



Newsletter

Annual Meeting, Miami Beach, March 16-19, 2006

The 2006 Annual Meeting will be held in Miami Beach at the Eden Roc Resort from March 16 to March 19. For many of our members in colder climes, the meeting will provide sunshine and warmth at the time of year that they are missed most. But whether the Miami sun is a welcome relief or just more of the same, the program entitled *Biological Understanding and Psychosocial Interventions* promises to shed light upon the intellect of all those in attendance.

The biological understanding portion will include presentations on biological underpinnings of a wide range of adolescent psychopathology including Mood and Psychotic Disorders, Post Traumatic Stress Disorder, Attention Deficit

Hyperactivity Disorder and Substance Use Disorders. In addition, Robert Hendren, M.D. will speak on "The Clinical Implications of Neurodevelopment in Adolescence." Other speakers will include Nada Stotland M.D., David Goodwin, M.D. and James Chou, M.D.

The psychosocial interventions portion of our program will present in depth information about a number of important specialized treatment areas. Our pre-conference institute is entitled Dialectical Behavioral Therapy for Multi Problem Adolescents. The faculty includes some of the most experienced researchers and practitioners of the adolescent adaptations of DBT. This full day presentation will provide the most in depth understanding of the theory and techniques that constitute DBT that our organization has had to date. After a thorough presentation of standard DBT and the adaptations made for adolescent populations, Charles Huffine, M.D., one of the original therapists in Marsha Linehan's laboratory, will speak about the application of DBT to an office setting.

In addition, our program will discuss specialized interventions for adolescents suffering from substance use disorders and for adolescent sex offenders. The workshop on substance use disorders will provide an overview of adolescent addictions, and then will provide insights into specialized psychosocial therapies, including Rational Emotive Behavior Therapy and Residential Treatment. Presenters will include Gregory Bunt, M.D., Medical Director of Daytop Village, Inc., and Joseph Troncale, M.D., Medical Director, Caron Foundation Fabian Saleh, M.D., who has focused his career on elucidating the poorly researched field of adolescent sexual offenders, will offer a workshop on The Treatment of Adolescent Sex Offenders. The workshop will include an overview of the assessment and treatment of ado-

Continued on page 2

HUFFINE



Harm Comes to Adolescents in The Care of Unlicensed, Unregulated Residential Behavior Programs

The Alliance for SAFE,
THERAPEUTIC and APPROPRIATE
RESIDENTIAL TREATMENT:
A START,

An interdisciplinary, alliance including youth and parent advocates taking steps to define and resolve a hidden problem.

In my work with adolescents I have had numerous encounters with youth who had been in so-called Therapeutic Boarding Schools, Emotional Growth Schools or Wilderness Survival Programs. I have been horrified by what I had heard from them regarding harsh discipline, repressive rules, prevented from contacts with parents for months and rewards for reporting the rule infractions of one's peers. Neither colleagues, government officials, nor parent advocates, anyone who might be able to tell me about these terrible practices had heard of this. Everyone I talked to presumed that residential treatment in many western states was of good quality. Indeed some programs appeared to be competent and ethical in their practices and some seemed to get something out of

Continued on page 6

In This Issue ...

ASAP Annual Meeting.....	1
Huffine	1
President-elect Candidates	2
Book Reviews.....	3
Juvenile Psychopathy	3
In Memoriam, Jules Barish.....	4
APA Doings, Ratner.....	5
About Our Members	9
Business Meeting Minutes	10
Resident/Fellow Award.....	10
In Our Mail.....	12

For Your Calendar

ASAP Annual Meeting, March 16-19, 2006, Eden Roc Hotel, Miami Beach, FL.

ASAP Business Meeting, Autumn, 2006, Dallas, TX

International Child-Adolescent Meeting, ISAP, ICAPAP, WAIMH, November, 2006. Rio de Janeiro, Brazil.

ASAP Officers

President: Stephen Billick, of New York City.

President Elect: Dominic Ferro, of Nanuet, NY

Vice President: Mohan Nair of Los Angeles, CA

Treasurer: Adam Raff of New York, NY

Secretary: Fabian Salah, of Worcester, MA

Members at Large: Perry Bach, MD of Fountain, CO; Mace Beckson, LA, CA

Immediate Past President: Robert Weinstock, of Los Angeles, CA

Past President: Richard Rosner, MD of New York City, NY

Newsletter Editor: Leonard P. Henschel, MD of New York City, NY

Annals Editor: Lois T. Flaherty, MD of Boston, MA

ASAP Office

Exec. Director, Frances Roton,
ASAP

P.O. Box 570218, Dallas, TX 75357
(972) 686-6166 Fax (972) 613-5532:

Web Site: <http://www.adolpsych.org>
ASAP's email address is:
adolpsych@aol.com

Newsletter Editor
lhenschel@nyc.rr.com

Topical Studies Council:
chuffine@uwashington.edu

Book Review & Annals Editor: Lois Flaherty
lflaher770@aol.com

con't from Page 1

lescent sex offenders, as well as a discussion of the effects of sexual abuse on children and adolescents.

The program will be rounded out with interesting presentations on adolescent issues from Dante and Marilyn Manson. All in all our annual meeting will be an academically stimulating event in a fantastic setting. But in no small part the value of our meeting will lie in the fact that it will bring together clinicians and researchers who share a passion for the care and guidance of the most vulnerable of our society's adolescents, those with psychiatric disorders. Hope to see you there.

Dominic Ferro, ASAP Pres-Elect.

*

CANDIDATES FOR APA PRESIDENT-ELECT

Each year we publish a communication from the candidates for the office of APA President-Elect to help our members in their choice. It is very important for all members to vote! Below are the statements of the 2 candidates in alphabetic order.

JACK DRESCHER, MD

I would like to thank the American Society for Adolescent Psychiatry for inviting me to present some of my thoughts and views. I have had the privilege of presenting at ASAP meetings in 2000 and 2003 and have published in Adolescent Psychiatry (Drescher, J. (2002), Invisible Gay Adolescents: The Developmental Narratives of Gay Men. Adolescent Psychiatry, 26:73-94.).

By way of (re)introduction, I am a full-time private practitioner and previously worked in a public setting serving the urban poor for twelve years. As an educator, mentor, author, editor, and frequent speaker to the media, I have devoted much time and effort to educating the profession and the public about the mental health impact of stigma and on the mental health needs of stigmatized patient populations. I was recently quoted in Time Magazine's October 10 cover story on The Battle Over Gay Teens (available

online at

http://www.time.com/time/press_releases/article/0,8599,1112786,00.html).

I have been elected to leadership roles in other psychiatric organizations.

Colleagues say I demonstrate strong leadership in times of crisis, particularly as Immediate Past President of the NY County DB in the aftermath of 9/11. I have a strong record of working collaboratively within APA, and, as in the case of 9/11, with other groups as well. As Chair of the Committee on Gay, Lesbian and Bisexual Issues since 2000, I advised APA's leadership in developing position statements intended to improve the mental health of GLB patients.

In my service to APA—in committees, in the assembly, in my DB and in APA's Area 2 I have had the opportunity to learn how our organization and its components function (and sometimes don't). APA is a vital organization doing important work, but there is room for improvement, particularly streamlining some of our more cumbersome bureaucratic processes.

Our profession has done a good job exploring and developing treatments based on biological research. Recognizing that the brain is not the same thing as the mind, we are paying renewed attention to the psychological aspects of our work. We also need to pay more attention to the 'social' aspects of the biopsychosocial model. In this way, we can successfully translate what we know into effective public policies for the treatment of mental disorders. Regardless of our other political affiliations, all APA psychiatrists should support decent and respectful standards of mental health care for all patients who need it.

We fight an uphill battle. Our professionalism is under assault—the result of outside pressures and intrusions that devalue professional autonomy and which lead to fragmentation of care. We cannot do our jobs and our patients cannot recover if the social milieu in which we practice does not support our work or allow for the kind of care our patients need.

Both public and private sectors face a wide range of impediments to effective and compassionate care. APA should be strongly opposed to unworkable 'factory models' of mental health care delivery. Patients do not find this model efficacious

APA Candidates, con't on Page 5

Book Review Corner



by Lois Flaherty

Regular Guys: 34 Years Beyond Adolescence. by Daniel Offer, Marjorie Kaiz Offer, and Eric Ostrov. New York: Kluwer/Plenum, 2004. 156 pages. \$50.00.

ASAP members are familiar with Daniel Offer's ground breaking work on normal adolescence. The results of the study he, late wife, Judith, and colleagues did on a cohort of high school boys selected for their normative responses to screening questionnaires, and followed through their high school careers, appeared in *The Psychological World of the Teenager* (1969), *From Teenage to Young Manhood* (1975). These were both published by Basic Books, and many other publications, including *Adolescent Psychiatry*. Daniel Offer is often quoted in the same sentence as Anna Freud: his finding that the majority of teenagers grow up without the " Sturm und Drang" that Anna Freud postulated to be the norm was revolutionary.

Offer is a longtime member of ASAP and has contributed much over the years to our programs. In this book, Offer and his wife, Marjorie Kaiz Offer, present the results of their painstaking follow-up of nearly all of the original group who are now in their forties. They show that these teenagers, who came of age in the sixties, are still normal, hence the term "regular guys." Surprisingly, they were largely unaffected by the turmoil of the sixties, focusing on their identities, careers and intimate relationships as they moved from

adolescence into young adulthood. As middle-aged men, they are by and large content with their lives, productive and devoted to their families. What the outcome belie is that life has been far from smooth sailing for many of them, and what really comes through is the enormous importance of resilience in coping with adversity.

While plenty of data are presented about outcomes in multiple domains, what readers will most enjoy are the engrossing narratives, where Majorie's gifts as a journalist are evident. With the current interest in narrative as a determinant of life course, the use of this mode of study is particularly salient.

Pathways to Change: Brief Therapy with Difficult

Adolescents, 2nd Edition, by Matthew D. Selekman, New York: Guilford, 2005. 292 pages, \$35.00.

I haven't read the first edition, published in 1993, but the author of this one claims that he has made significant shifts in his thinking since the first one was published, which as he states in his introduction, "was quite heavy on the solution-focused brief therapy side." He describes this approach as failing with "more complex adolescent case situations" where there had been multiple failures with therapy. What emerges is a pragmatic casebook that describes effective techniques to engage families and teenagers who are convinced therapy has nothing to offer them. This approach probably more closely resembles what actual experienced and effective therapists do – that is they learn what works and use it in their practices. The focus is less on documenting outcomes than it is on describing how to develop a therapeutic alliance, without which no treatment will be effective. The author's background as a family therapist is reflected in the emphasis on working with families. There is a useful review of the family and adolescent therapy literature in the first chapter. This book would be useful for adolescent psychiatrists wanting to improve their family therapy skills.

Lois Flaherty



Juvenile Psychopathy: What Do We Know?

by Joel T. Andrade, LICSW and Fabian M. Saleh, M.D.

The psychopathic personality has been researched extensively since the validation of the Psychopathy Checklist-Revised (PCL-R; Hare, 1991/2003). The majority of this research is based on adult, male, incarcerated offenders and forensic inpatients. Briefly, studies have found a distinct difference between those who score higher on the PCL-R and those who do not. Some indicate that psychopaths are vastly more dangerous (Cornell, Warren, Hawk, Stafford, Oram, & Pine, 1996), less amenable to treatment (Olgoff, Wong, & Greenwood, 1990) and more likely to recidivate (Hemphill, Hare, & Wong, 1998). A line of research has begun to explore developmental precursors to adult psychopathy. Although this research remains in its infancy, some important findings are available. Attempts to extend the diagnosis to adolescents (Lynam, 1996, 1997) have been met with caution on ethical grounds (Seagrave & Grisso, 2002). However, others have argued that psychopathy should not be held to a higher standard than other psychological constructs (Frick, 2002). Although such debate exists, the construct of psychopathy and its developmental course is an important area of research as such findings will hopefully lead to the implementation of effective treatment planning and eventually preventative treatment paradigms. This article will briefly define the construct of psychopathy followed by a discussion of psychopathy as it relates to juveniles. Treatment and policy issues will also be discussed. Psychopathy is a disorder best understood as comprising three correlated factors measuring affective, interpersonal, and behavioral characteristics. Psychopathic individuals present with affective deficiencies (shallow), relate to others in a deceitful and manipulative fashion, and behaviorally engage in antisocial and violent behavior which is marked by impulsivity (Cooke & Michie, 2001). In adult samples, psychopathic offenders have been found to be responsible of an inordinate amount of crime (Hare & Hart,

Juvenile Psychopathy, con't on Page 8

Dr. Julian Barish, ASAP President in 1976, was loved and respected by everyone who knew him. All of us will miss him. Our sympathies go to his family-Editor.

from Bertram Slaff:

Dr. Julian Barish, one of the unquestioned pioneers in the field of adolescent psychiatry, died at age 88 on September 15, 2005. He had served as president of the New York Society for Adolescent Psychiatry and subsequently as president of the American Society for Adolescent Psychiatry. He was a co-founder of the Psychiatric Treatment Center in New York City, a facility for hospitalizing severely disturbed youth.

A long time member of the staff of the Mount Sinai Medical Center in New York, he was chairperson of the Adolescent Psychiatry Study Group which met weekly for many years. During one year, Dr. Magda Denes recounted to the group her experiences as a ten year-old Jewish child hiding out with her family in Nazi occupied Budapest. This harrowing tale was later published in a volume called "Castles Burning," (Simon and Schuster 1997).

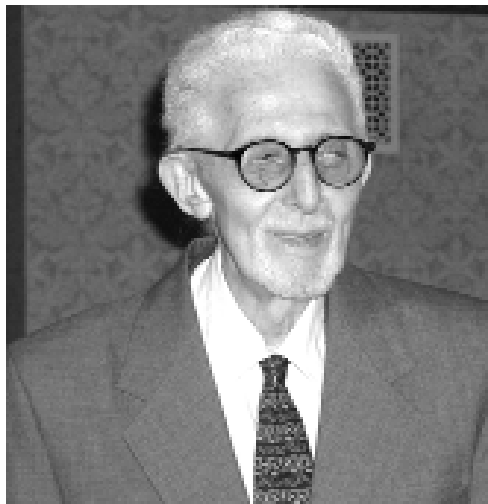
I had known and admired Julie Barish for a great many years. He and I were among the 400 delegates to the 1971 White House Conference on Youth, which met in Estes Park, Colorado in April of that year. There were 1000 youth delegates, ranging in age from 14 to 24. This was during the height of the Vietnam War protests. Richard Nixon did not want to risk having the conference in Washington, D.C. as it was feared rioting might take place.

At the opening of the conference, Stephen Hess announced that the adult delegates had been chosen because they represented the power structure of this country. "Kill them! Kill them!" was a shouted response of many of the youth delegates.

Many of the youth arrived wearing sandals and shorts. During the conference a major snowstorm occurred. Many of them refused to except army clothing which was issued. However by the next day during the continuing cold spell, most changed their minds.

Julie Barish had extraordinary skills at

In Memoriam, Julian Barish, M.D.



Julian Barish at the 2004 ASAP Annual Meeting

empathizing with young people and achieved splendid results with some of the most difficult to treat patients. He was flexible and adaptive to the various challenges he had to confront.

He was my beloved colleague and friend; I salute him and farewell.

from Michael Kalogerakis

Julie Barish was unquestionably one of the stalwarts of our organization. Always solid, always wise, he contributed greatly to the growth of the organization in its early years. Since he was my immediate predecessor as president of ASAP, he served as my most helpful mentor. One lesson he taught me served me well, not only during my ASAP presidency, but in subsequent executive positions in other professional organizations. As I was preparing to assume the reins, he offered one piece of advice: Don't set too ambitious an agenda. Decide on one or two goals you want to achieve during your tenure and be happy if you succeed at that. What a wise man he was! Years later, when I reminded him of his good counsel, he admitted that that particular piece of advice had been given to him by none other than Bill Schonfeld, the Founder and first President of ASAP. Needless to say, I in turn have passed it along to others who have followed us.

In recent years, with deteriorating

health, we saw less and less of Julie. The Old Guard who knew him well and had always enjoyed his geniality and comradeship, missed him. Still, it was always a pleasure to see him on those occasions when he would pop up, usually at Bert Slaff's annual NYSAP party. His departure is a loss for ASAP and a loss for all of us who were privileged to count him as a friend.

from Robert Porter

The recent death of Julian Barish has been a loss not only to the many patients who received his care but also to psychiatry, and most especially adolescent psychiatry. Julian was an esteemed colleague of mine since 1948 when we both worked in the New York City Mental Health Clinic of the Veterans Administration. He was also most instrumental in the founding of the Society for Adolescent Psychiatry in 1958, when many of us who had seen older adolescents in the military services found that the child psychiatry groups locally and nationally did not embrace adolescent psychiatry. He was an early president of the New York Society for Adolescent Psychiatry and at that time we did all we could to encourage similar adolescent psychiatry groups in other cities and regions of the country. He was an important leader when the increasing number of regional groups formed a union--ASAP, and he was president of ASAP in 1976. He joined the faculty of the Mount Sinai School of Medicine and was an excellent teacher and the leader of our weekly adolescent psychiatry rounds for his remaining life.

In all these roles, what distinguished this devoted and scholarly physician was his excellent judgment and sensitivity, not only with his own patients, but also with his colleagues in various organizations and with the psychiatric residents he supervised. When I would be away at meetings or vacation, he would be the first colleague I would call on to cover me and if he could, he never refused.

APA Candidates, con't from Page 2
and neither do we! APA can do a better job fighting to maintain our professional standards; to do that, psychiatric physicians have to do a better job of involving themselves in the political processes that affect their practices. We need to function as both psychiatrists and citizens.

I want APA to build upon its core missions: advocacy for our patients; our members and our profession.

We need to:

(1) effectively engage, as mental health professionals, in all the social and political arenas affecting the lives of our patients and how we do our work;

(2) continue to forcefully demonstrate the scientific validity of our professional activities;

(3) actively recruit and retain our disaffected or disinterested colleagues;

(4) mentor our ECP and MIT colleagues; and

(5) work to reduce the stigma of mental illness.

As APA President, I would support existing ties and encourage closer ties between ASAP and APA. If elected, I would bring enthusiasm, energy for hard and creative work, a focus on outreach, thoughtful leadership, activist experience, and a fighting spirit. Join me in tackling the enormous challenges that we and our patients face. If you would like to learn more about my professional activities to date, visit <http://www.jackdreschermd.net>

CAROLYN ROBINOWITZ, MD,

Experience, Energy, Effectiveness

Thank you for the opportunity to state my goals and qualifications to the membership of the American Society for Adolescent Psychiatry. ASAP's focus on advocacy of and for adolescents and the sub-specialty, as well as educational development and networking mirror my presidential goals of advocacy for patients and our profession, education and professional development.

As a clinician, I experience daily the challenges and obstacles faced by colleagues and patients, and recognize the importance of organized psychiatry's efforts on our behalf. As a general, child, and adolescent psychiatrist who has worked extensively with young children and families, I know the importance of availability of care, and the urgent need

ASAP

for a diverse psychiatric workforce trained to treat adolescents. Thus, I especially appreciate ASAP's critical contributions to professional development through outstanding publications and meetings, developing criteria to define competence in this sub-specialty area, as well as providing care to an important and underserved population.

As APA President I will continue my work for psychiatry and psychiatrists by:

- Advocating energetically for our profession, for our members, and for our patients and their families, particularly addressing the needs of underserved, stigmatized and vulnerable populations.

- Promoting access to psychiatric care.

- Protecting the physician-patient relationship.

- Demanding appropriate reimbursement for psychiatric care.

- Forging alliances to enhance our effectiveness.

- Recruiting the best and brightest into the field.

- Educating psychiatrists for excellent care and advocacy.

- Working with subspecialty organizations and their members to ensure appropriate support, representation and balance

- Welcoming members' diverse backgrounds, interests, skills and practice.

- Valuing all members and providing value for membership. Increasing opportunities for member participation and leadership,

- Guaranteeing openness and communication with members.

- Developing strong strategic planning; setting and supporting priorities; maintaining financial stability, transparency and accountability; planning proactively for challenges.

The President must play a proactive and creative role in leading the Association. I have extensive experience as a clinician, educator, and administrator, as well as APA Secretary-Treasurer, with demonstrated effective leadership in many psychiatric and other medical organizations.

I have been an APA staff member (founding Director of the Office of Education, Senior Deputy Medical Director and Chief Operating Officer), a psychiatry professor and medical school dean, and president of several national psychiatric organizations. My leadership style is inclusive, utilizing the efforts and skills of many colleagues and developing

positive collaborative relationships with individuals and organizations to multiply their effectiveness. In these roles, I have testified to Congress; informed the media; headed scientific projects; chaired multiple boards and conferences; developed budgets, financial and strategic plans; designed and evaluated community services and curricula; recruited faculty; worked with colleagues in other medical specialties; worked with teachers and parents to improve mental health services in schools, and always cared for patients.

I am focused, positive and energetic, with a great love for our profession. I ask for your active participation in APA and for your vote.

APA DOINGS

by R. A. Ratner, ASAP Liaison to The APA Assembly

Most of you know that the APA Assembly meets twice yearly: once in Washington in November and then again just before the scientific portion of the Annual Meeting. Accordingly, we met in Washington in November and in Atlanta last May. I am delighted to say that, seemingly out of the blue, Jim Nininger, then speaker of the Assembly (Joe Rubin became speaker in May), asked me to chair a reference committee at both meetings. For those unaware, reference committees act as screeners of all of the action papers that come into the Assembly looking to be voted upon. Generally, if the Reference Committee turns thumbs down, the author of the paper may still bring it to the floor of the Assembly, but with a much smaller chance of getting it passed.

It was a pretty interesting exercise. As our group was supposed to review papers related to access to care issues and advocating for patients, we heard a number of interesting proposals relating to, among other things, appeals mechanisms for disputed managed care denials (we supported with changes), mandating reimbursement for off-label uses of prescription medications (ditto), and a return program for unused pharmaceuticals. These were

Continued on page 6

all relatively uncontroversial.

Another issue was the latest chapter of the Assembly's ongoing attempts to gain more power relative to the executive body, the Board of Trustees. Efforts are ongoing to require that various financial officers of APA report to the Assembly as well as the Board. Also, a paper was submitted advocating the bylaws be changed allowing the Assembly to override Board decisions under certain circumstances. This may end up as a referendum on which all APA members may have to vote.

The two issues that continued to roil the waters, however, were those of gay marriage, on one hand, and the continuing dispute between APA and the Texas State Psychiatric Society on the other. As many of you may know by now, the Assembly passed a statement advocating legal recognition of same-sex civil marriage with all the rights, benefits and responsibilities that accrue to conventional marriages.

Unfortunately, the Assembly got somewhat tied into a parliamentary knot, as it tried to deal with amendments and amendments to the amendments. Then, as it was running out of time, a vote was taken that many thought was unclear and confusing. Since then, and until more pressing matters like Katrina changed the agendas of many of us, there has been continued dissatisfaction expressed by members who either oppose the substance or oppose the notion of the APA getting involved with social policy at this level. We have probably not heard the last of this matter.

The second thorny issue involves the Texas Society of Psychiatric Physicians (TSPP), which decided a while back that they were in danger of losing psychiatrists altogether because those psychiatrists did not want to or could not afford to continue paying the rather expensive APA dues each year. They launched the idea of having a separate organization, the Texas Academy of Psychiatrists (TAP), which would be for psychiatrists who wanted a local affiliation but did not want to be in the APA. The reasoning was that however many of these people there were, they could be captured and mobilized on a statewide basis for lobbying and other purposes rather than being totally lost to organized psychiatry.

For the most part, the leadership of APA has seen this as not only illegal, in that only the APA can create new membership categories, but also potentially dangerous. Their fear is that many Texas psychiatrists would forthwith drop their APA memberships and become members of the new group. Things were made more complicated by the fact that the TSPP had arranged a third entity, the Texas Federation, which would act as the clerical and administrative support for both groups. It has been suggested by some that the Texas group be allowed to experiment with this program as a pilot project to see whether it would in fact threaten APA membership or not. However, there are many hardliners who are against letting the camel's nose under the tent and also question the motives of the activist Texas members that have been pushing this arrangements. Mediation has been tried, apparently without success.

As of mid-October when this column was written, the issue had hardly been resolved. Quite the contrary: the e-mail traffic is flying around fast and furiously, much to the dismay of many of us. Since I represent ASAP, a constituent society, we don't really have a dog in this particular hunt per se. Nonetheless, the likelihood that at some point we will have to cast a vote on what to do about this particular issue remains pretty great, if not at the upcoming November Assembly meeting, perhaps at the one after that.

It is a thorny issue, but it is disappointing to see that it has not been handled better by all sides. There is not the slightest evidence, as one watches this unfold, that the participants are psychiatrists rather than any other type of individual, based on the escalation of the rhetoric, name-calling (at least in private), painting oneself into a corner, and other behaviors that one would have thought our training might have spared us from committing. Oh, well. For my part, I am reminded of what our local television critic says about her job: "we watch these shows so you don't have to." So long until my next report.

✱

the experiences. All youth who had been held involuntarily in residential programs for many months, or even years, felt that they had been robbed of some age specific experiences and were angry about this even if they were in a program practicing effective and ethical treatment. Even "good" treatment has a very mixed and thin research base. We have very little knowledge for whom and under what circumstances is residential care efficacious. I had run my concerns by the Topical Studies Council several times in these early years. No one in ASAP seemed to know anything about these facilities and were certain that the various states hosting such programs were aware and were assuring adequate care.

In the late nineties Wanda Mohr, RN, PhD, a professor of nursing now at Rutgers, in affiliation with NAMI's Government Relations Office, convinced her journalist friends at the Hartford Courant to report on restraint and seclusion practices in hospitals and residential treatment programs. They took their data from published reports of deaths in such facilities. A striking percentage of these dead patients were youth from residential programs. Furthermore these programs were not on the radar of their states and were often unregulated and completely outside the state's system of care facilities licensed as Residential Treatment Facilities. Due to many states' sensitivity over interfering in religious education, these programs defined themselves as schools and thus were not required to be licensed. She went on to review the scientific literature on restraint, for which there was very little. She and her cardiologist husband did a study of post mortem reports from forensic studies of youth and adults who had died during episodes of restraint and found that unskilled, often brutal techniques had been used which created lethal injuries. Were these anecdotal reports flukes in an industry of basically benign care facilities for youth, or did these reports represent a window on a societal problem that was hidden and serious?

State and local mental health programs for youth, funded in part by federal dollars, are subject to considerable scrutiny. Residential treatment that is funded by

such dollars tends to be licensed and regulated. Social service group homes and juvenile facilities are regulated to some standard in every state. This effectively prevents gross mishandling of youth even if the programs may not be of good quality. The trends in public services for children and youth have been toward shorter stays and in returning youth to their homes or in family-like settings as soon as possible. In my state, a system of residential programs for our most disturbed youth was well known for qualified staff and adherence to standards of care that assured they were at least safe. The facilities I had heard of, were private and not part of this spectrum of care; they were outside of the public system

I knew families from my practice that were were paying out of pocket for the services of these hidden residential programs. I became aware of several parent advisors who made themselves available to distressed parents to find them effective care. I learned later that some of them were offered “finders fees” by the residential programs. Residential facilities advertised their programs, often with scare tactics and grand promises on the web. I heard more and more reports from youth of their friends being sent off to Idaho or Montana by their parents who had found a web site. Hired escorts, invited into a youth’s home late at night, awakened the youth and forcibly spirited them off to out-of-state facilities. Some of the kids I heard about indirectly were indeed youth who were clearly out of control in their communities, but not to a degree much different then the youth I work with while they live at home and are free to maneuver in their communities.

As I became ever more involved with the System of Care movement I saw how a mental health program empowered parents to better care for their adolescents in their homes and communities, fostered family to family outreach and the employment of other natural supports. It also defined more flexible ways of working with youth and could keep troubled youth in their communities. Some of our county’s most troubled youth were receiving a successful and more humane treatment in the public system. I realized that in the world of private insurance, office based psychiatric visits, searching for diagnoses that can be fixed with medications or

often irrelevant and tepid counseling, offered a rather sterile and inadequate management of complicated problems in more affluent youth. Most of the youth in my practice had had a failed treatment, often more then once. Many parents are desperate. They would do anything, mortgage their homes, draw from life savings, take on another job to pay for any form of care that promised to keep their youth safe, and, perhaps, help them do better in school.

In the spring, at a grantee meeting for the SAMHSA System of Care grants (Comprehensive Mental Health Care for Children and Their Families) in Dallas in 2005, I had a conversation with Bob Friedman, a psychologist who, with Beth Stroul wrote the original monograph for the old CASSP program (which detailed the values and principles of System of Care replicated all over the country in public systems of care for children and youth.) He also had been increasingly aware of the shadow industry of private facilities that had been out of the public view. We resolved to pull a group of people together and began with Dr. Friedman and two of his staff from the University of South Florida, myself, Lenore Behar, PhD, a veteran of service system reform from North Carolina, an attorney from the Bazelon Center from Mental Health Law. I brought in a graduate student I had come to know who had had a disillusioning experience working for a program in Idaho. What she saw in that program was horrific and terrifying. She had complete access to the program and found that the conditions for youth were brutal and inhumane with long periods of isolation, severe punishments for infractions of the rules and a treatment program characterized by extreme confrontation. A girl who had been raped was forced to relive the experience in front of group of mixed gender peers and led by an untrained 50 year old man. A group of youth were place in a river raft in a rushing and dangerous river. The staff held them by a rope demanding they plead for their lives and come up with reasons why they should live. Youth were overworked, exhausted, run down and unable to resist. She was fired from the evaluation task when she asked questions about the lack of an IRB process and questionable ethics in both the treatment and research.

A START also recruited parents and youth who had been involved with such facilities.

The goal of A START has been to start modestly by inquiring as to the regulatory rules in various states that host such programs. We found that only a few states have laws requiring regulation of programs that call themselves schools. Many are required to meet educational standards in their states if they are to be accredited for issuing diplomas. Regulatory staff in Utah and Montana are increasingly aware that they have a problem as programs proliferate in their states. Other states are less concerned, but newspaper and magazine exposés have embarrassed many states into taking notice. No one knows how large this problem is or what it will take to get data. A START has forged alliances with various professional organizations; the American Psychological Association, the American Association of Community Psychiatry, the Child Welfare League of America, NAMI, the NMHA and the Federation of Families for Children’s Mental Health. Together we have sought support on Capitol Hill and have conducted a press conference in which we have actively supported legislation put forward by Representative Miller from California; the *End Institutional Abuse of Children Act* which offers states a small enticement to create a regulator mechanism for these terrible facilities. We have also supported the *Keeping Families Together Act* drafted by Representative Stark of California, and Sen. Collins of Maine, which would make it easier for families running out of resources to tap into Medicaid and local public mental health resources without having to give custody of one’s child over to the state. Our primary goal is for the Government Accounting Office to conduct an investigation into the problem to define its size and scope and to point the way to remediation. We have also created a “Tips for Parents” document to share with parents who are struggling with decisions on whether or not to send their child away to a residential facility. We see this crisis as primarily a natural result of both our public and private mental health systems being grossly inadequate, in need of both restructuring and more money.

Charles Huffine, ASAP Topical Studies Council.*

1993), are more likely violent (Hemphill, Hare, & Wong, 1998), have higher rates of general recidivism (Hemphill, Hare, & Wong, 1998), and are less responsive to treatment (Seto & Barbaree, 1999). Assessment tools designed to detect psychopathic-traits in juveniles include: the Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003), the Antisocial Process Screening Device (APSD; Frick & Hare, 2001), and the Childhood Psychopathy Scale (CPS; Lynam, 1997). The construct of juvenile psychopathy, based on these assessment tools, has found that antisocial youth who demonstrate psychopathic-like personality traits show a greater propensity for sensation-seeking behavior (Frick et al., 2003; Frick, Lilienfeld, Ellis, Loney, & Silverthorn, 1999), are responsible for a disproportionate amount of violent behavior (Murdock-Hicks et al., 2000), and are at increased risk for institutional misconduct (Brandt, Kennedy, Patrick, & Curtin, 1997; Hicks, Rogers, & Cashel, 2000). However, studies of concurrent validity between these assessment tools indicate that they may not be measuring the same underlying construct (Lee, Vincent, Hart, & Corrado, 2004; Skeem & Cauffman, 2003). Further research in the area of construct validation for psychopathy in childhood and adolescence is required. The stability of psychopathic personality traits has been shown in adult samples (Schroeder, Schoreder, & Hare, 1983; Rutherford, Caciola, Alterman, McKay, & Cook, 1999) although the follow up period in these studies ranges from 10 months to two years. Despite the ability of psychopathy-like personality traits in predicting short-term misconduct, little research exists connecting such traits in youth with the development of adult psychopathy. Furthermore, a meta-analysis of 152 longitudinal studies examining personality trait stability found that trait consistency steadily increased from childhood to late adulthood. That is, personality traits do not solidify at the end of adolescence but become increasingly stable through life (Roberts et al., 2000). In a sample of children, Frick and colleagues (Frick, Kimonis, Dandreaux, & Farell, 2003) found moderate stability for psychopathic-like personality traits during the transi-

tion from childhood to adolescence. Not surprisingly, several social variables, such as socioeconomic status and quality of parenting, were more predictive of stability for psychopathic-like personality traits (Frick et al., 2003). Consequently, the stability of personality over time, and the assessment of such during adolescence remain questionable at best. Concerns about the accompanying traits associated with the label "psychopath" (e.g., pathological lying, lack of remorse or guilt, manipulation, etc.) remain concerning, especially when such information is presented to a non-clinical criminal justice body (Edens, Guy, & Fernandez). Conclusion: Based on the above research, the clinical construct of psychopathy is important to identify, as some research finds that psychopathic individuals are responsible for an inordinate amount of violent behavior and general criminal activity. At this time no treatment is proven effective among psychopathic adults, or children and adolescents with psychopathic-like personality traits. This is not to say that such individuals are untreatable, but rather at this time researchers and clinicians have yet to identify effective treatment algorithms. Although, as the construct validity of psychopathy among juveniles remains disputed, a discussion of treatment specific for this disorder is premature. Based on this brief review, four major areas of future research are needed. First, continued research on the developmental course of psychopathy including biological, psychological, and social precursors is required. Second, further validation of tools specifically designed to measure psychopathy in children and adolescents is necessary, including concurrent validity studies. Third, policy strategies savvy to our limited understanding of juvenile psychopathy must be implemented in order to prevent criminal sanctions from becoming the only available option for this group of offenders. Finally, based on findings of developmental precursors, sound longitudinal research focusing on effective management and treatment for this group of young people is essential. [The references for this article can be obtained from Dr. Saleh.] salehf@ummhc.org

New Members

ASAP welcomes the following new members who recently joined us.

Eduardo Espiridion, Chambersburg, MD
Marc Fishman, Baltimore, MD
Manuel Lopez-Leon, New York, NY
Victoria Petersmeyer, Philadelphia, PA
Herbert Cruz, Visalia, CA
R. Gregg Dwyer, Columbia, SC

Food For Thought

Researchers are now linking Viagra to blindness.

So currently, aging baby boomers are ending their adulthood asking the very same question they did when they began it: "Can I do it just till I need glasses"? Will Durst, comic and TV commentator.

Comment seen on a wall in Nepal.
"Eat desert first, life is uncertain."

Quote from a recent job interview as reported by the candidate.
"You are a top flight candidate and I see that you have a lot of education. However, you must understand that intelligence is not really required for this job."

"Ninety-eight percent of the adults in this country are decent, hardworking, honest Americans. It's the other lousy two percent that get all the publicity. But then, we elected them."— - Lily Tomlin

From the Journal of Adolescent Health

The millions of teenagers who made pledges to abstain from sex until marriage, when compared with those who did not pledge, were found to more likely experiment with oral and anal sex, are less likely to use condoms and equally likely to contract STDs.

About our Members

Psychiatric Practice in the Heartland, Iowa

by Gregory P. Barclay, M.D. Ames, Iowa

I have lived and practiced in a small central Iowa community for the past 10 years. Ames is the home of Iowa State University; therefore the local population varies from 50,000 during the academic year to 28,000 residents in the summer. Ames is located 35 miles North of Des Moines, Iowa's capital city. I came to Ames in 1996 as chief of mental health services with a large, physician-owned group medical practice. A few years later the clinic downsized and eliminated mental health services. I decided to stay here and open a solo office practice that is now in its fourth year of operation and have enjoyed living and practicing in Ames. Since few ASAP members practice in the Midwest, Len Henschel asked me to summarize what it is like to live and practice in America's heartland.

Iowa is a state of 2.9 million residents, many of whom reside in rural or semi-rural areas. According to The Iowa Psychiatric Society ("IPS", 2005), there are 232 member psychiatrists living here, 20-30% of whom are retired or not in active clinical practice. 67 of our state's 99 counties have no resident psychiatrist (IPS, 2005). Most psychiatrists live and practice in larger urban areas, which in Iowa are in Des Moines, and the triangle of cities in the far Eastern side of the state consisting of Iowa City, Cedar Rapids, and Davenport. The farther West one goes in the state, the fewer psychiatrists there are. Iowa has one medical school located in Iowa City and its nationally regarded psychiatric residency program turns out 8-10 psychiatrists per year. Few graduates accept employment in Iowa because of the lucrative opportunities here.

From a business standpoint, the costs associated with owning a private practice are relatively low in contrast to elsewhere. There is also very little competition unless one practices in Des Moines,

and even there the demand for child and adolescent psychiatric services far outpaces their availability. There are not many psychiatrists here who own their own solo practice; most are either employed by community mental health centers, the two state-supported mental health institutes, the University of Iowa, or social service agencies. Some psychiatrists are "circuit riders" who contract with various agencies for 1-2 days of work per week. This seems to be a common preference for child & adolescent psychiatrists. If someone is willing to drive to the more rural areas, this type of contract work is abundantly available and quite lucrative. For those opting for the traditional private office model of practice, managed care here is like everywhere else. Our Medicaid program is relatively easy to work with in the outpatient arena. If a provider is willing to accept the program's reimbursement, there seems to be little to no utilization review.

Compared to Medicaid rates paid in other states for comparable services, those of us who practice in Iowa can't complain.

Because of the small number of psychiatrists, concentrated in the urban areas, many of us work in relative isolation. However, the state psychiatric society sponsors 1-2 meetings per year that are well organized and reasonably well attended. Psychiatrists in the Des Moines and other urban areas may also get together more frequently simply because they likely depend on one another for cross coverage. And of course, there are always pharmaceutical industry-sponsored CME dinners that allow opportunities for networking. Regardless, one must make a concerted effort to attend national meetings and engage colleagues locally and elsewhere for support and professional stimulation.

Psychiatrists here tend to practice in the medical model, with appointments limited to 10-15 minutes and entirely medication-focused. Even those with institutional affiliations seem content to focus only on medication issues while leaving therapy and administrative functions to non-psychiatrists. Only a few psychiatrists utilize psychotherapy in the course of their practice (IPS, personal communication, 2005). Many area mental health centers have hired nurse practitioners because there are not enough psychiatrists to staff the facili-

ties or meet the medication prescription demands. Polypharmacy appears to be the evolving trend rather than the exception among child psychiatrists and ancillary providers in Iowa. Medication side effects are frequently managed with additional medications. Many providers are comfortable utilizing 4-5 psychotropic medications even in very young children.

The general outpatient patient mix in the rural Midwest may be quite different from what colleagues in large urban areas typically see. Because Iowa is primarily a rural state, many patients travel from remote areas for services. Most are not interested in or able to fund growth oriented psychotherapy, but are instead grappling with acting-out or the perplexing behavior of their children and adolescents with mood and anxiety disorders. Our focus tends to be on improving basic family management practices, self-regulation coping skills, and managing medications. University communities like Ames tend to have citizens more amenable to and likely to benefit from traditional individual psychotherapy. Therefore, my practice location affords me the opportunity to provide educational, supportive, and medication therapy to many patients from underserved areas while also offering traditional individual therapy to others.

Iowa has a severe problem providing adequate inpatient and residential service availability for children and adolescents. Over the past 10 years, half of the inpatient child/adolescent psychiatric programs in the state have closed due to financial insolvency. Many children and teens requiring residential or inpatient care languish on general pediatric units or in area shelters while awaiting beds in proper treatment settings. As state mental health facilities have closed or limited beds, community hospitals have absorbed an increasing number of unstable chronically and pervasively mentally ill patients. With the COBRA/EMTALA and 1-hour rule issues in force, many psychiatrists have resigned from their local community hospital medical staff to avoid the increasingly oppressive on-call duties. Unable to staff their programs while remaining in compliance with regulations, many hospitals have closed their general inpatient psychiatric units. Consequently, facilities in adjacent communities with operating

Barclay, con't on Page 10

programs have absorbed the burden of these patients, disenfranchising their own medical staff in the process. Telemedicine may allow the remaining inpatient psychiatric programs to retain and compensate their psychiatric staff while complying with COBRA/EMTALA and 1-hour rule regulations. I think this modality will become necessary investment for many facilities unable to secure an on-site psychiatrist.

The Iowa state motto is "Fields of Opportunities". Psychiatric practice in America's heartland has its share of challenges and limitations. However, for the 232 psychiatrists living and practicing here, there are also significant rewards and opportunities for an enjoyable life and career.

Gregory Barclay *

Resident/Fellow Paper Award

ASAP has a new resident/fellow paper award. Any trainee in psychiatry is eligible to submit a paper concerning adolescent psychiatry for consideration. Submissions should be sent to ASAP Central Office, c/o Frances Roton. The winner will have their paper presented at our Miami Beach Annual Meeting and receive expenses for hotel, meeting registration and travel (up to \$1,000). Please encourage trainees whom you know to submit a paper for consideration.

From The President

Stephen Billick

Plan to attend ASAP's 2006 annual meeting next March in Miami Beach! Bring your family for a great vacation and come for knowledge and clinical skills updates. Bring a colleague to the meeting to introduce them to ASAP. Share ASAP!

President-Elect Dominic Ferro has put together a truly outstanding scientific program for March 2006. We will have several updates on psychopharmacology, psychotherapies, and some very important offerings on addiction and substance use disorders in adolescents. The presentations will be scholarly and extremely clinically relevant.

The Eden Roc Resort & Spa was the "sands of the south" in the 1930's with Dean Martin, Sammy Davis Jr. and Frank Sinatra as frequent guests. It has had a \$35 million refurbishing to the lavish Morris Lapidus-designed hotel. It is spectacular! ...and has an outstanding ocean beach, and beachfront spa. South Beach Miami has truly world-class dining.

MORE FOOD FOR THOUGHT

Experience is the hardest teacher because it gives the test first, then the lesson. -Anon

You see a lot of smart guys with dumb women, but you hardly ever see a smart-woman with a dumb guy.

Erica Jong

Minutes of the ASAP Governing Board October 1, 2005. (abbreviated)

The meeting of the Governing Board was called to order by the President, Stephen Billick, Present: Stephen Billick, President; Mohan Nair, Vice President; Robert Weinstock, Immediate Past President; Richard Rosner, Past President; Adam Raff; Lois Flaherty, Annals Editor; Joe Kenan, Assistant Program Chair for 2007; Mark Weltek; Perry Bach; Phil Katz; Fabian Saleh.

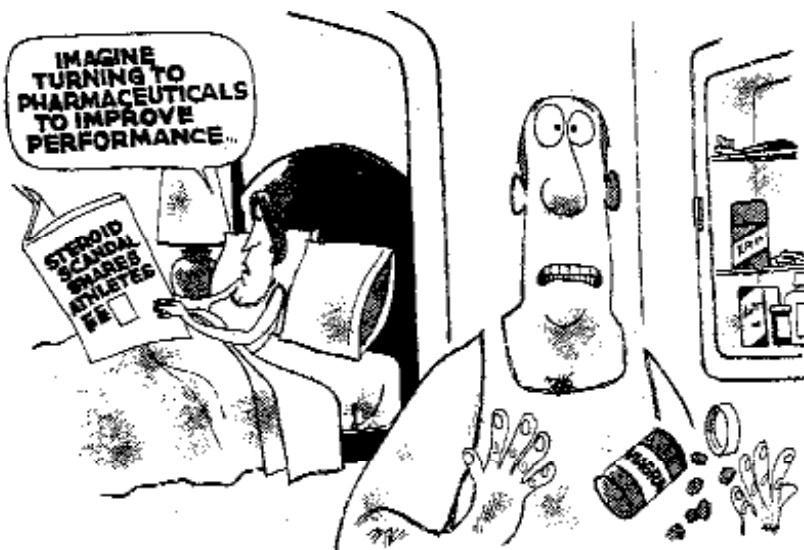
Report from the President: Dr. Billick reports that he and Dr. Flaherty presented a course at the APA Annual Meeting and it was submitted as the official submission from ASAP. The attendees were sent a membership application and will be added to our mailing list.

Report from the President-elect: Drs. Ferro and Raff presented the 2006 Annual Meeting program. The 2006 Schonfeld Award will be presented to Robert Weinstock, M.D. The 2006 Staples Award will be presented to Stephen Billick, M.D.

Report from the Vice President: Drs. Nair and Raff have been working extensively on the very tight budget for 2006.

Report from the Treasurer: Dr. Raff presented the proposed budget for 2006 which was accepted. Grants will be requested on a national level. Contacts in South Florida for the meeting are needed. Dr. Kenan noted that he knows of people who are active in the speakers' bureau in Los Angeles for the 2007 Annual Meeting. There was a general discussion of raising funds and obtaining educational grants and the Board commended Dr. Raff for his success.

Report from the Past President: Dr. Rosner noted that with the assistance of Dr. Billick, there has been an outreach effort to residents for membership. It is easy to attract young people and try to get them on the panel for a national meeting. Encourage all to recruit residents/fellows into membership of ASAP. Dr. Rosner noted his continued involvement in ASAP, American Academy of Psychiatry and the Law and AFS. Dr. Rosner will be making a presentation at American Society of Addiction Medicine.



Steve Kelley
The Times-Picayune
Charleston, S.C.

Dr. Rosner is nominated to be the official liaison to ASAM from ASAP.

Report from the Annals Editor: Dr. Flaherty reported that Volume 29 is at the printer from the LA Meeting 2004 Conference. Volume 30 is in the final stages of manuscript. Dr. Flaherty will check the agreement with Analytic Press. Dr. Rosner will communicate with Haworth Press and Charles Thomas and Kluwer to ask them for a proposal. The current publisher was not in favor of a quarterly publication; a soft cover did not result in much savings. Dr. Flaherty is in favor of exploring internet publishing. Analytic Press is not able to do this.

Report from the Newsletter Editor: Dr. Henschel was not in attendance. The Governing Board thanked Dr. Henschel for another year of good issues. Wishes were sent for a speedy recovery.

New Business: Council on A&O: the A&O recommends the approval of the bylaws amendments which reflect the way we operate.

Dr. Bach: the Executive Committee of the Governing Board will consist of 7, including the two Past Presidents. The structure of the councils need to be reviewed as well as their functions. The Governing Board asked Dr. Bach to review the composition of the councils and the officers assigned to the specific councils and make a recommendation at the March Meeting.

Council on Scientific and Educational Activities: Dr. Rosner reported that during the summer 770 copies of the Adolescent Textbook of Adolescent Psychiatry were sold. There will not be a second edition. Dr. Rosner will explore with the publisher how to obtain the copyright. The Textbook of Adolescent Addiction has been sent to Oxford University and hopefully a contract is on the horizon.

Council on Programs and Meetings. Dr. Katz, Co-Chair, reported, noting that

Dr. Gilfoil has resigned. Dr. Weinstock was appointed as Chair of this council. The Council reviewed the past evaluations from the CME Department of U. of Texas, Southwestern from the March 2005 meeting. The entire report was distributed to the Governing Board for review. The 2007 Meeting will be scheduled in Southern California and New Orleans was suggested for 2008.

Liaison Report from the APA Council on Children, Adolescents and Their Families: This committee recommends policy to the APA. This Council is chaired by Lois Flaherty, M.D. The Katrina disaster and the role of child and adolescent psychiatry were discussed.

Bill Arroyo, M.D. from USC, a forensic psychiatrist who wrote the death penalty document for the APA position has also written a paper on youth going to adult courts. This document has not been approved by the APA Assembly. Bullying is another issue and should be considered when treating children and adolescents. A presentation was made on the DSM IV deficiencies by a member suggesting that

eating disorders be incorporated into the next edition for infants. A brochure on domestic violence has been prepared by APA and the brochure is an excellent tool and is available on the APA web site. These will be reviewed by Council on Topical Issues. The APA is conducting a review of an ethical statement on torture. The Council will be looking at the issue of the inadequacy of inpatient beds for children and adolescents.

Nominating Committee Choices: Dr. Weinstock reported: 2006 – 2007. President, Dominic Ferro; President Elect, Mohan Nair; Vice President, Fabian Saleh; Secretary, Lawrence Katz; Treasurer, Adam Raff (second year of a two year term); Member at Large, Joseph Kenan, Perry Bach (second year of two year term)

ABAP Liaison: Dr. Nair reported. Education standards should be promoted and make the exam/certification more visible. ABAP diplomates should be members of ASAP.

Meeting adjourned.



ASAP Governing Board after their meeting; celebrating at the home of Frances Roton, Dallas TX.

Persons standing: Richard Rosner, Robert Weinstock, Adam Raff, Joseph Kenan, Stephen Billick, Fabian Saleh, Mohan Nair, Mark Wellek. Seated Frances Roton, Lois Flaherty, Phil Katz and Perry Bach.



In Our Mail



The Victimization of Children: Emerging Issues. Edited by Janet Mullings, PhD; James Marquart, PhD; Deborah Hartley, MS. pp. 330. Softcover \$29.96. Haworth Press.

From the publisher's blurbs.

This book provides insights into issues as: the victimization of youth on the internet, children as victims of war and terrorism, the concentration of child maltreatment within certain geographical areas, religion related child abuse, juvenile courts and their role in addressing family violence

...the cutting edge of the latest research

developments regarding crimes against children.

We are Not Alone, A guidebook for helping professionals and Parents Supporting Adolescent Victims of Sexual Abuse. by Jade Christine Angelica, MDiv. \$11.96 soft cover 220pp. Haworth Press

This book is designed to help guide adolescent abuse victims through the social services and the criminal justice systems. It explains the process of reporting, investigating and prosecuting cases of sexual abuse. It is the only available court-oriented resource targeted toward

teenage victims.

Kids and Violence: The Invisible School Experience. Catherine Dulmus, PhD, Daren Sowers, PhD, Editors. Soft cover, \$29.95 pp197 Haworth Press.

Valuable information on violence, and our aggressive society,...examines overt and covert violence in the school setting involving students, school personnel and school policy and shows what happens when adults responsible are actually perpetrating violence, staying silent or upholding a system that supports a violent atmosphere.

CLASSIFIED AND DROP-IN ADVERTISING AVAILABLE

Ads must be received at the ASAP office by the following deadlines: Summer issue — July 30; Fall issue — September 30 and Winter issue — December 1st. Copy should be typed and double-spaced.

For Classified ads, a check to cover the cost at \$1.00 per word (minimum \$25.00 per ad) must accompany the order. For an additional \$12.50 an advertiser who does not desire to be publicly identified may use an ASAP "Box Number" and will be sent copies of resumes or other information sent to the box.

For drop-in ads, rates are as follows: Underwriting a complete issue, \$1500. This entitles the advertiser to exclusive advertising rights in that issue, with two full pages of advertising. Full Page ad: \$350; one-half page ad: \$250; one-quarter page ad: \$150.

The acceptance of advertising by this Newsletter does not in any way constitute endorsement or approval by ASAP Newsletter or ASAP of any advertised service or product.

Regarding Classifieds, the publisher reserves the right to accept or reject advertisement for ASAP Newsletter. All advertisers in this section must employ without regard for race, sex, age, nationality, or religion in accordance with the law. Readers are urged to report any violations immediately to the executive editor.

ASAP NEWSLETTER
P.O. Box 570218, Dallas, TX 75357-0218
(972) 686-6166 Fax (972) 613-5532
email:adpsych@aol.com

NONPROFIT ORG
US POSTAGE PAID
MASSAPEQUA NY 11758
PERMIT NO. 73

Official organ of the American Society for Adolescent Psychiatry, published three times yearly, distributed free to members and invited contributors from abroad. Subscription rates for others are \$10.00 per annum for US and Canada, \$15.00 Requests for subscriptions should be sent to ASAP, P.O. Box 570218, Dallas, TX 75357 from abroad.

Editor: Leonard Henschel, M.D., 80-49 Park Lane, Kew Gardens, NY 11415. Phone/Fax: (718) 849-6339. E-Mail Address: lhenschel@nyc.rr.com