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Dear NYCCAP family,

After two years of the COVID-19 pandemic, we are starting this year with an incredible challenge, yet hopefully with a shared sense of empowerment given the recognition nationwide of the mental health crisis we are facing. Following AACAP’s joint declaration in the fall, the US Surgeon’s General Advisory released at the end of 2021 further highlighted the need for comprehensive, systemic, and multilevel interventions to begin to address this crisis. As Child and Adolescent Psychiatrists (CAPs), we are aware of the tremendous gaps in our systems of care to fully be able to support all youth and families in their recovery journeys. We have witnessed how those gaps have exponentially grown these past two years and how marginalized and BIPOC communities are disproportionately impacted. With a clear call to action to our legislators, I am hopeful this will be a year to seize opportunities to revitalize and reimagine services for the youth and families we care for and to re-energize and protect the work we do as CAPs. We are all part of this change, and the New York Council on Child and Adolescent Psychiatry (NYCCAP) is grateful to be able to be of service to all of you in this process as it has been up to now.

During the second semester of 2021, we continued to thoughtfully consider how to create spaces to support and celebrate the work you do. This past summer, we had the luxury of getting together in person for our annual Welcome Night and enjoy a perfect NYC sunset on the Hudson River as we reconnected with colleagues and friends and met the newest generation of CAPs. We started the fall with a Townhall meeting bringing together leaders from across different settings to discuss how CAPs in NYC were impacted by the 2021 “Great Resignation”. During the AACAP annual meeting, we had the privilege of celebrating Dr. Clarice Kestenbaum’s 65 years in medicine, and learned about her YouTube series, “Words of Wisdom with Dr. K.” In November, we gathered online for the 54th Wilfred C. Hulse Lecture Award given by Dr. Vera Feuer who masterfully shared with us her outstanding contributions to the field. On January 25, we joined our colleagues from the New York County Psychiatric Society and the New York County Medical Society for a conversation with our state legislators during “Advocacy Hour,” among other things we reinforced the message of urgency to address the mental health crisis.

Finally, and to bring to context our newsletter cover, we want to share that throughout the second half of 2021 the NYCCAP board significantly expanded. We welcomed half a dozen babies giving us 6 amazing reasons to pause and smile with each arrival. As in parenthood, our work as CAPs is best sustained when we are mindful and intentional about taking care of ourselves. As your regional organization, we are invested in supporting your wellbeing and eager to hear from you how we can continue to improve your membership experience to uplift your work and self-care in 2022!

In solidarity,

M. Carolina Zerrate MD, MHS
NYCCAP President

Connect with us:
Email us at: info@nyccap.org
Follow us: Twitter, Instagram, Facebook, LinkedIn

Checkout our resources on COVID-19 and Racial Justice: website links!
On November 17, we were honored to have the Hulse Presentation by Vera Feuer, M.D., this year’s awardee. The Wilfred Hulse MD Award is an annual award the New York Council presents to one individual who embodies the role of a fantastic child psychiatrist as our former President, Dr. Hulse. The awardee is someone who contributes to the local community, our regional organization, as well as AACAP.

Dr. Feuer’s many outstanding achievements include clinical accomplishments, academic experience and expertise in the field of child and adolescent emergency psychiatry, as well as her ongoing commitment and excellence in service administration and leadership and her contributions to local and national workgroups and committees have helped demonstrate unequivocal peer recognition.

Dr. Feuer, an Associate Professor of Psychiatry, Pediatrics and Emergency Medicine at the Zucker School of Medicine at Hofstra/Northwell Health, completed her training at Drexel University and Hofstra-Northwell Health. She has been on faculty at Northwell for 12 years and has experience in Pediatric and Adult Addiction-, Consultation-, and Emergency Psychiatry. She participated in developing the Northwell Health Emergency Telepsychiatry network and led the opening of Behavioral Health Urgent Care at CCMC as well as community embedded school serving urgent care centers- the Behavioral Health Center at Rockville Centre and at Mineola. She has been collaborating with school districts to expand access to mental health care for students as well as to provide community education and professional development to school communities. She has been involved with local and national workgroups developing care standards for pediatric crisis behavioral health care and she is a Distinguished Fellow of Child and Adolescent Psychiatry. She serves as the co-chair of the Emergency Child Psychiatry Committee of the American Academy of Child and Adolescent Psychiatry and is the immediate past president of the NY Council of Child and Adolescent Psychiatry. Her interests include access to mental health care for children, suicide prevention and collaborating with schools and primary care providers.

The event this fall allowed us to hear from Dr. Feuer about her passion of expanding mental health care to her local community in Long Island with services including telepsychiatry, school based mental health care and urgent care centers. It was an inspiring lecture to see how much has been achieved in the past few years. Many audience members who have been a part of the program noted that Dr Feuer was vital to its implantation and to its current success. We are all excited to see its continued growth and greatly appreciate Dr Feuer’s leadership and inspiration in our field.
Prior to the onset of COVID-19 pandemic, the dearth of services to address children’s mental health had been recognized. For child and adolescent psychiatrists, the critical shortage is deeply appreciated as we regularly advocate for recruiting and expansion of service provision. While this has been the case, there has been a steady increase in rates of depression, suicidality, and other mental health concerns among youth exacerbating the fragile system to a critical breaking point.

The COVID-19 pandemic and its ramifications remain unprecedented in the modern era. Millions have gotten sick and many of them actually passed away. Family units were disrupted. Our ‘regular’ routines are no longer regular. Things that we used to take for granted such as self-care and relaxation are now hard to come by – social gatherings, indoor dining, movies. Kids have been expected to attend school virtually without the socialization they really need for proper development and stress relief.

Given all of this, it’s reasonable to expect that one would have to be affected in some way. Indeed, the pandemic has been recognized for its increased stress on kids from lower income and minority communities. Those of us in clinical practice have seen an uptick in related referrals. From school refusal, to increased depression, anxiety or suicidal ideation, many children are struggling in different ways. When systematically studied, COVID-related stress has been found to be associated with higher rates of depressive symptoms, suicidal ideation and attempts. Similar trends have been observed throughout the world. With the profession having turned primarily to virtual service, lack of access to telepsychiatry has also been identified as a serious challenge.

In consideration of the trends described above, the American Academy of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP), and Children’s Hospital Association (CHA) have declared a national emergency in children’s mental health. NYCCAP strongly agrees with this action and believe that governments and policymakers need to follow suit. Some examples of actions that could be taken include increasing federal funding for services, allowing for increased access to telehealth, improving community-based systems of care, and addressing workforce challenges, among other things. We have our work cut out for us going forward but there is reason to hold on to hope with these organizations taking a bold stand.

Updates in the Treatment of Anxiety Disorders
March 9, 2022, 7:00-9:00 pm ET

Career Night 2022
March 22, 2022, 7:30 pm ET

Autism Spectrum Disorder: Piecing Together the Puzzle
A Child Psych Cat - Autism Awareness Month Edition
April 13, 2022, 7:00-8:30 pm ET

AACAP Assembly of Regional Organizations
April 9, 2022, 12:00-3:30 pm ET

AACAP Legislative Conference Training Day
May 5, 2022 (half day)

AACAP Legislative Conference Congressional Meetings
May 11, 2022 (all day)
The New York Council Reception at AACAP
“Honoring a New York Giant”

by Scott M. Palyo, MD

As we attended AACAP’s virtual annual meeting, many of us had the amazing experience during NYCCAP’s reception of listening to Clarice Kestenbaum, M.D. discuss her recent endeavors during the pandemic. In honor of her 65 years in medicine, she introduced her series on Youtube, “Words of Wisdom with Dr. K.”

In this series, she shares stories from her life, her lectures on child development and psychotherapy, leads clinical consultations with fellow CAPs and trainees, and demonstrates how to engage with children in interviews. The first season will include at least 15 episodes that were recorded over the pandemic from Dr. K’s home. This was conceived by Olga Leibu, M.D., and myself. Janel Smietana, M.D., a trainee from Delaware assisted in producing these videos which were filmed by her son, John Stone.

During the reception, Dr. Leibu interviewed Dr. K about her many years in medicine with a focus on Dr. K’s lecture, “Women in Medicine.” This extremely well attended event was very special for Dr. K as many of the physicians in attendance were her prior students, residents and fellows from the past 50 years. It was an inspiring evening. AACAP’s Former Executive Director, Ginger Anthony, commented that one of Dr. K’s secrets is that she’s always looking for a new adventure and always finds happiness whatever comes her way. As many of us know, Dr. K still works seven days a week with clinical patients, supervision, and teaching. But during the pandemic, she took on a new challenge and embraced the time at home with a new way of connecting to physicians and other mental health clinicians far and wide. What a remarkable human being and an inspiration for all of us. A true New York Giant!
Over the last year there has been an increasing recognition and call to action regarding the crisis in mental health in this country, including the joint Declaration of a Nation Emergency in Child and Adolescent Mental Health by the AAP, AACAP and Children's Hospital Association in October, and the U.S. Surgeon General's Advisory on Protecting Youth Mental Health in December. Already existing and under resourced systems are drown under the increased demand with the rise in need and acuity of mental health needs. Our current systems are not able to meet the needed services currently, but with increasing recognition of these needs provides us with the opportunity to speak louder to advocate for our patients, families, friends and healthcare communities.

On January 25th the New York Council on Child and Adolescent Psychiatry co-sponsored an annual legislative event with the NYCPs and NYCMS, highlighting areas of importance to our communities. Though we missed seeing each other in person, our second Zoom legislative event was a success, allowing physicians from the metro NYC area and legislators in Albany to come together in a virtual setting for lively discussion. During this event local physicians joined with our New York State legislative representatives to explore areas of need and support for New Yorkers—our local Child and Adolescent Psychiatrists, including our NYCCAP President Dr. Zerrate, made sure to give a voice to our children's needs.

In total, there were over 70 attendees, Senator Rivera, Assembly Members Gottfried, Rosenthal and Seabright answered many questions about our common concerns, including our societal mental health crisis with a focus on the impact of COVID-19 on our overburdened system. Members were receptive and optimistic to increasing services with access to care and funding in the coming year, and were aware of the particular needs of vulnerable populations including minority children, adolescents, veterans and their families, and seniors.

Additional concerns were raised about the cost of coverage, including parity laws, access to adequate mental services and advocacy for improved access to care for many New Yorkers. Assembly Member Gottfried and Senator Rivera discussed their the push for a single payer system, the NEW YORK HEALTH ACT, which they believe will help alleviate some of the concerns raised, and are open to feedback from attendees and constituents regarding any further needs.

Questions from members included what plans did legislators have for addressing the increase in suicides in BIPOC children and adolescents, awareness about the dangers of non-physicians prescribing psychotropic medications without physician oversite or coordination of care, asking about how to enforce parity laws, as well as questions about telemedicine laws and compliance. Assembly Member Rosenthal was very concerned with mental health and substance abuse treatment, and recognized school providers as an important role in children's mental health services. She also discussed her support of Medication Assisted Treatment access, including through telehealth during the COVID-19 pandemic. Senator Rivera additionally, provided recommendations on who to contact in the Senate about mental health and developmental disability issues particularly and we look forward to working with these legislators to continue discussion on important points that were raised.

The evening overall had spirited discussions, an optimistic atmosphere, and was a great success!

Please join our committee for more advocacy efforts, as well as MSSNY for virtual Albany visits with legislators on March 9th, 2022! We look forward to fighting for CAPs, our youth and families together!
May 5, 2021

The Honorable Jamaal T. Bailey
LOB 609
Albany, NY 12247

The Honorable Andrew Hevesi
LOB 626
Albany, NY 12248

Dear Senator Bailey and Assemblyman Hevesi:

The New York Council on Child and Adolescent Psychiatry (NYCCAP) represents many of the 1,050 New York-based child and adolescent psychiatrists, residents, and medical student members of the American Academy of Child and Adolescent Psychiatry (AACAP). We are writing in support of S.4051 (Bailey) and A.4982 (Hevesi) as physician experts in children’s mental health and behavioral disorders, as advocates for the youth and families we serve, and as New Yorkers committed to help eliminate racial disparities in our communities.

New York State currently allows for the arrest and prosecution of children as young as 7-years-old, the second youngest age in the U.S. This approach to addressing disruptive behaviors in childhood is ineffective and detrimental to children’s development and mental health. Furthermore, there is clear evidence of racial disparities in the legal system resulting in the disproportionate involvement of Black and Latinx youth with the juvenile justice system.¹ Current law does not protect vulnerable youth and contributes to further disenfranchise already marginalized communities.

There is clear scientific evidence that demonstrates how the brain continues to develop through adolescence and young adulthood through at least age 25.² Areas that control judgement, planning and reasoning develop last. The younger an individual the more likely he or she is to act impulsively, act without reasoning, and to not fully consider or understand the consequences of their actions. These biological and developmental differences have been recognized over the years by the U.S. Supreme Court,² ³ further supporting the need to amend New York State’s current law.

It has been well documented that involvement with the juvenile justice system increases the likelihood of negative life outcomes including dropping out of high school, long-term unemployment, involvement with the justice system as an adult, and risk of an early and violent death.⁴

The New York Council on Child and Adolescent Psychiatry
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Continued on next page
NYCCAP/AACAP Letter in support of S.4051/A.4982
05.05.21

According to the Division of Criminal Justice Service in New York State, between 2014 and 2018 children 12-years-old and younger were arrested 6,926 times, sent to delinquency court 2,326 times, and admitted to detention facilities 732 times. Throughout this process, children can be subject to being handcuffed, interrogated by the police with or without an attorney present, detained with older youth, being put on probation, and placed in mandatory confinement. Any of these experiences can negatively impact the wellbeing and mental health of these children who are already likely to have experienced trauma earlier in their lives. It is estimated that up to 70 percent of the youth encountering the juvenile justice system meet criteria for a mental health disorder, making it clear that eliminating unnecessary adverse events and providing developmentally appropriate supports that address mental illness and other psychosocial stressors are essential components of a truly rehabilitative process.

S.4051/A.4982 would end the arrest and prosecution of children under 12-years-old as delinquents by raising the age of delinquency from 7 to 12. It will fund and create alternative response programs through local departments of social services to assess and care for children in need. Furthermore, it will provide training for program staff and police officers to appropriately respond to youth’s needs and increase access to services. The bill will also help ensure confidentiality of youth records, require the Office of Children and Family Services to present an annual report on proposed goals as well as steps towards addressing racial disparities in the legal and social service system.

As child and adolescent psychiatrists, we have a clear understanding of how ineffective and harmful current law is to the children and communities it intends to support; as well as the critical importance of developmentally appropriate, trauma informed, and community-based interventions. We respectfully urge the New York State Assembly and Senate to support and advance S.4051 (Bailey) / A.4982 (Hevesi).

Sincerely,

M. Carolina Zerrate, M.D., MHS
President
New York Council on Child and Adolescent Psychiatry

Gabrielle A. Carlson, MD
President
American Academy of Child and Adolescent Psychiatry
Dr. Tim Becker with Mentors Drs. Ivanov and Rice win NIDA-AACAP Resident Training Award in Substance Use Disorders

Dr. Becker is currently a resident in General Psychiatry at Mount Sinai East. Together, Dr. Becker and his mentors, Drs. Ivanov and Rice, were selected for their proposal, “Assessment and treatment of adolescents with comorbid substance use and depression, ADHD, and trauma-related disorders,” to receive the 2021 National Institute on Drug Abuse (NIDA) – American Academy of Child and Adolescent Psychiatry (AACAP) Resident Training Award in Substance Use Disorders (SUD). This project was chosen from a highly competitive field of candidates per the announcement letter from the AACAP President Warren Ng, MD, MPH. The project aims to increase knowledge of identification, assessment, and treatment of adolescents with comorbid substance use and mental health disorders among medical students, residents, and fellows, through curriculum modules and a guide to facilitate referrals. The team will develop and deliver educational sessions to trainees to improve knowledge and skills for treating comorbid substance use and psychiatric disorders in adolescents, including screening and assessment methods validated in adolescents as well as evidence-based treatments for SUD in youth. Specifically, they will review local resources for adolescent substance use treatment to improve referrals from the different clinics in the Mount Sinai Health System. The primary teaching site will be the inpatient child/adolescent psychiatry unit at Mount Sinai Morningside, which hosts numerous trainees including medical students (MS3 and 4), residents from three residency programs (MSH, MSW, MSBI), child/adolescent fellows, triple-board residents, psychology externs and fellows, and nurse practitioner externs. This curriculum will be further disseminated to child psychiatry and addiction psychiatry fellows and other trainees based at the Family and Teen Recovery Services (FuTuReS) clinic and psychiatric ERs to promote family/patient education and increases in referrals to existing community substance use resources. Additionally, the team will complete a systematic review of treatment of comorbid substance use and trauma-related disorders in adolescents and will contribute to the AACAP Committee on Quality Issues writing group in developing updated clinical practice guidelines for adolescent SUD.

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Dr. Marsh Publishes Book: Not Just Bad Kids

One of our esteemed members, Dr. Akeem Marsh, is the co-editor of the recently published book from Elsevier, Not Just Bad Kids: The Adversity and Disruptive Behavior Link. He also co-authored several of the book’s chapters. To quote its back cover, Not Just Bad Kids “explores the principle that all behavior makes sense in context.” The book explores the connections between experiencing trauma and adversity and engaging in reckless, risky, sometimes illegal behavior. This is a topic of interest to our readership, as we are all united by our shared interest in children’s mental health. The almost 700-page book takes a deep dive into the nuance of kids’ lives and helps provide a much-needed shift in perspective on behaviors that we usually see as disruptive, oppositional, and difficult. Along with creating an understanding of the role played by youths’ history and background, the book reviews best practices and gives practical guidance for engaging with kids, emphasizing the vital role of relationships in promoting resilience.
**Caldo Verde**  
*Yields approx. 4 servings*

**Ingredients:**
- 1-2 T unsalted butter (or butter substitute, just make sure it’s unsalted)
- 1 medium yellow onion, finely chopped
- 3 cloves garlic, sliced
- 2-3 medium Yukon gold potatoes, peeled and cubed
- 1 russet potato, peeled and cubed
- 6 C vegetable or chicken stock, homemade or store bought…low or no sodium
- 1 large bunch curly kale (washed and torn/roughly chopped)
- ¾ lb sausage of your choice (linguica is traditional, I have enjoyed using spicy Italian)
- Kosher salt, to taste
- Extra virgin olive oil, as needed

**Instructions:**
- If you are using uncooked sausage, this will be the first thing to go into your pot. Either slice the sausage to desired thickness or remove the casing and crumble into a large pot over medium heat. Once the sausage is cooked through and lightly browned, remove it from the pot and set it aside.
- Melt the butter in a large pot (3qt. minimum) over medium heat. (If you cooked your sausage in the pot first, make sure to scrape up any browned bits on the bottom as the butter melts)
- Add in onions and garlic, season lightly with salt, and cook until softened and translucent, stirring frequently.
- Add potatoes and stock to the pot and bring to a simmer, stirring occasionally.
- Add in the kale and continue to cook at a simmer until the potatoes have softened. This should take about 30 minutes.
- Add in your sausage to heat it through, season to taste, and enjoy!

**Spiced Chocolate Polenta**  
*Yields approx. 6 servings*

**Ingredients:**
- 3 C milk, or non-dairy substitute
- 3 T sugar
- Pinch of kosher salt
- 2/3 C polenta, instant or fine-grained
- 1 1⁄4 t vanilla extract or paste
- 6 oz bittersweet chocolate
- 1⁄2 t cinnamon (optional)
- 1⁄4 t ancho chile powder (optional)
- 1⁄4 t chipotle powder (optional)
- Dash of cayenne (optional)
- Dash of nutmeg (optional)
- Marshmallows (optional)

**Instructions:**
- In a small-medium sized pot over medium heat, combine the milk, sugar, salt, and desired spices and bring to a simmer.
- Rinse your polenta 3-4 times with lukewarm water. Whisk the polenta into the hot milk mixture and bring it all back up to a simmer. Cook the polenta over medium-low heat, stirring frequently, until it thickens and the polenta is tender, about 5 minutes.
- Whisk the chocolate and vanilla into the hot polenta, then taste for seasoning.
- For service, reheat the polenta, if it has cooled down significantly. If it’s too thick, you can loosen it up with a little milk. Spoon the polenta into ramekins, or other oven-safe serving dishes, and decorate the top with marshmallows. Adjust an oven rack to near the top and turn the broiler on high. Place the serving dish(es) onto a sheet pan and put it in the oven until the marshmallows have toasted to your desired doneness. Enjoy!
PHOTO GALLERY

Words of Wisdom with Dr. K

featuring Clarice Besenbush, M.D.

[Various images of a woman in different settings and outfits, including a black and white period photo, a woman in sunglasses and a hat, a woman sitting on a couch, and a woman in a blue outfit.]