



American  
Society for  
Adolescent  
Psychiatry

# *Adolescent & Young Adult Psychiatry*

Newsletter of the

**American Society for Adolescent Psychiatry**

January-April 2021

[www.adolescent-psychiatry.org](http://www.adolescent-psychiatry.org)

The poster features a tropical beach background with palm trees and a blue sky. At the top right, a blue icon of a video camera is next to the text 'Virtual via Zoom'. The main title is in large, bold, white and yellow letters. Below the title, two boxes indicate the dates and times: Saturday, April 17, 2021, 12:00 - 4:30 p.m. ET, and Sunday, April 18, 2021, 12:00 - 4:30 p.m. ET. At the bottom, a yellow box contains text about the ASAP Business Meeting. The ASAP logo is in the bottom right corner.

Virtual via Zoom

**The New Landscape of Adolescent Psychiatry Post COVID: Emerging Treatments and Dilemmas**

Saturday  
**April 17, 2021**  
12:00 - 4:30 p.m. ET

Sunday  
**April 18, 2021**  
12:00 - 4:30 p.m. ET

**ASAP Business Meeting (virtual)  
4:45 p.m. ET on April 18, 2021  
(separate link).**

ASAP  
American Society for Adolescent Psychiatry

**EARN 8.0  
CME  
CREDITS**

*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and ASAP. The APA is accredited by the ACCME to provide continuing medical education for physicians. The APA designates this live activity for a maximum of **8 AMA PRA Category 1 Credit™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

ASAP's 54<sup>th</sup> Annual Meeting was held April 17 and 18, 2021 from 12:00 – 4:30 p.m. ET each day virtually via Zoom. This year's program entitled, *The New Landscape of Adolescent Psychiatry Post COVID: Emerging Treatments and Dilemmas*, had an excellent lineup of speakers. Please visit our online Program Schedule for more information.

During the pandemic, we have seen a rise in isolation, anxiety, depression, substance use disorders, and suicide in our patients. As a result, the field of adolescent psychiatry has been forced to adapt in how we treat patients to address these COVID-19 related issues. This year's annual meeting focus on various aspects of these critical matters.

The Program Committee team consists of Drs. W. Connor Darby, Shady Shebak, Stephan Carlson, Tzvi, Furer, David Nover, Ellen Platt, Richard Ratner, and Robert Weinstock.

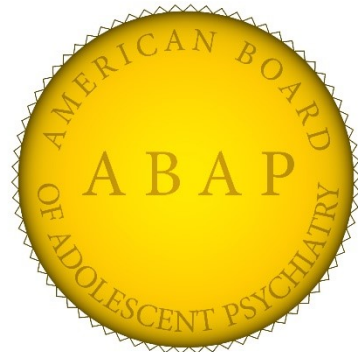
Please visit our Annual Meeting page: <https://www.adolescentpsychiatry.org/2021-annual-meeting>. If you have not received instructions on redeeming your CME credits, please contact Earl Magee ([ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com)).

## HAVE YOU SEEN ASAP and ABAP's NEW WEBSITES!

[AdolescentPsychiatry.org](https://AdolescentPsychiatry.org)      [AdolPsychiatryCertification.org](https://AdolPsychiatryCertification.org)

Last December, we finished the final touches to our new website. We're very proud of the design and navigation and received very positive feedback. Navigation is easier than ever. Each page has a box at the bottom of each page so you can go anywhere on any page. Convenient! If you haven't logged in yet, you will be asked to set your password the first time only. Our new database had a few glitches that have been resolved. The current year's invoices for membership dues have been sent out via the new database. Invoices, sent on December 17, have links to pay via our website.

The American Board of Adolescent Psychiatry (ABAP), established to offer a route to certification for psychiatrists with competence in treating adolescents and young adults, has its own website with a box at the bottom of each page to help navigate the site. Diplomates have two options to access ABAP new site—link from ASAP's new website or directly connect to ABAP's new website, [AdolPsychiatryCertification.org](https://AdolPsychiatryCertification.org). All certification information is available on ABAP.



## ASAP BUSINESS

### 2021 Membership Dues CYCLE

ASAP began its 2021 dues billing cycle in December. We know dues invoices went out later than usual in order to use the new database system. Invoices are personalized with member names and reflects their member type. The invoice cycle launched on December 16. Second dues notices have been sent. **IF members did not receive their invoice, please contact Earl Magee ([ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com)).**

ASAP continues to serve an invaluable role in helping our membership navigate these tumultuous times, and address multiple challenges including access, fellowship recruitment, the emotional consequences of COVID for patients and families and the response to racism and longstanding disparities in the quality of care. We need your participation to focus on these and other issues as leaders in adolescent psychiatry.

Dues payments can be made directly from the link in the invoice that will take you to PayPal or up can send a check (made payable to ASAP) to the address on the invoice.

We hope members will renew their dues so ASAP can continue to offer programs and services that benefit our membership.

# REMEMBRANCE: ALEX WEINTROB

*By Mark Chenven, MD and Richard Ratner, MD*

---



It is a bittersweet honor to have been asked to write this remembrance for our long-time friend and colleague Alex Weintrob who passed earlier this month at the age of 87.

Alex was active in ASAP throughout his career and was a member of the Executive Committee throughout the 1990s, serving ably as President of the organization in 1997-1998. ASAP was one of Alex's favored clinical education homes and the locus of his many favored profession, and, ultimately personal, friendships.

Alex's clinical work combined commitments to his private practice activities and his consultative efforts to public child welfare, the juvenile court and other agencies. He brought this experience and knowledge to his many contribution to ASAP over the years.

As a child, Alex's family travelled and lived internationally in consequence of his father's career in the military, but his home throughout his adult life was in New York City, overlooking Central Park from his apartment home on the upper west side. He lived there with his wife Audrey ("Honey") where they raised their two sons, who themselves are both dads, each to three sons, all of whom have lived in the NYC area in recent years and with whom Alex had the privilege of having regular contact and warm and personal relationships with their granddad.

As an individual, Alex was a passionate fan of the cultural scene in NY and, as might be expected of any member of ASAP, a lover of good food, fine wines, and good times. He was also passionate about his love of running and swimming, the latter of which, he continued to pursue actively even in the coldest of months from his second home on the Jersey shore.

He is fondly remembered by ASAP's 'old guard', among which we count ourselves.

His family has suggested memorial contributions be made in his name to the Central Park Conservatory—his spirit lives on in the park and within the hearts and minds of his ASAP colleagues.



# Why There Hasn't Been a Better Time than Now to Become Board Certified in Adolescent & Young Adult Psychiatry!

*Gregory P. Barclay, M.D., DFAPA*  
*Chair, American Board of Adolescent Psychiatry*



It has been over 25 years since the American Board of Adolescent Psychiatry (ABAP) was established and sponsored by ASAP. The Board's goal was to create a process by which general psychiatrists working with adolescents and young adults would obtain recognition as experts in the subspecialty of Adolescent & Young Adult Psychiatry through fulfillment of application criteria, passage of an initial certification exam, and then demonstration of continuing education and practice requirements to maintain certification. Our goal was successful

too . . . as of mid-2020, ABAP has certified over 700 Diplomates in Adolescent and Young Adult Psychiatry!

So, why is now, during a time of a global pandemic, a good time to become certified in this critical sub-specialty? Let us count just a few reasons....

- **We are seeing escalating mental health needs among the US population affected directly or indirectly by the COVID 19 pandemic.** The increases in service needs appear greatest among the adolescent and young adult population who developmentally and socially are the least prepared to deal with the isolation, anxiety, and lack of control wrought by the pandemic. Accordingly, the need for psychiatrists with demonstrated skills in addressing this population's needs could never be greater.
- **The integrated care and telemedicine movements are here to stay.** These programs will increase access to mental health services to adolescents and young adults through integration of behavioral health with physical health services, using telemedicine and telephone consultation between primary care providers and psychiatrists increasingly in the months ahead. **Now is the time to position yourself as an expert in Adolescent and Young Adult Psychiatry** to assist your primary care colleagues through special payment and reimbursement methods in assuring optimal care to these teens and young adults.
- **The entire process is now online and on demand.** Because of the COVID-19 Pandemic, The American Board of Adolescent Psychiatry (ABAP) had to cancel its scheduled 2020 on-site examination in Philadelphia and swiftly develop an online alternative examination. We are pleased to inform you that as of this printing, we have offered the online and on-demand exam to a dozen applicants, all of whom have reported a high degree of satisfaction with this option. No longer will you need to travel and take time off of work to sit for your examination! Instead, you are now able to take the certification examination in the comfort of your own home or office, whenever you wish to do so, and in separate sections if you desire. The online examination, coupled with the ease of our totally digital online

application process has made it so that obtaining your Board Certification in Adolescent and Young Adult Psychiatry couldn't possibly be easier!

- **If you are an ASAP member, you receive a 25% discount on your examination fees, are exempt from MOC fees, and if you are an ABAP Diplomate, you receive a 10% discount on your ASAP annual dues.** It couldn't get much better!

So, with these reasons, as well as the added prestige among your colleagues and patients as well as increase confidence in your abilities in this critical subspecialty, ***now is the time*** to take the next step and become Board Certified in Adolescent and Young Adult Psychiatry! For more information, please visit our [ABAP FAQ page](#) or view our [application and educational requirements info](#).

## ABAP REPORT TO THE GOVERNING BOARD

Since the last Governing Board meeting of December 3, 2020, the following have been undertaken:

- YTD, 3 candidates have applied to take the certification examination in 2021. Several have inquired and expressed interest in applying but have yet to do so.
- Progress on Exam Administration YTD:
  - None have yet taken or passed both parts of the exam.
  - 1 candidate from 2020 passed part I but failed Part II; She has submitted a study plan that has been approved and will make a final attempt to pass part 2 in summer 2021 per the ABAP re-examination and appeals policy.
- 11 of 12 candidates in 2020 passed the exams and were certified (91.6% pass rate)
- The 2021 exams will remain online and on demand exams, which have proven to be extremely popular.
- Two recent Diplomates who are ASAP members have volunteered to join the CCAP as current members complete their terms. They include: Drs. Larry Pastor and Dana Siperstein. The current CCAP consists of:
  - Dr. Sheldon Glass – term ends 5-31-21
  - Dr. Gregory Barclay – term ends 5-31-22
  - Dr. Sajid Hussain – term ends 5-31-23
  - Dr. David Nover – term ends 5-31-24
  - Dr. David Becker – term ends 5-31-25.
- The Board Certification opportunity was advertised in the winter AAPL newsletter. Our flyer was sent to multiple APA caucus listservs and the UPenn College Psychiatrist listserv. The opportunity and flyer were also recently posted again in nine Facebook psychiatry groups and on LinkedIn.
- ABAP recertified two Diplomates in 2020. For 2021, 35 Diplomates are due for recertification and will receive reminder notifications starting in July 2021.
- A self-directed online review course using open access materials and PowerPoints from 2016-2020 ASAP Annual Meetings has been developed and will be offered free of charge to candidates whose applications have been accepted. How to incorporate the course into



any standardized curriculum or making it available to ASAP members or others in the future is under discussion.

- ASAP's Council on Certification in Adolescent Psychiatry (CCAP) is presently addressing strategies to develop a standardized curriculum leading to certification and restructuring the examination process in the future.

## An Interview with Dr. Lois Flaherty, Editor-in-Chief, *Adolescent Psychiatry*

*By Theodore Petti, MD, Immediate Past President, ASAP*



### ***Q: How do you see the history of adolescent psychiatry?***

A: Although many early leaders such as August Aichhorn, Anna Freud, G. Stanley Hall, and William Healy, and wrote about adolescent development, psychotherapy, and psychopathology, Adolescent Psychiatry as a special field of psychiatry came into being with the founding of the American Society for Adolescent Psychiatry (ASAP) in 1969. This happened during a time of turmoil for young people in the United States and other places around the world, most notably in France and Germany. The 1960s was a time of questioning authority, especially political authority. At the same time, recognition of special needs of adolescents with psychiatric disorders was increasing. Training programs for psychiatrists and special treatment programs for adolescents were developed. In 1971, the first volume of the official publication of Adolescent society, an annual hardcover publication, titled *Adolescent Psychiatry, the Annals of the American Society for Adolescent Psychiatry*, debuted, under the editorship of Sherman Feinstein. In its early years, *Adolescent Psychiatry* focused on psychotherapeutic treatment of adolescence, especially from a psychoanalytic point of view. Contributors included leading theorists in the field including Peter Blos, Erick Erickson, Peter Giovacchini, and others. The International Society of Psychiatry was formed in 1984 by group of French and American adolescent psychiatrists. ISAP, as it was originally known, produced several monographs but did not have a regular publication schedule.

### ***Q: Would you say that adolescent psychiatry has gained prominence as a field of research?***

A: Early on, adolescents were pretty much ignored by both general and child psychiatrists. They were considered difficult and unrewarding to treat or to study. They were often not included in research studies. When I was a trainee in child psychiatry, adolescents were not seen in the child psychiatry clinic but in a special division that was part of the general, or adult, psychiatry department. We did not see any adolescents until our second year of training. I was fortunate during that year to have as a supervisor Dr. Ghislaine Godenne, who was head of the adolescent clinic at Johns Hopkins, and a leader in ASAP. That experience convinced me to focus on adolescents in my clinical practice and research, and to become involved in ASAP.

ASAP appealed to both general psychiatrists and child psychiatrists who wanted to learn more about adolescence and treating adolescents. At the time of its founding what is now the American Academy of Child and Adolescent Psychiatry was known as the American Academy of Child Psychiatry, and had a primary focus on children. Its journal included few articles related to

adolescence. This has changed a lot over the years, and both ASAP and AACAP now include transition age youth in their purview.

***Q: What changes have you seen in the field?***

A: Things have changed greatly since I completed my training in 1971. The field of psychiatry is no longer dominated by psychoanalysis, and this is true of adolescent psychiatry as well. Advances in neurobiology have opened up new ways of understanding development and psychopathology. Recognition of the epigenetic role of trauma, the understanding schizophrenia as a neurodevelopmental disorder, biological underpinnings of addiction, and the fluidity of sexual and gender identity, are just a few. The development of advanced statistical techniques in epidemiology has led to a better understanding of risk factors, prevalence, and impact of psychiatric disorders on quality-of-life. We are able to measure changes in brain function in response to psychotherapy. As a result of all these advances we have a better understanding of how biological, psychological and social influences interact. We are in danger, however, of losing sight of the importance of what my colleagues and I have called “being with the patient,” (Harper et al., 2013)

***Q: What do you see as the major challenges?***

A: One thing that has not changed is the fact that most adolescents in need of mental health treatment do not get it. This is true even in the richest countries of the world. The field has struggled to find ways to address this problem, to better expand mental health resources and meet unmet needs, especially in the developing world, but also in underserved communities within the developed world. I believe that dissemination of knowledge that is evidence-based and can be useful clinically is an important contribution to improving care for adolescents. The availability of online communication and open access publication has made possible rapid dissemination information throughout professional communities. It has been most gratifying to see increasing contributions to the journal from international colleagues.

We are still unable to diagnose mental illness by brain imaging or other laboratory tests, despite many advances. Our diagnoses remain largely phenomenologically based, and we are criticized for being a soft specialty, as well as over diagnosing individuals. While there is little dispute that psychotic disorders, severe depression, and anxiety disorders are disabling and real medical conditions, there is evidence indicating some subthreshold conditions are also associated with significant Impairment, and controversy both inside and outside the field regarding where to draw the line between normality and disorder. Diagnostic classifications that are based on conceptualizing disorders as occurring on a spectrum of severity are one answer to this. This issue is particularly important with respect to adolescents, where false positive diagnoses can lead to stigmatization and unnecessary and potentially harmful treatment.

***Q: You have had many roles during your professional career. What has given you the greatest satisfaction and why?***

A: Under my leadership, the size and scope of the Division of Child and Adolescent Psychiatry at the University of Maryland in Baltimore expanded significantly. I am particularly proud of the development and expansion of school based mental health services, which came about through a partnership between the Division, the State Department of Mental Health, the Baltimore City Health Department and Baltimore Public Schools, The Division subsequently became the home the National Center for School Mental Health, a technical assistance and training center with a focus on advancing research, training, policy, and practice in school mental health. Providing mental health services in schools is a way to overcome many of the barriers to treatment – accessibility, affordability and stigma.

Another project that was very satisfying was the State-University Partnership, an NIMH funded program to foster collaborations between State mental health systems and Universities. I was the child and adolescent psychiatrist member of the steering committee for this program, and was able to work with program directors at academic and state institutions around the country to implement what was known as the “Maryland Model.” This model involved incorporating state institutions into the training, research, and service functions of the university, with the goal of improving care in the public sector and broadening the mission of academic institutions. (Flaherty, 1991).

***Q: Editors of Academy, Association, and Society journals bring multiple perspectives and expectations to their appointments. Tell us yours.***

My perspective is that it is necessary to take into account all aspects of normal adolescent development and psychiatric disorders and treatment. This includes the social environment. While we no longer see everything through a lens of psychoanalytic theory, we should not view psychiatric disorders from a purely biological or purely social perspective either. Given the rapid growth of new knowledge, this is a daunting challenge. Adolescence is a unique developmental period with many risks and dangers but also many opportunities for growth. If we are to help adolescents to realize their potential to be healthy and live meaningful and productive lives, we need to understand their challenges, strengths, and perspectives.

***Q: How would you describe the role of Adolescent Psychiatry and the American Society for Adolescent Psychiatry?***

As the official journal of ASAP, *Adolescent Psychiatry* has a responsibility to the membership of ASAP to help it fulfill its role as “a specialized community dedicated to advocacy for adolescent mental health, and the education and development of mental health professionals who serve adolescents and young adults” (<https://www.adolescentpsychiatry.org>). I believe it can best do this by publishing a wide range of articles ranging from original research, to reviews and overviews, to case reports and case series. *Adolescent Psychiatry* is the only journal devoted exclusively to the diagnosis and treatment of psychiatric disorders in adolescents. As I have become aware from my involvement in international organizations such as ISAPP, the issues that we deal with in the US are shared by our colleagues around the world, despite differences in cultural contexts. I am pleased by the fact that our editorial board and contributors are part of a distinguished international community. We have much to teach and to learn from each other.



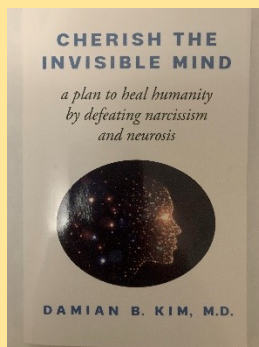
## NOT A MEMBER? JOIN NOW!

ASAP seeks to inform its members of teens, adolescents, and young adult issues; patient care; research; and serve as a professional network/specialized community dedicated to education development and advocacy of adolescents and the adolescent psychiatric field as well as provide a forum for discussion and exchange of ideas between your peers. The strength of the ASAP is in our collaborations, fellowship, and advocacy efforts that have a positive impact on our profession.

**JOIN ASAP**

### Membership Benefits:

- Mentoring & national fellowship opportunities
- Opportunity for board certification in Adolescent Psychiatry
- Referrals network • Clinical skills increase
- Discounted subscription to our quarterly journal, Adolescent Psychiatry
- Discounted member dues for residents/fellows & early career psychiatrists
- Annual CME meetings
- Networking opportunities
- Opportunity to have a voice in advocating for the mental health needs of adolescents and young adults
- Opportunities for residents/fellows to compete for the Best Resident Paper Award (\$1,000) and Best Resident Poster Session (\$500) that includes waived fees for our annual meeting if selected
- Reduced dues for members over age 65 or members of an affiliated professional discipline
- To learn more about the many member benefits, please visit our [Membership](#) page and/or download our [membership brochure](#).



The most powerful element in human life is the interpersonal relationship, and what influences relationships most is the character of the individuals involved. Today we see in our everyday life the dear price we are paying for this neglect. Society is witnessing the drastic increase in mental disorders including panic disorder and other anxiety disorders, depression, loneliness, suicides, homicides — including mass shootings, drug abuse and overdose deaths.

Damian Kim, MD is a psychiatrist, psychoanalyst and Buddhist who believes there are two causes for this explosion in mental disorders: one is the neglect of the invisible mind, which leads to character disorder; the other is the rapid progress of digitalization forcing people to look at the screens of computers, cellphones, and tablets instead of interacting with other people or paying attention to their own thoughts and feelings.

Dr. Kim's book begins the long overdue task of stemming these destructive developments by bearing witness to them in examples from everyday life and in numerous media reports as well as academic studies.

Cherish the Invisible Mind is a simple, concise, easy to understand commentary on an alarming trend in society with clear explanations of these issues and recommendations for everyone — layperson or professional — to rescue humanity and mental health and improve personal growth.

---

**AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY (ASAP)**

**Executive Committee/Governing Board:**

**President:** Shady Shebak, MD

**President-Elect:** Ellen Platt, DO

**Vice President:** Praveen Kambam, MD

**Secretary:** Michael MacIntyre, MD

**Treasurer:** Kirby Turner, MD

**Immediate Past President:** W. Connor Darby, MD

**Past President:** Stephan Carlson, MD

**At-Large Directors:** Aaron Krasner, MD; Larry Pastor, MD; Eleanor Vo, MD; Ilene Zwirn, MD

**Co-Editors-in-Chief, *Adolescent Psychiatry*** (ex-officio): Lois Flaherty, MD and Stephan Carlson, MD

**Chair, ABAP Council on Certification in Adolescent Psychiatry** (ex-officio): Greg Barclay, MD

**Newsletter Editor** (ex-officio): Shady Shebak, MD

---

*Comments/feedback are most welcome and should be sent to [ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com).*

*To unsubscribe to Adolescent & Young Adult Psychiatry, please send an email to*

*[ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com) with “unsubscribe” in the subject line.*

---

*To publish in ASAP’s newsletter, please submit the piece with the author’s name and email address by the 20<sup>th</sup> of the month for inclusion in the next issue. Submissions should be less than 800 words (special exceptions) and submitted to [ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com).*

Facebook: <https://www.facebook.com/americansocietyofadolescentpsychiatry/>

Twitter: [https://twitter.com/ASAP\\_ABAP](https://twitter.com/ASAP_ABAP)

LinkedIn: <https://www.linkedin.com/groups/2011444/>

# RISK MANAGEMENT RESOLUTIONS FOR 2021

Written by  
Professional Risk Management Services (PRMS)

We can likely all agree that we were glad to say 'goodbye' to 2020 – a year that has, among so much else, upended healthcare, economies, and mental health. Not only has the pandemic changed the way you practice psychiatry, but it has also created new risks. Our PRMS Risk Managers (or “Mayhem Managers” as they’ve become known) have a few key resolutions to consider in 2021.

Given these tumultuous times, we have reduced the number of resolutions this year. You may already be doing everything suggested below – if so, keep up the great work! And if not, you may find these resolutions useful to your practice – it is never too late to start implementing!

## **1. When treating patients remotely, I will check on licensure requirements in the state where the patient will be located at the time of the visit (if different from my state).**

Resources:

- [Preliminary Analysis Chart\\*](#) to determine if state licensure is relevant
- [Telepsychiatry Checklist\\*](#)
- Other telepsychiatry resources, including state waiver information, planning for post-pandemic practice, FAQs, and more at [PRMS.com/faq\\*](#)

## **2. I will be proactive and create a plan for the unlikely event of my sudden unavailability or inability to practice.**

Resource:

- [PRMS Contingency Planning Tool\\*](#)

## **3. I will continue to address cybersecurity to ensure the confidentiality, integrity, and availability of my patient’s health information.**

Resources:

- [PRMS Cybersecurity Booklet\\*](#)
- Several practical resources in the [Physician Cybersecurity Resources section\\*](#) on the AMA’s Cybersecurity Webpage

## **4. I will consider using a suicide assessment tool when evaluating patients’ suicidality.**

Resource:

- [SAFE-T Card\\*](#)

## **5. I will check the relevant state’s Prescription Monitoring Program when prescribing controlled substances.**

\*Website links for all resources can be found at [www.PRMS.com/Resolutions](#)

Compliments of:



(800) 245-3333 | [PRMS.com](#) | [TheProgram@prms.com](#)



[LinkedIn.com/company/PRMSprograms](#)

[Facebook.com/PRMSprograms](#)

The content of this article (“Content”) is for informational purposes only. The Content is not intended to be a substitute for professional legal advice or judgment, or for other professional advice. Always seek the advice of your attorney with any questions you may have regarding the Content. Never disregard professional legal advice or delay in seeking it because of the Content. ©2021 Professional Risk Management Services (PRMS). All rights reserved

# PRACTICING TELEPSYCHIATRY?

As the practice of psychiatry intersects more with technology through the use of telemedicine, you can count on PRMS® to protect your practice. Our psychiatric professional liability policy includes coverage for telepsychiatry at no additional cost, as well as many other preeminent program benefits including:

- A national program with comprehensive coverage that can cover patients treated anywhere in the U.S.
- A nationwide defense network comprised of attorneys experienced in psychiatric litigation throughout the country
- A Risk Management Consultation Service helpline which allows you to speak directly with our knowledgeable team about all of your telepsychiatry-related questions (and all other topics)
- Access to hundreds of risk management resources from our in-house team of experts



**JUSTIN POPE, JD**  
ASSOCIATE RISK MANAGER



When selecting a partner to protect you and your practice,  
consider the program that puts psychiatrists first. Contact us today.

Adolescent  
psychiatrists  
receive a  
15% discount

**More** than an insurance policy

(800) 245-3333 | [PRMS.com/Telepsychiatry](https://PRMS.com/Telepsychiatry) | [TheProgram@prms.com](mailto:TheProgram@prms.com)

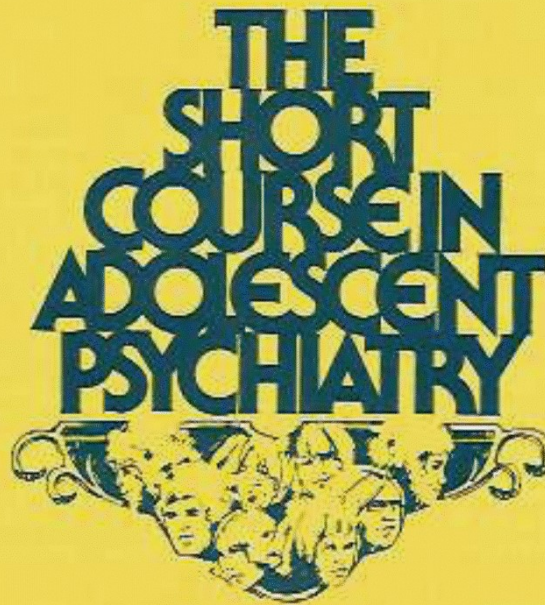


Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FA RCO is an authorized carrier in California, ID number 3715-7. [www.fairco.com](http://www.fairco.com).



# FROM THE ARCHIVES

**Announcing**  
an intensive 2-day conference



an overall introduction to the specialized  
field of adolescent psychiatry

**Jay Haley**  
**Peter Martin, M.D.**  
**John Meeks, M.D.**  
**Fritz Redl, Ph.D.**

Philip Calcagno, M.D.	Joseph Noshpitz, M.D.
James Fgan, M.D.	Joseph Novello, M.D.
Michael Kalogerakis, M.D.	William Stark, M.D.
Edwin Kessler, M.D.	Dorothy Starr, M.D.
Reginald Lourie, M.D.	Paul Weissberg, M.D.

Friday, 9 March  
Saturday, 10 March  
**1979**  
Washington, D.C.



## Objectives and Scope of the Course

The formal papers and discussions on Friday and Saturday will be devoted to the general theme of Family Therapy in Adolescent Psychiatry. From this part of The Short Course:

### attendees will learn about:

1. indications and contraindications for family therapy with adolescents,
2. the uses and abuses of family therapy with adolescents,
3. treatment planning as related to early, middle and late adolescents,
4. goals of family therapy with adolescents,
5. family dynamics,
6. specific techniques in family therapy with adolescents, including the Problem-Solving Technique,
7. specific problems facing parents of adolescents,
8. and treatment approaches to parents of adolescents.

The Saturday afternoon workshops are devoted to a wide array of clinical topics of interest to professionals and trainees. Each attendee will be offered the choice of one workshop. Workshops will be less formal than the other sessions and will offer optimum time for discussion, case consultation and questions. Workshops will be offered in the following subject areas:

Basics for Pediatricians	Classroom Intervention
Adolescent Medicine	Black Adolescents
Hispanic Adolescents	Psychological Testing
Teenage Alcoholism	Staff Burn-Out
Early Adolescents	Acting-Out Adolescents
Psychodrama	Brief Therapy
Multiple Family Group Therapy	Female Adolescents
Living Abroad	The Legal System
Psychotropic Medications	Basics for Lawyers
	Interior Design

### Credits

"The Short Course in Adolescent Psychiatry" meets the criteria of the American Medical Association (AMA) for 10 hours of Category 1 continuing medical education credit; application will be made for 10 hours of Category A credit for psychologists as specified by the Maryland Board of Examiners of Psychologists and 10 CERPS credits for nurses from the District of Columbia, Maryland and Virginia Nurses' Association.

### Certificates

Certificates of attendance will be awarded to those who complete the two-day Course.

## The Short Course in Adolescent Psychiatry

JOSEPH R. NOVELLO, M.D., *Course Director*  
*Assistant Director, Child and Adolescent Services*  
 The Psychiatric Institute  
 Washington, D.C.

### Friday, 9 March

- 8:30 a.m. Registration  
 9:00 a.m. Welcome: **Joseph R. Novello, M.D.**  
 9:15 a.m. Opening Remarks  
**Michael Kalogerakis, M.D.** — Associate Commissioner, New York Office of Mental Health, Bureau of Children and Youth Services, Clinical Professor of Psychiatry, New York University School of Medicine; President, American Society for Adolescent Psychiatry
- 9:30 a.m. "The Place of Family Therapy in the Overall Treatment of Adolescents"  
**John Meeks, M.D.** — Director, Child and Adolescent Services, The Psychiatric Institute of Washington; Associate Clinical Professor of Psychiatry, George Washington University Medical School; Author of *The Fragile Alliance: An Orientation to the Outpatient Psychotherapy of Adolescents*
- 10:30 a.m. Refreshment Break
- 10:45 a.m. "Emigration Neurosis and Immigration Panic: Family Dynamics with Adolescents"  
**Fritz Redl, Ph.D.** — Emeritus Distinguished Professor of Behavioral Sciences, Wayne State University; Former Chief of Child Research Branch, National Institute of Mental Health; Author of *Children Who Hate, The Aggressive Child* and *When We Deal With Children*.
- 12:00 Lunch
- 2:00 p.m. Panel Discussion  
 Discusses:  
**James Egan, M.D.** — Chairman, Department of Psychiatry, Children's Hospital National Medical Center, Associate Professor, Department of Psychiatry and Behavioral Sciences, George Washington University Medical School.  
**Edwin Kessler, M.D.** — Director, Children's Psychiatric Services and Clinical Professor of Psychiatry, Georgetown University School of Medicine.  
**Reginald Lourie, M.D.** — Senior Consultant, The Psychiatric Institute; Professor Emeritus, Child Health and Development, Department of Psychiatry and Behavioral Sciences, George Washington University Medical School.  
**Michael Kalogerakis, M.D.**  
**John Meeks, M.D.**  
**Fritz Redl, Ph.D.**
- 4:00 p.m. Adjournment

## The Short Course in Adolescent Psychiatry

Saturday, 10 March

9:00 a.m. Opening Remarks  
**Philip L. Calkagno, M.D.** — Professor and Chairman, Department of Pediatrics, Georgetown University School of Medicine.

9:15 a.m. "Treating the Parents of Adolescents"  
**Peter A. Martin, M.D.** — Clinical Professor of Psychiatry, University of Michigan Medical School and Wayne State University School of Medicine; Past President, American College of Psychiatrists; Author of *The joys and sorrows of Parenthood* and *A Marital Therapy Manual*.

10:15 a.m. Refreshment Break

10:30 a.m. Workshops

12:00 Lunch

1:50 p.m. "Problem Solving Therapy With Adolescents and Their Families" (presentation and videotape demonstration)  
**Jay Haley** — Director, Family Therapy Institute, Chevy Chase, Maryland; Clinical Professor, Department of Psychiatry, University of Maryland School of Medicine; Author of *Strategies of Psychotherapy, Uncommon Therapy, Problem Solving Therapy, and Therapy With Adolescents* (in press).

2:30 p.m. Panel Discussion

### Discussants

**Joseph Noshpitz, M.D.** — Director, Education and Training, Department of Psychiatry, Children's Hospital National Medical Center; Professor, Department of Psychiatry and Behavioral Sciences, George Washington University Medical School.

**Dorothy Starr, M.D.** — President-Elect, District of Columbia Medical Society; Assistant Clinical Professor of Psychiatry, Georgetown University School of Medicine.

**William Stark, M.D.** — Clinical Professor of Psychiatry and Behavioral Sciences and Child Health and Development, George Washington University School of Medicine; Training and Supervising Analyst in Child and Adult Psychoanalysis, Washington Psychoanalytic Institute; Officer, American Academy of Child Psychiatry.

**Paul Weisberg, M.D.** — Associate Clinical Professor of Psychiatry, George Washington University Medical School; President Elect, American Society for Adolescent Psychiatry; Editor, *Critical Issues in Adolescent Mental Health*.

**Jay Haley**  
**Peter A. Martin, M.D.**

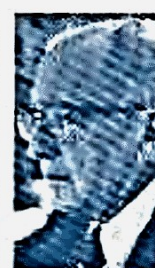
4:30 p.m. Adjournment



Peter Martin  
M.D.



John Neeks  
M.D.



Fritz Rostl  
Ph.D.



Philip Calkagno  
M.D.

### Saturday, 10 March Workshops 10:30 a.m.-12:00

### Invited Faculty

#### A. Basic Principles of Adolescent Psychiatry for the Pediatrician

**Richard Sables, M.D.** — Associate Professor, Child Psychiatry and Pediatrics, University of Maryland School of Medicine.

#### B. Puberty and Adolescent Medicine for Mental Health Professionals

**Andrew Rigg, M.D.** — Chairman, Department of Adolescent Medicine, Children's Hospital National Medical Center; Associate Professor, Child Health and Development, George Washington University Medical School.

#### C. Special Considerations in the Treatment of Hispanic Adolescents

**Ricardo Galbes, M.D.** — Director, Analimela, Hispano Mental Health Center, Washington, D.C.; Clinical Instructor, Department of Psychiatry, Georgetown University School of Medicine.

### Psychiatric Institute Faculty

#### D. Diagnosis and Treatment of the Teenage Alcoholic

**Mohan Advani, M.D.** — Director, The Alcoholism Center, The Psychiatric Institute.

#### E. Group Therapy With Early Adolescents: Trials and Tribulations

**William Perner, M.D.**





Olan Egan  
M.D.



Michael Kologerakis  
M.D.



Edwin Kessler  
M.D.



Réginald Lecomte  
M.D.



Joseph Nooligter  
M.D.



Joseph Novello  
M.D.



William Stark  
M.D.



Dorothy Starr  
M.D.



Paul Weisberg  
M.D.

**E. Psychodrama and Other Creative Adjunctive Therapies With Adolescents**

Ted Mosler, M.A. — Director, Adjunctive Therapy, The Psychiatric Institute.

**G. The Adolescent in Multiple-Family Group Therapy**

Jane Fong, Ph.D.; Mark Schneider, R.N., M.S.; Phillis Walls-Coker, M.S.W.

**H. Living Abroad and Returning Home: Adolescents and Their Mobile Families**

Elina Seel, M.D.

**I. The Use of Psychotropic Medications With Adolescents**

Terrence Chutek, M.D.

**J. Managing the Difficult Adolescent in the Classroom**

Mary Jane Kennelly, M.Ed. — Director, The Developmental School; Merilee Janssen, M.Ed. — Assistant Director, The Developmental School; Special Resource Person: Helen Reed, Ed.D.

**K. Treating the Black and Minority Adolescent in a Predominantly White Residential Treatment Program**

Averile Parker, M.D.

**L. Psychological Testing of Adolescents for Psychologists**

Charles Schwartzbeck, Ph.D.; Rebecca Hertzman, Ed.D.

**M. Avoiding Staff Burn-Out in Adolescent Treatment Programs**

Cecilia Tuckey, M.S.N.; Margaret O'Neill, R.N.

**N. Dealing With the Acting-Out Adolescent in Therapy**

Noemi Kolko, A.C.S.W.; Jack Johnson, A.C.S.W.; Rita Smith, A.C.S.W.

**O. Brief Therapy and Crisis Intervention With Adolescents and Their Families**

Sandra Seitz, M.S.N.; Deana Goldstein, R.S.N.

**P. The Female Adolescent: Psychology, Physiology, and Psychotherapy**

Judith Forganoe, M.D.; Virginia Brewer, M.D. — President-Elect, Metropolitan Washington Society for Adolescent Psychiatry; Antonio Novello, M.D. — Pediatrician, National Institutes of Health; Clara Tobal, M.D. — Associate Clinical Professor of Psychiatry, Georgetown University School of Medicine

**Q. Techniques For Improved Collaboration and Reporting Between Psychiatrists, Lawyers, Judges and Juvenile Justice Workers**

Lawrence Brain, M.D.

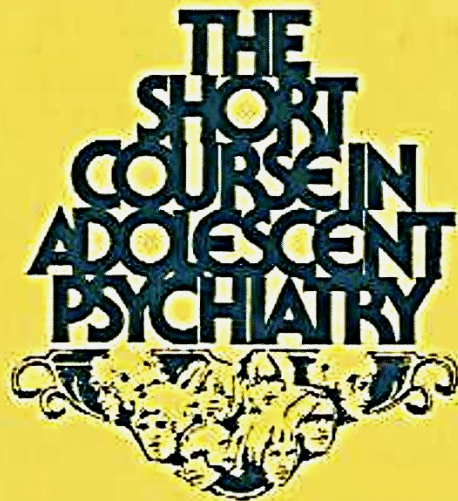
**R. The Spirit of Adolescence and the Letter of the Law: Understanding Adolescent Development for Lawyers**

Suzana Hassan, Ph.D.; Carol Bohmer, LL.M., Ph.D., Associate Professor, Rutgers School of Law

**S. Architectural and Interior Design for Adolescent Hospital Programs**

Marcia Lacy, Director, The Design Department, Psychiatric Institutes of America

**Announcing**  
an intensive 2-day conference



**Jay Haley**  
**Peter Martin, M.D.**  
**John Meeks, M.D.**  
**Fritz Redl, Ph.D.**

<b>Philip Calcagno, M.D.</b>	<b>Joseph Noshpitz, M.D.</b>
<b>James Egan, M.D.</b>	<b>Joseph Novello, M.D.</b>
<b>Michael Kalogerakis, M.D.</b>	<b>William Stark, M.D.</b>
<b>Edwin Kewler, M.D.</b>	<b>Dorothy Starr, M.D.</b>
<b>Reginald Lourie, M.D.</b>	<b>Paul Weissberg, M.D.</b>

**Friday, 9 March**  
**Saturday, 10 March**  
**1979**  
**Washington, D.C.**

**The Psychiatric Institute Foundation**  
**Center for Continuing Education in Mental Health**  
**4460 MacArthur Blvd., N.W.**  
**Washington, D.C. 20007**

**Non Profit Org.**  
**U. S. Postage**  
**PAID**  
**Permit No. 44759**  
**Washington, D. C.**

**Final Notice**



## Registration and Accommodations

### Place/Date

Friday, 9 March, 1979  
Saturday, 10 March, 1979

The International Inn  
14th Street and Thomas Circle, N.W.  
Washington, D. C.

### Accommodations

The International Inn is holding a block of rooms for "The Short Course in Adolescent Psychiatry" at a reduced conversion rate for the 8th, 9th, and 10th of March. Rooms may be reserved by calling the toll free number, 800-474-1140, by 22 February, 1979. After this date the rooms are on an "availability only" basis.

### Registration Fee

The registration fee is \$60 for two days, and \$40 for one day. The registration fee includes the program and refreshment breaks. The fee for psychiatric and medical residents and persons pursuing full-time training in mental health disciplines is \$35 for two days and \$20 for one day.

Please tear-off the registration card and mail along with registration fee.

### Emergency Calls

Emergency calls can be directed to The International Inn at (202) 785-4600.

### Please make checks payable to:

Psychiatric Institute Foundation

### Return to and

### For More Information:

Joseph R. Norello, M.D.  
The Short Course in Adolescent Psychiatry  
4460 MacArthur Boulevard, N.W.  
Washington, D. C. 20007  
(202) 467-4538

## REGISTRATION FORM

Name \_\_\_\_\_  
Organization/Title \_\_\_\_\_  
Address: office \_\_\_\_\_ home \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: office \_\_\_\_\_ home \_\_\_\_\_

### Saturday Workshops

Please choose one workshop. Write in the letter of first, second, third and fourth choices for a workshop. Attendance will be limited to 20-25 persons:

1st choice \_\_\_\_\_ 3rd choice \_\_\_\_\_  
2nd choice \_\_\_\_\_ 4th choice \_\_\_\_\_

### Registration deadline: February 22, 1979

### Registration fees:

Regular		Full-time Residents/Trainees	
2 days	\$60	2 days	\$35
1 day	\$40	1 day	\$20