

NYCCAP News

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



Winter 2021

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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 NYCCAP family,

With great honor and humility, I greet you as the new president of the New York Council on Child and Adolescent Psychiatry. As an international medical graduate and the first Latina to lead the council, writing these words reaffirms part of the beliefs that prompted me to pursue a career and a life in this country and in NYC: working and living in a society that strives for equity, inclusiveness, and accountability. With a legacy of numerous past presidents and board members with diverse racial, ethnic and gender identities, NYCCAP has been a home to me since the beginning of my training as a Child and Adolescent Psychiatrist. It has not only provided friendships, mentorship and sponsorship opportunities, but also the skills and the platform to amplify the voices of the diverse youth and families we serve. This past year has made it beyond clear how nationwide the fight for equity, inclusiveness, and accountability needs to be at the forefront of our goals as individuals, and as members of any group we belong to. We had a year filled

with uncertainty, pain, anger and loss. Yet, at the same time we witnessed how hope, courage, compassion, and solidarity can get us through the darkest of times, and unite us to take action against racial injustice.

I started my term in the summer of 2020 after the first peak of the coronavirus pandemic, and in the midst of the global mobilization against systemic racism ignited by George Floyd's horrific death. Despite the uncharted territory we all navigated during the first six months of the year, NYCCAP's response under the leadership of Dr. Vera Feuer set a clear path to support our members and communities in a flexible and thoughtful manner. We are happy to share in this newsletter all of NYCCAP's events during the second half of 2020, which were mindfully planned to meet the needs and demands of our changing reality. As part of our commitment to fight systemic racism we established an antiracism task force to support and uphold the council to this commitment. We also adapted the mentorship program guidelines developed by the American Psychiatric Association Child and Adolescent committee, to specifically provide mentorship and sponsorship to underrepresented groups in child and adolescent psychiatry.

I'm thrilled to have the opportunity of serving as your president for the 2019-2022 term, and I am grateful for the extraordinary board members I will work with. We start this year with tremendous hope about being able to safely reunite without social distancing; and about the changes that are needed in the country. We are committed to our role as agents of that change, as vessels for the healing we all need, and we count on each one of you to embark in this process together. We look forward to seeing you in our upcoming events, and we are eager to hear from you how we can best support you, as well as the families and communities you work with.

In solidarity,

M. Carolina Zerrate MD, MHS
NYCCAP President

Join for these upcoming events:

Career Night 2021, February 23: [Registration](#)

Virtual Cooking Class, February 20: [Registration](#)

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Pandemic Uncertainties- Navigating School 2020

by Olga Leibu, MD



According to a news release from July 15, 2020 titled, "Needs of students during the COVID-19 Era: The American Academy of Child and Adolescent Psychiatry

(AACAP) and American Psychiatric Association (APA) detailed steps for safely reopening schools this fall, where both the AACAP and APA recognized that education, including school attendance, is an essential component of successful and healthy development of all children and adolescents". Access to universal, high quality education, is always a challenging goal, even more so for the COVID-19 era, when many have their education compromised and are experiencing higher level of stress from social isolation. Both the AACAP and APA recommended reopening schools, but with appropriate care and precautions in place. These educational decisions had to be based on science and community circumstances, ensuring that the need of students, family, teachers, and staff be addressed, allowing them to feel safe and engaged.

NYCCAP was honored to host another townhall focused on this everchanging topic of school during COVID-19. Our talented array of interdisciplinary panelists- Mr. Thomas Canale (10th Grade English & Writers' Workshop; East Rockaway Jr./Sr. High School), Dr. Nonso Enekwechi (Co-Medical Director, New York City Children's Center Queens Mid-Childhood Clinic at PS 169/RFK School; Staff Psychiatrist at Columbia University Student Health), Dr. Rebecca Mannis (Learning Specialist and Director at Ivy Prep Learning Center), Dr. Ami Norris-Brilliant (Neuropsychologist at

the Icahn School of Medicine at Mount Sinai), and Dr. Katy Stratigos (Medical Director, NYSTART Tri-Borough, Region 4)- shared their rich and diverse perspectives on what back to school 2020 and beyond is looking like in the constantly changing environment of the current pandemic.

Our discussion focused on the need to adapt to a fast paced and unpredictable environment. They discussed what experiences they have found moving, challenging, and potentially exciting and culture changing along the way.

From the school perspective, different issues were noted in a regular education program (with hybrid learning) vs a D75 program (specialized schooling setting for children with special needs). Mr. Canale noted the first few days were exciting ones for the students. They were thrilled to be back with their peers. However, these feelings were short lived as they were overshadowed by the realities of social distancing measures being taken. The main issue Mr. Canale felt needed to be addressed were the emotional responses of the students to the change in the school norms. However, even this was difficult to do as face masks made normal communication a difficult task. Mr. Canale noted that the "silver lining," in this situation would really be innovation/creativity of how to educate and engage students best with the above constraints.

Dr. Enekwechi's experience was notably different at his D75 school. He noted that most of the families in his school chose to do remote learning as they are of lower socioeconomic sphere and live in multigenerational families and wanted primarily to ensure safety from COVID-19 for their elders. They found remote school more conducive to their lifestyles as they also had a great deal of support from the multigenerational contributions in

supporting children's school and other daily responsibilities of the families. Dr. Enekwechi noted that his experience in student health at Columbia University was different. He noted students were understanding of the remote learning rules, but lonely and frustrated by the situation. This was similar to the children and families in the regular ed school.

According to Drs. Mannis and Norris-Brilliant, requests for testing and supports have remained about the same, but these have been notably harder to administer with limitations of remote and social-distanced testing. Testing that is already usually time intensive and hard to get, has become even more complicated as parts of it are done remotely and others need to be completed outdoors, requiring a great deal of coordination, cooperation, and discipline from families and providers alike. Considering the child's temperament, learning style, and context are key in education and learning support in general, but has never been more useful than today. It is important to be understanding and creative with the capacities that we do have. Creating structure, daily academic classroom/hw schedule, including a good amount of breaks, time for exercise, and time for outdoor activities, and trying to be diligent with sticking to these structures can help with a base of support and provide balance for families and children together.

Dr. Stratigos' perspective as a child psychiatrist and parent was that hybrid and remote learning is hard for the children. It was difficult the first time around during the first wave, but has been more disenchanting with resumption of school. Hybrid school feels like a "tease," to some extent. The in between of hybrid learning is stressful for parents and children alike as full satisfaction is hard to achieve for families in balancing their multiple responsibilities as parents, unexpected educators, and workers themselves, and for children in their socialization needs.

The ray of hope gleaned from this panel is that meetings like these are more accessible, regardless of location, to bring together groups of people that can collaborate innovatively and think how to address the fast-paced uncertainties of this unique time and changes



RETURNING TO SCHOOL: Advice from a Child Psychiatrist

by Sarah Klagsbrun, MD, DFAPA, DFAACAP



THE DECISION TO RE-OPEN SCHOOLS

School re-opening decisions will vary among school districts. There will likely be a combination of virtual and in-person learning. The main question

on the minds of many is why are schools re-opening in the middle of a pandemic when we know transmission is inevitable. The answer is that many experts feel that children, especially younger children and those with disabilities, have a harder time with virtual learning. The longer schools are closed with no in-person learning, the farther students fall behind. This can then create an academic crisis which, in turn, may increase anxiety and other potential psychological issues. The longer children with separation anxiety and school refusal stay home and the more the norm becomes virtual learning, the harder it will be to get these children back into schools. There is also the socialization piece of in-person schooling that has been missing which, in turn, leads to isolation, disconnection and can increase the risk of depression especially for children with difficult home lives to begin with. Thrown into the mix is the fact that students of families with economic challenges may not have their own room, computer, internet access or even a quiet space in which to learn. During pediatric visits, parents should be asked where their children will be learning virtually and encouraged to create a quiet space for their children to learn in.

CHALLENGES STUDENTS WILL FACE UPON RETURNING TO SCHOOL

When students return to school, every detail in a student's day will be different from the way it was before. Some students will be excited about the return to school to see friends and try to resume a new norm while other students will worry about their health, their families' health and their fellow students' health. Some children may have fallen way behind academically from the virtual learning. For children with physical disabilities and emotional issues that means

more challenges. For children with special needs, there may have been a long gap in their occupational, speech and other supportive services. For children with separation anxiety and a history of school refusal, it will be even more challenging to get them to return to school.

PREPARING FOR THE TRANSITION BACK TO SCHOOL

Parents should work on open lines of communication with their children prior to this likely bumpy transition. Advise parents to have a set time each day - sometimes easiest over a meal like dinner - to check in with their child. Parents should also work on a normal sleep schedule. That means no computers or phones in the bedroom after a certain hour. It will take time to readjust to a school sleep schedule.

START CONVERSATIONS NOW

Advise parents to anticipate some of the difficulties mentioned below and ideally problem-solve them ahead of time and to ask questions in a neutral way.

- Do you think it is a good idea for kids to return to school?
- How do you feel about in-person learning?
- How do you think it will be returning to school wearing masks with social distancing?
- What are you looking forward to? What do you think will be worst part?
- What do you think students in general will be worried about? (sometimes asking what others might be concerned about allows children to express concerns feeling less in the spotlight)

ANTICIPATE CHALLENGES

It is difficult to anticipate every challenge. That being said, ask parents to think ahead to possible difficulties that might arise for their specific children. Anticipating and preparing for upcoming issues can help ease the transition.

MASK CHALLENGES

Students must wear masks the entire time they are in school. This creates an emotional barrier between people because half the face is covered. Part of how we socialize is through interpreting each other's facial expressions.

Children, such as those with Autism, who have particular difficulty reading social cues, will be especially challenged. In addition, masks are uncomfortable. Students sensitive to clothes may also be sensitive to masks. One recommendation is having a sensitive child wear a mask all day at home to get used to the feel and address these issues. Maybe make a game out of who can wear the mask the longest.

MEALTIME CHALLENGES

Students must understand returning to school does not mean seeing and hanging out with their friends the way they were used to. This is a loss for many kids who used mealtimes to unwind and connect with friends.

PHYSICAL CHALLENGES

With social distancing, there will be a lack of sporting practices and events. During recess, games like tag are out. There will be a lack of exercise and energy release during the day. This will cause a strain especially on boys who have trouble sitting still and for those children with ADHD.

ACADEMIC CHALLENGES

Some students may have fallen behind academically because of virtual learning. Returning to school means learning in masks. Students need to focus while wearing something uncomfortable on their face. The masks also make it harder to ask questions especially if students are in the back of a classroom. The masks may deter students from asking teachers' questions outside of the classroom due to the annoyance of talking loudly with a face barrier. Small group learning or study groups can no longer occur.

CHILDREN WITH ADDITIONAL CHALLENGES

Children with psychiatric, medical, and physical disabilities likely face greater challenges. Some children, such as those with developmental disabilities, are used to schedules and have difficulty with change and transitions. These new rules that will likely be constantly changing will create an additional challenge for this group of students. Children with physical disabilities may have missed out on in-school services due to there being no school or missed out on speech or occupational language instruction for months and may not be able to receive those services once school begins. For students with anxiety, the longer the time away from school the more difficult the transition back to school will be. And the expectation is students transition back to school in the midst of an actual pandemic. For children with expected challenges, have parents



Continued from page 5

try to make a re-entry plan ahead of time. Try to involve the school guidance counselor or the student's mental health practitioners when possible.

EXPECTED RESPONSE TO COVID OR SOMETHING PSYCHIATRIC

How do you know if a child is having an expected negative response to the COVID pandemic or there is an underlying psychiatric illness brewing? COVID has led to isolation, cancelled trips, cancelled playdates, which has led to justifiable feelings of upset. A 13 year old told me through tears "I am supposed to be at camp playing with my friends." A 19 year old told me "my college years are ruined. I finally made it onto the football team and now I lost that opportunity for at least half my time in college". Sometimes upset, despair, tears are to be expected and not clinical signs of depression and an expected response to what has been taken away and is being mourned the same way any loss needs to be mourned. The longer the losses go on, the more the despair can increase.

PAY ATTENTION TO KIDS BEHAVIORS

A change in a child's behavior is often the key that something is wrong. Children express their thoughts and feelings through their behaviors. If a child is extra moody with increased irritability, mood fluctuations, temper tantrums, changes in appetite or sleep habits a pediatrician and parent should take those behaviors seriously. Another child may be more withdrawn, quiet, removed from family and friends in order to try to avoid their worries. The solution may be as simple as a child needing more sleep or these behaviors may signal underlying anxieties or psychiatric issues. Do not be surprised if things get worse before they get better when a child returns to school with a new routine. That is why it is extra useful to pay attention to behaviors prior to the start of school in order to notice any changes which may signal a problem upon the return to school.

QUESTIONS TO ASK PARENTS

- Has the child's behavior changed?
- Is the child more isolative than usual?
- Any changes in appetite or sleep?
- Is the child using substances like smoking weed or vaping?
- Teens usually text and communicate with each other remotely via Instagram and SnapChat --Is the child still connecting to peers or completely isolating from peers?

Education in Isolation

by Ritvij Satodiya, MD and Mitali Solanki, MD



Amidst pandemic, the sudden leap to virtual learning model raises a question, "Is it a good enough substitute to meet the academic and developmental needs of a growing kid or teen?". The notion of convenience of learning from home is progressively increasing in this era, especially in current times of COVID.

Childhood is considered a golden period of life. The enduring remembrance of sitting on a classroom bench or playing with my best friend in recess comes in my mind within a flash when someone asks about my childhood days. It is unfortunate that children are missing these precious moments that we think as our eternal memories of lifetime.

Nowadays, there is no classroom and virtual learning can be tedious given lack of direct human contact. Students encounter difficulties with engagement from a restricted sensory stimulating environment, like a classroom. Also, the limited scope of communication opportunities and lack of structure can precipitate distractions and impedes the

grasping power of students. It becomes complicated for a teacher to track all students on screen and have almost minimal regulatory control on their learning attitude and behaviors. It is even more challenging for kids with special educational needs as they thrive from a set structure.

Schooling provides a centralized location for not only childhood intellectual development but also for social and emotional growth. It teaches the child to exist in a larger community - at first navigating the playground and later the more advanced social constructs of high school. School offers an arena of multicultural systems that represents a version of our society. The alliance with diversified cohorts nurtures their cultural competency, which is extremely necessary and inadequate by virtual replicas of school.

There is a fear of cultural insularity with lack of communal experiences when their major interactions are with online communities. Socialization and peer acceptance are critical for self-esteem and identity formation. Schools offer a safe place for early social experiences and build a peer connection alongside having support from teachers and staff members. Peer relationships are essential to learn different communication styles, cultural adaptations and social skills that are essential for brain development, promote positive relationships and work effectively in cross cultural scenarios.

With the changing world, virtual space should be designed to provide practical pertinence of our world. Creativity and immersive experience should be the essence when designing the platforms to sustain education in such isolative periods. This can be possible by designing an inquisitive, interactive and personalized curriculum offering skill training along with education, including equal share of student ownership. It is imperative to solidify the partnership between the fundamental principles of schooling with modern technology to provide effective education.

Authors:

Dr. Ritvij Satodiya is a 1st year Fellow in Child and Adolescent Psychiatry at Child Study Center, New York University Grossman School of Medicine.

Dr. Mitali Solanki is an International Medical Graduate applying for psychiatry residency training. She is a Research Associate at the Loretto hospital.

NYCCAP Welcome Event: Virtual Success

by Kathy Liwski, DO



Nor rain, nor sleet, nor the COVID pandemic will keep NYC's child psychiatrists apart! NYCCAP successfully hosted the first networking event of the academic year where over 40 CAP

fellows, residents, and Child Psychiatrists networked utilizing the power of Zoom. The event offered fellows and current faculty members the opportunity to engage with their peers from the NYC metropolitan area, and allowed for attendees to join breakout rooms with leaders from a selection of various areas of interest. Discussion leaders were paired with attendees to provide insights in the fields of advocacy, private practice, psychotherapy, academic medicine, and opportunities to engage in professional organizations. The event was not only an opportunity to network, share insights and provide guidance, but was filled with joy and laughter, where attendees shared stories, favorite movies and shows. With such a positive start to the year, NYCCAP is excited for upcoming events!

The NYCCAP MIT Subcommittee meets throughout the year and welcomes involvement of child and adolescent psychiatry fellows and general psychiatry residents. Please reach out to us if you have any questions or would like become more involved. We look forward to hearing from you!

NYCCAP Applicant Night

by Amanda Wallace, MD



The Members-in- Training (MIT) committee hosted its annual Applicant Night on Thursday evening, November 12, 2020. Applicant Night is a NYCCAP-sponsored event for current and prospective applicants to child

and adolescent psychiatry fellowship to meet with current child fellows in the NYC area and ask questions about their training experience and the application process. While this event has traditionally been held at a restaurant in the city for informal dinner and mingling, due to the COVID-19 pandemic, this year's event was held over Zoom and was just as much of a success. There were fifteen trainees in attendance, including six current fellows representing Mt. Sinai, SUNY Downstate, Bronx, NYU and NYP. The current and prospective applicants included MS2 and PGY1-3 trainees and represented Montefiore, Harlem Hospital, SUNY Downstate, St. Barnabas, Einstein and Garnet Health Medical Center. Questions included wanting to know about the benefits of completing the fellowship, considerations current fellows made in ranking decisions, and how to get more experience in child psychiatry if your training program does not have many opportunities. In addition to the advice provided by current fellows, it was wonderful to see current applicants providing support and guidance to trainees in earlier stages, bringing their unique experience of applying for fellowship in a virtual interview process. Several trainees also expressed interest in getting more involved in NYCCAP in the future and were added to the committee planning meeting list.

2020 Wilfred C. Hulse MD Awardee Dr. Carmel Foley

by Scott Palyo, MD



The Wilfred Hulse Award for an outstanding contribution to the field of child and adolescent psychiatry in our community. While serving as President of the NYCCAP Dr Hulse died suddenly on January 9, 1962 and then in 1971 an annual award was cre-

ated in his memory. It was a pleasure to honor Carmel Foley this year's award.

Dr. Foley truly exemplifies the traits that Dr Hulse exhibited many years ago. Like Dr Hulse, Dr. Foley was born and raised in Europe and came to America as a physician. Earlier this year, Dr. Foley was honored with warm hearted and thoughtful comments by her Northwell Hospital colleagues, Drs Victor Fornari and Vera Feuer, when she was given the actual award this past summer. It was obvious from those comments how she has inspired and touched so many colleagues in her home hospital and beyond. In November, Dr. Foley was able to present her story and thoughts for the Hulse Lecture. It was as lively, inspiring, and smart as she is.

Dr Foley initially discussed her life growing up in Ireland and what was needed as a woman to overcome obstacles in the field of medicine. It was eye opening to be reminded it was not long ago that so few women were in medicine and as Dr Foley remarked there were few women residents in her class and no attendings who were women. She also reminded us that there was so much prejudice she experienced being an immigrant. All of these comments apply to people today.

As Dr. Foley paralleled and contrasted our field in the 1970's to how it is today, she further challenged trainees and early career psychiatrists to read, question and challenge the status quo. This is what is needed to grow as an individual and as a profession. It was obvious that Dr. Foley practices what she preaches and has mentored so many of us at this lecture to do the same.

In contrast to this difficult year, Dr. Foley gave us such a moving, loving and inspiring story about her own life and how we all can be better for ourselves and our patients. This resonated with all of us in attendance and was exactly the type of talk that was needed from the 2020 awardee!

2020 Wilfred C. Hulse MD Award Recipient



Carmel Foley, MD

*In recognition of her outstanding contributions
to the field of child and adolescent psychiatry.*

End of the Year 2020

by Vera Feuer, MD



After an unprecedented Spring and pivoting our personal and professional lives as well as all our NYCCAP activities to various virtual platforms, we also hosted our first ever Virtual End of the Year event on July 8th. We had a fantastic turnout and while guests “gathered” we all got to listen to Dr. Iliyan Ivanov and his band “The shrinks” and view a slideshow of our events from the past year. We had some special guests AACAP President Dr. Gabrielle Carlson and this year’s Wilfred C. Hulse MD Award recipient, Dr. Carmel Foley join us as well. Multiple guests spoke to honor her and tell about her many contributions to the field of child and adolescent psychiatry, as well as her wonderful personality and mentorship, including Dr. Victor Fornari, Dr. Robert Dicker, as well as Dr. David Kaye from Buffalo. We had many colleagues join us from other parts of the country and NY State, which was an added bonus of this new virtual platform. Dr. Carlson spoke eloquently about the impact of the pandemic and all the AACAP has been doing keeping programming alive, including Virtual Fora and her Screenside Chats. After her speech, the wonderful NYCCAP Board surprised me with a very special tribute video, which was so appreciated and a very special way to conclude this event and my presidential term.

While we certainly missed being together in person, the shared mission, the warmth and our connection certainly made us feel connected. Amidst all the uncertainty, one thing I continue to take comfort in and inspiration from is our team’s relentless enthusiasm, passion and endless support for each other, our patients and our communities, as we keep bouncing forward to an uncertain future and navigate the impact of this pandemic on us all.



IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions

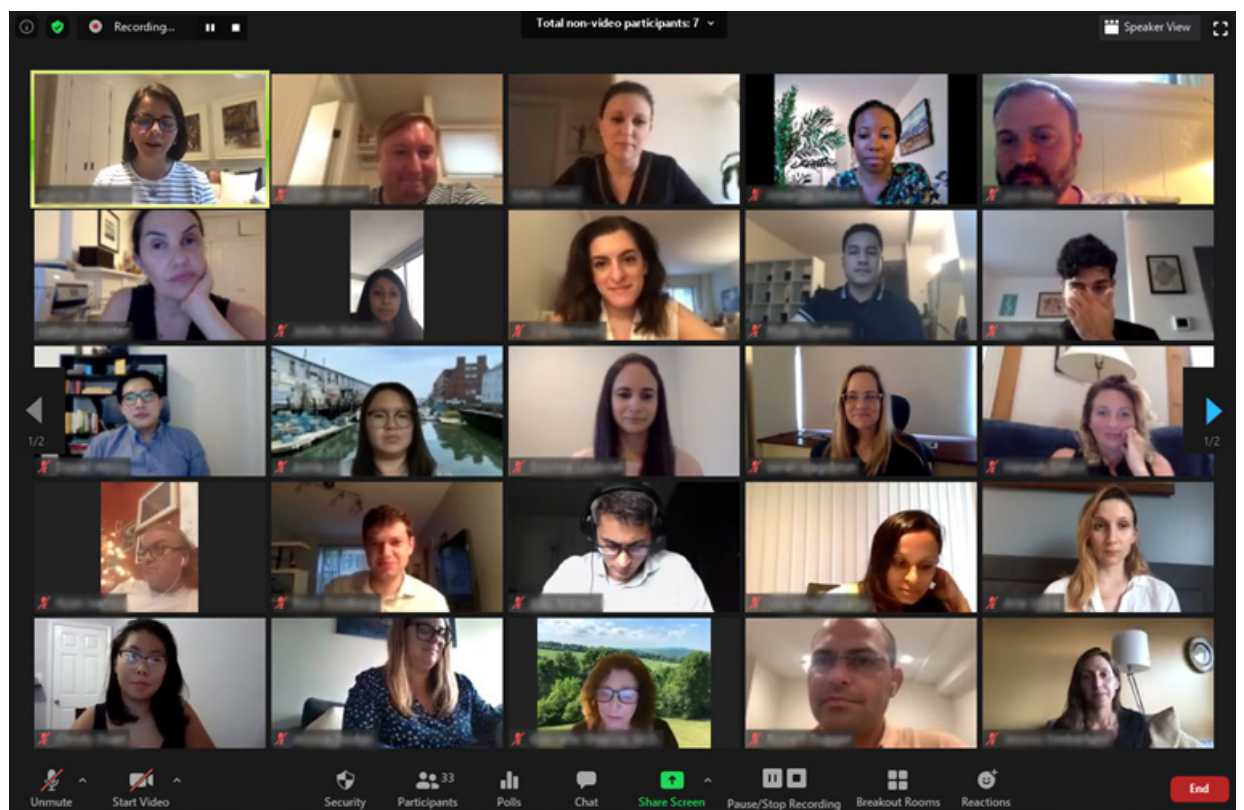
The First Virtual IACAPAP Meeting

by Scott Palyo, MD

The International Association of Child and Adolescent Psychiatry and Allied Professionals (IACAPAP) held their first virtual Congress in early December following their postponed conference that was originally scheduled for July in Singapore. Entitled “Starting from the Beginning: Laying the Foundation for Lifelong Mental Health” this was the 24th Congress in its history (the first conference was held in 1937 in Paris). There were at least 5 symposia accepted from New York and many of us were disappointed not to be able to travel to Asia to present and collaborate face to face with colleagues from all over the world.

The virtual event lasted three days and each day coincided better with one specific time zone throughout the world. Two of the Plenary Speakers and 1 State of the Art Speaker are members of AACAP: our President, Gaye Carlson, Past President Bob Hendren (California), and Dr. James Hudziak (Vermont). The events consisted mostly of videos and then specific times for discussion and Q/A’s. Overall, it was a fun experience of being able to hear so many fantastic researchers and clinicians from all over the world present material that is applicable for mental health treatment of child and adolescents.

IACAPAP memberships mainly consist of national organizations from around the world including AACAP. They hold a biannual Congress mostly over the spring or summer time, which definitely entices many of us to stay nearby and take a vacation following the conference. The last conference was held in Prague, Czech Republic two years ago. The next conference will be held in Dubai, U.A.E. on March 19-22, 2022 and then the proposed follow up conference will be held in Rio de Janeiro, Brazil in 2024. Feel free to sign up for updates from their program committee for the 2022 Congress by visiting: www.iacapap2022.com. The theme of this Congress will be “Child and Adolescent Mental Health: Shaping the Future!” Hope to see many of you there from New York presenting and participating.



NYCCAP’s Welcome Night 2020

AACAP 2020: Virtual Closeness in a Pandemic

by Maalobeeka Gangopadhyay, MD



As COVID-19 started its confining and traumatic impact in New York in March 2020, thoughts of the AACAP Annual Meeting were not the first on our minds. As we approached late Spring when we would discover which of those optimistically

and creative February proposals were accepted for presentation, questions started emerging: What would October look like? Would we be in San Francisco? Would our institutions allow us to travel? In some ways, it seemed very distant yet attached with hopes that the pandemic would be under control by that point. By June, our professional and personal lives had the routines of many telehealth platforms and virtual ways to keep in touch with our families, colleagues, and patients. Networking, learning, and sharing strategies for care also became routinized in this virtual space and we learned the existence of Zoom-bombing, virtual backgrounds, and host capabilities to facilitate safer, smoother, and professional interactions. In 4 months, nationally we became “experts” in this technology and thankful for the AACAP Telepsychiatry toolkit.

With the announcement of a virtual platform for AACAP 2020 and increasing restrictions in travel nationally, this new stage was a perfect way to provide connection in the child psychiatry community, the sharing of knowledge, and the ability to attend the varied symposia, case conferences, and institutes. We wanted to be safe, connected, and looking forward together as the need for child psychiatrists rose and the importance of mental health was at the forefront of health care workers, patients, students, and parents. The extension of the meeting to be over two weeks and availability of the videos into the end of the November facilitated flexibility in attendance. The need to record presentations over the course of September encouraged meeting with my workgroups more often than my typical last minute rush to the finish (eg powerpoints on airplane trips and the impromptu rehearsal the night before the presentation). With each of these meetings, I could learn how my colleagues were doing internationally and mobilizing their teams; it created a greater intimacy in these times where distance is the key and a compassionate dialogue emerged beyond the work we do.

The AACAP meeting itself was a whirlwind; I feel like I have some new takeaways for other virtual meetings going forward; if I am attending a conference or presenting, I should probably

take the day(s) off and treat it like a conference. Keeping in the mindset of a conference is a challenge when handling pagers and clinical work. It was a wonderful reminder how the Annual Meeting facilitates the creativity, enthusiasm, and camaraderie to charge the clinical and research work going forward. The virtual conference platform helped to be in Q&A sessions and network in presentations that normally could not physically manage accommodating the number of interested attendees. From autoimmune encephalitis to suicide prevention to memorable interviews of the legends in our field, it was all accessible. At the same time, I missed the communal evening and morning hangouts while catching up or planning the day, the brainstorming for next year as we sit around the committee table, the casual “hello” and “what are you up to” with mentors and trainees from years past. True the screen is there and the opportunity but the shared meals, warm handshakes and hugs, the palpable excitement of sharing a room and sharing air are on pause for now. These little reminders of the gifts of the Annual Meeting beyond the presentations makes us richer in the compassion we give each other and our patients as we hold hope and encourage vaccination for when it is safe to meet again and gratitude that we have the technology to stay in touch in the meanwhile.

AACAP Virtual 2020 Fall Assembly Meeting

by Melvin Oatis, MD



The Fall AACAP Assembly meeting provided another opportunity to share ideas, accomplishments and challenges of the work done in our regional organizations.

- AACAP president Gaye Carlson, MD provided opening remarks, an update of her well-received fireside chats and a reminder to review major AACAP action item updates between meetings. The Assembly Vice-chair Marian Swope, MD highlighted the eight Advocacy and Collaboration grants awarded this year to ROCAPs.
- Sala Webb, MD, the Assembly Secretary-Treasurer, presented positive health indicators of continued membership growth, an anticipated robust virtual annual meeting attendance and a healthy reserve fund.
- Jill Brafford gave us tips to navigate our first virtual annual meeting that gratefully surpassed our expectations. Drs Chilton and Martin generously reminded us of the importance of maintaining physician wellness.
- The Religion and Spirituality Committee Co-Chairs Lisa Fortuna, MD and Richard Camino Gaztambide, MD alongside the Disaster and Trauma Committee Co-Chair Linda Chokroverty, MD shared the challenges of managing grief and loss during this COVID pandemic.
- Anna Ordóñez, MD of the Global Health committee gave an international perspective of the ongoing response and management of the COVID crisis.
- Mentorship is vital for the health of AACAP and John Dunn, MD reminded everyone to make every effort to mentor members at all levels.
- *JAACAP* Editor John Dunn, MD shared the *Orange Journal*'s continual high impact factor and considerations of the trend of open access and what this may mean for the future.
- Advocacy Committee Co-Chairs Deb Koss, MD and Karen Pierce, MD urged everyone to vote, encouraged delegates to have regional advocacy liaisons, which meet the first Monday of each

During AACAP's Annual Meeting . . .

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month, to review the virtual advocacy training on September 17 2020 and to continue your advocacy efforts virtually!

- ECP Representative Alicia Barnes, MD gave a dynamic presentation regarding engaging all of AACAP's advocacy infra-structure and government affairs to address the age of adjudicated adolescents and all of its inherent problems.
- PAC Co-Chair Scott Palyo, MD gave an update of a successful contribution campaign.
- Terry Lee, MD from Washington submitted a resolution for AACAP to support the formation of a national

bureau for firearm safety spurred by the passing of legislation for such a bureau in Washington State. This resolution passed.

- The open forum produced a robust discussion of ROCAPs responses to COVID and shared resources.

As the Assembly Chair, I appreciate all our members' diligent work on behalf of our patients and the dedication to the AACAP mission. Thanks to Drs. Pamela Hoffman, Scott Palyo and Adam Sagot for their work in the Assembly. I am grateful and thankful for every member!!!



Bake bread, Break Bread

Saturday, February 20

5:00 pm

Career Night 2021 (virtual)

Tuesday, February 23

7:00 - 8:30 pm

NYCCAP's Virtual Reception

Thursday, October 22, 2020

by M. Carolina Zerrate, MD

This year the annual AACAP meeting took place in the virtual world. It was quite a different experience but without a doubt accomplished all goals despite the challenges; including creating opportunities for members to connect socially and spend time together outside of academic and committee meetings. NYCCAP was able to take advantage of one of those virtual spaces and on Thursday night we were joined by current members, old members and friends of NYCCAP for an hour of catching up and having fun. In the spirit of spreading the good times we decided to share with you this NYC trivia game which was quite a hit. Hope you enjoy and expand your NYC knowledge!

1. **New Yorkers bite 10 times more people than sharks do worldwide each year?** T/F
2. **Which of the following was invented in NYC?**
 - a. Ice cream cone
 - b. Pasta primavera
 - c. Eggs Benedict
 - d. All of the above
3. **Albert Einstein's brain and eyeballs are kept in a safe box in the city?** T/F
4. **The Empire State building gets hit by lightning about how many times per year?**
 - a. 13
 - b. 5
 - c. 23
 - d. 0
5. **What native American tribe lived in Manhattan:**
 - a. The Narragansett
 - b. The Mohican
 - c. The Lenape
 - d. The Shinnecock

WORD SCRAMBLE

word
SCRAMBLE

01. NAEQNRTUIA
02. IRUGABSLIWLM
03. DEOMZUTOO
04. NAOCOR ROWRSARI
05. ELERCIENS
06. AOGPSCYRCLMOOYHHPA
07. ANISCRATTI
08. TAHETACMTN
09. ITNORLFA
10. DNENMOARTUELLOEPVE
11. ALIHYPLS
12. OTCEDMRAR
13. ENNRECTRAESF
14. HNGIMGEEUG
15. MPCSIOPPHAU