



*A publication of the*

**AMERICAN ASSOCIATION OF DIRECTORS OF  
CHILD AND ADOLESCENT PSYCHIATRY**

**AADCAP 2021 Spring Meeting**



# Telehealth

**in the Post-COVID World**

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**Winter 2021**

# American Association of Directors of Child and Adolescent Psychiatry

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<http://www.aadcap.org/home0.aspx>



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# PRESIDENT'S MESSAGE

Dear AACAP Members:



The past year has been remarkable for Division and Department Directors of Child and Adolescent Psychiatry and different than any year in recent memory. COVID changed how we practiced, presented challenges around the delivery of care, and increased the demand for urgent and emergent services. AACAP responded and worked to support membership as they stepped up to meet these challenges. The New Division Directors Roundtable (NDDR) was held virtually and rescheduled to September 25. Dr. Drell provided an overview for new heads of child and adolescent psychiatry. Dr. Fornari distilled his experience down to 10 basic recommendations for new directors, and Dr. Benningfield provided advice for those directors negotiating the first few years of their tenure in a leadership position. The quality of the presentations and the level of participation was outstanding. The content is available on

AACAP's website.

AACAP's Executive Committee decided to schedule a virtual meeting in October that coincided with the virtual meeting of the American Academy of Child and Adolescent Psychiatry (AACAP). The committees in AACAP selected the topics and invited the speakers. Dr. David Axelson, Program Chair, reviewed the content of the presentations and chaired the session. The Administration Committee under the leadership of Drs. John Walkup and Larry Wissow focused on the development of integrative care in pediatric practice and invited Mr. Chris Haen from Lurie Children's Hospital to discuss the development of a program across the Chicagoland area. The Clinical Affairs Committee under the leadership of Drs. Jim Waxmonsky and Meg Benningfield invited Dr. Myo Thwin Myint from Tulane University to review the assessment and intervention for youth exposed to trauma during the COVID pandemic. The Training and Education Committee under the leadership of Drs. Sandra Sexson and Yael Dvir invited Drs. Auralyd Padilla, and Elizabeth Degrush from the University of Massachusetts Medical School to discuss how to identify and address microaggressions. The Research Committee under the leadership of Drs. Jeremy Veenstra-VanderWeele and Gary Maslow presented a review based on their experience on how to develop scholarship in Divisions of Child and Adolescent Psychiatry. All material from these presentations is available on AACAP's website. Over 60 members attended the session and the level of participation was remarkable.

A retreat on racism sponsored by the Workgroup on Racism and Health Disparities, chaired by Dr. Tami Benton, was held on February 18. The goal is to not only consider disparities in healthcare and the reasons behind them, but also to develop proposals to assist Directors of Child and Adolescent Psychiatry as they address this issue in the programs they develop, the research they support, and the trainees they educate. The meeting will be virtual and will be structured in a way that encourages participation and the free exchange of ideas. There is no more important issue in this country, and the responsibilities that we carry for the mental health care of children give us an opportunity to make a difference. If you have not already signed up for the session, I hope that you will.

The Executive Committee is considering meeting options for the coming year. We are planning a virtual meeting on April 29, 2021. The session will include a focus on AACAP administration including the budget, membership, and reports from the Work Group on Racism and Health Disparities and the Mentor Program from the Emeritus Committee. The spring meeting will also provide an opportunity for committee members to meet and plan for the fall session. We will likely invite speakers from AACAP's Executive Committee, AACAP's Task Force on the Crisis in Recruitment, and NIMH to provide updates. The role of telepsychiatry in the provision of psychiatric care for children now and in the future is an issue that warrants review and discussion. A presentation on Telehealth in the Post-COVID World will be scheduled in the spring with participation from Drs. Ujjwal Ramtekkar and Shabana Khan from AACAP's Telehealth Committee. Registration is FREE!

*(Continued on page 9)*

# AADCAP's 2021 Spring Meeting via Zoom: *Telehealth in the Post Covid World* April 29, 2021 12:00-3:00 pm ET

In October 2020, AADCAP pilot tested holding our annual meeting during AACAP's annual meeting. With good success and attendance, the Executive Committee and committee chairs discussed the length of time between meetings and weighed AADCAP's participation in AACAP's Legislative Conference. For now, the group agreed to hold a three-hour spring meeting that will include a presentation entitled, *Telehealth in the Post Covid World*, with Drs Ujjwal Ramtekkar

and Shabana Khan and updates on initiatives. The Work Group on Racism and Health Disparities will present a draft of a division guide for child and adolescent psychiatry and ask for feedback before finalized over the summer. The Emeritus Committee will present a proposal for a mentor program.

At the end of the conference, AADCAP will hold its annual Business Meeting that will include reports on membership,

finances, upcoming meetings and more. Dr. Dave Axelson, AADCAP Program Chair, will talk about the fall meeting that will include committee symposia. A separate meeting for committees is planned after the meeting to begin planning for the fall meeting.

The conference will be FREE to attendees with registration through Zoom. To register, please [click here](#).

## Work Group on Racism and Health Disparities: Opened Minds at the Retreat



Tami Benton, MD

AADCAP's Work Group on Racism and Health Disparities, chaired by Tami Benton, MD, sponsored an all-member retreat on Thursday, February 18, 2021 from 12:00 - 3:00 p.m. ET attended by over 55 members. The retreat was lead by Facilitator Anneliese Singh, MD, author of *The Racial Healing Handbook*, will facilitate the retreat and comes with an extensive background: <http://www.anneliesesingh.com>.

Dr. Singh talked about foundations of anti-racism and racial healing and conducted two breakout sessions of 3-4 people. In the first breakout, group participants were asked to answer two simple but difficult questions relating to when they first knew about their race and other races. What an eye opener! The group heard a variety of responses. Dr. Singh explained how this impacts how we view and think about race. After the second breakout session, Dr. Singh answered participant questions.

AADCAP is very thankful for Dr. Singh's sage guidance, wisdom, and remarks.

The work group will debrief with

Dr. Singh at its March 19 meeting. Topics and issues have been identified and a guide has been drafted. The work group will be working on finalizing the guide, which is one of its charges. In addition, the AADCAP news letter has been tasked to add content on racism, diversity, and equity.

At the spring meeting on April 29, Dr. Benton will present on the work group's progress and a draft of the guide.

The work group consists of: Drs. Cheryl Al-Mateen, Marty Drell, Tony Guerrero, Maria McGee, Andy Pumariega, Sandra Sexson, John Walkup, and Charley Zeanah.

# EDITOR'S COLUMN

## Undoing Racism – Modest But Active Efforts

*“Nobody made a greater mistake than he who did nothing because he could do only a little.”*

*--Edmund Burke 1729-1797*

*“We are all asleep in the same bed, dreaming different dreams.” --Chinese Proverb*



*Marty Drell, MD*

In the early 90's, I was the Clinical Director of a large state hospital that was in the process of downsizing and being reconfigured into a “modern” system of care modeled on CASSP principles. Our “patients,” who reflected the demographics and unequitable realities of New Orleans, were predominately African-American. At the time, things seemed to be slowly changing, one example being that we were being asked to use the word “client” rather than “patient.” This new term proved very uncomfortable for me as a doctor. To me, patient did not have a bad connotation.

I was asked at that time to attend a weekend retreat as part of the hospital's leadership team with a group that still exists named Undoing Racism: The People's Institute for Survival and Beyond. I don't think I truly understood the goals of the retreat and remember few of its activities. I do, however, remember very clearly one exercise in which the attendees were each asked to describe their cultural backgrounds. I had no problems in describing what

turned out to be my ethnic Jewish, or should I say, my Jewish/Russian heritage. Even though I have never been to Russia and no one would ever mistake me for being an observant Jew, I do enjoy many of the rituals and most of all the food (potato latkes, blintz, brisket, bagels, kugel, matzo, Kishke, Kasha, matzo ball soup, stuffed cabbage, rugalach, etc.). This exercise led to a general discussion of why everyone described their ethnic culture vs. their “white” culture. There was a bit of puzzlement and then jokes about white culture including that its foods were white bread, Jolly Green Giant frozen vegetables, and jello mold's with mixed fruit. There was a mention about how whites were part of the dominant culture so that they didn't have to really think about it. Being white was taken for granted. I sort of got that point, but was not quite sure. I do not remember implementing any major changes due to the experiences I had at the retreat.

Fast forward almost 30 years to the U.S. in 2021, which seems, of late, to be a giant ongoing societal workshop on undoing racism. There is not a single day that goes by without multiple media stories on the subject. As a dynamically trained therapist, I assure you that these issues comes up regularly in

therapy sessions and discussions with friends and family. I am very interested in trying to understand the forces bombarding my country, my patients, and myself.

I am now more ready and interested in learning more than I was thirty years ago. Perhaps this is because I'm older? Perhaps because things are worse now. In trying to understand, I have employed my usual methods which I call my “intellectual bulimia” or “binging.” This is when I read and learn until I am full and have had enough to sate my hunger as to what's going on or come up with an acceptable theory that assuages my curiosity. In this

**SAY NO TO RACISM!**



case, I have been reading books and articles, attending lectures and grand rounds, and watching TED Talks and other pertinent YouTube video's. My ultimate goals for this self-imposed journey has not been completely established. I don't know enough to create a truly coherent focus and perhaps never

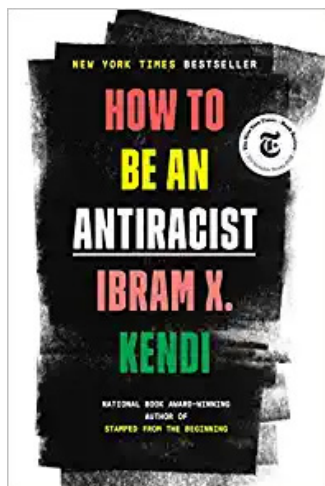
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will. Along the way, I have acquired many new concepts, vocabulary, and feelings. As a member of the AADCAP Work Group on Racism and Health Disparities, and Editor of the *AADCAP News*, I thought I would take the prerogative to combine these two activities and to write my Editor's Column on Racism. It will

include the sharing of short reviews on several best selling books on Racism I have been reading. I hope that AADCAP members will learn from my endeavors and will share other articles, books, commentaries, and TED talks that have captured their interest. I hope that my efforts will allow me to be an "antiracist

racist," as Kendi describes it in his book "How to Be An Antiracist" (see review by Kendi directly below). He urges all to learn, share what we learn, and to be active, as he feels that to be passive regarding such important matters promotes the maintenance of the unacceptable status quo.

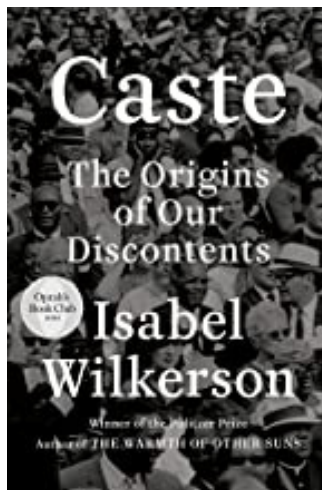
## BOOK REVIEWS



### **How To Be An Antiracist: Ibram X. Kendi (2019)**

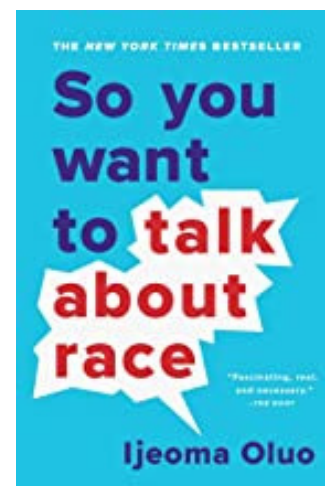
Quote: "The tragedy in the lives of most of us that we go through life walking down a high-walled lane with people of our own kind, the same economic situation, the same national background and education and religious outlook. And beyond those walls, all humanity lies, unknown and unseen, and untouched by our restricted and impoverished lives." – Florence Luscomb, architect and suffragist. (1887-1985)

As a follow-up to his 2016 book *Stamped from the Beginning*,



### **Caste: The Origins of Our Discontents: Isabel Wilkerson (2020)**

This is the second book by Isabel Wilkerson. The first, which was titled: *The Warmth of Other Suns*, won the Pulitzer Prize for this former NY Times Reporter. *Caste: The Origins of Our Discontent*, is already winning awards, such as being chosen for Oprah's Book Club. She uses the concept of caste to explore, elaborate, and illuminate racism and discrimination in America. Caste is defined as "the granting or withholding of respect, status, honor, attention, privileges, resources, benefit of the doubt, and



### **So You Want to Talk About Race: Ijeoma Oluo (2018)**

Oluo presents a primer about race that answers many of the main questions that are being discussed. The book has 17 chapters that are based on separate questions. The best way to summarize the book is by listing the 17 questions.

1. Is it really about race? (or is it class).
2. What is racism?
3. What if I talk about race wrong?
4. Why am I always being told to "check my privilege?"

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# New Division Directors' Roundtable (NDDR)



*Marty Drell, MD*



*Victor Fornari, MD*



*Meg Benningfield, MD*

The New Division Director's Roundtable (NDDR) has been part of the AACAP for more than 15 years. It generally meets before the official AACAP Annual Meeting. Its origins have been obscured over the years by diverse stories as to who actually suggested it. My recollection is that it started with a discussion of Allan Josephson and myself. I think Allan initiated the idea, but maybe it was I. Regardless of this origin mythology, Allan and I ended up Co-Chairing the first Primer, which went splendidly. The concept of a session for new division directors has endured over the years with several modest modifications as to when it occurred and how much time is allotted.

The goal has always been to create a forum to assist new directors in doing their job. Details of the format include inviting the "new" division's heads. There is no set definition of what "new" means, which allows the division directors to decide it for themselves. This lack of definition led to the surprise of repeat attendees, even those who are clearly not "new" by any conventional standard. Perhaps

there are always changes and challenges that make one always feel "new." The addition of repeat attendees added a richness and new dimension to the discussions that has proven valuable.

In recent years, the format for NDDR has generally been three hours. It starts with a short introduction of the attendees who list issues they would like discussed, which one recent attendee aptly called "vexing pet peeves," followed by twenty-minute presentations by the Primer organizers who last year were Victor Fornari, MD, Margaret "Meg" Benningfield, MD, and myself. These presentations include handouts that are made available to the participants and which are now available to all on the AACAP website at <http://www.aadcap.org/docs/NDRR%20handout--combined.pdf>.

After these three initial presentations, the rest of the session is dedicated to a discussion which often starts with those "vexing pet peeves" and other problems that are brought up by the attendees. This time always goes by rapidly. Last year, due to Covid, the NDDR session was done virtually

and was, in the interests of "Zoom fatigue," reduced to two hours and held on September 25, 2020 separate from the Covid revamped virtual annual meeting, Thursday, April 2, 2020.

As we wrap up at the end of the roundtable, we create a list of topics that the attendees would like to be further discussed. These topics are often added to the handouts for the next year and are often used to help decide topics for the general meeting.

Rich Martini, MD, the President, and the Executive Committee have been doing quality improvement. This will hopefully lead to the future implementation of a separate listserv for new directors, as well as a mentor program for them. This mentor program is being conceptualized by Steven Cuffe, MD and Bennett Leventhal, MD with the intent of linking it to the AACAP Emeritus Committee. Stay tuned for these important additions to the resources we provide to new Directors.

I invite you to next year's NDDR whether it is "live" or "virtual," and regardless of whether you are actually "new," perceive yourself to be "new," or just want to be involved in a fun and interesting session about being a Director of a Child and Adolescent Psychiatry Program during these ever changing and challenging times we all live in.



## President's Message *(continued from page 4)*

AADCAP will again work with AACAP to schedule a fall session, hopefully in person, that will focus on continuing education for membership. AADCAP committees will choose the topics and presenters based on issues that are most relevant to child and adolescent psychiatry leadership in 2021. We welcome suggestions from membership and include the names of committee members in the newsletter so that you can more easily share ideas and participate in the process. I look forward to the coming year and the opportunity to work with such an outstanding group of professionals.

I recognize that these are extraordinary times with issues that affect not only healthcare, but also all of American society. As Directors of Child and Adolescent Psychiatry, we are in a position to bring about change in ways that will improve the quality of care that we provide for children and families in an environment that is productive and supportive for staff and trainees. Our objective at AADCAP is to help you meet these goals while addressing the multiple challenges that you face along the way. The Executive Committee invites your participation and welcomes your input.

Sincerely,

D. Richard Martini, MD  
*President*

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## Alternative Resident Training Proposal

*By D. Richard Martini, MD*

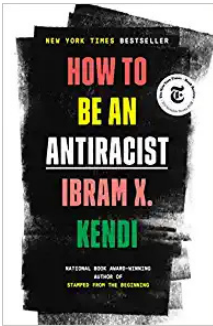
The Child Caucus of AADPRT will be meeting to discuss a number of issues including the development of a shorter pathway (4 years) directly out of medical school that would result in a board eligibility in adult and child psychiatry.

The AACAP Task Force on the Crisis in Recruiting into Child and Adolescent Psychiatry recently met and discussed proposals for a shortened combined training program in general and child and adolescent psychiatry with recruitment out of medical school. The four-year proposal received support over the 3 year plan during debates held at AADPRT, AACAP, and AADCAP. The next step is to gain the approval of the ABPN Alternative Pathways Oversight Committee and/or the ACGME's Advancing Innovation in Residency Education (AIRE) program. Both of these routes present challenges for the Task Force and for those residency training programs interested in participating. The [PowerPoint presentation](#) updates the status of the training program proposals and outlines the requirements for ABPN and ACGME.

Innovation in structure and processes is encouraged by both organizations and presents opportunities for novel approaches in areas that may include collaborative care and telepsychiatry. The Task Force believes that the identification of 6 to 10 training sites, to pilot 4-year combined general and child and adolescent psychiatry programs, is essential to moving this proposal forward. The challenges are outlined in the [PowerPoint presentation prepared by Dr. Jeff Hunt](#). The Task Force believes that Directors of Child and Adolescent Psychiatry are in the best position to make a commitment to a pilot program because of their fiscal and administrative responsibilities, and their relationships within departments of psychiatry and pediatrics. Please let [Dr. Martini](#) know if your training program is interested in the pilot process. The identification of pilot programs will take months, so we have time to consider this opportunity.

# BOOK REVIEWS

*(continued from page 6)*



which won the national book award, Ibram X. Kendi has written the book on how to be “antiracist.” It is built on definitions and premises that are seemingly easy to understand. He starts with a definition of racism that states that it is based on the illegitimate and false notion that one group is superior or inferior to another, and then proposes that these false notions are used by policies created by these groups in power to maintain their supremacy. It continues that these notions are reinforced by policies, which, over time, become basic tenets for the culture. He continues that these tenets become the pervasive unconscious societal norms that are internalized by all that live in it. It is like the air we all breathe regardless of whether it is polluted or not. This metaphor highlights that we all suffer from “implicit biases” that we are unaware of and which need to be understood and challenged.

Kendi sets forth the premise that “we” can’t help but be racists, as we live in a racist society. Because we are all racists, one cannot, by definition, not be a racist. He contends that the opposite of racist, which we all are, is to be anti-racist, which describes a dedicated effort to understanding the realities he has set forth and actively trying to confront and change one’s racist society. He differentiates himself from many

other theorists when he clearly states that blacks can be racists. He disagrees with those who say that blacks can’t be racist as they have no power. He feels that this is a conceptual dead-end that speaks to the immense power of the culture to depower those being discriminated against. Clearly, he says, blacks and other minorities need to be empowered and dissuaded from their internalized biases. Kendi poignantly explains that his ideas have evolved over time during a personal odyssey in which he has changed over the years from being anti-black, to anti-white, and finally to being anti-racist.

Kendi highlights those policies that promote the societal status quo. It is clear that these need to be challenged and changed. He insists that they were created and therefore they can be changed. The goal is to work towards creating anti-racist policies that will address long standing and institutionalized systemic racism.

He believes that there are “bigots” who knowingly promote and accentuate the status quo for their conscious and unconscious self-interests. He believes, however, that most with implicit bias can be educated and made conscious of their biases. He reminds us to hate the policies more than the people. He admits that such attempts at such education are fraught with difficulties that occur when anyone messes with someone else’s unconscious. To be accused of being a “racist” is considered by most to be

a horrible thing. Such accusations generally shut down discussions before they can potentially be helpful. We psychiatrists are certainly aware of the feelings, resistances, and defenses (denial, anger, rationalization, projection, identification with the aggression to name but a few) involved and the amount of time, sensitivity, and tact needed to create lasting change. Nobody is saying this, however defined and instituted, will be easy.

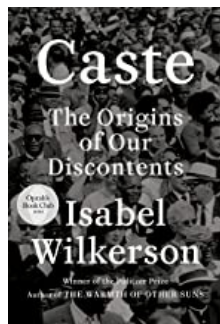
Kendi proposes that the end game is the creation of “anti-racist racists” who understand the larger issues involved and attempt to implement change. He calls for action and alludes to the sense that just being aware of one’s biases is not enough, as passivity seems to promote the status quo. Activity is necessary!

The devil is in the details when it comes to what activities should be included, how drastic they need to be, and what the time frame is defined as. This leads to many controversial and contentious means-ends debates on myriad issues such as affirmative action, reparations, and the “calling out” of persons and “cancel culture,” the defunding of the police, which forms of protests are acceptable, as well as questioning capitalism, science, religion, and the uses of government. Trying to change a culture that has evolved over the centuries is not an easy task.

Ref: Kendi, I.X. (2019). How to be an antiracist. New York, NY. One World.

# BOOK REVIEWS

(continued from page 6)



human kindness to someone on the basis of their perceived and arbitrary rank of standing in the hierarchy.” She adds that such perceptions can be used to justify brutality towards those lower in the hierarchy. Compare the definition of caste to the definition of race as a “belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race” (Merriam-Webster dictionary) and you can see the similarities and overlap between these concepts. To further illuminate, she describes Nazi racism during WWII.

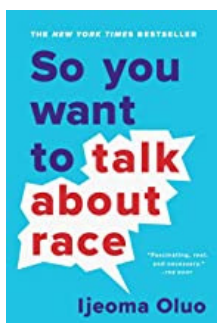
The book, which is part history and part sociology, succeeds by effectively telling stories about persons involved with racism throughout history, which she refers to as the “smog that we all breathe.” She reminds the reader that the present concept of race is only 500 years old and that the centuries since have complicated and obscured its origins. This book discusses the history and the impact of the reification of racial beliefs into policies and legislation to assure that the status quo continues and is not even questioned.

She writes about the concept of “passing,” which she defines as “the ability of a person to be regarded as a member of an identified group or category different from their own, which may include racial identity,

ethnicity, caste, social class, sexual orientation, gender, religion, age, and/or disability status.” To “pass” has a certain logic to it, but it necessitates denouncing one’s your past with the ever-present fear of discovery. “Passing” seems to be the ultimate in “code shifting.” She links Nazi concepts of Aryan blood to the “one drop rule” prominent in the US that asserted that any person with any black ancestor is to be considered black.

Wilkerson’s goal is to have her readers ask what sort of society they want. She is clear that she wants a world without caste, as caste deprives groups of the opportunities and the choices that other groups enjoy.

Ref: Wilkerson, I. (2020). *Caste: The Origins of Our Discontent*. New York, NY. Random House.



5. What is intersectionality and why do I need it?
6. Is police brutality really about race?
7. How can I talk about affirmative action?
8. What is the school-to-prison pipeline?
9. Why can't I say the “N” word?

10. What is cultural appropriation?
11. Why can't I touch your hair?
12. What are micro-aggressions?
13. Why are our students so angry?
14. What is the model minority myth?
15. But what if I hate Al Sharpton?
16. just got called racist. What do I do now?
17. Talking is great, but what else can I do?

This would seem a book to read early on in any exploration of what is going on world-wide concerning race, equity, discrimination, and inclusion.



**AACAP**  
**68th Annual Meeting**

*October 25-30, 2021*

*Atlanta, GA*

*For more information,  
visit AACAP's meeting page.*

# QUOTES: Martin Luther King, Jr.

Martin Luther King, Jr., who was born in 1929, was a Baptist Minister. He became the foremost activist for the cause of civil rights from 1955 until his death in 1968.

I would recommend to you the 2017 book: *Kennedy and King: The President, The Pastor, and the Battle over Civil Rights*, by Steven Levinston. This book documents the complex and complicated relationship between these two leaders. The author details how they influenced each other while both having to deal with the conflicting and contentious constituents that disapproved of the pace and focus of both of their actions.

The reality that their lives were both cut short by assassination (JFK in 1963; MLK in 1968) shows the seriousness of their endeavors and the challenges ahead for the United (not so United) States of America.

- You can kill the dreamer, but not the dream.
- Let no man pull you so low as to hate him.
- Intelligence plus character – that is the goal of true education.
- If you can't fly, then run. If you can't run, then walk. If you can't walk, then crawl, but do whatever you do you have to keep moving forward.
- Ultimately a genuine leader is not a searcher for consensus but a molder of consensus.
- We must walk in the days ahead with an audacious faith in the future.
- Forgiveness is not an occasional act. It is a permanent attitude.
- Change does not roll in on the wheels of inevitability, but comes through continuous struggle.
- The time is always right to do what is right.
- Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will.
- A right delayed is a right denied.
- The arc of the moral universe is long, but it bends toward justice.
- Life's most persistent and urgent question is "What are you doing for others?"
- In the end, we will remember not the words of our enemies but the silence of our friends.
- Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.
- We must learn to live together as brothers or perish together as fools.
- If we are not careful, our colleges will produce a group of close-minded, unscientific, illogical propagandists, consumed with immoral acts. Be careful, 'brethren!' Be careful, teachers!
- The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.
- We know through painful experience that freedom is never voluntarily given by the oppressor, it must be demanded by the oppressed.
- I am not interested in power for power's sake, but I'm interested in power that is moral, that is right, and that is good.

