



american society for adolescent psychiatry

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Gregory P. Barclay, M.D., Editor

Fall 2009

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FROM THE PRESIDENT ADAM N. RAFF, M.D.

Dear Society Members,

The executive committee and governing board of ASAP recently held its annual business meeting in Dallas and I want to share with you several of its important outcomes. First, after years of struggling to clarify some complicated financial issues that linked ASAP and its Board (ABAP, American Board of Adolescent Psychiatry), a merger has been successfully negotiated. The details include ABAP merging into ASAP as a semi-autonomous component of the latter, which will continue to carry out the duties and responsibilities and goals of ABAP. Since it will no longer exist as an independent organization, ABAP will be known as ASAP's Council on Certification in Adolescent Psychiatry and will continue its primary function of promoting and maintaining ASAP board certification. ASAP's obligation to this council will continue until the fiscal 2013 or the last re-certification of an ABAP diplomate, whichever occurs first. All ABAP funds will be set aside exclusively for expenses incurred by the Council on Certification in Adolescent Psychiatry to be expended upon the approval of the ASAP President and The Council on Certification in Adolescent Psychiatry. In addition to reconciling important outstanding debts to ASAP, we hope that this merger, long in the making, will also serve to create a more integrated administration and maintenance of certification as well as act as a spring board for coordinating new examinations for future certification. Also, in the best spirit of this merger, we hope to encourage those ABAP diplomates, who have let their ASAP membership lapse, to rejoin the society at a reduced rate of \$195.00.

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Second, our society's finances, while not robust by any measure, appear to have withstood significant debts, helping us to maintain some modest profits made at our last meeting. In fact, despite our perennial struggle with increasing new membership, our standing membership has stabilized. I believe this was due, in part, to our group's decision to coordinate a more affordable annual conference while still providing high quality presentations. The fact that we can no longer enjoy the benefits of holding longer meetings in more luxurious venues has not escaped me and some of you who attended in New York City. I can only attempt to reassure those who expressed their disappointment that such program decisions, based on our finances, were not easily made but have been essential for us to survive to see better days.

Third, ASAP has a proud history of participating in and taking positions on a range of major legal issues and health care policies that have impacted our adolescent population. Our group has been notably present in national issues such as the death penalty for adolescents. To that end, we are hoping to stimulate society members to participate in submitting ideas and that our community can promote in the form of ASAP position papers or briefs.

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For Your Calender

ASAP 2010 Annual Meeting
March 6-7, 2010
Los Angeles, CA



Classified and Drop-In Advertising Available

Ads must be received at the ASAP office by the following deadlines: Summer issue – June 30; and Winter issue – December 1st. Copy should be typed and doubled space.

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.

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Finally, please reserve the dates, March 6-7, 2010 for the ASAP annual conference at Cedars-Sinai Hospital, West Hollywood/Beverly Hills, CA. The two-day program, to be coordinated by our own Dr. Joseph Kenan, will focus on themes of trauma in the practice of adolescent psychiatry. It should be a wonderful meeting and I look forward to seeing you all there.

Best Wishes,



Adam Raff

From the Editor

What happened to The American Board of Adolescent Psychiatry?

Gregory P. Barclay, M.D., Editor

On August 1, 2009, The American Board of Adolescent Psychiatry (ABAP) ceased to exist as an independent organization, the result of a planned merger with The American Society of Adolescent Psychiatry (ASAP). ASAP has assumed full responsibility for the re-certification process for all of the current ABAP Diplomates. In addition, the day to day administrative procedures, staff and offices remain unchanged since heretofore they were handled by Frances Bell, ASAP's Executive Director. In particular, records and certification will continue to be maintained with the same integrity as in the past.



A new Council on Certification in Adolescent Psychiatry has been developed, and the former ABAP functions will be assumed by this new council. Accordingly, Richard Ratner, M.D. has assumed the duties of Chair of the Council on Certification in Adolescent Psychiatry.

In addition to maintaining the certification status for existing Diplomates,

the Council on Certification in Adolescent Psychiatry is committed to developing a new certification exam. The Council will be working on this task in the months ahead and is seeking input from ASAP members and ABAP Diplomates in its development. If you are interested in assisting us with this process, please contact Frances Bell.

We are happy to see this merger finally come to pass, as it allows for the process of Certification in Adolescent Psychiatry to continue under the sponsorship of the only national organization devoted exclusively to Adolescent Psychiatry. We invite all ABAP Diplomates who currently are not members of ASAP to join at this time. In addition to the many individual benefits of membership, a strong ASAP will help strengthen our identities and the value of our certifications as adolescent psychiatrists in difficult times. Prospective members may check our website: www.adolpsych.org, or contact Frances Bell at (972) 613-0985 for a copy of the most recent Newsletter and a membership application.

Paris Hilton meets Sigmund Freud: ASAP 2010 National Conference

Joe Kenan, M.D.

This year's conference, jointly sponsored by Cedars-Sinai's Psychological Trauma Center, and Cedars-Sinai's addiction psychiatry program, will be among the best ASAP conferences to date. The presentations will be at Cedars-Sinai Medical Center, in the Thalian's Auditorium, in the heart of West Hollywood/Beverly Hills. Our location is blocks away from numerous restaurants, stores, stars, paparazzi, and all the absurdity that LA has to offer. The selected presenters are among the leaders in the field, drawing from local and national Universities, including Cedars-Sinai, UCLA, Harvard, and NYU. The program is constructed

around two major themes, psychological trauma and addictions, with some violence presentations, featuring Park Dietz, among others, mixed in.

We secured unbelievable rates (starting at \$160 a night! It's a secret how we got this rate, but we had to pull strings ...) at one of the hottest new hotels in Los Angeles, "Le Petite Hotel," again in the heart of West Hollywood, one block away from the Sunset Strip. The hotel is two blocks away from The Viper Room, where River Phoenix OD'd, and one block away from the Santa Monica Boulevard nightlife, where red carpet events occur weekly. The hotel features one of the most stunning roof-

top pool and lounges in Los Angeles. Although Le Petite will be the host hotel, there are numerous other hotels close by, for those wanting something else. Among the possibilities are the legendary Peninsula Hotel, Bel Air Hotel, Beverly Hills Hotel, Beverly Wilshire Hotel, and Mondrian Hotel.

Although there are numerous restaurants in the area. You can have lunch at "The IVY" where you are sure to see stars, or, if you do not wish to battle the paparazzi, you can eat at the original Jerry's Deli. Both restaurants are one block away from Cedar's auditorium.

Do not miss this year's program!



Governing Board Members

APA Doings...

Report of the APA Assembly

Richard A. Ratner, M.D.

Folks:

So the APA Assembly met again in November at the JW Marriott in Washington, DC. It's unclear whether it will ever meet again in its current form because of APA's seriously declining revenues from the loss of big Pharma advertising and participation at annual meetings. During the past year, the Board of Trustees laid off at least 12 people, cut 20 positions, combined or disbanded some committees, and has left others to die on the side of the road. One of these was the Committee on Psychiatric Dimensions of Disasters (CPDD), whose members have been passionately trying to reconstitute, possibly as an Assembly committee. The trustees mandated a \$200K reduction in the Assembly budget, and then as the meeting began, directed that an additional \$200K be cut.

Finances

The Assembly went about cutting expenses via a variety of proposals, which included changing to one meeting per year, cutting out the deputy representatives from the Assembly, or keeping everyone on board but requiring that all the delegates pay some or part of their own travel expenses to Washington each November (Nobody is paid to attend the other Assembly meeting that takes place just before the annual scientific meeting in May).

Ultimately, the Assembly voted to de-fund most of the dep-reps, reduce representation from certain parts of the country, eliminate certain meetings and travel budgets, but continue to meet twice yearly. Further cuts are entirely possible. One bright light at the end of the financial tunnel is DSM-V. When it comes out it will doubtless prove another windfall for APA (DSM IV was a gift that even now keeps on giving).

Ethics

With all the attention on state of finances, there was less time and energy left for other initiatives. One, the approval or rejection of the Draft Report on Relationships between Psychiatrists and the Pharmaceutical/Medical Device Industries, was put off for reconsideration until the spring. This document, dubbed the "Appelbaum report", if passed will have the status only of "recommendations" rather than ethical precepts. In other words, members would have the option to ignore them if they so choose.

There has been a lot of controversy over this document. It basically frowns on nearly any "perk" traditionally extended from industry reps to psychiatrists, including "gifts", even of "token value", food of any sort paid for by drug companies, and involvement in many consulting arrangements. The real objects of the guidelines are colleagues who have gotten too dependent upon drug company money and who are likely to shade their research or clinical presentations, not to mention involvement in other forms of potential conflict of interest.

Many of the rank and file among us are upset by the guidelines, which not only imply but virtually state that the presence of pens and pads in our offices and luncheon sandwiches over which reps make their pitches adversely influences our behavior to our patients. My view is that the colleagues who have made such Draconian recommendations necessary are the relatively few who have allegedly sold out in big ways and have reaped rewards of a different order of magnitude than pens and pads.

Nonetheless, the temper of the times, coupled with the misbehavior or a few, have brought these recommendations

about. The AMA and other groups have already enunciated similar guidelines, and for its part, Pharma seems to have cut far back on its own. If APA were to reject them, we would likely be singled out for abuse by all the usual critics of organized psychiatry. They are in any case, recommendations only, and after an opportunity to vent their frustrations, I expect the Assembly to approve them.

Other Issues

Among motions that were passed was one calling on the APA to "endorse and promote "patient" as the official and appropriate term for psychiatrists to use in referring to those persons they diagnose and treat. It should be clear to all readers where that resolution came from. A position statement was also passed cautioning against the abuses implicit in what was called "high volume" psychiatric practices, where individuals are simply not given enough time for any meaningful treatment. Another motion that passed calls on the government to do away with the "don't ask, don't tell" provision for dealing with homosexuality in the ranks of the military.

One other measure passed requested that APA look at the issue of so called "me-too" medications. Many organizations would like to limit their formularies to only a couple of antidepressants or antipsychotics, complaining that the numerous other medications in those classes are simply "me-too" and as such are not needed. All of us with actual experience have found that, whatever the reason, some of these meds will work when others, closely related, will not. To either not keep them available or to discourage research and develop-

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ment is a negative outcome that this action paper hopes to prevent.

The Assembly will meet again in May 2010 in New Orleans, site of the next annual scientific meeting. Before then, elections will be held, with Don-

na Norris and John Oldham running for President-elect, and David Fassler and Paul Summergrad running for Treasurer. As usual, this issue of the ASAP newsletter contains the president-elect statements for us to read before voting.

Until then your trusty APA rep/liason is signing off. Hope to see you all in March in LA and in May in New Orleans.

Book Review:

An Absorbing Book . . .

In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide (Hardcover)

By Nancy Rappaport, MD, Basic Books, 2009, 320 pages, \$25.95

Reviewed by Lois T. Flaherty, M.D.

This book is an account of the unaccountable – when the author was 4 years old her mother committed suicide. The author was the youngest of 6 children in a prominent Boston family. She and her 5 siblings were raised by her father and a series of mother figures after their mother's death. The story of her childhood has Dickensian elements but she survived to achieve success in love and in work. This book is an account of her life-long struggle to understand her mother and come to terms with her own traumatization as a result of the cascade of events the suicide set in motion.

Of particular interest to ASAP members will be her descriptions of her adolescent experiences --- she experienced, by any definition, a turmoil-filled adolescence. Psychotherapy played an important role in her overcoming many difficulties, and her descriptions of her therapy from an adolescent's point of view are worthwhile for any adolescent psychiatrist to read.

Rappaport left no stone unturned in fact-finding - as her mother had been prominent in Boston social circles and politics there was a lot of material available. The book has elements of biography, autobiography and investi-

gative journalism. In a way, the city of Boston is really one of the characters in the story. The parts about Boston politics and history were fascinating.

As another Amazon reviewer, D. Kulick reported, "*In Her Wake is a beautiful, powerful memoir about the process of belonging to a family, coming to know oneself, making meaning from the lives of those closest to you, and, ultimately becoming established and grounded in your own identity and life's mission. We get to know Dr. Rappaport from the inside out, from a frightened child, bewildered and sad about the tragic loss of her mother and confused by her family's reactions, but also a child who is resilient and is able to develop strong connections with others and see a future for herself. Others who have endured tragic events in their childhood will easily identify with Dr. Rappaport's journey. It's more than a memoir though, it's a tale of hope, connection, forgiveness and learning to forge ahead and make a life of meaning even though there is an emptiness at times. Dr. Rappaport shares how she became a dedicated mother and a child psychiatrist who has dedicated her life to working with children and families affected by adversity. Her book shares*

how she comes to honor her mother and how her search to know her mother has made her more alive and connected in every part of her life."

I loved it and found it very absorbing and moving. It reads like a fast-paced novel. But, in addition to the compelling story, the insights are amazing. Using the perspectives of so many different people really adds a lot. I loved the way that Rappaport interweaves her own thoughts and feelings with the narratives of interactions with her family, patients and other people.

There is a beautiful sparseness in her writing and the way in which she shifts from one topic to another is suggestive of actual thought processes, the narrative of an inner life, rather than a historical account.

The book is a good illustration of resilience, a concept that is receiving increased attention, and shows the value of narrative in coming to terms with traumatic experience. This book has already received considerable critical acclaim and I definitely recommend it. **An added reason to read it -- the author will be speaking at our Annual Meeting in Los Angeles in March!**

APA President-Elect Candidate Statements for the American Society of Adolescent Psychiatry

Donna M. Norris, MD

Thank you for this opportunity to present my position on challenges facing adolescent psychiatry. As a psychiatrist in private practice who treats children and adolescents, I know well the difficulties which many adolescents and families face today.

Adolescence is a tumultuous time in the lives of many youth. This period is made more difficult for youth who have mental illnesses and/or substance use disorders. Today, we are witnessing a significant downturn in our economy which can destabilize families on which our young patients depend for support. In many communities, the employment opportunities this year for adolescents have been bleak due to fiscal budget constraints. Other important concerns relate to the decreased financial resources of the schools that impacts on their abilities to provide adolescents with needed preventive, educational, and supportive services. In this challenging environment, there is even greater need for attention to the mental health needs of youth.

Health care reform will hopefully yield affordable health coverage for all children, youth and young adults up to 26 years. Additional components of health reform may provide coverage for prevention, early identification, and effective treatment for mental and substance use disorders. The APA fought for parity and passed a Board action in support of a public plan with voluntary physician participation. As I write this commentary, Senate votes are

scheduled in a few days which will test the support for various health reform options. The impact of the strength of the APA's effective advocacy network is stronger with the valued collaborative work of the American Society for Adolescent Psychiatry and our other allied psychiatric colleagues. There is hope for progress in meeting the needs of young people with this greater focus on change in the health care reform.

Another concern for the profession is the insufficient number of psychiatrists available to treat adolescents and their families. This is further complicated by an uneven geographic distribution of professionals. The American Society for Adolescent Psychiatry is to be commended for its focus on improving the science and educational opportunities for its members, which in turn, increases the capacity of psychiatric practitioners to serve this population.

I am a member of the medical staff of the Children's Hospital Medical Center and the Program in Psychiatry & the Law at Beth Israel/Deaconess Hospital in the Department of Psychiatry at Harvard Medical School. During my training in child psychiatry, my education was closely linked to the juvenile justice system at the Judge Baker Children's Center and Children's Hospital in Boston. I learned early that advocacy is an important component in planning for adolescents who have difficulties within

their homes, their schools, and/or the courts. My professional experiences include serving as an Attending Staff Psychiatrist on an Adolescent and Psychosomatic Inpatient Unit of Boston Children's Hospital, and supervising medical students and psychiatric residents. Within the Boston Juvenile Court Clinic, I supervised psychiatric trainees in their evaluation and treatment of adolescents and their families under the jurisdiction of the Court.

Within the APA, my leadership has been extensive and includes service as Speaker of the Assembly, Area 1 Trustee, and APA Secretary-Treasurer. While serving as Secretary-Treasurer, I advocated for transparency in the budgetary process and establishment of clear priorities within a framework of fiscal responsibility. As with many other medical organizations, the APA is experiencing financial strain within the current economic crisis. The APA continues to advocate with a strong voice dedicated to advancing the profession's mission of serving patients and providing members with the best science.

I am honored to be a candidate for APA President-Elect and very much appreciate this opportunity to share my thoughts regarding the challenges which face our patients and the profession. I look forward to working with you to ensure that the adolescents of our nation receive needed quality mental health services.

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John M. Oldham, M.D.

An important report on prevention of mental, emotional, and behavioral disorders among young people has just been published by the Institute of Medicine, developed by a committee that included a number of APA members. The report argues that mental, emotional and behavioral disorders are commonplace and represent a major health threat among young people today. The report goes on to point out that fully half of mental, emotional and behavioral disorders in adults were first diagnosed by age 14, and three fourths by age 24. Years ago, as senior editor of APPI's Annual Review of Psychiatry, I repeatedly pushed to do a volume on prevention but year after year I was advised that it was premature, since not enough was known. Not any more. For some conditions, such as psychopathy and sociopathy, the only course to follow is prevention, which involves identifying families with high risk youth and engaging them in prevention programs. A second imperative, for conditions already emerging, is early identification. The Agency for Healthcare Research and Quality has just endorsed screening for major depressive disorder in adolescents, based on the updated recommendations of the US Preventive Services Task Force.

Earlier in my career, as Chief Medical Officer of the NY State Office of Mental Health, I was responsible to oversee large populations of children and adolescents in children's state hospitals, for most of whom it was already too late to hope for a good prognosis. Thankfully, the emphasis shifted to community based care, but getting timely help

to troubled youth in the community remains an enormous challenge. As director of the NY State Psychiatric Institute and as vice chair and then acting chair of psychiatry at Columbia, I strongly supported the work of researchers in our large child and adolescent division, led by David Shaffer, where the Diagnostic Interview Schedule for Children was developed. This work greatly facilitated broad national screening efforts to identify children and youth at risk to develop psychiatric disorders, or those already in need of treatment. I have worked with the Teen Screen program and with NAMI, to facilitate the implementation of screening in school systems throughout the country. During my years as chair of psychiatry at the Medical University of South Carolina, I promoted the work of Scott Henggeler and his innovative research group, who had developed Multisystemic Therapy and were having remarkable success partnering with colleagues throughout the country, taking this preventive intervention into the home to work with families in distress. And in my current role at Baylor and The Menninger Clinic, under the guidance of Peter Fonagy, Anthony Bateman, Efrain Bleiberg, Jon Allen, and Carla Sharp, we have initiated a research protocol on our inpatient Adolescent Treatment Program, to determine the effectiveness of Mentalization Based Therapy with adolescents who are judged to have emerging personality disorders. In all of these locations, we have had large child and adolescent training programs, with residents in child and adolescent psychiatry working closely with faculty in a full spectrum of clinical settings to

provide services for disadvantaged youth. The focus of these interventions must truly be biopsychosocial, since heritable risk factors combine with stress, trauma, and abuse within social settings, and all must be addressed for effective prevention and treatment. Within the APA, I have advocated for the need for a larger workforce in child and adolescent psychiatry, and for better access to services for youth. I chaired a Task Force on Quality Indicators, which developed a framework for quality indicators in adults that served as the template for a companion product for children and adolescents. Both reports were subsequently published in a single volume by APPI. Representing the APA on the AMA Physicians Consortium for Performance Improvement (PCPI), I co-chaired a workgroup that developed an evidence-based performance measure set on major depressive disorder in children and adolescents. The PCPI measure sets are designed "by physicians for physicians," derived from evidence-based practice guidelines. They are submitted for endorsement by the National Quality Forum and will prove valuable tools for APA members to use for the performance-in-practice module of maintenance of certification requirements.

I would be honored to serve as President of the APA. If elected, I would place an extremely high priority on the needs of our young people, since early prevention and intervention offer our best hope to significantly reduce the prevalence of severe and persistent mental illness. I would welcome your help and advice to accomplish these goals.

Hello Hollywood!

Jim Gilfoil, M.D.

Hey, aren't you glad we're not at the beach in Santa Monica or downtown with all that culture? No, we're in the "real LA"—Hollywood. No more of that ersatz stuff, just the real deal. The place that, according to Harvey Weinstein, when referring to wanting to free Roman Polanski, "has the best moral compass because we have compassion." And modesty too. Well, hopefully we won't run into him. We will be staying at a chic boutique hotel, Le Petit, where "bohemianism is a way of life," at least according to the website. Hey, I'm in. And, we will, of course, be dining out with the stars per usual. Here are my best bets.

What may well be the hottest table in town hadn't opened at the time I wrote this article, but Thomas Keller's *Bouchon Beverly Hills* promises to be intimate with only 17,000 Sq.ft. (!) of indoor and outdoor space and hopefully elegant with a 12Million\$ price tag. You know it'll be good, with his so far successful formula—let's just hope it's more bistro and not totally impossible to get in. We'll see. One to avoid, however, is XIV unless you're totally into the scene, as opposed to the food. Nobody in LA would be like that. It's a seriously overwrought and overpriced disaster from another celebrity chef, Michael Mina. Unless you're a true masochist with very deep pockets, don't go.

Several exciting new restaurants have opened in LA since we were there two years ago. You may recall Jose Andres from DC and his restaurants *Jaleo*, *Café Atlantico*, and *Minibar*. His *The Bazaar* has been getting well-deserved rave reviews: Esquire magazine just selected it their Restaurant of the Year. As you would expect, it's all about tapas in this Philippe Starck designed space. There

is plenty of showbiz with that liquid nitrogen thing going with the drinks, and the menu is wonderfully inventive, without being precious or overwrought—enough to woo the most jaded taste buds. Try the foie gras lollipop or the "Philly cheesesteak" or any of the other fabulous creations. A must!

Next on my list is *Rivera* in downtown LA. Chef John Rivera Sedlar, who had the wonderful Abiquiu in Santa Monica a few years back—remember the restaurant scene in the movie *Get Shorty*, has done it again. Dubbed by LA Times restaurant critic Irene Virbila, "one of the most exciting restaurants to debut in LA in the last few years," and also picked in Esquire as one of the best new restaurants in the country, *Rivera* is a pan-Latin marvel. Don't be put off by dishes like "dog's snout salsa," or all the chilies, for Sedlar doesn't overdo the heat. He helps you appreciate the complexities in Latin, mainly Mexican, cuisines. Virbila says his take on duck confit has "to be the best in town right now." Throw in great margaritas, terrific tequila-based cocktails, and outstanding wines from Spain, Portugal, and South America, and I'm there. I will have a designated driver though.

If I'm going to do French this trip, it'll be at *RH at the Andaz* in the Andaz West Hollywood Hotel on Sunset Strip. Sebastien Archambault does a masterful job of updating the cooking of southwest France—think Dordogne and foie gras. He's got great terrines, outstanding duck confit, a poached egg with mushrooms, foie gras, and truffles on top, and a burger with foie gras and mushrooms. Needless to say, if you don't like foie gras, don't go. That just leaves more

for the rest of us. By the way, for you untouchables, Andaz means "personal style" in Hindi. Can't think of a better name for the LA scene.

Two other possibilities are restaurants that have reinvented themselves—*Bastide and Wilshire*. *Bastide* is on its fourth chef, and it's finally gotten the attitude makeover it needed. The food was always good, the setting is magical, but, whoa, that arrogance. It made the French seem humble. Anyway, they alienated so many over the years, that they had to come back to reality, and they have with a bang. New chef Paul Shoemaker, of *Providence* fame, is cooking up a storm with French-Asian creations paired with some of the best wines in town. Chef Andrew Kirschner has transformed *Wilshire* from a hip bar scene place into a serious dining room to be reckoned with. He showcases the best of California cuisine today, so consider it.

What about old and not so old favorites? Well, *Cut*, Wolfgang Puck's ode to steak, is still going strong, as is *Spago*. *Pizzeria Mozza* and *Osteria Mozza* need to be on your short list too. If you've been hiding in those caves somewhere in Afghanistan, maybe you don't know of these two, but Nancy Silverton, a well-known bakemeister, and Mario Batali have combined to wow the unwowables in LA with the greatest pizza this side of Naples and other terrific Italian fare. I've always found Batali's food to be just a touch inconsistent, but try one or both if you can just to prove me wrong. *Providence* is still superb, as is Suzanne Goin's—daughter of former APA pres Marcia—*Lucques*. So, that ought to keep you busy, just make sure your wattage is up to it. See you in Tinseltown!

From our members...

- **Daniel Offer M.D.** retired from Northwestern University Medical School as Professor of Psychiatry and Behavioral Sciences on September 21, 2008. He became Professor Emeritus at Northwestern's commencement on June 19, 2009.
- **Virgil Cox, M.D.** is still "considering retiring".
- **Charles L. Ragan, II, M.D., MBA, CPE** was made a Fellow of the American Academy of Psychoanalysis and Dynamic Psychiatry in April 2005, and a Diplomate (Certified Physician Executive) of the American College of Physician Executives in October, 2007. He earned his MBA at Southern Methodist University in May, 2001.

Did you know...?

...That the ASAP Council on Topical Studies has been reactivated?

This council addresses controversial issues in the field of adolescent psychiatry with the intention of assisting the governing board in making a position statement. Among the issues currently being considered is:

- The Graham & Sullivan vs. Florida Supreme Court case relating to adolescent competency to stand trial as an adult
- The psychological impact on children when adopted by LGBT couples

Are you interested in contributing to ASAP in a meaningful way? Have you ever wanted to be a part of big policy decisions? Please consider volunteering to participate in this council. Councils typically meet annually at the March ASAP Scientific Meeting. Accordingly, next year's new council will convene during our annual meeting in Los Angeles, March 6-7, 2010. If you are interested, please contact Frances Bell at (972) 613-0985 or via email: adpsych@aol.com.

...About Parental Alienation and DSM-V?

Every adolescent psychiatrist should know about and thoroughly understand the condition of "mental alienation". A large group of mental health and legal professionals has submitted formal proposals to include parental alienation in DSM-V and ICD-11. ASAP member, William Bernet, M.D., has organized this international effort. Dr. Bernet says "Our definition of parental alienation is: a mental condition to which a child – usually one whose parents are engaged in a high-conflict divorce – allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. There is nothing controversial about this definition. Almost everyone who evaluates, treats, or conducts research on children of divorced parents agrees that parental alienation – as the concept is defined in our proposal – really exists and is a serious problem."

You will soon be able to read the proposals regarding parental alienation. Look for: Parental Alienation Disorder and DSM-V, American Journal of Family Therapy, 2010, in press. Also, for more information, contact william.bernet@vanderbilt.edu

Gregory P. Barclay, M.D.
Editor

ASAP Business Meeting in Dallas, Oct. 2009



In Deep Deliberation



More Deliberation



Drs. Decrise and Nair



Frances Bell, Drs. Raff and Bunt



BBQ Dinner with our gracious hostess, Frances Bell!



Drs. Ratner, Thompson, and Weinstock



Drs. Lopez-Leon and Ratner



Dr. Sheldon and Mrs. Glass



Heated Deliberations resume over dinner



Debating the finer aspects of Texas BBQ

ASAP GOVERNING BOARD 2009

PRESIDENT

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Future ASAP Meetings

ASAP 2010 Annual Meeting

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