Receiving the Torch

I write this introduction, my first as editor of *Connect*, with both excitement and a sense of privilege. I have greatly appreciated the opportunity over the previous one-and-a-half years to work alongside Michelle Horner (*Connect*'s founding editor), the *Connect* editorial board, and the broader *JAACAP* team, to establish *Connect* as it is today. As a child and adolescent psychiatry residency training director, I value the mission of *Connect*, which is to engage trainees and practitioners in the process of lifelong learning via readership, authorship, and publication experiences that emphasize translation of research findings into the clinical practice of child and adolescent psychiatry. I applaud all of the authors, readers, and editorial team members who make *Connect* possible.

It is my pleasure to introduce this issue of *Connect*, the articles of which outline the ever-expanding scope of our practice as child and adolescent psychiatrists and encourage us to broaden our efforts beyond the four walls of our offices, clinics, and hospitals.

Robles-Ramamurthy and colleagues (p. 5) echo the presidential initiative of AACAP President Gregory K. Fritz, MD,[1] and encourage all child and adolescent psychiatrists to recognize the responsibility we share to become involved in larger-scale advocacy efforts—ones that extend beyond the individual patient. In reviewing the particular vulnerabilities and mental health needs of unaccompanied Latino immigrant children, the authors encourage us all to raise the torch higher: "Social justice and policy issues are well within the scope of practice for those who care for and promote the well-being, development, and mental health of children. These issues are important to public health and clinical practice as well as to global child psychiatry, imperatives to which we are all held accountable." They also charge us and our institutions of higher learning and training to educate trainees about social justice and policy issues, to model the inclusion of advocacy efforts in the practice of our profession, and to encourage and facilitate our trainees' early involvement in such efforts.

Wagner and Gleason (p. 8) next bring to light the vulnerabilities of children with histories of prenatal substance exposure (PSE) and their families. They highlight the important role that we, as child and adolescent psychiatrists, can play through the provision of education to parents and families about the effects of PSE and the ways in which the parents can work to mitigate these effects through the caregiving environment. Wagner and Gleason encourage us to empower families with such knowledge, to combat the stigma of substance use disorders, to advocate for policies and services that may reduce PSE, and to call for further research that investigates both the effects of drugs of abuse on brain development and potential interventions for children affected by PSE.

Sinyor and colleagues (p. 15) challenge us to think creatively about ways to provide primary prevention of mental illness. They propose that the third book in J.K. Rowling's series (*Harry Potter and the Prisoner of Azkaban*) may serve as a ubiquitous, engaging, and largely untapped resource through which to increase middle-schoolers' mental health literacy and to teach basic cognitive-behavioral therapy skills that might prove universally beneficial and protective against the development of future clinical difficulties.

Rounding out this issue, Masters (p. 22) reminds us of potential limitations to the frequently perceived sanctity and inviolability of our professional four walls and associated clinician–patient confidentiality. He reviews the *Tarasoff* rulings and highlights circumstances in which our responsibilities may extend beyond our patients to include protecting others. He recommends that any such intervention provide the least possible disruption to the therapeutic relationship while effectively fulfilling our potentially dueling responsibilities.

Our current world is an extremely dynamic place. While the (increasingly) expansive scope of child and adolescent psychiatry may seem intimidating at times, the

clear and broad need for our professional expertise wards off complacency and provides exciting opportunities for us to reach out and connect with diverse and, at times, unexpected allies. The tensions that may arise as we consider the well-being of the patient/family in front of us, of the community and populations outside of our workplace, and of our ourselves can be challenging. However, with increasing awareness of these potentially competing demands and associated deliberate thought and action, we perhaps may be more able to establish and assert our positions with growing balance and comfort.

Through this issue and those to come, I look forward to working with you all to promote *Connect*'s ongoing evolution and to ensure its pertinence to the development of authorship and to the reading clinicians' practice of child and adolescent psychiatry.

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Reference

1. Fritz GK. Presidential Address: Child and Adolescent Psychiatry in the Era of Health Care Reform. *J Am Acad Child Adolesc Psychiatry*. 2016;55:3-6.