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In this spotlight, Dr. Sudhakar Shenoy, Council Member and Chair of the Early Career Psychiatrists Committee, interviews Dr. Adrienne Adams who is a proud IPS member and the Medical Director at Rosecrance, Griffin Williamson campus.

Question: Dr. Adams, thank you so much for doing this interview with me. You know, I have always had this dream of role-reversal and asking a training program director this question that I have gotten asked at every residency/fellowship interview: (smiling and grinning) Can you tell me about yourself?

Answer: Ha! I like it. Okay, I am a native of Detroit and a Midwesterner. I graduated from Oberlin College in Ohio for undergrad, I completed medical school at Wayne State University in Detroit, MI and moved to Chicago for my psychiatry residency training and child psychiatry fellowship training at UIC here in Chicago. I worked at Rush University from early to mid-career. I now work at Rosecrance Health Network, as Medical Director of Rosecrance Griffin Williamson campus for the adolescent residential facility.

Question: Can you tell us a little about Rosecrance and your role there?

Answer: Rosecrance is a private, not-for-profit health network organization that in comprised of outpatient, IOP/PHP, residential, crisis treatment for youth and adults within several states. My program focuses on residential treatment and highly structured programs in the field of mental health and co-occurring substance use disorders(SUDs) in children and adolescents. It has been around for over 100 years, initially as a clinic for Civil War soldiers, and at some point, as an orphanage for boys in the 1950s, to its current form providing psychiatric care and wraparound services.

My role there includes both clinical seeing patients with both acute and chronic mental health conditions, but more importantly complex patients with co-occurring SUDs. Administratively, I also oversee programs that are specifically built around DBT providing evidence-based treatment for mental health issues, co-occurring SUDs and chronic suicidality and the development and implementation of evidenced based programming. I have been there for about 1 and a half years now.

Question: You were previously in full-time academia, correct? Can you please tell us about your previous and current academic roles and positions?

Answer: I was recruited by Rush University in a faculty position soon after my fellowship training, and I was there for about 16 years, 14 of which as the Training Director for the Child and Adolescent Psychiatry fellowship program and Medical Outpatient Director for the Child and Adolescent ambulatory services.

I have always been an educator, but I also have a strong passion for community service and advocacy, especially in the much-needed space of opiate use disorders and other substance use disorders in the child and adolescent population.

I have still continued in faculty roles as a Clinical Associate Professor and a Co-Director of the KTGF Jay G. Hirsch Medical Student Fellowship UICOM (Rockford Campus), 4th year medical student Site Supervisor for Child Psychiatry rotation, and providing didactics to first and second year students and also as an Adjunct Clinical Associate Professor at Rush University where I still provide didactics to Rush/UIC fellows as well as a site supervisor for their new Chemical Dependency rotation.

Question: That is wonderful to hear about your continued passion for education and community service. Can I ask you about your involvement with IPS and how did it come about?

Answer: I have always been an APA and AACAP member but was more active with AACAP and the state chapter ICCAP advocacy work since my fellowship training. However, prior to COVID, I once participated in the Advocacy Day arranged by IPS where we went to Springfield as part of the Advocacy Day. I got to interact with so many medical students, residents, fellows and early career psychiatrists from Illinois who were passionate about advocating for patients and for the profession and I was hooked. These interactions inspired me to get involved with more at the local level through IPS to do grassroots advocacy.

IPS is also a channel through which I could continue my community-oriented service. More recently, with IPS, I have been involved by organizing and participating in health fairs conducted by representatives and senators for the state of Illinois. During these fairs we have been able to provide psychoeducation and do community outreach.

Question: IPS certainly sounds like a very good channel to carry out our advocacy related and community related service. Digging deeper, any particular committee/work-groups that you are involved with in the IPS?

Answer: Dr. Susan Scherer, during her term as the President of IPS, had a wonderful initiative about anti-racism, and she got me involved with a newly formed committee as the Chair. The committee is now called HEAR-C that stands for Health Equity Anti-Racism committee. With me, I I am the co-chair of that committee and have a wonderful, energetic and passionate Co-Chair Dr. Joshua Eloge, with whom we have carried out multiple activities that promote health equity, diversity and anti-racism.

A newly formed subcommittee, called the Carl Bell Memorial Award Committee, hopes to form an outreach program and also a pipeline program, involving high school and junior high

students as well we hope to be a resource for psychoeducation within the school community. We also hope to identify partners and leaders within the school community to help improve access to mental health care via schools and marginalized communities.

Question: On the same topic, I do know that you are involved with other professional organizations. Can you please speak a few words about those?

Answer: Let's see... For IPS, I have been a Councilor/Trustee for many years.

For the ICCAP (Illinois Council of Child and Adolescent Psychiatry), I was the first African-American female president and (treasurer, board member for years and. I have also been a Delegate to the AACAP Assembly for many years.

For AACAP (American Academy of Child and Adolescent Psychiatry,) I have played multiple roles at the national level including being a Councilor-at-Large, and a member of the Executive Council.

For AADPRT (American Association of Directors of Psychiatric Residency Training), I was the first/inaugural Chair of the Justice, Equity, Diversity and Inclusion Committee (JEDI Committee). During my term as the chair, we revised the mission statement for AADPRT, wrote action papers and started collecting demographic data using surveys so as to affect a data-driven approach towards the missions of the committee. As a result of that work, AADPRT now collects data pertaining to parameters including sex and race in its annual membership/renewal procedure.

Question: Whoa! That is a lot of changes that you have been able to create. You are truly a leader by example. For my final question, amidst all your wonderful work and clinical duties, how are you able to manage work-life balance?

Answer: Well, my non-Physician roles include being a wife, (married for 18 years) and being a mother for our 2 wonderful children aged 16 and 13. I keep in mind that the importance of our work in the field of mental health as physicians in the ever-changing landscape of healthcare needs us to be active in every way we can including advocacy and leadership. When I was a young mom, I can tell you that my toddlers certainly had attended many Annual Meetings with me.

Where there is passion, there is certainly a way to "make it happen", and this goes for work-life balance. I would be happy to mentor and guide up and coming people, including Early Career Psychiatrists, Residents, Fellows, etc one-on-one, so please don't hesitate to write/reach me. aadams@rosecrance.org