



Newsletter

Leona rd Hensche I, MD Editor

FROM THE PRESIDENT

HERE WE GO AGAIN

Recent events have focussed national attention on the American legal system. This year's ASAP Annual Meeting in Philadelphia



Mark A. Wellek, MD

will focus on youth violence and juvenile justice issues. In looking forward to the meeting I find myself pondering the legal system and its relationship to kids. This meeting will "look" at youth violence and juvenile justice issues. And so I wonder is this the legal

system that chews up kids in response to a vengeful, vindictive public and then spits them into adult jails or is the legal system the awkward, contentious, overflowing structure that filled Tallahassee with lawyers? Or is the legal system that lead us to conclude: the wheels of justice grind exceeding slow (leaving the multiple casualties behind in bits and pieces)?

Does the legal system really give voice to genuine justice? Or, as I have been told, does this "truth" apply? That is-all of justice is a finite, measurable mass and is contained in the north-east corner of Australia. If someone there uses up too much of it on any given day, then there won't be enough left to go around.

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ASAP has made its latest statement on Youth Violence and Juvenile Justice, (reiterated this year in our last Newsletter) and its strong stand against the adolescent death penalty, first promulgated in our successful Amicus Brief before the United States Supreme Court in 1988. And now, AACAP (the "Academy") has presented a similar statement on the death penalty to the American Psychiatric Association Council on Children, Adolescents and Families which it is hoped may eventually move to the APA Assembly. In the Council, I requested that this policy be presented to the American Medical Association for its acceptance and other major organizations in order that a united effort be mounted to end the outrageous and barbaric practice of executing kids that has continued solely in the United States and 5 third world countries (The Council concurred).

ASAP has recently moved to stop the juvenile death penalty in Georgia for a schizophrenic young (17 years old at the time of the murder) man along with the American Bar Association, The Children's Defense Fund and The Child Welfare League of America. The Georgia Supreme Court subsequently delayed execution, not so far, as a direct result of our intervention, but because it deemed the electric chair "a cruel and unusual punishment." Ironical isn't it? Justice? Humanity? Frayed wires? Short circuits?

And now, the ABA has called ASAP once again for help in another of the 23 States which still sentence 16 and 17 year-olds to death. They chose Arizona and plan to focus on the case of a suicidal, abused, runaway 16 year old boy who committed a double homicide in 1998 and received not one, but two death sentences. During the sentencing phase of his trial he fired his lawyers and asked the judge to put him to death. The judge, despite his own stated strong reservations about the mindlessness of a state that "is willing to execute a juvenile" concluded he had no latitude under state law and reluctantly rendered his verdict.

This is another instance that fuels our resolve to stay the course. ASAP and I will do what we can-enlisting the help of so far intentionally unnamed Arizona State Legislators, an Attorney General who has spoken out against inhumane treatment of kids but is a member of the minority political party and may want to run for governor and not publicly support this controversial issue, and a Governor who was a

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RAKOFF

ADOLESCENT CERTAINTY

From here-and by "here", I mean Canada—it seems very strange: a one person, one vote



Vivian Rakoff, MBBS

society elects its leader without a plurality of the popular vote. Among the many legal disputes that fact doesn't seem to be disputed. Oh! even up here, north of the 49th, we know about the intricate network of conven-

tions, checks and balances, designed by your essentially English, constitution-making, political forefathers, to stop too much power getting into anyone's hands. But, allowing for that, it looks even stranger when one hears that the Judges of the Supreme court seem to have decided that the letter of the law is more important than the intention of the law. But what else does one expect; the rule of law for practical purposes has to be the rule of lawyers, and lawyers are in the trade of getting the language right. So we begin again: From up here it seems that the purpose of an election is however imperfectly, to get a government on the basis of the vox populi as reflected in the vote. Surely then you could allow votes to be counted again, even if it takes a few days longer.

I can almost hear the hackles rising and the dismissive irritation of people who have been through this ad nauseam. It isn't that simple. By now those pathetic, butterfly ballots with their dimpled, pregnant, or hanging by one-thread or two-thread chads, have been shuffled and re-shuffled more times than a Mississippi gambler's deck of cards. Who knows what the granny's intention was as she vaguely pecked at the odd little holes with the stylus? "You don't get it," they might continue; The point of the rule of law is that you set up guides and conventions so that the business of querulous interpretation and argument can be guided by statutes. So these are the rules. You don't like 'em. Tough!

But the fact remains; apparently something went wrong—or so it seems from up here. But

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For Your Calendar

53rd American Academy of Forensic Sciences, Annual Meeting, 2/19-24/2001.

The Washington State Convention & Trade Center in Seattle, WA., write: PO Box 669, Colorado Springs, CO 80901-0669 Phone: (719) 636-1100, Fax: (719) 636-1993, E-mail: njackson@aafs.org

ASAP Annual Meeting, March 22-25, at the Doubletree Hotel in Philadelphia.

ASAP Annual Meeting, 2002, Chicago, Knickerbocker Hotel

ASAP Annual Meeting, New York City 2003

ASAP Officers

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From the President *Continued from page 1*

school teacher on the Hopi-Navajo Indian Reservation and well thought of for that, but who is now under siege for having carelessly signed a flawed piece of alternative fuel legislation which backfired and will probably cost the State an unintended half billion dollars over the next 10 years (including funds that were to be set aside for child health care).

This campaign against executing teens is terribly complex, loaded with intense feeling and will be protracted. I think it is not for the faint of heart or those short on energy. I'll continue to keep you posted in these pages, at House of Delegates, Councils and Executive Committee meetings, on the web if something pops, and in Philadelphia in March. See me there and ask.

Mark Wellek ASAP President

Rakoff *Continued from page 1*

one can take an alternative point of view. In some ways it has gone magnificently right. All sorts of tyrants and semi-authoritarian states have mocked the U.S. for its less than perfect democracy in this election. But in this instance, THEY don't get it. The tedious saga of lawsuits and countersuits, while they appeared strange and almost comical were also an example of a civil society at work. All the creaky gears going and the blundering are or were, perhaps, the best part of the process: the inefficient working of a democracy. And in the end the imperfection of process and result was accepted and the society will lumber on warts

**“Adolescent...solutions
to world problems
are devastatingly
simple
and profoundly
attractive in their
simplicity.”**

and all.

I am reminded of a passage in one of the books written by the Kalbs describing their breathless tagging along with Henry Kissinger during one of his bouts of shuttle diplomacy. They found themselves sleeping in so any different countries on so many successive nights that they lost track of where they were. And the passage I am reminded of ran something like... “If we switched on the television set in the morning and we saw scenes of happy peasants bringing in the harvest, then we knew we were in a tyranny, but if the news showed strikes protests etc. we were likely to be in a democracy. To add to this I am reminded of an aphorism spoken by my political philosophy professor, “It is the function of government to

govern well—not efficiently.”

All this doesn't mean that everything is OK. with your electoral process. From up here I announce grandly that it needs help. But then so do almost all other democratic pluralist electoral systems. In England and Canada for example, the “first past the post” direct voting produces gross under-representation in parliaments (or whatever they are called) of opposition voices. On the other hand countries with brave proportional representational conventions such as Israel or Italy, fill their legislative assemblies with so many competing parties that splinter groups wield excessive power and governments are hobbled in their efforts to make policy. Or you get the kind of mind boggling system of successive elections in France and Germany. And in the end nobody is satisfied. Which is why despots are irritated with the hesitations and meanderings of apparently ineffectual liberal patterns of government. Tyrants don't like to have to go through counter-arguments, which only obstruct their grand schemes. They like to get things done; to make the trains run on time. They hate piecemeal illogical town planning, and they create the kind of cityscapes which make wonderful photographs but which are the physical handwriting of excessive power made manifest. Just compare Stalin's Moscow subway system; the “Cathedrals of the Masses” with their mosaics and bronze statuary and their pseudo-Lalique lamps, with the grotty dungeons of the New York subways. And when we admire Paris we must remember that Napoleon III's architect, Haussman, simply bulldozed away old neighborhoods to create those wonderfully symmetrical avenues and heroic circles and arches. Great symmetry, great clarity of cityscape is always suspect. Beware heroic arches, triumphal columns, statues of heroes on rearing horses—they are almost always the physical expression of the authoritarian.

Those of us who work with adolescents (or perhaps as trying, live with adolescents) are familiar with their impatience with qualified answers, make-shift accommodations, slipshod compromising. They yell back at the adults “hypocrite.” Some of us still remember the injunction: “Don't trust anybody over 30”. Their solutions to world problems are devastatingly simple and profoundly attractive in their simplicity. They cut through the accumulated crap, or a little more elegantly, cut the Gordian knot of the necessary compromises and failures of a functioning civil society. “Tax the rich, annex all second dwellings, forgive third world debt, make all drugs free.” And they can make good arguments for their positions, but their desire for clean decisions uncontaminated by the compromises of life in (alas) “the real world” can produce the kind of

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Book Review Corner

Freud and Psychoanalysis, Meissner, William W., S. J., M.D., Notre Dame Indiana:



Lois T. Flaherty, MD

University of Notre Dame Press, 2000. 279 pages, \$40.00 hardcover, \$20.00 paperback. Reviewed by Lois T. Flaherty, Book Review Editor.

WW Meissner, a training and supervising analyst at Boston

Psychoanalytic Institute and professor of psychoanalysis at Boston College, has been described as one of the "heavy hitters" in psychoanalysis. He has written extensively on a variety of topics, including *The Therapeutic Alliance*, (1996) and subtypes of borderline personality disorders and psychotherapeutic approaches to them, most notably in a 1984 book, *The Borderline Spectrum*. As a Jesuit priest as well as a psychoanalyst he also has a strong interest in the connections between religion and psychoanalysis, an interest demonstrated in several of his publications, including *Psychoanalysis and the Religious Experience* (1974), and *Ignatius of Loyola: The Psychology of a Saint*, 1992 (all published by Yale University Press).

The author's purpose is to "present a relatively comprehensive and synthetic statement of the current state of psychoanalytic theory" (p. 1). He has succeeded. He gives as the reason why such a book is necessary that "an informed and clear understanding of the fundamental facts of psychoanalytic theory and orientation are necessary for the student's grasp of a large and significant segment of American psychiatric thinking" (p.1). It would be hard to argue with this thesis.

This relatively short book is really a primer on psychoanalysis, along the lines of Brenner's (1955) and Waelder's (1960) classic texts. Although similar to these books in offering an overview and explanation of Freud's theories, it has the advantage of summarizing the post-Freudian development of psychoanalysis as well, particularly recent thinking (a lot has happened in the last forty years since Waelder's book was published). About half of the book is devoted to Freudian theory, while the remainder of the book deals with object relations theory, ego psychology and self-psychology, summarizing the history of developments in these fields as well as contemporary thinking. The final chapter is on classical psychoanalytic treatment and gives a cogent summary (in only 35 pages!) that would be an excellent resource for teaching. References are not given in the text, but a bibliography of key

references is appended.

The main strength of this book is that it provides a comprehensive yet succinct overview and critique of various schools of thought within psychoanalysis by someone who has spent a good part of his life thinking and writing about it. Meissner's ability to synthesize data from opposing points of view is impressive. Lacking is clinical case material to illustrate the theoretical exposition; a limitation the author acknowledges imposing because of space constraints. I wish too, that there had been a bit more on feminine development, other than the acknowledgment that many Freudian views are outdated, and "a new view of feminine development is gradually emerging" (p 110). And would that the very brief mention of homosexuality had not been limited to labeling it as a perversion and discussing

"an informed and clear understanding of the fundamental facts of psychoanalytic theory and orientation are necessary

it in terms of lack of resolution of the negative oedipal complex (p. 108) and narcissistic object choice (p. 126). (See *The Psychology of Women: Psychoanalytic Perspectives*, in the *Journal of the American Psychoanalytic Association* Vol. 44 Supplement, 1996, and Drescher, J., *Psychoanalytic Therapy of the Gay Male*, reviewed in the spring 2000 Newsletter, for contemporary psychoanalytic thinking on these subjects).

All things considered, this is a valuable book to have as a reference. I found it useful as a review. It would be particularly useful as a textbook in a course in which clinical cases were discussed.

References:

Brenner, C. (1955), *An Elementary Textbook of Psychoanalysis*

Waelder, R (1960) *The Basic Theory of Psychoanalysis*. Both published by International Universities Press.

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FLAHERTY NEW ANNALS EDITOR

Lois Flaherty, MD, FASAP, ASAP past-president, is the new Editor of *Adolescent Psychiatry, the Annals of ASAP*. She welcomes submissions of papers for possible publication. Any topic relevant to clinical practice of adolescent psychiatry will be considered. Material must be previously unpublished and not under simultaneous review by another journal. Manuscripts will be reviewed by the Editor and members of the Editorial Board; those that pass preliminary screening for topicality and

readability will undergo blind peer review. Information for authors about formatting manuscripts may be obtained by contacting Dr. Flaherty. (c.f. information above in the book review column). ♦

2001 ADOLESCENT VIOLENCE—AN EXPERIENTIAL-SCIENTIFIC ODYSSEY.

Date: Thursday March 22, 2001—Sunday March 25, 2001.

Location: The Doubletree Hotel, Philadelphia.

Speakers include Chris Thomas MD, Charles Mc Cafferty MD, Vivian Rakoff MD, Charles Huffine MD, Lois Flaherty MD, Glen Pearson MD, Wade Bertinni MD, Patricia Hirsch and Thomas Hine.

Issues will include an update on psychopharmacology as well as the cultural and historic aspects of adolescent violence.



HOW THE COMPUTER INVADED MY DESK.—Tom Dow.

Many years ago the couch left my office. This change allowed room to purchase a large magnificent teak executive desk, which dominates the room. The office stayed that way until about 10 years ago when I purchased a primitive computer. It stayed unobtrusively on the back of my desk and I did not use it very much except for scheduling. However over the past five years it has slowly crept forward on the desk and now a large powerful Gateway, upfront, is used frequently.

The front office is fully computerized for the usual business purposes. I am networked into it if I need to check billing or scheduling. I also carry a Sharp organizer, which I use to record my hospital visits and it downloads into the office system. The hospital or laboratories can e-mail or fax me laboratory or x-ray results. I also use the computer to manage my employees' profit sharing plan.

However, what I wanted to describe are my every day uses. I have a web address which helps among other things with directions to my office. I also mail out a map to new patients, which I created with TurboCad. Patients have access to my e-mail address, which has not been misused and saves a lot of telephone tag. It also saves on long distance charges as we have a large catchment area. Patients frequently research clinical issues on the Web, so it is reassuring to them that I am computer literate.

Some of the clinical uses I find helpful are searching out drug interactions for patients on

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THE APA PRESIDENTIAL CANDIDATES

Each year we publish brief statements by the candidates for president of the American Psychiatric Association. We hope these will aid our members in their voting. It is very important that we all vote particularly because legislators in Washington are aware of the number of members who do vote. The candidates are listed in alphabetic order.

Paul Applebaum

At this critical time for psychiatry, the condition of services for adolescents is emblematic of the problems all psychiatrists face. In many areas of the country, we've seen a sharp contraction in the availability of inpatient beds to the point where it is difficult—and in some cases impossible—to hospitalize adolescents anywhere near their homes. Longer-term residential units are full, and waiting lists are crowded with patients ready to move from acute units or from unstable settings in the community. And outpatient treatment gets more difficult to do every day, as managed care organizations (MCOs) impose criteria designed for adults on the treatment of juveniles.

I live with these problems, because as chair of the department of psychiatry at the University of Massachusetts, I oversee a large and diverse set of services for adolescents. We run two intermediate inpatient units and two long-term residential programs for seriously ill adolescents. Our outpatient clinic and emergency service deal routinely with adolescents in crisis, and we contract to provide psychiatric services to many of the non-profit programs treating adolescents in central Massachusetts. All are under pressure because of too few dollars to pay for the services that too many adolescents need.

What can APA do to help? My primary focus as APA President would be on fighting the systematic defunding of psychiatric services. A large part of this problem can be laid at the door of managed care, which has progressively narrowed its criteria for treatment authorizations and steadily increased the number of hoops through which psychiatrists must jump. APA needs to be at forefront of the fight for federal legislation that will require use of review criteria based on community standards, and will hold HMOs liable for their decisions to deny care. We ought also to be selectively sup-

porting litigation targeted at bait-and-switch tactics of the MCOs, which advertise comprehensive care and deliver much less. Success in either of these efforts will require the building of coalitions with advocacy groups who share our goals, and the development of an aggressive public affairs effort. And while we're fighting the MCOs, we should keep in mind that the public sector has been equally stingy in appropriating funds for psychiatric care. State-level lobbying and public affairs campaigns are needed to turn up the pressure on legislators and governors.

APA can make a difference in other ways as well. We have the capacity to magnify the voices of the subspecialty societies on issues of particular concern to them, such as the increasingly punitive posture of the juvenile justice system. APA should be working closely with ASAP and other groups to identify the major issues and to formulate means of responding. This may involve joint task forces and other collaborative efforts. Our successful program of appointing representatives of subspecialty groups to the APA Assembly and components should be expanded, so that APA serves as a genuine umbrella organization for our field as a whole. As the former president of a subspecialty group—the American Academy of Psychiatry and the Law—I have worked to develop just such joint initiatives, and I'm committed to this kind of effective interaction.

In such a short statement, I can't possibly address all of the issues that are important to adolescent psychiatrists and to the field as a whole. Thus, I invite you to look at my website (www.paulappelbaummd.com) for a more detailed discussion of many other areas. And if you have questions or comments, I'd be pleased to hear from you by email (appelbap@ummhc.org) or phone (508-856-3066). I would be honored to serve you and all psychiatrists as president of APA, and I would be delighted to have your support. Dr. Paul Applebaum. ♦

Jon Gudeman

I believe we have a wonderful profession because we can integrate biological, psychological, psychosocial, rehabilitative, and existential approaches to the care and treatment of people with mental illness. The APA is at a crossroad. Dues are too high and income one of the lowest for a medical specialty. While 1000 people join APA, up to 2000 leave each

year. We are a devalued profession. Something must be done.

I am the outsider, the underdog with a plan. I believe we should dramatically downsize the bureaucracy going from an Assembly to a Senate. The 110 Committees and Councils should be consolidated into a few. With a Senate each subspecialty, such as Adolescent Psychiatry, should have a vote as should the under-represented groups, such as IMG's, early career psychiatrists, women. This would give subspecialties and under-represented groups a much greater voice in governance. A dramatic downsizing could save three to four million dollars per year. These savings could be used to: 1) reduce dues, 2) stabilize revenue sharing with the District Branches and State Associations, 3) enhance needed services for our membership.

There is a growing body of evidence that psychiatric disorders have adverse life consequences including, as you know, increased teenage pregnancy, truncated educational attainment, substance abuse, adolescent suicide, and violence. Psychiatric illness also affects disability at the work place. Our job is to demonstrate that psychiatric treatment can dramatically reduce the cost or burden of mental illness, hence making it worth the investment. We must demonstrate to payers, health plans, industry, business, educational institutions, and consumers that our role specific competence in biological and psychological care can make a real difference. Showing that we can improve the quality of life for adolescents is one of the highest priorities in the field.

The American Society for Adolescent Psychiatry should, along with other subspecialties, form the core of special interest groups in the APA. We need committees in special areas such as Geriatrics, Hospital, Community, Reimbursement with major representation from the subspecialties. We cannot afford duplication and need the most qualified psychiatrists leading us. We must collaborate and eventually develop a single dues paying system, so there is reduction in dues for people joining subspecialties.

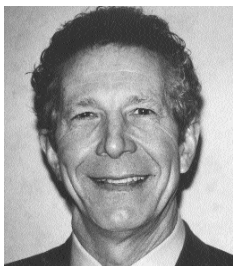
I am for rather radical changes in the APA. The agenda is dues reduction, reorganization and downsizing, demonstrating our value as well as advocating for a wonderful profession.

I am a strong and seasoned leader with broad organizational competence as well clinical expertise. I ask for your vote to prepare us for a terrific future.

Any ASAP members interested in helping with our web pages, please contact the ASAP office at adpsych@sol.com

GILFOIL ON PHILADELPHIA

Again ASAP's cicerone, Jim Gilfoil, presents his suggestions for adding to what should be a great meeting in his city. He knows his way around so pay close attention. You can expect to learn where to go and where not to go. What to eat and what to avoid. Too bad there aren't CME credits for dining.



James Gilfoil

ASAP in Philadelphia? And why not? Philadelphia is a great city. The downtown is clean, relatively compact. And guess what, there are some terrific restaurants? The problem is Philly has suffered from one of those dreaded inferiority complexes for years—being between New York and DC, and having had native son, W.C. Fields, make all those dreadful jokes about you. Well you'd be defensive too. As an outsider however, I don't have that particular problem. Our hotel, the Doubletree, could not be in a better location in the middle of Philadelphia's Avenue of the Arts. The Avenue logo, by the way, looks like the Anheuser-Busch logo, but what the hell, let's get back to those restaurants.

Le Bec Fin has long been regarded as the top restaurant in Philadelphia and one of the best in the entire country. It still is, serving some of the best French, as if you didn't know, food around. There are two problems—one being the pompous French, you know, who run it, (I realize the redundancy in that phrase,) and the other being this seating thing. Georges Perrier, the chef-owner, I can put up with, but having to eat at 6 or 9 is just too much. And the food is too much. Don't go at night unless you're an anorectic who has truly seen the error of his ways and is ready to bust out and discover that hidden glutton inside, or on the other hand, you're bulimic and you need to set yourself up for a good purging. If that weren't enough, it's outrageously expensive. So, go at lunch for a wonderful, civilized experience. It's a 3-course prix fixe for about \$36, and, at that price, one of the great bargains in the city. **Brasserie Perrier**, just one block down, is Georges' more casual site featuring some very good Asian-influenced food. That's why they call it a brasserie right? The problem here is the crowd, which is a little too urban slick. OK, OK, they're all from Joisey—bad hair, bad accents—so sue me.

The **Fountain Room at the Four Seasons Hotel** is another outstanding choice. The food, the setting, and the service are all wonderful without the pomposity of Le Bec Fin, though if you're a true gourmet then I suppose you have to be flagellated at least once every few weeks at a French restaurant of

your choice, so please go and get it over with. You ought to go to the Four Seasons for the lobby alone, or you can eat at their casual **Swann Lounge**, which also has good food. The **Fountain Room** features the top Sunday brunch in town.

Striped Bass would be my personal choice if I had only one meal in Philadelphia, though fortunately I don't have to face that dilemma. The setting is absolutely glorious and the fish only menu is outstanding. Pricewise it's close to New York, but, here at least, you get what you pay for. Owner Neil Stein has two other choices nearby. **Rouge** is hip with excellent food and a great location on Rittenhouse Square. It doesn't take reservations, though, and Mr. Stein likes to make money on the liquor, so the alcohol tab can be absurd. **Bleu**, his most recent venture, is practically a carbon copy of Rouge, and, as a result, is experiencing an identity crisis. Don't obsess, go to Rouge.

Nuevo Latino food has been all the rage of late, and Philadelphia has one of its top artists in Argentine chef, Guillermo Pernot. His **Pasion** has some of the best food you'll find anywhere. To describe his dishes is only to get myself hungry, so I've got to be careful. His mixed grill is a carnivore's delight, but his seafood dishes are superb too. Indeed, he's made his mark with his unusual ceviches. I know, I know, I wouldn't normally get them either, but his are so creative and wonderful that they will make you forget every bad ceviche you've ever had, which covers them all.

My second choice, if I had only two meals in town, would be **Dmitri's**—a modest Greek seafooder in Queen's Village. It's BYOB and takes no reservations, which can be a pain, but the grilled octopus is the best you'll ever have outside of Athens, and the grilled whole fish is hallucinatory. If you're after simply prepared, wonderful seafood—Dmitri's is for you

Other good high-end choices are **Ciboulette** and **Susanna Foo**. Ciboulette is another gorgeous restaurant with excellent, creative contemporary food, though chef Bruce Lim may be a little distracted recently, since he's now cheffing also at one of the top Chinese restaurants in the country—Susanna Foo. I guess it's really French-Chinese or in the parlance of the day fusion-Asian or pan-Asian; whatever, it's awfully good in an elegant room with disciplined and refined Oriental service. Though I'd prefer to be bowed down to, so that my boots can be licked at the same time.

Philadelphia has a plethora of good Italian restaurants. **La Famiglia** and **Vetri** are generally regarded as the best. La Famiglia, in Olde City, is run with a slightly imperial air by a Neapolitan family, but it's a wonderful dining experience, even if the prices can make

you blanch. Vetri's setting is more casual, and chef-owner Marc Vetri is wonderfully creative. The sommelier is terrific, and the cheese course is a marvel, but the kitchen can be inconsistent. I had an undercooked risotto there—an unpardonable sin in a high-end Italian. An extremely promising new entry in this category is **Pantheon** in the new Ritz-Carlton hotel. Talk about a grand setting. You feel as though you're in an ancient Greek temple. It's awe-inspiring, and the food can be sublime. I had a superb vitello tonnato—veal in tuna sauce. I know the dish sounds horrendous, and it's seldom seen in this country (some would say with good reason) because it's so tough to do well, but in the right hands it can open your eyes to new realms of culinary delights. Well, maybe I am waxing just a bit poetic, because it's not better than sex, but it's close.

La Famiglia's more casual sister **Panorama** is just a block away. It's lively and fun with an excellent wine-by-the-glass selection and some of the same dishes as La Famiglia at much more reasonable prices. Pantheon's sister, **Paris Grill** is getting some rave reviews, and surprisingly, it's neither Italian nor French, but American. The food is terrific, and the service is much more consistent than at Pantheon. **Girasole** is an excellent moderate Italian virtually across the street from our hotel. The gourmet pizzas are terrific, as is most of the food in a warm Italian setting. **Toto** is another decent though over-priced choice nearby, but avoid **Il Portico** which has high-end prices and attitude with low-end food.

The Happy Rooster is an outstanding redo in Center City. What was a stodgy men's watering hole has become in the hands of its new female owner a brilliant new addition to our dining scene. It's small and it's hot, so I'd reserve way ahead or go at lunch. **Friday, Saturday, Sunday**, just a few blocks away is another excellent choice. This venerable spot is a holdover from the restaurant renaissance of the 70's, but with an updated and very good menu along with outstanding wine pricing (only \$10 over retail), it remains very popular. Though the Iron Curtain has fallen, Pennsylvania still has the Marxist-Leninist inspired state store liquor system. That's one of the reasons we have such high restaurant wine prices with appallingly limited selections. Once you've been in these stores, you realize where former state hospital patients have found employment and, more importantly from an historical-political perspective, that, despite all blathering to the contrary, it was bad service that led to the downfall of communism. Oh, if only Uncle Joe Stalin were alive today, I'd send him out to the state store to buy the liquor for my next party. Give him 30 min-

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utes and he'd beg for the Gulag or a modest show trial where he could confess all his reactionary sins.

Olde City has two exciting moderately priced options—**Fork** and **Novelty**. Also in that area are **Buddakan**, **The Blue Angel**, and **Tangerine**, and, though they're all hot, to this humble reviewer, the food doesn't warrant all the hype. You're much better off at Fork and Novelty, which are both creative and consistent without being pretentious.

If you're in the mood for hearty brasserie food moderately priced and in a chic setting, I'd recommend **Dock Street Brasserie**, right next to the Four Seasons. The chef is Alsatian and he does an outstanding choucroute—a must if you've never had it. It'll feed a family of four. West Philly near Penn has a couple of good choices. **Zocalo** has good real Mexican food. It's not in the class of Topolobampo in Chicago, but it's close. **The White Dog Café** has an eclectic menu in a quirky setting with food that can range from uninspired to excellent. Be careful, though, the owner is such a flake, that she may try to get you to enlist with the guerillas in Guatemala. And you thought Communism was dead.

If you're into oysters, the **Sansom Street Oyster House** is a must. And, by all means, don't miss the **Reading Terminal Market**, which is a wonderful urban market that will give you a great feel for this terrific city and its diverse (aren't we p.c.) population. Good food stops within are the **Down Home Diner**, **Delilah's**, and the **Twelfth Street Cantina**.

And, if this doesn't tide you over for 3 or 4 days, give me a call. See you in March.

ADOLESCENT SMOKING LINKED WITH ANXIETY DISORDERS DURING EARLY ADULTHOOD

Researchers from Columbia University and the New York State Psychiatric Institute have documented that chronic cigarette smoking during adolescence may increase the likelihood that these teens will develop a variety of anxiety disorders—generalized anxiety disorder, panic disorder and agoraphobia—in early adulthood as reported in the November 8 JAMA.

Scientists have known of strong connections between panic disorder and breathing problems in adults, and given this association, hypothesized that smoking might relate to risk for panic disorder in children and adolescents through an effect on respiration. The research was supported by the National Institute of Mental Health and the National Institute on Drug Abuse.

<http://www.nimh.nih.gov/events/cigarette.cfm>.



AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY MEETING OF THE EXECUTIVE MEETING SATURDAY, OCTOBER 28, 2000

The following represents an abridgement of the meeting minutes.

Meeting called to order at 8:00 a.m. by the President, Mark A. Wellek, M.D. in the Boardroom of the Renaissance Hotel, New York, New York.

Present: Mark Wellek, M.D., President; Robert Roddy, M.D., President-Elect; Sid Weissman, M.D., Vice President; Richard Rosner, M.D., Treasurer; Robert Weinstock, M.D. Member-at-Large; Martin Fine, M.D. Immediate Past-President; Leonard Henschel, M.D. Newsletter Editor; Glen Pearson, M.D. Past-President; Jill Fox, M.D. Mark Chenven, M.D. Past-President; Lois Flaherty, M.D. Annals Editor; Michael Miller, M.D. James Gilfoil, M.D. Dr. Wellek welcomed Jill Fox, M.D. as a guest to this council meeting.

Exec Director's Report: Ms. Roton reported that the membership is 609 active members for year 2000. This decrease has resulted in a drop in revenue. Ms. Roton will reach out to ECPs in the APA who have expressed interest in adolescent psychiatry.

Dr. Henschel suggested a membership chair be appointed and function as a part of the Executive Committee. There was a thorough discussion of this and the consensus of the group was to have membership on the agenda for each meeting and it is the responsibility of each member to recruit members. Membership development is crucial to the organization. A membership committee was appointed consisting of: Dr's Fox, Chenven, Wellek, Weissman and Roddy.

The suggestion was made to send an ASAP representative to the ECP dinner and attend a meeting of residents to make a presentation.

Dr. Roddy visited the issue of recruiting IMGs and will follow up on this and report back at the March Meeting.

In reviewing the progress of the web site, the protocol developed by the Council on Educational and Scientific Activities and monitored by Dan Becker, M.D. is working. Ms. Roton will work with Dr. Becker to plan linkages.

There had been concern expressed about controversial issues/statements being posted on the site. The point was made that controversy should not be shunned. The list serve will be limited to ASAP members.

A member listed as a regular member despite the lack of MD degree. The issue of associate members will be referred to the A&O Council.

The contract between Ms. Roton and ASAP for the year 2001 was reviewed with minor revisions made. Dr's Roddy and Wellek will meet with Ms. Roton to address specific issues.

Report from the President: Dr. Wellek reported that he has spent much of the last year working to increase ASAP's visibility. He attended a meeting of the Florida SAP. Discussion was initiated with Dan Borenstein, M.D., President of the APA, about presidents of other organizations meeting together. Dr. Borenstein followed through and there have been two national meetings of Presidents of major psychiatric organizations. This group is the Assembly of Allied Organization Leadership (AAOL). At these meetings, considerable time has been spent

with AACAP representatives. Clarice Kestenbaum, M.D., AACAP President, acknowledged that the Academy speaks for child psychiatry and ASAP speaks for adolescent psychiatry. Dr. Wellek was invited to be introduced at the Plenary Session of the Academy Annual Meeting and met with Larry Stone, M.D. and Bill Ayres, M.D. and Alex Lucas, M.D. about ASAP. The Academy wants to use our paper on youth violence and adolescent death penalty. On behalf of ASAP, Dr. Wellek endorsed the Academy's statement on the death penalty. This paper will go to the APA Assembly for review and action. Dr. Ratner reviewed the process for submission of a policy statement to the Assembly. Dr. Wellek is working with the American Bar Association, Child Welfare League and the Children's Defense Fund and has used our 1988 Amicus Brief to prepare a case in Georgia, concerning a schizophrenic male who was given the death penalty when he was 17. Dr. Wellek will request of Charles Huffine, M.D. to have the paper on youth violence read for House of Delegates review at the March 2001 Meeting.

Appointment of APA AAOL Liaison. ASAP needs to take advantage of this opportunity. A representative needs to be appointed for continuity to meet with the Assembly. There have been two meetings up to this time. The AAOL will meet at the APA Annual Meeting, the Assembly, and the Component Meetings. Motion: Dr. Chenven moved that Dr. Ratner be the AAOL representative from ASAP to the AAOL. Motion was carried.

Dr. Weissman noted that the power of the assembly is not as great as it once was. Each organization gets a seat/vote at the Assembly. The vote is proportional to the state societies for assembly reps. The critical issue for the APA is a financial one. The important seat for ASAP is on the Council on Children, Adolescents and Their Families. At this time, Dr. Wellek is on that council as ASAP President as is Lois Flaherty, Chair of Council on Mental Health in the Schools. Dr. Wellek will write to Dr's Borenstein, Harding, Fassler and Mirin about a future council appointment. Motion: Sid Weissman moved that Dr. Ratner be appointed for a three-year term. Motion carried.

Motion: Sid Weissman moved that the Executive Council write letters to the President of the APA, President Elect and the Medical Director and request that there always be an appointed member of the APA Council, an ASAP member. The President of ASAP And AACAP be appointed as ex-officio members of the council. Motion carried.

Motion: Dr. Rosner moved the ASAP President or his/her designee attend the meeting of the Joint Presidents and the Council each year. Motion carried.

There had been a statement by ASAP on sexual orientation written in 1988. Dr. Henschel suggested this be reviewed and brought up to date. Dr. Henschel will refer this to the Council on Topical Studies for revision. On behalf of ASAP, Dr. Wellek endorsed a brochure written by Lynn Ponton on adolescent sexuality. It is a very well written statement.

Dr. Wellek will issue invitations to Drs Harding, Kestenbaum, and Feldman to the Past Presidents Dinner on Friday evening at the Annual Meeting.

Report from the President-Elect Robert J. Roddy, M.D. The 2001 Program for the annual meeting March 22-25, 2001 on Adolescent Violence was presented for review. The preconference update on psychopharmacology will be on Thursday, March

Continued on page 7

22. In order to get the 20 hours of CME credit, the programs will start earlier. Dr. Roddy will work with PCMI to finalize the program in the next week. He thanked Michael Miller for all of his help; his help



Mark Wellek, at the meeting.

was invaluable in putting the program together in Philadelphia. The Executive Committee discussed the marketing for the Philadelphia meeting. ASAP will send meeting schedule and information to the APA DB list serve, AACP list serve, and AAPL. The program will be posted on the ASAP web site. There is a group working on obtaining accreditation for LPCs, social workers and psychologists.

Report from Vice President: Dr. Weissman reported that the next ABAP exam will be May 2001 in New Orleans. ABAP requests a grant of \$10,000 for advertising for the exam. ABAP believes that ASAP will realize a larger registration for the meeting on March 2001 and would recover this money in added registrations. The re-certification process will begin 2002. A minimum of 25 hours of continuing education is required each year in adolescent psychiatry. Dr. Rosner asked about plans to avoid a deficit in the future. Dr. Weissman concluded he could not give a definite answer and was not sure that ABAP can be run profitably. One option might be to give the exam every three years rather than two years. The overhead is high because of the computer systems needed to maintain the records. Questions were raised about the cost of not lending the money. What are the consequences of not funding ABAP? Dr. Weissman reported that ABAP affirms adolescent psychiatry as a sub-specialty. Motion: Dr. Chenven moved that we not give this grant because our budget is in a deficit for this year and the coming year. However, the ASAP Executive Council will remain open to future funding requests pending ABAP budget review and instituting of spending cuts.

Discussion: ASAP has a continuing aim to give adolescent psychiatry respectability and credibility. ABAP needs to be self-sustaining. Although, ASAP did not give ABAP the money this year, ASAP should plan and work with ABAP to make this grant at another time when administrative costs can be pared. Motion carried.

Meeting adjourned at 12:30 pm and reconvened at 3:30.

Dr. Roddy continued to report: The 2001 Schonfeld Award recipient will be Michael Kalogerakis. The program budget was presented and reviewed. Dr. Henschel expressed his concern about the multiple duplications on the mailing lists. Dr.

The program chair for next years program should review marketing strategies with PCMI. This issue needs to be brought up in the Council on Programs and Meetings with PCMI present. A certain amount of the mailings are done to increase the visibility of ASAP. (Dr's Novick, Slaff and Katz joined the Committee meeting.) The Staples Award for 2001 will be presented to Richard Ratner, M.D. for outstanding achievement and service to ASAP.

Dr. Rosner expressed his concern about the budgeted expenses. He does not believe any honoraria should be paid. It is too late to change anything for the Philadelphia meeting but changes may be made for the Chicago Meeting. The model that we should aim for is a meeting free from honoraria grants.

Report from the Treasurer: Dr. Rosner report-



l-r. Richard Rosner, Sid Weissmann

ed the Council on Administration & Organization reviewed the revenue and expense report for year to date. There is a projected deficit for this year. Dr. Rosner feels strongly about balancing the budget. He suggests limiting the total honoraria to \$2500 a year after the Philadelphia Meeting. The Budget for 2001 was reviewed by the Council on A&O and submitted to the Executive Council and approved.

Nominating Committee Martin Fine, M.D. reported.



l-r. Mark Chenven, Lois Flaherty

Report from the Editor of the Annals Lois Flaherty, M.D. Volume 26 will be sent to the publisher by December. The Editorial Board will be reappointed. A wide range of representatives are needed as reviewers. This will be discussed further in March at the Executive Council Meeting. The Annals Editor should work closely with the Program Chair to obtain articles from submissions to the Meeting. Dr. Flaherty has been thinking of developing special sections and appointing section editors.

Report from the Newsletter Editor - Leonard Henschel, M.D. who reported work continues on improving the quality of the photographs in the newsletter. New articles and column are always welcome. Dr. Henschel will work with PCMI to obtain abstracts derived from the annual meeting for inclusion in the newsletter. Dr. Wellek will submit an article on prescribing practices and engaging adolescents in administration of medications. Dr. Wellek will communicate with Dr. LeBellarte about a possi-



Martin Fine

Ratner will work on this for a position paper. This paper has already been unofficially shared with the American Bar Association for its use in Juvenile Justice legal cases and legislation.

New Business: Council on Programs and Meetings' Drs Gilfoil and Katz. The Council recommends two evening events at Annual Meetings.

Dr. Novick has information about getting psychology credits for the Annual Meeting and will work with PCMI on the application. The 2002 Annual Meeting will be in Chicago at the Knickerbocker Hotel. The 2003 Annual Meeting will be in New York City. The Council would be in favor of a hotel in mid-town or possibly Soho. The



Robert Weinstock

Council recommends having an award committee to select the Schonfeld and Staples Awards. Dr. Pearson, CME Officer, reports that a review of the needs assessment indicates an interest in more material on schizophrenia. This needs to be reported to Dr. Weissman as Program Chair for 2002. The Council reviewed the evaluation summaries from the on-site forms and the post conference evaluations.

The Council on Administration & Organization recommends the proposed budget for 2001 be approved. The Council recommends Ms. Roton's contract for 2001 be renewed. The Council recommends a by-laws amendment be written for submission at the March 2001 Meeting to establish a category of associate membership. This issue is for House of Delegates discussion.

The Council on Educational & Scientific Activities reviewed the protocol of the web site. Motion: Dr. Rosner moved that the list serve be accessible only by ASAP members. Motion carried.

Motion: Dr. Rosner moved that linkages be



Glenn Pearson

developed to: APA, AACAP, AAPL, Center for Disease Control, AMA Adolescent Health Coalition, AACP, NAMI, APPI, Analytic Press, Academy of Pediatrics. Motion carried.

The Annals, Newsletter, annual program and registration form should be on the web site. The membership would have to give their permission

ble psychopharmacology column.

The article that Dr. Huffine wrote for the Newsletter can be put forth as a white paper at the March Meeting. Dr.

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Con't on Page 11

Rakoff Vivian Con't from Page 2
 disgust which always lurks at the end of the attractive avenue of existential freeborn and certainty. As Sartre puts it in his play "No Exit", "Hell is other people," they do get in the way of what one wants to do. Earlier we have Schopenhauer, the great philosopher of "The Will"; an expounder of the ideal life, lived like a lonely questing knight—a gray warlike persona, and who in the end reversed himself producing a vision of the possible-or even perfect-life as a state of "Buddhistic passivity." He concluded one should retreat from action since all exercise of personal will by individuals, bangs into all the other individuals who are exercising their personal wills. His well known metaphor for this state is a picture of a group of hedgehogs hunkered down to sleep for the night: close enough for safety but far enough from one another to avoid the prickles.

It is all-sadly-a matter of compromise, of imperfect solutions. Which doesn't mean an abandonment of struggle and criticism or adopting a position articulated as "What's the use? All politicians are corrupt; I'm not voting, there's no one to vote for," The political metaphor translates back into the personal journey. There are few places to sit down and rest in certainty. The imperfect is probably about as perfect as we're going to get. But (since we've had a number of quotes, how

fathers. "It isn't incumbent on you to finish the work, but that doesn't mean that you should abstain from taking part."

Vivian Rakoff

Tom Dow, con't from Page 3
 multiple medications. I use Medscape, PDR, and WebMD. I can also connect into the hospital pharmacy or medical library. I print out medication instructions for patients. For information on diseases or clinical problems I frequently printout information from Medscape, MedLine or AACAP's Facts for Families. I may also give web sites for patients to research themselves such as the National Depressive and and Manic Depressive Association, NDMDA.org. With early adolescents or elementary-age children, I have a series of simple games that do not distract from play therapy, but do engage them and keep them involved in treatment. Last year I purchased Dragon System's Naturally Speaking Preferred. It is a voice recognition program, which has allowed me to eliminate the expense of a transcriptionist. I dictate between patient sessions and it prints out in a Word format. The program takes about three months to accurately recognize your voice and minor editing is sometimes needed, but it is more than worth the effort. I have developed templates for repeat-

ing themes, e.g. initial evaluations, mental status examinations, Medicare notes, and malpractice prevention phrases.

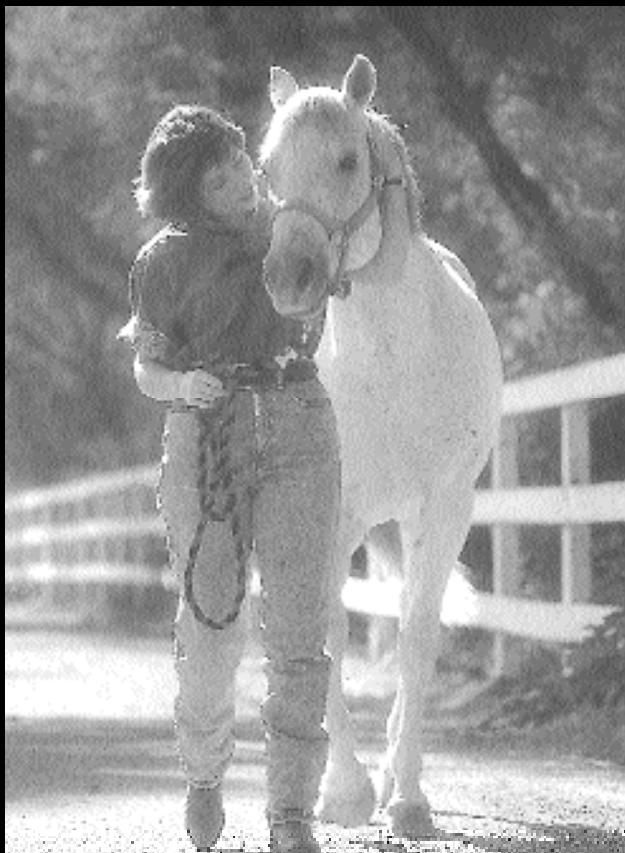
I am active in multiple medical organizations, so I am on many ListServers. For example, I am Chairman of the Nominating Committee for the Florida Psychiatric Society. We just went through a reintegration process with the former South Florida Psychiatric Association. Given the size of Florida, e-mail was invaluable for coordinating with committee members and potential candidates. In addition, there are so many political issues in our state (the recent presidential election fiasco not withstanding) that I have the e-mail and fax addresses of both my state and national legislative delegations at ready disposal. As you can see I have also developed a hobby for my retirement.

Tom Dow

GUIDELINES FOR THE CLINICAL USE OF ELECTRONIC MAIL WITH PATIENTS.

The AMIA Internet Working Group, Task Force on Guidelines for the Use of Clinic-Patient Electronic Mail. J Am Med Inform Assoc. 1998 Jan-Feb;5(1):104-11.

"Food and Fear no longer run my life."



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Sandy Richardson

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OUR BUSY TOPICAL STUDIES
CHAIR,
CHARLES HUFFINE



On September 18 and 19 the US Surgeon General's office called together 300 individuals to a meeting in Washington

DC for the purpose of defining possible ways to implement recommendations made in the Surgeon General's Report on Mental Health. The focus was to develop plans for prevention and early intervention, supporting healthy emotional development in children and bring evidence-based treatment methods to full implementation in the real world of public mental health services. The Surgeon General's Office drew heavily from NIMH and CMHS officials for suggestions on whom to invite. CMHS staff recommended a strong advocacy and consumer presence and the Surgeon General's Office, indeed, invited many family members and 10 teens. These were drawn from existing SAMSHA Children's Mental Health Initiative grant programs. The grant I have been associated with in King County has been recognized as having one of the nation's most active youth committees associated with a grant.

The teens and family members immediately forged working relationships and strategies on how to best present a teen voice at the conference. The conference began with presentations by scientists on what is known about the epidemiology of mental illness and risk factors in children and adolescents and the efficacy of treatments of the various diagnoses. They joined an array of representatives from community and academic institutions; psychiatrists, psychologists, educators, pediatricians and many others from various facets of the system of care for youth. Most of those attending the conference had not had experience with family or teen participation which we in the grant communities are beginning to take for granted. Needless to say in such a setting

neither the teens nor family members had a clear sense of how to be heard, nor did the facilitators have a sense of how to include advocates and consumers in the deliberations. The questions to be addressed were often based on presumptions that those outside of the research world did not readily embrace. In the tension inherent in such a situation some teens and family members were very frustrated and had difficulty in participating. The three adolescents from King County clearly displayed great skill and maturity in how they faced this task. Each asserted themselves forcefully and dealt strategically with the process of the sessions. Others also had success, but some walked out in frustration. On Monday evening the youth and family members caucused, reviewed their experiences and decided not to attend the breakout sessions the next morning. Instead they continued to meet as a group and drafted a statement which touched on the salient questions of access and treatment efficacy from the perspective of advocates and consumers. Their non-attendance was noticed and concerned the others. Later, in the feedback sessions, it was arranged for the teen position paper to be presented to the entire conference. A sixteen year old Native American young woman from Fairbanks Alaska, who had walked out the day before, read the statement. Her voice was clear and forceful yet respectful in tone. She noted the presence of mental illness in many children and adolescents and their difficulties in gaining access to timely, meaningful and culturally competent care. She demanded for all young people that they be offered effective care and that it be delivered in a respectful manner. She told the meeting of our insistence that each teen and his family be full participants in treatment planning and evaluation of their care. The power of the

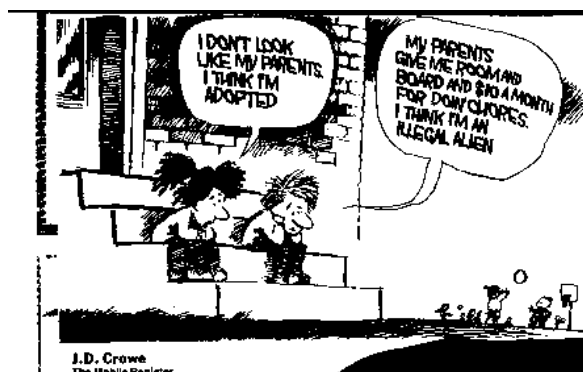
statement and how it was presented was electric. There was total silence in the room and loud applause after she finished. Those who had participated in drafting this statement were asked to rise and were acknowledged by the meeting participants. The young had been heard and their voice was clear to the Surgeon General.

The experience at this conference with my three young colleagues and an older social work graduate student was one of the most meaningful of my career as a community oriented Child and Adolescent psychiatrist. My participation in our grant activities over the past several years had prepared me well for the dialogue I was to have with other attendees. My grant-oriented job activities in King County include developing policy on serving youth in transition to adulthood and in organizing a teen presence for our grant. We intend to have teens attend all our planning meetings and leave a legacy of youth participation in policy much as we are making family participation an existing fact in program and policy development.

At the Surgeon General's conference it was clear that there is a painful and difficult dialogue beginning between those of us who build programs in communities and those who do methodologically meticulous research in universities. We pride ourselves for dealing with the real world as it impacts our adolescents and their families. This tension was the heart of the issue being discussed at the Surgeon General's conference. Clearly the voice of families and youth support the development of efficacious treatment, but it demands practical relevance and youth and family participation in defining goals and objectives. My experience with the three teens participating in the Surgeon General's conference on Children's Mental Health offered a

poignant and powerful opportunity to observe and participate in this important dialogue.

Charles Huffine,
MD



HOMOSEXUALS IN THE MILITARY

The following is a copy of a House of Delegates approved ASAP statement made some years ago. (1988) It has been changed as mentioned below to bring it into the 21st century. This was brought this up at the recent executive meeting and it was suggested that it be sent to Topical Studies for review and updating. The additional thoughts brought up were to include mention of sexual harassment of teens in the schools, and to open federal employment to all as well. And most especially to repair "don't ask, don't tell."

Comments and corrections, are in ~~strike through~~. Let us know what you think.

Whereas, it is known that there is no connection between sexual orientation and work performance, and that the military of other nations which freely admit homosexuals into their ranks have not experienced intra-group conflict, be it resolved that the American Society for Adolescent Psychiatry is opposed to any ban or hindrance to membership in the United States Armed Services based upon sexual orientation.

The American Society for Adolescent Psychiatry is a professional organization of psychiatrists who devote a considerable part of their efforts to the treatment of adolescents and young adults. Our work offers us an intimate and helpful understanding of many of the issues that are involved in the current reconsideration of the present ban on homosexuals in the military. ~~the present policy banning openly gay and lesbian individuals from serving in the military.~~

We recognize the military's primary responsibility is to defend national interests and that other considerations must remain secondary to this mission. However, in the past, it was argued that the racial integration of the military would undermine its morale and military preparedness. But ~~instead~~ the experience of racially desegregating the military achieved during the Truman administration has clearly facilitated the equality of opportunity for all Americans that our founding fathers envisioned. Just as the national defense was enhanced rather than hindered by the far-seeing decision of President Truman, we believe that the same will be true of lifting the ban on ~~gays, gay men, lesbians and bisexual individuals~~.

The American Society for Adolescent Psychiatry recommends that ~~the policies of "don't ask, don't tell" and~~ the ban on homosexuals in the military be discontinued without further delay. Our position is based on several facts:

1. Sexual orientation, ~~whatever its origins may be~~, is not a matter of simple choice, nor is

it readily amenable to change.

2. Gay men and women are ~~in no way less~~ capable of performing all the duties that are required of similar groups of heterosexual persons.

3. If handled with clear policy statement from superior officers, as was done with race, proper educational efforts, and support for the privacy of all whatever possible, there need not be problems inflicted on heterosexuals, homosexuals or bisexuals in the military. Several studies ~~in the US~~ as well as the experience of other ~~allied~~ nations indicated that the legitimate mission of the armed forces will not be compromised.

4. Clear distinctions must be drawn between sexual orientation and private behavior, on the one hand and unacceptable public harassing or exploitative behavior on the other hand, be it homosexual, heterosexual or bisexual.

5. Discrimination against homosexuals is a major factor interfering with their emotional development and adult adjustment. As such it leads to complications that are not in ~~either~~ the military's or the nation's best interest.

1

TWO ABSTRACTS FROM THE 2000 ANNUAL MEETING

Presentation by Christopher R. Thomas, MD Professor, Department of Psychiatry & Behavioral Sciences, University of Texas Medical Branch of Galveston

The presentation covered recent trends in youth violence in American communities and the development of new approaches in dealing with this problem. A specific project, the Island Youth Programs, was used to illustrate the development, implementation and results of a collaborative, community-based initiative. Several promising prevention and intervention efforts were described as well as the overall strategy used in this community wide effort. Recommendations based on the experience of this project concluded the presentation.

Presentation by Monica Ramirez Basco, Ph.D., Clinical Asst. Professor, Dept. of Psychology U. of Texas Southwestern Medical Center, Dallas, TX

Social Phobia affects youth and adults alike, limiting their social comfort and leading to avoidance of social interactions. This is particularly problematic in children and adolescents whose development requires mastery of numerous forms of social interaction.

Cognitive behavior therapy has proven effective in the remediation of social phobia. This presentation reviewed the conceptualization of social phobia from a cognitive-behavioral perspective and described methods for treatment. Exposure methodology, cognitive restructuring, and cognitive rehearsal were discussed and illustrated with case examples.

TIDBITS

DECLINE IN ILLICIT DRUG USE AMONG US TEENS CONTINUED IN 1999
A steady decline in illicit drug use among US teens that began in 1997 continued in 1999, according to survey results released recently by Health and Human Services (HHS) Secretary Donna Shalala. Complete article at: <http://psychiatry.medscape.com/26658.rhtml>

Handle with Care, a disturbing report released recently by the Coalition for Juvenile Justice, an advisory group on juvenile justice appointed by the nation's governors, estimates that 50 percent to 75 percent of youth in the juvenile justice system nationwide have a "diagnosable mental illness." As many as 20 percent may be severely mentally disturbed. Despite widespread mental illness among juvenile offenders, researchers found that state juvenile justice systems are unprepared to treat or even to identify mental health problems. In too many states, mentally ill youth are warehoused in expensive lockup facilities where they are victims of violence and abuse. They are released more ill and more dangerous than when they arrived.

Because there are so few community-based mental health programs available, a third of the parents surveyed by researchers across the country report that they frequently relinquish control of their teens to juvenile justice authorities in hopes of getting mental health services for them. Yet treatment in the community—when available—is effective and costs less than incarceration.

The report recommends that Congress make \$100 million in grants available to states to treat mentally ill juvenile offenders in more cost-effective family and community settings. That is a start, but more is needed.

Unfortunately, in California—where some 70 percent of the teenage delinquents sent to the Youth Authority are diagnosed with a mental illness—the Legislature removed a \$50 million appropriation from last year's budget to track and treat young criminals released from county juvenile halls. A similar pilot program for homeless mentally ill adults reduced hospitalizations and repeat jailings.

STUDY FINDS DEMENTIA MAY AFFECT MUSICAL TASTES-SCIENCE DAILY

<http://www.sciencedaily.com/releases/2000/12/001226082511.htm>

Appreciating music for the first time, or switching preferences from classical to "pop" music, can be a behavior resulting from dementia, as reported in *Neurology*, the scientific journal of the American Academy of Neurology.

about listing the membership directory on the web. Some areas of topical studies could be posted in a member only section. Dr. Henschel will have an article in the newsletter about how items get posted to the web site. The NY Society had a demonstration project of 25 hours to prepare for the board exam.

The Council is proposing a resident paper award to be given to a resident who submitted the best paper with the Council as the review body. Winner would receive \$250, free registration certificate, and an article in Annals. The Council recommends that the Annual Meetings be recorded and tapes made available. Meeting adjourned at 5:40 p.m.

MINUTES OF COUNCIL OF
ADMINISTRATION & ORGANIZATION
MEETING SATURDAY, OCTOBER 28, 2000

The meeting of the Council on A&O was called to order at 1:30 p.m. by Perry B. Bach, M.D., Co-Chair.

The Council reviewed the proposed budget for 2001 with Richard Rosner, M.D. Dr. Rosner expressed his concern that ASAP is still operating in too many old ways. There is too much money being spent on faculty expenses for the annual meetings. Dr. Rosner will recommend acceptance of the proposed budget by the Executive Council. The policy has been not to pay for ASAP members on the faculty. The Council reviewed the revenue/expense report to date.

Motion: Dr. Rosner moved to reduce the money paid to the Schonfeld recipient to \$500.00. Motion carried.

Motion: Dr. Rosner moved that the faculty expense for the Chicago Meeting be limited \$2500 in 2002. This will be referred to the Executive Council.

Newsletter: Dr. Henschel reported having difficulties with the quality of the photographs in the newsletter. Work continues on this.

The Council on A&O recognized the extraordinary work of the Newsletter Editor and expressed thanks for the many years of work.

Annals: Volume 25 has been sent out.

Web site: The protocol for posting to the web page has been established and is operational. The question of posting the membership directory on the web was discussed. Ms. Roton will ask this question as part of the membership renewal for the year.

Bylaws: Associate Membership: historically, we have resisted opening the membership up to other disciplines. Bach recommends in the next bylaw revision there be a special category for members approved by the HOD as Associate Members, who do not meet any other membership criteria, do not vote or hold office and pay dues as determined by the HOD. Limit the membership to less than one hundred.

Cass, PCMI, must learn to compare databases. There is waste in sending several brochures to people who are on multiple mailing lists.

Meeting adjourned at 3:10 pm

MORE ITEMS FROM ACTUAL COURT
TRIALS.

Q: Did you blow your horn or anything?

A: After the accident?

Q: Before the accident.

A: Sure, I played for ten years, I even went to school for it. :-)

ASAP 2001 ANNUAL
MEETING PROGRAM

Thursday, March 22, 2001 Pre-Conference Institute Adolescent Psychopharmacology: An Update Ginny Gerbino-Rosen, MD
7:00 am Workshop Registration and Continental Breakfast
8:00 Antipsychotics and Mood Stabilizers
10:00 Coffee Break
10:30 Stimulants, Anxiolytics and Antidepressants
12:00 pm Lunch (on your own)
1:00 Psychopharmacology of Aggression
3:00 Coffee Break
3:30 Treatment Resistance
5:00 Adjourn

Friday, March 23, 2001

7:00 am Conference Registration and Continental Breakfast
7:45 Welcome Remarks Mark A. Wellek, MD
President, ASAP Robert J. Roddy, MD, 2001 Conference Chair
8:00 Insights Into the Genetics of Behavior Disorders: Can They Help Us Improve Diagnosis and Treatment? Wade H. Berrettini, MD, PhD
9:00 Coffee Break, Exhibits Open
THE WRONG SIDE OF THE LAW
9:15 Gangs and Antisocial Behavior in Adolescents: What's Changed in the 21st Century? Christopher R. Thomas, MD
10:15 What It Means to be a Kid Under the Criminal Law: Understanding the Cultural and Historical Shifts Stephen K. Harper, JD
11:15 Discussion and Questions
11:45 Optional Luncheon and Lecture Facing and Embracing Spitfires James L.D. Cox, MD
ADOLESCENT AGGRESSION: REFLECTING ON HISTORICAL TRENDS AND CULTURAL INFLUENCES
1:15 Anomie, Alchemy and Apathy Vivian M. Rakoff, MA, MBBS, FRCP(C)
2:15 Musings on Why Our Adolescents Kill Charles McCafferty, MD
3:15 Coffee Break, Exhibits Open
3:30 From Percy Bysch Shelley to Ice Cube: Social Developmental Issues Charles W. Huffine, MD
4:30 Discussion and Questions
5:00 Adjourn
6:00 Welcome Reception

Saturday, March 24, 2001

6:45 am Continental Breakfast
7:30 "The Killer at Thurston High" PBS Frontline Video, Viewing and Discussion Anthony Rostain, MD
9:30 Coffee Break, Exhibits Open
ADOLESCENT LANDSCAPES
9:45 The Rise of the American Teenager: The Future in Your Face Thomas Hine
10:45 Adolescent Violence and Cultural Identity: Pseudo-Speciation in Northern Ireland Brian Fleming, MB, Bch, BAO, FRCPSYCH
11:45 Optional Luncheon and Schonfeld Memorial Lecture Adolescent Violence in America: A Historical Perspective Michael G. Kalogerakis, MD
PSYCHOTHERAPEUTIC APPROACHES TO VIOLENT ADOLESCENTS: A Panel Presentation
1:15 What's on the Minds of Violent Kids: The Psychodynamics of Violence Philip Katz, MD, FRCP(C)
1:45 The Code of the Street: The Keys to Violence Elijah Anderson, PhD
2:45 Coffee Break, Visit Exhibits
3:00 Psychotherapy with Violent Adolescents Michael Meagher, MD
3:45 Case Presentation: The Psychotherapeutic Treatment of a Violent Adolescent William Bernet, MD
5:00 Adjourn
6:00 Reception

Sunday, March 25, 2001

7:30 am Video Presentation and Discussion Kids on Kids: Depression from the Adolescent's Viewpoint Lois T. Flaherty, MD Harvey A. Horowitz, MD Mark Chenven, MD
9:30 Coffee Break
9:45 Bringing it all Together: Caring for Aggressive Kids in our Communities Glen T. Pearson, Jr., MD
11:15 pm Adjourn
11:30 ASAP Business Meeting and Brunch Staples Award Installation of Officers Incoming Presidential Address

BRITISH MEDICAL ASSOCIATION
CHARGES THAT MEDIA IMAGES
CONTRIBUTE TO ANOREXIA

British physicians said recently that the media's obsession with stick-thin supermodels is contributing to the rise in the number of young women who develop eating disorders.



NEW WORKBOOK ON ADOLESCENT SUBSTANCE ABUSE

The American Psychiatric Publishing Inc.'s most recent substance abuse publication, ASAPer Steve Jaffe, *Jaffe's Substance Set* is a two-book collection containing both *Adolescent Substance Abuse Intervention Workbook: Taking the First Step* and *Staff Manual*. This practical workbook and accompanying staff manual are useful tools for the initial evaluation and beginning treatment of substance abusing teenagers. ♦

Journal of Forensic Psychology Practice, Vol. 1, Number 1, Charter Issue. Edited by Bruce Arrigo, PhD. Director of the Institute of Psychology, Law, and Public Policy, Fresno,

In Our Mail



CA. Subscription \$45.00; Published by Haworth Press, 800-429-6784. Samples obtained from Haworth Press. ♦

Journal of Trauma & Dissociation, Volume 1, Number 1. Editors: Elizabeth Bowman, MD, James Chu, MD. The official journal of the International Society for the Study of Dissociation. \$45.00 *Published by Haworth Press, (see above)*. ♦

Health Informatics World Wide http://www.imbi.uni-freiburg.de/medinf/mi_list.htm is a regularly updated index of Health Informatics institutions, provided by the Department of Medical Informatics of the University of Freiburg since 1995. ♦

.COMPUTERS IN CLINICAL PRACTICE: Applying experience from child psychiatry: *British Medical Journal*, 2000;321:615-8 <http://www.bmj.com/cgi/content/full/321/7261/615> ♦

PTSD COMMON AMONG YOUNG ADULT SURVIVORS OF CHILDHOOD CANCER

Twenty percent of young adults who have survived childhood cancer report symptoms of posttraumatic stress disorder (PTSD), according to Wendy L. Hobbie, of Children's Hospital of Philadelphia, Pennsylvania, and associates.

<http://psychiatry.medscape.com/31452.rhtml?rcmp=psy-122200> ♦



CLASSIFIED AND DROP-IN ADVERTISING AVAILABLE

Ads must be received at the ASAP office by the following deadlines: Spring issue — April 12; Summer issue — July 30; Fall issue — September 30 and Winter issue — December 1st. Copy should be typed and double-spaced.

For Classified ads, a check to cover the cost at \$1.00 per word (minimum \$25.00 per ad) must accompany the order. For an additional \$12.50 an advertiser who does not desire to be publicly identified may use an ASAP "Box Number" and will be sent copies of resumes or other information sent to the box.

For drop-in ads, rates are as follows: Underwriting a complete issue, \$1500. This entitles the advertiser to exclusive advertising rights in that issue, with two full pages of advertising. Full Page ad: \$350; one-half page ad: \$250; one-quarter page ad: \$150.

The acceptance of advertising by this Newsletter does not in any way constitute endorsement or approval by *ASAP Newsletter* or ASAP of any advertised service or product.

Regarding Classifieds, the publisher reserves the right to accept or reject advertisement for *ASAP Newsletter*. All advertisers in this section must employ without regard for race, sex, age, nationality, or religion in accordance with the law. Readers are urged to report any violations immediately to the executive editor.

ASAP NEWSLETTER

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Official organ of the American Society for Adolescent Psychiatry, published quarterly, distributed free to members and invited contributors from abroad. Subscription rates for others are \$10.00 per annum for US and Canada, \$15.00 abroad. Requests for subscriptions should be sent to ASAP, P.O. Box 570218, Dallas, TX 75357-0218
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