

# NYCCAP News

*A publication of the New York Council on Child and Adolescent Psychiatry*



## Summer 2020



# NYCCAP News

A publication of the New York Council on Child and Adolescent Psychiatry

## New York Council on Child and Adolescent Psychiatry

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# President's Message



Dear Colleagues:

What a whirlwind 2020 has been so far! We started out the year calm and optimistic, as we discussed the amazing advocacy efforts of our local legislators at the 2020 Joint Legislative Breakfast, hosted by NYCCAP, NYCPS, and NYCMS, on Sunday, January 26, 2020. We continued with creative energies in February with our Annual Wellness Event (hosted by the Early Career Psychiatry Committee) on Saturday, February 1, 2020, where our members had the privilege of learning from and creating with the amazing Dr. Hisla Bates in her workshop on Integrative and Holistic Approaches to Mental Health Using Art and Positive Psychiatry.

Just as we were ready to embark on our first CME providing event in March on Trauma informed care, COVID 19 had reached NY and all in person events and meetings had to be cancelled. The following 6 weeks were an unprecedented crisis for us all. As we reorganized our clinical practices, did our best in protecting ourselves and our families, covered our sick colleagues and rapidly learned about the pandemic and an entirely different way of providing care to the children and families we serve, we also quickly recognized the importance of leaning on each other, sharing information, reinforcing connection within and beyond our NY CAP Community. Soon after the AACAP Spring Assembly of Regional Organizations on April 4, 2020 via a virtual platform, we launched our COVID Virtual Town Hall Series held weekly from April 23- May 21. This 5-session series provided information, discussion, shared best practices and dilemmas regarding the various aspects of providing clinical care, peer support and education to our patients and colleagues during the COVID-19 pandemic. An unfortunate Zoombombing incident at one of the virtual Town Hall events reminded us of the importance of our advocacy efforts and the dire need to support organizations and efforts combating child trafficking and sexual violence, and we had launched a social media campaign to help raise awareness. We also developed our COVID-19 and our Anti-Racism resource pages on our website, and we hope that you had a chance to visit and utilize some of the resources we collected to help support the ever so important conversations happening about racism, discrimination and health care disparities.

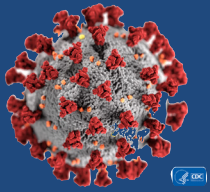
Now as we look towards reopening and summer, we look forward to our End of the Year Event via Zoom, with special guest AACAP President Dr. Gabrielle Carlson and honoring this year's Wilfred C. Hulse MD Award recipient, Dr. Carmel Foley. Normally we would list the events to come, but at this point the only thing certain about the fall is that there is uncertainty. Amidst that uncertainty, one thing I am confident of is our relentless enthusiasm, passion and endless support for each other, our patients and our communities as we navigate this pandemic and its impact on us all.

I have been very fortunate to have been given the opportunity to steer the ship of NYCCAP for the past 2 years. It has been a truly wonderful experience, made special by our remarkable Board Members and our wonderful membership. Thanks for all, stay safe and know we are here for you!

Vera Feuer MD

*President*

*New York Council on Child and Adolescent Psychiatry*



# THE COVID-19 EXPERIENCE

## Schooling and Education in the COVID Era and Beyond-- Creativity and Challenges

by Olga Leibu, MD



“A good neuropsychological evaluation should be able to be completed on an island simply with sand, water, and sticks.” Paraphrased as this quote is, it was presented by

Dr. Rebecca Manis, learning specialist and founder of Ivy Prep Learning Center, at the NYCCAPS’s Virtual Town Hall that focused on the strengths and weaknesses of the remote schooling process. On the evening of May 21, 2020, a group of passionate and inspiring education and mental health professionals (Mr. Wes Nemenz-9th grade ESL teacher at Lincoln HS on Brighton Beach, a low socioeconomic demographic, Dr. Rebecca Manis-learning specialist, Dr. Ami Norris-Brilliant-neuropsychologist, and Dr. Katy Stratigos-child/adolescent psychiatrist ), dedicated a time of reflection, creativity, and collaboration in thinking through the challenges and opportunities of schooling in the new era of COVID and beyond. Universal themes of empathy, flexibility, and simplicity were addressed by all speakers alike, with specific focuses on their fields, and how they could individually and collaboratively contribute to the social good, in the light of this new and unexpected approach to schooling. From the struggles of having access to computers and basic internet literacy, reported by Mr. Wes Nemenz, to the challenges of independence presented by college students having to learn from childhood homes as presented by Dr. Manis, to the engagement improvements of introverted children as presented by Dr. Ami Norris-Brilliant, to the challenges of having at least 3 jobs for full time professional

## COVID 19: With Crisis Comes Opportunity for Telepsychiatry

by Annie S. Li, MD



Never have psychiatrists been tasked to make drastic changes to the way we practice than the first two weeks of March 2020, when the World Health Organization announced COVID-19 as a pandemic. The federal and New York state government declared a state of emergency, and this prompted a series of waivers and legislations to facilitate the ease of telepsychiatry integration. The measures were intended to optimize social distancing and reduce risks of infectious transmission. For many hospitals, converting service to telepsychiatry became a means to conserve personal protective equipment for medical colleagues on the frontline.

On the state level, rules that required written consent for delivery of telepsychiatry, initial in person first visit before telehealth delivery and physical location of patient receiving telehealth

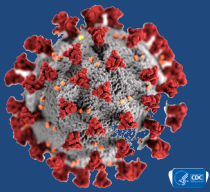
were waived to reduce barriers to care delivery. 1 Psychiatrists were able to utilize programs such as WebEx or Zoom as requirements for secure and dedicated platforms were lowered to a minimum. New York State Office of Mental Health (OMH) also permitted programs such as Outpatient clinics, Partial Hospital Programs, Intensive Outpatient programs, Children and Family Treatment and Support Services and Residential Treatment Facilities to provide services through telehealth or telephone.2,3

On a national level, the Center for Centers for Medicare and Medicaid Services worked to expand telehealth services with 1135 waiver, expanding scope of telepsychiatry to be used beyond designated rural areas and to allow patients to be at home receiving the services.4 Medicare would also pay for such services, provided that the audio and video telecommunications system permitted real-time communication between the clinician and the patient at home.4 Such guidelines become precedent for commercial insurance companies to adopt similar reimbursement policies. The DEA also permitted the prescription of controlled substances without the need for in person initial consultation, which is critical for the youths with Attention Deficit Hyperactivity Disorder or Anxiety in need of medications to manage symptoms during this period of emergency.5

While these measures are all intended just for the duration of the CoVID-19 emergency, these changes will likely have many mental health professionals reconsider the practice of psychiatry. Embracing and incorporating technology into patient care, once met with great hesitation and resistance, suddenly now becomes the preferred mode of care delivery for general safety. It will be helpful to assess how patients experience this change, as such information can inform optimization of the clinical experience.

*Continued on page 6*





# THE COVID-19 EXPERIENCE

## Emerging from the Belly of the Whale

*with help from NYCCAP's launch of Virtual Town Hall*

*series: My experience with the Town Hall #3: "Peer Support/ Psychological Support for Frontline During COVID"*

*by Moira J. Kennedy, MD, MS*



When the COVID pandemic had its ugly grip on New York City, when it was mid-April and all the bars on Third Avenue locked down for weeks now, but still showing the St. Patrick's Day decorations in their windows reminding us that the city was frozen

some time in mid-March, I was coping with this static, yet daily shifting landscape, by doing what had helped me through 9/11, and then Hurricane Sandy-by working harder and hoping to work better and smarter by seeking as much information as I could. Maybe then I could navigate my way through this uncharted territory. That was when it seemed every day brought a blizzard of more information, more resources to listen to, more challenges to learn-like this thing called Zoom and Microsoft TEAMS-then, in the midst of this, was the timely email from New York Council on Child and Adolescent Psychiatry (NYCCAP) announcing a series of 5 virtual Town Halls related to COVID-19 to be held over the course of 5 weeks, on Thursday evenings at 7. This was something that was going in my calendar.

And one of the hard lessons learned from 9/11, was that one should check one's temperature first. So, after looking at the list of topics—all essential and ones of interest- I thought there was a missing piece, the piece that looked at how we support each other, and how we support ourselves.

That thought led me to write an email suggesting this as a topic. And then that transmuted into my inclusion on an added panel entitled "Peer Support/Psychological Support for Frontline During COVID," with colleagues with such depth and expertise that I was wondering, and nervous, about how I had landed there.

Expertly moderated by Olga Leib, MD the discussion followed the format used in all five town halls; a series of questions asked of panel members followed by an opportunity for participants to ask questions or comment.

Panelist Lisa Hutchison, MD from Montefiore noted that as workers were deployed to services far removed from their typical assignments, and where soon the shortage of protective personal equipment was "felt everywhere," the need to provide services to employees became evident quickly. With visitors no longer permitted, in person support centers previously used for grieving family members were repurposed for staff support use. Hot lines, virtual support groups, some discipline specific, some not, making faculty practice available to staff, independent of insurance, free creative workshops and yoga also provided a different kind of support.

Ron-Li Liaw, MD, from the NYU/Langone system observed that recognizing "early on" that taking care of staffs' basic needs-especially personal protective equipment, and safety considerations-were critical in administrators' response to staff needs. Referencing a JAMA viewpoint, Dr. Liaw noted that the "5 calls: Hear Me, Protect Me, Prepare Me, Support Me, Care for Me" could be heard in administrator's response to caregivers' needs. Addressing basic needs-transportation, food, hydration, lodging and child care-laid the foundation to develop other ways to support staff, including virtual support groups, websites specific for front line workers, websites for other staff and the public, and much more.

Peter J. D'Amico, PhD, of the Hofstra/Northwell system highlighted how work developed after 9/11 and Hurricane Sandy laid the groundwork for ways to respond to COVID-19 caregivers' needs. The comprehensive response included building on staff's own sense of feeling grounded and secure. To meet this end, staff training on Psychological First Aid and Recovery, using resources of the National Center for Child Traumatic Studies, was put in place, enhancing staffs' sense of efficacy and hopefulness, and this strengthened their resilience as they encountered ever-changing demands and needs. This activity is one embedded in comprehensive programs and initiatives throughout the Northwell system to address caregiver needs.

My comments first expanded on the notion

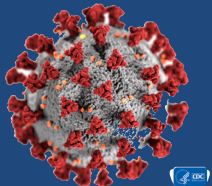
that caregivers brought their professional and personal strengths to meet the demands of COVID-19. But to use these strengths effectively required that we check ourselves first, that we consider if and when we are distressed and then find a means to strengthen our resilience and restore our equanimity. And to meet this challenge often means we have to step back from all the "doing" we are doing, and first pause.

Recognizing that the relentless and seemingly non-ending demands placed on caregivers by COVID would recede, the panel speculated on what lessons might persist once this crisis subsides. Deployment, as observed by Dr. Liaw, led people from disparate disciplines to work side by side, collegially and collaboratively, people who in the normal course of their work would not have encountered each other-or would have encountered them as defined by their specific role. Appreciating other's contributions to service, and seeing colleagues defined as more than their discipline, bolstered a collaborative spirit, palpable at times, which may persist and enrich our future work. And, while the extensive services provided to caregivers in the face of this crisis cannot be expected to persist, what may persist is a cultural change in the work place, not only among our relationships with colleagues, but a deeper appreciation for the importance of that caregivers' needs be recognized and addressed and opportunities to strengthen resilience be incorporated more completely in our health care systems, because even though we "are all in this together," we truly are all in this together, and together, strengthened, we can best meet the needs of our patients and stay well, ourselves.

My participation in the panel was a fortunate opportunity that reflected both the responsiveness and flexibility of NYCCAP leadership, especially Dr. Vera Feuer, the current NYCCAP president. It provided an opportunity for me to cross paths with colleagues I may not have ever met, from whom I learned much, and to be humbled and be inspired by their work, and to move forward in mine with a renewed sense of hope, reflection and enthusiasm.

Fortunately, all 5 Town Halls have been recorded, and with so many more resources available on the NYCCAP, I encourage you to check some, if not all, of them out.

Dr. Kennedy is a child and adolescent psychiatrist, NYCCAP member, and employed in the public sector.



## Town Hall: Training & Medical Education Issues During COVID

by Emily Wassmer, MD



On April 30, NYCCAP held a virtual town hall to discuss the issues surrounding training and medical education in the time of COVID. I was honored to be asked to fill the role of medical student

on the panel, joined by Dr Laura Sickles, CAP Fellow at NYP Weill Cornell, and Dr Cathryn Galanter, CAP Training Director at SUNY Downstate. During the panel moderated by Dr Tzvi Furer, we covered topics such as redeployment, telepsychiatry, and shifts to online learning. Dr Galanter offered the perspective of a program director and the need to adjust learning formats for both trainees and medical students. She also talked about the topics of training requirements and residency timelines, with plans at that point to keep timelines intact while being prepared to make adjustments if requested by AAMC, AAP, or AACAP. Dr Sickles offered the perspective of a trainee, and gave us insight to the experience of redeployment. She and the fellows in her program were deployed to medical units to assist with the shortage of HCP's during the peak of the crisis in NYC. While Dr Sickles had already returned to psychiatry services at the time of the town hall, she did mention that her time of redeployment made her appreciate her field and realize that she definitely made the right choice with psychiatry! From a medical student perspective, I felt I didn't have quite as much experience to offer compared to my colleagues on the panel, but I was glad to share the feelings of uncertainty and anxiety felt among students. While we all wished we could've been assisting on the front lines, we had to leave our hospital assignments in March due to the dire shortages of PPE. Both didactic and clinical learning shifted online, and once-in-a-lifetime moments like Match Day were turned into virtual celebrations instead of confetti-filled

parties. There is still much uncertainty in the air, particularly for students applying to the 2021 Residency Match cycle, for which timelines have shifted, sub-internships have been cancelled, and interviews are being moved to virtual formats.

This period in medicine is one that we will never forget that we have been part of. Our lives have all been altered, our practices have faced new challenges, and our clinical experiences have shifted in ways we never would have expected. The COVID-related changes in training and medical education are far from over, and with guidance from our colleagues at all levels, we can be prepared as much as possible, despite what we didn't learn in medical school about global pandemics.

Thanks to Drs. Feuer, Galanter, and Gangopadhyay for inviting me to the panel.

*Dr Emily Wassmer is a recent graduate of St George's University School of Medicine.*

*She is beginning her pediatrics training this month at Good Samaritan Hospital on Long Island.*



*Continued from page 4*

## COVID 19: With Crisis Comes Opportunity for Telepsychiatry

With crisis comes opportunity, and the field of psychiatry and other medical specialties, will evolve in a way that will never be the same.

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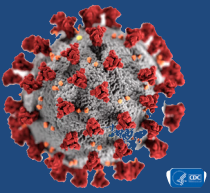
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# THE COVID-19 EXPERIENCE

## The Unremitting Adventure of COVID Recovery

by Annie S. Li, MD

COVID-19 is taking a toll on my mental well-being in a way I had not expected. I have a rather high distress tolerance. I am a pediatric emergency psychiatrist. Now I am a wounded healer battling anxiety and fears from the constant unknown taking place inside my body.

In early March, before New York State went on pause, I woke up to an intense headache, followed by malaise, chills, throat soreness, and low-grade fever. The CDC guidelines explicitly stated then that without symptoms of cough, shortness of breath, fever, and travel or exposure history, COVID testing would not be indicated. My doctor ordered a viral respiratory panel. When the results came back negative, they presumed me to have COVID. I remembered being better by day five, but then took a turn south the next morning. The shortness of breath came on. I frequented the bathroom throughout the day. Ten days in and I had to pry my crusted, red eyes open with my fingers. For two full weeks, I stayed at home to recover. With improved energy, I chronicled my experience. I returned to work. Weeks later, I became the first wave of healthcare workers eligible for serology testing. My COVID antibodies came back positive.

Five weeks into my convalescent phase in mid-April, I woke up at 4 a.m. to an intense burning sensation in my chest. I gasped for air as a wave of nausea came on. The pain shot down to my left arm and fingers. I only saw white light. In a panic, I looked for my phone, intending to call 911. By the time I found it, the contour of my room reappeared into my vision. My breathing slowed. The pain subsided. I got out of bed, walked into the kitchen, and poured myself a glass of water. What just happened? Too scared to alarm my husband and children, I convinced myself it was a bad panic attack and headed back to sleep. A week later, the same thing happened. That morning, I spoke with a few of my physician friends. The consensus: I ought to go to the ED.

My chest X-ray, EKG, D-dimer, troponins, white cell counts all came back normal. Maybe it was just a bad panic attack. Unsettled, I reached out to my cardiologist colleague who saw me right away. An echocardiogram revealed no structural damages, but he was aware of coagulopathy concerns in COVID, namely microvascular thrombi. He started me on thromboembolic prophylaxis with rivaroxaban. Another caution he highlighted: No strenuous physical activity. Weeks

because things at home had reached a breaking point. The pandemic exhausted parents. Teens complained of the restrictions. Some were doing destructive things either to others or themselves. Trying to meet their needs was a challenge. We had transitioned to telepsychiatry when the hospital refitted its infrastructure to meet the COVID surge. Workflow implementation and remote care delivery came with a sharp learning curve. It was a daunting process.



With the chest pain improving, I thought I was on the mend. Yet with each passing day, I was becoming more sloth-like as fatigue and lightheadedness hampered on my productivity. A flight of stairs left me panting at the top. I scared my husband and kids when my legs gave in, and I stumbled to the floor. Why was I fainting at home in the middle of the afternoon?

The unremitting nature of COVID recovery has left me vulnerable and fearful. A moment of improvement, followed by onset of an unprecedented symptom, has been traumatizing. Even with the best practice of cognitive reframing, I couldn't

removed from the media hyped symptoms, I was finding out that other insidious aspects of COVID lurked for those with a mild case.

Amid my cardiac spells, I lost loved ones to this terrible illness. One family member had a prolonged hospital course. Another died after exhibiting mild COVID symptoms a few weeks earlier. My beloved family cried, mourned, and said goodbye without the proper rituals. It broke me. My children witnessed me grieve. I couldn't shield them from it.

That all added to my sense of inadequacy as a mother. I love my children. It was very trying to meet their needs. I yelled to break up a fight. I bargained to get them bathed. Remote learning dropped to a lower spot on our immediate priority list. The kids littered my living room with Play-Doh, dolls, Lego pieces, crayons, papers. I was too tired to clean it up.

Then there was work. Patients came into the pediatric ER with behavioral complaints

calm my hypervigilance. I have an abundance of support from colleagues, friends, family, and my therapist. It's been a blessing. I practice love and kindness through meditation, writing, healthy eating, and gentle yoga. Distraction came in streaming Disney+ with my daughter and singing Taylor Swift songs with my preschool son. Some days, all of it just doesn't seem enough.

I am taking notes, asking questions, and reading up on the literature. In a physician COVID group on Facebook, I crossed paths with others enduring the same struggles. That has provided tremendous relief. Some around me, and others in the public, are questioning whether this is all real. I cannot expect them to understand, nor would I ask them to validate. In sharing my experience, I hope to foster a sense of connection and belonging for those recovering from COVID. Sometimes knowing you are not alone in overcoming mysterious symptoms can make a world of difference.



# Inspiration for Medical Students During COVID-19

by Tobias Atkin, MS4



As March 2020 turned to April for the third-year medical students at SUNY Downstate, like everyone in New York City, we were occupied with thoughts of plague and pestilence. Our

in-person clerkships had been suspended the second week of March, and we were grappling with quarantine; life in “quar,” as many have taken to saying. We were just beginning to realize that, unlike any of our medical student predecessors, we would be applying to residency during the first global coronavirus pandemic.

When Cathryn Galanter, M.D., the Child and Adolescent Psychiatrist Fellowship Director at SUNY Downstate and the Co-Chair of the Training Committee of the New York Council on Child and Adolescent Psychiatry, reached out to me to organize a conference that would bring together child and adolescent psychiatrists and SUNY Downstate medical students, I was midway through reading Giovanni Boccaccio’s 14th-century book *The Decameron*. In it, seven young women and three young men have fled from plague-stricken Florence to a deserted villa in the countryside, where they tell each other one hundred stories in order to pass the time. While my seclusion in Brooklyn seemed less romantic than a sojourn to the Tuscan countryside, I was excited to organize a conference where child psychiatrists would share with the medical students the stories of their respective careers. It being 2020, the conference would take place via Zoom.

The Zoom evening, during which twenty medical students met with four child psychiatrists, was both entertaining and productive. I was pleased to notice that among the attendees, there was a surprising combination of students interested in pursuing psychiatry and students interested in pursuing pediatrics and

# Beyond the Zoombombing Security Issue: The Devastating Reality of Child Sexual Exploitation

by M. Carolina Zerrate Parra, MD, MHS



During the COVID 19 pandemic cyber security became a much more relevant issue to our daily activities than ever before. Besides the necessary discussions about telehealth options, regulations and challenges in order to continue to provide treatment during the quarantine; videoconferencing became the space where we spent the rest of our virtual day. Despite early concerns for security flaws, Zoom took over the virtual space as the go to application for group meetings ranging from family celebrations to corporate board meetings. With the explosion of zoom came the introduction of a new term to our vocabulary: Zoombombing.

Zoombombing is described as the intrusive disruption of a video conference call with obscene, anti-Semitic, or lewd material that results in shutting down the call. Like many other users around the world the NYCCAP council was not exempt from zoombombing. During our fourth COVID 19 virtual town hall, a hacker interrupted our meeting exposing all attending to horrific images of child sexual abuse. This deliberate and targeted attack to a group of individuals that dedicate their lives to the wellbeing of children and their families was incredibly distressing for everyone involved. We promptly reached out to attendees and took the necessary actions to open investigations through the local and federal authorities. We want to continue a conversation started within our board and on social media about the ultimate violation that this incident showcased: the sexual exploitation and trafficking of children.

Child pornography is a form of child sexual exploitation and victims of child pornography suffer not only from the direct abuse, but from the lifetime distress of knowing that the images capturing their abuse can be viewed and traded worldwide forever. The expansion of the internet and the virtual world over the past decades has resulted in the parallel expansion of child pornography, and according to the United States Department of Justice the number of images with violent abuse and involving younger children is increasing (US Department of Justice). Estimates of the number of children victims to sex trafficking in the US are not available from government sources (US Department of State 2019 Trafficking in Persons Report); but a report from the United Nations’ International Labour Organization

documented that in 2016 one million children were victims of forced sexual exploitation around the world (International Labour Organization 2017). In May 2020 the FBI reported, that during the past few months they received more than 240 reports of incidents throughout the U.S. and in other countries, in which a video depicting child sexual abuse material (CSAM) was broadcasted. In response, a website to specifically address CSAM zoombombing has been created: Seeking Victims in the Zoom Disruptions Investigation (More information can be found at [fbi.gov/ZoomCSAM](https://fbi.gov/ZoomCSAM)).

Following detailed security recommendations or switching to another platform are helpful alternatives to avoid being exposed to these horrific images, and are important considerations in protecting our communities and families. But the conversation about zoombombing depicting CSAM cannot end there as thousands of children continue to be exploited. Let’s continue this conversation by raising awareness and encouraging each other as physicians to contribute in any way we can. Through reviewing or enhancing our training to be better able to identify and support those children who are being sexually exploited, or by supporting organizations dedicated to fighting child abuse we have the collective power to change and protect the lives of vulnerable children locally and globally.

We encourage you to take action and when you have the time visit one of these websites:

**Sexual Exploitation & Sex Trafficking of Minors | Youth.gov:**

<https://youth.gov/youth-topics/trafficking-of-youth/sexual-exploitation-and-sex-trafficking>

**AACAP Screen side chats with Dr. Gabrielle Carlson, Episode 5 - Child Maltreatment and the COVID-19 Pandemic:**

<https://www.aacap.org/ScreensideChats>

**Unicef Child Protection and Development-Child Trafficking:**

<https://www.unicefusa.org/mission/protect/trafficking>

**The National Human Trafficking Hotline:**

<https://humantraffickinghotline.org/states>

Confidential, toll-free and available 24/7 in more than 200 languages.

Call: (888) 373-7888

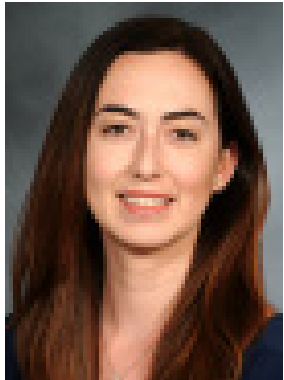
Text: “BeFree” (233733)

Chat: <https://humantraffickinghotline.org>



# Early Career Psychiatry-Virtual Peer Support Group in the Era of COVID-19

by Colleen Turek, MD and Jennifer O'Keeffe, MD



We have all experienced unexpected changes over the last few months, and our committee within NYCCAP wanted to meet with fellow ECP members to discuss our unique experiences and challenges as ECPs. Historically, our early career psychiatrist members often report missing the peer support and mentorship

aspect after training, particularly for those that leave academics and we expected these challenges may be even further exacerbated by the isolation created by the current pandemic.

As a result of this need, the ECP committee hosted a virtual peer support group for our ECP members on April 28th, 2020. An intimate group logged on to meet with other early career psychiatrists in the NY metro area to discuss topics ranging from telepsychiatry and childcare to office space for private practices. Participants' practices ranged from private practice to academics and community psychiatry. The enthusiastic group bonded while

discussing their own challenges and provided each other with ways they are each coping with struggles. Members shared unique tips and even explored how to build a therapeutic with children and teens virtually. Additionally, members explored ongoing and recent job search experiences and unexpected changes in plan as a result of COVID-19.

Our group reported an interest in future meetings and planned for monthly peer-support groups going forward for ECPs as well as hopefully future in person events. We invite all ECP members in the area to join our next ECP support group and look out for an email invitation soon.

## Successful Panel for Medical Students at Einstein

by Aria Vitale



Over 50 medical students from Albert Einstein College of Medicine attended NYCCAP's Child and Adolescent Psychiatry Panel held in the Forchheimer First Floor Lecture Hall

on Einstein's campus on February 19th. While helping themselves to a catered build-your-own taco bar, students had the opportunity to hear from six members of NYCCAP about the joys and challenges of child and adolescent psychiatry, and the diverse opportunities in the field.

The six panelists came from different types of practices and different points in their

career, bringing an array of perspectives to the conversation. The panelists included Dr. Vera Feuer, Director of Pediatric Emergency Psychiatry and Behavioral Health Urgent Care at Cohen's Children Medical Center; Dr. Scott Shaffer, Director of the Child and Adolescent Psychiatry Consult/Liaison Service at the Children's Hospital at Montefiore; Dr. Sarah Klagsbrun, Medical Director of Four Winds Hospital; Dr. Colleen Turek, Child and Adolescent Consult Liaison Psychiatrist at New York-Presbyterian/Morgan Stanley Children's Hospital; Dr. Robert Dugger, second year Child and Adolescent Psychiatry fellow at BronxCare; and Dr. John Zagat, psychiatrist at Westchester Medical Center.

The evening began with the panel answering curated questions from medical students who submitted their suggestions with their RSVPs. Then the floor was opened to students in attendance.

Panelists emphasized that a career in child and adolescent psychiatry does not mean "putting down the stethoscope;" they emphasized the inherently medical nature of psychiatry and the ways in which they have called upon all of their medical

education in the course of their careers.

From a training perspective, the conversation touched upon the pros and cons of completing a full four-year psychiatry residency before beginning a child and adolescent psychiatry fellowship as opposed to completing a five-year "fast track" program.

In their remarks, the speakers covered the range of modalities for practicing child and adolescent psychiatry, from inpatient care to telemedicine, and from treating adults to treating elementary school-aged children. Students learned that the field of child and adolescent psychiatry offers opportunities that suit each different provider personality. The topic of work-life balance was also addressed, as the physicians noted the importance they place on prioritizing their own children and families as well as the families they work with each day.

By the end of the evening, the tacos were gone, but questions remained in the minds of the students in attendance, several of whom expressed a newfound interest in child and adolescent psychiatry.

*Continued from page 8*

## Inspiration for Medical Students During COVID-19

primary care. The pediatrics and primary care students were present in order to tap the knowledge of the child and adolescent psychiatrists on matters of confidentiality with patients and knowing when to refer a patient for specialist psychiatric care.

The psychiatrists, all from the New York Council, included Dr. Galanter, who works in a combination of academics and private practice, Sarah Klagsbrun, M.D., the Medical Director of Four Winds Hospital, who works in an inpatient setting, Joe Wise, M.D. a fellow in child and adolescent psychiatry at SUNY Downstate and a child analytic candidate at the New York Psychoanalytic Society and Institute and Akeem Marsh, M.D. a Clinical Assistant Professor of Psychiatry at NYU, who works for the Juvenile Justice System, and importantly, is a graduate of SUNY Downstate. We learned a wealth of technical information about the process of board certification, programs with relative strengths in child psychiatry, and whether there would be opportunities to engage in psychotherapy during residency. We also absorbed more experiential knowledge: how working in the inpatient setting increases one's ability to treat patients in acute crisis, for example, and how to achieve an optimal work-life balance.

I am appreciative of the New York Council on Child and Adolescent Psychiatry for their support of medical student outreach conferences, and thankful to our panelists for a lovely evening!

## ADVOCACY

### 2020 Joint Legislative Breakfast

*by Gabrielle Shapiro, MD*



Seventy doctors enjoyed the NYCCAAP/ NYCMS//NYCPS co-sponsored January 26 Legislative Breakfast with Ms. Glick, Richard Gottfried, Robert Jackson, Etienne Mathieu, Lorrie Sutton, Carolyn Maloney and more. Our CAPS were able to get their 'asks'

heard by their legislators in real time and establish ongoing relationships with them for the future. Additionally, some of us teamed up with our medical colleagues for Advocacy Day in Albany braving a crowded bus the first week in March to advocate for the children and families we serve. Please stay active in our Advocacy and grassroots efforts via emails, Twitter and Instagram. Now more than ever we need to be involved for our patients and country!

### MoveOn Petition: Student Loan Debt Forgiveness

*by Robert Dugger, MD*



In April, more than 500,000 people signed a MoveOn petition asking Congress to include student loan debt forgiveness for doctors in the next stimulus bill. In May "The Student Loan Forgiveness for Frontline Health

Workers Act" (H.R. 6720) was introduced by **Rep. Carolyn Maloney, D-NY**. If enacted it would forgive all federal and private student loans for medical professionals who are directly interacting with COVID-19 patients, including front-line doctors, nurses, aids, technicians and would also apply to researchers working on COVID-19 treatments and cures. Members of the New York Council for Child and Adolescent including Drs Gabrielle Shapiro and Robert Dugger have been collaborating with the Medical Society the State of New York (MSSNY) and the APA to endorse the bill. MSSNY has issued a press release in support of the bill. APA Director of Federal Relations

Mike Troubh shared "Given how fluid the packages are when they come together bills are not going through regular order (i.e. hearings, markups and floor votes)...If (this bill was) included, it will most likely be a concept of this policy and not explicitly the Rep. Maloney bill since it was just introduced. However, we'll continue to monitor and advocate for the Maloney bill (HR 6720) / concept especially if it is not included in this package."



*Rep. Carolyn Maloney, D-NY*

## LOOK WHAT'S COMING UP NEXT ...

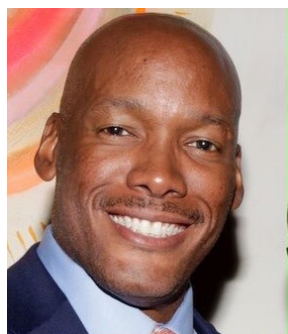
AACAP's 67th Virtual Annual Meeting  
*October 12-24, 2020*

**NYCCAP Welcome Night 2020**  
*Sponsored by Training & Education Committee  
and MIT Subcommittee  
Tuesday, August 4, 2020, 7:00-8:30 pm*



# AACAP Virtual Spring Assembly Meeting

by Melvin Oatis, MD



Our Spring AACAP Assembly meeting where the opportunity to share ideas, accomplishments and challenges of the work we do in our regional organizations in a collegial manner usually commences

with an early morning breakfast discussing infrastructure supports and potentially shared resources across state lines. Add a working lunch, special topic updates, two open forums and adjourning after 8 or 9 productive hours together to the template then a virus compels AACAP to quickly shift to a virtual compacted 3 hour well attended meeting in a different format for the safety of the delegation.

AACAP president Gaye Carlson provided opening remarks, a review of the Hanson course success and the west coast Psychopharmacology meeting.

The Assembly Vice-chair Marian Swope highlighted the 8 Advocacy and Collaboration grants awarded this year to ROCAPs including one to the NYCOCAP. She stressed the importance of submitting roll call forms

and encouraged delegates to write articles for AACAP news. Sala Webb, the Assembly secretary-treasurer presented positive health indicators of continued membership growth, robust annual meeting attendance and a healthy reserve fund despite a volatile stock market. Sheryl Kataoke from the resource group on guns summarized a clinical presentation from the October annual meeting detailing the dangers of firearm violence to children. The USA has the highest number of annual deaths of children by gun violence in the world with black youth dying 3x more likely than any other group. The APA director of legislative development, Tim Clement discussed mental health parity with its variability from state to state and the challenges of implementation despite the legislation.

The co-chair of the tele-psychiatry committee Shabana Kahn gave an update on the rapidly changing regulations for the use of tele-health during the Covid19 pandemic reviewing resources, reimbursement, coding and practical suggestions for implementing this modality during a public health emergency. Advocacy committee co-chair Karen Pierce encouraged delegates to send AACAP Coronavirus resources to schools and spoke about the challenges of school closures, the federal response stimulus packages to Covid19 and

reminders of the upcoming primary elections. She urged ROCAPs to have an advocacy liaison to attend the AL network call the first Monday of each month.

Mark Borer gave an update from the Healthcare Access and Economics committee detailing the leadership role child and adolescent psychiatrists can play when working collaboratively with primary care physicians to deliver comprehensive healthcare by educating, advocating and negotiating with stakeholders through the RESET program (Regional employer stakeholder engagement team). Participation allows for negotiating reimbursement, potential procurements of grants and the overall improvement of conditions for healthcare delivery.

Scott Paylo, a PAC co-chair rounded out the meeting with an update of a successful PAC contribution campaign and the benefits of the AACAP PAC to access legislators on the hill to discuss the mental health needs of children. Slides from the virtual Assembly are available on the AACAP website. As the Assembly chair, I appreciate all our members' diligent work on behalf of our patients and the dedication the New York Council on Child and Adolescent Psychiatry has demonstrated during this pandemic. Even when afflicted with symptoms of disease and the deaths of loved ones, you all served, you led while displaying compassion, leadership and empathy. I am grateful and thankful for you all!!

## NYCCAP's Wellness Event: Hosted by the Early Career Psychiatry Committee

by Jennifer O'Keeffe, MD and Colleen Turek, MD

The New York Council on Child and Adolescent Psychiatry is committed to support, enhance community, and provide wellness events for our members. We acknowledge and thank you for the hard work, resiliency, and dedication required by our physicians to care for our patients and their families.

On Saturday, February 1, 2020, the ECP committee hosted NYCAAP members for our annual wellness event. Members had the pleasure to learn from our guest speaker and facilitator, Dr. Hisla Bates, an integrative child and adult psychiatrist and professional artist who specializes in positive psychology and offers wellness workshops for physicians.

Dr. Bates facilitated a restorative, evidence-based drawing workshop that provided participants with skills to enhance their own creative abilities, cultivate mindfulness, and offered ways to lower stress and anxiety. She demonstrated the power of drawing through

techniques members could use in the comfort of their own home, or with our patients, and allowed participants to focus on being present through the drawing exercises. Participants appreciated Dr. Bates's unique perspective, expertise and passion--and left the day with a wealth of new tools to improve well-being.

Drawing has been shown to improve clinical skills and prevent burnout.

The term burnout first was used in the psychology literature in 1974 and is

characterized by emotional exhaustion, a reduced sense of personal accomplishment, and depersonalization.

We appreciated Dr. Bates's time to help our NYCCAP members to explore a creative modality to improve wellness.

You can learn more about Dr. Bates and her physician resources on her website: [www.drhislabatesmd.com](https://www.drhislabatesmd.com).





## NYCCAP Stands with AACAP to Condemn Racism and Calls for End to Police Violence

The past few months the country has been at a near-complete standstill. Most of us are trying to maintain while on stay-at-home orders and boom, a series of high-profile racism-related events and associated protests force a national reckoning. We either witnessed directly or learned about the deaths of Ahmaud Arbery, George Floyd, Breonna Taylor, Rayshard Brooks and countless other tragic stories resurfaced. As of writing this piece, more incidents continue to happen.

New York in particular has been an epicenter on these major current events at different times. Most recently, New York has been leading the world in dealing with COVID-19 cases and deaths. We have also experienced many high-profile police violence-related incidents. It was in this context that on June 2, 2020 AACAP joined a host of other professional organizations, companies, and institutions in condemning racism and calling for an end to police violence.

Racism, racist acts, and inequality in all parts of our community were specifically condemned. Systemic racism was formally recognized as a substantial determinant of health with



Akeem Marsh, MD

a pledge to stand on a united front with other professional organizations. Specific groups named include American Medical Association, American Psychiatric Association, and the American Association of Directors of Child

and Adolescent Psychiatry. AACAP exists in dedication to the general wellbeing of ALL children, and the unique concerns of children of color. Renewed commitments were made to “to promoting diversity, inclusion, and health equity at every turn... AND creating a just and peaceful world for our children, families, and communities”.

Hospitals, clinics, and training programs are galvanized across the country taking action. Outside of implementing formal statements of their own, they are incorporating trainings, didactics, and some going as far as making commitments to antiracism in practice. As the leading organization for Child and Adolescent psychiatry, the New York Council are uniquely positioned to use our power and influence for best practices. New standards set forth here should become a national model. NYCCAP stands ready with the commitment towards equity for all, and in particular, at this time resources need to be directed to the issues of systemic racism and related mental health sequelae. Please see the websites for NYCCAP and AACAP to learn more.

## AACAP's Second Virtual Forum: Healthcare Disparities Through the Lens of Diversity During the COVID-19 Pandemic

*“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.” — Rev. Martin Luther King, Jr.*

On the early afternoon (EST) of Saturday June 13, AACAP hosted the Virtual Forum: Healthcare Disparities through the Lens of Diversity During the COVID-19 Pandemic. This very inspirational and motivational experience had been in planning stages prior to the current ongoing pandemic, but was modified somewhat in focus to adjust to the times. To quote the brochure: “Through the AACAP Diversity and Culture Committee and leadership from the Asian, Black, Latino, and International Medical Graduate Caucuses, this forum identifies and addresses racial and ethnic healthcare inequities and shares and explores solutions at both the provider practice-based and community level”. We really got an adequate cross-sectional representation from a multi-ethnic, multi-subcultural perspective.

The local New York Council was heavily represented as many of our members have dual roles. Current AACAP President – Dr. Gabrielle Carlson, MD of Stony Brook

University and Melvin Oatis, MD – NYCCAP treasurer and AACAP Chair, Assembly of Regional Organizations of Child and Adolescent Psychiatry served as moderators. Dr. Angel Caraballo, NYCCAP Immediate Past President was chair for the event and also represented as speaker on behalf of the Latino Caucus. Dr. Anne Li, NYCCAP board member presented on behalf of the Asian Caucus, which she cofounded a few years go. Other speakers included: Jang Cho, MD also of AACAP Asian Caucus, Cheryl Al-Mateen, MD and Lisa Cullins, MD of the AACAP Black Caucus, Balkozar Adam, MD of the AACAP International Medical Graduate Caucus, Rebecca Susan Daily, MD and Richard L. Livingston, MD of AACAP Native American Child Committee, Lisa Fortuna, MD, MPH, of AACAP Latino Caucus, and lastly Thomas Hoffman, MD of AACAP Rural Health Committee.

Without spoilers, I am happy to report that AACAP totally delivered as promised. We

learned about the nuanced experiences of each community, sort of a like a ‘State of the Union’ elaborating on mental health amid the current ongoing COVID-19 pandemic. The impacts of racism as a social determinant of health, along with others such as limited access to care and educational attainment were explored. Historical context was appreciated. The prominence and appropriateness of the physician’s role in addressing these issues was highlighted. Each community in its own way is not used to the type of platform that it had, which is very important for representation purposes. Each presentation had specific actionable items at the end, whether advice for micro-interactions with colleagues to future research recommendations. And like most events, real time is the best experience. However, in the age of reliance on virtual world, the entire activity is available for your viewing pleasure on YouTube: <https://www.youtube.com/watch?v=16x0SS1r00k>. I would encourage all of those that missed to view and let’s all do our own parts to continue this movement.



# PHOTO GALLERY



2020 Hulse Award Lecture



We love you, Dr. Foley!



# PHOTO GALLERY



Music provided by The Shrinks