

ILLINOIS
COUNCIL
OF CHILD
AND
ADOLESCENT
PSYCHIATRY



*2018
Newsletter*

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Adrienne Adams, MD
Osama El-Shafie, MD
Catherine Jaselskis, MD
Kathleen Kelley, MD
Louis Kraus, MD
Peter Nierman, MD
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Susan Scherer, MD
Lynelle Thomas, MD

Letter from the President

Final Thoughts

Adrienne Adams MD, ICCAP President/Delegate



Greetings and welcome ICCAP members and guests!

In the words of novelist, playwright, theatre director, poet, and literary translator Samuel Beckett “How time flies when one has fun!” I

cannot believe my presidency is coming to an end. It has been a fabulous two-year experience that I will always treasure. I have had the opportunity to work with a great board, collaborate with our AACAP administration and most importantly meet and hang out with the Illinois membership.

Initially, when taking over the helm for the ICCAP leadership, I felt trepidation regarding our role as leaders for child and adolescent psychiatry with the uncertainty of the Affordable Care Act, the political gridlock in Springfield, and meeting the treatment needs of our patients who developed stress due to the rift in our democracy that was less tolerant of diversity and inclusion that has always been part of the American Dream. However, I am happy to report that ICCAP never wavered in our objectives and several members of our executive board have continued to provide a presence in our local, regional, and federal government agencies with testifying, advocating, and providing our expertise in developing helpful mental health and school related laws while opposing bills that would be harmful to our youth. The Illinois Council of Child & Adolescent Psychiatry has a long rich history as a regional affiliate of the American Academy of Child & Adolescent Psychiatry for almost sixty years with more years to come. As an

organization, we have continued to grow bigger maintaining our Assembly delegation of seven to attend and represent the Illinois members during our national meetings.

During my term, we have developed and implemented new committees including: our Communications Committee managed by **Drs. Soo Lee and Susan Scherer**, which established our social media presence by having an interactive and updated Facebook page and a robust website that was initially designed by our Website Taskforce Chair **Dr. Tom Wright** and has been maintained by our irreplaceable Mr. Earl Magee. Our Advocacy and Government Affairs Committee led by **Drs. Karen Pierce and Cathy Jaselskis**, and our national representative **Dr. Louis Kraus**, have kept our organization abreast of child mental health issues and maintains our collaborative relationships with other organizations.

We have continued our scholarship and awards programs with our Jay G. Hirsch Memorial Award that was developed to honor his commitment in promoting groundbreaking work in the field of child and adolescent psychiatry. The Helen Beiser Award is a scholarship awarded to trainees who have an interest in child and adolescent psychiatry in memory of Helen Beiser, MD who was committed to expanding the growth in the child & adolescent psychiatry community. We also developed and implemented our **first annual essay contest for high school and middle school students** on topics of mental health issues that affect their community and lives as youth living in Illinois. In addition, ICCAP was well received by several schools in the inner-city for career talks on Becoming a Child & Adolescent Psychiatrist. My wish is that all of these initiatives will continue to prosper with more child and adolescent psychiatrists providing this mentoring role for our disadvantaged youth.

ADVOCACY LIAISONS' UPDATES

Lastly, we had a successful meeting in Springfield where we met with members including faculty **Drs. Pamela Campbell, Ayame Takahashi, and Seleena Shrestha** who jokingly called themselves “the Child Psychiatrists below highway 80.” We established two representative positions for southern Illinois child & adolescent psychiatrists that includes a faculty and a trainee position. Additionally, this June we anticipate having our first virtual meeting with members of southern Illinois during our end of the academic year meeting.

I am also excited about our latest newsletter because we have many sections from our varied membership that will be an interesting read for all. Highlights include: **Dr. Lynelle Thomas** on her experiences as a new board member, **Dr. Margery Johnson** as legacy board members and their hopes for the future board members. **Dr. Susan Scherer** on her Assembly experiences through the years and last, but not least, PGY-1 **Dr. Ishaq Lachin** in experiencing AACAP as trainees and ways for AACAP to be more engaging.

One of my last outgoing duties will be to introduce our President Elect, **Dr. Osama El-Shafie** who will take over the reins in September 2018. We all look forward to his tenure. I want to thank our trainee board member, **Dr. Ashley Mulvihill** for her terrific job of editing and producing our newsletter.

It has been a blast and for my last quote from one of my favorite movies, “May the force be with you.”

Peace, Love, Hope.

Adrienne

Advocacy Day 2018

Catherine Jaselskis, MD, Advocacy and Government Affairs Co-chair; Delegate



Advocacy Day in Washington DC, April 8-9 was a complete success. Over 200 people participated in visits to our senators and representatives.

The first “ask” involved psychiatry shortage and increasing the child and adolescent psychiatry workforce. This is H.R. 3767/S.989. We are asking for technical corrections to the National Health Service Corps (NHSC) Program. There are only 8,000 child and adolescent psychiatrists. The mean age of a child and adolescent psychiatrist is 53 years old. The United States needs over 30,000 child and adolescent psychiatrists to address the demands of our children. The addition of pediatric psychiatrists as eligible participants in the National Service Corps Program would encourage more physicians to consider continuing their training in child and adolescent psychiatry.

The second “ask” was advancing H.R. 2913, “Mental Health In Schools Act.” This is presently a pilot program in California that shows great promise. This is a 5 year. \$2 million grant given to schools. The aim of the program is to allow local schools control of the services for mental health programs that best meet the needs of the community. Examples for the money could include providing additional mental health staff in schools, in service programs addressing problems that the educational staff faces regarding their students social/emotional and academic health. Target topics could include

depression, suicide, anxiety, bullying, electron use and impacts of social media on developing minds.

We need to “ask” our representatives to co-sponsor H.R. 2913, the “Mental Health in Schools Act.” How do we do this? Simple! Contact your representative and ask them to co-sponsor H.R.2913. The pilot program is already working in getting mental health services into the local schools. Why not extent the benefit of services to our schools? I went into Rep. Jan Schakowsy’s office and made the “ask.” Her staff member reported our discussion back to Rep. Schakowsky who agreed to co-sponsor the bill!

Consider joining us next year in Washington DC for AACAP’s Legislative Conference. Our voices matter for the children and families that we help daily.

ASSEMBLY UPDATE

AACAP Assembly FAQ’s

*Susan Scherer MD, Communications Co-Chair,
ICCAP Delegate*



If you don’t have time to read all of this, just know two things: The AACAP Assembly of Regional Organizations is a valuable organization that gathers child psychiatrists from all over the USA to talk about what we’re doing here as professionals and as a professional organization. And Assembly meetings are informative, productive and fun. You too can be a delegate!

What is it?

The Assembly is an organization of delegates from regional organizations, who meet semi-

annually in person, and also communicate through listserv and scheduled conference calls.

Why?

The purpose is to review together regional and collective initiatives and concerns, and to communicate to the AACAP Executive Committee (EC) about the needs and concerns of regional organizations (ROs). Issues like the requirement for dual membership in AACAP and regional organization, development of the AACAP PAC, psychologist prescribing, opiate addiction, the *JAACAP* article about Paxil, and whether to somehow unpublsh it (not possible), immigrant children’s health, separation of children from asylum-seeking mothers, and routine things like how to recruit people to CAP and retain members in AACAP, are some of the topics.

Who goes?

Each regional organization is entitled to one voting representative per 50 members, or one representative if there are fewer than 50 members. Currently, ICCAP is allowed 7 voting representatives in the Assembly, which is proportional to our state membership of just over 350. But any member of AACAP is welcome to attend, listen, learn, and speak out.

When is it?

Meetings occur twice a year, once on the Tuesday of the annual meeting in October, and again around the time of the annual Legislative Conference in Washington DC.

Where is it?

On April 8, 2018, it was in Washington DC. In October, it is wherever the annual meeting is occurring. The next Assembly meeting is set for October 23, 2018 at the Washington State Convention Center or Sheraton Seattle, in Seattle, WA.

What happens?

The meeting begins with breakfast, welcome remarks from Assembly Chair, acceptance of minutes of the last meeting, and then reports from AACAP President, AACAP Executive Director, JAACAP Editor, AACAP Assembly Chair, Vice Chair and Secretary-Treasurer, AACAP Treasurer, and heads of selected task forces/committees.

The second half of the morning is given to the liveliest part of the agenda, “open forum.” Anyone can speak on matters concerning child psychiatrists, patients, ethics, epidemics, legislation, MOC, etc. There is a second open forum in the afternoon when debates started in the morning can be continued. Often a resolution is drafted during the lunch hour, to be voted on in the afternoon.

Election of Assembly officers or the Nominating Committee precedes lunch with results announced in the afternoon.

Typically, lunch is served in the meeting room, with large round tables designated for orientation of new delegates and for discussion of various special interests.

Reports are given on APA and AMA activities pertinent to children or to AACAP, and descriptions of Assembly Advocacy and Collaboration Grant projects. The ROs who received the \$3,000 Assembly grants describe what they did, for example suicide prevention, integrated care pilot, or another joint effort between the RO and another professional or advocacy group, or agency.

In the second open forum, delegates return to the microphone lines to present views on controversial issues. A resolution may be proposed then members vote whether or not to submit it to the EC for action. For example, in 2014:

AACAP ASSEMBLY ENDORSES AND RECOMMENDS THAT COUNCIL ENDORSE AND ACTIVELY WORK TO INITIATE AND SUPPORT WITHIN AACAP A PUBLIC HEALTH CAMPAIGN TO PROMOTE GUN SAFETY THROUGH PUBLIC HEALTH EDUCATIONAL APPROACHES WHICH MAY INCLUDE COLLABORATION WITH VARIOUS OTHER PROFESSIONAL ASSOCIATIONS AND GROUPS INCLUDING APA, AAP, AMA, AND OTHER GROUPS WORKING TOWARD THE PUBLIC HEALTH AND SAFETY OF CHILDREN, ADOLESCENTS AND ADULTS, AND ENDORSES ACHIEVING THESE ENDS BY WORKING THROUGH EXISTING TASK FORCES AND COMMITTEES OF AACAP AND/OR BY NEW TASK FORCES OR COMMITTEES OF AACAP AT THE NATIONAL AND GRASS ROOTS LEVELS.

A number of ICCAP members have served as officers of the AACAP Assembly. I hesitate to name them for fear of missing some, but **Drs. Louis Kraus, Kathy Kelley, Cathy Jaselskis, Karen Pierce** (and probably others!) have led this important body to do good work on our behalf.

Finally, be aware that ICCAP was honored with the Catchers In the Rye award in 2017 by the Assembly. This should motivate us to become ever more engaged in our work at the local, national and global level, to promote children’s health everywhere.

New Board Member's Perspective

Reflections of A Newbie Executive Board Member

My Personal Journey

Lynelle Thomas, MD Delegate



Since attending medical school at Rush Medical College, I have maintained a personal desire to “give back” to my community, particularly to underserved children and families, via some sort of public service.

This mission led me to train (at what was formerly University of Chicago’s Wyler Children’s Hospital –now Comer Children’s Hospital). I eventually practiced pediatrics in federally funded clinics in Woodlawn and in Altgeld Gardens. As community pediatrician, I was the sole provider of care for the full array of medical, developmental and mental health—the clinics were “one stop shopping.” Yet pediatric training left me ill prepared to diagnose, let alone treat the most basic of behavioral health conditions. My work in these disaffected communities in elucidated how much physical health was inextricably connected to mental and behavioral health.

A native Chicagoan, I relocated to the East Coast to train in general, child and adolescent psychiatry and eventually a research fellowship at Yale University School of Medicine. And I had the privilege of remaining in an academic position at the Yale Child Study Center. The east coast was rich in mental health training programs and practicing disciplines. It was an ideal setting for an early career CAP; opportunities to “rub shoulders” with well-known experts and researchers in the field were easy to access. In 2006, I made the difficult decision to move home to be nearer to aging parents. In the Windy City, I returned to work within the

public sector. I was a staff psychiatrist with Community Mental Health Council’s Englewood and South Shore sites. The Council provided outpatient, day hospital, inpatient services (via Jackson Park Hospital) and even had a small residential treatment facility for adolescents. Sadly, the Council has gone the way of so many community-based mental health settings. They lost funding and closed after providing vital services to children, families and chronically mentally ill adults for nearly thirty years.

Academy Relations

Since my CAP fellowship training, I modeled my mentors and maintained membership with AACAP (even as annual dues climbed to, what initially seemed a financial burden, from trainee to non-trainee status). Paying dues, reading the orange journal, photocopying “Facts For Families” and attendance at annual meetings was the extent of my involvement for that previous decade. I eventually elected to pay AACAP’s Illinois Council regional dues. I wanted to “support the local cause,” and I was also hoping to connect with and build a new professional network to replace the one I had forged and greatly missed in Connecticut. However, the day to day grind of work life and regular life rarely left me energized or motivated to attend the evening quarterly meetings as they rotated round the counties of “Chicagoland”.

Executive Board “Newlywed”

In 2015, while serving as Director of Psychiatric Services of the Juvenile Temporary Detention Center, I was emailed a “special invitation” to my first board meeting. I did not realize until later that by attending that meeting, I had committed myself to board membership. I cannot be more grateful to my colleague and current Illinois ICCAP president, (and Faculty and Fellowship Director, Rush University) Dr Adrienne Adams, for giving me the kick in the pants

that I needed to step into the ring and do more direct work furthering AACAP initiatives.

As a mid-career CAP, I unexpectedly stumbled onto a new brand of “training” and mentorship. Attending regular board meetings has been well worth the extra planning and evening commutes. Fellow executive board members are accomplished and distinguished in their professional careers. Most have served on the board together for some time, I believe. They share common interest in effecting the health and wellness of children and family in ways that extend beyond the core “child-by-child” treatment model. Most are active in collaboration and advocacy on the regional and national levels. I am learning a new language—the language of ADVOCACY. “Stakeholders,” “policy makers,” “lobbying,” “access to care,” “legislative ‘asks’,” “parity,” “healthcare reform,” “reauthorization of CHIP”—all terms that I use in regular conversation. But I begin to glean them on the meta level required to influence system change. The board spends much time and energy brainstorming and enacting strategies to improve CAP cohesion and collaboration in AACAP membership and initiative goals at both the trainee, local and national levels. The shared discourse has been the most edifying and motivating. And, let me not forget to mention the simple joy of reconnecting with professional friends and colleagues over a glass of wine or two.

Conclusions

Sharing knowledge and passions as an ICCAP executive board member is indeed contagious!! It has become ever clearer to me that advocacy can and must exist at multiple levels. It comes down having an interest in being educated in new and varied practices of advocating. From there, one must, at every opportunity educate others. Advocating can be simply sharing knowledge and speaking

with a sustained voice—whether the audience be national, state, community stakeholders, or individual institutions and families—with the intention of furthering best practice within the field and maximizing access to care that promotes health and the well-functioning of those that we serve.

I very much look forward to lending my voice as an AACAP Illinois delegate on Capitol Hill during AACAP’s Legislative Conference this year.

LEGACY BOARD MEMBER’S PERSPECTIVE

Reflections on How Things Have Changed

Margery R. Johnson, MD, AACAP Legacy Board Member



When I was asked to provide some reflections on my “many years on the board of ICCAP,” my first thought was something along the lines of “Wait a minute, I’ve only just joined the board!” But that’s not really true, as I realize that this is actually my third go-round on the board.

So, let’s go back in time to 1981 when a young woman moved to Chicago after finishing her child psychiatry fellowship in Boston. I took my first job post-fellowship at the old Children’s Memorial Hospital, where Jerry Schulman was the department head. Since I didn’t know anyone professionally in Chicago, he suggested I go to a dinner meeting of the Illinois Council. I went to a dinner at a restaurant downtown, walking into a room crowded with white, middle-aged men in suits, most of whom were shorter than I. I

knew no one there. No one said “hi” or did anything to welcome me or make me feel less conspicuously different. I’m sure there was another woman or two there, and I’m sure my memory is distorting things, but that’s the way it felt at the time. Since I have learned that my best strategy is to fight my tremendous shyness, go up to people and talk to them, and offer to get involved in things, I did just that. And eventually I found some wonderful, welcoming male colleagues. And, of course, I connected with the late **Dr. Helen Beiser**, a past president of AACAP (and dyed-hard Cubs fan).

So I joined the board, and went to meetings where I was the only woman other than the board secretary. I don’t believe there was a person of color present, and most of the board members were analysts in private practice. I really don’t remember what we talked about, but the board meetings were pleasant, conversation was interesting, and dinner was good (especially the Dover sole). But there was no inclusion of trainees, no talk of advocacy for child mental health issues, and no apparent concern about diversity.

Fast forward 35 years (yikes!) and we find an Illinois Council and a board that is diverse, is very welcoming of trainees and newcomers, is actively involved in advocating for parity for mental health treatment and other child health issues, is influential in the national organization, and is involved in the social issues affecting the children and adolescents that we try to help. I mean no disrespect to the “old white guys.” Heck, I’m now an “old white gal!” But the current ICCAP and board is quite simply better than the old days. We have established the Jay G. Hirsch Memorial Award, in memory of a major figure in child psychiatry in Chicago, and the Helen Beiser, MD Resident Membership Award, in honor of a founding member of AACAP. We field one of the largest groups of any regional

council at AACAP’s Legislative Conference in Washington every spring, have active delegates to the Assembly of Regional Organizations, and have many influential committee members and nationally-known contributors to child psychiatry in this country. I can’t say how proud I am to be a member, once again, of the board of the Illinois Council of Child and Adolescent Psychiatry.

ICCAP Resident Column

A Resident’s Perspective

Ishaq Lachin, MD PGY-1, University of Chicago



As a medical student, I was grateful to be able to attend the AACAP Annual Meeting in 2016 and meet so many child & adolescent psychiatrists willing to mentor new trainees who are interested in the specialty. The camaraderie among the professionals, and the passion for advocacy and advancing the field made me even surer that I was making the right decision in becoming a child & adolescent psychiatrist. When I returned home to start my general psychiatry training at the University of Chicago, I was hoping to find that same mentorship and am happy to say that I believe I found it in ICCAP.

At the encouragement of **Dr. Karam Radwan**, I began attending ICCAP’s quarterly meetings hoping to get a better understanding of the issues facing our field in Illinois. From the first meeting, I was heartened by the willingness of so many members to share their knowledge, experiences, and to encourage the involvement of a new resident entering training. I was also encouraged to see how

big of a role advocacy plays in ICCAP, and the focus placed on addressing the disparities facing our patients, and the struggles so many young people and their families have in obtaining the care that they need. Through ICCAP, I have become more aware of the opportunities and roles that I can play in addressing these issues, such as getting involved in political discourse, resource management, or community outreach.

As I continue my training, I am hoping to take a greater part in confronting the mental health challenges of newly arrived child refugees, and the valuable knowledge that I can gain from the experienced clinicians in ICCAP will prove invaluable to that end. Next year, I am hoping to take part in Advocacy Day in Springfield and AACAP's Legislative Conference in Washington, DC in order to push for greater support for psychiatric services for communities in need.

As a Chicago Public Schools graduate, I am also eager to take part in ICCAP's growing community outreach and to encourage greater awareness among local students about the mental health issues affecting their communities. I am hoping to encourage more residents and medical students to join ICCAP and take advantage of these opportunities and to have the ability to network with providers from both academic and private practice backgrounds from throughout the state. By staying involved, I believe more trainees will develop a greater interest in our field and pursue it in the future. Ultimately, what has impressed me the most about ICCAP is the inviting and supportive nature of its members, administration, and the clear solidarity that has been built over many years. I hope to build this same relationship with the next generation of psychiatrists, and by working together, continue ICCAP's great legacy.

Jay Hirsch Award

Congratulations to this year's Jay G. Hirsch Memorial Award winners: **Dr. Alex Chevalier, Amber May and Kelley Volpe** who graduated from UIC CAP Fellowship in 2017. They presented on Pediatric Primary Care Provider Opinions on Mental Health Information.



Amber May, Kelley Volpe, Kathleen Kelley, Miriam Dickson, and Alex Chevalier (left to right)

ICCAP Quarterly Meetings

Calling all trainees interested in child and adolescent psychiatry! Consider attending a quarterly ICCAP meeting. You will get the chance to meet other residents, fellows and attendings and learn more about the field. Program and dinner included.

Next Quarterly Meeting:

Monday June 11, 2018, 6:30 pm
ICCAP 2018 Summer Meeting with
AMA/AACAP Delegation
Location: Osteria Via Stato
620 N. State St
Chicago, IL 60654

Graduating Illinois CAP Fellows

Congratulations to the 2016-2018 Illinois CAP Fellows! Here are some of our fellows' post-graduation plans:

Mabel Avilas, MD: *Hargrove Behavioral Health*, Chicago, Inpatient Adult and Child Psychiatrist

Laura Chang, MD: *Lutheran General*, Medical Director of the Inpatient Child Psychiatry Unit

Miriam Dickson, MD: Nemours Children's Specialty Care, Jacksonville, FL. Child and Adolescent Psychiatrist.

Kavita Jayaswai, MD: *Prairie Care*, Minneapolis, Minnesota. Inpatient Child and Adolescent Psychiatrist.

Ashley Mulvihill, MD: *UIC*, Assistant Professor, Director of Integrated Women's Mental Health-Child Psychiatry Track

Birju Patel, MD: *AFG Family Guidance* Private Practice, Kenilworth, IL, Outpatient Adult and Child Psychiatrist

Ravi Ramasamy, MD: *University of Washington /Seattle's Children*, Acting Assistant Professor

Tom Vadakara, MD: *Jesse Brown VA*, Outpatient Adult Psychiatrist