Greetings and welcome ICCAP Members and guests,

I was thrilled when asked to write my first President’s Message for the Illinois Council of Child & Adolescent Psychiatry (ICCAP), but then I wondered where to start and more importantly how to follow my predecessor, Dr. Peter Nierman. Dr. Nierman continues to contribute to Child Psychiatry, our regional chapter ICCAP, and the highly revered executive board who collectively are the founding members of ICCAP. After much contemplation I decided to divide the statement by introducing my earlier involvement with ICCAP, ICCAP’s current accomplishments, and ending with ICCAP future aspirations. I hail from the motor city known as Detroit, Michigan where I graduated from Wayne State University School of Medicine. I completed my 4 years of general psychiatry and 2 years of Child & Adolescent Psychiatry from the University of Illinois-Chicago, where I also began my work in AMA as a resident representative and ICCAP as a board member. I then joined the faculty at Rush University under the tutelage of Drs. Louis Kraus and Renee Mehlinger, where I have had the privilege of many leadership roles including: fellowship director, outpatient medical director, director of the affective & anxiety disorders clinic, interim inpatient director and consultation-liaison director. All of these roles helped prepare me for my involvement in regional and national organizations including: AADPRT, AMA, APA, ICCAP Treasurer, Assembly Delegate, several task force committees, and AACAP Advocacy. Just as important as my professional achievements are my roles as mother of two wonderful kids and wife of 13 years.

The Illinois Council of Child & Adolescent Psychiatry has a long history as a regional chapter of the American Academy of Child & Adolescent Psychiatry. We have grown bigger as an organization, allowing us to have an assembly delegation of seven to attend and represent the Illinois members during our national meetings. We have a
presence in local and regional governmental affairs. We often work with member of state congress to assist with developing helpful mandates and mental health-related laws for Illinois youth. Since taking over the helm for ICCAP leadership, I have had a spectrum of emotions from feeling honored, excited and lately humbled regarding meeting all the needs of my executive board, members, and society at large. In 2017, we have seen the health care rights of our patients and families in jeopardy on a national level. On a local level, we have seen our government essentially not functioning due to the prior political gridlock and a failing school system. As child and adolescent psychiatrists we not only provide psychiatric care to our patients and their families, but we also have the task of holding the beacon of light during these dark times, which we do proudly.

My first year, we have already had our fall and winter meetings. In the fall meeting we had elections for our vacant positions, introduced our new general members, trainee members, and student members which was a record high. We had a presentation by esteemed board member, Tom DiMatteo, MD, titled: Climbing our Everest: Meeting the Challenge of Mental Health Shortages by use of Integrative Care and Tele psychiatry?

In the winter meeting we had a highly received presentation titled: "ADHD & Rights Changes to 504 Plans” by Matt Cohen, JD, who is the founder of Matt Cohen & Associates. He is well known for his work in special education law and has extensive experience in health care and mental health law.

We have developed and implemented several new committees including: our Communications Committee managed by Drs. Soo Lee and Susan Scherer, which will continue to build on our social media presence by building a more robust website and a Facebook site. 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 maintain our collaborative relationships with other organizations.

Our scholarship and award programs are going strong. We had more training programs this year submitting manuscripts for the illustrious Jay G. Hirsch Memorial Award which was established to honor the late Jay G. Hirsch, MD who was a nationally known psychiatrist who impacted the field of Child Psychiatry for several decades. The Jay G. Hirsch Award was developed in his honor to continue the ground breaking work in the field of child psychiatry. Each year we continue to have more trainees apply for the Helen Beiser Award which was established to honor Dr. Helen Beiser, who became one of the first child and adolescent psychiatrists to work with the American Medical Association on behalf of child psychiatry. ICCAP developed this award in her honor to carry on the commitment of continued growth in the child and adolescent psychiatry community thus is open for all trainees who have an interest in Child & Adolescent Psychiatry.

During the next year, I hope to achieve several Presidential Initiatives which will continue the ICCAP mission.
My first initiative is to continue the push of not only increasing our membership but encouraging active membership.

We started our campaign of “Bring a Friend” which has benefitted us by attendance of colleagues who have not attended recent meetings. My expectation is to have a coalition of baby boomers, generation x, and millennials working together for a strong Illini ROCAP. I also plan to improve the communication between the general members (constituents) and the executive board by designating specific board members to represent an identified group of members.

My second initiative is to not only have proliferation of submissions for the Helen Beiser Award and the Jay G. Hirsch Awards but to develop several other award programs that will reach out to even younger people. I plan to develop and implement an award program for the best 500 word essay by a high school student and an award program for the best 300 word essay by a junior high student both on topics of aspects of mental health issues affecting their community. I hope these endeavors will help provide both psychoeducation regarding child psychiatry and also bring an interest and awareness of child psychiatry careers.

My third initiative will be a more progressive community outreach program. This initiative will include ICCAP representatives participating in Career Day talks to inner city elementary school kids to provide our youth with aspirations for career options, positive role models and teaching regarding the importance of Childhood Mental Health.

Thus the key words for my presidential term will be to create and inspire. As I look forward to my term as president and again, I thank everyone for this privilege of being ICCAP President.

Peace, Love, Hope,
Adrienne Adams, MD, MS
President, ICCAP

ICCAP Membership

Catherine Jaselski, M.D., ICCAP membership chair, ICCAP delegate member

We have 261 general members and 89 medical students, residents and fellows. We have a new general member Meghan Edmundson who moved to Illinois from Utah. We have 7 delegates who went to the Assembly on May 13th. Also, I would like to continue to encourage our eligible members to apply for Distinguished Fellow status. Three letters of recommendation from other Distinguished Fellows is needed. These letters are sent to ACCAP membership.

Also, I would like to thank Alison Davis and Julia Alberts for discussing Loyola's Center for Human Rights that deals with Children's rights and legal issues at the winter meeting. Their information on the available programs and collaborative opportunities for ICCAP members will
hoppefully open greater avenues of influence with bills and legislation dealing with children and families. They also discussed protecting the rights of children navigating life alone, homeless youth, sex trafficking, restorative justice and mediation in schools. Karen Pierce is doing work with many of the bills with regards to legislation that impacts children and mental health care. 

*Information from Catherine Jaselskis, M.D.*

### ICCAP Board Members

**ICCAP Officers and Staff: Update**

Adrienne Adams, M.D., President  
President-Elect, Vice President  
Osama El-Shafie, M.D., Treasurer-Secretary  
Catherine Jaselski, M.D., Membership Chair  
Shelley Joksimovic, Administrator  
Susan Scherer, M.D., Website Administrator  
Nina Liu, M.D.  
Tom DiMatteo, M.D.  
Jorge Fernald, M.D.  
Lavinia Myers, M.D.  
Rekha Bandla, D.O., Resident Representative  
Ashley Mulvihill, MD Resident Representative elect

### ICCAP Assembly Delegates Update:

Catherine Jaselskis, M.D.  
Susan Scherer, M.D.  
Louis Kraus, M.D.  
Michael Naylor, M.D.  
Lynelle Thomas, M.D.  
Karen Pierce, M.D.  
Kathleen Kelley, M.D.

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**Updates from the Advocacy Liaisons**

*Karen Pierce, M.D., Co-Chair of AACAP Advocacy Committee, AACAP’s PAC Board, member of ACCAP’s woman’s committee and collaborative care committee, ICCAP board member and delegate member, former ICCAP President*

Karen Pierce MD and Sandy Fritsch of Colorado

Child and adolescent psychiatrists (CAP) have been advocating since the advent of the profession; first to secure our place as a specialty organization, and then supporting our patients having a voice with schools, with managed care organizations, working with the media, and to increase access to care. Today, the role of the child and adolescent psychiatrist as an advocate has never been more fundamental as we work to decrease (and eliminate) stigma, create true parity, support our patients receiving care in primary care, and develop policies geared toward primary prevention and evidence-based treatment. Although advocacy is a core component of the professional role of the child and adolescent psychiatrist, it is not currently a required part of the curriculum of CAP fellowship training programs (unlike our pediatric colleagues with advocacy opportunities integrated into their training curriculum and rotations). Despite the lack of formal advocacy training in many fellowship
programs, there are many opportunities to enhance our skills and experiences.

In 2005, the American Academy of Child and Adolescent Psychiatry (AACAP) began the Legislative Advocacy Day (now titled AACAP Legislative Conference). This program provides advocacy training to physicians, trainees, and family/youth advocates and allows them to meet with their congressional representatives in Washington, D.C. in order to discuss pertinent issues. The costs associated with the conference are personal travel and accommodation, but there are educational outreach opportunities to support CAP residents.

Advocacy work on the state and local level is just as important as work on the national level. Colorado has its own unique challenges including: approaches to public mental health services, regional and county interpretation of covered services, marijuana legislation and regulation, extraordinarily high suicide rates in our youth, and Autism Spectrum Disorders not being a covered behavioral health diagnosis. Being involved in local and state advocacy work can be both frustrating and incredibly satisfying.

From a regional and national level, AACAP provides support around local and state advocacy efforts. The AACAP Government Affairs and Clinical Practice division includes a State Advocacy Manager (currently: Emily Rohlffs, erohlffs@aacap.org). In the last decade, the Advocacy Liaison (AL) program has become a core executive position for each regional organization. Cathy Jaselkis recently assumed this role for Illinois. The role of the Advocacy Liaison is to be the “eyes and ears on legislative and regulatory affairs in local Regional Organization of Child and Adolescent Psychiatrists (ROCAP) areas” and is a program supported by AACAP through monthly national calls with all advocacy liaisons (ALs), AACAP Government Affairs staff, and members of AACAP’s Advocacy Committee. Through the monthly call, ALs learn of other states’ legislative initiatives (positive and threats) and brainstorm about current issues occurring throughout the nation that may impact the scope of practice of child and adolescent psychiatry. Recent issues have included increasing access to mental health and addiction care and post-election community engagement opportunities.

Other initiatives that AACAP has developed to support the role of advocacy for all members include the newly created Advocacy Committee (started in 2015), Advocacy and Collaboration Grants supporting local advocacy initiatives and collaboration endeavors with our colleagues invested in the future of our youth and families, the Legislative Action Center, and the AACAP-PAC.

The role of the AACAP Advocacy Committee is to help develop materials and trainings for members, guide and write policy, support the Advocacy Liaison program, and develop responses to state and local legislation that may ultimately be spread to other states. One current initiative affecting a number of states throughout the United States is the role of psychologists prescribing medications. Although this issue is not currently on the list of proposed bills in
Colorado, CCAPS will benefit from the ongoing lessons learned should psychology prescribing become an issue.

So what could advocacy mean to individual members and how to become more comfortable with the notion of becoming an advocate?

First look within yourself and see what are your interests, passions, and skill set. If you like to write, consider writing a letter to the editor. If you prefer to work on an individual, family basis, advocate for your patients and help your families have a voice with their schools, legislators, and health care providers to ensure the behavioral health needs are being met in a sensitive and meaningful way.

If you work for an organization and have interest to do more formal advocacy work, find out if there is a legislative affairs department and volunteer to be available for letters to the editor, testimony, and providing your expertise.

If you are a medical student, psychiatry resident, or child and adolescent psychiatry fellow consider doing an advocacy elective, consider partnering with pediatric residents in their advocacy curriculum, consider applying for the travel award to attend the AACAP Annual Legislative Conference.

Every day is advocacy day. Advocacy is not being a professional lobbyist. We are all advocates although we may not recognize our advocacy efforts. Other resources are listed below.

**Resources**


**Author:** Karen Pierce, M.D.

**ICCAP Resident Column:**

**AACAP Legislative Conference 2017**

On May 11 – 12, AACAP set a record of nearly 300 AACAP members and family advocates who came to Washington, DC, to advocate for children’s mental health issues. 37 states were present plus the District of Colombia. ICCAP had a strong presence with seven assembly delegates, two trainees, and four wonderful families.

The conference provided basic advocacy training as well as overview of the national legislative process. Members and families met with Illinois representatives including staffers for Senator Tammy Duckworth, Senator Dick Durbin, and Representative Mike Quigley. Staffers were most visibly impacted by the personal stories of the family advocates who bravely described their journey and struggles within the mental health system. Their stories echoed our concerns regarding access to quality mental health care.
Congressional meetings focused on three requests on issues pertaining to improving mental workforce, comprehensive mental health reform, and increasing access to care.

Request 1: Children’s Insurance Program (CHIP) be re-authorized as funding expiration approaches on October 1, 2017. CHIP provides coverage for 5.5 million children nationwide and has enjoyed wide bipartisan support since its inception in 1997. CHIP needs to be maintained to provide critical access to mental health services to low income children.

Request 2: Maintain essential health care benefits (EHB), including mental health and substance use disorder services. Do not repeal patient protections which currently prohibit discrimination based on health status or disability and allow coverage on a parent’s plan until age 26. Before the ACA health plans and insurance coverage did not routinely cover mental health and substance use disorder services. Without coverage mental health parity laws did not apply. We need to maintain EHB to maintain access to vital mental health services.

Request 3: C-sponsor 3.989 “ensuring Children’s Access to Specialty Care Act of 2017” to include pediatric subspecialists in the National Health Service Core loan relief program. There are only 8,000 nationally practicing CAPs for the estimated need of 30,000. Illinois is considered to have a severe shortage with 7 CAPs per 100,000 children. With the mean CAP age of 53 we need eligibility for loan relief to encourage trainees and students to pursue child psychiatry and fill the vacant CAP training programs.

Continue to advocate. AACAP has issued an urgent member action alert to tell the senate to SAVE children’s mental health care coverage.

Check your email or the Legislative Action Center on AACAP website to send a prewritten (editable) message to your U.S. Senators, asking them to reject the draconian bill passed by the House of Representatives last month as well as sustain and strengthen access to health care for all Americans, especially children and adolescents regarding mental and behavioral health coverage.

Author: Ashley Mulvihill, MD
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.

Jay Hirsch Award

Congratulations to this year’s Jay Hirsch award winner, Jonathan Chernaik, MD. Dr. Chernaik presented on a literature review studying the utilization of mindfulness-based cognitive behavioral therapy as an adjunct treatment for ADHD. He worked in collaboration with Muhammed Aadil, MD and his faculty advisor, Rosario Cosme, MD from Rush University Medical Center.

Upcoming Events:

September 27, 2017
Fall ICCAP meeting
Maggiano’s, Old Orchard Mall

October 23, 2017
AACAP Advocacy Day
Washington, D.C.

October 23-28, 2017
64th Annual AACAP Meeting.
Washington, D.C.

Important Dates for Board Exams

American Board of Psychiatry and Neurology

Information for 2018 Examination dates

Initial certification in General Psychiatry or Child and Adolescent Psychiatry
Available dates: September 24-25, 2018
Application available 11/1/2017
Application deadline 2/1/2018

Maintenance of Certification in General Psychiatry or Child and Adolescent Psychiatry

Available dates:
February 5-9, 2018
Application available: 7/1/2017
Application deadline 11/21/2017

October 29-November 2, 2018
Application available 8/1/2017
Application deadline 7/31/2018

For further information, visit
www.abpn.com

Author: Rekha Bandla, DO