



# american society for adolescent psychiatry

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**Gregory P. Barclay, M.D., Editor**

**Winter 2009**

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## FROM THE PRESIDENT FABIAN SALEH, M.D.

It is an exciting and challenging time to be an adolescent psychiatrist. The present economic downturn is expected to ripple through the American economy. The resultant increase in unemployment and subsequent strain on government entitlement programs will invariably affect those most vulnerable, the poor and culturally disadvantaged youth of our society. Those vulnerable youth are increasingly likely to engage in at-risk behavior as their situation becomes bleaker.



Yet there is hope stirring the frigid winter air. The incoming presidential administration will soon enter office with a promise for meaningful change in a fragmented and costly healthcare system whose services are increasingly inaccessible to our most vulnerable citizens. As advocates for troubled adolescents, we are indeed living and offering services during a historical and transformational moment in our history.

Our challenges remain in spite of hope for change and reform during hard economic times, however. Our continuing existence as an advocacy organization for troubled adolescents hangs in the balance due to declining membership and limited ability to further trim our already bare-bones operational costs. Our conflict with The American Board of Adolescent Psychiatry over loan repayment and eventual absorption by ASAP remains unresolved. Now is the time for our colleagues in academic settings to educate students and residents in adolescent psychiatry, board certification in adolescent psychiatry as a legitimate alternative to fellowship training in child psychiatry, and to sponsor their membership in ASAP. Only with growing membership will we be able to advocate for adolescents as well as to offer the quality educational programs you have come to expect.

This year's annual scientific meeting is to be held March 14-15, 2009 at Day-Top Village, in mid-town Manhattan. Our program chair, Dr. Adam Raff, has risen to the challenge of preparing a cutting edge program with an austere budget. Our annual meeting is the one time each year we have set aside to bring our membership together. This year it will also be a time for you to meet many colleagues and prospective members from the New York metropolitan area. It is critical that this meeting take place without incurring additional costs to ASAP and we have every assurance that this will be possible. I ask you to make every effort to attend since ASAP's members are its best ambassadors to potential new members. Although the conference is an abbreviated one compared to past years, our plan to utilize a treatment center facility instead of a hotel means your lodging costs will be lower and you will still get your CME!

Let us work together to keep ASAP alive and strong as the only national professional organization dedicated to the mental health needs of adolescents. Recruit a new member today. I will be looking for you in New York!

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### For Your Calendar

ASAP 2009 Annual Meeting  
March 14-15, 2009  
DayTop Village  
New York, NY

### Classified and Drop-In Advertising Available

Ads must be received at the ASAP office by the following deadlines: Summer issue – July 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.

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.

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**Web Site:** <http://www.adolpsych.org>

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## From the Editor

**Gregory P. Barclay, M.D., Editor**

This issue of our semi-annual organizational newsletter spotlights our upcoming annual scientific meeting to be held in mid-town Manhattan the weekend of March 14-15, 2009. Our program chair, Adam Raff, M.D., has organized a fine program which we hope will draw, in addition to our own members, many prospective members and members-in-training from the New York City metropolitan area. While ASAP's survival may not depend on the financial success of its annual meeting, certainly the scheduling of any future annual meetings depends heavily on the success of the 2009 one. So, please read through the meeting summary Dr. Raff has prepared and *make plans* to attend. A meeting announcement, with information regarding hotel accommodations, will be sent shortly.



This issue also contains the position statements offered by the 3 candidates of APA president-elect as well as Richard Ratner's summary of the APA Fall assembly. With the anticipated changes in APA financing and its relationship with the pharmaceutical industry, its priorities will invariably shift some as well. For these reasons, as advocates for troubled teenagers we should read this information carefully and make sure to vote in the upcoming APA elections.

I am also pleased to include two articles relating to clinical topics in this issue. The first, by Kim Seymour, addresses the benefits of motivational counseling and interviewing in the treatment of adolescent substance abusers. The second is submitted by our own Lois Flaherty, M.D., and speaks to the current trend to use stimulants and antidepressants for performance enhancement when no clinical diagnosis warrants their use. As adolescent psychiatrists, we invariably work with seemingly intransigent substance abusers as well as teens with their parents seeking to exploit the use of psychiatric drugs in our daily clinical work. Therefore, these are timely perspectives to read. These two articles interface with this issue's book review corner which contains several book reviews addressing motivational issues among boys and young men as well as psychotropic medication over-use in American society.

Intermixed with articles, you will find some updates from our members and pictures taken at our October business meeting held in Dallas, Texas. As usual, I welcome any letters to the editor, reviews, articles, essays, poetry, or case reviews for inclusion in our newsletter. Any submissions should be sent to the following email address: [gpbmd@aol.com](mailto:gpbmd@aol.com).

I look forward to hearing from you and seeing you in New York in March!

## Slides from 2008 Meeting Now on Website

The slide presentations from many of the speakers at the 2008 Annual Meeting in Boston are now on the ASAP website. They are in PDF format.

# NYC Conference Summary

Dear ASAP members,

I am hoping that all of you will be able to join me for the upcoming annual ASAP conference being held March 14-15, 2009 at DayTop Village here in New York City (54 West 40th Street, New York, New York 10018). Like so many other professional organizations in these dire economic times, we also face the perennial problems of dwindling membership and decreased financial support. Despite, our organization's efforts to survive and remain an actively productive society, we have had to make cuts including the length of our 2009 conference program, which will be held over a weekend rather than four days. I hope that what we have lost in time, will be more than made up in the quality of our program presentations and speakers.

In the spirit of a new presidential year, I have attempted to organize a series of presentations that will reflect an up-to-date look at the major disease entities as well as larger topics in adolescent mental health that are significant because of the relevance to current events and public policy. In all, they warrant our attention. Some of the speakers are important figures in the field of research, clinical practice and law. They include:

- Dolores Malaspina M.D. of New York University Medical School. Grants from NIMH, NARSAD, Stanley Foundation, and many other organizations have supported Dr. Malaspina's research. She was recently awarded a "Distinguished Investigator" award from NARSAD and has received the "Schizophrenia Academic Award" in addition to numerous other accolades.

- Kathy Halmi, M.D, a nationally and internationally known psychiatrist known for her expertise in treating eating disorders and who established the Cornell Eating Disorder Program 22 years ago.
- Cynthia Pfeffer M.D, a professor of psychiatry and the Founding Director of the Childhood Bereavement Program at Weill Medical College of Cornell University/ New York Presbyterian Hospital. Dr. Pfeffer is internationally recognized for her research on suicidal children, adolescents and childhood bereavement.

I hope the brief description gives you an idea of how interesting the meeting will be and I hope that you all can join us there.

See you in New York City!



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ASAP Fall Business Meeting  
L-R: Fabian Saleh, Perry Bach, Manual Lopez-Leon,  
Joe Kenan, Robert Weinstock



Adam Raff, Mark Wellek

# APA Doings - November 10, 2008

Richard Ratner, MD

As most of you may know, the APA Assembly meets semi-annually, at the annual spring meeting and again in early November in Washington, DC. The fall meeting has just concluded, and I have tried to summarize the highlights in this column.

The biggest single issue under discussion this year (aside from the Obama victory, which is still fresh and exciting to most) was finances. Like everyone with investments, the APA has taken a hit; also it is trying to cut back on pharmaceutical industry support while continuing its core missions. As a result, leadership wants to cut some \$3 million out of next year's budget with \$1 million of that coming out of "governance."

The biggest single hit will be taken by the APA components. Big changes are under consideration, including the sharing of rooms at meetings, transitioning to "consulting" committees that meet by teleconference, and cutting back the number of component meetings per year. The Board will cut its periodic meetings from four to two, and the Assembly will have to cut \$100,000. There are many concerns that these cuts not affect various initiatives, especially grants to local district branches, but all of this is being worked out. Despite everything, Jay Scully, APA's Medical Director, thinks we may clear a tiny profit for the year when all the changes (including not filling up to 52 vacant staff positions) are made.

A second major concern was the ongoing investigation of Sen. Charles Grassley (R-IA.) into Dr. Alan Schatzberg's relationships with Stanford University and the private entity of which he is a major stockholder, and the overall relationship APA has with the phar-

maceutical industry. Sen. Grassley's office has requested and received considerable financial information regarding these relationships, but more has been requested. The APA believed it was inappropriate to provide anything further. Dr. Schatzberg defended himself on the floor of the Assembly and stated his belief that the entire Grassley inquiry was, in essence, a witch-hunt.

Most of us already know that there are three, instead of the usual two, candidates for APA president-elect and also for vice-president. Roger Peele, Carol Bernstein, and Michael Blumenfeld are running for president-elect, and ASAP member Sid Weissman, Jeffrey Geller, and Jeff Akaka are on the ballot for vice-president. Electioneering has already begun, and we will each likely hear from advocates for each candidate soon. All three presidential candidates have written brief summaries in this newsletter as to what they would do, if elected, on behalf of troubled adolescents.

There were the usual numbers of confusing, overreaching, and unnecessary action papers, many of which were withdrawn or not supported. Others were referred to components for further consideration. If nothing else, the papers drew attention to the concerns of the members. Accordingly, there were papers concerning issues of conflict of interest and transparency, hoped-for revisions of the reimbursement relative value scales that penalize psychiatry at the expense of the procedural specialties, and ways in which insurance companies (despite the new parity law) continue to separate us out from our medical colleagues. One unusual paper was passed because it dealt with standard of care matters. It directed that

the APA develop recommendations regarding the use of pulse oximetry in cases where people are secluded or restrained, as there have been deaths that have resulted from respiratory compromise while in seclusion. A large number of other older position papers, some dating from the 1970's, were retired, with general consent and relief.

The DSM-V process is continuing, with the deliberations and progress of the various committees being tracked on the DSM V website, [www.dsmv.org](http://www.dsmv.org), where one can get into the whole discussion. The major architects of all the previous DSM's were not invited to develop the current effort, for uncertain reasons.

Finally, it was mentioned early on in connection with the APA's financial situation, annual dues had not risen in 13 years. The APA Medical Director left it to a member of the Assembly to make a motion that dues be raised as a matter of new business. The Assembly voted that a recommendation to raise the dues by \$50 for full members, with the usual proportional discounts for members in training, be forwarded to the Board of Trustees to be implemented in 2010. This will probably happen.

That concludes what kept me off the street for an otherwise lovely weekend here in Washington, DC, in early November. God willing and the "crick don't rise", I will be reporting again after the annual scientific meeting next May, this time in beautiful San Francisco. That's it for now.

Respectfully submitted,

Dick Ratner, ASAP delegate to the APA Assembly

# APA President-Elect Candidates' Statements

## **Carol A. Bernstein, MD.,** Candidate for APA President-Elect

Adolescents represent a critical focus for psychiatric care. Since many major psychiatric disorders first present in adolescence, I believe that the APA should increase our educational efforts directed at this patient population. Specifically, the interface with psychiatrists and other mental health professionals working in the College Mental Health setting represent a constituency we should reach out to and foster collaboration. We should help establish referral networks on college campuses and improve strategies to promote education regarding psychiatric disorders as well as the normal stresses teenagers face as they move toward adulthood.

I have spent my career working in psychiatric education and have been directly involved in residency training for more than 20 years. I believe that it is also critically important that general psychiatric residency programs prepare their residents to be able to treat adolescents since many practitioners do so, even those without additional training in child and adolescent psychiatry.

I would look to the American Society for Adolescent Psychiatry to continue its commendable work in educating general psychiatrists in the updated treatment of adolescents and will work with your leadership to support this agenda. Thank you for your support and for the opportunity to write some comments relevant to the concerns of those of you working in this important area.

## **Roger Peele, MD, DLFAPA,** Candidate for APA President Elect

Dear ASAP Member,

I ask that you support me for APA President-elect. Beginning two decades ago, while Speaker of the APA Assembly, I began the effort to have major allied organization in the Assembly [See Speaker's Report, AJP, October, 1987, page 1393] I have been very pleased to see ASAP so well represented in the Assembly by Sid Weissman and Dick Ratner. But we want to do more as to ASAP's role in the APA governance.

I work in Montgomery County, Maryland, which has one of the highest concentrations of child psychiatrists [and very high quality child psychiatrists], yet their time is too filled to see all of the ill children in the County. They are not the answer to reaching all of the psychiatrically ill adolescents. "Adult" psychiatrists must be encouraged to take an interest in, and maintain skills in, the treatment of adolescents. This is important, of course, not only to address the need, but also to exploit the huge preventive opportunities in addressing the needs of adolescents adequately.

While adolescent psychiatry has not been a major part of my work, I did establish the first adolescent program Saint Elizabeth's Hospital ever had [1968] because it was clear to me that a focus on the needs of adolescents was crucial. Since then, my responsibilities in various public and private settings have included the care and treatment of adolescents.

Given the importance of the treatment of adolescents in the prevention of mental disability and criminal behavior, how should we enhance ASAP's role? I have had several motions passed by the APA Board of Trustees that opens the door to ASAP. Without going into the details unnecessarily, this decade I have motions that abolish the rule that APA committees could only have a set, small, number of members. Thus, if elected President-elect, I will be in a position to work with ASAP leaders to identify components in which ASAP has a special interest – AND have ASAP tell me whom to appoint. For a biographical sketch: <http://rogerpeele.com/resume.asp>  
For a listing of my APA activities [albeit, incomplete]: [http://rogerpeele.com/apa\\_activities.asp](http://rogerpeele.com/apa_activities.asp).  
Thank you for considering me to lead the APA.

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## Michael Blumenfeld, Candidate for APA President-Elect

Thank you for the opportunity of writing a statement in your Newsletter. While I am not a Child & Adolescent Psychiatrist, I have always welcomed the opportunity to work with colleagues in this specialty. In my private practice I did not treat patients under 18 as I had outstanding child psychiatrists to whom I could make referrals. However, during my career, I did address subjects, that directly involved adolescents.

During my internship at San Francisco General Hospital I saw many young people who were taking LSD and other similar drugs. On the basis of this experience and the then increasing hallucinogenic drug use in New York, I wrote my first paper during my residency with one of my mentors at Kings County Hospital about the LSD users presenting to our psychiatric emergency room. A few years later while in the United States Air Force in San Antonio, I did a study with some colleagues, which identified the extensive use of marijuana by students in an upper middle class high school. Several years later I had an opportunity to work on a project studying unwanted pregnancy in young women and we identified the complex psychological and social factors involved. As a C/L psychiatrist, while treating burn and trauma patients, I wrote several papers and one book on this subject and worked closely with child and adolescent psychiatrists.

I have always been involved in programs to educate the public about mental health. For several years I had a syndicated newspaper column and then a local radio program where I interviewed psychiatrists on various topics. I recall one interview with a child psychiatrist on teenage depression. I suggested that she talk directly to any listener who might be a teenager just home from school who was feeling very despondent. My guest switched from teacher to clinician and gave some very sensitive suggestions to the radio audience. At that point the teenage engineer who was working the control board behind the glass and his visiting girl friend for the first time leaned over and listened very intently. Realizing how important it is to reach young people through the media, I developed a podcast on the Internet, which I recently expanded to Youtube

My activities in disaster psychiatry have included being on the APA Disaster Committee and teaching a course at the APA annual meeting on disaster psychiatry and terrorism. I have come to appreciate the importance of bringing in Child and Adolescent Psychiatrists into the schools in the aftermath of an event. Preparing our APA members to function after a disaster or terrorism is one of the issues about which I have spoken out. I have also advocated for local Town Hall Meetings across the country run by psychiatrists for interested parties on subjects, which have included teenage suicide, problems of returning veterans and their families, substance abuse etc.

I am also concerned about the serious projected shortage of child and adolescent psychiatrists over the next few years. I believe that the APA needs to address this problem. I would like to see a Speakers Bureau coordinated by the APA which would coordinate local psychiatrists as well as out of town psychiatrists who may be giving Grand Rounds so they could talk to medical students as well as undergraduate pre-med students in order to plant the seeds of a career in psychiatry and in many cases a future career in child and adolescent psychiatry.

Please look at my website [www.apayes.com](http://www.apayes.com). You will see a review of my background and experience as well my detailed position on some of the topics I mentioned above as well as many other subjects. I hope that you will be persuaded to list me as first choice for President Elect on the APA ballot, which will be coming out in mid December.



Governing Board: Frances Bell, Fabian Saleh, Greg Barclay, Perry Bach, Adam Raff, Dean DeCrisce, Mark Wellek, Manual Lopez-Leon, Robert Weinstock, Mohan Nair

# My Experience with the Adolescent Substance Abuser

Kimberly Seymour, Case Manager  
Motivating Youth Recovery (MYR), Community Healthlink

I can't say adolescents have always been the population I've most wanted to work with. Actually, when I began working toward my Masters in Counseling Psychology, I initially thought I would stick solely with adults. Now, after spending most of the last year working with teens, I can't imagine why I hadn't considered it before.

Only a few months into my graduate program I applied for a position with a community outpatient clinic in Worcester, Massachusetts. When I received a call from one of the administrators telling me about an adolescent detoxification and stabilization unit set to open shortly I thought it sounded exciting and challenging. I had all kinds of ideas about what to expect from our patients and thoughts about how to best motivate them in their recovery. People in the field told me it was not going to be easy, but I was determined to at least try to make a difference. What I came to discover on my own, however, is that adolescents are indeed a challenging population to work with but they are also an extremely rewarding group as well.

My position as a case manager deals directly with the educational and after-care aspects of treatment. I work with both male and female patients, ranging in age from 13 to 17. When they first come to our program they are quiet and reserved. They typically try to stay in bed "sick" for most of the first day or sit silently in group, observing their new surroundings. Once they get to know the names of the staff and the people they are going to be living with for the next couple of weeks, they slowly begin to open up and participate more. Most of our patients come to our program on drugs, which means once they are detoxed and clean, they seem like entirely different people. Sixteen-year-old girls who come to us cranky and

withdrawn begin to show their sweet sides and eventually open-up about their hopes and dreams, which often times includes a college education. Young teenage boys who begin our program acting tough and refusing to talk to anyone about their feelings end up drawing wonderful pictures of what their dream worlds would look like if they could just figure out how to get from here to there.

It is important to keep in mind when working with adolescents that no two of them have the same story. Some are incredibly resilient and have gone through multiple foster homes and lost one or both of their parents. Others are living in two-parent homes and are simply bored with their lives. There are no two patients in the same place in their recovery. Some willingly move onto 90-day residential programs where they can continue working towards a successful sobriety while others want nothing more than to leave the program and get their next "fix."

Group therapy is a big part of our program. On average, there are five groups each day. I co-lead two of these groups each week with another case manager. Groups can be on a number of topics including relapse prevention, stress management, relationships skills, spirituality, journaling and the 12-step modality. Working with the patients in a group setting is probably one of the most difficult parts of my job. Individually, they are generally respectful and charming but when they join in with a crowd of their peers, they remind you they really are only teenagers. They are constantly pushing their boundaries, putting their feet up on furniture when they are asked not to, whispering to each other when they think no one is looking, and making any excuse possible to get out of whatever group we are trying to run. It is especially difficult

having both male and female patients because of the potential for flirtation and distraction. It is easy to become frustrated with the patients when they are feeding off of each other's negative energy. However, as frustrating as it can be to lead 10 or more adolescents in an orderly fashion, group therapy is probably one of the most important parts of our program. Just as they can influence others in the group in a negative way, so too can they influence their peers in a positive manner. Many times it is easier for them to hear from their peers that there is a substance abuse problem rather than from an adult who they feel they cannot relate to and who they often perceive as siding with the parents.

I have heard people in my field say that one should not get too invested in the adolescent patients because it leads to burning out early in our profession. But I find it almost impossible not to silently root for every single one that completes our program, regardless of where they are in terms of their own personal recovery. Coming to our program and taking the first step toward living a healthy sober life is a success in itself.

There have been times when against our recommendations, caretakers discharge patients and take them back to their previous living situation rather than send them on for further treatment at a residential program. It is very difficult to watch an adolescent you know could use more help return to a place where their chances of relapse are incredibly high. Ultimately, it is the decision of the parent or guardian where the adolescent will end up after completing our program. Within the field of addictions and recovery, it is well known that the person in need has to want help. There are no locked substance abuse programs in the state of Massachusetts

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for adolescents. The programs that are offered require the client to participate in an interview process where he or she is directly asked if there is a willingness to go to a residential program. If the answer is no, all we can do is continue working with them to increase his or her readiness for change.

One of the tools we use in our program to increase the client's readiness for change is Motivational Enhancement Therapy, specifically motivational interviewing. We have found it to be very successful in allowing clients to come to their own conclusions about what behaviors have brought them to this particular point in their lives and where they would like to go from here. We have discovered that if the clients can come to realize they have a substance abuse problem on their own, they are more likely to be invested in their recovery.

Using MI becomes challenging when we remember that we are working within a system that often mandates patients to treatment programs. It makes it much more difficult to help an adolescent come to his or her own conclusions whether or not substances are an issue when the treatment is forced upon him or her. It is also important to

consider all recommendations for each patient. Many times they will come to our program with parents, a DSS worker and/or a probation officer. In addition, because our adolescents are still school-age we also must contact their educational providers and consider what they recommend. Though we try to get input from all parties involved, it can be nearly impossible to make all of those people happy in addition to pleasing the client. It often involves time and compromise to get everyone on the same page and even then, there is no satisfaction guarantee.

Another challenge that presents itself in the addiction field with this particular population is that there really are so few services available. There are currently six residential substance abuse treatment programs for adolescents in the state of Massachusetts. The programs for the girls tend to have more openings but unfortunately for the boys, there is almost always a waitlist. The program I work for is the first and only detoxification and stabilization program in all of New England. Due to the number of clients needing help and the lack of proper treatment programs, it causes our program to hold on to clients sometimes longer than neces-

sary to keep them on the waitlist for a residential program, which ultimately slows down the process and forces our program to start a waitlist as well. It is apparent to both professionals and parents alike that the number of services needs to be increased. It is my hope that in the near future other agencies will recognize the need for these services and offer more programs geared toward this population.

As challenging as working with substance abusing teens may be, it is incredibly rewarding to know that if nothing else you are part of the first step toward the idea of sobriety and healthy living. We have a unique opportunity to catch addicts when they are young and to give them a chance at living a healthy and fulfilling life. I have heard numerous times from adult addicts how they wish programs like those that exist today were around 25 years ago. As time goes on and services for adolescents with substance issues increase I believe we will be able to help clients in greater numbers and with more fluidity between programs and within systems, which would be beneficial for everyone involved.



Manual Lopez-Leon, Robert Weinstock



Fabian Saleh, Perry Bach

# GAP Fellows Examine “Enhancement Psychiatry”

Lois T. Flaherty, MD

What are the societal implications of taking stimulants to improve academic performance when no demonstrable disorder is present? Or of taking an SSRI to when the only “symptoms” are a wish to be feel more socially competent, or satisfied with life? These were some of the questions posed at a presentation on “Enhancement Psychiatry” by the outgoing fellows of the Group for the Advancement of Psychiatry, which held its 124th meeting November 13 -15 in White Plains, NY.

The presenters suggested that the desire for performance-enhancing drugs is fueled by the pharmaceutical industry’s “direct to consumer advertising” as well as consumer demand for “lifestyle drugs.” As the presenters stated, performance-enhancing drugs are not limited to professional athletes, but are used by everyone from elementary school students to retirees. To illustrate the use of stimulant drugs to enhance academic performance (as opposed to treating attention deficit disorder), they showed promotional information on a “starter pack” of stimulant medication given to parents. They used an example from a documentary that showed 2 recent retirees extolling the effects of Fluoxetine on making them feel calmer and more content with their lives. They also cited the widespread off-label use of modafinil (Provigil©) for increasing daytime alertness. Global sales of modafinil reached \$707 million in the nine months ended Sept. 30, accounting for almost half of Cephalon’s \$1.43 billion in sales, and Cephalon pled guilty to allegations that it promoted Provigil for off-label use. The GAP fellows asked the audience to consider the role of the psychiatric profession in either acquiescing to consumer demand or raising ethical concerns about the values that promote the use of such agents.

This meeting was also highlighted by the presence of Jeanne Phillips (the daughter of Pauline Phillips, or Abigail Van Buren, the originator of the “Dear Abby” column). Ms. Phillips has carried on the column, and her Phillips-VanBuren Foundation has generously sponsored one of the GAP fellows. This year, 3 of the committees met with her for advice and help with their projects. “Dear Abby” uses experts within GAP to help her answer questions from readers about mental health concerns. With “Dear Abby’s” help, committees have gathered information from families of people with mental illness about their experiences with psychiatrists. “Dear Abby’s” column reaches 110 million readers daily and her advice has the potential to impact many lives.

GAP has a membership of about 300, and is composed of 30 committees, 15 “fellows” who are residents selected from psychiatry training programs around the country and who serve 2 year terms, and various guests invited as consultants. Membership is by invitation. Like ASAP, The Committee on

Adolescence was formed in the late 1960s, and has counted among its members several prominent ASAP members and Past-Presidents, including Mike Kalogerakis, Dick Marohn, Harvey Horowitz, Derek Miller, and Clarice Kestenbaum. The committee has produced several monographs on topics such as normal adolescence, adolescent pregnancy, power and authority in adolescence, and adolescent suicide. Additional publications have included a special section on trauma and adolescents in Volume 27 of *Adolescent Psychiatry* (2003), and an article on adolescents and the Internet in the *Journal of the American Academy of Child and Adolescent Psychiatry*. Most recently, the committee has worked on a document illustrating how to conduct an interview with a difficult to reach teenager with depressive symptoms (to be submitted for publication).

GAP’s impact has been mainly through its work products, which range from brief articles to books, and have even included films (one committee is currently working on a screenplay). Currently in press are articles on “The Myth of the Abortion Syndrome,” a book for physician volunteers in disasters, an article on how collaboration between child and adolescent psychiatrists and primary care physicians can be implemented to alleviate the manpower shortage in child and adolescent psychiatry, and others. {A list of publications, many of which are available on line, can be accessed at the GAP website, [www.groupadpsych.org](http://www.groupadpsych.org)). All manuscripts have to go through a rigorous review process before being given the GAP “imprimatur.”

GAP, which meets twice a year in White Plains, basically functions as a think tank, with work being done by committees, each composed of 8-10 members. Committees are free to develop their own projects, which undergo an intensive review process before being approved as GAP products. The organization was founded in 1948 by a group of psychiatrists dissatisfied with what they saw as the inadequate response of organized psychiatry to the pressing problems of the day. As its leaders increasingly moved into leadership positions within other organizations, most notably the APA, it gradually evolved from an opposition movement to an organization in the forefront of examining issues critical to the field of mental health.

*ASAP Past-President Lois Flaherty is President of The Group for the Advancement of Psychiatry, and a member and former chair of the Committee on Adolescence. E-mail: Lflaher770@aol.com.*

Daley ML, Becker DF, Flaherty LT, Harper G, King RA, Lester P, Milosavljevic N, Onesti SJ, Rappaport N, Schwab-Stone M: Case study: the internet as a developmental tool in an adolescent boy with psychosis. *J Am Acad Child Adol Psychiatry* 2005; 44(2): 187-190.

# ASAP in the Littler Apple

Jim Gilfoil, M.D.

You've heard all the lame attempts to lighten the abject terror people have been feeling as their 401Ks have shrunk to 201Ks. "I've lost half my money and I still have my wife," etc., etc. Well ASAP has downsized to be more accommodating. Only a day and a half in New York, but you've still got to eat, right? So, here are some good bets that are still open as of this writing—November.

Do I dare deal with the high end? After all those haircuts on Wall Street, maybe *Per Se* and *Jean George* will be doing takeout. Or maybe some unemployed "Master of the Universe" will be waiting on you. Just make sure you rub it in. Seriously, if I'm doing one high end meal in New York, I'd go to *Le Bernardin*. The simplicity of the Japanese style décor has grown on me over the years, and I don't think you can beat Eric Ripert's seafood. I can't say the same for Daniel Boulud's food at *Daniel* or Thomas Keller's at *Per Se*. Sure *Per Se* has a knockout view and Keller's imprimatur, but my meal was uninspired, and certainly not worth the price tag. Though Zagat rated *Per Se* number one for food and service, I think people are voting for Keller, rather than the food. I guess that's why they call it star power. I think *Daniel* is a bit the same, in that the food is good, but, to me, not in the same class with *Le Bernardin* or *Jean George*, which would be my other high end choice. *Jean George* has got more on the ball taste wise than his other chef competitors, and has been more open to other influences, such as Thai, Chinese, etc. Plus the view from the bottom of Columbus Circle isn't bad.

The New York Times 3-star restaurants tend to be terrific, and you don't feel as anxious about the meal. My favorite right now is *Picholine*. I've had good meals there over the years, but my meal last year was sensational. Chef Terrence Brennan came out to the table, (I wish I could say he came out to see me) and I said, "You're not afraid to add some salt and spice," and he allowed as how he loves salt. He's at the top of his game, and the cheese course alone makes it worth the trip. Two of the five cheeses I had were sensational, but I will not be divulging the names out of my concern for your cholesterol level.

Two other new restaurants are definitely worth your while. Scott Conant was the chef at the wonderful Italian restaurant *L'Impero* in Tudor City, but he dropped out for a bit (I wish I had that option) and has come back to open *Scarpetta* in the Meatpacking District. Talk about a happening, high energy area, it's almost incongruous to have a restaurant of this quality there. Conant has brought some of his favorites from *L'Impero* to *Scarpetta*. He's justly famous for his spa-

ghetti with tomato and basil, which confirms the adage, if I may paraphrase author Giuliano Bugialli, "the beauty of this dish is its simplicity." As for me, I'm crazy about his riff on goat. The other choice is *Convivio* in the space where *L'Impero* used to be. Chef Michael White has hit his stride, especially with his pastas, and, get this, lower prices! In fact, the entrees and desserts aren't anywhere near as consistent as the pastas, so go with a group so you can share a bunch of them. These two restaurants highlight the enduring appeal of Italian food—in some ways a peasant cuisine, but when done meticulously, as here, it appeals as only superb "comfort food" can.

A chef I've always liked is Bill Telepan. He used to run the *Judson Grill* in Midtown, but now has *Telepan*, close to Lincoln Center. He's not fancy or a rock star, just an excellent chef. Another great choice is the redone *Bouley*. Lunch is one of the all-time great values. *Oceana* has apparently recovered well from the loss of the terrific Cornelius Gallagher, so, if you gotta do seafood and *Le Bernardin* is too much, this is a great option. *Jean George's* casual *JoJo* is still going strong after all these years, and you can usually find some seriously underpriced French wines—I still recall a fabulous \$32 Vouvray. Also, his wonderful take on Thai street food, *Spice Market*, is in the Meatpacking District and this restaurant seems more appropriate to the happening vibe than *Scarpetta*. Don't forget Daniel Boulud's *db Bistro Moderne* and the famous \$32 burger. It's a great bistro. (I think Boulud's vision is better suited to the bistro as opposed to *Daniel* or *Café Boulud*.) You could try Mario Batali's *Babbo*, if you've got nothing to do for the next month or so and can devote all your time to trying to get a reservation. Or you could try his *Del Posto*, which I hear is overdone and not worth it, especially when you can eat at such sterling Italian eateries as *Scarpetta* or *Convivio*.

*Union Square Café*, *Craft*, and *Grammercy Tavern* are all good bets, but you may be a little tired of them, so you might consider *Tabla*. Though originally billed as an American take on Indian, it's now billed as New American with Indian spices. Go figure. The downstairs *Bread Bar* has more authentic Indian dishes. *Gotham Bar and Grill* is always a winner. Wylie Dufresne continues doing his eccentric, experimental thing at *wd-50*, but also consider the hot new thing in New York—*Corton*. The reincarnation of Montrachet, some of the best chefs in the city have been seen here recently, So, if you want to be on that cutting edge, this is the place. So save your dwindling pennies, and we'll see you in March!

# Lois Flaherty New Head of AACAP's Committee on Adolescent Psychiatry

Lois Flaherty, M.D.

Did you know that the American Association of Child and Adolescent Psychiatry has a committee on adolescent psychiatry? According to Richard Sarles, the first chair of this committee, it was formed in response to ASAP's developing its own board certification process in the late 1980s. As many of us remember, this action was followed by the Academy's changing its name from the American Academy of Child Psychiatry to the American Academy of Child and Adolescent Psychiatry. Similar name changes took place within the American Board of Psychiatry and Neurology (ABPN), the Accreditation Council for Graduate Medical Education (ACGME), and the then AACAP's official journal. One way to look at ASAP's decision to pursue board certification was that it served as a wakeup call to the Academy to demonstrate that it was in fact concerned about adolescents as well as children.

This year I became co-chair of this committee, at the request of AACAP President Robert Hendren, an ASAP member who has often presented at our meetings. I enlisted Dr. Sarles to co-chair the committee. Glen Pearson, a former committee chair, is also a member, and Perry Bach attended our meeting. Committees are generally charged with monitoring developments within their area of expertise and calling to the attention of the parent organization issues needing attention. Our committee revised a 1986 position statement on adolescent pregnancy that definitely needed updating. We also sponsored a symposium on adolescents and the Internet,

which featured Professor Shelly Turkle from MIT, a leading researcher in this area (<http://www.mit.edu/~sturkle/>).

There still is a lot of room for the Academy to increase its focus on adolescents. The program for the annual meeting was available on-line this year and included a search capability that allowed one to search using the Boolean method. When I searched for topics that included "adolescents" or "youth" but not "children" I found only 16% of the content met these criteria. Presentations that may have focused on both children and adolescents, or those that might have been relevant to adolescent psychiatry but did not mention adolescents in the title, were not included but still the proportion seems rather low.

Is there a role for ASAP vis á vis this much larger organization? At the moment our impact is mainly through individuals who are members of both organizations. ASAP and AACAP were once about the same size, but have evolved in very different directions. Increasingly ASAP has become a niche organization attracting members whose primary interest is in adolescents, while AACAP attempts to encompass both child and adolescent psychiatry. I welcome comments and suggestions from ASAP members about how to maximize the impact of this committee.

*Lois Flaherty, MD has served on the Committee on Certification in Child and Adolescent Psychiatry of the ABPN, and the ACGME's Psychiatry Residency Review Committee. She may be reached at [Lflaher770@aol.com](mailto:Lflaher770@aol.com).*



L-R: Adam Raff, Mohan Nair, Mark Wellek, Frances Bell



Frances Bell, Perry Bach

# Book Review Corner

(All Books Reviewed by **Gregory P. Barclay, M.D.**, Newsletter Editor)

**Editor's note:** *The four books reviewed in this issue relate to "heart and soul" issues adolescent psychiatrists contend with in increasing numbers and that are direct consequences of the society in which we live and practice. The by-products of our affluent society are evident in the problems youth bring to our offices: impaired attention and motivation, minimal frustration tolerance, attitudes of entitlement and instant gratification, apathetic depression, and substance abuse. Since I have a particular interest in how these particular issues affect the boys and young men who constitute the bulk of my clinical practice, I am accordingly inclined to review books such as those that appear in this issue. However, if anybody wishes to submit a similar set of reviews relating to girls, please send them or any other book reviews to me at the following email address: [gpbmd@aol.com](mailto:gpbmd@aol.com).*

*Boys Adrift: The Five Factors Driving the Growing Epidemic of Unmotivated Boys and Underachieving Young Men*; Sax, Leonard, M.D., Ph.D.; Basic Books, 2007; 267 pp., \$25

In this new book, psychologist and pediatrician Leonard Sax speaks to the growing sociocultural problems of apathy and amotivation among boys and young men. He identifies 5 factors that contribute to the "epidemic of lazy men", as exemplified in the recent movie "Failure to Launch". These factors are: (1) Changes in American education that emphasize core competencies at the expense of experiential learning in 5 year old kindergartners, when boys are not as developmentally prepared as girls, (2) The influence of video games, which preferentially draw in boys over girls, and that create a sense of control and immediate gratification while fostering antisocial values and negatively influencing the dorso-lateral prefrontal cortical pathways, (3) The numbing effect overused stimulant and other ADHD medications have on the nucleus accumbens (the brain's motivational center), (4) The effect environmental estrogens found in plastic bottles and food sources have on boy's endocrine system, especially lowered testosterone levels, and (5) The progressive devaluation of manhood in the popular media, for example shows such as *The Simpsons*.

Dr. Sax presents these factors in a format that is authoritative yet easily understood by readers without medical training. His experience as a psychologist first, and then as a physician, lends a unique and balanced perspective. He thoroughly reviews each factor and offers fairly simple strategies that are within the reach of most American families. The biggest challenges lie in changing the current focus of early childhood education as well as the energy required to persistently redirect boys' focus from video games to alter-

native activities. Unfortunately, the progressive detachment of fathers from their sons in American culture, either through divorce or their own self-absorption, is likely to continue for several generations. However, Dr. Sax provides the reader with an excellent review of the problem with identifiable and thoughtful interventions. After reading it, I liked it so much I purchased 5 copies to have on hand for resale at my office. It is highly recommended for any therapist who works with boys and young men.

*My Father before Me- How Fathers and Sons Influence Each Other Throughout Their Lives*; Diamond, Michael J.; W.W. Norton, 2007; 239 pp., \$24.95

This is a book about men and for men. It is a particularly important book for those men who are fathers of young boys. It is a book I wish had been printed a decade ago, when I taught a church class for several years I entitled "Fathers and Sons" since I would have drawn on much of the information contained in this one book instead of digging for it in several others, none of which were as concise and well-organized as this one. As the book's title suggests, the book's focus is on the critical influence fathers and sons have on one another throughout the life span. Dr. Diamond, who is a practicing psychologist and psychoanalyst, draws on personal as well as rich clinical vignettes in this extremely well written and enriching work. It is unfortunate that this book and so many others is available at a time when increasing numbers of boys are growing up without any meaningful or healthy connection to fathers or a positive adult male culture. Regrettably, those who pick up the book are likely to be the "choir" that Dr. Diamond is preaching to, since society contains a growing number of self-absorbed men.

Dr. Diamond begins with the first 9 months of intrauterine life, an intense experience shared between infant sons and their mothers, relegating the father to a purely supportive role. Little changes during the first year after birth when both mother and baby are caught up in a dyadic bond that excludes the father, who must find gratification in his role as "responsible protector". The book proceeds from there through the various life stages during which time the father transitions through the roles of protector, mentor, hero, fallen hero, peer, elder, and eventually, the acceptor of his son's caretaking near the end of life. This book, like the others in this column, is a good one for professional and lay readership alike. Since reading it, I have found myself speaking of it and recommending it to fathers of the children I have worked with. That alone says plenty about what a good book

*Continued on pg. 13*

it is for your waiting room or referral bookshelf. I highly recommend it for anyone working with families and fathers in particular.

*Comfortably Numb – How Psychiatry is Medicating a Nation*; Barber, Charles; Pantheon, 2008; 280 pp., \$26

This book speaks to the alarming increase in the use of medication to treat a variety of old and newly created psychiatric ailments. Mr. Barber pulls together statistics that support his notion that we are a society increasingly desirous of medical explanations and solutions to basic problems in living, now reclassified as “disorders”. He places mainstream psychiatry in the role of enhancing this state of affairs by glorifying the use of psychiatric drugs for behavior and emotional difficulties many would consider within the range of normal but personally disturbing to the individual, family members, or school personnel. He goes further in his discussion of the economics and commerce of mental illness in the United States, implicating the pharmaceutical industry in particular with its “direct to consumer” advertising. Additional chapters address the influence of managed care, the systematic devaluation of psychotherapy, and how the incessant drive for a quick fix without significant sacrifice of time and money contribute to the “Triumph of Biological Psychiatry”, one of the chapter titles.

This book would probably not make it to most psychiatrists’ reading lists, as it challenges the bread and butter beliefs of most psychiatrists trained in the past 25 years, during the biological revolution in psychiatry. However, for those of us working with troubled teens and their families in a more systemic or psychotherapeutic approach, the book is a welcome addition to share with them before making a collective decision to write a prescription. This is especially true when faced with parents under pressure from school personnel to medicate their child, or those entering the consultation room with a stated or unstated expectation that something “disordered” be diagnosed and then “treated” with medication. The challenge that has always faced those of us, who deal with human suffering, whether it is physical or mental, relates to the question of “when to relieve the suffering?”. Current psychiatric practice trends and consequent societal expectations are that we should treat problems of living with whatever tools we have available, e.g to relieve suffering (or enhance performance) *immediately* even if a legitimate DSM IV diagnosis is not present. Mr. Barber’s view is, of course, different, and more in line with those of us trained prior to the biological revolution in psychiatry, who were taught that “neurosis is legitimate suffering”, that the pain of neurosis drives one to seek and remain in treatment.

It’s a good book, certainly worth reading and considering, but only if you are on “the other side” of organized, biological psychiatry.

*The Price of Privilege – How Parental Pressure and Material Advantage are Creating a Generation of Disconnected and Unhappy Kids*; Levine, Madeline, Ph.D.; Harper, 2006, 246 pp. (paperback), \$13.95

Madeline Levine’s book is another one of those “keep on the bookshelf” items for any therapist who sees adolescents and their parents. Dr. Levine squarely addresses our current culture of entitlement as the root of many of the emotional and behavior disturbances that afflict children and adolescents. She speaks of the consequences of our “bigger is better” mentality in which youth and their parents are able to cocoon in separate areas of large homes, basically disconnected from one another because they have all of their creature comforts at their fingertips. Meanwhile, what is happening is progressive erosion in the necessary human connections to keep families functioning in a healthy fashion. This is a book about overindulged children and the consequences of entitlement.

Through the book’s chapters, Madeline Levine systematically unpacks many of the parent practices of the current culture of affluence. Within these families, there are epidemic rates of depression, substance abuse, and anxiety disorders among adolescents that exceed those of any other socioeconomic category. She gives thoughtful and practical advice to help parents connect with their children and cultivate an authentic sense of themselves. Designed for parents, it is an excellent guide to keep handy for your waiting room. It is one of hundreds of available paperback books designed to give parents insights into what has gone wrong in a culture that values materialism, perfectionism, and disconnection. I found it a thought provoking and insightful read, well worth keeping on hand for motivated parents who want to actively participate in their child’s treatment.



L-R: Mark Wellek, Frances Bell, Fabian Saleh, Perry Bach

## From Our Members

- **Stephen Billick, M.D.** was elected president-elect of the American Academy of Psychiatry and the Law, in October 2008.
- **Saleem Khan, M.D.** received the “Heroes of Fight Award” from the National Mental Health Association
- **David Powell, M.D.** is in a psychoanalytic training program at The Institute for Psychoanalysis, Chicago, IL.
- **Richard Rosner, M.D.** was a guest-of-honor at the First International Eurasian Congress on Forensic Sciences, in Istanbul Turkey, in October 2008. Dr. Rosner spoke on “Adolescent Addictions: Assessment and Treatment”.
- **Svetlana A. Safronova, M.D.** has an interest in the issues affecting women members of the helping professions, personality disorders, and professional/ethical issues.
- **Alan Wofsey, M.D.** was promoted to Clinical Associate Professor of Psychiatry at the University of Pennsylvania School of Medicine, Philadelphia, PA.

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