in the subsequent Indian Wars, which provided employment for many Civil War Veterans. He laments that there is not a process for re-looking at the Statues of Confederate soldiers that are commemorated as the victors of the Indian Wars.

**AADCAP**  
**2024 Spring Meeting**  
**April 14 - 15, 2024**

Hilton Washington DC National  
 Mall The Wharf Hotel  
 480 L'Enfant Plaza, SW  
 Washington, DC

*During AACAP's Legislative  
 Conference and Assembly*

*(continued from page 15*



and Africa that the students can learn about and claim as their own.

The epilogue of *How The Word Is Passed* involves Smith's interviewing his grandparents. He comments over and over that his grandfather's grandfather was a slave. His interviews led him to poignant questions as to how his grandparents managed to survive the impact of being "colored" that included incidents of trauma, intimidation, physical harm, economic inequalities, which Smith refers to as the "puzzle of poverty," and perceived second class status. How does one not succumb to the anger? How did Blacks manage to maintain their dignity, their integrity, and their ability to live on?"

I found this book extremely informative and at times, irritating. I found myself looking for faults and quibbling about minuscule points the author raised. I didn't like his speaking voice on the CD I listened to. Several reviews of the book spoke to Smith's visceral and overwrought style. I asked myself why? As far as I could figure out, I was responding to what I perceived

as Smith's continuous stream of confrontations.

Using my therapeutic skills, I suspected that what was happening was that I was being confronted too early and too often and that my resistances and defenses were being mobilized. The book was too much, too quickly, despite the fact that I "intellectually" knew most, but not all of the material presented. Some would suggest that my White fragility was showing.

Another response to my reading of this book was that I started thinking of the logistics it would take to actually educate people regarding the history of racism. How does one approach a public that I have said before does not like history, much less to read about it. Complicating matters, it is clear that American's are not taught any type of history well, regardless what aspects of history are being taught. It is clear to me that we need to know much more about the history of Blacks in America. If that is so, then do we not also need to know more about the history of our indigenous people, our Latinx population, and numerous other identity groups that are part of America's diversity? I am left with the questions of how can all these words and stories possibly be passed?

# *AADCAP Emeritus Committee*

*Committee Members: Steven Cuffe, MD (Chair); Gabrielle Carlson, MD (Co-Chair); Lee Ascherman, MD; Paramjit Joshi, MD; Bennett Leventhal, MD; Robert McKelvey*

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## **American Association of Directors of Child and Adolescent Psychiatry**

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### **EMERITUS COMMITTEE**

#### *Proposed Charge*

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The Emeritus Committee is composed of former division chief members of AADCAP. It utilizes their knowledge and experience as previous directors of child and adolescent psychiatry divisions acknowledging their leadership skills in administration, education, clinical care, and research. The Emeritus Committee will be led by a chair and co-chair who will be appointed by the AADCAP President to serve a two-year term. It is anticipated that the co-chair will succeed the chair in order to provide continuity in leadership. The chairs of the Emeritus Committee will join the Executive Committee-Chairs meetings.

The goal of the Emeritus Committee is to make available senior colleagues to consult with current and prospective child and adolescent psychiatry division/section directors and other child and adolescent leadership on a broad spectrum of issues. The Emeritus Committee will be flexible in providing consultative support in a variety of formats (individual, onsite, via videoconference etc.) and timeframes (one-time, ongoing, etc.). It is anticipated the Emeritus Committee will not only share lessons learned but assist in facilitating and strengthening the leadership and promotion of child and adolescent psychiatry research, training, and practice, and their critical roles in academic medical centers and programs.

The Emeritus Committee will be a standing committee of AADCAP.

The committee is tasked to:

- Submit an article by an Emeritus member for each issue of the newsletter. Articles accepted by the Editors/Executive Director are included in the newsletter that is sent to all members and posted on the website.
- Conduct bi-Annual Mentoring Zoom meetings for new (or not new) Division Directors to discuss issues pertaining to the management of Divisions of Child and Adolescent Psychiatry
- Create and curate a listserv for new and prospective Division Directors.
- Be available to provide advice and guidance for colleagues considering opportunities to be a child and adolescent psychiatry division director
- Participate in the New Division Directors Roundtable at the AADCAP spring meeting.
- Create an Emeritus Committee webpage on the AADCAP website.
- Meet during each spring meeting
- Participate in the listserv
- Correspond via email and meet virtually throughout the year, as necessary.

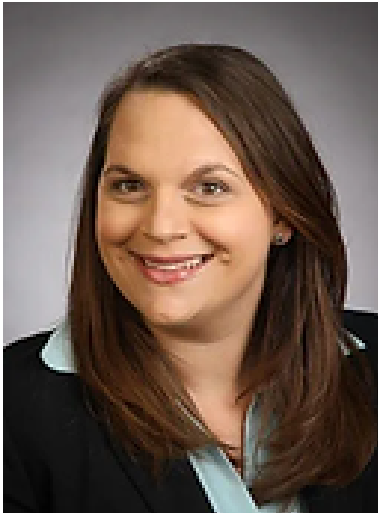
Emeritus members may be assigned to other standing committees and, at the discretion of the AADCAP President, appointed as co-chair of the Administration, Clinical Affairs, Training & Education, or Research committees.

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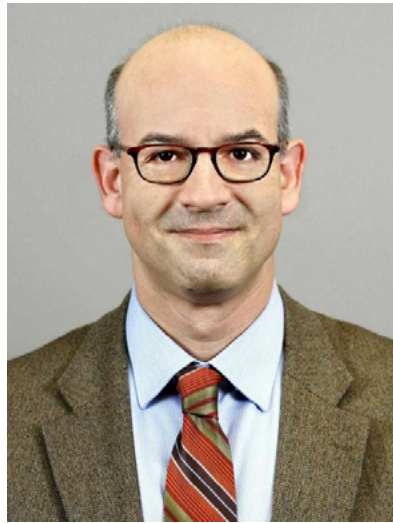
## Presenters at Spring 2023 Meeting

(see page 6 & 8)



**Courtney M. Cinko, MD**

*Psychiatrist in Cincinnati, Ohio and faculty member of the Division of Child and Adolescent Psychiatry at Cincinnati Children's Hospital Medical Center within the University of Cincinnati*



**Matthew S. Siegel, MD**

*Vice President of Medical Affairs for the Developmental Disorders Service Line of Maine Behavioral Healthcare, Associate Professors of Psychiatry and Pediatrics of Tufts University, and Faculty Scientist at Maine Health Institute for Research*

## AADCAP 2022 Dessert Reception



## AADCAP 2005 Dessert Reception

